

House Finance Health & Human Services Subcommittee

Testimony of John Saulitis on House Bill 49

Regional Ombudsman Program Director, based in Area Agency on Aging 11, Inc.

Chairman Romanchuk, Ranking Member Sykes and members of the Subcommittee, I am John Saulitis, a Certified Ombudsman Program Director serving Mahoning, Columbiana, Trumbull, and Ashtabula Counties.

The mission of the Office of the State Long-Term Care Ombudsman is to advocate for excellence in long-term services and supports wherever consumers live. Our roots are in the federal Older Americans Act and Ohio law passed by the 118th General Assembly. House Bill 49 includes the first substantive changes to that state law, which was required by a federal regulation that was effective July 1, 2016.

I am aware that prior testimony has prompted questions about the role of the ombudsman. Our mission is clear – to advocate for excellence of service, wherever those services are provided. In 2016, about 85 paid regional ombudsman staff respond to nearly 11,000 complaints about care and services in all settings and provide 30,000 hours of assistance outside of complaint handling each year. That activity includes visiting long-term care facilities regularly so residents know their independent advocate and so we develop a rapport with staff and caregivers. We believe that good care is relationship-based care and that with positive and productive relationships, consumers benefit. This work would not be possible without the help of your constituents who volunteer their time to assist us in our advocacy. They make most of those regular visits and help the program operate more efficiently. We need more committed citizens to take advantage of this opportunity for civic engagement; even doubling our corps of 215 volunteers wouldn't be enough to meet the growing need. In order to maximize volunteer resources, however, our twelve regional programs need a full-time volunteer coordinator.

Our goal is to prevent problems and resolve issues that arise. Sometimes we engage the Ohio Department of Health and other agencies for regulatory intervention but last year only 1% of complaints received were referred to another agency. Resolution of problems by engaging the consumer and provider reduces the need for enforcement and achieves a change that is individualized. For example, if a resident tells us that two showers per week aren't sufficient, ODH could investigate and might or might not cite the facility, depending on how many residents have the problem, whether the facility responded, and other factors. Even if the home is cited for failing to honor resident choice, the person who came to us in the first place still might not receive the number of showers she wants. We learn about her background, identify why she isn't receiving as many showers as she wants, and with her consent negotiate a change. We try to find the root cause of the problem, identify the home's interest and suggest solutions. When residents are satisfied, the job of the staff is better and the home is more marketable, so there is mutual benefit. Further, if we can solve the root cause of a problem, a long-term, positive outcome is more sustainable.

Workforce issues are also a common topic of concern in long-term care. Beginning next month, ombudsman programs will be working with about 100 nursing homes in the state on a two-year person-centered staff engagement project that was approved by the Centers for Medicare & Medicaid Services. The project is another opportunity for us to work with nursing homes in a positive way to reduce staff

turnover by fully engaging their direct-care staff and respecting them for the important knowledge they have about the residents. Nursing homes are required to include caregivers in care planning for residents. An engaged and empowered nurse aide is critical to good care and an engaged, empowered nurse aide enjoys the work and stays.

Ombudsmen are not regulators but we are advocates for an effective regulatory system. When the Ohio Department of Health cites nursing homes and residential care facilities for violations, it is important that they have effective tools to prompt swift correction. The ODH proposals in House Bill 49 are steps in the right direction. When a residential care facility, commonly known as assisted living, violates the law, ODH tells them that correction is needed. If the home fails to correct problems, depending on the severity of the problems, ODH's only tool is to revoke the license. License revocation typically takes many months and can include expensive legal battles. During that time, the facility has no real incentive to change their practice. If ODH had the ability to impose a civil money penalty, the home would have the incentive to correct swiftly. License revocation is an extreme measure that we like to see avoided if possible because it disrupts residents' lives. Another role of the ombudsman when homes do close is to assist residents to find new living arrangements. We also support the ODH proposal to extend authority for investigations of exploitation and to direct a home's corrective action in rare circumstances when urgent action is needed but not taken by the home.

Ombudsmen build on experience helping individual consumers, using data and knowledge of systems to make recommendations. Over many years we have developed a reputation for informing effective policy change, such as level of care rules, nursing home quality, and most recently MyCare Ohio implementation. As the Department of Aging considers settings where the assisted living waiver can be provided in the future, we encourage formation of a work group to develop quality standards and we are ready to be active contributors to those discussions.

As the State of Ohio moves toward managing long-term services and supports if approved by the General Assembly, it is imperative that the state agencies engage stakeholders in meaningful and consistent dialogue. The Office of the State Ombudsman receives federal funding to advocate for the members of MyCare Ohio and we have responded to nearly 1400 member complaints to date, as well as provided general assistance to hundreds of members each year in understanding MyCare Ohio, their benefits and rights. We provide program complaint data to the Ohio Department of Medicaid and other stakeholders, and meet quarterly with each managed care plan participating in the demonstration to share with them directly the issues and concerns we hear from their members, as well as our recommendations for change.

There have been a number of lessons learned during our work with MyCare Ohio members. A few examples of important elements are person-centered care planning and members knowing what is in their plan, consistency in case management, and strong oversight by the Department of Medicaid.

Our primary role in the demonstration is to ensure members have access to person-centered services that are provided in the setting of their choosing. Many of the complaints we receive relate directly to these issues and stem from insufficient care management.

We look forward to continual strengthening of our efforts in years 4 and 5 of the demonstration and are adding partnership with the Ohio Senior Health Insurance Information Program to ensure members have access to timely, unbiased information about their insurance coverage options, as well as their

benefits and rights. We consider this partnership to be another step toward a strong beneficiary support system. If we expect success – even excellence - from MyCare Ohio and indeed from managed long term services and supports, there must be robust, built in beneficiary supports that are honored and upheld. Our Office has the experience and ability to effectively advocate for consumers.

Ombudsmen understand the difficult balance the General Assembly faces and stand ready to inform policy change and raise the voice of consumers statewide. In brief, I offer our experience as a resource for your deliberations, urge your support for Ohio Department of Health initiatives in long-term care facilities, and request your support for funding volunteer management in our programs.