



Connecticut LTCOP

Long Term Care Ombudsman Program

2022 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-870 (Formerly Sec. 17b-405). The program consists of one State Ombudsman, one Community Ombudsman Manager, eight Regional Long Term Care Ombudsmen, one Community Ombudsman, one Administrative Assistant, two Clerical/Intake Staff, and a group of volunteers known as Resident Advocates (RA's).

The State Ombudsman and the Community Ombudsman Manager work with state agencies, advocacy organizations, policy makers, legislators, and stakeholders to improve systems that strengthen protections at the state and federal level as well as identify gaps in services and resources needed to address such gaps.

The Regional Long-Term Care and Community Ombudsmen (RO's) provide a voice to individuals' concerns. Equally important, RO's empower individuals to exercise their rights. This is achieved through direct consultation and complaint resolution with the individual at their home. The Regional Ombudsmen respond to individuals' concerns and act based on the individual's direction. Regional Ombudsmen are a highly professional, expert group of advocates who work tirelessly to assist individuals 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. Long-Term Care 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.

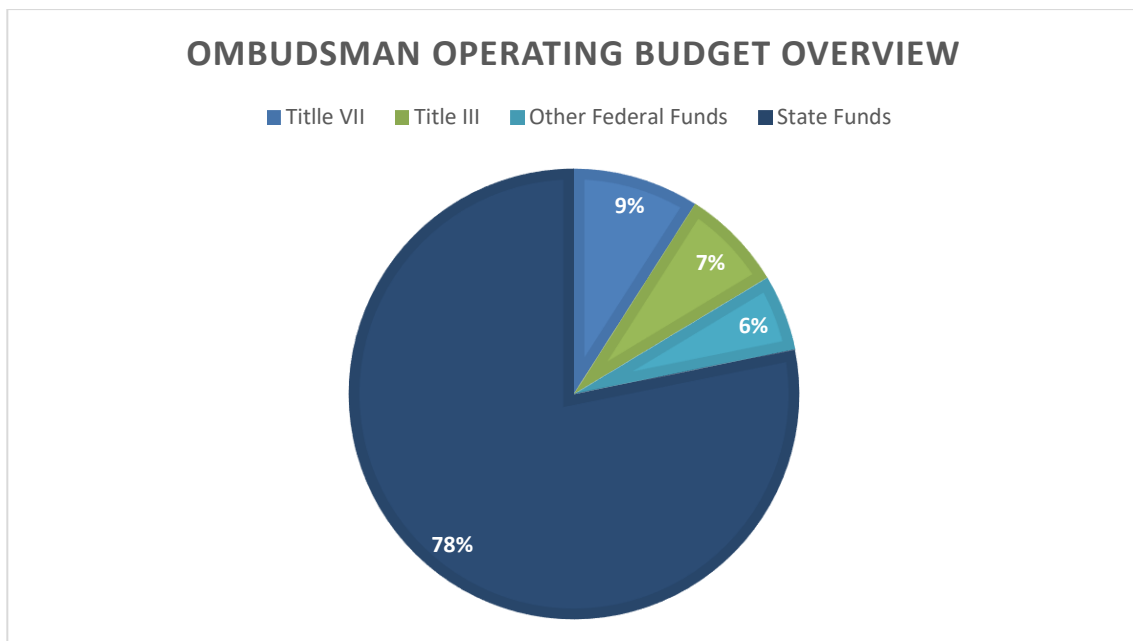
Resident Advocates are trained by Ombudsman staff in residents' rights and problem solving. Resident Advocates spend four hours per week in one assigned nursing home and help residents solve problems or address concerns with facility administration.

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 \$ 2,114,000

- Federal Funds: \$ 346,133 (\$ 190,994 from Title VII, Chapter 2 of the Older Americans Act, and \$ 155,139 from Title IIIB of the Older Americans Act)
- Other Federal Funds: \$115,253
- State Funds: \$1,652,594



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 individuals receiving long-term services and supports by:

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

- In the year 2022, the Ombudsman program staff diligently investigated complaints and concerns raised by or on behalf of residents. Despite their efforts, the persistent rise in the number of complaints posed a challenge. Consequently, the program faced difficulty in ensuring that residents maintained regular and timely access to its services.
 - 4,278 complaints received
 - 2,400 cases were closed
 - 596 consultations were provided to individuals
 - 505 consultations were provided for information and assistance to staff

- Bringing individuals 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 nursing home residents that focused on ensuring high quality care is received. The theme of the Annual Voices Forum was “Back to the Basics” and the residents learned about the importance of person-centered care as a key component and way to ensure they receive quality care.

This forum is where Resident Council Presidents from across the state learn about the legislative process, successes from the 2022 legislative session and advocacy issues we need to continue to focus on.

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 individuals 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 2022 legislative session, reaching out to legislators, meeting with them, and providing testimony at public hearings when able. One of the major concerns of nursing home residents continued to be the desire to see increased daily staffing rates in nursing homes. On February 10th, the Long Term Care Ombudsman Program (LTCOP), E-Board, Statewide Family Council, and many other advocacy organizations rallied at the Legislative Office Building prior to the public hearing on Senate Bill (SB) 989, a comprehensive nursing home reform bill. The hearing lasted all day and late into the evening. The rally highlighted the very real poor nursing home staffing and care concerns that many residents face. While this bill did not pass this

session, there were some positive measures passed such as seeing increased protections related to nursing home involuntary discharge notices as well as increased transparency for nursing home cost reporting and public availability of these reports. The passage of these bills will help to continue to ensure residents involuntary discharge rights are upheld and help focus higher scrutiny of the expenses of nursing home operators.

- LTCOP, as well as many residents and family members testified to the Aging, Human Services, and Public Health Committees.

Data Collected and Analyzed

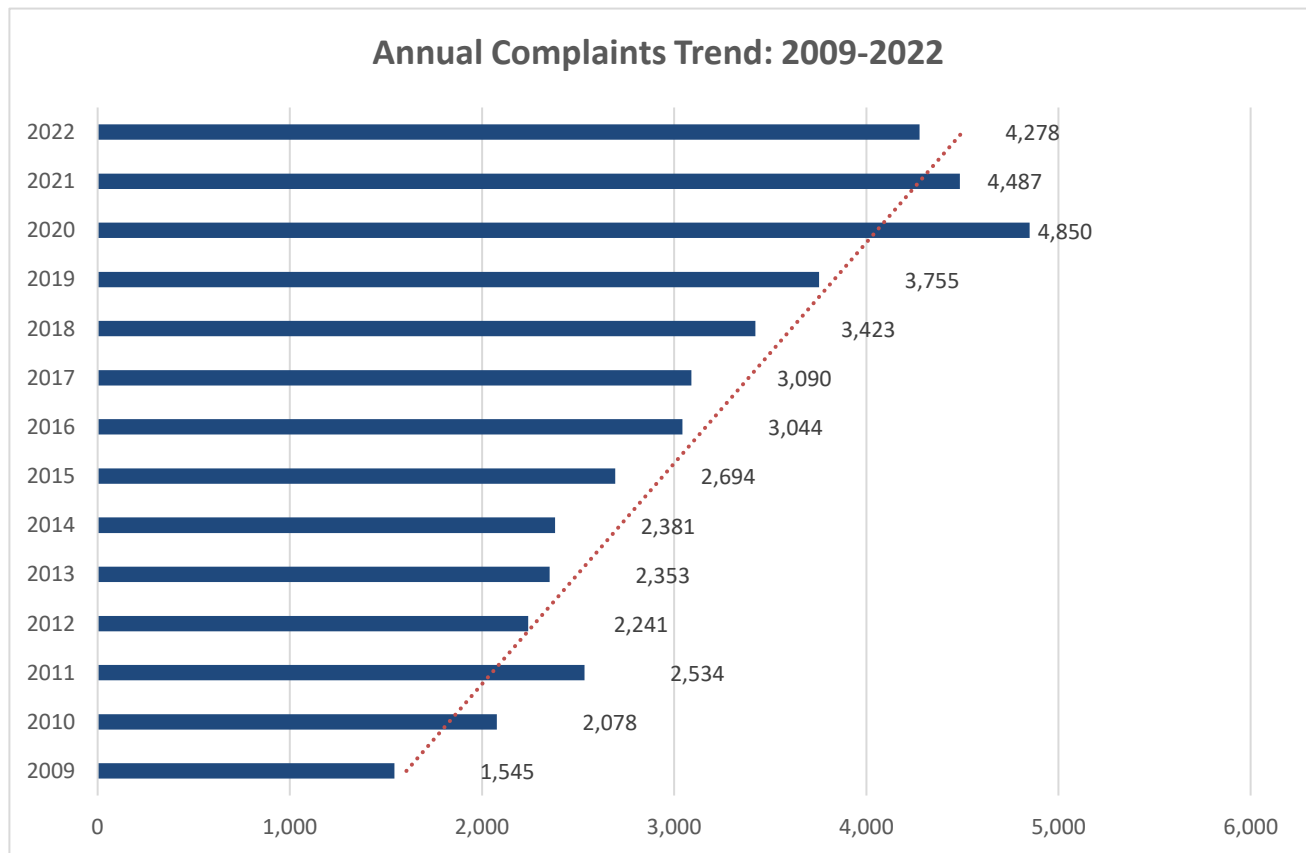
The Office of the State Ombudsman offered advocacy services to approximately 30,000 Connecticut residents living in long-term care (LTC) facilities, including skilled nursing facilities, residential care homes and assisted living facilities. There was a sharp decrease in the number of residents in long-term care due to the lives lost during the pandemic and a slow regrowth of facility census numbers. In 2022, there was a gradual recovery in facility census numbers, though it's crucial to note some nuances. Despite an increase in occupancy percentages, the rebound may not be fully reflective, as several hundred beds were taken offline during this period. The complex interplay of factors underscores the ongoing challenges faced by long-term care facilities in the post-pandemic landscape. 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. Although 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 at times difficult to make year over year comparisons.

In 2022 the staff were engaged with the following activities:

- 4,278 complaints received
- 2,400 cases were closed
- 400 facilities that received one or more visits
- 505 consultations were provided for information and assistance to staff
- 157 licensure and certification surveys
- 64 community education presentations
- 10 trainings to facility staff

- 2 nursing home closures
- 1 residential care home closures

Despite the complexities involved in making year over year comparisons, it is noteworthy that a discernible trend emerges from the data. Since 2009, there has been a notable and significant increase in complaints received by the office. This upward trajectory prompts a closer examination of contributing factors and underscores the importance of evaluating the evolving landscape that shapes the nature and volume of these complaints over the years.



Problems Experienced and Complaints Made

Of the 4,278 complaints received in 2022, the highest category of complaints was related to “Care”. This category received 1,435 complaints with the largest subcategory of the complaints, 299, being in “Care planning”. With the new data system this is the third 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 impacted their ability to have their person-centered plans of care met. We continue our efforts 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 592 complaints with 198 of those complaints being directly related to the subcategory "Other rights and preferences" followed closely by "dignity and respect" with 163 complaints. Most of the complaints were about Resident Rights, lack of person centeredness and dignity. These higher numbers show that there continues to be a need to work within the Ombudsman program to provide education and outreach related to person centered care planning.

The area that we saw the third largest number of complaints was "Admission/transfer/discharge" that had 504 complaints. The largest subcategory of "Discharge or eviction" this was also largest single concentrated area of complaints, with 349 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. After identifying that not all skilled nursing facilities appropriately report involuntary transfers and discharges to the program. The program established a new online portal to track these discharges and transfers as well as begin to collect and monitor the data associated with them.

Recommendations

- Expansion of the Ombudsman Program
 - We believe the program should at a minimum be staffed based at 1FTE per 2000 long-term care beds as recommended in An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act.
<https://pubmed.ncbi.nlm.nih.gov/25101383/> This would require an additional 7 Ombudsman staff in the program.
 - This level of staffing will allow the program to provide the appropriate oversight and advocacy to address a continued increase in complaints and concerns.
- The Long-Term Care Ombudsman program recommends that guidelines and protections continue to be developed for all levels of the long-term care system.

- One data and tracking system for all state agencies with health information technology protections in place and 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 should be explored to reach the identified goal if possible.
- A Universal boilerplate contract for Managed Residential Communities – providing an explanation of financial expectations and historical increases.
- Greater oversight of the care and services provided to individuals living in and paying for services at Managed Residential Communities and Residential Care Homes.
- 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 disadvantaged or minority groups.

Successes and Barriers of the Program

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

- The program has continued using social media as a mechanism to reach residents and family members and provide them with information related to residents' rights in long-term care. This has allowed us to get information directly to the individuals we serve in real time, engage them with the program, enable them to ask questions as well as get answers on the spot. The program continues with special education sessions on 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 never thought possible. We have pulled these connections together to begin the state's first statewide family council. The LTCOP has supported the development of this statewide group that now has a board and regular meetings.
- 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 continue to have access to the technology of their choosing in their room/home.
- Wi-Fi is required to be made available in all resident rooms, giving them access to the outside world.
- 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
Quinnipiac Valley Center	Wallingford
Grove Manor Nursing Home, Inc	Waterbury

Residential Care Homes

Name	Town
Nelson Place	Middletown

Barriers that Prevent the Optimal Operation of the Program

There has been an incredible growth in the number of Assisted Living Facilities built in the state and this increased the number of individuals that we serve. There have been nursing home closures,

bankruptcies and receiverships that also increase demand on the program's time and advocacy. We have also seen the complexity of cases increase 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 recommended in An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act.

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

The program is actively addressing the challenge of experiencing a historic low in the number of Resident Advocates (RAs). RAs have played a crucial role in the program for many years. However, due to factors such as individuals working later in life or opting to retire outside the state, our pool of volunteers has significantly diminished. The State Ombudsman has identified innovative approaches to attract potential volunteers, resulting in a gradual increase in the number of RAs. Nonetheless, a notable trend is that, often, new recruits retire almost as swiftly as we bring them on board to collaborate with the program. The Community Ombudsman portion of our program was developed this year to support individuals receiving long term services and supports in the greater community. The challenge that we face is that during this legislative session one manager position was approved through appropriations to begin to develop the program. This will allow us to develop the program however we will not be able to implement any services due to lack of capacity at this time.

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

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 Connecticut General Assembly Convened on February 9, 2022, and adjourned on May 4, 2022. The legislators serving in this session took office following the 2020 elections. Democrats won a 24-12 majority in the Senate and a 97-54 majority in the House. The party also controlled the governorship, creating a Democratic state government trifecta. A full and exhaustive list of all 2022 Legislative Committee Assignments can be found [here](#). This was a short legislative session. This year, the primary focus shifted towards addressing children's mental health issues, a notable departure from the emphasis on nursing homes in the previous year. The state experienced a substantial budget surplus and maintained a substantial rainy-day fund, a marked contrast to the budget challenges faced a few years ago. In recent years, both federal and state governments extended substantial pandemic support to nursing homes, residents, and staff. While the legislative session brought about positive advancements in long-term care, they did not reach the landmark status of the pandemic relief witnessed in 2021. Noteworthy measures introduced this year encompassed enhanced consumer and resident protection, rights clarification, increased accountability, explicit guidelines on Social Work staffing, comprehensive training initiatives, and updates to reporting requirements and timelines.

A summary of key nursing home measures passed includes:

HB 5313 - Temporary Nursing Services Agencies, Reporting of Involuntary Transfers and Discharges from Nursing Homes and Residential Care Homes, Elder Abuse Training, Legal Rights of Long-Term Care Applicants and A Study of Managed Residential Community Issues, Aging, [Public Act 22-57](#)

HB 5485 - Various Revisions To Public Health Statutes, PH, [Public Act 22-92](#) (includes pain management and oral hygiene new required training)

HB 5500 - DPH's Recommendations Re: Various Revisions to the Public Health Statutes, PH, [Public Act 22-58](#)

HB 5506 - Act Adjusting The State Budget for the Biennium Ending June 30, 2023, Concerning Provisions Related to Revenue, School Construction and Other Items To Implement The State Budget and Authorizing and Adjusting Bonds of the State, Emergency Certification, [Public Act 22-118](#) (includes Community Ombudsman provision)

SB 9 - Additional Adjustments to the State Budget for Biennium Ending June 30, 2023, A **Community Ombudsman Program**, Certain Municipal-Related Provisions, School Building Projects Grants, and High Deductible Health Plans, APP, [Public Act 22-146](#) (see section 7)
SB 173 - Study of Cost-Feasibility of Permitting Community Spouse of Institutionalized Medicaid Recipient To Retain Maximum Amount of Allowable Assets, Aging, (see section 237 also **Community Spouse Protected Amount/HB 5506 Budget Bill Passed**), [Public Act 22-121](#)

SB 286 - **Elder Abuse Reporting Deadlines**, Temporary Family Assistance, Certificates of Need for Long-Term Care Facilities and Civil Penalties for Nursing Homes That Fail To Use Rate Increases for Employee Wage Enhancements, [Public Act 22-145](#), (see amendment Sections 504 wage enhancement civil penalties possible and sections 505-508 CON for nursing homes)

HB 5205 - Fair Rent Commissions, HSG, [Public Act 22-30](#) – statute expanded to require more towns above certain population level to have a Fair Rent Commission – greater opportunity for consumer protections to exorbitant rent increases and other landlord measures

SB 217 - Establish A Hate Crimes Investigative Unit Within Division of State Police and Require Development of A Reporting System, Best Practices and A Model Investigation Policy for Law Enforcement Units Regarding Hate Crimes, [Public Act 22-9](#)

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.

Challenges in Long-Term Care Facilities and Opportunities for Change

Challenges	Opportunities
<p>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.</p>	<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. • Ensuring that individuals have access to protections related to their rights no matter what setting they're choosing to receive their long-term services and supports in. Our program believes that individuals should have access to long term care ombudsman in any setting where they are receiving long term services and supports.

<p>Ensure that residential care home residents know about and can fully exercise their rights, to include their right to home and community-based services, as well as to the Ombudsman Program.</p>	<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 with the introduction of the Home and Community Based Settings rule for residential care homes.
<p>Ombudsman cases are more complex with a focus on involuntary discharges and person-centered care planning. This has been a national trend.</p>	<ul style="list-style-type: none"> • The Office of the State Ombudsman will continue to explore policy and legislative remedies for involuntary discharges. • The LTCOP has implemented a data portal to receive, track and trend involuntary transfer/discharge data from both nursing homes and residential care homes and will use this data to advocate for any necessary legislative or policy changes. • The program will continue to offer training for residents and staff on Person-Centered care plans, the importance of this tool and how it can assist in improving quality of life. • The Ombudsman will continue to 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.

	<ul style="list-style-type: none"> • When appropriate, the State Ombudsman will accept appointment as the federal Patient Care Ombudsman.
The Opioid Epidemic continues to grow and impact our long-term care communities. This increases the risk for homelessness and need for long-term care.	<ul style="list-style-type: none"> • The Office of the State Ombudsman will partner with all appropriate entities to find ways to address this epidemic as it increases the risk of elder abuse and exploitation. • 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.
As the composition of our long-term care communities continues to evolve, we need to ensure that communities are inclusive, welcoming, and accepting of all.	<ul style="list-style-type: none"> • The Office of the State Ombudsman will continue to work to workgroup to discuss gaps and develop tools to assist long-term care communities to be inclusive.

State Ombudsman:

Mairead Painter

Community Ombudsman Manager

Dan Beem

Regional Ombudsmen:

Stacie Ellis

Amanda Mangiafico

Patricia Calderone

Sylvia Crespo

Tasha Erskine-Jackson

Kiomara Cruz

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