Oral Testimony Submitted by Marcella Goheen, Founder, Essential Care Visitor

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My name is Marcella Goheen, and I am the Founder of Essential Care Visitor. We are an advocacy platform that works daily with families who are essential care visitors in long term care communities in New York State, to serve dignity and care to their vulnerable disabled and aging loved ones. We do this through frontline advocacy, education and collaboration. More importantly, I am the wife of Robert Victor Viteri, who I have cared for over the last nine years, whose home is a long term care community - his home is a nursing home.

I testify today about the current long haul care conditions of nursing homes, and New York State's need to invest in transformative care programs and impactful quality measures that will serve the mandate of care that each facility is required to deliver in order to receive their Medicare and Medicaid dollars to operate.

The Resident Rights Law requires a Facility to maintain a resident in their home at their highest level of functioning, so as not to contribute to decline. This hard won law is a part of the Omnibus Reconciliation Act. The current conditions in nursing homes - because of a political staffing care war and resulting metrics of how a Facility might staff to benefit the facility's bottom line, results in a lack of an overall continuum of care for our New York vulnerable. This dynamic continues to be a hard and devastating reality in nursing homes. The families, residents and staff are suffering in the middle of this care paradigm. All of it is contributing to decline for our aging and disabled. This is unacceptable. This is not age friendly.

Currently, the Nursing Home Reform Act, and the Minimum Staffing Law, require the operator to provide person centered services and support to a vulnerable loved one, like my dear Robert in a long term care facility. The Medicaid and Medicare dollars are delivered daily to do so. The Facilities insist they can't possibly do this. The combination of the moral injury of the healthcare heroes, the lack of transformative recruiting and retention models in place for the next generation, and the tragic way we, as a society regard people like my husband - not a priority, the 'it is what it is' attitude - all contribute to gross neglect, dehydration, pressure wounds, infection and failure to thrive within long term care facilities. We dismiss the vulnerable. Settling on these current conditions and narratives as acceptable - is not age-friendly. This core belief system at play is not maintaining someone at their highest level of functioning. This is not taking care of our most valuable population - especially as the dollars flow from their very condition.

My husband cannot come home. His rare neuro-discourse needs total care within a care community setting. This is his life. This is his world. I fight daily to make it dignified for him in collaboration with the staff.

We are piloting a program that is mentioned in the upcoming Master Plan for Aging, (of which I served on four workgroups) that helps families to serve their loved ones amidst frontline care stressors. Through our inaugural Family Essential Program, we help endorse quality care and dignity for our loved ones. The program was inspired by Covid-19. We collaborate through education, advocacy and collaboration for New York families to better serve their loved ones amidst a troubling climate. The NYSOFA office has invested in our pilot model, as we serve families in a peer to peer framework. Whether it’s helping a family through a care transition, educating about the complicated long term care system navigation, or locating a long term service and support that a consumer might not know about amidst their care trauma and journey - we are there for them through our real time services and online modules.

We respectfully request the State legislature allocate at least 50% of the 200 million dollars in the proposed budget to “nursing homes, assisted living and hospice” toward care dollars, not capital dollars - to invest in updated transformative infrastructures of care models for our vulnerable with universal programs such as FEP. We believe a care programmatic infrastructure will better impact current quality measures within the CMS guidelines, enhance patient and family satisfaction, and improve robust staffing recruitment and retention.

We also believe this care investment will better deliver what the mandate of the Resident Rights Law requires within any long term care community - to maintain our vulnerable disabled loved ones at their highest level of functioning. Robert and his resident mates depend on such care models to receive the dignity and grace within their fragile disabled and aging journey.

-Submitted 02/07/2025