



Ombudsman Federal Rule Implementation

VISION

The Office of the State Long-term Care Ombudsman is a unified, resident-directed program that is staffed with caring and competent ombudsmen who are supported in the work they do for residents. The office is fully compliant with federal rule, and operates under the following principles:

- **Independent:** The Older Americans Act establishes the long-term care ombudsman program as an independent organization. This means that we must have independence from host agencies at state and local levels and remain free of any conflicts of interest. An ombudsman must be independent in order to effectively advocate for residents.
- **Resident-directed:** The Older Americans Act requires that an ombudsman is always resident-directed. This means that an ombudsman respects and honors resident choice by seeking a resolution the resident wants. Ombudsmen advocate for residents' desired outcomes without judgment.
- **Confidential:** All ombudsman interactions are confidential. Ombudsmen foster relationships with residents based on trust and respect, and maintaining confidentiality is a crucial part of building resident trust.
- **Responsive:** The Office of the Long-term Care Ombudsman promptly responds to the needs of residents. Ombudsmen deserve training and support that is equally responsive.

CHANGES

- **Conflicts of interest:** With consolidation of state agencies, and agreements at local offices to expand long-term services and supports, the potential for conflicts of interest with the long-term care ombudsman role has increased. Conflicts must be resolved in order to ensure residents have access to an ombudsman advocate whose interests are focused squarely on the resident.
- **Division of program and personnel management:** Around our state, we vary in the program oversight provided by the state office and the AAA or other host agency. As the employer, a host agency needs to be in the loop, but the state office sets policies and guides ombudsman services. For some host agencies, the agency head is losing access to information they have become accustomed to.
- **Abuse, neglect, and exploitation:** Explaining why the ombudsman is not a mandated abuse reporter isn't simple, but it's based on federal requirements about disclosure and acting as a resident advocate.



- **Residents must have privacy:** Unless we have permission from a resident, ombudsmen must protect the privacy of our conversations and information about that resident, even from other people who provide services the resident could utilize. We maintain this privacy not just because we are required to, but to foster a sense of trust and confidence, which are the foundations of a good relationship between the ombudsman and the resident. For example, put yourself in the shoes of a resident with incontinence care needs. You are embarrassed to talk about your incontinence, aren't getting the help you need, and don't want to ask family for help. You choose to confide in the ombudsman who visits you, trusting she will only discuss your concerns with you and your care provider. The trust you have in your ombudsman is paramount to the relationship. If your ombudsman speaks to family members and other professionals without your permission, how can you trust them and who else can you turn to?
- **Federal rule deadline:** Federal rules take effect on July 1, 2016. To be in compliance by July 1, incremental changes will begin on January 1, 2016.