



2021 Annual Report
Connecticut Long-Term Care Ombudsman Program

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Overview of the Connecticut Long-Term Care Ombudsman Program

The Connecticut Long-Term Care Ombudsman Program (LTCOP) protects and promotes the rights and quality of life for residents of skilled nursing facilities, residential care homes and managed residential care communities, also known as assisted living facilities. This is a program that is mandated by the Federal Older Americans Act and Connecticut General Statutes Sec. 17a-405 (Formerly Sec. 17b-400). The program consists of one State Ombudsman, eight Regional Ombudsmen, one Administrative Assistant, two Clerical/Intake Staff, and a group of volunteers known as Resident Advocates (RA's).

The State Ombudsman works with state agencies, advocacy organizations, policy makers, legislators, and stakeholders to improve systems that strengthen protections at the state and federal level.

The Regional Ombudsmen (RO's) provide a voice to residents' concerns. Equally important, RO's empower residents to exercise their rights. This is achieved through direct consultation and complaint resolution with the individual at their home. The Regional Ombudsmen respond to residents' concerns and act based on the resident's direction. Regional Ombudsmen are a highly professional, expert group of advocates who work tirelessly to assist residents to achieve their desired outcome for their complaint. Regional Ombudsmen explore all avenues to fully understand an issue and reach a satisfactory resolution. Receiving complaints and working to find a resolution is the largest part of the Regional Ombudsman's work, but they also engage in many other advocacy activities. The Regional Ombudsmen promote Resident Councils by providing support and facilitating the needs of the Resident Councils as they arise. They also support the work of the Executive Board of Presidents of Resident Councils and provide outreach to the public. Regional Ombudsmen attend senior fairs throughout the state, providing presentations to various groups. During nursing home closures, Regional Ombudsmen maintain an active role to inform and support resident choice about where they will move. During facility bankruptcy reorganizations and receiverships, the Regional Ombudsmen also increase their presence in the homes to support residents and ensure their rights are honored in what can be a difficult and anxious time.

Resident Advocates are trained by Ombudsman staff in residents' rights and problem solving. Resident Advocates spend four hours per week in one assigned nursing home and help residents solve problems or address concerns with facility administration.

In partnership with residents, resident representatives, community partners, and other support stakeholders, the LTCOP celebrates collaborative achievements of many individuals and partners. The Connecticut Long-Term Care Ombudsman Program is dedicated to the ethos of providing residents with opportunities to give voice to their concerns.

The Ombudsman Program has an operating budget of \$ 1,830,896, plus an additional \$64,279.24 in CARES Act funding.

- Federal Funds: \$ 349,040 (\$ 191,271 from Title VII, Chapter 2 of the Older Americans Act, and \$ 157,769 from Title IIIB of the Older Americans Act)
- State Funds: \$ 1,481,856
- COVID-19 related funds \$64,279.24

Activities Carried Out by the Office

The Mission of the Connecticut Long-Term Care Ombudsman Program is to protect the health, safety, welfare, and rights of long-term care residents by:

- ❖ Investigating complaints and concerns made by or on behalf of residents in a timely and prompt manner.
- ❖ Bringing residents to the forefront to voice their concerns directly to public officials on issues affecting their lives.
- ❖ Supporting residents in their quest to shape their own legislative agenda and to represent their interests before governmental agencies.

In 2021, the staff of the Ombudsman program fulfilled their mission and requirements by:

- ❖ Investigating complaints and concerns made by or on behalf of residents in a timely and prompt manner:
 - 4,487 complaints received
 - 2,432 cases were closed
 - 786 consultations were provided to individuals
 - 802 consultations were provided for information and assistance to staff
- ❖ Bringing residents to the forefront to voice their concerns directly to public officials on issues affecting their lives:

The Office of the State Ombudsman developed materials for residents that focused on recovery and the support needed as we all begin to heal after the pandemic. The theme of the Annual Voices Forum was “Your Care, Your Rights, Your Voice” and the residents learned about the legislative process, successes from the 2021 legislative session and advocacy issues we need to continue to focus on.

This forum is where Resident Council Presidents from across the state learn about the legislative process, successes from the 2021 legislative session and learned about continual

advocacy issues. They also viewed the Presentation of the Carol Rosenwald Spirit of Advocacy Award and Brian Capshaw Rock Star Awards while connecting with Resident Councils Statewide to share best practices. This allowed them to gain skills and techniques to put systems and individual advocacy into action.

- ❖ Supporting residents in their quest to shape their own legislative agenda and to represent the residents' interests before governmental agencies:
 - The Executive Board of Presidents of Resident Councils, a smaller regional representation of residents who are the Presidents of the Resident Councils at their nursing home, actively engaged in legislative advocacy at the General Assembly throughout the 2021 legislative session, reaching out to legislators, meeting with them, and providing testimony at public hearings when able. Some of their areas of outreach and advocacy continued to include Personal Needs Allowance for nursing home residents, increased daily staffing rates in nursing homes, technology use in long term care, strengthening family councils, the ability for residents and family members to testify to the legislature virtually and an Essential Caregiver bill. This was a historic session for resident's rights. The passage of these bills will help to improve the quality of life and care in long-term care, aid in the recovery from the pandemic and help prevent the level of trauma in the future if we ever face something like this again.
 - LTCOP, as well as many residents and family members testified to the Aging, Human Services, and Public Health Committees.

Data Collected and Analyzed

The Office of the State Ombudsman offered advocacy services to approximately 30,000 Connecticut residents living in long-term care (LTC) facilities, including skilled nursing facilities, residential care homes and assisted living facilities. There was a sharp decrease in the number of residents in long-term care due to the lives lost during the pandemic and overall decline in LTC admissions. The program has seen significant changes in the data due to two factors. On 10/1/2019, the Administration for Community Living (ACL) implemented the latest revisions to the National Ombudsman Reporting System (NORS). These revisions required that data collection systems be changed, and Long-Term Care Ombudsmen, and their program representatives, be trained. There are new data definitions, codes, and data submission procedures in a new system called Older Americans Act Performance System (OAAPS). These changes were made to encourage consistency among states, but also impact our ability to make comprehensive data comparisons or identify trends related to previous reports. All these data changes came at the same time we saw the historic impact of COVID-19 on LTC communities. Because of this it is difficult to make year over year comparisons.

The staff participated in:

- 4,487 complaints received
- 2,432 cases were closed
- 400 facility visits other than for complaints (unduplicated)
- 861 consultations to facilities
- 94 licensure and certification surveys
- 124 community education presentations
- 2 trainings to facility staff
- 3 nursing home closures
- 2 residential care home closures

Problems Experienced and Complaints Made

Even with the definition changes, residents and/or their representatives or friends continued to be the main source of complaints received. Of the 4487 complaints received in 2021, the highest category of complaints was again related to “Care”. This category received 1261 complaints with the largest subcategory of the complaints, 295, being in “Care planning”. With the new data system this is the second year we have seen this as the highest area of complaint. These complaints are often initiated because the individual making the complaint does not believe there is consistent follow through to meet the goals set in the person-centered care plan. If invited by the resident or their representative, Ombudsmen participate in Resident Care Plan meetings. We received many reports that care plan meetings were not happening regularly and even when they were held, staffing concerns and infection control measures impacted their ability to have their person-centered plans of care met. The lack of access, ability to assess the resident or speak privately made it extremely difficult for family members and Regional Ombudsmen to advocate on behalf of the residents. Over the next year we are planning to do outreach and education regarding person centered care planning, residents’ rights related to person centered care planning and what the resident/resident representatives’ expectations should be around person centered care planning.

The second largest area of concern was in the category of “Autonomy, choice, rights”. This area received 814 complaints with 244 of those complaints again like last year being directly related to the subcategory “Visitors” followed closely by “Other rights and preferences”. Most of the complaints about Resident Rights and visitation were directly related to facilities reinstating residents’ rights post pandemic and COVID-19 restrictions. It also took long-term care communities a long time to fully understand and implement compassionate care, end of life visits as well as fully understand and reinstate visitation as directed by the Centers for Medicare and Medicaid (CMS). This is not an area that we traditionally see many complaints, however due to the protections related to resident’s rights being waived at a federal level, residents were extremely impacted.

The area that we saw the third largest number of complaints was “Admission/transfer/discharge” that had 476 complaints was the subcategory of “Discharge or eviction” this was also largest single concentrated area of complaints, with 351 directly related to this subcategory. This has been a high complaint category nationally as well as in our state. This might be attributed to the ongoing education and outreach provided by the LTCOP. Ombudsmen assist residents to understand their rights and, if they wish, refer them to legal assistance organizations. The Ombudsmen work to understand and resolve the reasons for the involuntary discharge, consulting with the resident and nursing home or residential care home to clarify all reasons for the notice. They try to negotiate a satisfactory resolution for the resident. On June 6, 2020, Governor Lamont signed Executive Order 7XX, which suspended involuntary discharges of nursing facility residents and residential care home residents who may be discharged to homeless shelters, except during emergency situations or with respect to COVID-19 recovered discharges. This order supported the care and services to individuals that otherwise could have been at extreme risk. Once this order was lifted, we began to see an increase in the number of involuntary discharges and transfers to the hospital. The program has identified that not all skilled nursing facilities appropriately report involuntary transfers and discharges to the program. The program has established a new online portal to track these discharges and transfers as well as begin to collect and monitor the data associated with them.

The program also has continued to offer Facebook live sessions when appropriate for education and outreach regarding changes in COVID restrictions or updates as well as information on residents’ rights. These sessions continue to reach hundreds of individuals we would not normally interact with, and this has proven to be an extremely efficient way of getting out information and providing education to individuals with complaints or questions about long term care facilities. Unfortunately, there are many complaints and information/consultations that are offered in these sessions that are not captured in our data.

Recommendations

- Full restoration of resident’s rights
 - An Essential Caregiver law that always protects residents’ access to at least 2 people, even during a public emergency.
- With high complaint numbers related to involuntary transfer/discharges we need to Implement our notice tracking system that specifically tracks these notices, facility, notice dates, appeals and outcomes.
 - This level of data will allow the program to provide the appropriate oversight and advocacy to address these concerns.
 - The Long-Term Care Ombudsman program recommends that guidelines and protections continue to be developed for all levels of the system.

- One data and tracking system for all state agencies that has health information technology protections in place with appropriate firewalls between state agencies, allowing for shared deidentified data to be pulled and used for trend identification and future policy decisions.
- To have Informed Choice provided to all individuals living in a long-term setting.
 - The individual should set the primary goal as to where they wish to receive their long-term services and support.
 - All options are explored to reach this goal if possible.
- Universal boilerplate contract for Managed Residential Communities – providing resident protections and expectations.
- Greater state oversight in Managed Residential Communities and Residential Care Homes.
 - Annual surveys
 - Minimum staffing levels for memory care units
- Required documentation for all LTC communities to be inclusive of people who might otherwise be excluded or marginalized, such as those having physical or mental disabilities or belonging to other minority groups.

Successes and Barriers of the Program

Successes in providing services to residents of long-term care facilities

- The program began using social media as a mechanism to reach residents and family members due to barriers created by the pandemic. This has created an opportunity to get information directly to the individuals we serve in real time. This offers the opportunity to engage with the program, ask questions and get answers on the spot. When the program's team members could not enter the facilities, it was imperative that we developed alternative ways to reach them to provide advocacy and information. The Governor commissioned a third-party study known as the Mathematica report. In this report residents and family members identified that having access to the program using technology was something that they wanted us to continue moving forward. The program continues monthly education sessions through social media that can be accessed through different types of technology.
- The use of technology has provided an opportunity to connect family members from around the state in a way we have never connected them in the past. We have pulled these connections together to begin the state's first statewide family council. The LTCOP has committed to supporting this council and will be working to formalize the group. This is one of the first statewide family councils in the country.
- Connecticut is one of the only states with an active Statewide Coalition of Presidents of Resident Councils, or Executive Board. The Executive Board has an active role advocating for

their fellow residents of skilled nursing facilities. Executive Board members bring issues to the attention of the State Ombudsman, and they advocate and offer ideas and solutions about how the Program can promote the quality of life and well-being of long-term care residents throughout the state. They advise the Office of the State Ombudsman about policy and legislative initiatives that will make their lives and the lives of their peers better. Connecticut has incredible involvement from these residents' contacting media as well as drafting letters and statements regarding issues of importance. Executive Board members are encouraged to reach out to their legislative body to make their voices heard and they assist other residents in completing these functions as well. It has been a privilege for the Ombudsman Program to be a part of this resident advocacy effort. Connecticut offers a unique experience that is not duplicated in any other state. We bring residents together at the Annual Voices Forum, as well as engaging the Executive Board members in regular monthly conference calls. We use all these interactions to inform the Program and identify legislative and policy initiatives to support residents and Resident Councils throughout the state.

- Residents now have access to the technology of their choosing in their room/home.
- Wi-Fi is now required to be made available in all resident rooms, giving them access to the outside world.
- (Ongoing from previous year due to the pandemic) One of the program's areas of focus was related to LGBTQ+ inclusivity work and this had previously been a focus. However, this year we began to focus on the idea of Inclusive Communities for All. This is a public and private partnership that was spearheaded by the Long-Term Care (LTC) communities. To accomplish this goal, the program:
 - Partnered with state agencies, community partners, other advocacy groups and long-term care communities to form the Inclusive Communities for All workgroup.
 - Vision Statement:
 - A diverse group of providers, advocates, government agencies, professionals, and individuals that works collaboratively to strengthen the long-term care continuum to be inclusive, accepting and welcoming for all individuals so they may invariably be their authentic selves.
 - Mission:
 - To cultivate communities that care for one another and build bridges of common humanity while maintaining respect for every individual. To give voice, identity and specific attention to individuals who identify with one or more marginalized or disempowered group. To curate a toolbox of Inclusive Communities Educational Resources that is utilized across the long-term care continuum.

- Goal:
 - Create an educational toolkit and video series offered to residents, family members, and staff members of LTC facilities to help create and cultivate inclusive LTC communities. This toolkit will include educational materials as well as application techniques broken down into specific subchapters relating to various marginalized groups and how to ensure that all individuals within the community are able to be their authentic selves.
- Objectives:
 - Provide resources free of charge that are vetted and championed throughout the LTC industry. These educational materials will be available to residents, family members and staff to help create and cultivate inclusive LTC communities.
 - Continue ongoing outreach to provider groups to discuss inclusion in Long-Term Care facilities.
 - Maintain LTCOP website and other outreach materials to reflect inclusivity vision for clients on Long Term Services and Supports.
- Facility bankruptcies, receiverships, and closures – Along with resident advocates and other state agencies, including the Money Follows the Person team at the Department of Social Services, the Ombudsman Program maintained a presence at each of the homes to ensure that residents had an opportunity for Informed Choice. The program staff empowered residents to explore all options and develop a person-centered plan where they could reside in the setting of their choice that best met their identified wants and needs.

Bankruptcies - none

Receiverships

Name	Town	Outcome
Waterbury Gardens	Waterbury	Outcome pending

Closures

Skilled Nursing Facilities

Name	Town
Watrous Nursing Center	Madison
RegalCare at Greenwich	Greenwich
Meridian Manor	Waterbury

Residential Care Homes

Name	Town
Tidelawn Manor	Westbrook
Newfield Rest Home	Middletown

Barriers that Prevent the Optimal Operation of the Program

When the pandemic hit LTCOP team members were not allowed to access residents inside of any of the facilities. This created an extreme barrier related to complaint investigations, confidentiality, and overall access to our program. We believe our numbers would have been much higher if we had traditional access to all the residents in all the facilities this year. Many had no means to reach us.

There has also been a growth in the number of Assisted Living Facilities built in the state and this increased the number of individuals that are served. There have been nursing home closures, bankruptcies and receiverships that are extremely demanding of the program's time and advocacy. The complexity of cases has increased steadily over the past few years. The LTC market has changed as has the time a Regional Ombudsman has to dedicate to each case. We believe the program should at a minimum be staffed based at 1FTE per 2000 beds as recommendations in An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act.

<https://pubmed.ncbi.nlm.nih.gov/25101383/>

The program has a historic low in the number of Resident Advocates (RA's). The RA's have been an integral component to the program for many years; however, with people working later in life or choosing to leave the state once they retire; our pool of volunteers has greatly diminished. The State Ombudsman identified new ways to generate potential volunteers and is slowly increasing the number of RA's.

Policy, Regulatory and Legislative Recommendations

Systemic Advocacy

The Office of the State Ombudsman is honored to be a member of and participate in many statewide stakeholder groups relevant to its advocacy work for long-term care residents. These groups include:

- National Association of State Long-Term Care Ombudsman Programs (NASOP), where the CT State Ombudsman serves as First Vice President
- Connecticut Long-Term Care Advisory Council,
- Connecticut Nursing Home Financial Advisory Committee,
- Connecticut Elder Justice Coalition, Co-Chair
- Medicaid Long Term Services & Supports Rebalancing Initiatives Steering Committee, Co-Chair
- Inclusive Communities working group

Collaborations include many esteemed long-term services and supports partners such as:

- The Center for Medicare Advocacy,
- Statewide Connecticut Legal Services,
- Connecticut Partnership to Improve Dementia Care,
- Lesbian, Gay, Bisexual & Transgender (LGBT) Aging Advocacy,
- Inclusive Communities for all workgroup

Legislative Advocacy

The 2021 CT regular legislative session began on January 6th and ended on June 9th, devoted to passage of a two-year budget bill. The session started after months of an ongoing Covid-19 pandemic with significant hardships and restrictions for nursing home residents, family members, staff, and citizens alike. This session start was just a few weeks after the Covid-19 vaccines started to become available to nursing home residents. A Nursing Home and Assisted Living Oversight Working Group, established in fall 2020 in response to these hardships and including residents, family members, advocates, legislators, providers, and others, submitted recommendations to the legislature in early January 2021 and many of these resident and family-friendly legislative recommendations were passed into law this session. The E-Board strongly advocated this session for all nursing home residents primarily through remote legislative testimony. A recent article in Kaiser Health News highlights the E-Board role - <https://khn.org/news/article/zooming-into-the-statehouse-nursing-home-residents-use-new-digital-skills-to-push-for-changes> .

A summary of key nursing home measures passed includes: rights to use technology of resident choice including video cameras with appropriate safeguards, protections and access rights; required resident and family council notification on regulations or legislative proposals impacting long term care facility residents and right to testify remotely as needed; improved DPH minimum required direct care staffing levels and improved social worker and recreation staffing requirements; a personal needs allowance increase from \$60/month to \$75/month for eligible residents; rights of essential caregivers to visit residents even during certain visit restrictions; required two-month supply of needed nursing home personal protective equipment (PPE); improved infection control staff and other requirements; required staff at least on-call each shift, to start an IV line; staff required to be educated on best practices to ensure resident social,

emotional and mental health needs and addressed through person-centered care and assure opportunities for social connection and strategies to minimize social isolation; increased dementia special care unit requirements; required support from nursing homes to promote family councils; visitation protocols to be provided in writing and easy to understand format; care plan requirements to include resident visitation and support needs; and DPH required to submit report to the legislature by 1/1/22 regarding state or federal funds that may be available to support infrastructure improvements in nursing homes. Effective bill implementation dates vary. Specific bill information is listed below, and residents can go to the CT General Assembly website at www.cga.ct.gov and highlight “quick bill search” and insert the bill number in the search box to get detailed bill info.

Quick Links to Some Key Bills passed from CT 2021 Session

AN ACT CONCERNING ESSENTIAL SUPPORT PERSONS AND A STATE-WIDE VISITATION POLICY FOR RESIDENTS OF LONGTERM CARE FACILITIES.

<https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00071-R00HB-06634-PA.PDF> - Public Act No. 21-71 | Previously H.B. 6634

AN ACT CONCERNING NURSING HOMES AND DEMENTIA SPECIAL CARE

UNITS. <https://www.cga.ct.gov/2021/act/pa/pdf/2021PA-00185-R00SB-01030-PA.pdf> - Public Act No. 21-185 | Previously S.B. 1030

AN ACT STRENGTHENING THE BILLS OF RIGHTS FOR LONGTERM CARE RESIDENTS AND AUTHORIZING THE USE OF RESIDENT TECHNOLOGY FOR VIRTUAL VISITATION AND VIRTUAL MONITORING. <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00055-R00SB-00975-PA.PDF> - Public Act No. 21-55 | Previously S.B. 975

[Resident Virtual Monitoring Technology Consent Form and Instructions](#)

[Roommate Virtual Monitoring Technology Consent Form](#)

AN ACT STRENGTHENING THE VOICE OF RESIDENTS AND FAMILY

COUNCILS. <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00194-R00SB-00973-PA.PDF> - Public Act No. 21-194 | Previously S.B. 973

AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2023, AND MAKING APPROPRIATIONS THEREFOR, AND MAKING DEFICIENCY AND ADDITIONAL APPROPRIATIONS FOR THE FISCAL YEAR ENDING JUNE THIRTIETH, 2021. <https://www.cga.ct.gov/2021/ACT/SA/PDF/2021SA-00015-R00HB-06689-SA.PDF> - Special Act No. 21-15 | Previously House Bill No. 6689

AN ACT CONCERNING PROVISIONS RELATED TO REVENUE AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023. - (Personal Needs Allowance

Addressed In Section 353 and 354) <https://www.cga.ct.gov/2021/TOB/S/PDF/2021SB-01202-R00-SB.PDF> | Previously S.B. 1202

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. <https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00121-R00HB-06666-PA.PDF> - Public Act No. 21-121 | Previously House Bill 6666

AN ACT REQUIRING DRIVERS OF PARATRANSIT VEHICLES TO REPORT SUSPECTED ABUSE, NEGLIGENCE, EXPLOITATION OR ABANDONMENT OF ELDERLY PERSONS. <https://www.cga.ct.gov/2021/act/pa/pdf/2021PA-00122-R00SB-00763-PA.pdf> - Public Act 21-122 | Previously S.B. 763

AN ACT CONCERNING SENIOR CENTERS AND SENIOR CRIME PREVENTION EDUCATION. <https://www.cga.ct.gov/2021/act/Pa/pdf/2021PA-00007-R00SB-00817-PA.PDF> - Public Act 21-7 | Previously S.B. 817

AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. <https://cga.ct.gov/2021/act/pa/pdf/2021PA-00026-R00SB-01083-PA.pdf> - Public Act 21-26 | Previously S.B. 1083

AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL, BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC. <https://www.cga.ct.gov/2021/act/Pa/pdf/2021PA-00035-R00SB-00001-PA.PDF> - Public Act No. 21-35 | Previously S.B. 1

AN ACT ESTABLISHING A COMMISSION ON THE DISPARATE IMPACT OF COVID-19. <https://www.cga.ct.gov/2021/act/Sa/pdf/2021SA-00037-R00HB-05614-SA.PDF> - Special Act 21-37 | Previously H.B. 5614

AN ACT CONCERNING DECLARATIONS OF PUBLIC HEALTH AND CIVIL PREPAREDNESS EMERGENCIES AND THE CREATION OF A BIPARTISAN COMMISSION TO STUDY STATUTES GOVERNING THE ISSUANCE OF SUCH DECLARATIONS. <https://www.cga.ct.gov/2021/act/Sa/pdf/2021SA-00005-R00HB-05653-SA.PDF> - Special Act 21-5 | Previously H.B. 5653

The State Long-Term Care Ombudsman and a Regional Ombudsman participated in the Governor's nursing home and assisted living oversight work group. This work group came together to address issues related to long-term care and proposed changes for the 2021 session.

Federal Advocacy

Essential Caregivers Act

[H.R.3733: The Essential Caregivers Act](#)

[H.R. 3733 Q&A](#) (Claudia Tenney)

[H.R. 3733 Q&A](#) (Consumer Voice)

<https://www.congress.gov/bill/117th-congress/house-bill/3733?s=1&r=1>

H.R. 3733: The Essential Caregivers Act, led by U.S. Representatives Claudia Tenney and John B. Larson, allows essential caregivers access to long-term facilities to provide care and support to a facility resident during any public health emergency. It is vital that we as a society recognize the critical role that family members play in the care and wellbeing of residents in long-term care facilities. For more than a year, residents in these facilities were separated from their loved ones – far too many lost their will to survive, and many others have suffered untold emotional, psychological, and physical pain as a result of this separation. This bill would ensure that in any future health emergency under Section 319, designated essential caregivers are always able to access their loved ones in a manner consistent with all applicable health and safety protocols.

National and State Advocacy Activities

Advocacy at both the national and state level focused on the restoration of resident’s rights, visitation and quality care being provided throughout the pandemic. At the national level we saw small gains related to visitation and access however for a portion of the year federal waivers remained in place and residents were impacted.

Information Regarding Challenges in Long-Term Care Facilities and Opportunities for Change

Challenges	Opportunities
The changing landscape of Connecticut’s long-term services and supports (LTSS) presents challenges to consumers’ rights to Informed Choice as well as the right to health, safety and well-being no matter the setting in which LTSS are received.	<ul style="list-style-type: none">• The Office of the State Ombudsman is committed to the State’s efforts to rebalance the LTSS systems. The Ombudsman will be a part of the conversation for Informed Choice and advocacy for individuals choosing to live and receive LTSS in the community.
Ensure that residential care home residents know about and can fully exercise their rights and access the Ombudsman.	<ul style="list-style-type: none">• The Office of the State Ombudsman will continue to work with other advocates to provide necessary outreach and educational materials to residential care home residents as the introduction of the Home and Community Based Settings rule is considered for residential care homes.
Ombudsman cases are more complex with a focus on involuntary discharges and person-centered care planning. This has been a national trend.	<ul style="list-style-type: none">• The Office of the State Ombudsman will continue to explore policy and legislative remedies for involuntary discharges.

	<ul style="list-style-type: none"> • The LTCOP has developed and will look to implement a data portal to receive, track and trend involuntary transfer/discharge data from both nursing homes and residential care homes. • The Office of the State Ombudsman will advocate to pass legislation requiring all skilled nursing facilities and residential care homes to submit involuntary transfers/discharges to the long-term care ombudsman data portal. • The program is offering training for residents and staff on Person-Centered care plans, the importance of this tool and how it can assist in improving their quality of life. • The Ombudsman will continue to actively engage with the partner agencies and other advocacy groups to address these concerns and advocate for appropriate notice, appeal rights and individualized person-centered care plans. • The Office of the State Ombudsman will need an increase in the number of FTEs to meet the recommendations from An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act - Division of Health Care Services - INSTITUTE OF MEDICINE Washington, D.C. 1995 study recommendations that are seen as the national standard.
<p>Connecticut continues to have nursing facility closures. This impacts the residents' lives significantly, as they are forced to make decisions they did not foresee.</p>	<ul style="list-style-type: none"> • The Office of the State Ombudsman will maintain a presence at each of the closing homes to ensure that residents have an opportunity for Informed Choice when deciding where they will move. The State and Regional Ombudsman will meet with residents regularly to explain their rights in the closure process. • When appropriate, the State Ombudsman will accept appointment as the federal Patient Care Ombudsman.
<p>The Opioid Epidemic continues to grow and impact our long-term care communities. This</p>	<ul style="list-style-type: none"> • The Office of the State Ombudsman will partner with all appropriate entities to find

<p>increases the risk for homelessness and need for long-term care.</p>	<p>ways to address this epidemic as it increases the risk of elder abuse and exploitation.</p> <ul style="list-style-type: none"> • The Ombudsman will continue to actively look at how this impacts the ability to access pain medication at the end of life. • The Ombudsman will collaborate with other state agencies to explore the LTSS options related to telehealth and Medication Assisted Treatment (MAT). • The Ombudsman will collaborate with other state agencies to explore options for housing and least restrictive environment.
<p>As the composition of our long-term care communities has changed, we need to ensure that these communities are inclusive, welcoming and accepting for all.</p>	<ul style="list-style-type: none"> • The Office of the State Ombudsman will continue the Inclusive Communities workgroup to discuss gaps and develop tools to assist long-term care communities to be inclusive.

State Ombudsman:

Mairead Painter

Regional Ombudsmen:

Dan Beem

Patricia Calderone

Sylvia Crespo

Tasha Erskine-Jackson

Lindsay Jesshop

Dan Lerman

Brenda Texidor

To contact the Ombudsman's office, call our Statewide toll-free number

1-866-388-1888

Contact our Offices by calling:

CENTRAL OFFICE 860-424-5200

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

E-mail us:

lrcop@ct.gov