

## ***THE SILVER PANTHER***



### **This is the Holiday Edition of the Silver Panther**



**For those of you that were unable to attend this year's VOICES Forum we would like to give you a recap. The VOICES Forum this year was dedicated to the discussion of Fear and Retaliation. The Fear of Retaliation committee produced an educational DVD to train residents, family members, and facility staff on Fear of Retaliation. There was an overwhelmingly positive response. The E-Board and the Fear of Retaliation Committee are delighted that the video was so well received. We have had many requests for a copy and are in the process of making copies available for all the facilities. They will be delivered soon!**

**SCPRC Executive Board Members**

*Grace Bligé-Curry; Marion Gifford; Karen Hawley;  
May Catherine Jasper Bey; Ronnie Martin; Brian Capshaw*

## **COURAGE TO SPEAK**

**In their own words, five of Connecticut's nursing home residents tell their stories about their lives, the changes to their lives when they moved into a nursing home, their fears and how they find voice and become empowered to live life to its fullest.**

**The University of Connecticut Health Center, 2009, study of Fear of Retaliation concluded that**

**"Retaliation and the fear of retaliation is a reality in any supportive housing situation.**

**Because retaliation can be either egregious or subtle, many forms of retaliation may not even be recognized by residents or staff."**

**Connecticut's Long Term Care Ombudsman Program designed the "Courage to Speak" training video for staff, residents and family members to acknowledge that Fear of Retaliation is a reality for individuals living in skilled nursing facilities.**

**Below is a memo written by the Executive Board  
of the Statewide Coalition of Presidents of Resident  
Councils to Governor Elect Malloy in response to  
the potential decrease to the PNA  
(Personal Needs Allowance)**

**MEMO**

**TO: Governor Elect Malloy & all Budget planners**  
**FROM: The Resident Long Term Care Ombudsman Program & the  
28,000 residents they represent**  
**SUBJECT: Proposed adjustment to Individual Personal Needs Allowance**  
**DATE: November 19, 2010**

**We would like to clarify the use of our Personal Needs Allowance (PNA). The current amount allotted to each Medicaid recipient is \$69.00. The Nursing home is responsible for food and shelter and daily nursing needs. With this \$69.00 we are expected to:**

- FULLY CLOTHE OURSELVES: outer and under garments, shoes, sox/stockings (this includes adaptive clothing where our bodies are not able to fit into standard market products).**
- PROVIDE PERSONAL GROOMING PRODUCTS such as shampoo, soap, dental care products (tooth brush, tooth paste, dental fixatives, and mouth wash) deodorant, shaving products, hearing aid batteries, tissues and in some cases incontinent care products. WHILE SOME OF THESE PRODUCTS ARE REQUIRED TO BE PROVIDED BY THE FACILITY, REDUCED OR DELAYED REIMBURSEMENT FROM BOTH STATE AND FEDERAL PROGRAMS CREATE ADDITIONAL RESIDENT RESPONSIBILITIES.**
- For some women having their hair done is one of the few pleasures that they may continue to enjoy. Men appreciate their hair cuts---GOOD GROOMING IS A NECESSITY.**

## 4 The Silver Panther Newsletter

- **A TELEPHONE** which allows us to remain in contact with family and friends. This is especially necessary for Residents who have been re-located due to their previous home (facility) being closed and they are in a totally new environment. For many this is a major link with reality.
- **A TELEVISION** set with a link to a cable network for personal viewing in “our home / room” especially where a Resident is bed fast by medical issues or can tolerate being out of bed for very short periods of time, again this can be a major sensory link to reality.
- **THERE ARE OVER THE COUNTER MEDICATIONS THAT ARE ORDERED BY OUR PHYSICIANS THAT ARE NOT COVERED AND CO-PAYS FOR THERAPIES AND TESTS THIS INCLUDES PODIATRY VISITS FOR THE NON-DIABETIC RESIDENT.**
- **THERE ARE THE QUALITY OF LIFE ISSUES**, the items that give us pleasures, a good book, perfume, stamps, stationary, cards and snacks, items that allow us “TO CONTINUE TO LIVE LIFE”.

**Many of us have families who are unemployed, or had children who lost their lives in wars, we have sold our homes and used our savings to afford Long Term Care and are now use pensions and social security to aid in our support. It is our desire that this information will help you all to realize how far \$ 69.00 has to go. Please refer to the example provided. WE HOPE THIS IS A REALITY CHECK FOR YOU ALL.**

| <b>Example:</b>                              | <b>Dollars</b>  |
|--|---|
| <b>Basic Cable</b>                           | <b>\$15</b>   |
| <b>Monthly Hair cut</b>                      | <b>\$20</b> This does not reflect a woman having a perm |
| <b>Shampoo/Toothpaste/Body Wash</b>          | <b>\$15</b> This is using “generic products”            |
| <b>One meal Ordered in i.e. Chinese food</b> | <b>\$15</b>   |
| <b>New clothing item</b>                     | <b>???</b>  |
| <b>TOTAL</b>                                 | <b>\$65</b>   |

## **News Release**

**FOR IMMEDIATE RELEASE**

**Wednesday, October 6, 2010**

### **New resources available to improve patient safety and combat abuse in long-term care facilities**

*First round of funding from Affordable Care Act to help states set up background check programs in AK - CT- DE- FL- MO-RI*

**In a move aimed at combating abuse and neglect in the national long-term care facilities, the Centers for Medicare & Medicaid Services (CMS) today awarded more than \$13 million to six states to design comprehensive applicant criminal background check programs for jobs involving direct patient care.**

**Elder abuse and neglect is tragic and intolerable, said HHS Secretary Kathleen Sebelius. Workers with a history of abuse or neglect should be identified and prevented from ever working with residents of these facilities.**

**The new health care law will help states identify the best, most effective ways to determine which applicants can be trusted with the health and safety of residents and which cannot, said Donald M. Berwick, M.D., CMS administrator.**

**Created by the Affordable Care Act, the new National Background Check Program will help identify best practices for long-term care providers to determine whether a job seeker has any kind of criminal history or other disqualifying information that could make him or her unsuitable to work directly with residents.**

**The first round of states to participate in the program are: Alaska, Connecticut, Delaware, Florida, Missouri, and Rhode Island. They each will share a portion of \$13.7 million.**

**An additional 11 states applied and may be funded beginning in October or November. CMS will also issue a second solicitation in October for those**

## **6 The Silver Panther Newsletter**

states that did not apply but may still do so.

The new law set aside \$160 million for the program, which is to run through September 2012, an amount sufficient to enable all states to participate.

The national background check for each prospective direct patient care employee must include a criminal history search of both state and federal abuse and neglect registries and databases, such as the Nurse Aide Registry or FBI files.

Long-term care facilities or providers covered under the new program include nursing facilities, home health agencies, hospice providers, long-term care hospitals, and intermediate care facilities for persons with mental retardation, and other entities that provide long-term care services.

Questions about the National Background Check Program may be sent via e-mail to: [BackgroundChecks@cms.hhs.gov](mailto:BackgroundChecks@cms.hhs.gov).

## **7 The Silver Panther Newsletter**

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