



Residential Care Home Resident Rights Presentation February 2024

What is the Long-Term Care Ombudsman Program (LTCOP)

- LTCOP representatives are resident-directed advocates.
- LTCOPs advocate for quality of care and quality of life of residents in long-term care (nursing homes, board and care/assisted living, other similar adult care facilities).
- LTCOP provisions in the Older Americans Act (OAA) include:
 - Investigate and resolve complaints
 - Provide information to residents, families, staff (e.g. residents' rights)
 - Advocate for systemic changes to improve residents' care and quality of life.

History of the LTCOP

1972

- Five Nursing Home Ombudsman Demonstration programs established to focus on nursing home resident complaint resolution

1978

- Older Americans Act (OAA) amendments **required all states** to establish an Ombudsman Program
- Program designed to be a **local, community program** utilizing volunteers

1981

- Duties expanded to board and care homes (e.g., Assisted Living Facilities)
- Name changed from Nursing Home Ombudsman Program to Long-Term Care Ombudsman Program (LTCOP)

1987

- LTCOP access to resident records (with resident consent)
- States must prohibit willful interference of official LTCOP duties and/or retaliation against a LTCOP representative, resident or other individual related to LTCOP duties

2015

- Final Regulations for the LTCOP were published in the Federal Register on **February 11, 2015**

2016

- LTCOP Rule was effective **July 1, 2016**
- Older Americans Act was reauthorized

What Does the LTCOP Do?

Identify, investigate, and resolve complaints made by or on behalf of residents.

Provide information to residents about long-term care services.

Provide technical support for the development of resident and family councils.

Advocate for changes to improve residents' quality of life and care.

Represent resident interests before governmental agencies.

Seek legal, administrative, and other remedies to protect residents.

Ensure residents have regular and timely access to the LTCOP.

What the LTCOP does NOT do:

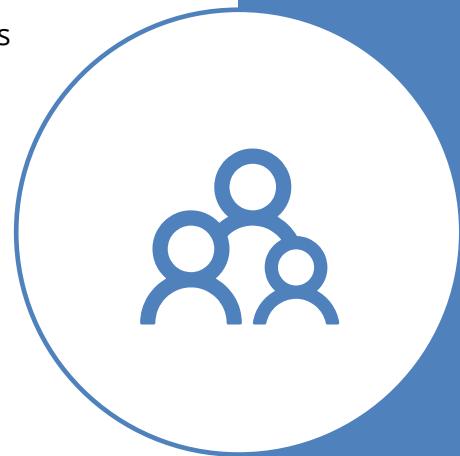
- **Do not conduct licensing and regulatory inspections or investigations**
- **Are not Adult Protective Services (APS) investigators**
- **Do not provide direct care for residents**

What the LTCOP can do if needed:

- LTCOP representatives are knowledgeable of federal and state regulations and will refer to relevant regulations as they advocate for the highest quality of care and life for residents.
- If necessary, with resident consent, a LTCOP representative will file a complaint with licensing and regulatory.
- LTCOPs provide information regarding preventing and reporting abuse, neglect, and exploitation.
- LTCOPs do not have the same standard of evidence requirement as APS and are not the “official finder of fact.” LTCOPs attempt to resolve complaints to the residents’ satisfaction (including those regarding abuse), not gather evidence to substantiate that abuse occurred.
- If necessary, with resident consent or permission of the State LTCO if the resident can’t consent and does not have a legal representative, the LTCOP representative will file a complaint about alleged abuse.
- LTCOPs share information about quality care practices and ways to enhance the quality of life for residents.
- LTCOPs are a resource for staff training and provide information for community resources.

Who does the LTCOP Serve?

- Individuals, regardless of age, living in long-term care facilities (e.g., nursing homes, assisted living/board and care, similar adult care facilities).
 - In accordance with federal law, facilities must provide the LTCOP with access to residents.
 - In a small number of states, LTCOPs also visit individuals that receive long-term care services in their own home. Connecticut Being one of them.
- **As resident advocates:**
 - The resident guides LTCOP action.
 - The LTCOP needs resident consent prior to taking any action on a complaint or sharing resident information.
 - The LTCOP seeks to resolve complaints to the residents' satisfaction.
 - The LTCOP represents residents' interests, both individually and systemically.
 - The LTCOP empowers residents and promotes self-advocacy.



**If the resident cannot provide consent, the LTCOP representative will work with the resident's legal representative or follow their state procedure if the resident doesn't have a legal representative.*

Who Represents the LTCOP?*

- **53** State Long-Term Care Ombudsman Programs
 - Each state, Guam, Puerto Rico, and Washington D.C.
- **446** local Ombudsman entities
- **1,835** full-time staff
- **4,049** certified volunteers donated **231,447** hours of service
 - All designated representatives of the Office receive training, including volunteers
 - Not all programs utilize volunteers

*2022 National Ombudsman Reporting System (NORS) data https://ltcombudsman.org/omb_support/nors/nors-data

Meet the CT Long Term Care Ombudsmen



THE STAFF OF THE LONG TERM CARE OMBUDSMAN PROGRAM

For a list of the regional ombudsman and the towns they serve, click [here](#).



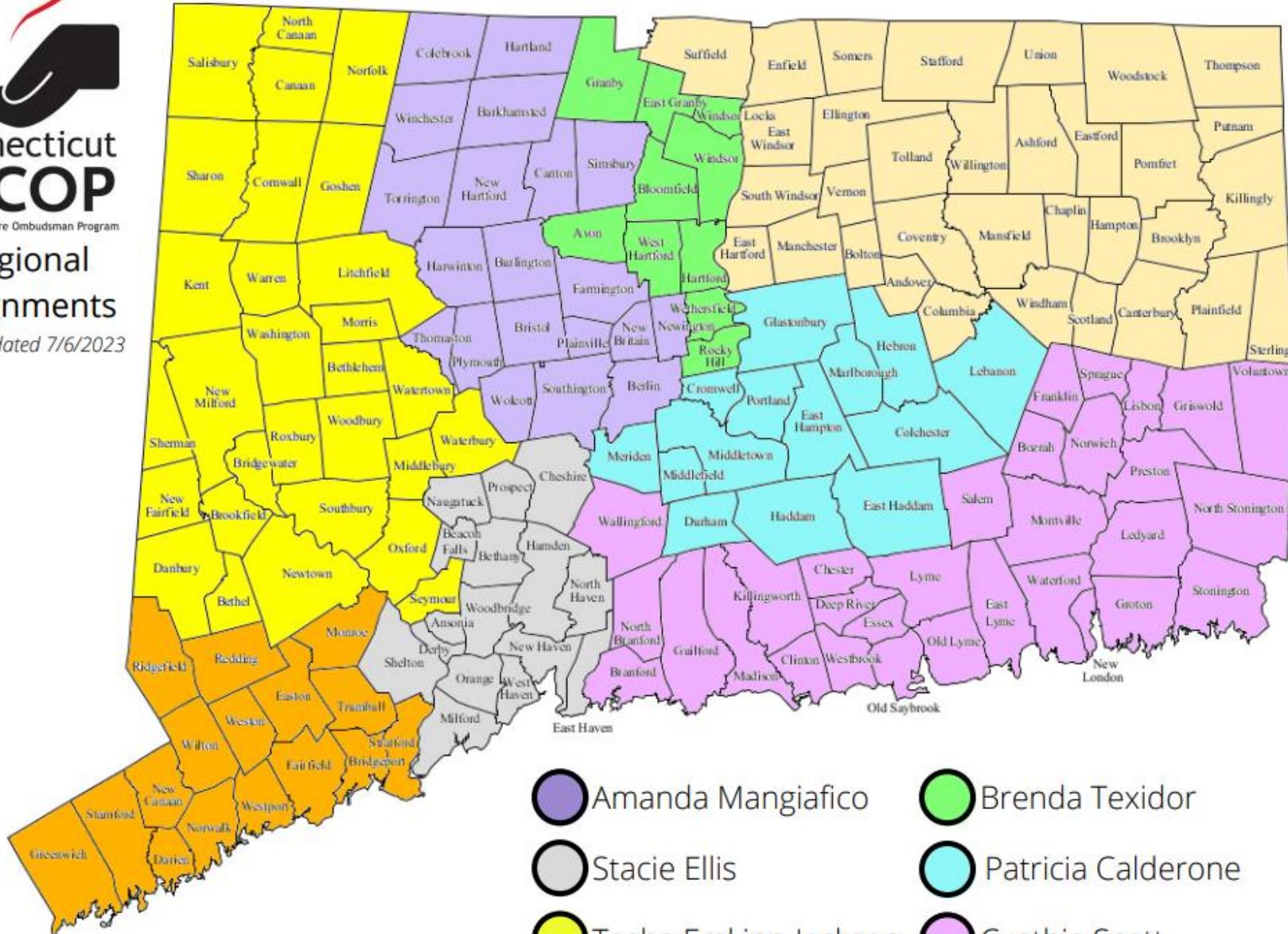
Contact The CT Long Term Care Ombudsman Program Toll Free 1-866-388-1888

Connecticut **LTCOP**

Long Term Care Ombudsman Program

Regional Assignments

Last Updated 7/6/2023



What concerns does an Ombudsman address?

- Violation of residents' rights or dignity
- Physical, verbal or mental abuse, deprivation of services necessary to maintain residents' physical and mental health, or unreasonable confinement
- Poor quality of care, including inadequate personal hygiene and slow response to requests for assistance
- Improper transfer or discharge of patient
- Inappropriate use of chemical or physical restraints
- Any resident concern about quality of care or quality of life

Top 10 Residential Care Community Complaints (2022)

1	Discharge or eviction
2	Medications
3	Food services
4	Administrative oversight
5	Staffing
6	Housekeeping, laundry, and pest abatement
7	Physical abuse
8	Other rights and preferences
9	Personal property
10	Dignity and respect

Get to Know the LTCOP

Contact the LTCOP if you know a resident that may benefit from a visit with a LTCOP representative.

- Contact the LTCOP if you, or someone you know, needs information about long-term care services and supports.
- Share information about the LTCOP with residents, family members, and your colleagues.

Telephone: [1-866-388-1888](tel:1-866-388-1888) or [860-424-5200](tel:860-424-5200)

Fax: [860-772-1704](tel:860-772-1704)

E-mail us: Ltcop@ct.gov

Facebook: www.facebook.com/CTLTCOP

Website: <https://portal.ct.gov/LTCOP>

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For a Map of regional ombudsman and the towns they serve, click [here](#).



1-866-388-1888

LTCOP Complaint Investigations

- LTCOP representatives:
 - Investigate individual complaints and address concerns that impact several or all residents in a facility.
 - Can address general concerns they personally observe during a visit (e.g. odors, concerns about the environment, staff not knocking on resident doors before entering).
 - Cannot share information without resident consent.
 - Investigate to gather the facts, but the main goal is to resolve the issue to the residents' satisfaction.
 - Call upon others to fulfill their responsibilities to residents.
 - Represent resident needs by working for legislative and regulatory changes (e.g., coordinated systems advocacy lead by the State Ombudsman).

Residential Care Home Resident Rights

- ✓ Be Treated with Dignity
- ✓ Be Treated with Respect
- ✓ Have Personal Needs and Wishes Considered

These three rights should be applied in every situation between you, the staff, and other residents of your RCH.

Residential Care Home Resident Rights

- Residents do not have to give up any of their rights under Medicare or Medicaid. They also have the choice to apply for either of these programs.
- Residents are allowed to have quality care and services, with fair arrangements based on your personal needs and wishes.
- Right to be Free From Abuse/Neglect.
- Right to File a Grievance with RCH Management, Department of Public Health, Elder Protective Services, The Long Term Care Ombudsman Program; without the fear of retaliation or reprisal.
- Residents have the right to choose what to wear and what personal items you can keep in your room.
- Residents have the right to keep and use personal clothing and items.
- Residents are not required to do any work for the RCH that they do not want to do.
- Residents are allowed prompt access to the Ombudsman to provide information about their rights.



YOUR FINANCIAL RIGHTS

There is no law that says an RCH can take over your personal finances, such as your social security benefits, other forms of income, or your credit/debit cards, without your permission.

Your money and personal information are protected by both federal and state law. As an RCH resident, you have rights and choices about how your money is managed.

- You have the right to manage your own money while living in an RCH.
- Your RCH should make you aware of all services you can use in the RCH. If there is a cost for these services, you should also be told what those costs are.
- The RCH cannot accept or ask for gifts, money, or donations in order to let you stay in the RCH.
- You can have Medicare and Medicaid benefits. No one can make you give up the rights you are given under Medicare and Medicaid.
- You have the right to be treated equally to other residents when it comes to transfers, discharges, and getting services, no matter your income sources.

Residential Care Home Financial Rights (Cont)

If you want the RCH to manage your personal funds, you can give the RCH permission to do so by signing a written consent form. The RCH cannot handle your money without this form, and you can end this arrangement at any time.

IF YOU DECIDE TO LET YOUR RCH MANAGE YOUR MONEY:

- Your RCH must keep a record of each resident's spending and source(s) of income.
- You have the right to access your financial records.
- You are allowed to get signed receipts for anything you spend.
- The RCH must give you a statement of your financial records every three months.

PRIVACY RIGHTS

As a resident of an RCH, you have many privacy rights protected by law.

RCH residents have privacy rights.

- You have the right to keep all of your conversations private, both in-person and over the phone.
- You have the right to send and get personal mail. Your RCH is not allowed to open, read, or remove anything from your mail without your permission.
- You have the right to make and receive private phone calls. It is illegal for staff to listen to your personal conversations.
- You have the right to keep your conversations private, including conversations with your RO, lawyer, or anyone else you choose to speak with.
- You have the right to private visits from your spouse.
- You have the right to be friendly with whomever you want, including other residents.
- You have the right to privacy when getting treatment and care for your personal needs. The RCH must also keep all of your personal and medical records private.

PERSONAL PROPERTY RIGHTS

It is a good idea to make a list of personal property and items in your room. You can use the checklist in the Appendix to keep track of your personal property.

Your RCH is responsible for your personal property.

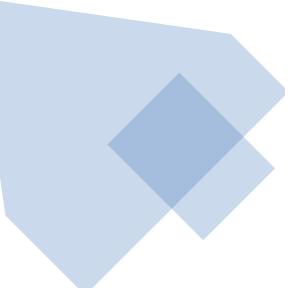
- Keep a list of your personal items (see Appendix) in a safe place and ask your RCH to keep a copy for their office records. Update the list as needed.
- While it may not be possible to bring all personal items to the RCH when you move in, your RCH should provide a fair arrangement for the property you do choose to bring. Health standards and fire code rules may also limit the items you can bring. The RCH will probably not be able to store property that cannot fit in your room.
- If a personal item is missing or taken, you should immediately file a missing property form with the RCH manager. Ask for a date-stamped copy of the completed form and keep it in a safe place.
- If your property is not returned to you, you can file a complaint with your RO, the local police, and/or the Department of Social Services (DSS) and the Department of Public Health (DPH).

VISITATION RIGHTS

Visiting hours and rules may be different at each RCH, but the basic right to fair visitation is required based on federal and state policy.

Your RCH is your home and you can have visitors.

- Visiting hours for family members should not be limited.
- You have the right to complete privacy during visits with a spouse, your chosen decision-maker, a representative of the LTCOP, or professional service
- You must respect the rights of the other residents. Your visits and visitors should not harm or get in the way of other residents.
- You do not need to let the RCH manager know if you are expecting a visitor.



COMMUNITY RIGHTS

You have the right to set up and take part in resident groups, including Resident Councils.

Your RCH is a community and residents can work together to help improve each other's lives.

- Staff members should not interrupt or attend your resident meetings unless they are invited. You cannot be “punished” by management for having meetings.
- The LTCOP can help you create a resident council. See the “Resident Councils” section in the Appendix for more information.
- You have the right to have family support meetings at the RCH; and are free to set up and take part in any social, religious, or community activities of your choice. The LTCOP can help you create a family support group council.
- All RCH residents should be encouraged to use their rights as a citizen, such as being able to vote during elections. The RCH should help you make use of these rights.

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THE RIGHT TO CHOOSE YOUR OWN DOCTOR

You have the right to choose your own doctor.

Your health is very important, and there are ways you can manage your care while living in an RCH.

- Your doctor must tell you about your medical condition and you have the right to take part in planning your own medical treatment.
- If you are on Medicaid, transportation to your doctor should be provided.
- You have the right to get the opinion of two different doctors for any surgery you are told you need. This right will give you peace of mind and may give you options other than surgery.

YOUR EMERGENCY TRANSFER RIGHTS TO ANOTHER RCH

An emergency transfer, or move, from your RCH can only happen in very serious situations, such as a fire or some other physical damage to your RCH.

The emergency must be something that puts your health, safety, or well-being in danger.

- Before an emergency transfer can happen, your RCH must ask the Commissioner of the Department of Public Health (DPH) to decide if a transfer is needed. seven (7) days of the request. DPH's decision must be based on proof that an immediate transfer or discharge is needed for your health, safety, or well-being.
- In an emergency, the RCH may ask DPH for an immediate transfer or discharge of all or some residents. If this happens, DPH must let you or your representative know. DPH must make a decision within seven (7) days of the request. DPH's decision must be based on proof that an immediate transfer or discharge is needed for your health, safety, or well-being.
- Once DPH makes its decision, a hearing, or meeting in court, must be held within seven (7) days of the decision. You should go to this hearing if you do not agree with being moved.

YOUR ROOM AND THE RCH BUILDING

Your RCH must give you a safe, clean, and comfortable area to live in.

Your RCH is your home and it should always feel like it. The Department of Public Health (DPH) has building, fire, and public health rules that all RCHs must follow to help give you the best living experience.

- Your RCH must be well built and regularly maintained.
- You have the right to clean and neat areas inside and outside of your RCH.
- You have the right to any needed mechanical, plumbing, and electrical repairs and tools.
- You have the right to information about your RCH's building.
- You have the right to review all inspection reports and correction plans.

DPH has rules about what the inside of your RCH should look like. These rules are very detailed as to the size of each room, bathroom, closet, window, the type of furniture that your RCH should have (such as couches, easy chairs, and solid furniture, and much more).

- Your room and bathroom must be clean and comfortable.
- Your room and all other areas should not be less than 75 degrees during the winter.
- Your room should have a bed, light, dresser with a mirror, and a comfortable chair.
- Each RCH must have a recreation room and a lobby with a visitor's bathroom and a public telephone.

DPH also has rules about what the outside of your RCH should look like.

- There should be no garbage or junk on the property.
- You should have a large outdoor lawn with plants and walkways for you to enjoy.

ROOM-TO-ROOM TRANSFER RIGHTS

No room transfer can happen at all without your permission if your doctor can prove that a move from one room to another will harm you physically or mentally.

While living in an RCH, there may be a time when you are asked to move to another room.

THERE ARE THREE (3) REASONS A ROOM CHANGE CAN HAPPEN WITHOUT YOUR PERMISSION:

1. There is a medical need to move you to another room.
2. For your well-being or the well-being of other residents.
3. You receive Medicaid and the RCH wants you to move from a private room to a non-private room.

If one of these three (3) reasons is given for making you move to another room, you must get a written letter from the RCH explaining why you are being moved. This letter must be given to you at least 30 days, but no more than 60 days, before the move.

THE RCH CAN MOVE YOU TO ANOTHER ROOM WITHOUT ANY PREVIOUS NOTICE FOR ONLY THREE (3) REASONS. THOSE THREE (3) REASONS ARE:

1. The health, safety, or well-being of other residents is in danger.
2. Your immediate medical needs.
3. You have lived in the RCH for less than 30 days.

If you are told you need to move to another room because of a medical reason or for the well-being of other residents, your medical record must have notes detailing the actions the RCH took to make the transfer process more comfortable for you.

DISCHARGE RIGHTS

As an RCH resident, you can ask for a hearing if you do not agree with the RCH's decision to discharge you. Do not be afraid to ask for a hearing.

UNDER THE LAW, AN RCH CAN ONLY DISCHARGE YOU, OR ASK YOU TO LEAVE, FOR SIX (6) REASONS:

1. You have not paid your rent.
2. Your health or something else has changed and you no longer need to live in an RCH.
3. Your medical or physical needs can no longer be met in an RCH.
4. You staying in the RCH is a danger to other residents' safety.
5. You staying in the RCH is a danger to other residents' health.
6. The RCH is closing down.

No one can force you to leave unless one of the legal reasons listed above are given, supported by proof, and proven.

You also do not have to leave your RCH because other residents are complaining about you.

IF YOU ARE TOLD THAT THE RCH PLANS TO DISCHARGE YOU:

- The RCH must give you a written letter giving the reason for the discharge and facts to support it.
- The letter must list the telephone number for the Department of Public Health (DPH) and instructions on how you can ask for a hearing, or in-person review, from DPH.
- The letter must be given at least thirty (30) days before the date you are expected to leave.

Do not wait if you want to ask for a hearing to reconsider a discharge.

- Once you get the written letter from your RCH about your discharge, you or your representative will have ten (10) days to ask for a hearing from DPH.
- DPH will then set up a date for the hearing. You will have a better chance of staying in the RCH if you ask for and go to the hearing.

For more information about the hearing process, you can contact LTCOP. The LTCOP can also help you with paperwork, represent you, or suggest a lawyer for you. It is highly recommended that you be represented by a lawyer, LTCOP, or other trusted person, but you do not have to and can represent yourself.

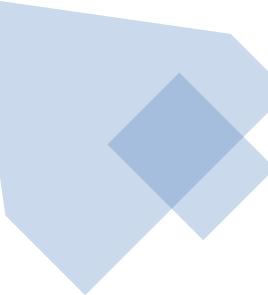
READMISSION RIGHTS

Your room should be held for you during short absences.

While living at an RCH, there are many personal reasons why you may have to leave the building for several days. But you still have rights even when you are away.

As long as your rent has been paid, your room should be held during hospital stays, vacations, or other absences.

If you are on the State Supplement Program and want to return to your RCH, the State will keep paying for your room during the month you are away and the month after.



HOW TO GET HOME- AND COMMUNITY-BASED SERVICES IN YOUR RCH

There are many programs that offer services to help residents like you live as independently as possible right at home. These programs are called Home- and Community-Based Services (HCBS) “waiver” programs. In order for you to receive covered HCBS “waiver” services in your RCH, your RCH must be in compliance with HCBS rules.

This includes allowing residents to:

- Have full access to your community, which includes the freedom to have a job, handle your own money, and get local services. Your RCH cannot treat you differently because you are receiving HCBS through Medicaid.
- Choose where you want to live, including living arrangements that are not only for people living with disabilities.
- Be treated with dignity and respect. You also have the right to privacy and you do not have to make any choices you don’t want to make.
- Make your own choices about daily activities, where you spend your day, and who you spend time with.
- Choose what services you want and who gives them to you.

If your RCH does not provide or cannot follow these rules, you will not be able to get HCBS “waiver” services in your RCH. If you want to get HCBS services, you may need to move to another RCH that follows the HCBS rules.

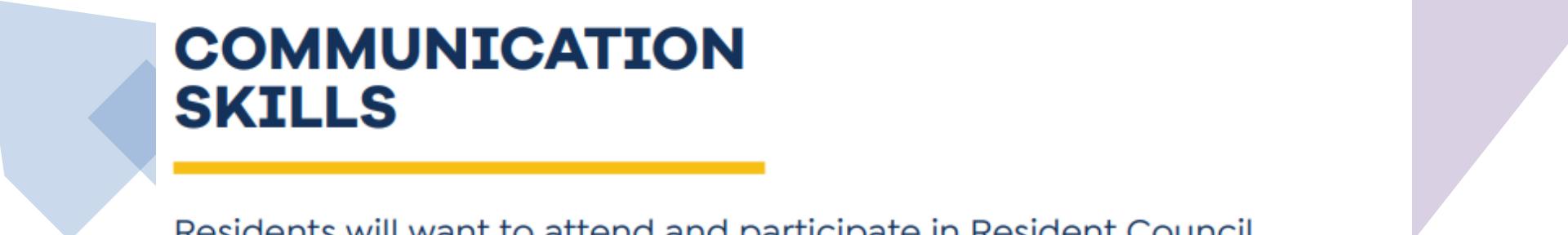
As an RCH resident in Connecticut you have other rights under the HCBS rules. These rights are:

- Protection from being evicted, or forced out of an RCH.
- The ability to have visitors at any time.
- Privacy in your room or apartment. This means the doors to your room or apartment must have locks on the inside and only a few staff members should have a copy of your key. You can also choose your own roommate(s).
- The ability to live in an RCH that is comfortable and accessible to your physical needs.
- The right to agree to any changes related to these rights.
- Control over your own plans and activities. You are also allowed to have access to food at all times.

WORKING WITH RESIDENT COUNCILS

Resident Councils can be very useful to you when it comes to representing yourself and your needs in an RCH. You and your fellow residents can use resident councils to help make positive changes at your RCH. This will take commitment, planning, patience, and understanding.

Resident issues that are brought up at Resident Council meetings can be written down in your meeting notes and taken to RCH management. Those issues should be investigated and addressed by RCH management. You should ask that any results or ideas from management be reported back to the Resident Council at the next meeting.



COMMUNICATION SKILLS

Residents will want to attend and participate in Resident Council meetings that are well-planned and make them feel heard. This requires good communication skills from Resident Council leaders and members. Here are some basic communication skills that can help members and leaders build healthy relationships and accomplish their goals:

- Listen to, and respect, other opinions.
- Confidently explain your point without offending others.
- Keep a positive attitude and be open to other ideas.
- Keep meetings focused and on topic.
- Make sure all attending residents are heard out.
- Encourage active participation and commitment.
- Stay informed—know your rights!

RESIDENT COUNCILS SHOULD BE RUN

- By residents
- With support, but little interruption, from staff members
- Where issues are brought forward and followed up on at the next meeting
- Where concerns and problems are quickly handled by management
- Where all residents feel comfortable in raising issues and speaking freely
- Where residents can access information as needed and asked for by the Council
- Where residents are treated with respect and their issues are taken seriously
- As a way to make positive changes for all residents in the RCH

RESIDENT COUNCILS USUALLY RUN AS FOLLOWS

- 1. Welcome:** Call to order, ask secretary to read minutes from previous meeting
- 2. Minutes:** Read minutes, ask for additions or corrections, approve minutes
- 3. Announcements**
- 4. Old business/Committee reports**
- 5. New business**
- 6. Closing and schedule of next meeting**

How to Contact the CT LTCOP

Telephone

1-866-388-1888 or 860-424-5200

Fax

860-772-1704

E-mail

ltcop@ct.gov

Facebook

www.facebook.com/CTLTCOP

Website

<https://portal.ct.gov/LTCOP>

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1-866-388-1888

Additional Resources

HCBS Final Rule: The Animated Series for Service Providers -

https://www.youtube.com/playlist?list=PL2sVu_Vi1tqX4cuLZ-PBXa0vufTYDcseT

Residential Care Home Toolkit -

<https://portal.ct.gov/-/media/LTCOP/PDF/RCH/RCH---Toolkit.pdf>

LTCOP Involuntary Discharge Portal -

<https://portal.ct.gov/LTCOP/LTCOP-Discharge-Portal>

Resident Council Toolkit –

https://theconsumervoice.org/uploads/files/long-term-care-recipient/Resident_Council_Toolkit_FINAL_ELECTRONIC.pdf



1-866-388-1888



QUESTIONS?