



NASW

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**Testimony on S.B. 1030: An Act Concerning Long-Term Care Facilities
Public Health Committee
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Submitted By: Stephen Wanczyk-Karp, LMSW

On behalf of the National Association of Social Workers, Connecticut chapter, representing over 2,300 members, we support S.B. 1030. Nursing homes have for too long been the underbelly of the health care system, neglected on health care policy reforms, which significantly contributed to the large number of resident deaths due to Covid-19.

Section 13 (b) (2) is of particular importance as it requires the Commissioner of Public Health to determine a bed to social worker ratio that is less than the current ratio of 120 beds to 1 full-time social worker. This ratio, which has been in existence for over 30 years, has no resemblance to a reasonable ratio. Frankly, it is an absurd and undoable ratio, even before the pandemic.

The social worker is the sole professional in the home responsible for the psycho-social needs of the residents. In the past 20 years the presenting issues by individual's entering nursing homes has become much more acute in terms of complex diagnosis and mental health status. At the same time, there has been a significant increase in short-term, rehabilitative stays that has increased the workload of the social worker. The degree of care now needed demands far greater attention by the nursing home social worker, yet the staffing ratio for nursing home social work has not been adjusted in accordance with these changing needs.

Prior to Covid-19 nursing home social workers faced multiple tasks and responsibilities including but nowhere near limited to: prompt referral for patients and families in financial need, helping each patient to adjust to the social and emotional needs related to nursing home placement, family meetings, care plan meetings, staff meetings, developing plans of care for the social and emotional needs of the resident, counseling residents and family members, discharge planning, coordinating care with outside services, assisting with Money Follows the Person, dealing with issues of conservatorship, protecting resident rights, assessing cognitive and mental functioning, dealing with resident to resident altercations, providing emotional support for residents coping with loss of independence and function, and staff training on resident rights. Then add an increasingly extensive amount of paperwork that includes: assessments; care plans; Mini Mental Status Exams; MDS (Minimum Data Set) done upon admission, quarterly, annually and when a change in condition occur, Medicaid clinical evaluations, plus medical record

charting of any changes with the resident. All of this and more is required of the social worker at a ratio of 1 full-time social worker (forty hours) to 120 residents. The current ratio is a major factor in why qualified social workers burn out and leave the field of nursing home social work.

Now we add in the impact of Covid-19 on nursing home social workers. The social worker is often the primary contact between family members and the resident. The social worker is finding ways to help families to virtually meet the staff and view the facility that their loved ones are residing in. Family concerns and resident's isolation requires significant amounts of time for the social worker. Social workers are managing increased levels of depression by residents and anxiety of family members. Social workers are arranging for virtual meetings between the resident and family that requires creativity on the social workers part and being present for one resident while others with similar needs are not being met. Moving a patient's room due to the need for isolation often falls on the social worker to explain to the family. Plus, other staff seek assistance from the social worker as the work being performed is incredibly difficult. It is common for the facility staff to call the social worker at home, at all hours, for advice and guidance. Sometimes the social worker is called upon to assist with direct care because there is no other staff to help. Residents waiting for MFP often seek from the social worker information on where their case stands but the social worker cannot reach DSS workers who are working remotely. We have had numerous reports of insufficient PPE. Documentation has suffered despite state regulations regarding up to date charting and the importance of such charting for patient care. In one facility two social workers told me that they are working 42-50 hours per week and **they are responsible for 60 beds each, not 120.** Nursing home social workers are front line essential workers that too often are forgotten by policy makers.

We estimate that under the current ratio with just the pre-Covid-19 responsibilities of nursing home social workers that the social worker has about 11 minutes per week to address individual resident's concerns and needs. In the spring of 2010 NASW/CT conducted a survey of all nursing home social workers that had a 50% return rate. When asked what their biggest challenges were 72% answered it was lack of time to effectively perform their job.

Under Money Follows the Person and other steps to balance the long term care system in Connecticut, it is the social worker who plays the key roles of identifying appropriate residents for discharge to the community, working with the resident and family to overcome obstacles, and frequently it is the social worker who arranges for a safe discharge with the necessary services in place. It is absolutely the right thing to do in putting an emphasis on rebalancing, however for rebalancing to continue to be successful, post pandemic, it is critically important that the nursing home social worker have the time to fully address the various issues and tasks that arise in returning a resident to their community.

The National Consumer Voice for Quality Long-Term Care proposed to CMS that every facility employ at least one full-time social worker for every 50 long-stay residents and at least one full-time social worker for every 15 short-stay residents.

We thank the Long-Term Care Oversight Group for their recommendation to reduce the current bed to worker ratio and we look forward to passage of S.B. 1030 that will allow NASW/CT to work with the Commissioner of Public Health in determining a social worker to beds ratio that is based on best practices.

NASW/CT also offers our support for Section 8 that requires each facility to have a family council. This will greatly assist families in organizationally addressing concerns regarding care and policies and will offer mutual support to families. The social worker has the skill sets for development and facilitation of the council.

Furthermore, NASW/CT supports Section 9 that addresses making sure the resident care plan meets the social and emotional needs of individual residents. Here again, the social worker plays a key role in such planning.

We can no longer allow policy makers to neglect nursing homes. S.B. 1030 is a major step forward in recognizing the importance of care provided by nursing homes.