**STATE OF ALASKA**

**LONG-TERM CARE OMBUDSMAN PROGRAM**

**POLICIES AND PROCEDURES**

**Revised June 2014**

**ALASKA LONG TERM CARE OMBUDSMAN PROGRAM**

**POLICIES AND PRCEDURES**

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**I. INTRODUCTION TO THE LONG-TERM CARE OMBUDSMAN PROGRAM**

1. ***General Information***

Authority: The State of Alaska Office of the Long-Term Care Ombudsman (OLTCO) is authorized under the federal Older Americans Act Title VII, Chapter 2, §§711,712,713, and Alaska Statute 47.62.010-090. Additionally, under AS 47.24.013, the OLTCO is authorized to investigate reports of harm, forwarded to the OLTCO by DHSS Adult Protective Services, when the reports allege that the long term care facility staff are harming older Alaskans.

Purpose: The OLTCO advocates to protect the health, safety, welfare, and rights of older Alaskans in long term care facilities. As advocates for individual senior residents, the OLTCO investigates complaints and seeks resolutions that uphold the dignity and safety of the individual resident. As advocates for all vulnerable Alaskan seniors, the OLTCO works to establish practices, policies, and laws that protect the safety and improve the quality of life for residents of long term care facilities.

Applicability: These policies and procedures govern the actions of the State of Alaska Office of the Long-Term Care Ombudsman, certified ombudsman staff and volunteers, and other parties involved in the operation of the OLTCO.

1. ***Duties of the OLTCO***

Policies:

* The OLTCO is a resident-centered program, considering the senior recipient of services the client, regardless of the source of the complaint. The standard for resolution of complaints is “to the satisfaction of the resident.” The OLTCO makes every effort to assist, represent, and intervene on behalf of the senior.
* An ombudsman encourages and provides information and assistance to enable elders and complainants to advocate for themselves, wherever possible.
* An ombudsman advocates for systemic changes in long term care facilities and community- based services to improve the health, safety, welfare, rights and overall quality of life of elders.

Procedures:

* The Office of the Long-Term Care Ombudsman **shall** provide services as defined in the Older Americans Act to protect the health, safety, welfare and rights of older Alaskans in long term care facilities. These services shall be provided in accordance with the following procedures and standards, or as directed by the State Long-Term Care Ombudsman (SLTCO):
	+ Investigate complaints made by or on behalf of older Alaskans in long term care facilities in a timely manner and within the authority of the enabling federal code and state statutes.
	+ Keep the identities of complainants and residents confidential, and seek consents to view or copy resident records.
	+ Coordinate with other investigative agencies, to the extent possible and appropriate.
	+ Resolve problems for older Alaskans in long term care facilities through administrative, legal or other remedies.
	+ Link residents to services, when they or their legal representatives consent, through referral and coordination with providers.
	+ Visit long term care facilities unannounced to monitor conditions and provide residents with regular and timely access to ombudsman services.
	+ Train, certify and supervise staff and volunteers to represent the Long Term Care Ombudsman in accordance with the Older Americans Act, state statutes and NASOP best practices.
	+ Ensure that no one associated with the OLTCO has a conflict of interest that would damage the integrity and independence of the program.
	+ Monitor the development and implementation of federal, state, and local laws, regulations, policies, and practices as they relate to the rights and welfare of seniors.
	+ Advocate for the needs of vulnerable seniors to legislators and policy-makers.
	+ Promote resident self-advocacy by providing technical assistance to resident and family councils.
	+ Provide information and consultation to individuals regarding long term care.
* The Office of the Long-Term Care Ombudsman **may** provide additional services to protect the health, safety, welfare and rights of older Alaskans. These services shall be provided as directed by the State Long-Term Care Ombudsman (SLTCO);
	+ Investigate and resolve complaints relating to the long term care or residential circumstances of an older Alaskan.
	+ Provide consultation to facilities requesting education and resources to improve the health, safety, welfare and dignity of residents.
	+ Provide community education on topics relating to the work of the OLTCO.
* The SLTCO shall provide leadership and management for the statewide LTCO program, including
* Recruiting, hiring, training, certifying and supervising staff and volunteers.
* Resolving complaints from the public regarding the operations of the Office, including de-certifying staff or volunteer ombudsmen.
* Managing the program budget, administered by the Trust.
* Authorizing complaint investigations, generation of reports, and release of all records associated with the OLTCO.
* Maintaining a database with complaint, case, and activity data for the program.
* Evaluating program effectiveness.
* Submitting grant and program reports to funders and the public, including the annual Administration on Aging (AoA) report and the annual state report.

OAA §712, AS 47.62

1. ***Definitions used in OLTCO Policies and Procedures***
* Abandonment is defined by AS 47.24.900 as the desertion of a vulnerable adult by a caregiver.
	+ - An example of *abandonment* occurs when caregivers leave the home with no one to attend the residents.
* Abuse is defined by AS 47.24.900 as the intentional, knowing, or reckless non-accidental, and non-therapeutic infliction of physical pain, injury, or mental or emotional distress, or fear, including coercion and intimidation; (or) sexual assault as defined by AS 11.41.410 or 11.41.420.
	+ - Examples of *physical abuse:* Hitting, shoving, pinching or maliciously restraining/isolating a resident, resulting in falls, broken bones, bruises, lacerations, pain, and/or mental distress.
		- Examples of *verbal abuse:*  Shouting, screaming, swearing at or speaking in a disparaging manner about a resident, causing fear.
		- Examples of s*exual abuse:*  Coercing a resident into sexual contact, sexually exploiting a resident, assaulting residents, or exposing them against their will to pornography.
		- Examples of *mental abuse* include humiliation, harassment, threats, punishment or deprivation resulting in fear, anxiety or depression.
* Administrative Hearing: This is a quasi-judicial hearing before an agency; it does not include an informal conference or review held by an agency before a final decision is issued or a rate-making proceeding or other non-adjudicative public hearing (AS 44.64.200).
* Advance directives: An advance health care directive is a legal document which allows a person to a) express a preference regarding health and/or mental health treatment/non-treatment, and b) designating a decision-maker for health care in the event of the person’s incapacity.
* Advocacy: The act of pleading for, supporting, or recommending a cause or course of action.
* Area Plan: A plan for statewide senior services developed by the Alaska Commission on Aging for the State of Alaska as set forth in the Older Americans Act (OAA) §306 (b); AS 47.45.200-290.
* Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints or problems which requires opening of a case file and includes ombudsman investigation, fact gathering, setting of objectives and/or strategy to resolve, and follow-up.
* Certification: The designation provided by the State Long-Term Care Ombudsman to an individual who meets minimum qualifications, is free of conflicts of interest, and has successfully completed training. Certification authorizes such an individual to act as a representative of the Office of the Long-Term Care Ombudsman. (OAA §§712(a)(5); AS 47.62.020)
* Community Education: Presentations to community groups or to groups of residents or families on residents’ rights, the OLTCO, or other long-term care issues.
* Complaint: Information regarding action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of elders which is brought to the attention of a LTCO and to which the ombudsman responds in order to identify the cause(s) and remove or mitigate the present or future adverse effect on elders.
* Complaint Investigation and Resolution: Efforts to assist elders in resolving problems or complaints through investigation, verification of complaint, formal or informal problem resolution strategies, referrals to other investigative, advocacy, or enforcement agencies, and when appropriate, issuances of public reports.
* Confidentiality: The physical, technical, and administrative safeguards that prevent the improper use or disclosure of complaint and case information, including the names of residents and/or complainants, unless express consent is given by the resident (or legal representative) or complainant.
* Consultation: Consultation involves providing information and engaging in problem-solving with a member of the public who requests an ombudsman’s assistance. “Consultation” is a reportable activity which ombudsmen enter into the Ombudsmanager database.
* Documents: Document means and includes the original and any copy, regardless of origin or location, produced or reproduced, of any kind of written (electronically, mechanically, or by hand), typewritten, printed, transcribed, scanned, punched, taped, recorded, filmed (photographic or graphic material), including but not limited to, any writing filed for reporting or other purposes with any federal, state, or local agency; papers; books; letters; postcards; audited or un-audited financial statements; financial ledgers; notices; circulars; bulletins; memoranda; contracts; agreements; bills; reports; plans; plats; research memoranda or summaries; telegrams; handwritten notes; invoices; purchase orders; receipts; periodicals; notices; pamphlets; statements; reports; studies; telephone records or reports; correspondence; diaries; notepads; desk calendars; interoffice and personal interviews; minutes; interoffice communications; schedules; data sheets; data processing cards or tapes or disks; computer disks (including backup, zip, compressed, and hard drives); tapes and disk recordings (including audio, video, CD-ROM, DVD); questionnaires; licenses or applications for licenses; or drafts of any of the above, whether in public use or not.
* Exploitation is defined by AS 47.24.900 as” the unjust or improper use of another person or another person's resources for one's own profit or advantage, with or without the person’s consent, includes acts by a person who stands in a position of trust or confidence with a vulnerable adult or who knows or should know that the vulnerable adult lacks the capacity to consent that involve obtaining profit or advantage through undue influence, deception, fraud, intimidation, or breach of fiduciary duty; in this subparagraph, fraud has the meaning given in AS 13.26.324.”
	+ - Examples of *exploitation:* Pressuring a vulnerable adult to quit claim the deed to his house or taking control of a resident’s funds and spending them for oneself.
* Family Council: An organization of long term care residents’ family members which meets to discuss issues pertaining to the quality of life and care of residents. Nursing home regulations require administrators to provide space for such meetings and a staff liaison. Family councils can bring issues to administrators for resolution.
* “Friendly” Visits: Unannounced ombudsman visits to a long-term care facility for the purpose of monitoring the health, safety and welfare of older Alaskans and to give residents access to ombudsman services. “Friendly visits” are identified in Ombudsmanager as “Facility Coverage.”
* Immediate Jeopardy: Reported condition(s) where, if not resolved or mitigated, would potentially result in significant harm to one or more nursing home residents, up to and including death. A finding of federal or state nursing home facility surveyors.
* Imminent harm: When a vulnerable adult is at immediate risk of physical, mental, or emotional harm from some danger in his or her environment, then the adult is said to be at risk of imminent harm.
* Information and Assistance: Services which provide information to individuals regarding long- term care or the needs/rights of long-term care residents. This service is classified as an Activity under OLTCO database and for OAA reporting purposes.
* Interagency Coordination: Activities which involve meeting or coordinating with other agencies to improve the effectiveness of investigations or services for older Alaskans.
* Issues Advocacy: Activities representing the collective interests of residents in seeking administrative, legal, and other remedies.
* Legal Representative: An agent under a valid power of attorney, provided that the agent is acting within the scope of his or her agency; an agent under a durable power of attorney for health care; guardian, conservator, or an executor, executrix, administrator, or administratrix of the estate of a deceased resident.
	+ Power of Attorney: A durable power of attorney is a legal instrument that allows an agent to act on a principal’s behalf in business and other matters, in the event that the principal is either unable to make decisions or specifically delegates decision-making to the agent.
	+ Conservator: Defined by the State of Alaska Office of Public Advocacy as “a person appointed by the court to manage only the property and the finances of an incapacitated person.”
	+ Guardian: Defined by the State of Alaska Office of Public Advocacy as “a person appointed by the court to protect the rights and manage the affairs of an incapacitated person.”
* Long-Term Care Facility: Any licensed nursing home or assisted living home providing long-term care services and subject to federal and/or state regulations.
* Long-Term Care Ombudsman (LTCO): An individual who has successfully completed training and other criteria stipulated in the certification requirements for LTCO and who has been certified as a LTCO by the State Long-Term Care Ombudsman. Ombudsmen always act at the direction, and under the supervision, of the SLTCO.
* Long-Term Care Services: A set of health, personal care, and social services delivered over a sustained period of time to persons who have lost or never acquired some degree of functional mental or physical capacity. (Institute of Medicine, Real People, Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act, 1995, p.290; and AS 47.05.010-47.05.030, AS 47.07.010-47.07.030 and 7 AAC 43.1000-7, AAC 43.1110)
* NASOP: The National Association of State Long Term Care Ombudsman Programs. The Alaska State LTCO is a NASOP member, working with other Ombudsmen to advocate for the program and develop best practices for ombudsmen.
* Neglect is defined by AS 47.24.900 as the intentional, knowing or reckless failure by a caregiver to provide essential care or services, or access to essential care and services, or to carry out a prescribed treatment plan necessary to maintain the physical and mental health of the vulnerable adult when the vulnerable adult is unable to provide or obtain the essential care or services or to carry out the prescribed treatment plan on the vulnerable adult’s own behalf; in this paragraph, “essential care or services” includes food, clothing, shelter, medical care, and supervision.
	+ - Examples of *neglect*: Failing to keep a resident clean and dry with subsequent skin breakdown or intentionally, failing to provide adequate nutrition, or refusing to allow a Home Health nurse to provide wound care as prescribed by a medical provider.
* NORC: The National Ombudsman Resource Center, funded by a grant from the Administration on Aging, provides technical assistance to State and Local Ombudsmen.
* Office of the Long Term Care Ombudsman (OLTCO): The office designated by the State of Alaska to advocate for the health, safety, welfare and rights of Older Alaskans in long term care facilities. [OAA § 305(2)(A)]
* Older Americans Act (OAA): The federal law which established and funds a safety net of senior services, including transportation, nutrition, and other services, including the Office of the Long Term Care Ombudsman.
* Ombudsmanager: This is web-based software that the State of Alaska OLTCO uses to support its program database. Alaska uses Ombudsmanager to record complaint, case, activity and facility data. The owner and manager of the software is Harmony, Inc. Alaska pays a fee to Harmony annually for the license and technical support, but a NASOP work group interfaces with Harmony to identify and resolve software problems.
* ORT: The Ombudsman Reporting Tool is the web-based electronic program that uploads aggregate program data from the State of Alaska’s Ombudsmanager database. This data is submitted to the Administration on Aging annually by the State LTCO.
* Preponderance of the Evidence: The totality of the information (written, oral, direct or circumstantial) that results in the conclusion that the events are more likely to have happened in that manner than not to have happened. This is an accepted standard of proof at administrative hearings.
* Report of Investigation: A document issued by the OLTCO summarizing: the OLTCO’s investigative findings. There are two types of reports:
	+ Disposition memoranda: These are completed and emailed to APS at the close of the investigation, but only when the case was transferred to the OLTCO by APS (AS 47.24.013). Consent to release identities is not an issue because APS already knows about the resident named in the report of harm. Disposition memos are further discussed in Chapter 7, Investigation Process.
	+ Investigative report: These are completed at the discretion of the SLTCO and usually only when a case investigated by the OLTCO verifies significant violations of residents’ rights. The investigative report accounts for activities and interviews related to and supporting the conclusion of substantiation. APS receives a copy of the investigative report; the report is redacted if the complainant and/or resident have not given written consent for release. Investigative reports are discussed in detail in Chapter 7, Investigation Process.
* Resident: An individual residing in a long-term care facility.
* Resident Council: A group of residents who meet regularly to discuss issues relating to their care and quality of life. Federal nursing home law requires the facility to provide space and a staff liaison to facilitate resident council meetings. Assisted living facilities are not required by state or federal law to facilitate resident council meetings.
* Self-Advocacy: The act of pleading for, supporting, or recommending a course of action for one’s own self.
* State Long-Term Care Ombudsman (SLTCO): The individual who heads the OLTCO, meets the qualifications for this position, and is serving in this capacity on a full-time basis. [OAA §712 (2-3), AS47.62.010-47.62.090]
* The Trust: The Alaska Mental Health Trust Authority, Department of Revenue, State of Alaska. Under as 47.62.010, the Trust is designated as the Administrator responsible for hiring the State LTCO.
* Undue Influence: Is defined by AS 47.24.900 as “the use by a person who stands in a position of trust or confidence of the person’s role, relationship, or authority to wrongfully exploit the trust, dependency, or fear of a vulnerable adult to gain control over the decision making of the vulnerable adult, including decision making related to finances, property, residence, and health care.”

Example of *undue influence*: A caregiver “befriends” a resident and then convinces him to give her power of attorney and control of her debit card.

* Vulnerable adult: Defined by AS 47.24.900 as “a person 18 years of age or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, fraud, confinement, or disappearance, is unable to meet the person’s own needs or to seek help without assistance.

**II. ADMINISTRATION OF THE OFFICE OF STATE LONG-TERM CARE OMBUDSMAN**

1. ***General Information***

Authority: The Older Americans Act requires each State Unit on Aging to establish a state long term care ombudsman program (LTCOP) with a full-time State Ombudsman (SLTCO).

Ombudsman’s Role: The SLTCO’s role is to provide leadership and management to the program, ensuring that all program activities are consistent with the mandates of the OAA and state statutes.

Trust’s Role: Under AS 47.62.010, the long term care ombudsman program is established within the Alaska Mental Health Trust Authority. The Trust hires and evaluates the Long Term Care Ombudsman. The Trust also provides administrative support to the program. The OLTCO follows Trust Personnel Guidelines with respect to personnel issues; the only exception is the SLTCO, who is a member of the Supervisory Collective Bargaining Unit (APEA).

DHSS Role: DHSS is the State Unit on Aging for Alaska. Alaska does not have Area Agencies on Aging, as in other states. DHSS receives an OAA grant and is responsible for development and implementation of the State Plan for Senior Services in collaboration with the State Commission on Aging. Funds from Titles III and VII of the OAA grant are transferred to the Trust through a State Reimbursable Services Agreement to fund the ombudsman program. The OLTCO submits annual reports to the Administration on Aging on program activities and outcomes as required by the OAA grant to DHSS.

OAA §712 (a)(3); AS 47.62

1. ***Certification of Long-Term Care Ombudsmen***

Policy: The State Long-Term Care Ombudsman (SLTCO) certifies staff as long-term care ombudsmen (LTCO) to investigate complaints. The SLTCO may also certify Volunteer Long Term Care Ombudsmen (VLTCO) to assist and represent the Ombudsman.

Procedures:

Criteria for Certification as a Long-Term Ombudsman: To be certified as an ombudsman, an individual must:

* be free of un-remedied conflicts of interest.
* meet the minimum qualifications for the applicable LTCO position.
* satisfactorily complete the applicable certification and annual training.

Notification of Certification: The SLTCO shall send written notification of an individual’s certification as a LTCO to the individual being designated and place a copy in the file of the individual being designated within thirty (30) days of the determination.

All certified Ombudsmen shall be furnished identification badges to be worn on facility visits.

OAA § 712 (a)(5); AS 47.62.020.

1. ***Refusal to Certify / De-decertification of Ombudsmen***

Policy: The State Long-Term Care Ombudsman may refuse to certify or may de-certify an individual as Long-Term Care Ombudsman.

Procedures:

* Criteria for Refusal to Certify or De-Certification: Any of the following reasons are criteria for refusal to certify an individual as a LTCO or for de-certifying a LTCO:
	+ convictions for “barrier crimes” that would result in failing to pass the State Background Check.
	+ failure of the individual to meet and/or maintain the criteria for certification;
	+ existence of an un-remedied conflict of interest;
	+ deliberate failure of the individual to disclose any conflict of interest;
	+ violation of confidentiality requirements;
	+ falsifying records;
	+ failure to follow the direction of the SLTCO or designee regarding OLTCO policies, procedures, and practices;
	+ a change in employment duties which is incompatible with LTCO duties;
	+ failure to act in accordance with applicable federal and state laws, regulations, and program policies.
* Process for refusal to certify an individual as a LTCO and de-certification of a LTCO:
	+ The SLTCO may dismiss a trainee prior to certification if the SLTCO determines the volunteer to be unsuitable to work with vulnerable adults.
	+ Prior to decertifying or refusing to certify, the SLTCO may work with the individual to remedy the problems.
* Process for de-certification: The SLTCO shall provide written notice of the intent to de-certify. Such notice shall:
	+ specify the reasons for the intended decertification;
	+ set forth the effective date of the decertification;
	+ request a return of the program identification badge.

OAA § 712(a)(5). AS 47.62.020

1. ***State Long-Term Care Ombudsman (SLTCO) Responsibilities***

Policy: The State Long-Term Care Ombudsman provides leadership and management for the statewide Office of the Long-Term Care Ombudsman.

Procedures: The SLTCO will:

* Provide management of the Office, including budget oversight and staff supervision. The SLTCO will develop an annual budget and monitor expenditures in cooperation with Trust administrators. The SLTCO will supervise all staff ombudsmen in accordance with Trust personnel guidelines. The SLTCO will ensure that all staff activities are consistent with the Long Term Care Ombudsman Code of Ethics, OAA intent, statutory mandates, and the OLTCO Policies and Procedures. The SLTCO is also responsible for annual reports to the Administration on Aging.
* Establish a training and certification program for staff and volunteers. The training program will be consistent with NASOP standards and will include one or more supervised home visits provided by staff ombudsmen (see Appendix “B”). The SLTCO will certify volunteers who have completed training and demonstrated proficiency on home visits. The SLTCO will de-certify volunteers when necessary, as outlined in II. C, above.
* Establish standards, policies and procedures for investigations and documentation of all program activities. The SLTCO will ensure that investigations are conducted in an ethical and thorough manner. The SLTCO will ensure that casework and activities are documented appropriately and timely. The SLTCO will review all investigative reports with substantiated findings and will decide how (or if) they are to be released.
* Establish records management policies and procedures to protect the identities of complainants and residents. The program will maintain locked files for all paper case files.
* Establish a volunteer management protocol that includes regular supervision and training for volunteer ombudsmen. The SLTCO will employ volunteer ombudsmen in a variety of capacities that can involve “friendly visits,” mediation, problem resolution, resource development, or other program tasks.
* Provide leadership in advocating for the needs of vulnerable senior residents. The SLTCO will identify and advocate for resources, laws, and practices to protect vulnerable seniors and improve their quality of life. The SLTCO may develop the program’s legislative advocacy agenda in partnership with the Trust and the Alaska Commission on Aging (ACoA). The SLTCO will educate Alaskan legislators about issues important to seniors through public testimony, individual discussions, media, or correspondence. The SLTCO will also coordinate with local, statewide and national advocacy organizations involved in long-term care issues.
* Oversee coordination with other state agencies. The SLTCO or designee will ensure that OLTCO investigators coordinate, wherever possible, with State Adult Protective Services, Licensing and Certification, Medicaid Fraud Control, Elder Fraud and Assistance, State Troopers, local law enforcement, or other state regulatory and enforcement agencies, so long as the coordination serves the needs of vulnerable residents and does not in any way curtail their rights or violate the provisions of the OAA or AS 47.62.
* Draft and sign interagency Memoranda of Understanding (MOU). Per the OAA, the OLTCO shall have a Memorandum of Understanding with the State Protection and Advocacy Agency, Disability Law Center. Additionally, the SLTCO may elect to draft MOUs with other investigative agencies to clarify the roles and responsibilities of each.
* Conduct program evaluation, planning and development. The SLTCO shall maintain the ombudsman database (“Ombudsmanager”), ensuring quality and timeliness of data entry for all staff and volunteer activities. The SLTCO shall use Ombudsmanager data to set performance goals and measure outcomes, communicating this information to staff to improve the quality of service.
* Prepare and distribute the OLTCO Annual Report. The Annual Report shall include the following information:
	+ the mission of the OLTCO;
	+ program highlights from the preceding year, including number of cases, resolution rate, other activities conducted on behalf of seniors;
	+ program successes and barriers preventing optimal resolution of complaints.
	+ highlights of systems advocacy for the preceding year;
	+ policy, regulatory, and legislative recommendations to solve identified problems
* Ensure that the OLTCO’s customer service practices are professional and prompt. The SLTCO must ensure that telephone calls are answered promptly, intakes involving imminent harm are responded to within one day, and public requests for information, referral and consultation are handled in a helpful and empathetic manner.

OAA § 712(a)(2),(3)(H))(iii),(5), 712(c),(d), (h); Ombudsman Code of Ethics (Appendix A); AS 47.62.

1. ***Long-Term Care Ombudsman (LTCO) Responsibilities***

Policy: An ombudsman reports to the SLTCO or to the designee. The ombudsman conducts investigative or program activities at the direction of the SLTCO or designee. An ombudsman may be a staff member, student intern, or volunteer but must be trained and certified before performing the official duties of an ombudsman.

Procedures: The ombudsman will:

* Identify, investigate, and resolve complaints that are made by or on behalf of older Alaskans in long term care facilities, and relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of elders (including the welfare and rights of the elders with respect to the appointment and activities of guardians, conservators, legal representatives, and representative payees), by providers, or representatives of providers of long-term care services; public agencies; or health and social service agencies.
* Document casework and activities promptly in Ombudsmanager. Case activities shall be documented in Ombudsmanager within two weeks

* Protect the identity of complainants and residents as required by law. Ombudsmen shall follow the OLTCO’s policies and procedures regarding obtaining consents to release information.
* At the SLTCO’s discretion, provide assistance to older Alaskans with problems relating to their residential circumstances in order to protect their health, safety, welfare, and rights. Older Alaskans who have the capacity to advocate for themselves should be assisted to do so, with support from the ombudsman.
* Inform seniors and other members of the public about services or funding for services, as requested.
* Provide seniors with regular and timely access to ombudsman services through unannounced “friendly” visits to facilities and prompt response to requests for assistance.
* Conduct themselves in a professional and fair-minded manner with residents, home administrators, other state personnel, and the public. Ombudsmen will adhere to the Long Term Care Ombudsman’s Code of Ethics.
* Complete other program activities as directed by the SLTCO or designee.

OAA § 712(a)(3),(d), AS 47.62

OAA § 712(a)(3)(F); AS 47.62

OAA § 712(a)(5); AS 47.62.010-47.62.090

**III. CONFLICTS OF INTEREST**

 ***A. General Information***

Authority: Under the Older Americans Act, the organizational placement of the Office of the Long-Term Care Ombudsman and the individuals who carry out the duties of the program must be free from conflicts of interests in order to protect the independence of the program.

Definitions: A conflict of interest exists in the Office of The Long Term Care Ombudsman when other interests intrude upon, interfere with, or threaten to negate the ability of the OLTCO to advocate without compromise on behalf of older Alaskans. Types of conflict of interest include:

* + conflicts of loyalty -incentives, related to financial, employment or relationship considerations, that shape one’s judgment or behavior in ways that are contrary to the interest of residents;
	+ conflicts of commitment **-** goals or obligations that direct one’s time and/or attention away from the interest of residents; and
	+ conflicts of control **-** limitations or restrictions that effectively foreclose one’s ability to take actions to advocate for the interests of residents.

Conflicts of interest may exist either in the organizational placement of the OLTCO or in the relationships or behaviors of an individual.

* Organizational conflicts: These are conflicts arising from organizational location and include, but are not limited to, OLTCO placement in an agency which:
	+ has an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
	+ provides long-term care services, including the provision of personnel for long-term care facilities or the operation of programs which control access to or services for long-term care facilities;
	+ operates programs with responsibilities conflicting with OLTCO responsibilities. Examples of such responsibilities providing protective services and serving as guardians for Alaska’s elders;
	+ has governing board members with ownership, investment or employment interest in long-term care facilities; and
	+ has direct involvement in the licensing or certification of long-term care facilities or long term care services.
* Individual ombudsman conflicts: These include, but are not limited to, the following:
	+ employment of an individual or a member of his/her immediate family within the previous year by a long-term care facility in the service area or by the owner or operator of any long-term care facility in the service area or by an association of long-term care facilities;
	+ participation in the management of a long-term care facility by an individual or a member of his/her immediate family;
	+ ownership or investment interest (represented by equity, debt, or financial relationship) in an existing or proposed long-term care facility or long-term care service by an individual or a member of his/her immediate family;
	+ involvement in the licensing or certification of a long-term care facility or provision of a long-term care service by an individual or a member of his/her immediate family;
	+ receipt of remuneration (in cash or in kind considerations) under a compensation arrangement with an owner or operator of a long-term care facility by an individual or a member of his/her immediate family; accepting any gifts or gratuities from a long-term care facility or resident or resident representative;
	+ accepting money or any other consideration from anyone other than an entity designated by the SLTCO for the performance of an act in the regular course of a LTCO’s duties;
	+ provision of services with conflicting responsibilities while serving as a LTCO, such as: seeking guardianship for a resident, serving as guardian, agent under power of attorney or other surrogate decision-maker for a resident in the service area unless approved by the SLTCO.
	+ serving residents of a facility in which an immediate family member resides; or
	+ participating in activities which:
		- * negatively impact on the ability of the ombudsman to serve older Alaskans, or
			* are likely to create a perception that the ombudsman’s primary interest is other than as an elder advocate.
1. ***Remedying conflicts of interest***

Policy: It is the SLTCO’s duty to ensure that all the activities of the OLTCO are free from conflicts of interest. It is the duty of staff and volunteers to report conflicts of interest to the SLTCO. It is the SLTCO’s responsibility to resolve or remove the conflicts of interest.

Procedures:

* All new employees and volunteers of the OLTCO shall sign a statement that they are free of any conflicts which would interfere with the performance of their duties as an ombudsman.
* Where an actual or potential conflict of interest within the OLTCO has been identified, the SLTCO shall be notified.
* The SLTCO shall determine whether appropriate actions may be taken to sufficiently remedy the conflict. A conflict can be sufficiently remedied only where the existence of the conflict does not interfere with any duties of the OLTCO and where the conflict is not likely to alter the public’s perception of the OLTCO as an independent advocate for older Alaskans.
* The SLTCO may consult with outside sources, such as the National Ombudsman Resource Center (NORC) or the National Association of State Long Term Care Ombudsmen (NASOP) for expert input to resolve any questions about conflict of interest.
* Where organizational conflicts have been identified, the following steps shall be taken where the conflict can be sufficiently remedied:
	+ The SLTCO or designee shall ensure that the organizations who have the conflict understand that there is a conflict and the need for a remedy.
	+ The SLTCO may choose to develop a memorandum of agreement (MOA) with the organization, if the OLTCO has a need to coordinate with it on a regular basis. The MOA should set forth the roles, responsibilities and appropriate working relationships between the respective programs. The document should be signed by the SLTCO and the Director of the organization.
* Failure to remedy a conflict of interest:
	+ Failure to identify and report to the SLTCO a known conflict of interest shall be sufficient grounds for refusal to certify a potential LTCO or to de-certify a certified LTCO.
	+ Existence of an un-remedied conflict of interest shall be sufficient grounds for the de-certification of the ombudsman (section II.C.) or termination of an ombudsman intern/volunteer.
	+ Existence of an unresolved conflict of interest shall be sufficient grounds for excluding an individual or agency from participating in or sharing of information related to a complaint or activity in which there exists an un-remedied conflict of interest.

OAA § 712(a)(5)(C)(ii),(f); IOM Report, pp. 101-127; AS 47.62.010.

**IV. LEGAL COUNSEL**

 ***A. General Information***

Authority: OAA §712 (g) states that the “State agency shall ensure that—(1)(A) adequate legal counsel is available, and is able, without conflict of interest, to—(i.) provide advice and consultation needed to protect the health, safety, welfare, and rights of residents; and (ii.) assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives; and (B) legal representation is provided to any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties of the Ombudsman or such a representative; and (2) the Office pursues administrative, legal, and other appropriate remedies on behalf of residents.”

Under AS 47.62.050, the State Attorney General “shall provide legal advice or representation in connection with any matter relating to the powers, duties, and operation of the office, and in any legal action brought against the ombudsman or an employee, volunteer, or other representative of the office.” Counsel must be free of conflict of interest.

***B. Conflicts of interest***

Policy: The SLTCO must ensure that the Assistant Attorney General (AAG) assigned to represent the Office has no conflict of interest. For example, the Department of Law (DOL) cannot assign the OLTCO an AAG from the DHSS section, since those AAGs represent the Pioneer Homes, Adult Protective Services and Certification and Licensing, all of whom the OLTCO can investigate. Likewise, the DOL cannot assign the OLTCO an AAG from the Department of Administration, since those AAGs represent the Office of Public Advocacy, whom the OLTCO can also investigate.

Additionally, the SLTCO must give permission to staff before they contact another agency’s AAG to request information, since that AAG must not breach attorney-client privilege and Ombudsmen must not inadvertently share confidential information with an attorney who may later be opposing counsel. In general, it is better for the OLTCO’s AAG to contact another agency’s AAG in order to avoid conflict of interest issues from arising.

Procedures:

* The SLTCO shall work with the Department of Law to ensure that the AAG assigned to the OLTCO has no conflict of interest that would either
	+ - Render the AAG unable to provide unbiased legal counsel, or
		- Have the appearance of an improper conflict of interest.
* If the Department of Law cannot provide an AAG free of conflicts of interest, the OLTCO may retain a private attorney.

***C. Seeking advice of counsel on OLTCO matters***

Policy: The SLTCO shall communicate on a regular basis with counsel so that the assigned AAG is aware of cases that may involve legal action against the Ombudsman. The SLTCO shall also coordinate requests to counsel so as to use the resource efficiently. Residents needing legal representation can be directed to agencies providing that service.

Procedures:

* The SLTCO may contact the AAG for guidance in the course of investigating cases, preparing reports of investigation or negotiating remedies for residents.
* Outside legal counsel attempting to contact OLTCO staff directly shall be referred to the SLTCO. The SLTCO will keep the AAG apprised of OLTCO interactions with outside counsel.
* Staff ombudsmen will not contact DHSS AAGs or other attorneys without the consent and supervision of the SLTCO and/or the OLTCO’s AAG. It is generally advisable to have the OLTCO’s AAG speak with other attorneys.
* Residents or members of the public with disabilities who are also under the age of 60 and believe they are experiencing discrimination because of their disability can be referred to the Disability Law Center in Anchorage. Low income seniors in need of legal representation can be referred to Alaska Legal Services.

OAA § 712(g); A. S. 47.62

1. ***Immunity from Civil and Criminal Liability***

Authority: AS 47.62.035 states that “(a) A person who, in good faith, makes a complaint described in AS 47.62.015 is immune from civil or criminal liability that might otherwise exist for making the complaint and (b) The Ombudsman, or an employee, volunteer, or other representative of the office, is immune from civil or criminal liability for the good faith performance of official duties.”

Policy: “Official duties” are those set forth in state and federal law, as well as program policies and procedures. They shall include, but not be limited to, identifying, investigating and resolving complaints; providing information, consultation, and education to staff, providers and members of the public; coordinating with other agencies; and advocating for system changes that are of benefit to older Alaskans.

The SLTCO will seek legal counsel in the event that any party threatens suit against ombudsmen. The SLTCO’s AAG does not represent members of the public who are retaliated against for making a complaint to the Ombudsman. However, complainants who experience retaliation can be directed to outside legal counsel.

Procedures:

* + The SLTCO is responsible for ensuring that all staff and volunteers are operating in good faith and in accordance with the Ombudsman’s authority, as set out in federal and state law. Staff and volunteers shall all be trained on the provisions of the OAA and AS 47.62.
	+ The SLTCO shall consult the AAG if any criminal charges or civil lawsuits are filed against an individual making a report to the OLTCO.

OAA § 712(i); A. S. 47.62.035

1. ***Interference with Official Duties of OLTCO, including retaliation towards complainants***

Authority: AS 47.62.040 states that “(a) A person may not intentionally interfere with the ombudsman, or an employee, volunteer, or representative of the office, in the performance of official duties under AS 47.62.015. (b) If a person makes a good faith complaint described in AS 47.62.015, an employer or supervisor of the person, or a public or private agency or entity that provides benefits, services, or housing to the person, may not discharge, demote, transfer, reduce the pay or benefits or work privileges of, prepare a negative work performance evaluation of, deny or withhold benefits or services, evict, or take other detrimental action against the person because of the complaint. The person making the complaint may bring a civil action for compensatory and punitive damages against an employer, supervisor, agency, or entity that violates this subsection. In the civil action there is a rebuttable presumption that the detrimental action was retaliatory if it was taken within 90 days after the complaint was made. (c) A person who violates this section is guilty of a class B misdemeanor.”

Policies: No person shall be allowed to interfere with a long-term care ombudsman (LTCO) in the performance of official duties. “Interference” includes any inappropriate or improper influence from any individual or entity, regardless of the source, which will in any way compromise, decrease or negatively impact on:

* the ombudsman’s access to facilities and residents for the purpose of identifying, investigating and resolving complaints.
* the objectivity of the investigation or outcome of complaints;
* the ombudsman’s role as advocate for the rights and interests of the elder;
* the ombudsman’s work to resolve issues related to the rights, quality of care and quality of life of residents of long-term care facilities; or
* the ombudsman’s statutory responsibility to provide such information as the Office of the Long-Term Care Ombudsman determines necessary to public and private agencies, legislators and other persons regarding the problems and concerns of older Alaskans and recommendations related to elders’ problems and concerns.

Procedures for Reporting and Responding to Interference:

* The SLTCO shall review reports of interference and conduct further investigation if necessary to confirm the occurrence of the interference.
* If the SLTCO, based on such review, determines that enforcement action is warranted, the SLTCO shall pursue the following course of action:
	+ Where the entity which has interfered is a long-term care facility or its staff or agents:
		- The SLTCO may first try educating the home Administrator or other person interfering with an ombudsman. Often this is sufficient to resolve the problem.
		- The SLTCO may also consult with the AAG on the appropriate course of action if resolution is not possible. The SLTCO may choose to send a letter to the Administrator citing the Ombudsman’s legal authority and copy the letter to the AAG, State Licensing, or other applicable parties.
		- The SLTCO may submit a written report of such interference to the Attorney General’s Office, Office of Special Prosecution, District Attorney’s Office, or other appropriate prosecution entity and the appropriate State of Alaska Licensing agency.
		- The Attorney General, District Attorney, Office of Special Prosecution, or other appropriate prosecution or enforcement entity, and state licensing may investigate the report of the SLTCO in accordance with its procedures for complaint investigation.
* Where the entity which has interfered is an entity other than a long-term care facility or its staff or agents:
	+ The SLTCO shall report such interference to the appropriate law enforcement or prosecution entity.

Procedures for Reporting and Responding to Retaliation:

* The SLTCO shall review reports of retaliation against complainants or residents and conduct further investigation if necessary to confirm the occurrence of the retaliation.
* If the SLTCO, based on such review, determines that enforcement action is warranted, the SLTCO shall pursue the following course of action:
* the SLTCO shall submit a written report of such retaliation to the Attorney General’s Office, Office of Special Prosecution, District Attorney’s Office, State Ombudsman, the Attorney General, the Governor, or other appropriate law enforcement or prosecution entity and the appropriate State of Alaska Licensing agency.

OAA § 712(j); AS 47.62.040

**V. COMPLAINT INVESTIGATION AND RESOLUTION**

1. ***Intakes, consents, screening and case assignment***

Authority: OAA §712(a)(3) states that, “The Ombudsman shall serve on a full-time basis, and shall, personally or through representatives of the Office—(A) identify, investigate, and resolve complaints that—(i) are made by, or on behalf of, residents; and (ii) relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees) of (I) providers, or representatives of providers, of long-term care services; (II) public agencies; or (III) health and social service agencies.”

AS 47.62.015(a) states that the OLTCO “shall investigate and resolve a complaint made by or on behalf of an older Alaskan residing in a long term care facility if the complaint relates to a decision, action, or failure to act by a provider or a representative of a provider of long term care services, or by a public agency or social services agency that may adversely affect the health, safety, welfare, or rights of the older Alaskan.” AS 47.62.015(b) states that the OLTCO may investigate complaints relating to an older Alaskan’s “long term care or residential circumstances.”

AS 47.24.013 states that “…if a report received under AS 47.24.010 pertains to the undue influence, abandonment, exploitation, abuse, neglect, or self-neglect of a vulnerable adult who is 60 years of age or older that is alleged to have been committed by or to have resulted from the negligence of the staff or a volunteer of an out-of-home care facility, including a facility licensed under AS 47.32, in which the vulnerable adult resides, the department shall transfer the report for investigations to the long term care ombudsman under AS 47.62.015.”

An Administration on Aging policy clarification states that the ombudsman may advocate for long term care residents under the age of 60. Alaska law does not define “older Alaskan.”

Policy: The OLTCO must screen and assign incoming complaints for investigation to:

* Ensure that all complaints falling under ombudsman jurisdiction as defined in AS 47.62.015(a) and AS 47.24.013 are investigated, unless there is compelling evidence that an investigation is unnecessary (such as a complaint duplicating one already investigated).
* Decide whether complaints falling under AS 47.62.015(b) will be investigated or referred to a more appropriate agency for investigation.
* Prioritize complaints so that any case potentially involving imminent harm to a resident of a long term care facility is investigated first and within one working day.
* Ensure that staff create electronic files for each case, according to program procedures.

* Protect the identity of complainants if they do not give consent to release their names to other agencies.
* Coordinate and communicate with Adult Protective Services (APS) if there is a disagreement about agency jurisdiction on a report of harm.

Procedures:

* Support staff will record complaints that come directly to the OLTCO by filling out the intake form and obtaining verbal consents from complainants to share identities with other agencies.
* Support staff will also collect the complaints sent from APS Central Intake.
* Support staff will also collect Critical Incident Reports sent from DHSS and compile them daily.
* Support staff will compile all intakes and critical incident reports and give them to the Deputy (or designee) within 24 hours for screening.
* The Deputy (or designee) can
	+ Refer cases not within the OLTCO’s jurisdiction to the appropriate agency. If the Deputy returns a report of harm to APS, the Deputy will explain to APS why OLTCO will not investigate the case.
	+ Decide to advocate for a resident under the age of 60 if there is a compelling reason (such as no other agency or advocate who will assist the person).
	+ Open or refer cases falling under AS 47.62.015 (b).
	+ Open a case on any Critical Incident Report that seems suspicious.
	+ Prioritize so that cases involving the threat of immediate harm to residents are investigated first.
	+ Assign cases to investigators.
* Once the Deputy decides which cases will be investigated, support staff will:
	+ Create a file in Ombudsmanager and a hard copy file for each assigned case.
	+ Enter all cases, assigned or returned to APS, in the Intake Registry.
	+ File cases that are returned to APS in a binder and retain for 1 year.
	+ File Critical Incident Reports that will not be investigated in a binder and retain for 3 months.
* The OLTCO may notify a volunteer who is active in a home when an OLTCO investigation is occurring.
* If at any time the complainant withdraws the complaint, the OLTCO must respect the wishes of the complainant and stop working on the case. However, if the SLTCO believes there is risk of harm to residents, the SLTCO will determine how to proceed so that no vulnerable adult is left at risk of harm.

***B. Investigative process and interagency coordination***

Policies: The purpose of an ombudsman investigation is to verify whether the complaint is accurate (or generally true) and to seek a resolution that satisfies the resident. In cases where a report of harm from APS alleges abuse, neglect, undue influence, abandonment or exploitation, the purpose of the investigation is additionally to determine whether there is sufficient evidence to verify the allegations and to notify APS.

* The investigation must be fair, meaning that the Ombudsman will approach the case with an unprejudiced attitude and assume that the home / providers are innocent until evidence indicates otherwise. The investigation must also be thorough, meaning that the investigator should seek evidence that might prove or disprove the allegation in the complaint.
* The standard of proof is “preponderance of the evidence.” This means that investigators have collected enough evidence to convince a reasonably prudent person that the allegation is true.
* The OLTCO will only investigate complaints that fall within its jurisdiction, as set forth in AS 47.62 and AS 47.24. Allegations of mistreatment of a resident in an assisted living or nursing home must be committed by an individual associated with the home (staff, volunteer) for the OLTCO to have jurisdiction.
* The OLTCO will attempt to coordinate investigations with State Licensing and Certification or APS. However, the OLTCO must fulfill its statutory mandate to investigate, whether or not the other agencies are able to participate.
* Investigations will be conducted in a way that is respectful of residents. Residents may not be photographed, audio or videotaped without their consent (or if they lack capacity, their legal guardian’s consent).
* Ombudsmen will always wear nametags when they conduct investigative activities outside the office and should provide picture identification if asked.
* When the case involves investigation of a regulatory agency, the SLTCO and investigator will consult the AAG for direction during the investigation and generation of the report.
* Alleged perpetrators should be given the opportunity to defend themselves against an allegation. If, however, they refuse to be interviewed, the LTCO will simply make note of that fact in the disposition memo or investigative report.

Procedures for coordinating with other agencies:

* If more than one investigative agency is involved in the case, the ombudsman will attempt to coordinate with the other agencies by email or phone to determine a common plan for information gathering, investigative interviews, and facility inspection, as needed.
	+ In high priority cases where there is risk of immediate harm, the ombudsman assigned to the case will initiate the investigation within 1 working day, whether or not the other agencies are prepared to initiate their investigations. In cases where there is no imminent risk, ombudsmen will initiate the investigation within 3 working days.
	+ Ombudsmen may share information with other investigative agencies during the course of the investigation if the original complaint came from APS or if there is a complainant’s verbal consent or a court order. If the original complainant is a mandated reporter acting in his or her professional capacity, a consent for release of information to other agencies is assumed. (Resident identities and personal information can only be shared with other agencies with the resident or legal representative’s consent.)
	+ Ombudsmen may subpoena medical records for a case, but only if there is a consent signed by the resident or legal representative (unless the legal representative is acting in a way to harm the resident). Records obtained by subpoena may be shared with other health oversight agencies with consent.
	+ Ombudsmen may engage in preliminary investigative work, such as phone calls, or review of records, and decide that an onsite investigation is unnecessary.

Procedures for investigation:

* Investigations will focus on responding to a complaint and determining if a resident’s rights have been violated, where, by whom, in what manner, and when. Investigators must also consider how the incident(s) affected the resident and what type of resolution the resident desires.
	+ During the course of an investigation, investigators may complete the following, as the circumstances justify:
	+ A review of previous complaints against the home in Ombudsmanager.
	+ An interview of the complainant.
	+ An unannounced home visit (unless deemed unnecessary).
	+ Interviews of administrators/caregivers (depending on the allegation).
	+ Interviews of residents. Investigators should strive to interview any residents who might have witnessed or been affected by the alleged incident(s). Interviews with multiple residents may uncover more information and they will also help protect the identity of the resident on whose behalf the complaint has been made.
	+ Interviews of guardians, family members, care coordinators and other involved parties (as appropriate).
	+ A review of the resident’s home file, with consent (unless the resident lacks capacity and also does not have a legal representative).
	+ A review of facility conditions, resident’s appearance, medical records as they specifically relate to the complaint or problems uncovered in the course of the investigation.
	+ A review of collateral evidence collected by other agencies such as Licensing, Medicaid Fraud Control Unit (MFCU), or APS.
* Ombudsmen may choose to record the content of interviews or photograph the condition of facilities or residents. If an investigator decides to record a conversation, he/she must advise the other party that a recording will be made. If the investigator photographs or records the resident, she/he must obtain consent unless the resident is not capable of making an informed decision. In the latter case, the ombudsman may not record or photograph the individual with the legal representative’s consent.
	+ Before verifying neglect, abuse, abandonment, exploitation, or undue influence, the investigator should present the evidence to the SLTCO or designee to ensure that other documentation is not needed, or another finding is more appropriate.
1. ***Access to residents, residents’ records, and facility records***

Authority: An ombudsman shall have immediate access to residents. (42 U.S.C. 712(b)(1)(A)); AS 47.62.025; AS 47.33.320). Ombudsmen have access to the administrative records, policies, and documents of a facility including medical and social records of a resident if the resident is unable to consent and there is no legal representative or access is necessary to investigate a complaint (OAA 712 (b)(1)(B)(i-ii),(C). Ombudsmen also have access to and receive copies of all licensing and certification records maintained by the State with respect to long-term care facilities (OAA 712 (b)(1)(D).

Administration on Aging Information Memorandum (AOA-IM-03-01) of February 3, 2003 clarified that health care agencies may share information with the OLTCO without fear of violating HIPAA privacy rules because the OLTCO is considered a “health oversight agency.” An ombudsman must have consent to view a resident’s records (unless he is both incapacitated and without a guardian), but the OLTCO does not need consent to see facility audits, criminal investigations, licensure or disciplinary actions, or other data.

Policies:

* An ombudsman shall seek access to records only if necessary for complaint investigation and resolution.
* If the complaint relates to the actions, or failure to act, of another agency, the SLTCO will oversee the investigation, in consultation with the AAG.
* With resident or legal representative consent, an ombudsman can subpoena medical providers and other institutions for records and can share records with other health oversight agencies, such as DHSS.

Procedures:

* During a home visit, an ombudsman should knock on the resident’s door and ask if he/she wants to talk. An ombudsman can close the door or take other measures to protect the privacy of the conversation.
* During an investigation, an ombudsman can request to see the resident’s records or the home’s records to verify whether the home is providing care in accordance with the residential contract or Plan of Care. The resident or legal representative must give consent, but if the resident cannot make an informed decision and there is no legal representative, the ombudsman has the right to see records.
* Ombudsmen do not participate in reconciliation of resident medications as this is more properly the jurisdiction of APS or Licensing.
1. ***Resolving residents’ complaints***

Policies: The OLTCO supports residents’ right to self-determination. Residents with the capacity to make an informed decision have the right to make the same decisions as other citizens make in the course of managing their own affairs.

Ombudsmen can support a resident’s right to self-determination, even when another person is named as agent in a valid durable power of attorney instrument. An agent under a durable power of attorney is only empowered to make decisions if the resident is not capable of making a decision or has specifically delegated decision-making during the investigation. While legal guardians do have the right to made decisions on behalf of the resident, the ombudsman can still advocate for the resident’s wishes.

The best possible outcome of an investigation is to have the administrator or provider agree to resolve problems voluntarily. Thus, the Ombudsman’s demeanor during an investigation may encourage cooperation and resolution. Additionally, Ombudsmen will advise Administrators that there is a problem in the home rather than trying to work with caregivers alone.

Procedures:

* + If an investigator arrives at the home and finds that there is a crime in progress or some other dangerous situation, the ombudsman will call 911 and request help immediately. The ombudsman will then call the SLTCO or Deputy to advise and then remain nearby until law enforcement arrives. The SLTCO will submit a report to APS Central Intake, so that Licensing and MFCU are also notified if they are not already involved in the case.
	+ If the investigator has evidence indicating that a caregiver is behaving in an abusive manner, the ombudsman can ask the home administrator to remove the caregiver until the investigation is complete. OLTCO can also let State Certification and Licensing or APS make this request.
	+ If there is a problem in the home that is affecting the health, safety, welfare or rights of residents, the ombudsman can ask the home administrator to resolve the problem without naming a complainant or resident or getting consent.
* The ombudsman shall advocate for an elder’s wishes to the extent that he/she can express them, even if there is limited decision-making capacity. Where an older Alaskan is unable to provide or refuse consent to a LTCO to work on a complaint, the ombudsman shall:
	+ seek evidence to indicate what the senior would have desired and, where such evidence is available, advocate for that desire; and if there is no indication,
	+ assume that the elder wishes to have his or her health, safety, welfare and rights protected.
	+ If the home administrator is unwilling to work with the ombudsman to resolve a problem, the ombudsman will bring the case back to the OLTCO team for discussion and a decision as to how to proceed.
	+ If residents are in need of protective services and there is consent, the ombudsman will notify APS. The ombudsman is not authorized under the law to provide protective services, such as removing a resident physically from a home, giving a resident a ride home, or seeking emergency guardianship. The OLTCO may assist APS in home closures if there are sufficient Ombudsmen available. In these cases, the Ombudsman’s role is to support residents and advocate for their wishes.
1. ***Resolving “Part B” complaints***

Policy: For cases falling under AS 47.62.015 (b), the ombudsman may provide information, consultation, or referral to complainants with the goal of empowering older Alaskans to act on their own behalf where possible. The Ombudsmen should not do for seniors what they are able to do for themselves. However, the SLTCO has the discretion to assign “Part B” cases for investigation.

Procedures:

* + Investigation and consultation services should be provided only for cases relating to the senior’s “residential circumstances.” Complaints not related to some problem with residential circumstances should be referred to the appropriate agency.
	+ All Part B complaints shall be recorded in Ombudsmanager in the same manner as other cases.
	+ The SLTCO always has the discretion to refer a “Part B” complaint if there is another agency more suited to assisting the senior or if staff are already working to capacity investigating “Part A” cases.

OAA § 712(a); AS 47.62.015; AS 47.24.013

**VI. OAA REQUIRED ACTIVITIES**

1. ***General information***

Authority: The federal Administration on Aging expects long term care ombudsman programs to provide and report annually on the array of services they offer in addition to complaint investigation. These services and activities include: training for ombudsmen, technical assistance to volunteer ombudsmen, training for facility staff, consultations to facilities, information and consultation to individuals, facility coverage (apart from investigations), participation in facility surveys, work with resident and family councils, community education, work with media, and monitoring or work on laws, regulations, government policies and actions.

Policy: The SLTCO must ensure that program activities required by the OAA are undertaken, documented accurately in Ombudsmanager and uploaded into a report for OAA annually.

Procedures:

* The SLTCO will review Ombudsmanager reports quarterly to find errors and omissions in data entry and to monitor program activity levels.
* The SLTCO will decide when and how to deploy staff to conduct program activities, prioritizing facility coverage.
* Ombudsmen will wear identifying name badges when providing training, consultation, facility visits or other services outside the office.
1. ***Training for Staff Ombudsmen(see also Section IX. Volunteer Ombudsman training)***

Policy:

Staff ombudsmen must be trained and equipped to conduct the duties of their office competently. Ombudsmen should engage in ongoing training to improve their skills and knowledge. It is the SLTCO’s responsibility to identify training needs of all staff and to provide for them, as budget and time allow.

Procedures:

* The SLTCO will work with each staff ombudsman to determine what their individual training needs are and include these in annual evaluations as goals.
* The SLTCO will identify areas where staff need training and schedule training sessions.

***C. Training and consultation for facility staff***

Policy: The ombudsman Program may provide training or training resources to long-term care facilities regarding residents’ rights and related issues. Ombudsmen may also respond to requests for consultation and technical assistance from facilities, so long as the focus is always kept on the rights and needs of residents and the information offered is within the competence of the ombudsman. Training and consultation to facilities will be provided as time allows.

Procedures:

* Ombudsmen will schedule facility training in consultation with the SLTCO or Deputy to ensure that there are adequate ombudsmen available to cover investigations.
* Training offered by staff ombudsmen will be on topics and using curricula approved by the SLTCO.
* Facilities may be referred to other training resources, such as videos in the ombudsman library, the Alzheimer’s Resource Agency trainings, or the Trust Training Cooperative.
* OLTCO training videos, books or other resources must be checked out of the lending library by providers in order to keep track of materials.

1. ***Information and consultation to individuals***

Policy: The Ombudsman shall respond to public requests for information and referral, submitted in person, via the OLTCO website, or via telephone.

Procedures:

* The Administrative Support person will take incoming telephone calls from the public and if able, can provide information, referral, and in some cases consultation. The Administrative Support staff person can also ask another member of the staff to respond.
* Requests for information submitted via the website are sent electronically to the SLTCO or designee and then assigned to staff.
* Individuals who drop into the office and request information and consultation shall be accommodated if staff are available.

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1. ***Facility Coverage (“Friendly Visits”)***

Policy: The Long-Term Care Ombudsman Program shall have a regular presence in long-term care facilities in order to monitor the condition of residents, provide information regarding the Ombudsman Program, and ensure “regular and timely” resident access to an ombudsman.

Procedures:

* The Deputy LTCO shall create a spreadsheet annually that lists all LTC facilities and tracks friendly visits made to those facilities during the federal fiscal year.
* The Deputy will ensure that as many homes as possible are visited annually by assigning homes to staff and volunteers. When there is a concern about safety or quality of care in a home, the Deputy may wish to assign staff to visit more frequently than once annually.
* Experienced certified volunteers may travel to outlying communities on behalf of the OLTCO to make home visits, if authorized by the SLTCO. Volunteers will receive and follow the state guidelines for travel so that they are reimbursed for allowable expenses.
* Friendly visits to facilities shall be unannounced. Visits can be conducted any day of the week but should occur at a reasonable hour so that residents are not unduly disturbed during the evening or early morning hours.
* The ombudsman shall ensure that the OLTCO poster is readily visible to residents, families, and staff in each facility. Depending on the facility floor plan, several posters may need to be posted to meet this requirement. The ombudsman shall also ensure that the facility has an adequate supply of OLTCO brochures to provide to all residents, their representatives, and new staff.
* The ombudsman shall explain the purpose of the OLTCO and introduce himself or herself to residents in the facility, particularly to any residents who have been admitted since the ombudsman’s last visit. The ombudsman shall also explain the purpose of the OLTCO and introduce himself or herself to staff in the facility as appropriate.
* All friendly visits will be entered into Ombudsmanager. Staff ombudsmen will also enter their visits onto the home visit spreadsheet maintained by the Deputy. Volunteers may submit home visit reports via the program website. The Deputy will enter volunteer friendly visit notes into Ombudsmanager.
* If an ombudsman identifies care practice, or home conditions which adversely affect the health, safety, welfare or rights of residents, and cannot resolve them during a friendly visit, a case must be opened for investigation. The SLTCO or designee can decide whether the report should be forwarded to DHSS APS or Licensing, However residents’ names cannot be entered into a report of harm without consent (unless the resident has no legal representative and is not competent).

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1. ***Participation in facility surveys***

Policy: The OLTCO should attempt to be present, in person or telephonically, during exit interviews for skilled nursing facility surveys conducted by state surveyors. The Ombudsman’s presence raises awareness of the Ombudsman’s role as advocate and also communicates the OLTCO’s interest in quality of care.

Procedures:

* The SLTCO will coordinate with DHSS Healthcare Facilities Licensing and Certification to provide surveyors with complaint and “friendly visit” information, if the surveyors request the information.
* DHSS HCF Licensing and Certification will call the SLTCO or designee at the time of the interview and introduce the Ombudsman to the facility staff. The Ombudsman generally does not comment, but does take note of serious deficiencies and enters them into Ombudsmanager.
* When DHSS HCF Licensing and Certification sends the CMS 2567 report to the SLTCO, the report is entered as an attachment into Ombudsmanager.
* The SLTCO may also sit on an Informal Dispute Resolution (IDR) team, at DHSS HCF Licensing and Certification’s request. The IDR team reviews the 2567 and the facility’s arguments against the survey findings; the team leader can issue an amended 2567 to the facility or uphold the original.

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***G. Resident and Family Councils***

Policy: The Office of the Long-Term Care Ombudsman shall support the development of resident and family councils in long-term care facilities as a way of assisting self-advocacy for both residents and their family members. The Ombudsman’s support may consist of providing technical assistance to facilities, families, and residents. It may also consist of attendance at meetings, but only if invited. Federal nursing home law requires facilities to provide space and a staff liaison to councils. Assisted living facilities are not required to help residents and families establish councils.

Procedures:

LTCO Involvement in Council Activities:

* The ombudsman shall inform the presidents of each resident and family council in the area of:
* the purpose of the OLTCO;
* its availability to assist resident and family councils, including offering appropriate resources; and
* the topics it is prepared to present if requested
* The ombudsman shall make his or her best efforts to be present at resident and family council meetings to which the ombudsman has been invited.

LTCO involvement in development of councils:

* The Ombudsman may contact SNF or ALH Administrators to offer assistance in starting councils where they do not exist.
* The Ombudsman shall maintain in the program library videos and pamphlets explaining the role of councils and how they function (i.e. California Advocates for Nursing Home Reform video on family councils or resources on NORC website).

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1. ***Community Education***

Policy: The LTCO can provide education to the community about program’s mission, the rights of residents, and other topics related to long term care and elder rights.

Procedures:

* The SLTCO will screen requests for community education and assign ombudsmen to staff booths or provide presentations according to availability of staff time.
* Priority should be given to education that improves the quality of provider care, such as Licensing orientations or care coordinator trainings.

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1. ***Work with media***

Policy: The LTCO can work with media outlets to raise public awareness of issues relating to elder safety and welfare, residents’ rights, and proposed laws/regulations/policies/practices that promote quality long term care and resident-self-determination.

Procedures:

* The SLTCO will screen requests for media contact and decide whether they are appropriate.
* The SLTCO may also approach media outlets to provide information, articles, or appearances so long as these further the mission of the program.
* The SLTCO may work with the Trust’s communications officer to promote the needs and rights of beneficiaries served by the LTCO program.
* The SLTCO does not have to obtain permission from any government official to work with media outlets.

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 ***J. Monitoring or work on laws, regulations, government policies and actions.***

Policy: The Office of the Long-Term Care Ombudsman Program shall ensure that the interests of residents are represented to governmental agencies and policy-makers. The SLTCO shall also promote and raise public awareness of laws and policies that protect the rights, safety and dignity of long term care residents.

Procedures:

* Issues advocacy activities include, but are not limited to:
	+ educating advocacy groups, governmental agencies, and policy-makers regarding the impact of laws, policies, or practices on long-term care residents;
	+ seeking modification of laws, regulations, and other government policies and actions, pertaining to the rights and well-being of residents;
	+ facilitating the ability of the public to comment on such laws, regulations, policies and actions;
	+ developing a task force to study a long term care issue;
	+ testifying at a public hearing relating to a long-term care issue;
	+ working with other governmental and/or nonprofit agencies to develop strategies that address systemic problems affecting seniors in long term care facilities.
* The ombudsman shall determine legislative advocacy strategy by considering:
* the potential impact of the activity on residents;
* the most appropriate and effective method of addressing the issue;
* the potential impact of the activity on the OLTCO; and
* the possibility of joint efforts by the American Association of Retired Persons, Alaska Commission on Aging, Alaska Mental Health Trust Authority, Disability Law Center, Alaska Legal Services Corporation, Alaska Mental Health Board, Alzheimer’s Association and/or residents or other agencies in the activity
* whether to attempt involving residents and families in the activity whenever possible.

OAA § 712(a)(5)(B)(iv), (v); § 712(h)(2), (3)

**VII. DOCUMENTING CASEWORK**

**AND ACTIVITIES**

1. ***General Information***

Documenting the OLTCO’s complaint, case, and activity information in a timely and accurate way is important for the following reasons:

* All complaint, case and activity information is potentially discoverable and may be used as evidence in a hearing or trial. If the OLTCO conducted an investigation but does not document it accurately, its advocacy on behalf of residents may fail.
* Case and activity information can provide useful information to other Ombudsmen who are conducting investigations or friendly visits.
* Documentation is useful to DHSS Certification and Licensing, though Ombudsmen must be careful not to reveal complainant and resident identities without consent.
* Aggregate data from Ombudsmanager is downloaded once annually into a report that the OLTCO submits to the Administration on Aging. If staff do not enter case and activity information into Ombudsmanager, the report will not reflect the work (or the good outcomes) of the OLTCO.
* Aggregate data from Ombudsmanager is also used to produce an annual report for state policymakers that describes the work of the OLTCO and makes recommendations for changes in law or practice. The OLTCO cannot credibly advocate for residents or for program funding without good supporting data.
1. ***Case documentation***

Policy: The OLTCO will use the Ombudsmanager database to document case and activity information. The purpose of case documentation is to record all actions conducted to complete an investigation, all evidence found or subpoenaed during the course of investigation, and the final disposition of the case. Accuracy and timeliness are important to ensure that all Ombudsmen have access to up-to-date case information. All case information should be written in a clear and concise manner.

Procedures:

* Investigators will document their case work within 2 weeks so that if they are unable to continue work on a case owing to illness, other ombudsmen are able to review the documentation and stand in for the case investigators.
* Investigators should document what they themselves have done or witnessed. If another agency’s investigator found other evidence, the ombudsman investigator should request a copy and identify it in the case documentation as coming from another agency.
* All communications and documents relating to cases should be attached electronically into the Ombudsmanager case file so that cases can be reviewed without having to pull the paper file. The only exception is supporting evidence that is over 10 pages (shower logs, medical records, etc) or documents that are in a format (such as Excel) that cannot be pasted into Ombudsmanager.
* The SLTCO or designee must conduct regular reviews of documentation in Ombudsmanager to ensure accuracy and consistency in coding and completing journal entries.
* All original copies of supporting evidence shall be retained in the OLTCO paper file.
* A hard copy file will be kept for each case in which an investigation occurs. The hard copy file will retain the following documents, in the following order:
* Final disposition or investigative report (on the top).
* Printout of final Ombudsmanager notes (underneath report).
* Court orders and subpoenas (underneath Ombudsmanager notes).
* Supporting documentation (underneath Court or legal documents, if any).
* Intake (on the bottom).
1. ***Disposition Memoranda and Investigative Reports***

Policies*:* OLTCO case reports should always protect complainants’ and residents’ identities. The SLTCO has the discretion to allow administrators to review a draft report and ask for comments, but is not required to do so.

Procedures:

* Investigators will only produce full-length investigative reports in cases where a legal action is likely or the SLTCO believes that the evidence substantiates abuse, neglect, exploitation, or abandonment by the home administrator or staff. Reports of Investigation may contain, but are not limited to, the following:
* A heading identifying the name of the home, the home’s administrator, and the initials of the vulnerable adult identified in the report of harm or complaint.
* A section entitled, “Introduction,” which cites the OLTCO’s statutory authority to investigate the case, defines abuse and neglect (can be in footnote), provides information about the complaint and the date it was received (without revealing the complainant’s identity), notes the date the investigation was initiated, names the other state agencies with whom the OLTCO coordinated the investigation, and states the purpose of the investigation (i.e. to establish whether the vulnerable adult was maltreated).
* A section entitled, “Investigation,” which contains two sub-sections, “Investigatory activities” and “Investigation findings.” The first sub-section will list all persons interviewed, all documents reviewed and any other activities that resulted in the production of evidence pertaining to the case. The second sub-section will describe the evidence found during the investigation.
* A section entitled, “Conclusion,” which explains what the evidence means

and how it substantiates abuse, neglect, exploitation, abandonment, or a regulatory or rights violation.

* Signature blocks (with dates) for the Ombudsman and the investigator.
* When the OLTCO investigator has completed the investigation, she/he must draft a report using the format above and provide it to the SLTCO for review. The SLTCO may request additional investigative activities to ensure the comprehensiveness and integrity of the investigation. The SLTCO may also edit the report for readability and/or accuracy. The SLTCO may also request that the AAG review the report. The SLTCO may decide to allow an Administrator or Caregiver to review a draft of the report before signature.
* Once a report is signed it can only be changed if the original report is withdrawn and an amended (or completely rewritten) report is generated and signed.
* Any agency which received the original signed report will be notified that the report is withdrawn and will be provided with a copy of the amended, or new, signed report.
* If APS Central Intake refers a case to the OLTCO for investigation, the OLTCO must send a disposition or investigative report to APS (AS 47.24.013).
* The older Alaskan and complainant will not be named in the report.
* In cases where there is no likely legal action and no substantiation, a simpler disposition report can be prepared. Disposition memos will include:
	+ The APS case # (if there is one) and original allegation.
	+ The name of the home.
	+ The investigatory activities (with dates).
	+ The conclusion (substantiated or not substantiated).
1. ***Activity documentation***

Policies: The OLTCO documents the activities required by the OAA in Ombudsmanager. Documentation of activities serves several purposes, including providing data for the annual NORS report to the Administration on Aging, for state reports to the Trust, the Commission on Aging, or legislators, and for managing the work of the Office. Additionally, data from facility visits to nursing homes is shared with State Certification and Licensing at their request.

Procedures:

* The following activities must be recorded in Ombudsmanager for later uploading into the Ombudsman Reporting Tool (ORT), which is provided by the Administration on Aging:
* 1. Training provided to staff and volunteers.
* 2. Technical assistance provided to volunteers.
* 3. Training for facility staff.
* 4. Consultation to facilities
* 5. Information and consultation to individuals
* 6. Facility coverage (“friendly visits”).
* 7. Participating in facility surveys.
* 8. Work with resident councils.
* 9. Work with family councils.
* 10. Community education.
* 11. Work with media (press releases and interviews).
* 12. Monitoring / work on laws, regulations, government policies and actions.
* For each entry in Ombudsmanager, fields that are blue and marked with an “N” need to be completed for the NORS report.
* Training provided to staff and volunteers shall be documented in Ombudsmanager by one staff person only, even if more than one staff person provided the training.
* Training for facility staff shall be entered in Ombudsmanager under “Activities: 3. Training for facility staff.” The number of staff, the time spent providing training, and the name of the facility should be noted.
* Consultations provided to facility staff shall be entered in Ombudsmanager under “Activities: 4. Consultations to facilities.” The name of the facility, the topic of the consultation, and the time spent on the consultation should be noted.
* Information and consultation provided to individuals shall be entered in Ombudsmanager under “Activities: 5. Information and consultation to individuals.”
* After completing a facility visit, the ombudsman shall document conditions of the home and residents. Any concerns that residents raise, or that Ombudsmen identify, should be documented, as well as resolutions attempted or achieved. Home visit notes shall be entered into Ombudsmanager under “Activities: 6. Facility coverage.”
* After participating in facility surveys for skilled nursing facilities, Ombudsmen shall enter the event into Ombudsmanager under “Activities: 7. Participating in facility surveys.”
* After working with resident or family councils in either skilled nursing facilities or assisted living homes, the Ombudsmen shall enter the information in Ombudsmanager under
“Activities: 8. Work with resident councils” or “Activities: 9. Work with family councils.”
* Community education events shall be entered in Ombudsmanager as “Activities: 10. Community Education.”
* Community education that is presented in the media as a press release or interview will be entered in Ombudsmanager as “Activities: 11. Work with media.”
* The SLTCO shall log work to monitor laws, regulations and practices into Ombudsmanager under “Activities: 12. Monitoring / work on laws, regulations, government policies and actions.” Participation in the ACoA and Trust Legislative Advocacy teleconferences can be considered

OAA, Title VII, Chapter 3, Section 712.

AS 47.62.015. Duties and Powers of the Long Term Care Ombudsman

AS 47.62.030. Confidentiality

AS 47.62.025. Access to Long Term Care Facilities, Older Alaskans, and Records

AS 47.24.013. Reports of abandonment, exploitation, abuse, neglect or self-neglect of

vulnerable adults in out-of-home facilities

AS 47.24.015. Action on Reports

**VIII. RECORDS MANAGEMENT**

***A. General Information***

Authority: Under OAA § 712(d)(1)(2), the files and records of the Ombudsman’s office “may be disclosed at the discretion of the Ombudsman (or the person designated by the Ombudsman to disclose the files and records); and prohibit the disclosure of the identity of any complainant or resident with respect to whom the Office maintains such files or records unless

1. The complainant or resident or the legal representative of the complainant or resident consents to the disclosure and the consent is given in writing;
2. The complainant or resident gives consent orally and the consent is documented contemporaneously in a writing made by a representative of the Office….or
3. The disclosure is required by court order.”

Under AS 47.62.030 (a), records obtained or maintained by the OLTCO are confidential and are not subject to inspection or copying under AS 40.25.110 – AS 40.25.120 and may be disclosed only at the discretion of the Ombudsman. Under AS 47.62.030 (b), the identity of a complainant or an older Alaskan on whose behalf a complaint is made may not be disclosed without the consent of the identified person or the person’s legal guardian, or as required by a court order.

According to the Administration on Aging’s Information Memorandum IM-03-01, the OLTCO is considered a “health oversight agency” and not a “covered entity” (i.e. a provider) under the Health Information Portability and Accountability Act (HIPAA). Thus, OLTCO records cannot be considered medical records and do not have to be copied for residents who are named in the records.

Additionally, no state agency may require a LTCO to disclose records, including but not limited to, the identity of a complainant or resident. The two exceptions are:

* The OLTCO must comply with a court order to release records, though the Ombudsman may request that the judge or hearing officer adopt procedures to protect identities.
* The OLTCO is required to send a disposition report to DHSS Adult Protective Services for cases transferred to the Ombudsman by that agency. However, ombudsmen are not listed as mandated reporters under AS 47.24.

Finally, the federal Freedom of Information Act (FOIA) does not give members of the public the right to access Ombudsman files and records. The FOIA allows government agencies to withhold documents when there are statutes that already protect them, where an individual’s privacy might be invaded in an unwarranted manner, or if the identity of a confidential source might be revealed. All of these exemptions apply to Ombudsman files and records.

1. ***Storing records***

Policies: Protecting the privacy of residents and complainants is paramount under the OAA. The rationale behind this mandate is that complainants and residents are often afraid of retaliation by administrators and caregivers. They will not report and cooperate with investigations unless they can speak in confidence. The public must have confidence in the Ombudsman’s commitment to confidentiality. Therefore, the OLTCO shall store records, paper and electronic, in a secure manner.

Procedures:

* The OLTCO will maintain filing cabinets that are locked and kept in a locked room. All closed paper files will be kept in these cabinets.
* Files for open cases can be kept in Ombudsmen desks, but should not be left open on desks where visitors might see them.
* Access to Ombudsmanager shall be password-protected. All staff shall have their own password and access to Ombudsmanager. The SLTCO can give volunteers access to Ombudsmanager as needed. All Ombudsmanager users shall shut the program down before walking away from their computers so that visitors cannot view case information on the computer screen.
* Electronic mail is automatically archived by the State, but Ombudsmen should set up electronic folders that are archived for 10 years and store case-related emails in these folders for easy access. Emails related to cases should be saved in Ombudsmanager as journal entries.
* Paper case files shall be stored for 7 years and then shredded.
* The Administrative Support staff person is responsible for maintaining the filing cabinets and purging files.
1. ***Releasing records***

Policies: Requests for copies of records must be submitted to the OLTCO in writing. No OLTCO records or files shall be released without permission from the SLTCO. In some cases, files and records may be redacted (identifying information blacked out) before being released if either the resident or complainant has not given a consent to release the information. In the case of a deceased resident, the SLTCO should take into account any wishes the resident expressed before death regarding who should have access to his or her information. The OLTCO may also not re-release any medical records without violating HIPAA, unless it is to DHSS, another health oversight agency.

Procedures: The following table describes procedures for releasing OLTCO files and records. Release of documents should always be documented in Ombudsmanager, listing the exact documents released and to whom.

**RELEASING OLTCO RECORDS: SOURCES OF REQUEST**

|  |  |
| --- | --- |
| **IF the request is made by . . .** | **THEN the SLTCO or designee may . . .** |
| DHSS Adult Protective Services, Quality Assurance, or Certification and Licensing | * Release OLTCO disposition or investigative report IF the case was originally transferred from DHSS for investigation (DHSS already knows identity of resident and complainant).
* Release report if complaint made directly to OLTCO and resident gives consent.
* Release redacted OLTCO disposition or investigative report if the resident refused consent to release information. **A copy of the redacted report shall be kept in the case file.**
* Release subpoenaed records from other agencies because DHSS is a health oversight agency.
* Not release any documents to DHSS if the OLTCO is investigating that agency, except on the advice of counsel.
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|  |  |
| a resident or the resident’s legal representative | * Release an OLTCO report to a resident or his representative if that resident is the subject of the original complaint. Any information identifying other residents or the complainant shall be redacted and **a copy of the redacted report filed in the case file**. The SLTCO is not required to release the report to a resident.
* Not release medical records, which are protected under HIPAA from re-release to individuals.
* Not release any files or records to a POA, conservator, or guardian if that person appears not to be acting in the best interests of the resident.
* Not release any files or records to the legal representative of a deceased resident IF the resident did not name that person as their representative OR if the resident had no relationship with that person.
 |
| a complainant  | * Not release any files or records to the complainant except on the advice of counsel or if the complainant was DHSS. However, the ombudsman may have a general conversation with the complainant about how the case was resolved.
 |
| a judge or administrative hearing officer | * Release exactly what the court requested, but explain need to protect identity of residents/complainants and request in camera review of documents and sealing of records.
 |
| an agency other than DHSS,(MFCU, Elder Fraud, OPA etc.) | * Release the records only if the resident has provided consent.
* If the resident is unable to provide consent, the elder’s legal representative without a conflict of interest may provide consent.
* Redact identities of residents or complainants who have not provided consent for the release and keep a copy of redacted version in file.
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|  |  |

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| --- | --- |
| any party with a subpoena requesting OLTCO records | Release the record if the resident consents. If no consent, seek advice of counsel and make motion to quash subpoena. If resident is deceased, ascertain what the resident’s wishes would have been, based on relationship with the party issuing the subpoena.  |
| LTCO’s AAG | Release any and all records requested (other AAGs, at the discretion of SLTCO). |

 OAA § 712 (d); AS 47.62.090.; AS 40.25.110

**IX. VOLUNTEER OMBUDSMEN**

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1. ***General information***

Authority: The OAA establishes that unpaid volunteers and paid staff are designated “representatives of the Office” of the Long Term Care Ombudsman. The OAA requires the Office to have policies and procedures outlining the content and the minimum number of hours of the training. Further, AS 47.62 specifies that the Office:

1. “shall provide for the training and certification of office staff, including volunteers and other representatives of the office. Training must include instruction in federal, state, and local laws and policies relating to long term care facilities in the state and in investigative techniques. The ombudsman may require other appropriate training. The ombudsman may decertify a person under this section for good cause in accordance with regulations adopted by the authority.”
2. “An employee, volunteer, or other representative of the office may not investigate a complaint under AS 47.62.015 unless certified as having completed training under this section and approved by the ombudsman as qualified to investigate the complaint.”

Additionally, a certified volunteer ombudsman has immunity from civil or criminal liability for the good faith performance of official duties (AS 47.62.035). Certified volunteer ombudsmen also have the same access to long term care facilities, residents and records as staff ombudsmen (AS 47.62.025).

Policy: Volunteer ombudsmen make it possible for the OLTCO to provide “regular and timely access” to residents statewide, as required by the OAA. Therefore, maintaining a corps of certified volunteers is a primary responsibility of the SLTCO. However, the SLTCO also has the responsibility of ensuring that volunteers receive adequate training and supervision to ensure that they are an asset to both the residents and the OLTCO. Additionally, the SLTCO is responsible for conducting a background check to ensure that all staff and volunteers are safe to work with vulnerable adults.

1. ***Recruitment***

Policies: The OLTCO will recruit volunteers on an ongoing basis. However, all potential volunteers must fill out an application, submit to an interview, and undergo a background check. The SLTCO must be able to screen out potential volunteers who do not appear fit, by reason of behavior, attitude or past history.

The OLTCO is not required by law to conduct background checks on volunteers, because they are not direct service workers but advocates. However, it is prudent to exercise due diligence and request a background check to ensure the safety of vulnerable adults in long term care facilities. The OLTCO’s Memorandum of Agreement with DHSS does allow DHSS to process background check applications from the OLTCO and if a potential volunteer has a barrier crime, to prevent the volunteer from entering facilities and visiting residents.

Procedures:

* The SLTCO or designee can advertise for volunteers in all media, including online sites specifically dedicated to volunteer recruitment.
* The OLTCO will ask volunteers to fill out an application form that requests information on: name, date of birth, address, telephone number and email address. The form will also request information on all current and previous employment, paid or volunteer, as well as any training or academic coursework relevant to the position and the names and addresses of references.
* The Deputy and SLTCO shall review applications to screen for potential conflicts of interest.
* The Deputy and/or SLTCO shall conduct a search of Alaska court cases (using the online “CourtView” database) to find any criminal or civil cases that indicate a concern about the individual’s conduct.
* The Deputy will contact references.
* The SLTCO and/or Deputy will interview the volunteer in person to explain the program and the volunteer’s duties, listen to the individual’s reason for wanting to volunteer, and identify any issues/behaviors that would preclude a successful volunteer experience.
* At any time during training, the SLTCO or Deputy may inform a trainee that certification as a volunteer is not possible if in fact the individual seems unfit or unable to do a good job.
1. ***Training***

Policies: The State of Alaska will provide training for volunteer ombudsmen that prepares them to conduct their duties, as assigned by the SLTCO or designee.

Procedures:

* The SLTCO will maintain a training curriculum which follows recommendations made by the National Ombudsman Resource Center for LTCO training best practices. The curriculum will include 20 hours of coursework and field training. It will include the following:
* Introduction to the ombudsman program: national and state history, role and responsibilities of ombudsmen;
* Long-term care residents: characteristics, need for advocacy, adjustments, empowerment;
* The aging process: normal, age-related changes; typical illnesses and medical conditions of residents; medications;
* Long-term care facilities: classification of facilities; ownership; typical administrative structure and personnel;
* The regulatory system: requirements for licensure and for certification, roles of various agencies, monitoring or surveying, enforcement;
* Long-term care financing: Medicare, Medicaid, long term care insurance, and other types of long term care payment;
* Resident rights: reluctance of residents to exercise their rights, understanding the meaning of resident rights, implications for residents, families, providers, and ombudsmen; resident and family councils; legal decision-making mechanisms;
* The problem-solving process: communication, confidentiality, LTCO role in receiving and resolving complaints; investigation, resolution, ethical issues, access to records, referrals to other agencies, reporting and documentation;
* State structure of the ombudsman program: who reports to whom; who to contact when assistance is needed; when and how to make referrals; record keeping; National Ombudsman Reporting System and individual responsibility.
* Additionally, the Alaska LTCO certification training will include:
	+ How to conduct a home visit: meeting residents, what to look for, obtaining consents, asking to see a plan of care, what you can reasonably ask caregivers or administrators to resolve.
	+ Information specifically about licensing regulations for assisted living facilities in Alaska.
	+ Ombudsman ethics, including the responsibility to submit home visit notes to the OLTCO.
* The training will be provided by a certified ombudsman.
* At the start of each training session, the trainer should quickly review the material from the previous week to ensure that all questions are answered.
* After the classroom training is completed, a certified ombudsman will take the volunteer on a home visit. The volunteer may observe the ombudsman’s actions during the visit. The ombudsman may also let the trainee take the lead and shadow to ensure the home visit is conducted properly. If the ombudsman or trainee judge that another supervised home visit should be conducted, it will be scheduled and completed before certification.
* The SLTCO can certify a volunteer after completion of training and home visit.
* The Deputy will maintain a file on each volunteer that includes:
	+ The application and notes from references.
	+ Copy of background check notice
	+ Copy of certification certificate
	+ Copies of any correspondence or other documents associated with the volunteer.
* Administrative support will also enter newly certified volunteers into Ombudsmanager.
1. ***Supervision and De-certification***

Policies: The SLTCO has a responsibility to ensure that volunteers are supervised on a regular basis. Volunteers must perform their responsibilities in accordance with all applicable federal and state laws, rules and regulations and these policies and procedures.

Procedures:

* The Deputy LTCO will contact certified volunteers at least twice monthly to talk about the home visits and to answer questions and concerns the volunteer may have.
* The Deputy will ensure that volunteers submit timely home visit notes.
* Home visit notes will be entered into Ombudsmanager.
* If there are complaints about a volunteer’s performance the SLTCO will conduct an investigation and the Deputy will work with the volunteer to improve performance.
* The SLTCO will de-certify a volunteer who is found to have committed a crime or serious ethical violation. The SLTCO will notify the AAG of the volunteer’s infraction. The Deputy will secure the volunteer’s nametag and if necessary, notify home administrators that the individual is no longer associated with the OLTCO.
* Any individual who is not certified as an ombudsman, but who enters homes impersonating an ombudsman, will receive a certified letter from the SLTCO ordering them to cease and desist. It is a crime to impersonate a state official. The AAG will be advised if such a letter is sent.
* A volunteer who resigns will also be de-certified and their nametag recovered by the OLTCO.

OAA § 712(h)(4)

**X. NORS AND ANNUAL REPORTS**

***A. General information***

Authority: OAA § 712 (h)(1) states that the State Unit of Aging will require the Office to prepare an annual report that

* describes the activities carried out by the Office in the year for which the report is prepared
* contains and analyzes program data
* evaluates the complaints/problems residents have experienced
* makes recommendations to improve the quality of care/life of the residents and protects the health, safety welfare and rights of the residents
* analyzes the success of the program
* identifies barriers that prevent optimal performance of the program
* provide policy, regulatory, and legislative recommendations
* analyze, comment on, and monitor the development and implementation of federal, state and local laws, regulations and other government policies and actions that pertain to long term care facilities, and
* provide information about the issues and concerns of the older individuals residing in long term care facilities.

Additionally, the OAA requires the SLTCO to make the report available to the Governor, the legislature, and DHSS Licensing and Certification.

Under the OAA, the State Unit on Aging (DHSS) is required to submit an annual report to the Administration on Aging on grant activities and expenditures. The OLTCO provides its portion of the report via the Ombudsman Reporting Tool (ORT) which uploads data from Ombudsmanager and the SLTCO into the National Ombudsman Reporting System (NORS).

1. ***Annual Report to the State***

Policy: The OLTCO will publish an annual report based on state fiscal year data. The OLTCO will also ensure that the program data reported is as accurate as possible. In formulating policy recommendations, the SLTCO may wish to work with the Alaska Commission on Aging and the AARP Advocacy Director so that advocacy for Alaskan seniors is coordinated.

Procedures:

* The SLTCO is responsible for compiling the program data, recommendations, and annual report.
* The annual report data should be drawn from the state fiscal year and the report completed no later than August, so as to give ACoA commissioners the opportunity to see it before they compile their legislative and policy recommendations.
* The SLTCO should monitor Ombudsmanager quarterly so as to identify and (if necessary) resolve problems with the data. Typical problems include: patterns of coding errors, staff failure to document casework or activities, sudden upward or downward trends in complaints, verification and resolution rates, and completed activities. The purpose is to ensure the data is accurate enough by July to compile for the annual report.
* The OLTCO annual report may be short and self-published, so it is easy for policymakers to scan quickly.
* The OLTCO will provide the annual report to the Alaska Commission on Aging, legislators, and the governor.
1. ***Annual report to Administration on Aging***

Policy: The OLTCO will submit an annual program report to the Administration on Aging by January 31 following the close of the federal fiscal year on September 30.

Procedures:

* The SLTCO will ensure that at least two staff (usually SLTCO and Administrative support) have access to the Ombudsman Reporting Tool (ORT) software program which allows the OLTCO to submit annual reports to the Administration on Aging electronically. The program can be downloaded from the Administration on Aging. The password can be obtained from Harmony Software, the vendors who own the Ombudsmanager program.
* The SLTCO will ensure that an updated copy of the ORT user manual is downloaded and available for use.
* The SLTCO will start to upload data from Ombudsmanager into the ORT at least by the middle of December following the close of the federal fiscal year. This will allow the SLTCO to identify where case and activity data is inconsistent because of incorrect coding or data entry. (In the ORT, the number of complaints received, types of complaints, and action on complaints must all add up to the same number. Because they rarely add up the first time data is uploaded to the ORT, a sometimes lengthy process of finding the errors and re-uploading data to the ORT must occur.)
* The SLTCO will also request a statement of program expenditures for the federal fiscal year from the Trust budget coordinator. This information will be uploaded into the ORT.
* The SLTCO or designee will also re-count SNF and ALH beds to be uploaded into the ORT.
* After the ORT is completely filled out, it must be verified and submitted electronically. If there are questions about the data, the SLTCO will receive a call from the Administration on Aging (or their contractor) to ask for information. Usually questions about the data arise if there are significant differences in the data from one year to the next (i.e. a big drop in resolution rates or a big rise in the number of cases opened, etc).

DHSS Senior and Disabilities Services, the state’s OAA grantee, will also ask the SLTCO to fill out a short report on “Developmental Accomplishments for a system of Elder Rights.” The SLTCO can fill out the form, providing information on legislative, public awareness, provider education accomplishments for the whole state. The form is usually returned to DHSS SDS’ grant manager.

**XI. OLTCO and the TRUST**

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1. ***General information***

Authority: AS 47.62.010 states that

1. The office of the long term care ombudsman is established in the Alaska Mental Health Trust Authority (AS 47.30.011).
2. The ombudsman shall be hired by the authority. A member of the authority who has a financial interest in a long term care facility in the state, or who has any other conflict of interest, may not participate in the hiring of the ombudsman. The ombudsman is a full-time position in the classified services. The ombudsman shall be compensated at no less than Range 21 of the pay plan for state employees under AS 39.27.011.
3. The ombudsman may not have a financial interest in a long term care facility in the state. The authority shall adopt regulations to ensure that the ombudsman, and employees and volunteers of the office, do not have a conflict of interest or an appearance of a conflict of interest.

AS 47.30.011(6) states that the Authority “shall administer the office of the long term care ombudsman established in AS 47.62.010.”

The Trust provides an “administrative home” for the OLTCO within the Department of Revenue, providing support and oversight for the business affairs of the program. The Trust’s oversight extends to hiring a qualified individual who has no conflict of interest as Long Term Care (LTC) Ombudsman; evaluating the LTC Ombudsman’s performance; and ensuring that the LTC Ombudsman manages the program in compliance with state laws and applicable departmental policies and procedures. However, the Trust does not direct or become involved in the casework, advocacy or interagency disputes of the OLTCO, which are managed at the discretion of the LTC Ombudsman.

1. ***Hiring and supervision of the Ombudsman***

Policy: The LTC Ombudsman position is a Range 23 position in the state’s classified service. Recruitment, hiring and supervision of the position are conducted according to state regulations and provisions of the labor contract between the state and the Supervisory union. The Trust designates a senior staff member to supervise the LTC Ombudsman.

Procedures:

* The Trust’s Administrative Manager coordinates recruitment and hiring to ensure compliance with applicable state regulations and union contract provisions.
* Once the LTC Ombudsman gives notice of resignation or retirement, the Trust can advertise the position on Workplace Alaska procedures. The job description is consistent with Job Class Specifications for the LTC Ombudsman.
* The Trust may choose to conduct the first round of interviews to identify finalists. OLTCO staff and key stakeholders may be asked to assist in interviews of the finalists. The Trust makes the final hiring decision.
* Once the new LTC Ombudsman has accepted the position and begun work, he or she must complete training and be certified as a long term care ombudsman. At a minimum, training must include completion of the online modules posted on the National Ombudsman Resource Center; orientation to AS 47.62, AS 47.24, and Section 712 of the Older Americans Act; Ombudsmanager and NORS coding; and OLTCO policies and procedures. Certification can be signed by a designated Trust program officer.
* The new LTC Ombudsman will be given a copy of the Trust’s Personnel Policies and Procedures, the program budget for the current fiscal year, and OMB performance measures for the program.
* The Trust will conduct an annual performance evaluation of the LTC Ombudsman. The Trust may review the program’s Annual Report or Ombudsmanager reports of aggregate program data for information about the program output and outcomes.
* In the event of the LTC Ombudsman’s misconduct or poor work performance, the Trust will follow the disciplinary guidelines described in the Trust’s Personnel Policies and Procedures, consistent with provisions of the union contract.
1. ***Complaints against the Ombudsman***

Policy: The work of an advocacy agency such as the OLTCO necessarily involves contention and, at times, complaints against the LTC Ombudsman or the program. Provider, agency, or department complaints against the OLTCO or the LTC Ombudsman should follow a prescribed procedure and observe chain of command so that they can be resolved by the program wherever possible.

Procedures:

* Providers (such as assisted living administrators, home health care agencies, senior housing property managers, etc.) should be encouraged to meet with the LTC Ombudsman to express their complaint and ask for resolution. The LTC Ombudsman may request the Assistant Attorney General representing the program to participate in this meeting. If the provider is not happy with the LTC Ombudsman’s resolution, he/she has the option to seek the advice of legal counsel or to make a complaint to the State Ombudsman.
* Representatives of other state agencies should be encouraged to meet with the LTC Ombudsman to express their complaint and work on a resolution. The LTC Ombudsman may request the AAG or a Trust representative to attend the meeting. If the state official is not happy with the resolution, he or she has the option to seek legal counsel from the Attorney General or make a complaint to the State Ombudsman.
* If the allegation against the LTC Ombudsman is gross misconduct (illegal actions, dereliction of legal duty, harmful behavior towards others, etc.), the Trust as administrator can investigate and decide whether disciplinary action is necessary. The Trust has the option to refer the complaint to the State Ombudsman for investigation and a recommendation for action.
* The Trust will not speak for the LTC Ombudsman unless the LTC Ombudsman requests that support.
1. ***Development and Administration of OLTCO Budget***

Policy: The LTC Ombudsman will develop the annual program budget in collaboration with the Trust budget controller, completing the required tasks as specified in the Department of Revenue’s (DOR) budget calendar. The LTC Ombudsman manages the program’s operating budget with information and assistance from the Trust budget controller. The OLTCO will follow all state regulations relating to travel and procurement.

Procedures:

* DOR’s budget manager will email a budget calendar to the LTC Ombudsman before the beginning of a new state fiscal year. Preparation of the program budget occurs approximately one year before the actual fiscal year (i.e. FY 2016 budget process begins in July 2014).
* The Trust’s budget controller prepares a prospective budget two years in advance, usually in July, calculating anticipated services and personnel costs (including increases in space rental, step raises, and benefit cost increases).
* The LTC Ombudsman provides the budget controller with anticipated costs for travel, supplies and contractual services. The budget controller prepares the final budget.
* If program revenue is not sufficient to cover anticipated expenditures, the LTC Ombudsman alerts the Trust to discuss options such as a request for an increment or if no additional revenue will be sought, a reduction in services.
* The LTC Ombudsman will work with the Trust budget controller on change records, narrative, and other information required by DOR’s budget manager. By December, the Governor’s office makes final budget decisions and releases the proposed operating budget to the public. Budget bills are signed by the Governor in May, in preparation for the new fiscal year.
* The Trust’s budget controller will keep the LTC Ombudsman advised of Reimbursable Services Agreements as they are received from other agencies.
* The LTC Ombudsman will request year-to-date expenditures statements from the Trust’s budget controller as needed in order to track program expenditures.
* The LTC Ombudsman must approve program travel arrangements and purchases in accordance with the program’s operating budget.

**APPENDIX “A”**

**CODE OF ETHICS FOR OMBUDSMEN**

 Regardless of an ombudsman’s level(s) of advocacy effort, or the complexity of the

 issue/or problem which is being addressed, there is a basic set of principles which

 guide an ombudsman’s decisions. The National Association of State Long-Term Care

 Ombudsman Programs developed the following Code of Ethics for ombudsmen.

 1. The Ombudsman provides services with respect for human dignity and the

 individuality of the client unrestricted by considerations of age, social or

 economic status, personal characteristics or lifestyle choices.

 2. The Ombudsman respects and promotes the client’s right to self-determination.

 3. The Ombudsman makes every reasonable effort to ascertain and act in

 accordance with the client’s wishes.

 4. The Ombudsman acts to protect vulnerable individuals from abuse and neglect.

 5. The Ombudsman safeguards the client’s right to privacy by protecting

 confidential information.

 6. The Ombudsman remains knowledgeable in areas relevant to the long-term

 care system, especially regulatory and legislative information, and long-term

 care service options.

 7. The Ombudsman acts in accordance with the standards and practices of the

 Long-Term Care Ombudsman program, and with respect for the policies of the

 sponsoring (contract) organization.

 8. The Ombudsman will provide professional advocacy services unrestricted by

 his/her personal belief or opinion.

 9. The Ombudsman participates in efforts to promote a quality long-term care

 system.

 10. The ombudsman participates in efforts to maintain and promote the integrity

 of the Long-Term Care Ombudsman program.

 11. The Ombudsman supports a strict conflict of interest standard with prohibits

 any financial interest in the delivery or provision of nursing home, board and

 care services, or other long-term care services which are within their scope of

 involvement.

 12. The Ombudsman shall conduct himself/herself in a manner which will

 strength en the statewide and national Ombudsman network.

**APPENDIX “B”**

ALASKA LONG-TERM CARE OMBUDSMAN

POLICIES AND PROCEDURES

**LIST OF ACRONYMS FREQUENTLY USED BY OMBUDSMEN**

 AS Alaska Statutes

 ACoA Alaska Commission on Aging

 AAG Assistant Attorney General

 ALH Assisted Living Home

 ALL Assisted Living Licensing

 ALSC Alaska Legal Service Corporation

 AoA Administration on Aging

 APS Adult Protective Services

 C&L Certification & Licensing

 CFR Code of Federal Regulations

 DLC Disability Law Center

 HCF L&C DHSS Health Care Facilities Licensing and Certification

 I&R Information and Referral

 IOM Institute of Medicine

 LTCO Long-Term Care Ombudsman

 MFCU Medicaid Fraud Control Unit

 NASOP National Association of State Ombudsman Program

 NASUAD National Association for States United for Aging and Disabilities

 NORC National Ombudsman Resource Center

 NORS National Ombudsman Reporting System

 OAA Older Americans Act

 OLTCO Office of The Long-Term Care Ombudsman

 ORT Ombudsman Reporting Tool

 SDS DHSS Senior and Disabilities Services

 SNF Skilled Nursing Facility

**APPENDIX “C”**

**Resources for the SLTCO**

**California Advocates for Nursing Home Reform (CANHR)**

This California advocacy organization has many useful materials, including a good DVD on starting a family council. Its website is [www.canhr.org](http://www.canhr.org)

**Harmony Software**

Harmony is the software company that owns Ombudsmanager. Provides technical support, passwords, and user manuals to Ombudsmanager users. The OLTCO pays an annual fee (which includes 5 user licenses) for the use of this software. Harmony’s website can be found at <http://www.harmonyis.com/>

**NASOP**

The National Association of State Long Term Care Ombudsmen invites all SLTCOs to join its member organization, NASOP. An annual membership fee is required. This group sponsors an annual meeting for SLTCOs which provides valuable opportunities for training, networking, and meeting with AoA representatives. New SLTCOs who join NASOP are assigned an experienced SLTCO mentor from another state who can answer questions and SLTCOs who belong to this organization usually belong to a NASOP committee and work to improve training, data collection, policy problems related to the LTCO programs nationally. The NASOP chair also facilitates a monthly teleconference for SLTCOs to discuss current issues.

**NASUAD**

This is the National Association of States United for Aging and Disabilities, supported by the Administration on Aging. This is the membership organization for State Unit on Aging Directors (in Alaska, the DHSS Commissioner). NASUAD also publishes useful materials for ombudsmen, including “A Primer for State Aging Directors and Executive Staff,” which explains the LTC Ombudsman program and its legal authority clearly.

**NORC**

The National Ombudsman Resource Center is funded by the Administration on Aging. There is a wealth of resource materials and information on this site. NORC staff also routinely survey SLTCOs to compile data on each state’s practices relating to long term care (i.e. Medicaid regulations for bed holds, etc.). Questions can be directed to NORC staff, which they can then pass on to other SLTCOS; the feedback can help a new SLTCO find out how other states handle a particular kind of problem related to long term care. Its website can be found at <http://www.ltcombudsman.org/>

 **NORS training**

To learn the details of National Ombudsman Reporting System (NORS) coding, data entry, and definitions, the National Ombudsman Resource Center sponsors four sessions of NORS Training webinars. SLTCOs are advised of these by emails from NORC staff. Additionally NORC has training materials on its website: <http://www.ltcombudsman.org/ombudsman-support/training>

**The National Consumer Voice for Quality Long Term Care (“Consumer Voice”)**

This is a national advocacy organization that works for laws and policies that support quality care in long term care facilities. Consumer Voice employs a lobbyist to promote awareness of seniors’ needs in Congress; the lobbyist also keeps SLTCOs advised of recent developments on Capitol Hill. Consumer Voice usually holds a conference annually which many Ombudsmen attend. Their website can be found at <http://www.theconsumervoice.org/>

**APPENDIX “D”**

**OLTCO FORMS’ LOCATION**

**(Name of form, Computer drive, File Folder, File Name)**

* Agreement of Confidentiality – I Drive, Forms, “confidentiality agreement2”
* Informed Consent for Release of Information (Guardian) – I Drive, Forms, Release (Guardian)
* Informed Consent for Release of Information (Individual)- I Drive, Forms, Release (Individual)
* Intake Agency Coordination - I Drive, Forms, “Intake Agency Coordination”
* Intake Form – I Drive, Intakes, “BLANK OLTCO INTAKE FORM”
* Informed Consent for the Publication of Photograph – I Drive, Consents, “Consent to use photograph”
* Library checkout sheet – I Drive, Library, “SALLI”
* Resident Advocacy from Friendly Visit - I Drive, Forms, “Friendly Visit Advocacy”
* Revocation of Power of Attorney – I Drive, Forms, “Revocation of Power of Attorney”
* Subpoena – I Drive, Subpoena, “Blank Subpoena”
* Volunteer application – I Drive, Volunteer, Volunteer application.docx

**APPENDIX “E”**

**Administration on Aging Information Memorandum on OLTCO and Privacy Rules**