

Strategy Brief:

**Ombudsman Program Connections to
Home and Community Based Services**

Report on National Dialogue Forum #1

Prepared by the National Association of State Units on Aging

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Ombudsman Resource Center

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The National Association of State Units on Aging (NASUA) is a private, nonprofit organization whose membership is comprised of the 56 state and territorial offices on aging.

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Foreword

The National Association of State Units on Aging (NASUA), as part of its work in support of the National Long-Term Care Ombudsman Resource Center (NORC), is convening a series of national dialogue forums on issues of importance to long-term care ombudsman programs and state units on aging (SUAs). The National Dialogue Forums will provide a venue for state aging directors and state long-term care ombudsmen (SLTCOs) to discuss challenging issues and identify promising practices to more effectively serve long-term care consumers.

NASUA has developed a process for convening the National Dialogue Forums consisting of the steps described below.

Step 1. Convene the Advisory Committee to identify topic areas on which the forums will focus in the coming year. The Advisory Committee consists of equal representation of SUAs and SLTCOs (the membership of the Advisory Committee is listed in Appendix A). At the Advisory Committee's first teleconference in September 2003, three topic areas were identified:

- Ombudsman program connections to home and community based services.
- Ombudsman program involvement in nursing home transition efforts.
- Reaching and serving diverse populations.

Step 2. Convene an Issue Identification Panel (IIP) focused on each topic. The IIP will help identify the primary questions for discussion during the National Dialogue Forums. Each IIP consists of approximately 10 representatives of SUAs, state ombudsman program and other areas germane to the topic (e.g., Adult Protective Services, Centers for Medicare and Medicaid Services, Independent Living Centers, home and community based services, etc.).

Step 3. Identify promising practices. Promising practices and information on strategies ombudsman programs use to address the dialogue topic will be solicited from SLTCOs via email prior to each dialogue forum. Additional promising practices will be identified during the dialogue forum.

Step 4. Invite all SUAs and SLTCOs to participate in the National Dialogue Forums.

Step 5. Convene the National Dialogue Forum, consisting of a series of teleconferences on each dialogue topic.

Step 6. Develop a strategy brief. Strategy briefs will provide highlights of the ideas, challenges and promising practices presented during the dialogue forums and obtained via email from state ombudsman programs. A strategy brief for each dialogue topic will be prepared and disseminated to all SUAs and SLTCOs.

Strategy Brief:

Ombudsman Program Connections to Home and Community Based Services

Report on National Dialogue Forum #1

Introduction

This strategy brief presents promising practices and strategies used by ombudsman programs to connect consumers to information on home and community based services (HCBS), including the ombudsman program's role in providing home care information, promoting home care quality, and advocating for home care options. The information presented here is based on promising practices identified by state ombudsmen in response to an email solicitation sent to all programs initially on December 19, 2003 and information provided during the National Dialogue Forum. The National Dialogue Forum consisted of three teleconferences held on January 20, 28 and 29, 2004.

An Issue Identification Panel (IIP) comprised of state ombudsmen, state aging directors, and representatives from CMS and the home care industry helped develop a set of questions for the National Dialogue Forum on *ombudsman connections to home and community based services*. (See Appendix B for the list of IIP participants.) The questions, listed below, were emailed to all state aging directors and state ombudsmen prior to the calls, and were used to guide the discussion during the teleconferences.

A total of 43 individuals from 28 states and the District of Columbia participated in one or more of the teleconferences including:

- 11 representatives from state units on aging.
- 29 state ombudsman program representatives.
- 3 other participants who included representatives from the Administration on Aging and the National Ombudsman Resource Center.

In addition:

- 7 states had representatives from both the state unit on aging (SUA) and the ombudsman program.
- 7 of the 10 states where the ombudsman program has responsibility for handling complaints about home and community based services (Idaho, Maine, Minnesota, Ohio, Rhode Island, Virginia, Wisconsin)¹ participated

¹ The 10 states where the ombudsman program has responsibility for handling home and community based complaints are: Alaska, Idaho, Maine, Minnesota, Ohio, Pennsylvania, Rhode Island, Virginia, Wisconsin and Wyoming.

in the teleconferences. National Dialogue Forum participants are listed in Appendix D.

Prior to and during the calls, NASUA asked state long-term care ombudsmen to identify promising practices or strategies their programs utilize to address the primary and secondary questions in the box below:

The National Dialogue Forum addressed the following questions:

Primary question:

What unique role does or should the long-term care ombudsman program play vis-à-vis other advocates and entities that serve HCBS consumers in terms of:

- providing home care information?
- promoting home care quality?
- advocating for home care options?

Secondary questions:

Does promoting quality in home care fit into the long-term care ombudsman program's larger advocacy responsibilities in long-term care, or does such advocacy conflict with the ombudsman program's responsibility to advocate for quality nursing home care?

Does the long-term care ombudsman program's location (i.e., where the program is housed) impact the program's involvement, or lack of involvement, in home care advocacy?

The primary and secondary questions, developed by the Issue Identification Panel, served as a guide for the dialogues, the process was intentionally flexible in order to allow participants to talk about those areas of greatest concern or common interest. As a result, some of the proposed questions were discussed at greater length than others. This approach effectively met the dialogue's objective of providing meaningful discussion in terms of common challenges and promising practices related to the topic.

The promising practices and discussion highlights are organized by state under four sections:

- I. Providing information about home care.
- II. Promoting consumers' access to home care services.
- III. Advocating for more long-term care options and quality home care.
- IV. Developing relationships with the home and community based services system.

The focus of the discussions was on the primary question. Therefore, the promising practices presented in sections I – III of this strategy brief directly relate to the ombudsman program’s role in providing information, promoting quality and advocating for more home care options. Section IV contains promising practices and discussion highlights that address the relationships that ombudsman programs have established with other agencies concerned with home and community based services.

The secondary questions --- how promoting quality in home care fits into the long-term care ombudsman program’s larger advocacy responsibilities and how location (i.e., where the ombudsman program is housed) impacts the program’s involvement, or lack of involvement, in home care advocacy --- were not discussed in depth. Concerns were expressed that home care advocacy is beyond the legal scope of the program’s responsibility as laid out in the Older Americans Act, could be a potential drain on long-term care ombudsman program resources and would require additional staff training and resources to effectively handle HCBS issues.

The primary purpose of the ombudsman program is to protect nursing home residents. Serving HCBS clients is beyond our mission and would divert our energies, effectively weakening our advocacy efforts for long-term care residents.

Tim Hoyle
State Ombudsman, Delaware

“In an ideal world, I would expand our program to HCBS” clients. However, to do so we “would certainly need to increase our budget and staff.”

Cathy Hart
State Ombudsman, Idaho

However, most participants commenting on this issue supported the notion that working for quality care across the long-term care spectrum, including HCBS, is consistent with the larger advocacy responsibility of the program and not in conflict

“...promoting quality in home care would expand choices for consumers and fit very well into long term care advocacy [though] additional funding would be required.”

Pat Tunnell
State Ombudsman Colorado

with the program’s philosophy. Representatives of six of the 10 state ombudsman programs that have responsibility for handling complaints about home and community based services (HCBS) participated in the discussions. None of these programs expressed concern that advocacy efforts on behalf of HCBS clients were negatively impacting their advocacy on behalf of residents living in long-term care facilities. Most of these programs have substantial additional resources to carry out this responsibility.

Discussion about the impact of the program’s placement identified potential conflicts of interests when the ombudsman program is located in the same agency that provides home and community based services, such as Medicaid waiver services. However, some participants spoke to the benefits and “synergy” of having the ombudsman program and HCBS waiver program staff located in the same agency, citing the potential for joint training opportunities, information sharing and promoting consumer-driven services.

“The ombudsman should not be located in the same agency as the service provider.”

Donna McDowell, Director
Wisconsin Bureau of Aging & LTC Resources

Promising Practices and Discussion Highlights

Nine states (California, Georgia, Indiana, Maine, Missouri, Montana, North Carolina, Rhode Island, West Virginia) provided responses in one or more of the four categories listed above. Contact information for these states can be found in Appendix C.

I. Providing information about home care

Ombudsman programs are frequently contacted by older persons and families considering long-term care options. They may want information about specific long-term care facilities and/or services available in their community. The ombudsman program may refer these callers to community resources such as the Medicaid Waiver Program, assisted living facilities, and county aging programs. All long-term care ombudsman programs respond to requests for information about long-term care by including information about home and community based service options, as well as nursing home care. In 2002, the ombudsman program nationwide handled more than 250,000 requests for information and consultation.² Most ombudsman programs have developed publications on long-term care options that include advice on how to choose an appropriate service. In addition, ombudsman programs conduct thousands of community education sessions each year to help older adults and their families understand the array of care options available to them. Specific examples regarding the information and support ombudsman programs provide to consumers and family caregivers to help them select the best service options to meet their needs are described below.

“The ombudsman is an information resource for persons looking for options to return home from the nursing home.”

Susan Getgan
State Ombudsman,
Pennsylvania

Georgia:

"Frequently Asked Questions about Long-Term Care in Georgia", developed by the Ombudsman Program in conjunction with the State Unit on Aging and area agency on aging (AAA) representatives, provides information on the full range of long-term care services, including community based and facility options. The Georgia Ombudsman Program and AAAs provide copies of this publication to consumers who request information on long-term care options. It is also available on the websites of the Georgia Council of Community Ombudsmen (www.gacoco.org) and the Atlanta Journal/Constitution (www.ajc.com/metro/content/metro/nursinghomes/guide3.html#3).

² **Source:** U.S. Dept. of Health and Human Services, Administration on Aging, National Ombudsman Reporting System data, FY 2002 (preliminary).

Maine:

The Maine Ombudsman Program's publications and the program's website state that program responsibilities include investigation of complaints from consumers who receive care in their homes. The Long-Term Care Ombudsman Program is currently developing a consumer's home care guide. In 2000, the program published a promotional brochure, "Advocates for Home Care Consumers," so consumers and the general public would know that the Ombudsman Program was available to handle home care concerns. In 2003, the Ombudsman Program developed a Public Service Announcement about all the services, including services to home care consumers, the Ombudsman Program provides, which ran on a TV station in northern Maine. In addition, when the Ombudsman Program is invited to speak to various groups, information about home care advocacy is always included.

Maine ombudsmen are experts in home care issues. When ombudsmen investigate a home care complaint, they provide education to consumers and family members about services and consumer rights.

Brenda Gallant
State Ombudsman, Maine

Missouri:

In Missouri, the Pre-Long Term Care Screening and the Elder Abuse & Neglect/Information & Referral "Hotline" takes calls from long-term care facilities and screens all new nursing home residents. If a new nursing home resident appears to be cognitively incapacitated with no responsible party, a copy of the screening form is forwarded to the State Ombudsman. The State Ombudsman then shares the resident's name and facility name with the appropriate Regional Ombudsman Coordinator for follow up with the new resident. The Regional Coordinator then visits the new resident to discuss residents' rights and, if appropriate, alternative care options.

North Carolina:

The Long-Term Care Ombudsman Program provides informational brochures to all nursing home residents and technical assistance to residents who want to return to their home and community. When residents request the ombudsman's help, the program provides assistance to ensure such residents are able to make the right connections to community services as they plan transition back home.

The State Ombudsman has developed a standardized presentation for community groups, entitled "Long Term Care Choices and Options." The presentation, which can be adapted to a group's primary interests, explores issues people face as they and their family members age, including:

- legal issues such as advance directives;
- understanding losses associated with aging;
- adapting a home environment for care of an elderly or disabled person;

- using all the community resources, such as meals on wheels, homemaker services, friendly visitor, senior centers, and transportation, to enable older persons to remain in their homes as long as possible;
- preparation for admission to a long term care facility;
- advocacy tips for relatives of older persons about to enter a nursing home; and
- when to call a Long-Term Care Ombudsman for assistance.

In addition, the Division of Aging has published a caregiver's handbook entitled "Home is Where I Remember Things," which describes the variety of care options that may allow persons to remain in their homes. This publication is distributed by AAAs and local ombudsman programs.

Rhode Island:

The Ombudsman Program works closely with numerous organizations, commissions and committees to provide information about home care to long-term care consumers. Some of the groups the program coordinates with include:

- Department of Elderly Affairs / Home & Community Care Advisory Committee;
- Medicaid Medical Care Advisory Committee;
- Quality Partners (QIO) Consumer Advisory Council;
- Health Care Quality Steering Committee;
- Long Term Care Coordinating Council;
- Meals on Wheels / Volunteer Guardianship Program;
- Partnership for Home Care;
- Fund for Community Progress; and
- Disability Law Center.

The Rhode Island Long-Term Care Ombudsman Program is located in a private, non-profit organization, the Alliance for Better Long Term Care. In 2000, through the advocacy of the State's Long Term Care Coordinating Council, the home care industry, the Department of Elderly Affairs (DEA), and the Alliance for Better Long-Term Care (a non-profit organization that operates the ombudsman program under a grant from the DEA) the state appropriated \$50,000 to support Home Care Ombudsman services. Funds are provided to the DEA which awards a grant to the Alliance to support the necessary staff to provide Ombudsman services to the recipients of home care services.

II. Promoting consumers' access to home care services

During the dialogue forums many state ombudsmen said that their connections with the HCBS network emanate from their programs' encounters with long-term care facility residents expressing a desire to return to their own homes or communities, when residents must relocate due to

"The bottom line is there are people who want to stay in their own homes."

Pat Tunnell
State Ombudsman, Colorado

the facility being closed because of

bankruptcy or regulatory violations, or involvement in nursing home transition initiatives, some funded by state Systems Change grants. In these instances the ombudsman program offers information and assistance to residents and their caregivers regarding long-term care options, including home and community based services, makes referrals to Medicaid waiver programs, Independent Living Centers or other appropriate agencies, or monitor the long-term care facility's discharge plan to ensure residents have access to the necessary home care services for a successful transition.

Included in this section are several examples of ombudsman program involvement in nursing home transition initiatives, such as the "PACT" initiative in California, described below. NASUA is planning a separate dialogue forum on this issue, and will solicit additional information on the topic.

California:

The Contra Costa County Ombudsman Program participates in Providing Assistance to Caregivers in Transition ("PACT") an AoA-funded program that supports, educates and empowers caregivers in moving their loved ones out of an institutional setting to return home. In the PACT program, a team of health care professionals (case manager, public health nurse, Independent Living Specialist and Ombudsman Specialist) assists the caregiver and the care receiver to identify the best options for care.³

Georgia:

If nursing home residents request assistance to leave the nursing home and move into the community, the Ombudsman Program assists them in obtaining information and contacting resources, and provides support and encouragement to help them through the process of waiting for services to become available.

Indiana:

The Ombudsman Program works with the State Medicaid Office on behalf of individual residents who want to return to the community and advocates on behalf of individuals who experience difficulty accessing home and community based services.

Indiana law mandates the Long-Term Care Ombudsman Program to advocate for consumers of home and community based services (HCBS). However, state funds are currently available only to support ombudsman services to waiver recipients who reside in assisted living facilities.

Montana:

The Ombudsman Program works with the Medicaid waiver program, community based service providers and nursing homes to enable nursing home residents who wish to do so,

³ Additional information about PACT will be provided in the strategy brief on National Dialogue Forum #2.

to successfully return to their homes. In a typical case in which the Ombudsman Program was involved, the resident's multiple physical and mental health needs required numerous planning meetings and careful delineation of the programs/agencies which could best provide the services needed.

North Carolina:

The State Ombudsman Program staff participates in a Nursing Homes Transition work group designed to assist Medicaid-eligible nursing home residents who choose to return to the community. The Ombudsman Program helps residents find the right community resources, empowers them to develop and carry out their own care plan for meeting their needs once in the community, and educates families about the resident's right to choose where he or she lives. In some situations, the Ombudsman Program makes referrals to Family Caregiver Specialists who work in the area agencies on aging to assist caregivers in finding and using community resources.

West Virginia:

The Ombudsman Program works to ensure that consumers who want home care services, particularly those consumers who are in long-term care facilities, receive a full explanation of options available to them. As ombudsmen routinely visit residents in long-term care facilities, residents frequently ask about the possibility of leaving the nursing home, going to an assisted living facility or returning to their own home or the home of a relative or friend. When this happens, the ombudsman often refers the resident to the nursing home social worker to explore an effective discharge plan and may also make a referral to community resources such as the Medicaid Waiver Program, county agency on aging or assisted living facilities. In these instances, the ombudsman checks back with the resident to ensure that a discharge plan was formulated. The program has worked with several residents by putting them in touch with the West Virginia University Center for Excellence in Disabilities, which administers a Real Choice Systems Change Grant in West Virginia and continues to work with them until they return to the community, some back to their own homes.

Ombudsman programs that have responsibility for handling home care service (HCBS) complaints generally offer more direct assistance to home care recipients and their family caregivers with regard to access and quality of care problems. In two states (Ohio and Wisconsin) where the ombudsman program has responsibility for HCBS, every participant in a Medicaid waiver program must be given information about how to contact the program if they experience a problem with their services. The example below is from one of the states where the ombudsman program has responsibility for handling HCBS complaints.

Maine:

Maine regulations require that written notices of termination, reduction, or denial of services to home care recipients include information about how to contact the Ombudsman Program for assistance. When a consumer of any age requests an appeal, an ombudsman visits the consumer and completes a preliminary evaluation to determine the merits of the case. If an appeal is determined to have merit, the Ombudsman Program refers older consumers to Legal Services for the Elderly, Pine Tree Legal Assistance, Inc. or the Disability Rights Center for legal representation at the administrative appeal hearing. If there are no other advocates available, the program represents home care consumers under the age of 60 when they file an administrative appeal of a reduction, termination, or denial of services

III. Advocacy for more long-term care options and quality home care

Ombudsmen programs support efforts to ensure consumers access to a broad range of service options to meet their needs. They also want those options to provide a high level of quality services to recipients. Ombudsmen who participated in the National Dialogue Forum provided a number of examples of their efforts in this area. These activities are frequently part of broader efforts involving other

“Legislators rely on ombudsman data ... with respect to the ... availability of home care services.”
Statement by several state ombudsmen during the Dialogue Forum

organizations and coalitions engaged in legislative advocacy.

“I look at this program in terms of advocacy and ... leadership ... assisting long-term care consumers regardless of where they happen to live.”
Jim Varpness
SUA Director, Minnesota

Advocacy efforts of state ombudsman programs to both increase services and improve the quality of services have often been successful. State Ombudsmen from Arizona, Iowa and Maine asserted that legislators have come to rely on data and reports

from the Ombudsman Program when considering decisions about increasing HCBS appropriations.

The following programs reported limited involvement in home care advocacy.

Indiana:

The State Ombudsman has participated on several task forces charged with developing a comprehensive long-term care system, including improving/integrating current services and expanding or developing new services. The primary systems advocacy activity of the Ombudsman Program is providing information at the state policy level on the difference between quality assurance from a systems perspective and the consumer’s viewpoint and the importance of consumer rights and autonomy. The program educates consumers and

their families about their rights and the importance of monitoring the quality of their home and community based services. The program is also advocating for additional funding to provide ombudsman services to all HCBS users.

North Carolina:

The North Carolina Ombudsman Program advocates for the establishment of both state and national criminal background checks for individuals who work in all health care settings, including home care.

West Virginia:

The Ombudsman Program advocates for additional long-term care options in response to many residents' expressed desire for alternatives to long-term care facilities. The State Ombudsman actively participates in the state's efforts to develop a plan for addressing the Olmstead Decision, including the development of alternatives to nursing home services.

“Promoting home care quality presents a challenge to the program since we do not have the resources to promote it on the same scale as we do quality in nursing homes.”

Larry Medley
State Ombudsman, West Virginia

Although the programs listed below do not all have authority to investigate home care complaints, these ombudsman programs are extensively involved in home care advocacy.

Georgia:

The Long-Term Care Ombudsman program has for years advocated for accessible, affordable community based long-term care options through recommendations in its annual report, testimony before legislators, and involvement in policy-making workgroups. Successful advocacy efforts have included stronger laws and regulations related to community living arrangements and personal care homes. Together with other aging and disability advocates, including a coalition called "Unlock the Waiting List," the Ombudsman Program has also supported increased funding for Medicaid Waiver Programs. These programs have steadily increased their budgets (and avoided severe cuts during tight budget years), in part because of this advocacy.

“As more of our clients are telling us they want home and community based options, it seems consistent to me that we would want to make sure they have a) choices and b) quality choices. And that is consistent with our mandate to advocate for people who need long-term care.”

Becky Kurtz, Esquire
State Ombudsman, Georgia

The Ombudsman Program has also worked to improve the quality of home and community care. Most recently it strongly advocated for licensure of adult day care to improve quality and standardize the services available to recipients. In 2003, the Georgia

General Assembly enacted a licensure law. Currently, the Ombudsman Program is part of the Coalition of Advocates for Georgia's Elders that supports funding to implement adult day care licensure.

Maine:

Because the Ombudsman Program has responsibility for handling home care complaints, the ombudsman has a statutory appointment to the state's Long-Term Care Oversight Committee that reports to the legislature annually about many aspects of long-term care, including quality home care, consumer rights and direct care worker staffing issues. In May 2002, the program successfully advocated for a regulatory change that requires all home care agencies in Maine to inform consumers about the Ombudsman Program when they begin receiving services and when consumers file a complaint about a home care agency. In June 2002, the Ombudsman Program, with other members of the Long-Term Care Implementation Committee (LTCIC), held public hearings on home care issues, resulting in the formation of a subcommittee of the LTCIC to look at the home health program in Maine to make it more consumer-friendly and more cost-effective.

The Ombudsman Program provides information to Maine legislators about the needs of home care consumers, educates individual legislators about Maine's many and varied home care programs, and reviews and comments on proposed home care rules and legislation as a way to promote alternative long-term care options. While Maine has a variety of home and community options, the next challenge is exploration of ways to expand consumer-directed options within traditional home and community based services. Home-based services funded by a state appropriation support consumers who need home care but do not qualify for MaineCare [Medicaid] programs.

The State Ombudsman successfully worked to obtain an increased appropriation for home care programs by making legislators aware of the numbers of people on waiting lists whose only option was to enter a nursing home. The State Ombudsman also testified on behalf of recipients of a Medicaid Waiver Program that helps persons who are ventilator-dependent and have complex medical problems remain in their own homes when the program was at risk of being eliminated. As a result, the program continued to receive funding.

The State Ombudsman has also devoted a significant amount of time to systems advocacy to promote quality home and community based services. Recently, the Ombudsman Program drafted legislation to improve the delivery of home care coordination services. The legislation became law and created a statewide Quality Assurance Committee to review the quality of care that is delivered in Maine. The Ombudsman Program also drafted legislation that would give registered nurses the right to use nursing judgment when determining which home care services a consumer needs.

Rhode Island:

In 2003, the Department of Elderly Affairs successfully advocated the expansion of the legislatively mandated Home and Community Care Advisory Committee to include a slot for the Office of the State Ombudsman.

Through participation in various workgroups and coalitions concerned with quality in home care, the Ombudsman Program addresses home care issues at state and local legislative forums, advocating for improvement where necessary. These workgroups and coalitions include:

- Forum on Aging;
- End of Life Task Force (Clinical Steering Committee);
- Department of Health Task Force;
- Guardianship Committee;
- Pain Management (Medical Legal Steering Committee);
- Health Care Association;
- Association of Facilities and Services for the Aging;
- Silver Haired Legislature;
- Gray Panthers;
- Senior Policy Advocates;
- PARI (People Actively Reaching Independence);
- Ocean State Center for Independent Living; and
- Volunteer Guardianship Program (Volunteer Guardianship Training).

IV. Developing relationships with the home and community based services system

In order for ombudsman programs to effectively help older persons, their families and caregivers understand the long-term care options available to them and access those services, ombudsman programs must first educate themselves about home and community based services (HCBS). Ombudsman programs must be aware of the options available to persons who contact the program for assistance and be able to make knowledgeable referrals when appropriate so that consumers and their families do not ‘fall through the cracks’ when trying to find and access services. Developing relationships and building partnerships with organizations and agencies involved with home and community based services is important whether or not the program has responsibility for handling HCBS complaints. As the examples below illustrate, ombudsman programs have established connections, both formal and informal, with a wide range of organizations, agencies and coalitions involved in HCBS issues and initiatives.

“There are many clients that the program comes into contact with who want to be at home. In order to advocate for them an ombudsman must know what the HCBS sector is and be able to make those connections This knowledge of the HCBS network is necessary whether or not the ombudsman program also covers HCBS.”

Sharon Zoesch
State Ombudsman, Minnesota

Georgia:

Georgia's Community Care Services Program (a Medicaid waiver program) holds quarterly network meetings in regions throughout the state. In many regions, local ombudsman programs frequently participate. Ombudsmen have been successful in advocating for consumer-friendly policies and practices in community based services, such as:

- Permitting personal care home residents to continue attending senior centers where they benefit from socialization with peers.
- Permitting Medicaid waiver recipients to choose hospice without losing other home care services that do not duplicate hospice services.

Local ombudsman programs also participate on Olmstead-related workgroups and are involved in nursing home transition activities.

Indiana:

Ombudsmen have developed good working relationships with care managers, pre-admission screeners and others who work in home and community based services (HCBS). Each area agency on aging (AAA) has designated a person for the ombudsman to contact when a nursing home resident expresses a desire to move back to the community or when a facility is closing. The Ombudsman Program also sends letters to residents and family members about facility closures that include information about residents' rights and contact information for the AAA's HCBS program should the resident wish to move back to the community. The HCBS contact in each AAA initiates interviews, assessments, and any other actions necessary to facilitate the resident's move to the community. The ombudsman's role is to represent the resident's interest during this process.

Maine:

The Maine State Ombudsman chaired a series of Home Care Coalition meetings in 2003, and continues dialogue with providers, state agencies, and legislators regarding home care. In addition, the program:

- Collects data on home care complaint investigations.
- Trains all ombudsman staff on home care.
- Meets quarterly with staff from Elder Independence of Maine.
- Is a member of the Direct Care Worker Coalition.

The State Ombudsman is an active member of the Joint Advisory Committee on Elderly Persons and Mental Health, a workgroup studying how to effectively manage the 'challenging behaviors' of consumers in long-term care facilities, two Quality Review Committees, a workgroup for Medicare Beneficiaries and the Southern Maine Long-

Term Care Work Group. The Ombudsman Program also works with the Alzheimer's Association, Legal Services for the Elderly, Pine Tree Legal Assistance, Inc., the Disability Rights Center, the Maine chapter of the National Association of Mental Illness (NAMI), Community Mediation Services, the Home Care Alliance, the Personal Care Worker Network, and Alpha-One, which provides consumer-directed services to consumers with disabilities. All this activity on behalf of quality home and community based services led the Maine Home Care Alliance to recognize the Maine Ombudsman Program as 'Advocate of the Year' in 2003.

Rhode Island:

The Ombudsman Program has developed positive working relationships through collaboration with state government agencies, including the Department of Elderly Affairs, Department of Health, Department of Human Services, Department of Mental Health and Retardation, and the Attorney General's Office.

Since 2000, the relationship between the Ombudsman Program and the community based service system has grown. In recognition of the expanded role of the Ombudsman Program, the Alliance, the nonprofit organization where the Ombudsman Program is housed, added the Executive Director of the RI Partnership for Home Care to its Board of Directors. This organization represents the full spectrum of home care service agencies in the state, including the Visiting Nurses Association, hospital based home care, for-profit stand alone agencies and home hospice care. The Executive Director of the Partnership provided an overview of Home Health Care in Rhode Island for volunteer ombudsmen and the Home Care Ombudsman is invited to attend training events sponsored by the Partnership. The Ombudsman Program is actively involved in several other organizations including:

- The Long Term Care Coordinating Council, chaired by the Lieutenant Governor. The Council is a major force for advocacy and quality assurance in all aspects of long-term care.
- The state's Health Care Quality Steering Committee. Chaired by the Director of the Department of Health, this Committee oversees the compilation and publication of reports on quality in health care, including home care services.
- The Consumer Advisory Board for Quality Partners of Rhode Island, the QIO (Quality Improvement Organization) for the state.

West Virginia:

The Ombudsman Program has developed a positive relationship with the staff administering the home and community based aged and disabled Medicaid waiver program within the Bureau of Senior Services and county aging programs, many of which offer community based services. Plans have been made for Medicaid waiver

program staff to provide training to ombudsman program staff on the waiver program and other programs available to people who want to remain in their own homes.

Additional Dialogue Discussion on Ombudsman Role in Home Care

The focus of the dialogue discussions was on the primary questions identified by the Issue Identification Panel (see page 2). Therefore, the promising practices presented in sections I-III of this strategy brief directly related to the ombudsman program's role in providing information, promoting quality and advocating for more home care options. Section IV contained promising practices and discussion highlights that addressed the relationships that ombudsman programs established with other agencies concerned with home and community based services.

The secondary questions --- how promoting quality in home care fits into the long-term care ombudsman program's larger advocacy responsibilities and how location (i.e., where the ombudsman program is housed) impacts the program's involvement, or lack of involvement, in home care advocacy --- were not discussed in depth. Concerns were expressed that home care advocacy is beyond the legal scope of the ombudsman program's responsibility as laid out in the Older Americans Act; could be a potential drain on long-term care ombudsman resources; and would require additional staff training and resources to effectively handle HCBS issues. However, most participants commenting on this issue supported the notion that working for quality care across the long-term care spectrum, including HCBS, is consistent with the larger advocacy responsibility of the program and not in conflict with the program's philosophy. Representatives of six of the 10 state ombudsman programs that have responsibility for handling complaints about home and community based services (HCBS) participated in the discussions. None of these programs expressed concern that advocacy efforts on behalf of HCBS clients were negatively impacting their advocacy on behalf of residents living in long-term care facilities. Most of these programs, however, have substantial additional resources to carry out this additional responsibility.

Discussion about the impact of the program's placement identified potential conflicts of interests when the ombudsman program is located in the same agency that provides home and community based services, such as Medicaid waiver services. However, some participants spoke to the benefits and "synergy" of having the ombudsman program and HCBS waiver program staff located in the same agency, citing the potential for joint training opportunities, information sharing and promoting consumer-driven services.

Summary

This strategy brief presents both promising practices ombudsman programs engage in on behalf of home and community based services (HCBS) consumers and the opinions of the Dialogue Forum participants about the role of the program in home and community based services. While a variety of opinions were expressed, there was clear

consensus among participants that older adults and their family caregivers should have access to a wide range of quality home and community care services to allow people to remain in, or return to, their homes. The discussions confirmed that ombudsman programs routinely provide potential consumers and their families information about the entire range of long-term care services available, including HCBS, and that they make referrals to other agencies to assist persons with accessing home and community services. In addition, the discussions revealed that many ombudsman programs are involved in advocacy at the state level to increase the availability and improve the quality of home and community based services.

It is likely that there will be continued discussion and debate on the issue of what the ombudsman program's role in the home and community based services arena should be. For now, each state must decide for itself the extent of the program's involvement in HCBS, within the context of:

- The program's mission as defined in the Older Americans Act.
- The additional resources required for ombudsman services to individuals living in their own homes.
- The need to prevent conflicts of interest that can arise when the same agency both provides the services and advocates for better or additional services.

While some see ombudsman services in HCBS as a natural extension of the program's advocacy on behalf of long-term care residents, others express concern about the current lack of expertise in this area and the potential for diluting the program's primary mission of serving residents of long-term care facilities

National Dialogue Forum

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APPENDIX B

Issue Identification Panel Members

**Ombudsman Program Connections to
Home and Community Based Services**

Issue Identification Panel Members

Panel Task: Identify primary questions of interest to address during the National Dialogue Forum on Ombudsman Program Connections to Home and Community Based Services.

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APPENDIX D

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Ombudsman Program Connections to Home and Community Based Services

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