

# Study of the State Long Term Care Ombudsman Programs

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# Study Objectives

## To Investigate:

- LTCOP resources (funding, staffing, legal counsel)
- Organizational placement
- Quality of care issues
- Coverage of LTC facilities
- Effectiveness of complaint resolution
- Barriers to LTCOP effectiveness
- Relationship with other agencies
- Advocacy efforts

# Research Methodology

- Telephone Interviews
  - 46 state ombudsmen
  - 6 ombudsmen in the state office
- Survey instrument
  - Follow-up on issues from 1995 IOM Report
  - Local advisory group
  - Focus group of national experts
- Statistical analysis
  - Interview responses
  - FY 1999 NORS data

# Organizational Placement

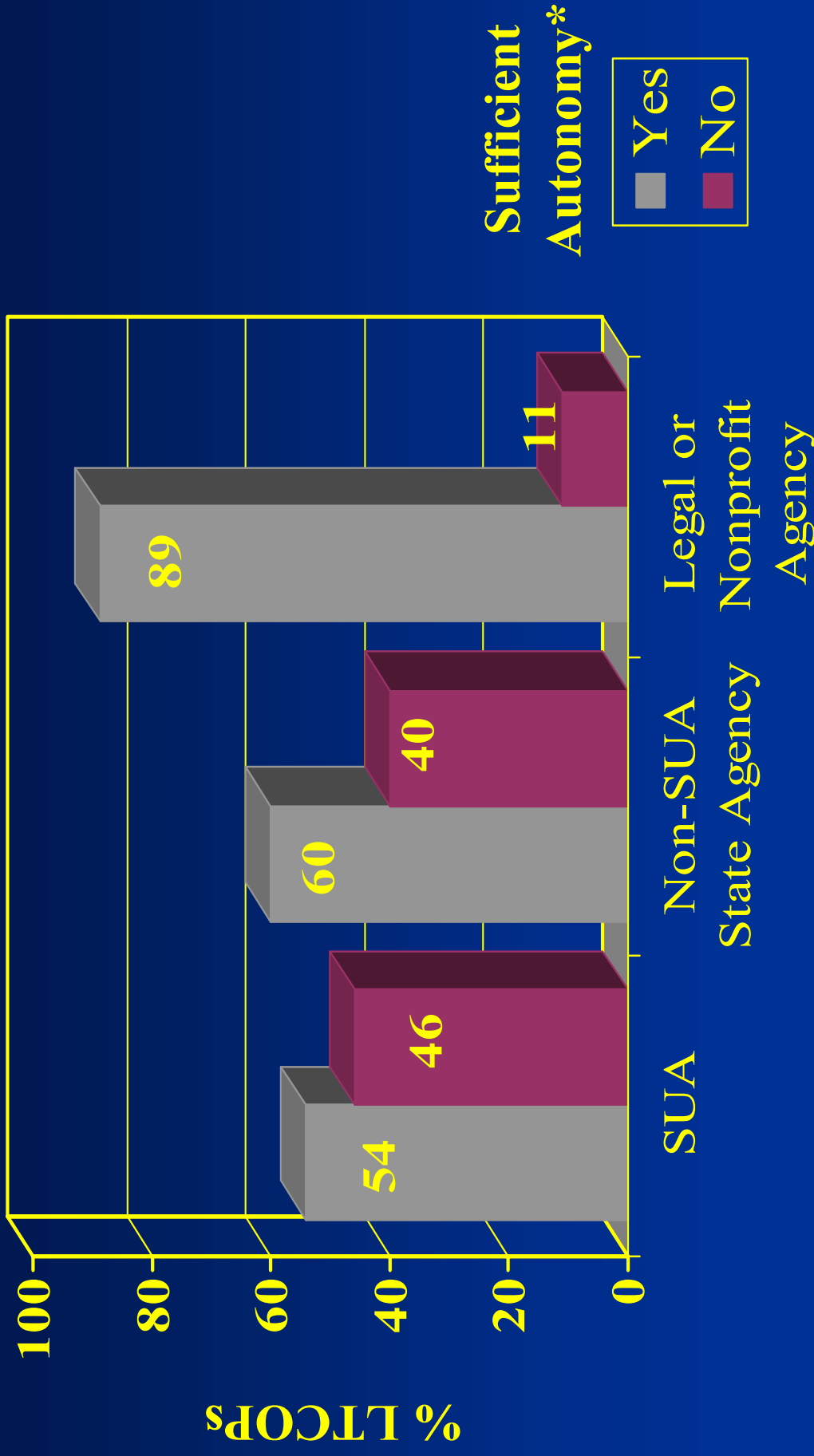
	#	%
SUA	20	38.5
SUA in Umbrella with Licensing Agency	9	17.3
SUA in Umbrella without Licensing Agency	8	15.4
Independent State Agency	4	7.7
Within Other State Agency	2	3.8
Legal Agency	2	3.8
Nonprofit Agency	7	13.5

# Difficulties in Service Provision Due to Placement of LTCOP\*

	% YES
<b>SUA</b>	<b>62.2%</b>
<b>Non-SUA State Agency</b>	<b>60.0%</b>
<b>Legal or Nonprofit Agency</b>	<b>22.2%</b>

*\*self-reported data*

# Autonomy Associated with Placement



*\*self-reported data*

# Ombudsman Program Autonomy

## *Statistically Significant Associations\**

Ability to carry out federal mandates independently from other state agencies

Supportive political and social climate

Effectiveness of advocacy efforts

Freedom from excessive legislative/regulatory restrictions

Lines of authority/accountability clearly defined for state & local ombudsmen

“Sufficient  
Autonomy”

*\*self-reported data*

# Ombudsman Program Placement within SUAs

## PROS

- Financial support/budget protection
- Administrative assistance
- Technical assistance
- In-house legal services
- Support/Advocacy for the program
- Facilities and supplies (access to state resources)

## CONS

- Conflicts of interest
  - If housed with APS, Medicaid, or Licensing
  - As state employees
- Limited autonomy
- Limited contact with legislators/media
- Director may be appointed by governor



# Autonomy Issues

“There is a lack of autonomy because we are part of the state... I believe if we were in a more autonomous setting we would be more effective, people would pay more attention to us, and our outcomes would matter more.”

– *State Ombudsman*

“There is a potential conflict of interest simply being in state government, in the department. We are not necessarily able to speak freely on behalf of residents. If the department has a policy that the LTC ombudsman feels may be detrimental, the ombudsman might be instructed not to say anything in court.”

– *State Ombudsman*

# Effective Methods for Dealing with Organizational Placement Problems

- Work with more autonomous parties (e.g. CAGs, volunteers) that may:
  - advocate for residents
  - communicate with legislators/media
- Expose conflict of interest issues via media
- Communicate with and educate state agency directors licensing agency legislators

# LTCOP Expenditures per LTC Bed

**Mean**

**\$23.62**

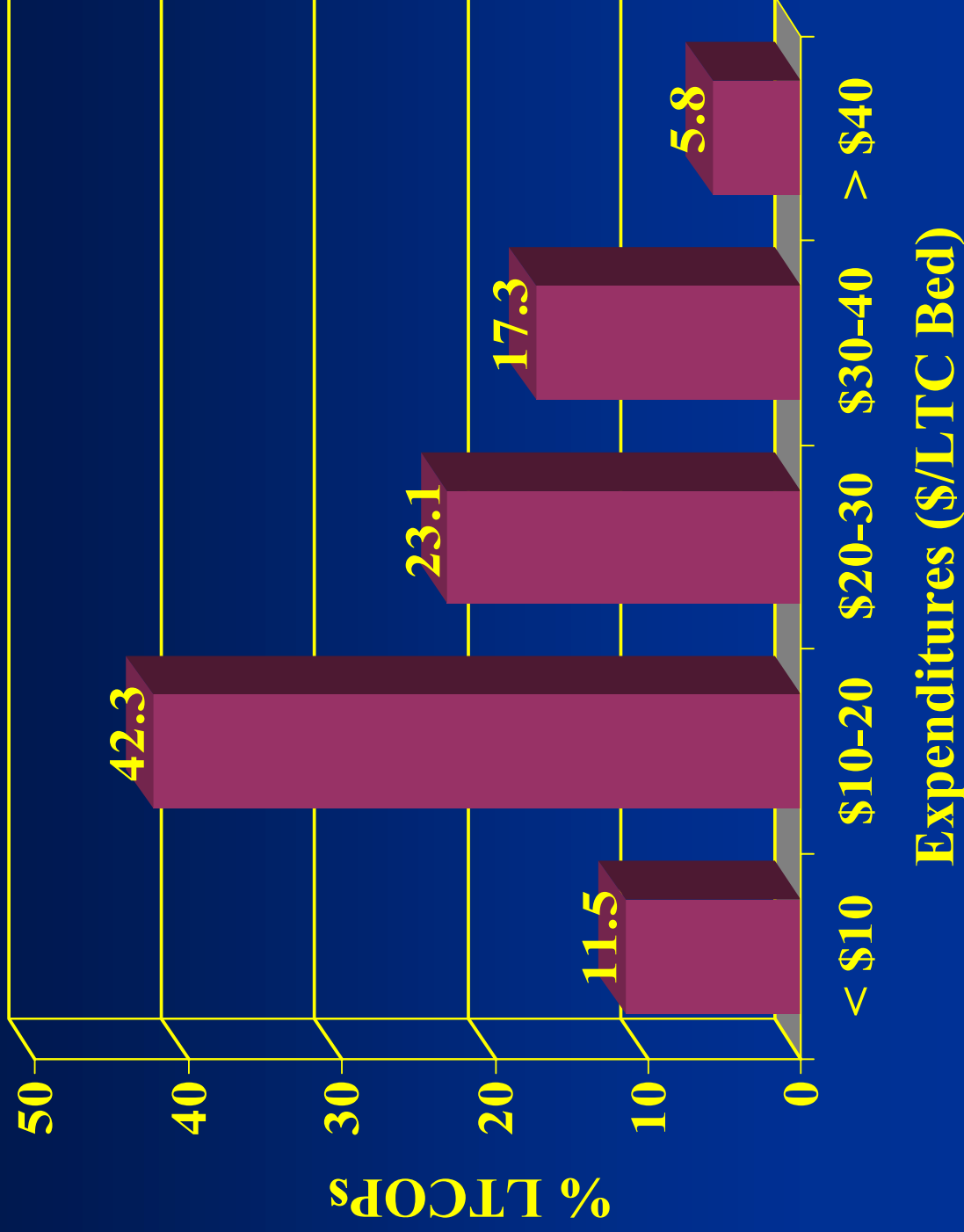
**Standard Deviation**

**\$17.53**

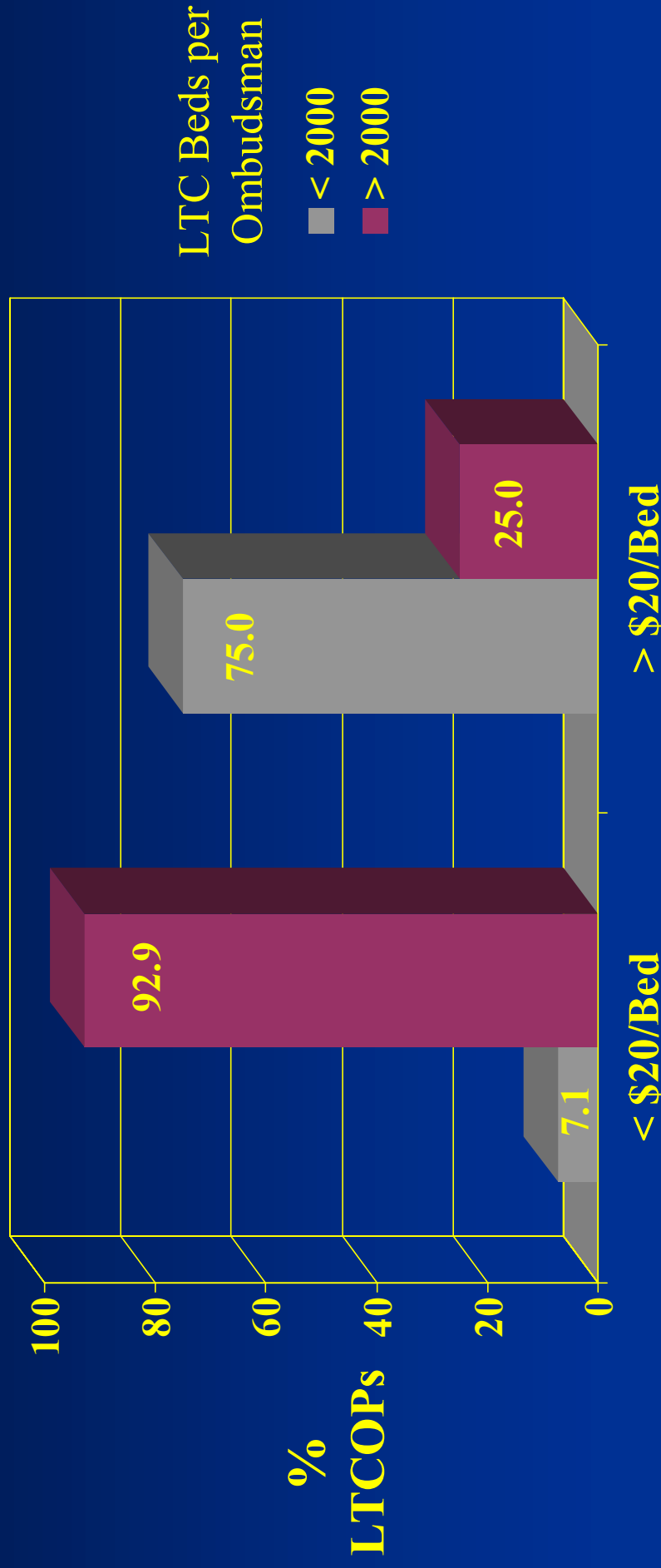
**Range**

**\$4.57 to \$122.85**

# LTCOP Expenditures per LTC Bed



# Funding and the LTC Bed to Ombudsman Ratio



**Funding per Bed ( $p < 0.001$ )**

Insufficient funding and inadequate levels of staff and volunteers are the greatest barriers to LTCOP effectiveness.

66.7% Ombudsmen say budget is inadequate to meet **federal** requirements

73.5% Ombudsmen say budget is inadequate to meet **state** requirements

# Activities Neglected Due to Inadequate Funding

- Routine visits to facilities
- Community education and outreach
- Complaint investigation and resolution
- Response time to complaints
- Development of resident and family councils
- Systemic advocacy
- Volunteer recruitment/supervision
- Expansion into Board & Care and Assisted Living

# Additional Funding Needed to Carry Out LTCOP Mandate

Additional Funding Needed*	%
< \$200,000	38.7
\$200,001 to \$500,000	22.6
\$500,001 to \$700,000	9.7
\$700,001 to \$1,000,000	16.1
> \$1,000,000	12.9

*\*self-reported data*



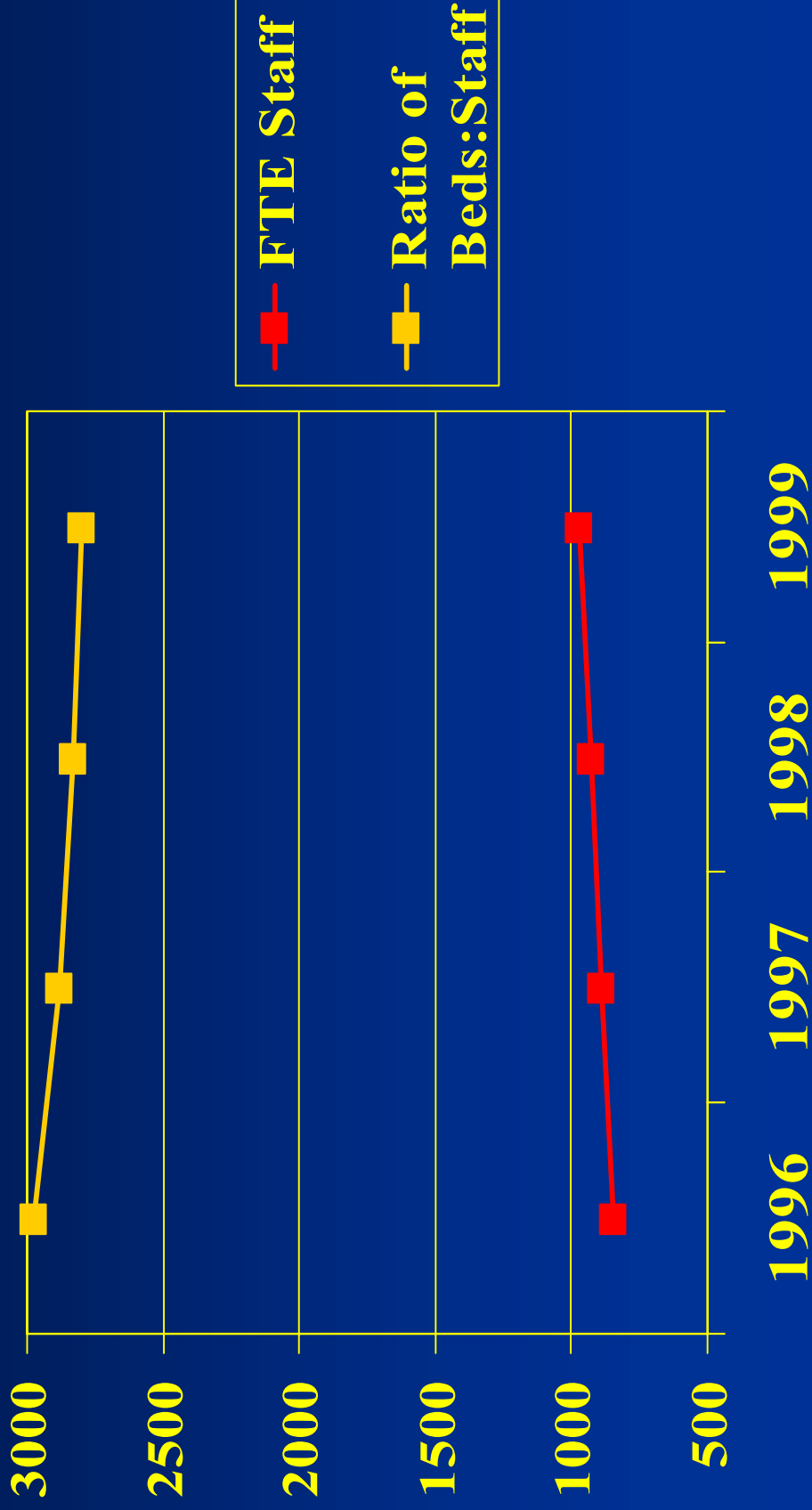
# Obstacles to Obtaining Needed Funding

- Political climate/focus
- Lack of program visibility
- LTCOP is not a priority within state agency
- Nursing home industry lobby opposition
- Legislative process
- Fiscal situation in state
- Federal budget process

# Staff and Volunteer Trends

	<b>FTE Staff</b>	<b>Certified Volunteers</b>	<b>Ratio of Beds:Staff</b>
<b>FY 1999</b>	974	8,451	2,801
<b>FY 1998</b>	927	7,359	2,832
<b>FY 1997</b>	887	6,795	2,878
<b>FY 1996</b>	847	6,622	2,973

# Trends in Ombudsman Staff and Ratio of LTC Beds:Staff (1996-1999)



**Ratio of LTC Beds to Staff is  
*significantly associated*  
with the percent of nursing  
facilities visited in a year  
( $p = 0.009$ )**

# Effectiveness of LTCOPs at the State Level\*

	#	%
<b>Very Effective</b>	16	30.8
<b>Somewhat Effective</b>	33	63.5
<b>Neutral</b>	1	1.9
<b>Somewhat Ineffective</b>	2	3.8
<b>Very Ineffective</b>	0	0

*\*self-reported data*

# Effectiveness of LTCOP Program & Resources\*

Question	% Yes
Able to represent interests of residents to state agencies	100.0
Freedom from excessive legislative/regulatory restrictions	84.6
Supportive political and social climate	75.5
Adequate communication system	68.8
Sufficient legal services	66.7
Sufficient autonomy due to organizational placement	60.8
Sufficient funding	22.0
Sufficient staff	21.2

*\*self-reported data*

# Effectiveness in Meeting Statutorily Mandated Requirements\*

Statutorily Mandated Requirement	% Very Effective	% Somewhat Effective	% Neutral/ Ineffective
Complaint Investigation	61.5	34.6	3.4
Community Education	23.1	63.5	13.5
Resident/Family Education	17.3	67.3	15.3
Monitoring laws and regulations	34.6	51.9	13.5
Legislative/Administrative Advocacy	23.1	50.0	26.9

*\*self-reported data*

# Effectiveness of LTCOPs

- Majority of state ombudsmen rate their programs as effectively meeting OAA responsibilities
- Effectiveness is limited most by:
  - Inadequate autonomy due to placement
  - Inadequate resources (funding, staff, legal services)
  - Inability to conduct systemic advocacy



# Recommendations: Organizational Structure/Placement

- Conflicts of interest due to organizational placement should be removed (IOM)
- LTCOP should not be located with APS, Medicaid, or licensing agency (IOM)
- Greater independence from state would allow ombudsmen to freely advocate for LTC residents (IOM)

# Recommendations: Resources

- Support the IOM standard of:  
**1 FTE staff ombudsman per 2000 LTC beds**
- Enhance funding to allow LTCOPs to meet federal and state requirements
- Ensure adequate legal services
- Increase legislative support

# Recommendations: Systemic Advocacy

- Break down barriers by working with providers, CAGs, and family/resident councils
- Increase funding/staffing to focus ombudsman efforts on advocacy requirements
- Increase program visibility
- Strengthen commitment by policy makers

# Recommendations: Quality of Care

- Strengthen advocacy for adequate staffing levels, supervision, and training in LTC settings
- Augment visitation to all LTC settings
- Enhance monitoring of Board & Care, Assisted Living, and other LTC settings

# Recommendations: Relationship with Regulatory Agencies

- Continue to work to improve relationship with state agencies that have enforcement authority (IOM)
- Increase communications between parties (i.e. SUA administration and licensing agencies) by setting up work groups or negotiating MOUs.

# Recommendations: Interagency Coordination

- **State and Local programs**
  - Training, supervision, technical assistance, educational materials, and information on advocacy issues
- **SUAs**
  - Increase financial and moral support, as well as autonomy
- **Citizen's Advocacy Groups**
  - Work together on legislative agendas, attend each others meetings, sponsor joint training, and form coalitions with resident/family councils

# Recommendations: FUTURE RESEARCH

- Conduct research to develop criteria for minimum levels of ombudsman program visits (OIG, 1999)
- Support the development of criteria for ombudsman complaint response and resolution times
- Conduct research on the implications of the Olmstead decision
- Conduct further research on the assisted living facility industry, specifically on monitoring care and residents' rights
- Conduct further research on the implications of managed care