

March 16, 2017

Good morning Chair Keny-Guyer and members of the House Committee on Human Services and Housing. I am Samuel N Weiss. Retired Captain, US Army Reserve, and a Volunteer Certified Long-Term Care Ombudsman.

I mention the military because I think the several years I served while assigned to the Army's Inspector General Corp has been a factor that has contributed to some of my effectiveness during the over 13 years I have served as a Volunteer Certified Long-Term Care Ombudsman that includes receiving, investigating, and solving complaints, problems, and concerns from the Residents in the long term care facilities that I have been assigned.

Passing 80 years old, I have now trimmed back my Ombudsman assignments to just two Skilled Nursery Facilities and two Assisted Living Facilities, all of which, by the way, are located in Senate Majority Leader Burdick's and House Majority Leader Williamson's districts. Earlier, I was also assigned to 26 Adult Foster Care Homes beside the now four facilities.

The two assigned Skilled Nursing Facilities have 270 beds and the two Assisted Living Facilities have 250 apartments. There are now around 365 Residents total in those four facilities.

My role assigned to those facilities is to enhance the quality of life, improve the level of care, protect residents' rights, and promote their dignity while living in those facilities. Foremost this requires knowing, understanding, and applying the appropriate Oregon Administrative Rules (OAR) pertaining to those facilities.

Since a Long-Term Care Ombudsman is not a licenser or inspector, the solutions of issues they advocate on behalf of the residents depends on our ability to advocate, promote, encourage, and persuade the facility to take the appropriate actions to resolve these issues.

While that is a significant part of what I do, there are also some other things that I do that are not spelled out in the OARs.

On my own, I attended a number of sessions for the initial Medicare Part D training provided my Medicare and related Oregon Agencies. Since 2011 I have been assisting Residents at one of my assigned Assisted Living Facility to review their Medicare Part D insurance coverage.

For many Residents, the analysis of the information to determine which of the Medicare Part D are most effective to meet their needs is overcoming. How to find the factors to consider and then to understand them can be overwhelming. The factors, such as: What plans are available in their location; What premiums do they charge; What deductions are included; What medications are included in that Plan's formulary; Which pharmacies are included in the Plan's network; Which pharmacies are included as preferred sources for providing smaller co-pays; and What ratings do the Plans have from Medicare for their know services.

Using my personal laptop computer and printer, using my own paid paper and printer inks, I have conducted sessions with Residents who requested my assistance during the seven weeks Medicare Part D Open Enrollment period. The facility provides me with an apartment that functions as my office for these sessions within the facility.

The results of the amount of expected savings the Residents have achieved by comparing the next year's plans with their current plans over the six years was \$128,463. (In 2011 they were \$10,005 for 22 Residents. In 2012 they were \$12514 for 19 Residents. In 2013 they were \$16142 for 20 Residents. In 2014 they were \$24603 for 18 Residents. In 2015 they were \$43845 for 24 Residents. In 2016 they were \$21354 for 21 Residents.)

There are also times when the Ombudsman is requested to assist in mediating family conflicts and relationships. In one such case there were two brothers who were in such conflict that their

mother as so unhappy that she expressed to me that her dying wish was to see them reconciled. After my work and discussions with the brothers, she was finally able to see them reconciled, working together to make her live happy and peaceful. She died a short time after with her wish achieved due to the assistance of her Ombudsman.

In another case, there was a husband and wife who were forced by medical issues to move out of their independent living arrangement and into one of my assigned Skilled Nursing Facilities. When the husband health improved, he was accepted into one of my Assisted Living Facilities. However, the facility did not accept the wife for the move. The family contacted the Ombudsman for assistance. They knew how much the couple depended upon each other and that apart they were declining in their individual overall health. After the Ombudsman meet and advocated for the couple with the facility, options were discussed and reviewed. With the consent of the couple and the family, a meeting was arranged. At that meeting, discussions with the facility Administrator and the Health Service Nurse, the family members, and the Ombudsman, we were able to develop a plan of action that would care for the wife with her husband together in the Assisted Living Facility. The wife moved into the Assisted Living Facility in time for them to be together for their 69 Wedding Anniversary.

I hope these have been examples for you to hear, and even better understand, what the Long-Term Care Ombudsman Program does with the support providing the volunteer Certified Long-Term Ombudsman.