



State of Connecticut
Department of Aging and Disability Services
Long-Term Care Ombudsman Program

**Human Services Committee
Public Hearing
Tuesday, March 1, 2022
Testimony of Mairead Painter, State Long-Term Care Ombudsman**

Good afternoon, Senator Moore, Representative Abercrombie, ranking members Senator Berthel, Representative Case and distinguished members of the Human Services Committee. My name is Mairead Painter, and I am the State Long-Term Care Ombudsman. Thank you for the opportunity to offer testimony today. The Long-Term Care Ombudsman Program (LTCOP) is mandated by the Older Americans Act and Connecticut General Statutes Sections 17b-400 through 17b-406 to provide services to protect the health, safety, welfare, and rights of the residents of long-term care facilities. As the State Ombudsman, it is my responsibility to facilitate public comment and represent the interests of residents to recommend changes to the laws, regulations, policies, and actions which affect the resident's quality of life and care. On behalf of the 30,000 residents in Connecticut's skilled nursing facilities, residential care homes and managed residential communities, I would like to testify regarding several bills that are before you today.

S.B. No. 195 AN ACT INCREASING THE MINIMUM AMOUNT OF ASSETS THAT MAY BE RETAINED BY THE SPOUSE OF AN INSTITUTIONALIZED MEDICAID RECIPIENT.

The LTCOP is in support of permitting the community spouse of an institutionalized Medicaid recipient to retain the maximum amount of assets. Making the decision to move a loved one to a long-term care facility can be extremely challenging for a spouse who can face both emotional and financial impacts. Allowing the spouse living in the community to retain the maximum allowable assets may ease some of this burden, empower the resident or spouse to make the most appropriate care decision and allow for as much stability as possible. This stability can result in better self-care and enhance the ability for the community spouse to stay living in the community whenever possible.

S.B. No. 196 AN ACT PROHIBITING INVOLUNTARY DISCHARGES FROM NURSING HOMES AND RESIDENTIAL CARE HOMES TO TEMPORARY OR UNSTABLE HOUSING.

The Long-Term Care Ombudsman Program (LTCOP) supports a prohibition on discharges to temporary or unstable housing. Residents should only be discharged to situations where they can receive the supports necessary to stabilize their situation and provide for their overall wellbeing. The lack of stable housing and follow-up services for discharged residents has resulted in many of these individuals returning to the hospital with higher levels of medical care needs or facing re-institutionalization.

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Residents have the right to a discharge that - unless there is an emergency - is planned, meets individualized needs, and includes access to stable housing. Not providing this stability puts the individual at increased risk and increases demand on the system. We observed this most recently when the Governor lifted the temporary ban on involuntary discharges, and we began to see nursing homes discharging residents to hotels and shelters. The outcome of these discharges often resulted in hospitalization, re-institutionalization, and further medical complications for the individual. We need to ensure that there is a better system in place for appropriate planned discharges for all people.

H.B. No. 5227 AN ACT ESTABLISHING THE COMMUNITY OMBUDSMAN PROGRAM FOR HOME CARE.

The Long-Term Care Ombudsman Program (LTCOP) supports the expansion of the office to cover community-based long-term services and supports (LTSS) with the necessary appropriations. For years, individuals in need of long-term services and supports have been told that they have the right to choose the setting in which they wish to receive such supports, and this should include support from the Ombudsman Program. When choosing to receive LTSS in the least restrictive environment, an individual does not have less of a need for advocacy and support. In fact, I would argue that there is a greater need at times.

Our program offers an autonomous and unbiased person-directed approach that ensures the individual is fully informed of their rights, has access to available resources and the ability to self-direct or be supported in achieving a high quality of life. I also believe that having the community program within the already established Long-Term Care Ombudsman Program will allow individuals to stay connected with the regional ombudsman teams they are already familiar with. This established relationship can result in better continuity of support and services. Currently, when we receive a phone call from an individual who is living in or has transferred to the community, The Long-Term Care Ombudsman Program is not able to open a case or support their needs. We must then work to find another program or service that might be able to assist them. Many times, there is not another resource that is able to support them in this way. This can be very challenging and frustrating for the individual. Having a Community Ombudsman Program will allow us to support the person receiving LTSS in the setting of their choosing as they navigate what can be an overwhelming system.

Respectfully submitted,



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