



AGING COMMITTEE

Public Hearing

February 25, 2016

Written testimony of State Ombudsman, Nancy Shaffer

Good morning Co-Chairpersons, Senator Flexer and Representative Serra, and Vice-Chairpersons, Senator Osten and Representative Rovero, and esteemed members of the Aging Committee. My name is Nancy Shaffer and I am the Connecticut State Long-Term Care Ombudsman. Per the Older American's Act and CT General Statutes 17a-405-422 inclusive, it is the duty of the State Ombudsman to provide services to protect the health safety, welfare and rights of individuals who reside in skilled nursing facilities, residential care homes and managed residential communities/assisted living facilities. It is the responsibility of the State Ombudsman to advocate for changes in laws and governmental policies and actions that affect the health, safety, welfare and rights of residents.

I appreciate this opportunity to testify on behalf of the more than 30,000 individuals who reside in our long-term care institutions throughout Connecticut.

S.B. No. 161 (RAISED) AN ACT CONCERNING NOTIFICATION OF PENALTIES FOR ABUSE AND NEGLECT OF NURSING HOME RESIDENTS.

This proposal has been before the legislature in recent years and we appreciate the Aging Committee once again raising the bill. Essentially, the bill gives notice to potential nursing home owners that the State of Connecticut values the quality of care provided to all nursing home residents and that owners are responsible for those entrusted to their care. The proposal specifies that owners may receive penalties for the abuse or neglect of their nursing home residents.

Over the years, some Connecticut nursing homes have been purchased by out-of-state owners who unfortunately were not vested in quality long-term care for Connecticut residents, their focus on profit rather than quality care. The consequences can be devastating for the residents, the staff and the community. Poor staffing levels, poor supervision and lack of



training result in poor resident care and bad outcomes. Sometimes these homes end up in closure, receivership or bankruptcy. All of which are a financial toll on the state as well.

Over the years the Ombudsman Program, LeadingAge Connecticut and the Connecticut Association of Health Care Facilities have discussed this proposal and worked collaboratively regarding the concept. In the past, parties have agreed that we want to engage new owners to the state who will support a well-managed nursing home with the resources to provide good care.

Your support of this proposal is appreciated.

S.B. No. 166 (RAISED) AN ACT EXPANDING UTILIZATION OF PATIENT-DESIGNATED CAREGIVERS.

This proposal expands legislation passed in 2015, the CARE Act, PA 15-32, to include residents of nursing facilities who are discharging to home and their caregivers. Currently, nursing facilities must provide safe discharge plans for their residents. Often these are multi-page documents with instructions about care received at the nursing home and care plans for home. It is likely that upon discharge from a nursing facility the patient may have new diagnoses, changes in medications and/or new medications and possibly treatments that were not necessary before the current medical event. There may be changes in mobility or transferring skills and likely there will be follow-up medical appointments.

This proposal strengthens the discharge planning process by providing for designation of the caregiver who will provide the care and addressing the training needs for that caregiver. We've learned over the years that improved "transitions of care" are significant determinants for positive outcomes and better health for those individuals moving from one level of care to another. This proposal strengthens nursing home best practices, integrates choice related to designated caregiver and likely will improve the transition of care for the patient.

The Ombudsman Program supports passage of S.B. No. 166.

HB 5285 (RAISED) AN ACT REQUIRING THE STATE OMBUDSMAN TO INVESTIGATE COMPLAINTS CONCERNING RECIPIENTS OF HOME AND COMMUNITY-BASED CARE.

We know through research and our own experiences that most people as they age want to reside in their communities and receive services and supports in their homes rather than move into a nursing home. Connecticut first started using home and community-based services in the

late 1980's and since that time rebalancing initiatives have gained momentum. We have developed strategies and supports to successfully divert thousands of individuals from being institutionalized and we are helping others transition from skilled nursing facilities to homes in their communities through the Money Follows the Person Program. In Connecticut we have not, however, created advocacy services for these individuals so that they can address their concerns about care and services with an independent entity such as the Ombudsman.

In 2014, the General Assembly passed Public Act 04-158, and mandated the CT Long-Term Care Ombudsman Program to develop and implement a pilot project to provide advocacy services to individuals living in the community and receiving long-term services and supports. The pilot program was limited in scope to the Hartford and West Hartford geographic region for research purposes. Due to the unfunded nature of the mandate the Community Ombudsman pilot project had to be developed within limited existing state resources. The community pilot project was time-limited and frankly challenged by resource limitations. But the project did reveal significant issues related to care and services. In one case, the Ombudsman facilitated the transportation to an adult day program for an elder whose family was told she was not eligible for transportation assistance. In this case, the individual was at risk for institutionalization since her family depended on the adult day program as part of their plan to keep their mother at home. In another instance an elder was left unattended by the caregiver attendant and the elder wandered away. The family brought this to the Ombudsman's attention in order that a referral to the Department of Public Health could be facilitated and further investigation initiated.

The Administration on Aging which administers the Older American's Act has no objection to states developing Community Ombudsman Programs. However, absent Congressional authorization for the Ombudsman Program to expand its services to new settings, Older American's Act Ombudsman funds may not be used for community services. Fifteen states in the country have developed Community Ombudsman services. These states have created funding streams to provide for the development, outreach and ongoing implementation of their programs, including state funds, nursing home bed taxes, tobacco taxes or state lottery earnings.

Generally speaking, individuals who reside in the community and receive long-term services and supports may be the most at risk for abuse and neglect. They are more isolated and more dependent upon a few individuals who are hopefully only acting in their best interest and who are providing good care. I appreciate the Committee's recognition of the need to provide Ombudsman advocacy services to individuals who reside in the community. Your support of this concept shows your ongoing recognition of the need for advocacy services for this segment of our health care delivery system.

As a State we promote rebalancing through greater reliance on home and community based services. At some point I hope we will also develop advocacy services for those individuals receiving services. These individuals and their families need to have an independent entity to assist them with their concerns and provide direction when those concerns cannot be resolved and require further investigation and resolution. Those advocacy services are appropriately provided by a Long-Term Care Ombudsman whose expertise is to receive and resolve complaints. I look forward to continued conversation about how we might develop and fund such a Community Ombudsman Program.

Respectfully,

Nancy Shaffer, State Ombudsman