



The National **Long-Term Care**
Ombudsman Resource Center

LONG-TERM CARE OMBUDSMAN: FOLLOW THE TRANSITION HOME

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PASRR TAC Webinar

Older Americans Act

- Each State is required to operate an Office of the State LTC Ombudsman headed by a full-time State LTC Ombudsman
 - 53 State Ombudsman Programs (includes DC, PR, GU)
- Local/Regional LTC Ombudsman Programs
 - 576 local programs
 - 1186 FTE staff and 9065 certified volunteers
- 204,044 complaints
 - Resolved or partially resolved 73% to the satisfaction of the resident

Functions of LTC Ombudsman Programs

- Resolve complaints on behalf of individuals
 - 204,044 complaints
 - Resolved or partially resolved 73% to the satisfaction of the resident
- Provide information, consultation, education to residents, families, and facility staff about resident interests
 - 289,668 consultations to individuals; 5144 training sessions in facilities on topics such as residents' rights; 114,033 consultations to LTC facility managers and staff; participated in 20,958 resident council meetings, and 3321 family council meetings
- Advocate for systemic changes to improve residents' care and quality of life

Scope of Ombudsman Work

- LTC Facilities defined by OAA as:
 - Nursing facilities
 - Board and care homes
 - Assisted living
 - Other similar adult care facilities

Most Frequent Complaints

- **Nursing Facility:**
 - Improper eviction or inadequate discharge planning
 - Lack of respect for residents, poor staff attitudes
 - Medications – administration, organization
 - Resident conflict, including roommate to roommate
- **Board and Care & Similar Facilities**
 - Quality, quantity, variation and choice of food
 - Medications – administration, organization
 - Inadequate or no discharge/eviction notice or planning
 - Equipment or building hazards
 - Lack of respect for residents, poor staff attitudes

LTC Information and Resources

- Inform consumers about available options/choices for long-term care
- What to look for in a facility
- Community resources

Ombudsman Advocacy and Residents with MI/MR diagnosis

- Complaint handling
- Proper assessment and care planning
- Timely Resident Review
- Residents' Rights
- Referral for appropriate placement
- Safe and orderly discharge

Role of the Ombudsman in Transitions

Keep the process focused on the resident's interests and priorities:

- Complaint investigation and resolution
- Support for the resident during the process
- Information about rights/options;
- Identify residents interested in transition; referral to appropriate agencies
- Being alert to issues that recur or are widespread

Coordination of services is not a typical ombudsman role

Ombudsman Systemic Advocacy

- Participate in workgroups, advisory groups, or other planning and monitoring activities at the state level
- Design of state plans, systems – responsive to resident interests
- Advocate for policies, laws, regulations – i.e., eligibility for Medicaid, accessible housing options
- Advocacy/education with partners – ADRC's, providers, Medicaid Agency, discharge planners, etc.
- Diversion to other options
- Community/consumer education regarding rights, options

Ombudsman is Resident Focused

- What does the resident want? Resident participation in discharge/transition planning
- Resident empowerment
- Interests of the resident vs. the family; guardian/agent; facility
- Making the system work for the resident
- Protection of rights

New Options for Consumers

- Money Follows the Person
 - Choices for individuals in where they receive services and support

- MDS 3.0 Section Q
 - All residents asked about transitioning out of the nursing home

Ombudsman Participation in Money Follows the Person (MFP)

Newly Expanded Services (some MFP states)

- Enhanced educational materials focused on Section Q
- Transition coordination (OH)
- Follow the resident to HCBS (GA, DE) – follow for 1 year
- Follow up with the resident (MI – includes quality of life survey)
- Outreach and advocacy (NJ)
- In-services for NH staff, resident and family councils – MFP, residents' rights (OK)
- Counseling and information, in-service training to individuals, facilities, resident and family councils (TX)

MDS 3.0, Section Q

- Minimum Data Set 3.0 – part of the resident assessment tool
- Version 3.0 – effective October 2011 – many significant changes
- Section Q – each resident asked if they'd like to talk to someone about the possibility of moving back into the community

Ombudsman Role in MDS 3.0, Section Q Implementation

Expanded Services (some states)

- Enhanced educational materials/presentations to resident/family councils, facility staff, Aging Network re Section Q (Nebraska, North Carolina)
- Options counseling role in partnership with the LCA (Oklahoma)
- Local Contact Agency (Maine)

Section Q Implementation Challenges

- Insufficient community resources to support transition and continued stay in the HCBS setting
- Delays in the process
- Challenges in discussing adequate community options with residents with dementia or diminished capacity
- Family/guardian/agent disagreement with resident choices
- Emotional stress of residents being asked if they'd like to transition

Section Q Successes

- Residents are returning to the community
- Improved collaboration and communication between nursing home staff and other agencies
- Nursing Homes have improved their communication with residents especially during care plans and explaining community options
- Residents have better understanding of their rights and community options

Federal Government Support for Ombudsman Involvement in Transition Work

“The Office of the State LTC Ombudsman is a stakeholder that should be included in the development and implementation of all Money Follows the Person (MFP) programs. They are a critical resource to provide information to the [State Medicaid Agency] on how the Section Q referral and follow-up process is functioning and to handle consumer complaints should they arise.”

November 2010 Letter from Cindy Mann (CMS) and Kathy Greenlee (AoA)

Ombudsman in HCBS

- 13 States have authorized expansion of LTCO services to HCBS settings
 - AK, DC, ID, IN, ME, MN, OH, PA, RI, VT, VA, WI, WY
- MFP recipients – some states have expanded LTCO services to follow the person transitioning to their new setting for up to 1 year (i.e., GA, DE)
- Wide variations in application to HCBS

Ombudsmen in HCBS

- Most frequent complaints:
 - Staffing
 - Staff not showing up and no back up for care
 - Not enough staff to provide all the care needed (or not approved for enough care hours per day)
 - Financial Exploitation
 - Denial, reduction, termination of services

Ombudsmen in HCBS

- What Ombudsmen say:
 - Harder to build relationships since “not under one roof”
 - More time consuming to investigate because “not under one roof”
 - Difficult to get providers to work with/accept ombudsmen – new to work with
 - Need to be knowledgeable about more issues – ie, food stamps, landlord/tenant, rental
 - Work feels reactive instead of proactive

Ombudsmen in HCBS

- Conflict of Interest:
 - Real & perceived
 - Multiple hats
 - Other agency programs/services

OAA Reauthorization

- Senate bill – S.3037 (Sanders – VT)
- Bill to expand LTCO Services to HCBS – S. 1750 (Franken - MN)



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