Appendix C

Long-Term Care Ombudsman Program
Consumer-Level Logic Model

Revised from May 29th WebEx meeting

Resources/Input

<table>
<thead>
<tr>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/consumer advocacy</td>
<td>Amount of service (# referrals, consultations, investigations)</td>
<td>Increased consumer awareness of resident rights, LTCOP, LTSS</td>
</tr>
<tr>
<td></td>
<td>Accessibility of service (# facility visits, hours spent at facilities, time to follow up)</td>
<td>Increased consumer access to services</td>
</tr>
<tr>
<td>Education and outreach</td>
<td>Amount of information distributed to consumers</td>
<td>Increased complaint resolution rate</td>
</tr>
<tr>
<td></td>
<td># consumers reached</td>
<td>Increased % LTCOP referrals resulting in substantiated complaints</td>
</tr>
<tr>
<td></td>
<td># citizens’ organizations promoted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amount of community education</td>
<td></td>
</tr>
<tr>
<td></td>
<td># public testimonies at hearings, legislative sessions, etc.</td>
<td>Increased resident/family participation in councils</td>
</tr>
<tr>
<td></td>
<td># legal remedies sought</td>
<td></td>
</tr>
<tr>
<td>Systems advocacy</td>
<td></td>
<td>Increased consumer awareness of LTCOP advocacy agenda</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program quality assurance</td>
<td>Amount of consistent program mgmt &amp; monitoring (analysis of program data, identification of emerging issues, etc.)</td>
<td>Higher levels consumer satisfaction w LTCOP</td>
</tr>
<tr>
<td></td>
<td>Analysis of efficiency providing consumer-level service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitoring of consumer-level LTCOP outcomes</td>
<td>Improved consumer service(s) provision (including services to underserved &amp; disparate populations)</td>
</tr>
<tr>
<td></td>
<td>% consumers served w best practices</td>
<td>Improved efficiency in response to consumer issues</td>
</tr>
<tr>
<td></td>
<td>Rate of complaints against ombudsmen</td>
<td></td>
</tr>
</tbody>
</table>

Contextual Factors
program autonomy and conflicts of interest (related to organizational placement, access to legal counsel, willful interference); personal characteristics of LTCOP staff (leadership, management, advocacy, negotiation skills); relationship with stakeholders; social, political and fiscal climate of the state; financing, number, and type of LTC facilities, services and supports; demographic, socioeconomic, geographic, and health and disability characteristics of consumers, populations and communities.
Long-Term Care Ombudsman Program
Facility-Level Logic Model

Revised from May 29th WebEx meeting

Resources/Input

- Enabling legislation/state mandates
- Regulations
- Program standards/state policies
- Legal counsel
- Partnerships/MOUs
- Training and technical assistance
- Peer-to-peer support
- Staff (paid and volunteer)
- Funding
- Data systems & IT

Activities

- Individual/consumer advocacy
- Education and outreach
- Systems advocacy
- Program quality assurance

Outputs

- % facilities visited regularly
- Hours spent per facility
- Amount of information distributed to facilities
- Hours of training/consultations provided to facilities
- # & range of facilities reached
- Amount of other contacts (e.g., presentations) made
- # facility-level stakeholder meetings
- # written analyses & recommendations
- # legal remedies sought
- Identification of emerging issues
- # stakeholder meetings
- Amount of consistent program mgmt & monitoring
- Rate of complaints against ombudsmen
- Analysis of efficiency providing facility-level service
- Monitoring of facility-level LTCOP outcomes
- % facilities served w best practices

Outcomes

- Short-Term
- Medium-Term
- Long-Term

- Increased provider knowledge of consumer rights, LTCOP, LTSS
- Improved prevention of problems
- Increased recognition of LTCOP’s value
- Increased willingness of facility staff to contact LTCOP
- Higher levels of facility-level satisfaction with LTCOP
- Increased consistency of service provided at the facility level
- Improved efficiency in addressing facility issues
- Increased person-centered/individualized care provided by staff
- Increased capacity for consumer advocacy
- Improved internal facility level resolution process
- Increased coalition/stakeholder engagement
- Improved allocation of LTCOP resources
- Higher quality of life and care provided to residents
- Increased consumer voice in policies
- Improved person-centered/individualized care policies/legislation/regulation
- Reductions in repeat offenses
- Reduced disparities within and across facilities in complaints and offenses

Contextual Factors

- Program autonomy and conflicts of interest (related to organizational placement, access to legal counsel, willful interference)
- Personal characteristics of LTCOP staff (leadership, management, advocacy, negotiation skills)
- Relationship with stakeholders (social, political and fiscal climate of the state; financing, number, and type of LTC facilities, services and supports; demographic, socioeconomic, geographic, and health and disability characteristics of consumers, populations and communities)
Long-Term Care Ombudsman Program
Local/State/Program-Level Logic Model

Revised from May 29th WebEx meeting

Resources/Inputs

- Enabling legislation/state mandates
- Regulations
- Program standards/state policies
- Legal counsel
- Partnerships/MOUs
- Training and technical assistance
- Peer-to-peer support
- Staff (paid and volunteer)
- Funding
- Data systems & IT

Activities

- Education and outreach
- Systems advocacy
- Program quality assurance

Outputs

- Amount of information distributed to stakeholders
- Hours of training/TA provided to stakeholders
- # & range of stakeholders reached
- Amount of other contacts (e.g., presentations) made

- # public testimonies at hearings, legislative sessions, etc.
- # written analyses & recommendations
- # & diversity of stakeholder relationships & diversity of topics

- Amount of consistent program mgmt & monitoring (e.g., volunteer mgmt)
- Analysis of efficiency providing local/State/program-level service
- # evidence-based programs implemented
- Level of access to stakeholders
- Monitoring of external local/State/program issues

Outcomes

Short-Term

- Increased stakeholder knowledge of consumer rights, LTCOP, LTSS among advocates, partner agencies, legislators, and policy makers and understanding of program value

- Improved efficiency in response to local/State/program issues
- Stronger LTCOP staff competencies and sensitivities

Medium-Term

- Increased formation of in coalitions at local/State/program level
- Improved stakeholder coordination/collaboration
- Increased stakeholder advocacy on behalf of LTCOP issues
- Increased diversity of funding

Long-Term

- Higher quality of life and care provided to residents
- More efficient, effective, equitable LTCOP
- Improved person-centered/individualized care practices & policies at the local/State/program level
- Enactment, promulgation, refinement & enforcement of LTCOP-supported laws & regulations
- Greater coordination of local & State-level mandates
- Increased rate of ombudsmen referrals to regulatory agencies that convert to substantiated violations

Contextual Factors

- Program autonomy and conflicts of interest (related to organizational placement, access to legal counsel, wilful interference); personal characteristics of LTCOP staff (leadership, management, advocacy, negotiation skills); relationship with stakeholders; social, political and fiscal climate of the state; financing, number, and type of LTC facilities, services and supports; demographic, socioeconomic, geographic, and health and disability characteristics of consumers, populations and communities
Long-Term Care Ombudsman Program
Federal-Level Logic Model

Revised from May 29th WebEx meeting

**Resources/Inputs**
- Enabling legislation/ state mandates
- Regulations
- Program standards/ state policies
- Legal counsel
- Partnerships/MOUs
- Training and peer support (associations)
- Staff (paid and volunteer)
- Funding
- Data systems & IT

**Activities**
- Education and outreach
- Systems advocacy
- Program quality assurance

**Outputs**
- Amount of information distributed to stakeholders
- Hours of training/TA provided to stakeholders
- # & range of stakeholders reached
- Amount of other contacts (e.g., presentations) made
- # public testimonies at hearings, legislative sessions etc
- # written analyses & recommendations
- # & diversity of stakeholder relationships & diversity of topics
- Amount of consistent program mgmt & monitoring
- # coalition/partnerships developed
- Analysis of efficient provision & use of Federal resources
- Monitoring of Federal issues

**Outcomes**

**Short-Term**
- Increased Federal stakeholder knowledge of consumer rights, LTCOP, LTSS among advocates, partner agencies, legislators, and policy makers
- Improved Federal stakeholder coordination/collaboration
- Increased Federal stakeholder advocacy on behalf of LTCOP issues
- Stronger LTCOP staff competencies & sensitivities
- Increase in AoA monitoring and feedback to State programs
- Increase in other Federal funds leveraged

**Medium-Term**
- Higher quality of life and care provided to residents
- More efficient, effective, equitable LTCOP nationwide
- Increased promotion and support of person-centered/individualized care practices through Federal programs (e.g., TA centers, grant opportunities)
- Enactment, promulgation, refinement, & enforcement of LTCOP-supported laws & regulations
- Improved, consistent, national reporting system
- Increased diversity of funding

**Long-Term**
- Greater coordination of Federal and State-level mandates

**Contextual Factors**
program autonomy and conflicts of interest (related to organizational placement, access to legal counsel, willful interference); personal characteristics of LTCOP staff (leadership, management, advocacy, negotiation skills); relationship with stakeholders; social, political and fiscal climate of the state; financing, number, and type of LTC facilities, services and supports; demographic, socioeconomic, geographic, and health and disability characteristics of consumers, populations and communities

- See list of enabling/limiting factors for an expanded set of variables.
Long-Term Care Ombudsman Program
Overarching Logic Model

Revised from May 29th WebEx meeting

Resources/Input

Enabling legislation/ state mandates

Regulations

Program standards/ state policies

Legal counsel

Partnerships/MOUs

Training & technical assistance

Peer-to-peer support (associations)

Staff (paid & volunteer)

Funding

Data systems & IT

Activities and Outputs

Individual/Consumer Advocacy
- Amount of service (# referrals, consultations, investigations)
- Accessibility of service (# facility visits, hours spent at activities, time to follow up)

Education and Outreach
- Amount of info distributed
- # people & orgs reached
- # citizens’ organizations promoted
- Hours training/consultations provided
- # facility-level stakeholder mtgs

Systems Advocacy
- # public testimonies
- # legal remedies sought
- # written analyses & recs
- Identification of emerging issues
- # stakeholder mtgs
- # & diversity of stakeholder relationships & diversity of topics

Program Quality Assurance
- Amount of consistent program mgmt & monitoring
- Analysis of efficiency providing service
- Rate of complaints against ombudsmen
- # evidence-based programs implemented
- Level of access to stakeholders
- Monitoring of external issues
- # partnerships developed

Federal
- # Federal stakeholder knowledge of consumer rights, LTCOP, LTSS
- Stronger LTCOP staff competencies & sensitivities
- # AoA monitoring & feedback to State programs
- # other Federal funds

Local/State/Programs
- # stakeholder knowledge of consumer rights, LTCOP, LTSS and understanding of program value
- Improved efficiency in response to local/State/program issues
- Stronger LTCOP staff competencies & sensitivities

Local/State/Programs & Federal
- # formation of coalitions at local/State/program level
- Improved stakeholder collaboration
- # LTCOP staff competencies & sensitivities
- # Federal funds

Outcomes (Consumers)

Short-Term
- ↑ awareness of resident rights, LTCOP, LTSS & LTCOP advocacy
- ↑ access to services
- ↑ complaint resolution rate
- ↑ % substantiated referrals
- ↑ participation in councils
- ↑ satisfaction w LTCOP
- Improved & more efficient services

Medium-Term
- Improved prevention of problems
- ↓ unmet need
- ↑ consumer confidence raising issues
- Active & effective councils
- Improved mgmt & allocation of LTCOP resources

Long-Term
- ↑ quality of life
- ↑ quality of care
- ↑ resident empowerment
- ↓ health/clinical disparities linked to LTSS
- ↓ repeat complaints & disputes in complaints & resolutions

Outcomes (Facilities, Programs, Systems)

Short-Term
- ↑ provider knowledge of consumer rights, LTCOP, LTSS
- Improved prevention of problems
- ↑ facility recognition of LTCOP’s value
- ↑ willingness to contact LTCOP
- ↑ consistency & efficiency of LTCOP services

Medium-Term
- ↑ person-centered care provided by staff
- ↑ capacity for consumer advocacy
- Improved internal response process
- Improved mgmt & allocation of LTCOP resources
- ↑ coalition/stakeholder engagement

Long-Term
- ↑ quality of life for residents
- ↑ quality care provided to residents
- ↑ consumer voice in policies
- Improved person-centered care policies/legislation/regulation
- ↓ repeat offenses & disputes in complaints & offenses

Contextual Factors
program autonomy and conflicts of interest (related to organizational placement, access to legal counsel, willful interference); personal characteristics of LTCOP staff (leadership, management, advocacy, negotiation skills); relationship with stakeholders; social, political and fiscal climate of the state; financing, number, and type of LTC facilities, services and supports; demographic, socioeconomic, geographic, and cultural characteristics; LTCOP programs implemented; supported laws & regulations; implementation of best practices; consumer confidence raising issues; LTCOP issues; LTCOP resources; LTCOP staff competencies & sensitivities; LTCOP advocacy

Revis
### Outcomes

#### Consumers
- Awareness of resident rights, LTCOP, LTSS & LTCOP advocacy
- Access to services
- Complaint resolution rate
- % substantiated referrals
- Participation in councils
- Satisfaction w LTCOP
- Improved & more efficient services

#### Facilities
- Provider knowledge of consumer rights, LTCOP, LTSS
- Improved prevention of problems
- Facility recognition of LTCOP’s value
- Willingness to contact LTCOP
- Consistency & efficiency of LTCOP services

#### Local/State/Programs
- Stakeholder knowledge of consumer rights, LTCOP, LTSS, and understanding of program value
- Improved efficiency in response to local/State/program issues
- Stronger LTCOP staff competencies & sensitivities

#### Federal
- Federal stakeholder knowledge of consumer rights, LTCOP, LTSS
- Stronger LTCOP staff competencies & sensitivities
- AoA monitoring & feedback to State programs
- Other Federal funds

#### Local/State/Programs & Federal
- Formation of coalitions at local/State/program level
- Improved stakeholder collaboration
- Stakeholder advocacy on behalf of LTCOP issues
- Local/State/program/Federal support for LTSS
- Improved, consistent, national reporting system
- Implementation of best practices
- Improved mgmt & allocation of LTCOP resources
- Diversity of funding

#### Consumers
- Quality of life
- Quality of care
- Resident empowerment
- Health/clinical disparities linked to LTSS
- Repeat complaints & disparities in complaints & resolutions

#### Facilities
- Quality of life for residents
- Quality care provided to residents
- Consumer voice in policies
- Improved person-centered care policies/legislation/regulation
- Repeat offenses & disparities in complaints & offenses

#### Local/State/Programs & Federal
- Quality of life for residents
- Quality care provided to residents
- More efficient, effective, equitable LTCOP
- Improved person-centered care practices & policies
- Enactment, promulgation, refinement & enforcement of LTCOP-supported laws & regulations
- Coordination of local/State/Federal mandates