

RESIDENTIAL CARE HOME



TOOL KIT



WELCOME

TO THE RESIDENTIAL CARE HOME TOOL KIT



The Connecticut Long-Term Care Ombudsman Program (LTCOP) is pleased to offer you this Residential Care Home (RCH) Tool Kit. It is specifically developed to provide residents of RCHs information about residents' rights, resources, and programs that can help you. There is also information about the LTCOP and how it can help to protect your rights as a resident. We trust the Residential Care Home Tool Kit will be a valuable source of information for you. We hope you will contact the LTCOP if you have any questions or believe your rights have been violated.

Best wishes,
NANCY SHAFFER
State Long-Term Care Ombudsman

Acknowledgment: This publication was developed by Connecticut Legal Services, Inc. (CLS) in partnership with the LTCOP. CLS provides free legal information to income eligible RCH residents.



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QUALITY OF LIFE RIGHTS

WHAT YOU HEAR: WHAT RIGHTS? YOU HAVE TO FOLLOW THE “HOUSE RULES.”

THE FACTS: As a resident of a residential care home, you have many rights.

When you live in a residential care home (RCH), you have many important rights. The most important of these, the foundation of all the other rights you have, are the rights to be treated with dignity, respect and with consideration of your personal preferences. [CGS 19a-550(b)(10)]. These three rights should be applied in every encounter between you and the staff and other residents of your RCH.

You should be fully informed of your rights by the RCH before you move in. Prior to admission and at times during your stay, the RCH must provide you with written information about your rights and the RCH’s rules. The RCH should then ask you to sign a paper saying you received this information about your rights. [CGS 19a-550(b)(1)]. The RCH can not ask you to give up any of your rights under Medicare or Medicaid or ask you not to apply for either program. [CGS 19a-550(b)(24)].

While living in the RCH, you are entitled to quality care and services, with reasonable accommodation of individual needs and preferences. [CGS 19a-550(b)(10)].

You are protected by law from being either mentally or physically abused by staff or other residents. [CGS 19a-550(b)(10) and (5)]. If you believe you have been a victim of abuse or neglect, you have the right to file a complaint with the Department of Social Services and/or the Department of Public Health. [CGS 19a-550(b)(20)]. If you are unhappy about something else, you are entitled to voice your grievance without retaliation and have that grievance resolved promptly. [CGS 19a-550(b)(5) and (6)].

The RCH can not tell you what to wear or what personal items you can keep in your room. You have the right to keep and use your personal clothing and possessions. [CGS 19a-550(b)(14)]. The RCH cannot make you do any work at the RCH that you do not want to do. [CGS 19a-550(b)(11)].

The RCH can not keep you from learning about your rights. You are entitled to have state and federal advocacy programs provide you information about your rights. [CGS 19a-550(b)(5); 17b-411-1 to 17b-411-14].



WHAT YOU CAN DO IF YOUR BASIC RIGHTS ARE VIOLATED:

If you believe that any of your quality of life rights are violated, go to the section in this booklet on how to “Fight for Your Rights.”

FINANCES



WHAT YOU HEAR: YOU MUST GIVE US ACCESS TO YOUR MONEY, ACCOUNTS AND PERSONAL INFORMATION.

THE FACTS: Your personal finances and information are protected by both federal and state law.

You have the right to manage your own personal financial affairs when you live in a residential care home (RCH). [CGS 19a-550(b)(7)]. There is no law that says the RCH can take over your personal finances, such as taking control of your social security benefits or other forms of income, or your credit or debit cards, without your permission.

Your RCH must maintain an individual itemized record of income and expenditures of each resident. [CGS 19a-551(2)(C)]. You have the right to have access to your financial records. [CGS 19a-551(2)(D)]. You are also entitled to signed receipts for anything you spend. [CGS 19a-551(2)(B)].

If you **want** the RCH to manage your personal funds, you can **voluntarily** direct the RCH to do so by signing a written consent form. The RCH can not control your personal funds without this written consent form. [CGS 19a-551(2)]. *You can terminate this consent at anytime.*

If the RCH is holding or handling some of your money for you, it must give you a statement of your financial transactions every three months. [CGS 19a-550 (b)(7)].

If you voluntarily decide to give the RCH control of your social security benefits (as a representative payee) there are social security laws that protect you. [42 USC 902 (a) (5); 31 USC 3720A; 20 CFR 408.635, 404.2035 and 45 CFR 234.70].

Your RCH should keep you fully informed of all services available to you in the RCH. If there is any cost for the services available to you, management must make sure you know what those costs are. [CGS 19a-550 (b)(7)]. The RCH can not make someone else promise to pay for your stay and can't ask for a gift, money or donation in order to admit you to, or let you stay in, the RCH. [CGS 19a-550 (b)(26)].

You are entitled to Medicare and Medicaid information and benefits. [CGS 19a-550 (b)(25)]. No one can make you give up the rights you are entitled to under Medicare and Medicaid. [CGS 19a-550 (b)(24)]. You have the right to be treated equally with other residents regarding transfers and discharges regardless of your payment sources. [CGS 19a-550 (b)(23)].

WHAT YOU CAN DO IF YOUR RIGHTS RELATED TO FINANCES ARE VIOLATED:

If you believe that your financial rights are violated, go to the section in this booklet on how to "Fight for Your Rights."

PRIVACY RIGHTS

WHAT YOU HEAR: WE CAN OPEN YOUR MAIL, LISTEN TO YOUR TELEPHONE CONVERSATIONS AND TELL YOU WHO CAN VISIT YOU AND WHEN.

THE FACTS: You have many privacy rights protected by law.



You have the right to send and receive personal mail. Your residential care home (RCH) is not allowed to open or read your personal mail or remove anything from your mail, like Social Security checks, without your prior permission. [CGS 19a-550(b)(12)].

You have the right to make and receive private telephone calls. It is illegal for staff to listen to your personal telephone conversations. [CGS 19a-550(b)(12)].

You have the right to privacy for visits from your spouse. [CGS 19a-550(b)(15)]. You have the right to be friendly with people of your choice, including other residents. You have the right to keep your conversations private, including conversations with the Long Term Care Ombudsman, your attorney or other individuals you consult with. [CGS 19a-550(b)(12); CGS 17b-400 et seq; RCSA Sec 17b-411-9].

The RCH must provide you with privacy in treatment and in care for your personal needs. [CGS 19a-550(b)(10)]. In addition, the RCH must make sure that all of your personal and medical records are kept confidential. [CGS 19a-550(b)(9)].

WHAT YOU CAN DO IF YOUR PRIVACY RIGHTS ARE VIOLATED:

If you believe that your privacy rights are violated, go to the section in this booklet on how to "Fight for Your Rights."

PERSONAL PROPERTY

WHAT YOU HEAR: WE ARE NOT RESPONSIBLE FOR ANY OF YOUR PERSONAL PROPERTY THAT IS MISSING OR TAKEN.

THE FACTS: Your residential care home is responsible for your personal property.

If you find that a personal item is missing or taken you should immediately file a missing property form with the residential care home (RCH) manager. Ask the manager 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 are entitled to file a complaint with the Long Term Care Ombudsman (LTCO) [RCSA 17b-411-5; 17b-411-11; 17b-411-12], your local police, and/or Department of Social Services (DSS) and the Department of Public Health (DPH). [CGS 19a-550 (b)(20)].

While it may not be possible to bring all of your personal items to the RCH when you move in, the RCH should provide a reasonable accommodation regarding the property you wish to bring to the RCH. [CGS 19a-550(10)]. Health standards and fire code rules may also limit the property you can bring to the RCH. In addition, the RCH will probably not have the room to act as a long term storage facility for property that does not fit in your room.

It is a good idea to make a list of the personal property and items you have in your room. You can use the check list in the Appendix to create an inventory of your personal property. Keep the list in a safe place and ask to keep a copy on file in the RCH's business office. Update the list as necessary.



WHAT YOU CAN DO IF YOUR PERSONAL PROPERTY RIGHTS ARE VIOLATED:

If you believe that your personal property rights are violated, go to the section in this booklet on how to “Fight for Your Rights.”

VISITATION RIGHTS

WHAT YOU HEAR: VISITING HOURS ARE ONLY FROM 10–4.

THE FACTS: Visiting hours must be liberal.

Your residential care home (RCH) should be as homelike as possible. You have the right to have complete privacy for visits with a spouse, the person you have designated as your decision-maker, a representative of the Long Term Care Ombudsman Program (LTCOP), or other providers of professional services, such as a lawyer, at anytime. [CGS 17b-400 et seq; RCSA 17b-411-9]. Your RCH should not limit visiting hours for immediate family, other relatives or others. [CGS 19a-550(b)(15)]. Visiting should be up to you and your guest; however, you must respect the rights of the other residents. Your visits and visitors should not harm or interfere with others residents. You do not need to notify the RCH manager if you are expecting a visitor.

Visiting hours and rules may vary from home to home, but the basic right to liberal visitation is based on federal and state policy, rules and guidance. Naturally, a visit can be made only if you want the visitor to be there. If you do not want to see a visitor, the visitor has no right to visit. [CGS 19a-550 (b)(15)].



WHAT YOU CAN DO IF YOUR VISITATION RIGHTS ARE VIOLATED:

If you believe that your visitation rights are violated, go to the section in this booklet on how to “Fight For Your Rights.”



COMMUNITY RIGHTS

WHAT YOU HEAR: YOU CAN'T HAVE ANY OF YOUR MEETINGS HERE.

THE FACTS: You have the right to organize and participate in resident groups.



You have the right to organize and participate in resident groups, including Resident Councils, within your residential care home (RCH). Staff should not interfere or be present at your meetings without invitation and you can not be “punished” by management for having meetings. [CGS 19a-550 (b)(17)]. The LTCOP can help you create a resident council. [RCSA 17b-411-4(d)(21)]. See the Appendix “Resident Councils.”

You have the right to have family support meetings at the RCH and are free to organize and participate in any social, religious or community activities of your choice. [CGS 19a-550 (b)(13), (17) and (19)]. The LTCOP can help you create a family support group council. [RCSA 17b-411-4(d)(21)].

All residents of your RCH should be encouraged to exercise their rights as a resident and citizen, such as being able to vote during elections. The RCH should help you to exercise your rights. [CGS 19a-550 (b)(5)].

WHAT YOU CAN DO IF YOUR COMMUNITY RIGHTS ARE VIOLATED:

If you believe that your community rights are violated, go to the section in this booklet on how to “Fight for Your Rights.”



THE RIGHT TO CHOOSE YOUR OWN DOCTOR

WHAT YOU HEAR: YOU HAVE TO USE THE SAME DOCTOR THAT EVERYONE HERE USES.

THE FACTS: You have the right to choose your own doctor.



You have the right to choose your own doctor. Your doctor must tell you about your medical condition and you have the right to take part in planning your own medical treatment. [CGS 19a-550(b)(3)]. If you are on Medicaid, your transportation to your doctor should be provided. [CGS 17b-262, 276; RCSA 17b-262-1040].

You have the right to get the opinion of two different doctors for any surgery you are told you need. [CGS 19a-550(b)(18)]. This right will give you peace of mind and may give you options other than surgery.

WHAT YOU CAN DO IF YOUR RIGHTS TO CHOOSE YOUR OWN DOCTOR ARE VIOLATED:

If you believe that your choice of doctor rights are violated, go to the section in this booklet on how to "Fight For Your Rights".

PHYSICAL PLANT

WHAT YOU HEAR: YOU HAVE NO SAY ABOUT THE BUILDING OR GROUNDS AND HAVE TO PUT UP WITH THEM THE WAY THEY ARE.

THE FACTS: Your residential care home must provide you with a safe, sanitary and comfortable environment.



Your residential care home (RCH) is regulated by the Department of Public Health (DPH) and must conform to its standards [CGS 19a-491a; RCSA 19-13-D6]. Your RCH must also comply with all building, fire and public health rules. [RCSA 19-13-D6(b)(2)].

A basic requirement for all residents living in your RCH is the right to live in a safe, sanitary and comfortable environment. [RCSA 19-13-D6(b)]. The building must be of sound construction. You have the right to regular maintenance of the building that ensures the interior, exterior and grounds are clean and orderly. You also have the right to receive necessary mechanical, plumbing and electrical repairs and equipment. [RCSA 19-13-D6 (b)(1)(c)].

DPH has strict regulations regarding the interior of your RCH. The regulations are very specific as to the size of each room, bathroom, closet, window, the type of furniture (such as couches, easy chairs and solid furniture) and much more that your RCH should have. Your room and bathroom are required to be clean and comfortable. [RCSA 19-13-D6(b)(3)(c) – (k); RCSA 19-13-D6 (b)(3)(B-F)]. Your room and all occupied areas should not be less than 75 degrees in winter. [RCSA 19-13-D6 (b)(3)M(3)(a)]. Your room should be furnished by the RCH with a bed, light, bureau with mirror and comfortable chair. [RCSA 19-13-D(3)B(4)].

Each RCH must also have a recreation room and a lobby with a visitor's bathroom and a public telephone. [RCSA 19-13-D6 (b)(3)(G); RCSA 19-13-D6 (b)(3)(a)].

The exterior of your RCH should be clean and orderly. [RCSA 19-13-D6 (b)(1)(c)]. This means there should be no garbage or junk on the property. You should have a large outdoor lawn with plantings and walkways for your enjoyment. [RCSA 19-13-D6 (b)(1)(f)]. Parking places for cars should be available for residents at the ratio of one for each three residents. [RCSA 19-13-D6 (b)(1)(e)].

You have the right to information about the physical plant of your RCH and the right to review all inspection reports and plans of correction. [CGS 19a-550(b)(16)].

WHAT YOU CAN DO IF YOUR RIGHTS RELATED TO THE BUILDING AND GROUNDS OF YOUR RCH ARE VIOLATED:

If you believe that your rights regarding the building and grounds are violated, go to the section in this booklet on how to "Fight for Your Rights."

ROOM TO ROOM TRANSFER RIGHTS

WHAT YOU HEAR: WE HAVE TO CHANGE YOUR ROOM, SO START PACKING.

THE FACTS: There are only three (3) reasons that a resident of a residential care home can be forced to transfer (move) to another room. [CGS 19a-550(b)(4)].

The three (3) reasons for an involuntary (against your will) transfer are:

1. There is a medical need to move you to another room.
2. For your welfare or the welfare of the other residents.
3. You receive Medicaid and the residential care home (RCH) wants you to move from a private room to a non-private room.

If you are being told you need to move to another room because of a medical reason or for the welfare of other residents, your medical record must include notes showing the actions the RCH has taken to lessen the upset and inconvenience a room transfer will cause you. Even if you meet one of the three criteria above, no transfer against your will can occur if your doctor can provide proof that a move from one room to another will cause you physical or mental harm. [CGS 19a-550(b)(4)].

If you are being involuntarily transferred for any reason you must receive a written notice from the RCH telling you it plans to move you to another room. This notice must be given to you at least 30 days, but no more than 60 days, before the move to ensure an orderly transfer. In some cases, the written notice must state the reason that you are being moved to another room and the location of the new room. [CGS 19a-550(b)(4); CGS 19a-550(c)].

Exceptions to the written notice requirement:

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 welfare of other residents is endangered.
2. Your urgent medical needs.
3. You have lived in the RCH for less than 30 days.

If one of these three (3) reasons are given for making you move to another room, notice of the move must be given to you as soon as practicable. [CGS 19a-550(b)(4)].

WHAT YOU CAN DO IF YOUR ROOM TO ROOM TRANSFER RIGHTS ARE VIOLATED:

If you believe that your room to room transfer rights are violated, go to the section in this booklet on how to "Fight For Your Rights."



EMERGENCY TRANSFER RIGHTS

WHAT YOU HEAR: WE HAVE TO TRANSFER YOU FROM YOUR RESIDENTIAL CARE HOME RIGHT AWAY BECAUSE THERE WAS AN EMERGENCY.

THE FACTS: An emergency transfer can only happen in very limited and serious situations, such as a fire or some other physical harm or destruction to your residential care home.



Before an emergency transfer can happen, your residential care home (RCH) must request that the Commissioner of the Department of Public Health (DPH) make an “emergency determination.”

The reason for the emergency must be something that creates a danger to your health, safety or welfare. [CGS 19a-534].

In an emergency, the RCH may ask DPH for an immediate transfer or discharge of all or some of the RCH’s residents. If this happens, then DPH must notify you or your representative. DPH must make a determination within seven (7) days of the RCH’s request. [CGS 19-535a]. DPH’s decision must be based on a finding that an immediate transfer or discharge is necessary for your health, safety or welfare. Once DPH makes its decision a hearing must be held within seven (7) days of DPH’s decision. You should attend this hearing if you disagree with the decision to move you.

WHAT YOU CAN DO IF YOUR EMERGENCY TRANSFER RIGHTS ARE VIOLATED:

If you believe that your emergency transfer rights are violated, go to the section in this booklet on how to “Fight For Your Rights.”

DISCHARGE RIGHTS

WHAT YOU HEAR: THE OTHER RESIDENTS COMPLAIN ABOUT YOU. YOU NEED TO LOOK FOR SOMEWHERE ELSE TO LIVE.

THE FACTS: Under the law, a residential care home can only discharge you for six (6) reasons.

The six reasons that a residential care home (RCH) can discharge you are:

1. You have not paid your rent.
2. Your health or other circumstances have 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. Your presence in the RCH is a threat to other residents' safety.
5. Your presence in the RCH is a threat to other residents' health.
6. The RCH is going out of business.

The RCH can not make you move because people are complaining about you. No one can force you to move unless one of the six legal reasons listed above are stated and proven.

The RCH must give you a written notice that lists the reason for the discharge, along with the facts the RCH claims support the discharge. The notice must list the telephone number for the Department of Public Health (DPH) that inspects and licenses RCHs along with instructions on how the resident can request a hearing from DPH. The notice must be given at least 30 days before the date of the planned discharge. You can request a hearing. Do not be afraid to ask for a hearing. **Do not delay if you wish to request a hearing to appeal a discharge.** You or your representative should request a hearing from DPH as soon as the notice of discharge is received. The law gives you ten days to begin the appeal process. [19a-535a(d)]

DPH will then schedule a hearing. Your chances of staying in the RCH are greatly increased if you ask for and attend the hearing. The hearing is generally held at the RCH by a state hearing officer. You should contact the Long Term Care Ombudsman Program (LTCOP) for an explanation of process. The LTCOP can assist you with paperwork, advocate for you or refer you to an attorney.

It is preferable, but not necessary, that you be represented by a lawyer, LTCOP, or other advocate.

[CGS 19a-535a(b)(1)-(5)]

WHAT YOU CAN DO IF YOUR DISCHARGE RIGHTS ARE VIOLATED:

If you believe that your discharge rights are violated, go to the section in this booklet on how to "Fight For Your Rights."



READMISSION RIGHTS

WHAT YOU HEAR: IF YOU ARE AWAY FROM YOUR RESIDENTIAL CARE HOME FOR AN EXTENDED PERIOD, IT CAN LET SOMEONE ELSE HAVE YOUR ROOM.

THE FACTS: Your room should be held for short absences.

As long as your rent has been paid, your room should be held for hospital stays, vacation or other absences. If you are on the State Supplement Program (State Supp.) and expect to return to your residential care home (RCH), the State will continue to pay for your room for the month in which you are away and the following month. [CGS 17b-601].



WHAT YOU CAN DO IF YOUR READMISSION RIGHTS ARE VIOLATED:

If you believe that your readmission rights are violated, go to the section in this booklet on how to "Fight For Your Rights."



HOW TO FIGHT FOR YOUR RIGHTS

SOME OF THE PROBLEMS THAT VIOLATE YOUR RIGHTS CAN BE FIXED BY SOME SIMPLE STEPS YOU CAN TAKE.

THESE STEPS ARE LISTED BELOW. It is always best to start at the lowest step and work your way “up the ladder” if your problem doesn’t get corrected and your rights restored.

STEP ONE:

Problem with an individual:

If you have a problem with another resident or with a staff person, try to fix the problem by speaking one-on-one with that person. Talk to that person in a calm and respectful manner and explain what is upsetting you. See if the two of you can agree on a way to fix the problem. You may need to give the other person a little time to think about what you said, so the two of you may need to talk about the problem more than one time. By speaking one-on-one to the other person, you may find that you can quickly resolve your problem. But if you cannot resolve the issue one-on-one then discuss your problem with your RCH manager. If the RCH manager does not resolve your problem, then go to Step Three.

Problem with the RCH manager:

If you have a problem with the RCH manager, try to fix the problem by requesting a meeting with the manager to talk about your concerns. Often, if you make the manager aware of your concerns your problem can be resolved. But if you cannot resolve the issue one on one then go to Step Two.

If the RCH manager or owners do not listen to the resident council/family support group, go to Step Three to learn about getting help outside of the RCH.

STEP TWO:

If the residential care home (RCH) manager does not resolve your problem, consider asking for support from your fellow residents and families. Organizing and participating in resident councils and/or family support groups is a very helpful way to fight for your rights. The National Consumer Voice for Long Term Care has valuable information on resident councils. The Long Term Care Ombudsman Program (LTCOP) can assist you with forming a resident council, provide materials and help access information from the Consumer Voice. Also see the Appendix “Resident Councils.” Getting together to discuss issues helps spread information, provides insight and allows for solutions to be discussed. Your resident council and/or family support group can then request a meeting with the RCH manager or owners to discuss issues and solutions. There is strength in numbers, and RCH managers and owners will often pay attention to complaints raised by resident councils and/or family support groups.





STEP THREE:

If all your prior efforts fail, you can continue to fight for your rights by seeking help from outside agencies.

- You can call the LTCOP to help resolve issues. The Connecticut LTCOP protects and promotes the rights and quality of life for residents of skilled nursing facilities and residential care homes.
 - **The Connecticut Long Term Care Ombudsman Program:**
1-866-388-1888
- You can file a complaint with the Department of Public Health or the Department of Social Services if you have a problem regarding abuse, neglect, the taking of your personal property by the RCH or another resident, transfers, discharges or the physical plant. The LTCOP can tell you which department to send your complaint. The LTCOP can also assist you with filing a complaint with the state agency which has oversight of your

concern. See the Appendix, "Residential Care Home Complaint Form."

- **The Department of Public Health:**
860-509-8000
- **The Department of Social Services:**
1-855-626-6632;
TTD/TTY 1-800-842-4524
- You can call Connecticut's Attorney General's office: 860-808-5318
- You can call Legal Services for free legal assistance to low income Connecticut residents at the following offices.
 - **Connecticut Legal Services:**
Bridgeport: 1-800-809-4434
Stamford: 1-800-541-8909
Waterbury: 1-800-413-7797
Willimantic: 1-800-413-7796
 - **Greater Hartford Legal Aid:**
860-541-5000
 - **New Haven Legal Assistance Association:** **203-946-4811**

HOME AND COMMUNITY BASED SERVICES STANDARDS

There are a number of programs that provide services to help people live as independently as possible and prevent them from ending up in a nursing home. These programs are called Home and Community Based Services (HCBS) "waiver" programs. Your residential care home (RCH) must meet the specific standards listed below in order for you to receive covered HCBS "waiver" services in your RCH:

Integration with the community: Your RCH must provide you with full access to your community, including the opportunity to work, take part in community life, take care of your own finances, and receive services in the community. You can not be discriminated against because you are receiving HCBS through Medicaid.

Choice: You must have a choice among places to live, including living arrangements that are not specifically for disabled people.

Rights: Your RCH must ensure your right to privacy, dignity, and respect, and freedom from coercion and restraint.

Independence: You must have the opportunity to make life choices about daily activities, the location of where you spend your day and with whom you interact.

Services: You must also have the opportunity to make choices about what services you want and who gives them to you.

If your RCH does not provide or can not provide these standards, then you will not be able to receive the HCBS "waiver" services in your RCH. If you wish to receive or continue to receive HCBS services, you may need to move to another place that provides these standards.

HCBS "WAIVER" PROGRAMS

If you are a resident of an RCH and are on one of the Connecticut Home Care Program for Elders (CHCPE) "waiver" programs, your RCH must meet the specific standards listed above in order for you to receive covered HCBS "waiver" services in your RCH.

CHCPE – The Connecticut Home Care Program for Elders provides care for adults 65 years of age and older. The program offers homemaker/companion services, chore services, home delivered meals, transportation, personal care assistance, adult day care and more. There are five (5) levels of CHCPE available. Ask your local Area Agency on Aging for more information as to whether you qualify for any of the five (5) levels of CHCPE services. The phone number for the Area Agencies on Aging is listed under "Resources." For more on the CHCPE, see the Appendix "The Connecticut Home Care Program for Elders."

THE STATE OF CONNECTICUT HAS TAKEN THE POSITION THAT BECAUSE YOU LIVE IN AN RCH YOU ARE ALSO ENTITLED TO THE FOLLOWING ADDITIONAL RIGHTS UNDER THE HCBS RULES:

- Since you rent, you have protections against eviction under Connecticut's landlord/tenant law. If you live in an RCH, you must be given a legally enforceable written agreement that gives you, at a minimum, the same protections from eviction and responsibilities that tenants have under the CT landlord/tenant laws. [42 CFR 441.530(a)(1)(vi)(A)].
- You are entitled to privacy in your room or apartment. This means that the doors to your room or apartment must have interior locks with only limited staff having a copy of your key. You can also choose your own roommate(s).
- You can control your own schedules and activities, and are entitled to have access to food at all times.
- You can have visitors at any time.
- Your RCH must be physically accessible to you.
- You have the right to approve and consent to any modification of these additional rights.

[42 C.F.R. § 441.530].



APPENDIX

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Model Resident Council

Model Resident Council Agenda

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RESIDENTIAL CARE HOME BROCHURE

RESIDENTIAL CARE HOME POSTER

APPENDIX

RESIDENT COUNCILS

WORKING WITH RESIDENT COUNCILS

Resident Councils can serve as efficient and effective tools for resident self-advocacy. All too often they are organized and controlled by facility staff and exist in name only.

Facilitating positive change in a resident council requires commitment, planning, perseverance, patience and understanding. If you raise collective concerns in Resident Councils and include them in written minutes, those issues should be investigated and addressed by RCH management. You should request that resolutions and outcomes be reported back to the Resident Council at the next meeting.

We hope this information will provide you with some effective strategies for making change in your facility, and assist in efforts to help residents help themselves.

COMMUNICATION SKILLS

Remember that effective meetings don't just happen. Well conducted meetings will inspire residents to attend and participate more freely, but Resident Council leaders and members need to practice good communication skills. For some individuals this comes naturally, others may need guidance. Here are some basic communication skills for members and leaders, which can help generate quality interaction and accomplishment of tasks and goals:

- Listening to, and respecting, others viewpoints.
- Being assertive—getting your point across without offending.
- Maintaining a positive attitude and being open to suggestions.
- Setting limits firmly but politely when others are talking too much or veering from the subject.

- Believing in the importance of participation and commitment.
- Being informed—know your rights!

A MODEL RESIDENT COUNCIL IS ONE WHICH IS RUN...

- By residents
- With support, but minimal interference, from staff at the facility
- Where issues are brought forward and followed up at the next meeting
- Where different committees address and follow-up on issues raised
- Where concerns and problems are promptly addressed by the appropriate departments
- Where all residents feel comfortable in raising issues and speaking freely
- Where residents can have access to information as needed and requested by the Council
- Where residents are treated in a dignified manner and their issues are taken seriously
- As a vehicle to affect positive changes for all residents in the facility

MODEL RESIDENT COUNCIL AGENDA

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



THE CONNECTICUT HOME CARE PROGRAM (CHCPE)

MEDICAID AND STATE FUNDED HOME CARE

OVERVIEW

The Department of Social Services (DSS) administers the Connecticut Home Care Program for Elders (CHCPE) and 1915(i) State Plan Option-Fee for Service. Its purpose is to enable individuals 65 or older to remain at home in a safe environment and not be unnecessarily institutionalized.

DSS has divided the CHCPE into different categories. These categories enable individuals to receive home care services in amounts corresponding to their financial eligibility and functional dependence.

The first two categories are funded primarily through a state appropriation with a small contribution from the federal Social Services Block Grant. Individuals in categories 3 and 5 qualify for reimbursement under the Medicaid program, so costs are equally distributed between federal and state funds.

ELIGIBILITY: WHAT ARE THE ELIGIBILITY CRITERIA FOR THE CHCPE?

In order to be eligible for the CHCPE, the person must be 65 or older and meet two criteria: one financial, the other “functional.”

WHAT ARE THE “FINANCIAL” ELIGIBILITY CRITERIA?

As mentioned above, the Department of Social Services has divided the CHCPE into several categories. Categories 1 and 2 are the state funded programs and have the same financial eligibility requirements. Categories 3 and 5 are Medicaid programs and have more restrictive financial eligibility criteria.

To determine financial eligibility, the Department of Social Services examines the person’s monthly income and assets.

WHAT ARE THE “FUNCTIONAL” ELIGIBILITY CRITERIA?

In order to determine whether someone is “functionally” eligible, the applicant will be screened by an access agency to determine whether they are at risk of nursing home placement if home care is not available. The Department of Social Services contracts with a private organization, the access agency, to

perform that service. The Access Agency will look at activities of daily living, and will determine if the person needs assistance with critical needs such as bathing, dressing, toileting, transferring, eating or feeding, preparing of meals, or administering their medication. This screening will determine the category of care that you need.

DO I HAVE TO CONTRIBUTE TO THE COST OF MY HOME CARE SERVICES?

Yes, if you are participating in the State Funded Home Care Programs (Category 1 & 2). You must make a co-payment.

Possibly, if you are participating in the Medicaid Waiver Home Care Program (Category 3). If your income is greater than 200% of the Federal Poverty Level (in 2014, \$1916 per month for an individual), you may pay an “applied income.”

BENEFITS:

The purpose of the CHCPE, as stated above, is to enable individuals 65 or older to remain at home in a safe environment and not be unnecessarily institutionalized. The home care program covers services such as adult day care, homemaker, companion, chore services, home delivered meals, emergency response systems, case management, and home health aides. It also covers some minor home renovations.

WHERE CAN I FIND MORE INFORMATION ON THE CHCPE?

Contact the Department of Social Services’ Home and Community Based Services Unit (formally Alternate Care Unit) at 1-800-445-5394 or 860-424-4904.

Additional information can be found on the Department’s web site: Connecticut Home Care Program for Elders.

HOME HEALTH CARE LAWS

Connecticut General Statutes, sec. 17b-342 et seq. Connecticut home-care program for the elderly (CHCPE).

Conn. Regs. State Agencies, sections 19-13-D66 through 19-13-D79. Home health care regulations, including patients’ rights and responsibilities.



RESIDENTIAL CARE HOME COMPLAINT FORM

While you do not have to use this form to file a complaint, it should help you to include important information related to your specific complaint.

Resident Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Residential Care Home Name: _____

Residential Care Home Address: _____

Phone: _____ Manager or Owner: _____

The Complaint: Include a description of the facts and the nature of the problem. Attach any paperwork you have about the problem.

WHO is involved: _____

WHAT happened: _____

WHEN and WHERE did it happen: _____

Explain how this affected you: _____

Signature: _____ Date: _____

Keep a copy of this complaint. Once this form is completed, signed and dated, send a copy to:

Facility Licensing and Investigations Section
Connecticut Department of Public Health
410 Capitol Ave., MS# 12 HSR
Hartford, CT 06134-0308
Phone: (860) 509-7400
Fax: (860) 730-8390
Email: dph.fliscomplaint@ct.gov

OR

Department of Social Services
Office of Legal Counsel, Regulations and
Administrative Hearings
55 Farmington Avenue
Hartford, CT 06105
Fax Number: (860) 424-5729

Check with the Long Term Care Ombudsman to determine where your specific complaint should be filed. See toolkit for contact information.

INVENTORY LIST

RESIDENT PERSONAL BELONGINGS INVENTORY LIST

Resident Name: _____ Resident Room #: _____

Date Inventory Completed: _____ Date of Admission: _____

Note: Update inventory as needed. Both resident and business office should maintain copies of all new lists/recordings.

INSTRUCTIONS:

- 1. Fill out this form by listing all of the personal belongings you have with you in your RCH
- 2. Make a copy for your records
- 3. Deliver the completed form to your RCH's business office
- 4. Update this inventory form at least once a year

FURNITURE

_____	Bed/Mattress	_____
_____	Bookshelf	_____
_____	Chair	_____
_____	Bedside Table	_____
_____	Dresser	_____
_____		_____

PERSONAL ITEMS

_____	Purse/Wallet	_____
_____	Blanket	_____
_____	Walker/Cane	_____
_____	Eyeglasses	_____
_____	Eyeglass case	_____
_____	Dentures	_____
_____	Shaver	_____
_____	Hearing Aid	_____
_____		_____

CLOTHING

_____	Pants	_____	Belts
_____	Shirts/Blouses	_____	Hats
_____	Pajamas	_____	Gloves/Mittens
_____	Socks	_____	T-Shirts
_____	Underwear	_____	
_____	Bra	_____	
_____	Jackets/Coats	_____	
_____	Sweaters	_____	
_____	Suits/Dresses	_____	
_____	Shorts	_____	
_____	Shoes/Boots	_____	
_____	Slippers	_____	

PERSONAL BELONGINGS

_____	Television	_____	Refrigerator
_____	Radio/CD	_____	Lockbox/Safe
_____	DVD/VCR Player	_____	
_____	Remote	_____	
_____	Books	_____	
_____	Pictures	_____	
_____	Decorations	_____	
_____	Paintings	_____	
_____	CD's	_____	
_____	Computer/Laptop	_____	
_____	MP3/Discman	_____	
_____	DVD's/VHS	_____	
_____	Personal Papers	_____	

NOTES

RESOURCES



For free help with questions about, or problems with, your rights as a resident of a Residential Care Home (RCH) call: **The Connecticut Long Term Care Ombudsman Program (LTCOP):** 1-888-388-1888 • www.ct.gov/ltcop/. *The LTCOP provides services to protect the health, safety, welfare and rights of residents.*

Legal Services are not-for-profit law firms that help protect the rights of low income residents of RCHs. All services are free and information shared is confidential. Contact the office nearest you.

Connecticut Legal Services, Inc.

www.ctlawhelp.org/

Serves the following areas:

Bridgeport: 1-800-809-4434

Stamford: 1-800-541-8909

Waterbury: 1-800-413-7797

Willimantic: 1-800-413-7796

Greater Hartford Legal Aid:

Serves the greater Hartford area.

860-541-5000

New Haven Legal Assistance Association: 203-946-4811

Serves the greater New Haven area.

Your local Area Agency on Aging:

1-800-994-9422 • www.ctagenciesonaging.org/

Area Agencies on Aging are not-for-profit organizations that administer programs and services for seniors, caregivers and individuals with disabilities through person-centered planning in order to maintain their independence and quality of life.

**The Office of the Attorney General:
860-808-5318**

The Department of Public Health:

860-509-8000 • www.ct.gov/dph/

The Department of Social Services:

1-855- 626-6632

www.ct.gov/dss/ • TTD/TTY 1-800-842-4524

The Office of Protection and Advocacy:

860-297-4300 • www.ct.gov/opapd/site/default.asp

Protective Services for the Elderly: 1-888-385-4225

www.ct.gov/dss/cwp/view.asp?a=2353&q=305232