**CONNECTICUT CONTINUING CARE ADVISORY COMMITTEE**

**Minutes of the Meeting Held Via Microsoft Teams**

**June 17, 2022**

**Attendance**

The following Committee members were present: Mag Morelli, Chair, Rich Wysocki, Jonathan Fink, Fred Langhoff, William Thompson, Keith Robertson, Jon Paul Venoit and Maureen Weaver.

**Call to Order**

The meeting was called to order by Ms. Morelli at 10:02 a.m. and the attendees were informed that the meeting was being recorded. The Committee members then introduced themselves.

**Minutes**

The minutes of the March 18, 2022 meeting were approved as presented.

**Department of Social Services Comments**

Mr. Wysocki reported that things were quiet with regard to the continuing care communities and that the disclosure statements that were due by June 1 will be posted shortly to the website.

**Discussion regarding End-of-Life Health Care Directives**

Ms. Weaver provided an overview of the differences and distinctions between Advanced Directives, Do Not Resuscitate (DNR) Orders, and the Medical Orders for Life Sustaining Treatment (MOLST). All three options are available to Connecticut residents. A discussion ensued and the members of the public were permitted to contribute comments.

An Advanced Directive is an expression of an individual’s wishes regarding health care provided at the end of life if the individual is later incapacitated and unable to make health care decisions. It also may name a health care representative. It is general in nature and may be completed by an individual well in advance of it being needed.

A DNR is a medical order not to resuscitate by any means and the order is issued by a health care professional. The individual with the DNR order who lives in the communication must wear a specific bracelet to communicate that order and a DNR bracelet issued in Connecticut is only valid within state boundaries.

The MOLST is also a medical order issued by a health care practitioner after a collaborative discussion with the patient. The MOLST order may provide instruction on issues beyond resuscitation. It is voluntary, specific to a disease or end of life situation, and the practitioner issuing the order must have had specific MOLST training.

**The Role of the CEO/Executive Director in the Admissions Screening Process**

Ms. Weaver provided a high-level overview of the roles and responsibilities that the CEO or executive director may have in the process of reviewing or approving applications for entrance into a CCRC. A screening criterion for financial qualification is usually established, but there may be a need for additional review and final determination. All CCRCs must follow the fair housing guidelines. Mr. Venoit also commented on the executive’s roll in the process, including the fact that communities have policies and procedures in place on the admission process, and a discussion ensued.

**Disclosure Requirements**

Mr. Wysocki provided general information regarding the CCRC disclosure requirements. He stated that the requirements are the same for non-profit and proprietary continuing care communities, but the requirements are slightly different for the CCRC at home or “without walls” model. The Change of Ownership disclosure requirements are outlined in statute 17b-527 and require three-month advanced notice to the residents. However, the law recognizes that it may not be feasible to provide three months advanced notice and therefore it permits the Commissioner to allow for “reasonable notice.”

**Update on the Inspection Process**

Ms. Morelli provided an update on the state’s current plan to clear up the backlog in routine survey inspections of nursing homes and assisted living service agencies. The state reports that they are also looking to become more efficient in their routine survey and complaint investigation processes.

**Update on the Resident Satisfaction Surveys**

A question was raised regarding whether the CCRCs had reinitiated their resident satisfaction surveys in the independent setting. This was asked because many CCRCs had suspended the practice due to the pandemic. Those in attendance reported that they had either not suspended them or that they were in the process of reinitiating them.

**Committee Vacancy: Proprietary CCRC Executive Director Seat**

A vacancy exists within the committee membership due to the retirement of Jennifer Rannestad. The vacant seat is designated for an executive of a proprietary community. While the appointments are made by the Commissioner of Social Services, the committee has previously sent the names of recommended nominees to the Commissioner for her consideration. The committee agreed to do the same this time and one name was put forth as a potential nominee. The chair will contact that person to see if they are interested in being nominated. It was also determined that committee members would have until July 15 to send the chair other suggested nominees and she will in turn contact them to gage their interest in the nomination. The names of all interested nominees would then be forwarded to the Commissioner for her consideration.

**Around the Table Updates**

Mr. Fink informed the committee that the new acuity-based Medicaid reimbursement system for nursing homes will go into effect on July 1, 2022.

Mr. Langhoff reported on a planned expansion of the community space at Elim Park and of a recent generator upgrade project.

Mr. Robertson reported on the recent events in the financial markets and he was asked to provide an update at the next meeting.

**New Business**

There was no new business.

**Comments from the Public**

There was a comment expressing appreciation of the discussion topics.

**Next Meeting Date**

The next meeting date will be September 23, 2022 and may be held at Masonicare Ashlar Village in Wallingford. A decision will be made prior to the meeting regarding the community transmission levels of the Covid-19 virus and whether it would be prudent to hold the meeting virtually.

**Adjournment**

The meeting was adjourned at 11:15 a.m.