



NASW

National Association of Social Workers / Connecticut Chapter

2139 Silas Deane Highway
Suite 205
Rocky Hill, CT 06067
(860) 257-8066

Shannon Perkins, LMSW, President
Stephen Wanczyk-Karp, LMSW, Executive Director
info.naswct@socialworkers.org

Testimony on Potential Legislative Proposals on COVID-19 Related Public Health Issues
Appropriations, Human Services and Public Health Committees
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Submitted By: Stephen Wanczyk-Karp, LMSW

On behalf of the National Association of Social Workers, CT Chapter representing over 2,300 members we offer the following suggestions for legislative action based on executive orders of Governor Lamont.

We recommend codifying the EXECUTIVE ORDER NO. 7HHH Authorization for Continued Temporary Suspension of the Requirements for Licensure, Certification or Registration of Out-of-State Providers. This order allows out of state licensed health care providers to practice in Connecticut as long as they are licensed in another state and the license is in good standing. While the executive order applies to a range of providers, we are asking that specifically Chapter 383b clinical social workers be codified to allow continued practice by telehealth for clinical social workers. The examination for license as a clinical social worker is the same throughout all states and the experiential requirements throughout the states are all equal to, greater than or very similar to Connecticut. Typically, out-of-state clinicians are providing services to clients from their state who are now in Connecticut, such as out of state students attending school in Connecticut. Codifying this executive order will allow for continuity of care. Allowing reciprocity will greatly ease the provision of clinical social work services through telehealth.

Speaking of telehealth, we urge the Legislature to make permanent the provisions of the Telehealth bill passed in the special session. AAC Telehealth continues important provisions that have made telehealth successful. First of all, the bill continues the use of audio when a video option is not available. This particularly benefits older adults and disabled persons residing in long-term care facilities where video is not feasible. It also has greatly aided those without video capable equipment, which is most prevalent among persons living in poverty. Additionally, audio only allows for added privacy for those who so choose this option. It is crucially important to continue the audio only option in both Medicaid and fully insured health plans.

Secondly, the bill continued the payment structure of equal rates for treatment, be it in-person or through telehealth. This is completely appropriate as rates of pay should be based on the treatment not the location where the treatment takes place. Rate equity also means that there will be an ample number of providers to provide care to those with

health insurance. Having lower rates for telehealth will only serve to reduce the number of providers willing to accept those insurers who have lower rates for the same work. Providers in fact are now, in this pandemic, facing greater costs to practice. Most of our clinicians are paying for offices they cannot use, have the costs of telehealth platforms and additional costs in creating home offices.

We are recommending, in the strongest of terms that the Telehealth law be revisited early in the 2021 session and made permanent prior to its deadline of March 15, 2021.

Finally, we urge the Legislature to revise the bed to social workers ratio in nursing homes. The Public Health Code is woefully inadequate when it comes to the beds-to-worker ratio for social work services. The current ratio of 120 beds to 1 full-time social worker dates back well over 30 years and bears no resemblance to a reasonable ratio for the current nursing home population. In essence, we are using a 20th century ratio to address 21st century needs of nursing home residents.

In just the past 15 years the presenting issues by seniors entering nursing homes has become much more acute in terms of complex diagnosis and mental health status. The degree of care needed demands greater attention by the nursing home social worker, yet the staffing ratio for nursing home social work has not been adjusted in accordance with these changing needs.

Nursing home social workers face multiple tasks and responsibilities including but nowhere near limited to: prompt referral for patients and families in financial need, helping each patient to adjust to the social and emotional needs related to nursing home placement, care plan meetings, staff meetings, developing plans of care for the social and emotional needs of the resident, counseling residents and family members, discharge planning, coordinating care with outside services, dealing with issues of conservatorship, protecting resident rights, assessing cognitive and mental functioning, dealing with resident to resident altercations, providing emotional support for residents coping with loss of independence and function, and staff training on resident rights. Then add an increasingly extensive amount of paperwork that includes: assessments; care plans; Mini Mental Status Exams; the new MDS 3.0 (Minimum Data Set) done upon admission, quarterly, annually and when a change in condition occur, Medicaid clinical evaluations, plus medical record charting of any changes with the resident. All of this and more is required of the social worker at a ratio of 1 full-time social worker to 120 residents. **The current ratio is absurd, outdated, undoable, and downright insane, and is a major factor in why qualified social workers burn out and leave the field of nursing home social work. COVID-19 has only added to the pressures placed on the social workers.**

We estimate that under the current ratio and given the current responsibilities of nursing home social workers that the worker has about **11 minutes per week to address individual resident's concerns and needs**. In the spring of 2010 NASW/CT conducted a survey of nursing home social workers. When asked what their biggest challenges were 72% answered it was lack of time to effectively perform their job. From conversations with nursing home social workers this remains the case in 2020.

NASW/CT recommends a ratio of no higher than 80 beds to 1 social worker. This would still be a challenge to meet but is far more reasonable than the current outdated ratio.