

**Testimony Submitted to the Committee on Human Services
By Gerald Kasunic, Long-Term Care Ombudsman
For the District of Columbia
Budget Hearing of the Department of Human Services
Held April 18th, 2007**

Submitted by:
Jerry Kasunic, D.C. Long-Term Care Ombudsman
Office of the D.C. Long-Term Care Ombudsman
601 E Street, N.W. A4-540
Washington, D.C. 20049
202-434-2120 Office
202-434-6595 Fax

Good day Councilmember Wells and Members of the Committee on Human Services. I am Gerald M. Kasunic, the D.C. Long-Term Care Ombudsman, and I represent the approximately 5,121 residents of licensed nursing facilities and community residence facilities in the District. I thank you on their behalf, and on the behalf of their families and friends, for permitting me to come before you today to present their concerns and those of my staff in the D.C. Long-Term Care Ombudsman Program (herein referred to as the Ombudsman Program).

As you are aware, the Ombudsman Program is part of the D.C. Office on Aging Senior Service Network and is charged by Federal and D.C. Law with representing the interests of some of the District's most vulnerable citizens – residents of long-term care facilities whose physical and mental disabilities make it impossible for them to advocate effectively for themselves. Specifically, the purpose of the Ombudsman Program is described in District law as follows:

- Advocating for the rights of older persons and other persons who are residents of nursing facilities, assisted living residences, and community residence facilities;
- Investigating and resolving complaints made by or on behalf of an older person or other person who is a resident of a nursing facility, assisted living residence, or community residence facility; and,
- Monitoring the quality of care, services provided, and quality of life experienced by older persons and residents to ensure that the care and services are in accordance with applicable District and federal laws.

In addition, District and federal law charge the Ombudsman Program with responsibilities to publicize the program and provide information to the public; to monitor the development and implementation of federal and District laws, rules, and policies that affect residents; and to work for change within the regulatory framework.

As you probably are aware, the city is losing a nursing home, Beverly Living Center at Northwest (commonly known as Northwest Health Care Center and will be referred to as Northwest), which is a 355 bed nursing home facility serving residents with an in-house dialysis and Alzheimer's unit, due to the corporation voluntarily closing their doors. As of today, April 16th, there were 293 residents still residing at Northwest.¹ With the remaining 19 nursing homes and 160 community residential facilities, there are approximately 100 nursing home placements and approximately 40 community residential facility placements (including mental health community placements) located within the District.²

Considering the obvious lack of long-term care resources within the District for years, it is now time for the City Council and the Mayor's Office to plan and budget for the expansion and current improvement of the remaining community residential services and nursing home programs.

Improving Quality of Care:

JB Johnson Nursing Center:

JB Johnson Nursing Center is a non-profit, D.C. government-owned nursing home that has 207 nursing home beds that are both Medicaid and Medicare certified, with a 96% occupancy rate. According to the JB Johnson Nursing Center's (JB Johnson) website, the home has been serving D.C. residents since 1981. Throughout most of JB Johnson's operational history, the Department of Human Services (DHS) has contracted with VMT LTC Management, Inc. (originally named: VMT), to operate, maintain, and staff the nursing home as well as provide the highest quality of care to residents.

For the past several years, random visits made by the local long-term care ombudsman program have reported that the home has a mixed aged and clinical need population, most of whom are Medicaid beneficiaries, who require much more than just standard nursing home care. Some of the populations at JB Johnson have psychiatric

¹ This figure may change by the time this testimony is presented on April 18th, 2007.

² DOH and DMH stated that the vacancy rates (number of open beds) is a moving target and cannot guarantee the figures listed above are accurate.

diagnoses, or dual diagnoses of psychiatric and substance abuse, for which specific training and professional services are needed in order to provide progressive mental and medical services within the home. In addition to assisting the mentally ill and D.C. residents afflicted with dementia, JB Johnson does service adults who need physical rehabilitation and the elderly who need long-term clinical and functioning service in order to maintain daily activities.

Last February, the Ombudsman Program reported that this Committee and DHS should review JB Johnson's contract to ensure that goals and outcomes of the nursing home actually strive to improve quality of care and are contractually binding. The introduction of new management cultural change programs or quality improvement programs are part of the contract in order for the Committee to maintain oversight additional funding that may be needed. The Ombudsman Program still stands by our recommendation and encourages Mr. Wells, and DHS, to strive for nursing home improvements within JB Johnson, conduct a fiscal impact statement based on the introduction of new alternative programs, and visit the home to ensure such goals are being met.

The Ombudsman Program wants to ensure that the contract includes specific language dealing with residents' treatment needs, addresses environmental and maintenance upgrades, and above all requires the implementation of performance measure tools to report to this Committee and the public, on the progress being made on these measures. Long-term care alternative programs serving other states can be researched and language incorporated in the contract to ensure that consumer-directed treatment is implemented and measured. Such alternative nursing home programs as the Pioneer Network and Wellsprings Project adhere to new values and principles and base such missions and vision statement on upgrading training for certified nurses, nursing home staff managers and administrators. Again, such language can be used to improve the contractual language as well as bring additional resources to JB Johnson, which is in need of upgrading of psycho-social day program and counseling services, physical plant, and an increase in staffing.

Chore Aide and Elder Buddies:

The District of Columbia is facing a long-term care nursing home bed shortage and needs to develop plans to support the expansion of community social service programs that supports the elderly and disabled D.C. residents to remain independent in their own homes or support independent living facilities. Two successful programs are currently in operation today: Chore Aids and Elderly Buddies.

The Chore Aide (funded by DHS) and Elderly Buddies (funded by Legal Counsel for the Elderly) programs introduces chore services (washing dishes, cleaning floors, trash collections, etc.) to residents who are living within the community that need a helping hand in order to remain independent. Without these basic services being delivered to the elderly and disabled residents within the community, they most likely would be referred to a long term care facility, which would cost the city double or triple funding to care for residents.

Adult Protection Services Expansion: Self Neglect

The Ombudsman Program applauds the work of the city council, advocates, and the Department of Humans Service (DHS) officials, who were able to expand the Adult Protection Services (APS), DHS, role to protect vulnerable adults from self neglect. Even though the Ombudsman Program does not have jurisdiction or resources to advocate on the behalf of elderly residents residing in their private homes, we do receive numerous phone calls pertaining to residents in need of APS supports or long-term care assessments. Thus, we work closely with APS workers and the administration to provide referral services, community social service information, or support where we can.

One of the best projects that support the Adult Protection Services community programs is offered through the D.C. Office on Aging's Adult Abuse Prevention Committee, which is federally funded to both educate and prevent the spreading of abuses and exploitation of vulnerable adults. Through the Adult Abuse Prevention Committee, they receive a small amount under the committee-approved budget or receive

funds under the committee budget for psychiatric evaluation. Under the committee approved budget, APS conducts such services as:

- Massive hoarding and environmental safety
- Mental health disorders and support
- Substance abuse and rehabilitative services
- Clinical treatment and proper hospital or community services referrals.

Over the course of the past several years, the topic of self neglect has been a major focus of community advocates and government officials alike, but it appears to the Ombudsman Program that resource and funding are not available for APS to meet the need of the elderly population. The Ombudsman Program strongly recommends to this Committee to research APS' funding resources and ensure fiscal year increases will match current business market ranges for such program. Therefore, APS will not have to scrounge for grant monies in order to fulfill their mandates.

Conclusion:

I thank you for the opportunity to testify before you today and to present to you the Ombudsman Program's concerns and advocacy suggestions to improve quality of care and life for D.C. residents, and I am willing to answer any questions that you, or the Committee members, may have.