Chapter 10

Equipping California Long-Term Care Ombudsman Representatives for Effective Advocacy: A Basic Curriculum

CULTURAL COMPETENCY and SENSITIVITY in ISSUES RELATING to the UNDERSERVED AGING LESBIAN, GAY, BISEXUAL, and TRANSGENDER COMMUNITY

Curriculum Teaching Notes

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TABLE OF CONTENTS

INTRODUCTION .................................................................................................................. 3

AGENDA ............................................................................................................................. 8

TEACHING OUTLINE FOR CONTENT ............................................................................. 9

HANDOUTS ........................................................................................................................ 14
Cultural Competency and Sensitivity in Issues Relating to the Underserved Aging Lesbian, Gay, Bisexual, and Transgender Community

CURRICULUM CHAPTER

TEACHING NOTES

INTRODUCTION

PURPOSE
This curriculum chapter discusses issues encountered by lesbian, gay, bisexual, and transgender (LGBT) seniors¹ and provides information to enable long-term care Ombudsman representatives to provide competent and sensitive services to LGBT individuals. Ombudsman representatives can apply their knowledge and problem-solving skills to empower and support LGBT residents.

LEARNING OBJECTIVES
At the conclusion of this training, Ombudsman representatives will know:

- Basic definitions of terms related to LGBT individuals and issues;
- LGBT concerns related to long-term care services;
- Tips for working with LGBT individuals; and
- Tools and resources to use in advocacy and education.

INTENDED USE
This curriculum chapter is intended to be a resource for Ombudsman representatives. The Teaching Notes are designed to provide guidance and ideas for teaching the curriculum to Ombudsman representatives.

BASIS FOR APPROACH
This chapter assumes that the students have learned the curriculum content contained in the other chapters and that they understand the Ombudsman problem-solving process, residents’ rights, and have foundational skills. Therefore, this content is considered additive and assumes that Ombudsman representatives will understand that the residents' rights and tips for working with LGBT individuals build upon what they have learned previously.

The timeframe for teaching this content is shorter than that of many of the other chapters. Teaching is intended to be very interactive to accommodate questions, problem-solving, and application of the content in the curriculum resource material of this chapter. Lecture is to be avoided.

¹ “Seniors” is used to mirror the California statutory language and other research documents regarding LGBT individuals receiving long-term care services. The Ombudsman program also serves younger individuals, some of whom are likely LGBT. This chapter focuses on the experiences of LGBT individuals who are currently seniors.
CONTENTS
The Teaching Notes contain:
- An agenda,
- A teaching outline with space for your notes,
- Links to videos to use in presenting the content,
- Handouts, and
- A PowerPoint presentation.


OPTIONS FOR TEACHING
There are a couple of ways to cover the chapter content.

**Individual Self-Study with Follow-Up Contact:** Distribute the curriculum resource material for this chapter, the links to the video(s) in the Teaching Notes, and the case scenarios.

- Ask students to:
  - Read the chapter and watch the videos. Instruct them to make notes of any questions they have and of points that were new information to them.
  - Read the scenarios and to write their responses to the questions.
- Follow-up, preferably via a phone conversation or an in-person meeting.
  - Discuss the new information they acquired.
  - Answer any questions they have.
  - Discuss the case scenarios and their responses to the questions.
  - Determine whether the student understands how to use their Ombudsman knowledge and skills and the information acquired in this chapter to serve LGBT individuals.
  - If indicated, suggest additional reading or learning exercises to increase the student’s competency and sensitivity in working with LGBT individuals.

**Combination of Self-Study and Classroom**
- Ask students to read the curriculum resource material *prior to class.*
In a class setting, do the activities listed below. Refer to the Teaching Outline for suggested time frames and tips on covering this content in class.

- Quickly review salient points about working with LGBT individuals to be sure that the students understand the primary content.
- Watch and discuss one or more video modules.
- Work case scenarios and discuss.

Regardless of the option selected, the focus needs to address key points.

- How can Ombudsman representatives apply this content in working with residents, individuals who have a relationship with residents, and facility staff?
- What “extra” residents' rights apply to LGBT individuals and why are they needed?
- How consistent is the information in this chapter related to communication and privacy with the information on rights, communication, and the Ombudsman process that has been covered in the other curriculum chapters?

TEACHING TIPS

- Read the curriculum resource materials for this chapter.
- Watch the videos that are included in the Teaching Notes.

**Safe and Visible: Creating a Care Facility Welcoming to LGBT Seniors (33:30)**
https://vimeo.com/203529467

Note: This video was created by Lavender Seniors. You will find a link to a newer video series on the home page of their website. The videos are part of a five segment curriculum, Safe and Visible: Creating a Healthcare Practice Welcoming to LGBT Seniors. The initial video is better for training Ombudsman representatives because it focuses on facilities and shows interactions that are more applicable to Ombudsman program communication and advocacy. If you wish, you can take the course for your own knowledge. There is no charge. [http://lavenderseniors.org/training/](http://lavenderseniors.org/training/)

**Building Respect for LGBT Older Adults** (Six 10-minute modules)
https://www.lgbtaggingcenter.org/training/buildingrespect
- Decide which one(s) you will use, where to break them for discussion, and important points.
- Determine how you can access/play the video(s) in the setting where the training will occur.

☐ Read the Teaching Notes and decide what you will adapt for the students who will participate and for the issues likely to be encountered in your Ombudsman program area.

☐ Read the three scenarios and decide which ones you will use or if you will substitute scenarios that your program has handled.
  - If you substitute another scenario, be sure to focus on teaching basic skills and how to apply residents’ rights and the Ombudsman complaint process.
  - Avoid using such a complicated scenario that students who are receiving basic training get lost in the details or become overwhelmed and miss the primary points related to their role.

☐ Introduce resources and tools, such as residents’ rights, in conjunction with scenarios or real life examples.

☐ Include some practice statements for students to be able to gain experience in using gender neutral language or to reinforce what they may be currently doing.

☐ Review the agenda and the Teaching Notes and decide the length of the training.
  - If students watched the video(s) you assigned and read the chapter content prior to class, the session may be shorter than indicated on the agenda.
  - You may decide to include more videos and discussion or more scenarios, role play, or in-depth discussion than what is suggested.

☐ If you use the Power Point presentation for this topic, use the slides as discussion prompts for questions and comments and to reinforce key points. Edit the presentation as necessary for the exercises you will use.

**SUPPLIES YOU WILL NEED**

☐ Video(s) and a way to play them.

☐ PowerPoint presentation (optional) and a way to show it.

☐ Copies of handouts:
  - Scenarios
- LGBT Residents' Bill of Rights unless students have the curriculum chapter with them. If they have the chapter, use the LGBT Residents’ Bill of Rights included in the chapter.

- Residents’ Rights and the LGBT Community: Know YOUR Rights as a Nursing Home Resident (optional) unless students have the curriculum chapter with them.

☐ Any other resources that you want to incorporate into the session.
AGENDA

The agenda time frames are suggested. You may expand the time to include more video viewing time, more scenarios or other application exercises, or additional time for questions and dialogue.

Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
<td>Introductions and Purpose of Training</td>
</tr>
<tr>
<td>50 minutes</td>
<td>Video(s): viewing and discussion</td>
</tr>
<tr>
<td>30 minutes</td>
<td>Application to Ombudsman Representatives</td>
</tr>
<tr>
<td>90 minutes</td>
<td><strong>Total time not including a break</strong></td>
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</tbody>
</table>
### TEACHING OUTLINE FOR CONTENT

#### TEACHING NOTES

**Purpose**
This curriculum discusses issues encountered by lesbian, gay, bisexual, and transgender (LGBT) seniors and provides information to enable long-term care Ombudsman representatives to provide competent and sensitive services to LGBT individuals. Ombudsman representatives can apply their knowledge and problem-solving skills to empower and support LGBT residents.

**Learning Objectives**
At the conclusion of this chapter, Ombudsman representatives will know:
- Basic definitions of terms related to LGBT individuals and issues;
- LGBT concerns related to long-term care services;
- Tips for working with LGBT individuals; and
- Tools and resources to use in advocacy and education.

#### I. INTRODUCTION TO LGBT SENIOR ISSUES AND TIPS FOR PRACTICE

A. Introduce the topic and engage students in a brief discussion of what they know.

   1. Inform students that the tips and tools/resources you will be discussing build upon what they already know about the role of Ombudsman representatives.

   2. Ask the following questions to engage everyone in thinking about the content to be presented. The responses may provide an overview of the level of knowledge students have. Reserve discussion for later.

      a. What issues do you think LGBT individuals might

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2 “Seniors” is used to mirror the California statutory language and other research documents regarding LGBT individuals receiving long-term care services. The Ombudsman program also serves younger individuals, some of whom are likely LGBT. This chapter focuses on the experiences of LGBT individuals who are currently seniors.
TEACHING NOTES

experience living in a long-term care facility?

b. What makes these experiences different from issues faced by other residents?

B. Show a video to introduce many of the terms, issues, and tips included in the content of this curriculum chapter. Two videos are suggested. Review and decide which one(s) you want to use and how you will use the various segments of the video you select. Both videos provide engaging ways to cover the curriculum content and offer real life examples which can lead to discussion regarding the application to Ombudsman representative work.

1. Show Safe and Visible: Creating a Care Facility Welcoming to LGBT Seniors.³ (33:30 minutes total time) https://vimeo.com/203529467

This video provides definitions and an overview of the LGBT senior population and issues related to living in long-term care facilities. It offers the perspective of various residents and contains some scenarios. There are six parts and each one contains tips for action which can be adapted to the role of Ombudsman representatives. You may choose to skip some of the content or let it play to provide more ideas for facility practices that Ombudsman representatives may use in education or in problem-solving.

a. Ask students to listen for tips on:

i. Terminology to use,

ii. Ways to establish trust to build relationships,

iii. Information they will use in their Ombudsman advocacy.

b. Pause the video after content sections, e.g., definitions, to provide an opportunity for questions or to engage in a brief discussion if you think it would help students understand the information

³ Produced by LIFE ElderCare/Lavender Seniors of the East Bay.
c. Pause the video after each video scenario in Part Six. Ask:

i. How can the Ombudsman program, or an Ombudsman representative, apply this information?

ii. Listen for any tendency to focus on facility staff roles instead of the Ombudsman representative role.

- The scenario with the staff person wearing a rainbow pin may not exactly translate to Ombudsman practice. The adaptation is how Ombudsman representatives' body language and words of greeting or comments indicate an openness.

- The scenario with the staff person discussing facility policies with a resident does not depict the Ombudsman role. An adaptation could lead to a discussion of how Ombudsman representatives might respond if they overheard similar comments.

   - Whose role is it to educate and inform residents about respect for everyone?

   - How does the facility deal with this type of situation?

   - How might an Ombudsman representative follow up with either or both residents if the Ombudsman representative overhears such a conversation?

2. Building Respect for LGBT Older Adults\(^4\) is a set of six videos, and each module is 10 minutes long. You can show one or more of these, depending upon the topics you want to emphasize. Registration is

\(^4\) Produced by the National Center on LGBT Aging.
TEACHING NOTES

required and is free.

https://www.lgbtagingcenter.org/training/buildingrespect

a. Use the discussion prompts in (b) to promote dialogue regarding understanding the needs of LGBT individuals, issues they may experience, and how to adapt the content to the role of the Ombudsman representative.

II. APPLICATION EXERCISES

A. Use one or more of the scenarios included in the Handouts section.

B. Provide time for students to read the scenarios and respond to the questions. You may do one or more of these as individual exercises, small group work, a general discussion, or a mixture of these methods if you use more than one scenario. Another option is to role play the scenario or the Ombudsman representative’s response. If you choose this option, be sure that the correct process for Ombudsman representative actions is modeled. You want everyone to leave with the positive (desired action and language) as the image they retain.

1. Discuss the responses to the questions.

2. Ask students to refer to the LGBT Residents’ Bill of Rights to support their actions and to the steps in the Ombudsman complaint process (problem-solving) as well as to their general knowledge of residents’ rights.

3. Ask for statements that they would make to the residents and to the staff. Listen for gender neutral language.

4. Interject teaching points as necessary.

5. Reinforce the role of Ombudsman representatives.

C. Consider reviewing the handout Residents’ Rights and the LGBT Community: Know YOUR Rights as a Nursing Home Resident and discussing how the students may
TEACHING NOTES

use this resource in their work.

D. Summarize the primary points in this training and remind everyone that this content adds to their competency and skills in serving all residents.

YOUR NOTES
HANDOUTS
Pat Stone
Adapted from a Training for the New Jersey Long-Term Care Ombudsman Program

Pat Stone is a transgender individual who was born a man but has lived as a woman for 50 years. She recently suffered a stroke which left her paralyzed on her right side. She now has difficulty talking and making herself understood since her speech is slow and somewhat garbled. Not having anyone who could help care for her, she was discharged to a nursing home after her hospital stay. She has been given a shared room with a man who has moderate dementia. Pat is very uncomfortable in her current arrangement and feels like she cannot be herself. The social worker at the facility has called the Ombudsman program for assistance. You respond.

1. Where do you begin?

2. What are the issues?

3. How do you proceed? List the primary steps you would take and any resources you would/could use.

4. What would you do to try to prevent similar situations in the facility in the future?
Whose Rights Prevail?

While you are visiting in Valley View Residential Care Facility, Alex Diaz asks for your help. He says that he and other residents are uncomfortable because there are three people who have moved into their building within the past couple of months who are too “different” from everyone else. The new residents do not fit in with the community. When they are in the dining room or join in activities, they look and sound different. Other residents try to avoid sitting with them and often leave the room whenever one of them enters. A couple of residents have told the new people to “Go away” and “Go somewhere else where you belong.” The Valley View administrator and staff ignore the complaints of the long-time residents. Mr. Diaz is upset and says that an attitude of fear and resentment is simmering among the residents. He asks you to intervene to get the three new residents to move to another facility. Mr. Diaz says that it is your responsibility to help the residents maintain their quality of life and to be comfortable in their home.

1. Where do you begin?

2. What are the issues?

3. How do you proceed? List the primary steps you would take and any resources you would/could use.

4. What would you do to try to prevent similar situations in the facility in the future?
Maggie Smith
*Adapted from a Training for the New Jersey Long-Term Care Ombudsman Program*

Maggie Smith became a resident of Happy Hills Nursing Home three weeks ago. She has severe rheumatoid arthritis and is unable to walk or get out of bed without assistance. She needs help with many of her ADLs. She is fully competent and aware of her surroundings. Her partner of 25 years, Judy, had been caring for her at home, but Judy died suddenly of a heart attack. Realizing she needed around the clock care, Maggie chose Happy Hills since it was the only nursing home in her small community. Most of the staff have been polite, but none are really friendly to Maggie. They only come to the room when she calls for assistance. Every day she has a different person responsible for her care. None of the staff have been willing to assist Maggie with a bath or shower since she arrived at the facility. She has asked for assistance, but each time, the staff person makes an excuse, “We need two staff and no one else can help,” or “It’s another wing’s day to use the showers,” or “I’ll come back later to give you a sponge bath.” No one returns to give her a bath or shower. Last week after asking again for a bath or shower, Maggie overheard one staff person tell another, “I am not giving that lesbian a bath!” The second staff person agreed. Maggie complained to the nurse in charge, who said she’d take care of it. That was five days ago. Nothing has changed and Maggie still hasn’t had a bath. Maggie contacted the Ombudsman program for help. You visit Happy Hills to respond to Maggie’s request.

1. Where do you begin?

2. What are the issues?

3. How do you proceed? List the primary steps you would take and any resources you would/could use.

4. What would you do to try to prevent similar situations in the facility in the future?
### LGBT RESIDENTS’ BILL OF RIGHTS

California Health and Safety Code §1439.50 – 1439.54

**§1439.51 (a)** It is unlawful for a long-term care facility or facility staff to take any of the following actions wholly or partially on the basis of a person’s actual or perceived sexual orientation, gender identity, gender expression, or human immunodeficiency virus (HIV) status:

1. Deny admission to a long-term care facility, transfer or refuse to transfer a resident within a facility or to another facility, or discharge or evict a resident from a facility.

2. Deny a request by residents to share a room.

3. Where rooms are assigned by gender, assigning, reassigning, or refusing to assign a room to a transgender resident other than in accordance with the transgender resident’s gender identity, unless at the transgender resident’s request.

4. Prohibit a resident from using, or harass a resident who seeks to use or does use, a restroom available to other persons of the same gender identity, regardless of whether the resident is making a gender transition or appears to be gender-nonconforming. Harassment includes, but is not limited to, requiring a resident to show identity documents in order to gain entrance to a restroom available to other persons of the same gender identity.

5. Willfully and repeatedly fail to use a resident’s preferred name or pronouns after being clearly informed of the preferred name or pronouns.

6. Deny a resident the right to wear or be dressed in clothing, accessories, or cosmetics that are permitted for any other resident.

7. Restrict a resident’s right to associate with other residents or with visitors, including the right to consensual sexual relations, unless the restriction is uniformly applied to all residents in a nondiscriminatory manner. This section does not preclude a facility from banning or restricting sexual relations, as long as the ban or restriction is applied uniformly and in a nondiscriminatory manner.

8. Deny or restrict medical or nonmedical care that is appropriate to a resident’s organs and bodily needs, or provide medical or nonmedical care in a manner that, to a similarly situated reasonable person, unduly demeans the resident’s dignity or causes avoidable discomfort.

**§1439.51 (b)** This section shall not apply to the extent that it is incompatible with any professionally reasonable clinical judgment.

**§1439.51 (c)** Each facility shall post the following notice alongside its current nondiscrimination policy in all places and on all materials where that policy is posted:

“[Name of facility] does not discriminate and does not permit discrimination, including, but not limited to, bullying, abuse, or harassment, on the basis of actual or perceived sexual orientation, gender identity, gender expression, or HIV status, or based on association with another individual on account of that individual’s actual or perceived sexual orientation, gender identity, gender expression, or HIV status. You may file a complaint with the Office of the State Long-Term Care Ombudsman [provide contact information] if you believe that you have experienced this kind of discrimination.”

**§1439.53 (a)** Long-term care facilities shall protect personally identifiable information regarding residents’ sexual orientation, whether a resident is transgender, a resident’s transition history, and HIV status from unauthorized disclosure...
Residents’ Rights and the LGBT Community: 
Know YOUR Rights as a Nursing Home Resident

The federal 1987 Nursing Home Reform Law requires nursing homes to “protect and promote the rights of each resident” emphasizing individual dignity and self-determination in the provision of long-term care. Every nursing home accepting Medicare and/or Medicaid must meet federal requirements, including those regarding residents’ rights.

Lesbian, Gay, Bisexual or Transgender (LGBT) Older Adults and Long-Term Care

Current estimates state that 9 million Americans identify as lesbian, gay, bisexual or transgender (LGBT). One study found that 27% of LGBT baby boomers had significant concerns about discrimination as they age and there are reports that LGBT older adults encounter violations of their rights when seeking long-term care services and supports. Incidents of abuse are often unreported or unidentified; however, a majority of individuals responding to a recent survey (578 of the 649 respondents or 89%) felt that staff would discriminate against an LGBT elder who was out of the closet. Additionally, negative treatment, including verbal and physical harassment, by other residents was the most commonly reported problem by respondents in this study.

KNOW Your Rights

Individuals living in nursing homes have the same rights to be free from discrimination and harassment as individuals living in the larger community. In addition, they have rights and protections provided by federal nursing home regulations and state and federal anti-discrimination provisions. The rights of all residents should be honored and respected, regardless of sexual orientation or gender identity or expression. Understanding your rights, learning about ways to solve problems, and knowing how to get help if issues arise is the first step in ensuring quality care. The federal nursing home regulations provide the following resident rights and facility requirements that may be of particular importance to lesbian, gay, bisexual or transgender individuals living in a nursing home. State nursing home regulations and various anti-discrimination laws may provide additional protections (see “Resources” section for link to federal nursing home regulations):

Two friends of mine, Vera and Zayda, had been together for 58 years. When Vera’s Alzheimer’s became too much, Zayda moved her to an assisted living facility. Zayda could barely trust family or neighbors with the truth, let alone strangers, so she and Vera became “sisters.” Much later, after Vera’s death, Zayda needed to move into an assisted living facility herself. She had many, many photos of the love of her life, but dared not display them in her new home. The other residents would talk about husbands, children and grandchildren, but she felt too vulnerable to tell the truth. Zayda was in hiding and terribly isolated. —Nina L., Carlsbad, CA (LGBT Older Adults in Long-Term Care Facilities: Stories from the Field. www.lgbtlongtermcare.org)

8 LGBT Older Adults in Long-Term Care Facilities: Stories From the Field, loc. cit.
9 For more fact sheets and additional resources regarding residents’ rights and advocating for quality long-term care visit the National Consumer Voice for Quality Long-Term Care (Consumer Voice) website www.theconsumervoice.org.
10 See 42 CFR 483.10 for complete list of federal nursing home residents’ rights http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=e5d3af40a300a1dbbea73a7392115694&rgn=div8&view=text&node=42:5.0.1.1.2.2.7.3&didno=42.
Right to be FREE from ABUSE
All residents have the right to be free from abuse (by any individual - including other residents) and facilities must develop and implement policies and procedures that prohibit mistreatment of residents and investigate and report allegations of abuse. Resident mistreatment includes all types of abuse; such as verbal, sexual, mental and physical abuse, neglect and financial exploitation. For example, facility staff cannot refuse to provide care due to a resident’s sexual orientation nor can staff harass a resident due to his/her gender identity.

Right to PRIVACY
Residents have the right to private and unrestricted communication with anyone they choose (e.g. during in-person visits and through letters, telephone and electronic communication) and privacy regarding their medical, personal and financial affairs. Residents also have the right to privacy regarding their bodies, and all care must be given in a manner that maximizes that privacy.

Right to Receive VISITORS
Residents have the right to receive visitors of their choosing. According to the federal government, “residents must be notified of their rights to have visitors on a 24-hour basis, who could include, but are not limited to, spouses (including same-sex spouses), domestic partners (including same-sex domestic partners), other family members, or friends.”

Right to Participate in ACTIVITIES
Residents have the right to participate in (or choose not to participate in) social, religious, and community activities both inside and outside of the facility. For example, you have the right to participate in and promote an event, training or resource regarding LGBT equality (e.g. PRIDE parade, PFLAG support group meeting) without fear of discrimination or abuse.

Right to be treated with RESPECT
All residents have the right to be treated with dignity, respect and consideration and have the right to exercise their choice and self-determination. For example, all residents have the right to be addressed how they want to be addressed (e.g. using a resident’s preferred pronoun) and the right to be clothed and groomed consistent with their gender identity.

Right to PARTICIPATE in YOUR CARE
Residents have the right to be informed about care and treatment, participate in their own assessment and care planning and make decisions regarding their treatment, including health care choices related to gender transition. Residents also have the right to designate a legal surrogate (or, decision-maker) to act on their behalf. State laws, such as health care power of attorney and guardianship laws, govern how someone (including same-sex partners or spouses or other family of choice) can make decisions on your behalf.

Right to be FULLY INFORMED
Facilities must inform residents of any changes in services, changes in care or treatment, what is covered by Medicare and Medicaid or other health care insurance and of a change in roommate or room. Facilities must provide notice before a change in roommate and be as “accommodating as possible” by considering each resident’s preferences. In regards to benefits, the federal government states that Medicare Advantage enrollees are entitled to equal access to services in the same skilled nursing facility their spouse resides in, regardless of sexual orientation. Specifically stating that, “this guarantee of coverage applies equally to couples who are in a legally recognized same-sex marriage, regardless of where they live.”


**Right to CHOICE**
Residents have the right to make their own choices, including what to wear, how to express themselves and their daily routine. Residents also have the right to retain and use personal items (e.g. some furnishings, pictures). Additionally, residents have the right to room with a person of their choice, including same-sex spouses or partners, if they live in the same facility and both consent to the arrangement.

**Right to REMAIN In the HOME**
A nursing home cannot transfer or discharge a resident unless one (or more) of the permissible reasons for transfer or discharge apply. Residents cannot be transferred or discharged due to their sexual orientation or gender identity. (See 42 CFR 483.12 for Admission, transfer and discharge rights, link to federal regulations in “Resources” section).

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**Advocating for YOUR Rights**

You have the right to voice concerns with the staff without fear of reprisal and they must try to resolve grievances promptly. Nursing home staff are required to protect all residents from abuse and report and investigate allegations of abuse. Also, residents have the right to file a complaint regarding abuse, neglect, exploitation or non-compliance with the state licensing and certification agency. There are resources available to support you and agencies responsible for investigating complaints and allegations of abuse.

To locate resources in your state, including the agencies mentioned below, you can contact Eldercare Locator. Eldercare Locator is a national public service to help older adults and caregivers connect with local aging and disability services including the Long-Term Care Ombudsman Program, Adult Protective Services and your state licensing and certification agency. You can reach the Eldercare Locator by calling **1-800-677-1116** or visiting [www.eldercare.gov](http://www.eldercare.gov).

You have several options in addressing your concerns and you can use these at any time depending on your comfort level with working with the facility staff or the type of concern and outcome you want:

- **Share your concerns with the facility administrator, social worker or another staff person.** Inquire about the facility policy for grievances and use it, but know that you are not limited to their grievance policy. Document your conversations and keep a written record of your complaint. If necessary, ask for a care plan meeting to discuss your concerns.
- **Contact your Long-Term Care Ombudsman (LTCO) Program.** Ombudsmen are advocates for residents in long-term care facilities and are trained to resolve complaints with you and on your behalf. For additional information about the ombudsman program and to locate your LTCO program, visit [www.ltcombudsman.org/ombudsman](http://www.ltcombudsman.org/ombudsman). Contact information for your ombudsman program should also be posted in your facility.
- **Contact your state licensing and certification agency.** Each state has an agency responsible for the licensing, certification and regulation of long-term care facilities and investigations of complaints. To locate your state licensing and certification agency visit [www.ltcombudsman.org/ombudsman](http://www.ltcombudsman.org/ombudsman).
- **Contact Adult Protective Services (APS).** APS investigates reports of abuse, neglect and exploitation of elders and, in many states, individuals with disabilities. Every state has APS services, but the services vary by state. To locate APS services in your area, visit [www.napsa.now.org/get-help/how-aps-helps/](http://www.napsa.now.org/get-help/how-aps-helps/).
- **Abuse is a crime.** If you are a victim of abuse in addition to contacting the investigating agencies contact your **local law enforcement agency.**
- **Discrimination against LGBT nursing home residents is illegal.** Contact the Lambda Legal Help Desk for information and lawyer referrals at 1-866-542-8336 or [www.lambdalegal.org](http://www.lambdalegal.org).
Long-Term Care Information, Resources and Advocacy

National Consumer Voice for Quality Long-Term Care (Consumer Voice) The Consumer Voice is the leading national voice representing consumers in issues related to long-term care, helping to ensure that consumers are empowered to advocate for themselves and provides information and tools for consumers, families, caregivers, advocates and ombudsmen to help ensure quality care for the individual. www.theconsumervoice.org 202-332-2275

National Long-Term Care Ombudsman Resource Center (NORC) The National Long-Term Care Ombudsman Resource Center provides support, technical assistance and training to the 53 State Long-Term Care Ombudsman Programs and their statewide networks of almost 600 regional (local) programs. www.ltcombudsman.org 202-332-2275

LGBT Aging Resources and Advocacy

National Resource Center on LGBT Aging The National Resource Center on LGBT Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and/or transgender older adults. http://www.lgbtagingcenter.org 212-741-2247

Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE) SAGE is a national organization that offers supportive services and consumer resources for LGBT older adults and their caregivers, advocates for public policy changes that address the needs of LGBT older people, and provides training for aging providers and LGBT organizations, largely through its National Resource Center on LGBT Aging. www.sageusa.org 212-741-2247

Lambda Legal Founded in 1973, Lambda Legal is the oldest and largest national legal organization whose mission is to achieve full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people and those with HIV through impact litigation, education and public policy work. http://www.lambdalegal.org/ 212-809-8585

National Coalition of Anti-Violence Programs’ National LGBTQ Training and Technical Assistance Center The National Coalition of Anti-Violence Programs (NCAVP) coordinates the National Training and Technical Assistance (TTA) Center on Lesbian, Gay, Bisexual, Transgender, & Queer (LGBTQ) Cultural Competency. The NCAVP Training and Technical Assistance Center is available for direct service and advocacy organizations seeking answers, support, and strategies to become inclusive of and accessible to lesbian, gay, bisexual, transgender, and queer (LGBTQ) survivors. http://avp.org/resources/training-center 1-855-287-5428

The National Gay and Lesbian Task Force The mission of the National Gay and Lesbian Task Force is to build the power of the lesbian, gay, bisexual and transgender (LGBT) community from the ground up. We do this by training activists, organizing broad-based campaigns to defeat anti-LGBT referenda and advance pro-LGBT legislation, and by building the organizational capacity of our movement. http://www.thetaskforce.org/ 202-393-2241

National Center for Transgender Equality The National Center for Transgender Equality (NCTE) is a 501(c)3 social justice organization dedicated to advancing the equality of transgender people through advocacy, collaboration and empowerment. http://transequality.org/ 202-903-0112

FORGE: Transgender Aging Network (TAN) FORGE was founded in 1994 in Milwaukee, Wisconsin, and provides peer support to everyone in the transgender community. http://forge-forward.org/aging/

Nursing Home Regulations

Electronic Code of Federal Regulations- Part 483 Requirements for States and Long Term Care Facilities (483.10 Residents’ Rights) http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr483_main_02.tpl