



**Indiana
Family and Social Services Administration**

State Long-Term care Ombudsman

Annual Report

IC 12-10-13

December 1, 2016

Annual Report: Long-Term Care Ombudsman Program

History:

The Indiana General Assembly created the Long-Term Care Ombudsman Program pursuant to Indiana Code 12-10-13. The program applies to a resident of an Indiana licensed nursing facility, licensed residential care facilities of the Residential Care Assistance Program (RCAP) and Assisted Living (AL) and the Medicaid certified Adult Family Care program. The Division of Aging hosts the State Long-Term Care Ombudsman Program (SLTCOP) as defined in the Older American Act 45 CFR 1321 and 1327.

Annual Report:

Indiana Code 12-10-13-19 requires an annual report on the operations of the program to be prepared.

Purpose:

The State Long-Term Care Ombudsman Program is resident-focused only. The program receives, investigates and attempts to resolve complaints and concerns that are made by or on behalf of a resident residing in a state-licensed or -certified facility and that involve the health, safety, welfare or rights of a resident.

Outcome:

The desired outcomes of the program are:

- Complaints are addressed, investigated and, when possible, resolved in a timely manner.
- Complaints are resolved or partially resolved to satisfaction of the resident.
- Contacts are made on an ongoing basis with residents, families and staff to support residents' rights and to preempt problems leading to complaints.
- Trends are identified so that recommendations for program changes in long-term care regulations, programs and services can be developed and implemented.

Program Information:

Complaints handled by the Ombudsman Program in SFY 2016

Number received: 2,029

In Nursing facilities: 1,667

In AL or RCAP: 274

Complaints led to: 1,690 cases opened for investigation.

Of which: 1,497 (88 percent) were either resolved or disposed with appropriate action.

Cases are defined as one or more resident-related complaint that require investigation, resolution attempts and follow-up to assure remediation. The most common complaints are:

- Discharge or eviction from facility with or without advanced notice
- Violation of civil or religious rights and ignoring individual choices
- Legal issues involving guardianships or Power of Attorney
- Mental Health or Dementia of resident and resulting behaviors
- Family conflicts especially when no Power of Attorney or Medical Representative exists or when other family members disagree with the action of those representatives

Closing of a Case occurs when there is a resolution that meets the needs of the resident (satisfied or partially satisfied) or when problem has been remediated to the greatest extent possible (regardless of resident's satisfaction). Some cases may continue indefinitely until there is a resolution.

Non-complaint Contacts

Contacts made by Local and State Ombudsman for SFY 2016

Residents Contacts: 12,803

Family Contacts: 414

Facility Staff Contacts: 64

Complaints, Cases and Contacts are conducted by 22 Long-Term Care Ombudsmen statewide which equals 16 FTEs plus 1 FTE at the state.

Trends:

The population trends indicate increased need for long-term care residential settings ranging from skilled care in nursing facilities to optional settings to encourage independence and autonomy of the resident in community-based settings that may be inconsistent in service delivery to meet diverse needs.

The role of the Ombudsmen will have to evolve as the range and type of residences expand. The Long-Term Care Ombudsman will be called upon to assist this broad range of residents and their concerns, complaints and problems. However, the Ombudsman's primary focus is likely to remain in nursing facilities where residents tend to be more frail, confused and at greater risk of having their rights violated.

The ability to respond adequately to diverse needs of residents in the evolving variety of settings is strained now and will be even more strained going forward.

The national ratio of Ombudsman FTE to nursing facility beds is one Ombudsman for every 1,000 occupied beds or one Ombudsman for every 2,000 licensed beds regardless of occupancy levels. Therefore, Indiana's program is operating at 35-50 percent below that level without considering the number of Assisted Living and RCAP facilities that need to be considered in the mix.

Other Factors:

The Indiana Family and Social Services Administration's Division of Aging (DA) will need to divest itself of the State Long-Term Care Ombudsman Program (SLTCOP) in the near future as an organizational and operational conflict-of-interest exists between the DA and the SLTCOP due to the role DA has in certifying providers of residential services under the RCAP and Medicaid Waiver Programs. The DA will still maintain its role as the designated state unit of aging, but the Ombudsman program needs to be relocated operationally to another state entity to remediate the conflict.