

THE SILVER PANTHER



Winter Edition

Letter to Governor and Appropriations Members sent by the

Statewide Coalition of Presidents of Resident Councils Executive Board

To: Governor Dannel P. Malloy, and Appropriations Committee Members:

In the 2011 budget the 17,000 nursing home residents on Medicaid took a 13% or \$9 million reduction in their personal needs allowance to save the state approximately 1.7 million dollars, this reduction was listed as temporary in the budget.

Effective January 1st 2012 all social security recipients will receive a 3.6% increase in their monthly benefit. Nursing home residents will turn this money over to the nursing home as cost of care. This results in the state contributing less Medicaid dollars to nursing homes, saving the state \$4 million. The personal needs allowance should be reinstated and a cost of living adjustment (cola) given at no cost to the state.

We ask that you consider the fact that our personal needs allowance has not been increased since 2008 and the cost of the few products/services we buy has increased over the last 3 years. The \$60 we currently receive does not have the ability to meet our needs. By restoring our personal needs allowance and including a cost of living adjustment, it would greatly impact our quality of our lives.

SCPRC Executive Board Members
*Grace Bligé-Curry; Karen Hawley;
Ronnie Martin; Brian Capshaw, Mary DePasquale*

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Article from the Statewide Coalition of Presidents of Resident Councils Executive Board

As we stated to Susan Raff of channel 3 news we'll be back in 2012 so we present the Statewide Coalition of Presidents of Resident Councils Legislative Agenda for 2012

1. In the 2011 budget nursing home residents on Medicaid took a 13% or \$9 reduction in their personal needs allowance to save the state approximately 1.7 million dollars, this reduction was listed as **temporary in the budget**. Effective January 1st 2012 all social security recipients will receive a 3.6% increase in their monthly benefit. Nursing home residents will turn this money over to the nursing home as cost of care. This results in the state contributing less Medicaid dollars to nursing homes, **saving \$4 million**. The personal needs allowance should be reinstated and a cost of living adjustment (cola) given at no cost to the state. This would take the rate to \$71.50 from current \$60.
2. Many nursing homes have filed for bankruptcy; others are petitioning the state to close. Four closed in 2011 and a two more have petitioned to close. One of the reasons is the low state Medicaid reimbursement rate nursing homes receive. Many nursing homes lose as much as \$40 to \$100 a day on each resident receiving state Medicaid. Governor Dannel Malloy promised as governor I will properly fund our nursing homes to cover actual costs of providing care. As the state continues to rebalance the Medicaid dollars it spends, through the Money Follows the Person program, with about 820 residents transferred back to the community, the state is saving over \$8 million a year, those savings should be used to make nursing homes more solvent. A two dollar increase in the daily Medicaid reimbursement rate would average about \$50,000 per nursing home and would lower the number of nursing homes filing for bankruptcy and petitioning the state to close.
3. Connecticut law requires that nursing home staffing levels result in 1.90 (second lowest in the country) total nurse and nurse's aide hours per resident per day. In contrast, the U.S. Dept. of Health and Human Services (HHS) recommends 4.10 total hours per resident day as an optimum level.

The relationship between nursing home staffing levels and quality of care is well established. Our elected leaders must pass legislation with meaningful staffing requirements. In 2008 HR 5794 failed after passing four committees, that bill would have increased staffing levels. We feel the Connecticut law requiring staffing levels of 1.90 ratio should be increased over three years to 3.2 hours per

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resident per day for residents of skilled nursing facilities. In 2012 from current law of 1.9 to 2.3, which will affect 4 homes and 2013 2.3 to 2.7, affecting an additional 4 homes and 2014 2.7 to 3.2 affecting an additional 13 homes according to CMS nursing home compare website.

4. In the 2011 legislative session the legislature considered house bill 5462 stating that each nursing home establish a grievance committee consisting of one resident and two staff members. The bill passed the house and did not come up for a vote in the senate. All nursing homes provide a grievance form, but many times they seem to go into a black hole and get lost. By having a committee in every nursing home grievances can be resolved in a more timely manner.
5. Senate bill 1064, which passed the senate but did not come up for a vote in the house. The bill which, requires nursing homes, residential care homes, and rest homes with nursing supervision, to notify prospective and current residents about certain financial conditions the facilities may be experiencing. It requires the facility to provide notice of receivership or files for bankruptcy or is currently in bankruptcy. A facility must provide this notice before or when a patient is admitted and during the residents' stay. This piece of legislation must be brought up again in the 2012 legislative session and signed into law. Residents and their family members need to know the status of the facility in order to be able make informed decisions about their living arrangements.
6. Senate bill 1065 passed the senate but did not come up for a vote in the house. We are looking for the legislation to be passed in the 2012 legislative session regarding fear of retaliation for nursing home residents. A resident must have the right to present grievances and recommend changes in policies and services personally, through other persons or in combination with others, without fear of reprisal, restraint, interference, coercion, or discrimination. Some of the failure of residents to report a grievance can be attributed to the nature of the nursing home resident/employee relationship. We as residents are dependent on nursing home staff to respond to our basic needs. Some residents fearing retaliation may choose to remain silent, rather than risk the consequences of filling out a grievance form. This legislation should require all nursing home staff to be trained regarding the issue of fear of retaliation as it relates to residents rights.
7. The Certified Nursing Assistant (CNA) who is primary caregiver for the resident must attend and participate in a minimum of 50% of resident care conferences in the facility as they will know the most about the residents care issues.

Voices Speak Out Against Retaliation

By

Michael Michalski, Regional Ombudsman

Prompted by a residents' question at the Voices Forum in 2005, Connecticut's Long Term Care Ombudsman Program (LTCOP) initiated a statewide work group and also commissioned the University of Connecticut Health Center to study Fear of Retaliation in skilled nursing facilities. That study concluded that Retaliation and the Fear of Retaliation is a reality in any supportive housing situation.

Retaliation can be either egregious or subtle; many forms of retaliation may not even be recognized by staff or residents. Therefore, as one part of a comprehensive awareness initiative, LTCOP has distributed the DVD to every nursing home in Connecticut for review by staff, family members and residents.

It is recommended that a facilitated discussion follow the video.

The discussion asks two questions:

- 1) In the video, when speaking about Fear of Retaliation, what did the residents tell you?
- 2) What can you do in your role to diminish and/or overcome Fear of Retaliation?

Please ask your Activity Director or your Social Worker to review this video with you or your Resident Council, or you may request your Ombudsman to come in to present it to your group.

If you have questions about this video, the training materials or if you want assistance on how to promote the discussion, please contact the Connecticut's Long Term Care Ombudsman Program at 866-388-1888

BEST PRACTICES

By

Brenda Foreman, Regional Ombudsman

As the economy and the culture of long term care facilities change, change can also be expected in the manner in which long term care residents' needs are being met. We want to hear from the residents as to what their individual long term care facilities are doing exceptionally well to meet the needs of their residents. We hope to offer a venue to share these "Best Practices" in future newsletters as well as perhaps having the opportunity to compile your ideas into a resource to share.

Example: Some long term care facilities are currently using steam tables for meal services. Serving resident meals directly from steam tables is an attempt to assure meals are hot and residents receive what they choose.

If you have a "Best Practice" to share, please let us know. You can send an e-mail to www.ltcop@ct.gov or **fax it to us at 860-424-4808; attention; LTCOP.**

National Healthcare Decisions Day

April 16, 2012

*To inspire, educate & empower the public & providers about the importance of
advance care planning*

National Healthcare Decisions Day exists to inspire, educate & empower the public & providers about the importance of advance care planning. National Healthcare Decisions Day is an initiative to encourage patients to express their wishes regarding healthcare and for providers and facilities to respect those wishes, whatever they may be. All adults can benefit from thinking about what their healthcare choices would be if they are unable to speak for themselves. These decisions can be written down in an advance directive so that others know what they are.

What is an advance directive?

Advance directives come in two main forms:

- A "healthcare power of attorney" (or "proxy" or "agent" or "surrogate") documents the person you select to be your voice for your healthcare decisions if you cannot speak for yourself.
- A "living will" documents what kinds of medical treatments you would or would not want at the end of life.

HOLIDAY TRANSPORTATION PROGRAM

By

Nancy Shaffer, State Ombudsman

The Ombudsman Program was delighted this 2011 holiday season to offer residents the Holiday Non-Medical Transportation Program. Nearly fifty residents used the grant program in order to attend family gatherings and holiday celebrations. Some of these residents said they had not been home for the holidays in some time. Some residents were able to visit relatives they had not had opportunity to be with in a very long time.

Many thanks to Senior Resources and especially to Kathy Chase for administering the program and ensuring its success. We have received comments from facility staff as well as residents and their families about how meaningful and special this opportunity was for them! The holidays are so much more cheerful for everyone when they spend it with their family and friends. We love to hear their stories!

2012 OMBUDSMAN PROGRAM LEGISLATIVE AGENDA

**By
Nancy Shaffer, State Ombudsman**

The 2012 regular session of the Connecticut Legislature is February 8-May 9, 2012. During the session the Long Term Care Ombudsman Program will propose legislation requiring nursing homes provide an annual staff training about Fear of Retaliation. This legislation was proposed last year and passed in the Senate, but not in the House of Representatives. The Program is optimistic it will pass both chambers this session. Two other proposals from last year will also be reintroduced: legislation requiring nursing homes to disclose information regarding financial instability such as bankruptcy or receivership to individuals prior to admission and legislation mandating grievance committees in nursing homes. Again, these proposals were generally well-supported last year and we are hopeful of passage IN 2012.

PERSONAL COMMUNICATION WITH LEGISLATORS

**By
Nancy Shaffer, State Ombudsman**

Personal letters to legislators and other policy/decision makers is one of the best methods you have to communicate and influence public opinion. Here are some suggestions when writing those letters:

- Personalize your letter, refer to the legislators own interest in the topic and, if you are comfortable doing so, refer to your own personal experience.
- Provide examples.
- **Focus on the issue** and include only the issue of the specific concern.
- State your intentions to follow up and to continue to work on the issue.

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- BE CONFIDENT, let the legislator know that you understand the issue and that you understand they are interested in the opinions of their constituents and they want to promote programs that are beneficial.
- BE BRIEF, try to keep your letter to one page.
- The address should be: The Honorable (full name); (state) Senator or Representative as appropriate; City, State, Zip. Dear (last name).

VOLUNTEER RESIDENT ADVOCATES

By

Nancy Shaffer, State Ombudsman

The Long Term Care Ombudsman Program welcomes our new 2011 Volunteer Resident Advocates! We are thrilled that these individuals made a commitment to the long term care residents of Connecticut. I am sure many residents are already getting to know you and look forward to your visits and the advocacy and assistance you offer them. We had some Volunteer Resident Advocates retire in 2011 also. We're sad to see them go, but know that they have our best wishes for success in all their future endeavors! We are always hopeful more individuals will seek a volunteer opportunity with the Ombudsman Program. We look forward to talking with interested individuals about this meaningful and important work.

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CONTACT YOUR REGIONAL OMBUDSMAN

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Kim Massey, Dan Lerman & Mairead Phillips

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