



ASSEMBLY STANDING COMMITTEE ON AGING

NOTICE OF PUBLIC HEARING

SUBJECT: Long-Term Care Ombudsman Program

PURPOSE: To review and examine the state of the Long-Term Care Ombudsman Program

Albany, New York

Thursday, March 2, 2023

10:00 A.M.

Hearing Room C

Legislative Office Building

The Long-Term Care Ombudsman Program (LTCOP) is a federally mandated program established under the Older Americans Act that advocates for older adults and people with disabilities who live in residential health care facilities, assisted living facilities, and other licensed adult care facilities. Ombudsmen are often volunteers who identify, investigate and resolve complaints; educate residents and their families on obtaining services; and provide services to residents in protecting their health, safety, welfare and rights.

In 2021 and 2022, legislation was signed into law that would strengthen the Long-Term Care Ombudsman Program including establishing an awareness program and requiring certain policies and procedures be established to facilitate greater communication between the ombudsman and Department of Health.

The purpose of this hearing is to review and examine the state of New York State's Long-Term Care Ombudsman Program, specifically as it relates to residential health care facilities. The Committee seeks testimony on the status of the Long-Term Care Ombudsman Program and the challenges ombudsmen are currently facing.

Persons wishing to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes' duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Honorable Ron Kim

**Member of Assembly
Chair
Committee on Aging**

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on the Long-Term Care Ombudsman Program are requested to complete this reply form as soon as possible and mail, email, or fax it to:

Mary Ellen O'Connor
Analyst
Aging Committee
Room 513 - Capitol
Albany, New York 12248
Email: occonnorm@nyassembly.gov
Phone: (518) 455-4881

- I plan to attend the following public hearing on the Long-Term Care Ombudsman Program to be conducted by the Assembly Standing Committee on Aging on March 2, 2023.
- I plan to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____