Enhancing the Performance of Local Long Term Care Ombudsman Programs

Toolkit

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Background:

This Toolkit has evolved from the research efforts of the Enhancing the Performance of Local Long Term Care Ombudsman Programs in New York State and California project. Though the course of this research project, a number of key issue areas were identified as critical themes associated with the effectiveness of Local Long Term Care Ombudsman Programs. This toolkit reflects a broader effort to identify and document successful practices and approaches to these key issue areas nationally. Represented in the toolkit is a collection of best-practice approaches addressing ten key topic areas, providing 34 best-practice case examples from Local Long Term Care Ombudsman Programs spanning 19 states.

Intent:
The purpose of this toolkit is to provide information for Local Long Term Care Ombudsmen and encourage exchange of information concerning effective ombudsman program practices and advance efforts to develop and implement approaches to effectively and meaningfully address the needs and desires of all persons served by local ombudsman programs.

This toolkit has been developed with basic, straightforward information in an easy-to-navigate format. Information pertaining to each highlighted practice is presented individually. A brief description of the practice is provided and accompanied by contact information and a listing of additional resources related to the topic areas such that, where appropriate, additional information may be obtained.

Input for this toolkit has been solicited from Local and State Ombudsman Programs nationwide. Those practices and approaches highlighted in this toolkit have been implemented by a broad range of Local Long Term Care Ombudsman Programs from across a number of states. The selection of particular practices and approaches were based on specific criteria and are described in more detail below.

Key Topics Areas Addressed in the Toolkit Include:

- Adequacy of Resources
- Board & Care Advocacy
- Cultural Competency
- Elder Abuse
- End-of-Life Care
- Legal Support
- Rehabilitative, Convalescent, and Post Acute Care
- Systems Advocacy
- Training
- Volunteers
Methodology for Selection of Promising/Successful Practices

I. Solicitation Process

To identify potential LTCOP practices to include in this toolkit a number of outreach efforts were initiated and included the following:

- Information about the ‘Toolkit’ was provided to the Chair of the National Association of Local Long Term Care Ombudsmen (NALLTCO) which in turn was forwarded to all NALLTCO board members;
- An email inquiry was directed to all State Long Term Care Ombudsmen asking for descriptions and contact information for Local LTCOPs with promising practices within any of areas to be addressed within the Tool Kit;
- A Follow-up announcement was provided to all State Long Term Care Ombudsmen during the National Association of State Ombudsmen Programs (NASOP) annual membership meeting;
- Information and requests for contact information were provided to NASOP Board and Committee chairs during a conference call;
- An email was directed to the Project Advisory Members for the Local Long Term Care Ombudsman Project requesting descriptions and contact information for Local LTCOPs with promising practices within any of areas to be addressed within the Tool Kit;
- An email inquiry and follow-up conference call was conducted with National Ombudsman Resource Center staff requesting any information pertaining to Local LTCOPs with promising practices within any of areas to be addressed within the Tool Kit;
- A review of the National Ombudsman Resource Center Gazette and website were conducted to identify potential promising practices and resources.

II. Selection and Review Process

To determine which LTCOP practices to include in this toolkit each example included met several criteria:

- The practice is a successful practice that could enhance other LTCOPs;
- The practice can be feasibly replicated and/or adapted and used by other LTCOPs;
- The practice represents either a unique practice or represents a consistent, thorough approach to an issue or problem;
- The practice can be utilized by states that utilized distinct local LTCOPs and states that utilize LLTCO employed by the SLTCOP.

Additional consideration was made to include examples from a number of different programs from across different states.

Authors’ Note: 1. Carroll L. Estes, PhD, Professor and Founding Director; Sheryl Goldberg, PhD, Specialist; Steve Lohrer, PhD, Specialist; and Milena Nelson, BA, Analyst are affiliated with the Institute for Health & Aging, University of California, San Francisco. 2. Sara Hunt, MSSW, Project Consultant, is also a consultant for the National Long Term Care Ombudsman Resource Center at the National Citizens’ Coalition for Nursing Home Reform and the National Association of State Ombudsman Programs, Washington D.C.. This project was generously supported by The Commonwealth Fund (a New York City-based private, independent foundation), the Archstone Foundation, The Jacob & Valeria Langeloth Foundation, The New York Community Trust, and The California Endowment. Researchers are grateful for the spearheading effort of CMWF Program Officer, Mary Jane Koren, MD MPH and the significant multiplier effect that CMWF funding has generated. The views presented here are those of the authors and should not be attributed to the granting organizations, their directors, officers, or staff. Direct correspondence to Carroll Estes, PhD, Suite 340, Institute for Health and Aging, UCSF, 3333 California Street, San Francisco, CA 94118; phone: (415) 502-5200; e-mail: carroll.estes@ucsf.edu
ADEQUACY OF RESOURCES

The adequacy of resources impacts a Local Long-Term Care Ombudsman Program’s (LLTCOP) ability to fulfill its responsibilities under the Older Americans Act (OAA). Every State Long-Term Care Ombudsman Program receives an allocation of federal funding based upon a federal formula and provisions in the OAA. Many state and local programs have additional funding from a variety of sources. This tool kit features three examples of supplemental funding sources that are not widely used and one example of a statewide advocacy effort led by LLTCOPs.

Focus  Showcases Raise Money for The Nursing Home Ombudsman Agency of the Bluegrass (NHOA)

Description
The NHOA has two types of showcase events as fund raisers for the program. One event is a Decorator’s Showcase. In 2005, the showcase was held in an 1854 Greek Revival mansion. Different interior decorators are each responsible for one room in the house. This is a month long event whose revenue comes from ticket sales to tour the mansion.

The Holiday Showcase is a similar event but occurs for two weekends during the Christmas season. Maxwell Place, the home of the President of the University of Kentucky, was the setting in 2005.

All proceeds from each event go to the NHOA, which provides services to more than 5,000 residents in long-term care facilities in 17 counties. While these showcases generate significant additional funds for the LLTCOP, the NHOA has many other sources of funding. The diversity of funding sources is listed in the program’s annual report which is available via their website, [www.ombuddy.org](http://www.ombuddy.org).

Results
- Increase in unrestricted revenue for the LLTCOP.
- Increase in the NHOA’s visibility in the community via publicity about the event.
- Partnerships with non-traditional allies and community resources such as interior decorators.
- Public association of the LLTCOP with positive events that everyone can enjoy.

Resources
- Considerable NHOA staff and volunteer time in planning and conducting these events.
- Community donations, corporate sponsorships, and contributions such as decorators’ time, loaned items to be used in the showcases.

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2 *NORC Gazette.* 04/15/05, and conversation with Sherry Culp, Director, Program and Services, NHOA, December 2005.
Focus
Description

LLTCOP Sells Items on eBay

A LLTCOP in Georgia raises funds for two annual events, a dance for nursing home and personal care home seniors and a holiday luncheon for mental health/mental retardation personal care home residents. The Ombudsman Coordinator along with her area volunteers (Advisory Council) spearhead this activity. The money raised also goes to help residents, for example, providing upfront denture money, purchasing equipment, paying bills. A volunteer suggested using eBay. The LLTCO opened an account and recently sold a hand made quilt. The quilt was donated by a senior center in one of the counties served by the program. Monies raised go into the Council bank account to pay for their events and other needs that are not part of LLTCOP operating expenses.

Guidelines:

- Items are sold for the Georgia Council of Community Ombudsmen (CoCO), senior centers, long-term care facility residents, or items from anyone. The seller gets 75% of the money from the sell of the item, the LLTCOP fund, the McIntosh Trail Health Care Education Group (MTHCEG), a part of the McIntosh Trail Long-Term Care Ombudsman Program gets 25%. MTHCEG always gets at least 25% because they pay the fees to be a part of these sites.
- If an item is donated to MTHCEG, then we get 100%.
- This store will help CoCO make money, the senior center make money, Residents or any individual. Everyone can get something.
- There is a store front website, www.postscripts.tripod.com/postscripts/ that will have not only E-Bay items but also other online stores available to anyone who wants to belong to the group.
- If an item doesn't sell on E-Bay it will still be for sale at the online store.
- CoCO will decide at its membership meeting whether to become a part of the online store.

Results

- Increase in LLTCOP funds to provide services for residents.
- Increase in visibility for the LLTCOP.
- Potential revenue source to support the LLTCOP Association, CoCO.

Resources

- LLTCOP time in setting up the accounts and website, informing others about this resource, managing the sites and the items posted and sold.

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3 E-mail from Penny Medhurst, December 1, 2005.
• Resources for paying the associated fees which are self-sustaining as stated in the description section.
• Items to sell.

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Focus
Description
Victims of Crime Act (VCOA) Funding for Ohio LLTCOPs
Ombudsmen in Ohio have found a way to increase the funding for their programs through grants available as part of the Victims Crime Act. Sam McCoy, LTCOP Director in Akron and Dover, secured the first VOCA grants in Ohio and the others were built from that. Three LLTCOPs in the state have received such funding which allows them to provide crime victim assistance to residents in nursing homes who have experienced a crime. According to Mary Day, the LTCOP Director of Pro-Seniors, this money allows ombudsmen to supplement the advocacy they already provide and is an important source of funding. The Crime Victims Fund relies entirely on criminal fines, forfeitures and assessments to support victim services, with no money provided by taxpayer revenues. It offers financial compensation and direct assistance services to victims of all types of crimes. The continuation of this source of funds is subject to Congressional action.4

Through the Ohio Association of Regional LTC Ombudsmen, the LLTCOPs have worked to develop a collaboration among the programs to assist each other in expanding local funding. This is a real strength of the state association.

Results
• Increase in LLTCOP services to residents.
• Recognition of the ongoing services the LLTCOP provides to residents who are victims of crimes.
• Acknowledgement of the occurrence of crime within long-term care settings.

Resources
• LLTCOP time in applying for the funding.

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4 Email from Mary Day, December 2, 2005, April 14, 2005. www.navaa.org, letter from the National Association of Attorneys General, April 12, 2005. NORC Gazette, 05/03/05.
Focus  Advocacy to Increase State Funding for Georgia LTCOP

Description
The Georgia Coalition of Community Ombudsmen (CoCO) successfully advocated for increased State funding for the LTCOP in 2005. CoCO also got funding restored for 2006 to the level of funding before cuts occurred due to a state fiscal crisis.

CoCO presented the need for an increase in LTCOP funding, then a restoration of funding, to the Coalition Of Advocates for Georgia’s Elderly (Co-AGE) as a potential priority for legislative advocacy. Co-AGE adopted the funding of the LTCOP as one of its top three priorities. The combined advocacy of both organizations as well as others, resulted in the legislative appropriations. CoCO used their advocacy skills to improve the capacity of LLTCOPs to serve residents.

Ann Williams, Chair of SLTCOP Advisory Council and Volunteer for Co-AGE, was very active in the Capital supporting this funding increase as was Lisa Moore, Chair of CoCO’s Legislative Committee and staff Ombudsman with the Atlanta LTCO Program and Penny Medhurst, the current CoCO President.5

Results
• Increased state funding for the GA LTCOP which benefited the LLTCOPs.
• Restoration of state funding to previous level after budget cuts occurred.

Resources
Planning and advocacy by CoCO, the association of LLTCOPs in Georgia Assistance from CoAGE and others in advocating for the funding with the Legislature.

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OTHER RESOURCES ON THIS TOPIC


Developed using the results of the 1998 State Long Term Care Ombudsman Survey, conducted by the National Ombudsman Resource Center, this resource brief consists of two parts. The first part highlights some of the activities Ombudsman Programs have participated in to maximize their current program resources. The second part describes unique funding sources that SLTCO Programs are using to expand their fiscal resources beyond the Older Americans Act allocations and state contributions.

The National Long-Term Care Ombudsman Resource Center website contains other types of information relevant to LTCOP resources, www.ltcombudsman.org
BOARD AND CARE ADVOCACY

The 1981 reauthorization of the Older Americans Act expanded the role of the Long-Term Care Ombudsman Program (LTCOP) to cover board and care facilities. Subsequent reauthorizations and policy interpretations made it clear that LTCOPs are to cover long term care facilities including nursing facilities, adult care homes, board and care homes, and assisted living facilities. In recent years, the rapid increase in assisted living facilities has challenged Local LTCOPs (LLTCOPs) to be accessible to all residents. Three prime examples of successful LLTCOP practices in this area are profiled. Although some of these use assisted living in their description, they include many smaller homes commonly known as board and care facilities.

Focus  Bexar County Assisted Living Facilities Task Force

Description  The Bexar County (San Antonio) Assisted Living Facilities Task Force was developed by the District Attorney to gather information and to address issues in unlicensed board and care and assisted living facilities. The LLTCOP was one of many organizations and agencies invited to participate. Other members include federal, state and local government agencies, as well as health care providers who monitor or regulate community homes and assisted living facilities operating in San Antonio and Bexar County. Currently Nick Monreal, the Managing LLTCO, of Bexar Area Agency on Aging (AAA) with the Alamo Area Council of Governments, is the Chair of this task force.

The task force’s mission is to offer education to providers, consumers and neighbors of personal care facilities, and to serve the community through coordinated efforts to share resources with the goal of identifying and assisting unlicensed facilities to obtain compliance.

Although unrelated, the creation of the task force occurred soon after the LLTCOP completed a state funded pilot project to identify illegal and unlicensed facilities in the county. In the second meeting of the task force the LLTCOP shared its data about unlicensed facilities and made recommendations regarding the need to educate providers. No one else had this type of information and knowledge about these facilities and the residents living in them.

The task force initially met monthly. As the immediate issues have been addressed the task force is now meeting on a quarterly basis.

Results  Since its creation in 2003, the Bexar ALF Task Force has accomplished the following:
  • A more appropriate and less intimidating licensure process was developed for the small facilities.
  • Many facilities obtained licensure and are providing better care.

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• Facilities that were operating illegally were closed.
• The LLTCOP is more involved before facilities are closed to assist residents and to provide information about other facilities where residents might go.
• There is more collaboration and relationships are better among Task Force members.
• This Task Force urban model was used in a Legislative bill that was enacted in 2005. A pilot project in a rural area will be initiated with the long range goal of having this model used statewide.

Resources
Task Force/Agencies staff time and expertise, LLTCOP knowledge about facilities and needs of residents; Donated services from many agencies, e.g. the District Attorney’s Office sponsored the printing of an outreach brochure designed by the Task Force, training and meeting space, electronic and printed media coverage, and neighborhood association forums.

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Alamo Area Council of Governments
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Email: nmonreal@aacog.com

Focus
Assisted Living Ombudsman Program

Description
In May of 1997, the Montgomery County Council of Government began an Assisted Living Ombudsman Program (ALOP) in response to the growth in the number of assisted living facilities and problems that were surfacing in those facilities. The ALOP is supervised by the LLTCOP and operates in a very similar manner. There are three paid staff, two full time equivalents, and about twenty-five volunteers. They provide LTCO services in non-nursing home facilities.

The core training content is the same for AL ombudsmen as for LTCO. Content modules specific to working in assisted living facilities replace modules on nursing home rules and regulations. There are a couple of volunteers who work in both nursing homes and assisted living facilities. The AL ombudsman volunteers are invited to participate in the LTCO training conferences. Monthly in-service training is conducted by the ALOP.

Results
• Major improvements have been made in some assisted living facilities as a result of ongoing visits by AL ombudsman volunteers.
• Ombudsmen who serve AL facilities are well trained in the typical issues that arise, community resources, and how to resolve issues in these facilities without the full range of nursing home requirements.
• The LLTCOP is better equipped to provide services to all long-term care facilities.

8 Conversation with Mona Pollack, Nov. 21, 2005.
Resources

- County Government funds
- State funding
- Volunteers receive mileage from the LLTCOP

Contact Information

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Focus

Training for Caregivers in Small Board and Care Homes

Description

To augment individual advocacy on behalf of residents in small board and care homes, personal care homes, adult foster care homes, and similar facilities, some LLTCOPs conduct educational sessions for providers.

Karen Rahm, LLTCO Coordinator, conducts training for caregivers and operators of personal care homes on a regular basis. Sessions are offered three times a year. Typically there are three speakers within a three hour time frame. Karen involves different speakers or agencies in the sessions and covers residents’ rights at least once each year. Recently Karen conducted a session on dealing with grief and loss using Good Grief, a curriculum developed by the Georgia Chapter of AARP.

A small charge per participant ($3.00) covers refreshments and door prizes. Each attendee receives a certificate of attendance which counts towards their required 15 hours of continuing education. The training sessions are well attended, primarily by the smaller homes. These sessions are easy for them to attend and provide useful information to help improve the quality of care and quality of life for residents.

Results

- Personal care home providers are more comfortable in calling LLTCO.
- Better relationship between LTCOP and providers.
- Reaching several homes on a regular basis.
- Establishing connections between providers, resources, and the LTCOP.
- Ultimately, better conditions for residents and respect for residents’ rights.

Resources

Staff time for planning, publicizing, and conducting.

Contact Information

Karen Rahm,

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OTHER RESOURCES ON THIS TOPIC
The National Long-Term Care Ombudsman Resource Center (NORC) website has additional resources on advocacy in board and care and assisted living. Two key references are:


Board & Care Quality FORUM is a quarterly newsletter focused on small homes. It is directed toward caregivers but has practical, educational information that is informative for ombudsmen. For more information contact Sally A. Reisacher Petro at: Reisacher Petro and Associates, 1728 Holly Lane, Pittsburgh, PA 15216, phone: (412)563-7330, fax: (412)563-7331, email: bcqf@adelphia.net, www.bcqf.com
CULTURAL COMPETENCE

An area of emerging practice among Local Long-Term Care Ombudsman Programs (LLTCOPs) is addressing the needs of a diverse resident population. There are various ways through which LLTCOPs have tried to be responsive to the need for diversity in serving residents including recruiting LLTCO with diverse backgrounds, producing LLTCOP information in different languages, and providing training for LLTCO. An excellent resource containing numerous examples of issues and advocacy approaches is the *Strategy Brief: Ombudsman Program Response to Diversity* listed in the Resource Section of this Tool Kit. Three specific examples of effective LTCOP practice follow.

Focus  Cultural Issues in Verbal and Non-Verbal Communication

**Description**

The SLTCOP in North Carolina created a PowerPoint presentation, *Cross Cultural Communication and Advocacy*, on cultural issues related to verbal and non-verbal communication. The focus of the presentation is how non-verbal communication such as touch, spatial proximity, tone of voice and gestures can affect the way an ombudsman is perceived and either accepted or rejected by residents from various cultures. There is also a discussion about how to avoid certain cultural or social taboos. The presentation is available for other LLTCOPs to use in workshops and presentations in their local communities.

The PowerPoint presentation slides are included in the *Strategy Brief, Ombudsman Program Responses to Diversity*, available on the NORC website: [www.ltcombudsman.org](http://www.ltcombudsman.org).

**Results**

- LLTCO are more aware of the way culture influences communication.
- LLTCO are more effective in communicating with individuals from different cultural backgrounds.

**Resources**

Development of the presentation materials and conducting training.

**Contact Information**

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website: [http://www.dhhs.state.nc.us/aging/ombud.htm](http://www.dhhs.state.nc.us/aging/ombud.htm)  
Email: Kathryn.Lanier@ncmail.net

Focus  Lesbian, Gay, Bisexual, and Transgendered (LGBT) Elders

**Description**

The LLTCOP in Denver, Colorado, conducted a four hour training program.

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11 Penny Cook, Volunteer Coordinator, Denver LLTCOP, conversation and email on December 8, 2005.
for LLTCO volunteers on lesbian, gay, bisexual, and transgendered (LGBT) elders. The LLTCOP worked with Emily Lewis, Project Visibility Trainer, to develop and conduct the training.

The training began with Project Visibility, a film that chronicles the experiences of LGBT residents, in their own words. Beginning with the film created an atmosphere of openness that set the tone for dialogue. The remainder of the time engaged the LLTCO in a discussion and using a manual that supplements the film. The training received very positive reviews from the LLTCO. Each LLTCO received a copy of the manual.

Since the training, LLTCO volunteers who did not attend the training have viewed the film and used the manual. Others who attended the training have used the materials as a review of content.

Results

- LLTCO are more aware of LGBT elders.
- LLTCO are more aware of the potential impact of their language and assumptions when interacting with residents and confident in their interactions.
- LLTCO are working from an introductory knowledge base instead of assumptions and potential inaccurate information.

Resources

- A grant from the Colorado Department of Human Services
- LLTCOP preparation and conducting the training

Contact Information

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Focus

LTCOP Information and Residents’ Rights Printed in Several Languages

Description

The Illinois SLTCOP developed and printed new brochures and posters in

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several languages. Included are residents’ rights pamphlets, residents’ rights posters and Ombudsman program brochures. The languages available are Russian, Polish, Chinese, Korean, Spanish and English. The LTCOP is seeking additional translation in Arabic, Assyrian, Bosnian/Serbo-Croatian, Greek, Hindi, Cambodian, Romanian and Vietnamese. Although the materials contain some Illinois-specific language, the content could be modified and used by other states.

These materials with have been shared with the National Long-Term Care Ombudsman Resource Center (NORC) and are available for loan through the NORC library by calling (202)332-2275.

Some LLTCO are bi-lingual, and provide interpretation services for the LLTCOP. The Coalition for Limited English Speaking Elderly (CLESE) staff in the Chicago area also is used for interpretation services for the LLTCOP.

**Results**

- All LLTCOPs use the brochures as needed.
- Residents, staff, and families who read in the available languages are able to have information about rights and services that were not previously available to them.
- Other programs in the aging network also use these materials.

**Resources**

The CLESE translated the brochures. The Elder Abuse Program provided funds to translate both the Ombudsman and EAP brochures.

**Contact Information**

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**OTHER RESOURCES ON THIS TOPIC**

*Strategy Brief: Ombudsman Program Responses to Diversity.* National Dialogue Call #3. National Long-Term Care Ombudsman Resource Center by the National Association of State Units on Aging. August 2005. This paper is on the NORC website, [http://www.ltcombudsman.org](http://www.ltcombudsman.org)


National Association of State Units on Aging (NASUA) has a Diversity Committee with information about many state initiatives in diversity in the aging network. Committee staff person is Bernice Hutchinson. NASUA, 1201 15th Street, NW, Suite 350, Washington, DC 20005, Phone: (202)898-2578, Fax: (202)898-2583, Email: bhutchinson@nasua.org
Cultural Competence Program Models. Administration on Aging. One Massachusetts Avenue, Washington, DC 20201, Phone: (202)619-0724. 
http://aoa.gov/prof/adddiv/progmod/addiv_progmod.asp
ELDER ABUSE

The Older Americans Act states that Long-Term Care Ombudsmen provide services to assist residents in protecting their health, safety, welfare, or rights. Three prime examples of successful Local Long-Term Care Ombudsman Program (LLTCOP) practices in this area are profiled.

Focus The Prevention and Detection of Sexual Assault of Nursing Home Residents

Description Concerned about sexual assault and abuse in nursing homes, Sherry Culp, LLTCO, collaborated with the Rape Crisis Center in Lexington, KY, to design a one hour training program for facility staff. The program is developed for LLTCO and rape crisis programs to use together in educating people who work in long-term care facilities. LLTCO also can use the manual to educate residents and their families. A brochure was developed specifically for consumers.

The training includes: what constitutes sexual assault, reporting requirements, facility policies, and prevention. During the training each participant received a packet with detailed handouts. A pre and post-test is given to assist in evaluating the program’s effectiveness. The Nursing Home Ombudsman Agency of the Bluegrass learned that it was very important for local rape crisis counselors to thoroughly educate LLTCO about sexual assault before taking the information into nursing homes.

The intent is for: LLTCO to understand sexual assault and sexual abuse in nursing homes; LLTCO to be more comfortable in discussing sexual assault issues; residents to not feel ashamed and embarrassed when reporting sexual assault because LLTCO have started a dialogue; residents family, and staff to more quickly identify signs of sexual assault and seek help for residents; others to believe residents more often regarding allegations of sexual abuse and connect residents with community resources; staff to eliminate unwanted attention and comments about a resident’s body during personal care; administrative staff to realize the need for enough staff to monitor residents and to prevent sexual assault.

Results The program has been presented to more than 1,200 facility employees in 44 training sessions in 27 nursing homes.

Resources Collaborative relationship with rape crisis center and funding from the Junior League of Lexington.

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Focus
Adult Protective Services Checks With LTCO Before Placement

Description
The Oklahoma Adult Protective Services (APS) staff has to contact the local LTCO Program before placing a guardianship client in a nursing home. As a result of public attention regarding problems with an APS placement decision, the Guardianship Placement Protocol was revised in December, 2004.

The protocol requires APS staff to take appropriate steps to assure that the facility is able to meet the client’s needs for medical care and safety. The LLTCOP is one of the sources of information about a facility that APS must gather before making a decision. If a facility has deficiencies at or above the “actual harm” level or more than three substantiated complaints by the State Long Term Care Investigations Unit, the State Office staff must be consulted before a placement decision is finalized.

Results
- APS staff is more knowledgeable about differences in quality of care in nursing facilities.
- Guardianship clients have more protection as decisions are made about a nursing facility placement.
- LLTCOP expertise is recognized and used in determining nursing facility placement.
- LLTCOP are alerted to the potential of a new resident in case ombudsman services need to be offered soon after admission.
- LLTCOP and APS staff talk more frequently about quality of care and quality of life issues in facilities.

Resources
LLTCOP has current knowledge about nursing facilities and share it with APS staff.

Contact Information
State Long-Term Care Ombudsman Program Staff
DHS Aging Services Division
2401 N.W. 23rd Street

15 Information sources: Conversation with Bill Whited, Nov. 14, 2005; APS Guardianship Placement Protocol, revised 12-20-04; Success in LTCOP session materials submitted by Bill Whited, SLTCOP Staff, at the 18th Annual State LTCO Training Conference, April 9 - 12, 2005.
Focus  
Conference on Elder Abuse for Law Enforcement, LLTCO, Service Providers, and Others¹⁶

Description  
This conference emerged from a series of annual elder abuse conferences that had been conducted since the early 1990’s. The LLTCOP saw the need to improve coordination with law enforcement in addressing elder abuse and neglect. The monthly meetings of the Lawrence County Elder Abuse Task Force were expanded to include the sheriff, county prosecutor’s office, and police department in planning a conference that would attract law enforcement personnel. Other participants include nursing homes, hospitals, Alzheimer’s Association, mental health organizations, home health agencies, Veteran’s Administration, Mayor’s Office, community action organization, domestic violence center, and adult protective services. The Area Agency on Aging (AAA) which includes the LLTCOP provided the leadership and support for the task force meetings and planning the conference.

Three annual conferences have been held, in the future these will be biannual events. The day long event offers CEUs in many professional fields including law enforcement. The 2004 conference featured speakers from the Attorney General’s Office on exploitation, an expert from Florida on sexual abuse, the Sheriff’s Office on local abuse and neglect, and the State LTCO on the role of the LTCO and working with others to address the issues. Conference sessions were taped and put on DVDs which were distributed to law enforcement offices and are going to providers and others. Attendance at the conference has involved many individuals from all of the organizations on the task force. It is a good mix of law enforcement, social services, nursing homes, and LLTCO.

The conference location is held in different counties within the ten county area covered by the AAA. The Elder Abuse Task Force in the county where the conference is held becomes the planning committee.

Results  
• Better law enforcement response to abuse and neglect of residents,
• Improved coordination and cooperation among the organizations,
• Improved the LLTCOP’s ability to address abuse and neglect issues.

Resources  
• Leadership by the LLTCOP,
• Support from the AAA to help with many of the details of the conference,
• Sponsorships by many organizations to underwrite much of the cost.

Contact Information  
Kaye Mason-Inoshita, Program Director
Long Term Care Ombudsman Program

¹⁶ Conversation with Kaye Mason-Inoshita, November 15, 2005.
OTHER RESOURCES ON THIS TOPIC

Ombudsman Initiatives Addressing Neglect and Abuse. Sherer Murtiashaw. January 2001. This paper contains successful practices to address neglect and abuse from thirteen LLTCOPs across the country. National Long-Term Care Ombudsman Resource Center website


The National Long-Term Care Ombudsman Resource Center website has several other resources related to LTCO advocacy and abuse, neglect, and exploitation. These range from a report from a meeting sponsored by the Administration on Aging to a roundtable discussion between LTCO and adult protective services staff to specific examples of training and of systems advocacy.

http://www.ltcombudsman.org/ombpublic/49_348_969.CFM


http://nasop.org/papers.htm
END-OF-LIFE CARE

An emerging domain for Local Long-Term Care Ombudsman Program (LLTCOP) services is end-of-life issues. As hospice services become more common in long-term care settings and individuals more frequently execute advance directives, LLTCO need to become more knowledgeable about typical issues. This tool kit features three examples of LTCOP practices in this area. These examples focus on working with others to identify issues and to improve care practices for residents. Many other LLTCOPs have worked with facilities to help them identify ways to respectfully acknowledge the death of a resident and the grief of other residents, staff, and family members.

Focus Residents, PEER Graduates and LLTCO form Task Force on End-of-Life Issues

Description A group of residents and PEER graduates working with the LLTCOP in Schuylkill County, under the Concerned Resident Advocates organization, formed a task force. They have identified end-of-life as an issue of focus. They are focusing on issues that face all residents in the area of death and dying and end of life care. The group is convening work sessions involving clergy, facility staff, and other key persons. A PEER graduate/resident was elected to serve as a co-chair of the committee.

Results
- Increased attention to end-of-life issues in the facility from the residents’ perspective.
- Stronger connections between residents, facility staff, and professionals in the community as a result of the dialogue.
- Identification of more resources related to end-of-life issues.

Resources LLTCOP support, resident advocate leadership (PEER), interested individuals inside the facility and in the outside community.

Contact Information Carolyn Tenaglia, Ombudsman
Mid Penn Legal Services
315 N Centre St., Suite #201
Pottsville, PA 17901
Phone: (570)628-3931(ext. 3305)
Fax: (570)628-9697
Email: ctenaglia@midpenn.org

Focus Joint Hospice, LTCOP Training in Massachusetts

Description The Massachusetts LTCOP and the Hospice and Palliative Care Federation of Massachusetts sponsored a series of 14 workshops around the state, with all LLTCOPs and hospices invited to participate. Each program, LTCO and

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18 Success in Ombudsman Programs submitted by Mary McKenna 2005 National Long-Term Care Ombudsman Conference, and email and telephone conversation, November - December 2005.
hospice, had about 45 minutes to provide an overview of its role pertinent to long-term care settings. Following the presentations, 45 minutes were designated for round table discussions. LTCO and hospice personnel covering the same facilities were engaged in dialogue regarding how they could help each other better serve residents, problems encountered, and ideas for continuing the relationship with each other.

Results

- LTCO found the content very informative and helpful.
- New relationships with either local hospice program(s) or the LLTCOP were established in many areas.
- Each program gained a better understanding of the role of the other program.
- Common issues regarding residents’ access to hospice services were identified.
- Fewer hospice organizations, staff, and volunteers participated than was anticipated although many were present.
- Partnerships between the two organizations are continuing locally through the contacts made at these workshops.
- LLTCO are better equipped to respond to resident issues related to hospice services.

Resources

SLTCOP and Hospice Federation time and resources in planning and conducting the workshops.

Contact Information

Mary McKenna, State LTC Ombudsman
Massachusetts Exec Office of Elder Affairs
1 Ashburton Place
5th Floor
Boston, MA 02108-1518
Phone: (617)727-7750
Fax: (617)727-9368
Email: mary.e.mckenna@state.ma.us

Focus

Guidelines for End-of-Life Care in Long-Term Care Facilities Manual and Training\textsuperscript{19}

Description

In 2003 the End-of-Life in the Nursing Home Task Force, a coalition of organizations, produced a Guidelines for End-of-Life Care in Long-Term Care Facilities manual for nursing facilities. The purpose of the manual is to provide guidance on appropriate palliative care objectives for residents in long-term care facilities. In 2004 facilities were invited to a one-day free training and received a copy of the manual. Manuals were given to facilities that did not attend the training. In 2005, the coalition hosted a two-day, free Train-the-Trainer session for corporate nurse trainers. Another round of training is being planned for 2006 due to the staff turnover

\textsuperscript{19} Success in Ombudsman Programs submitted by Carol Scott, 2005 National Long-Term Care Ombudsman Conference, and email, December 2005.
in facilities.

The coalition includes the Section for Long Term Care (surveyors), LTCOP, provider organizations, hospice organizations, Quality Improvement Organization, Missouri End-of-Life Coalition, Missouri Medical Directors Association, and hospice regulators.

This endeavor resulted from the Missouri End-of-Life Coalition recognizing a continuing need to discuss critical issues related to developing and revising plans of care for individuals residing in nursing facilities at the end of life. An End-of-Life in the Nursing Home Task Force was created to provide guidance on appropriate palliative care objectives for residents in long-term care facilities. The Task Force gathered comprehensive multidisciplinary information between 2001 and 2003. These efforts culminated in this manual and the subsequent training sessions.

Results

- Fifty nurse educators, representing more than 120 facilities participated in the train-the-trainer session in 2005.
- A resource specifically addressing issues in a long-term care facility setting is available, free of charge for providers, advocates, regulators, and anyone else who is interested in care guidelines. The manual(s) is available via: www.dhss.mo.gov/showmelongtermcare/EndofLifeManual.pdf

Resources

Identification of need and development by the Missouri Coalition on End of Life Care with funding from the Nursing Facility Quality of Care Fund and the Incarnate Word Foundation providing the manuals to every certified nursing facility in Missouri.

Contact Information

Carol Scott, State LTC Ombudsman
Department of Health & Senior Services
P.O. Box 570
Jefferson City, MO 65102
Phone: (800)309-3282
Fax: (573)526-4314
Email: Carol.Scott@dhss.mo.gov

OTHER RESOURCES ON THIS TOPIC

Advance Directives Resource information from the MO LTCOP on the NORC website: http://ltcombudsman.org/ombpublic/49_352_4368.cfm

Caring Conversations. Center for Practical Bioethics, Town Pavilion

The National Long-Term Care Ombudsman Resource Center’s website has additional information related to palliative care, pain management, and other areas pertinent to end-of-life care. http://ltcombudsman.org
LEGAL SUPPORT

The Older Americans Act (OAA) states that Long-Term Care Ombudsmen provide services to assist residents in protecting their health, safety, welfare, or rights. Ombudsman responsibilities also include seeking administrative, legal, and other remedies to protect residents. The OAA says that the LTCOP is to have adequate legal counsel to advise, consult with, and assist LTCO in performing their official duties. Two examples of different ways to provide legal support to Local Long-Term Care Ombudsman Programs (LLTCOP) follow.

Focus Model Attorney, Paralegal, and Advocacy Program Supports LLTCO

Description

John McCrea, the Montana Legal Service Director, was concerned that professionals who were not attorneys were interpreting state and federal statutes. Other professionals may be using the law to achieve a desired outcome. Advocates in the aging network were dealing with elder law issues without substantive knowledge. From working with the LTCOP, John knew that LTCO could benefit from a stronger legal basis by developing an attorney/advocacy model.

To address some of these issues, John began by developing an Elder Law Manual for advocates. Repeated issues that LLTCO, legal services, and Area Agencies on Aging (AAA) were dealing with were identified and pulled together legal resources on these issues. The manual became a focal point for drawing advocates together. It combines legal information with an advocacy perspective. Cross training is conducted for many programs within the aging network such as information and assistance and LTCO. The teaching focuses on how to become effective advocates. Topics include how to resolve issues so residents get what they want and the nursing home feels OK since LLTCO work with facilities on an ongoing basis.

A pilot project with several AAAs grew into a different way of providing legal advocacy through AAAs and to the LLTCOP. Currently all but one AAA is participating. John receives all legal case referrals. Then he works with a paralegal and an attorney to do the legal research, to identify applicable provisions, resources, and to add an advocacy component.

He works with the State LTCO and LLTCO on difficult cases. Now he is teaching the LLTCO how to develop fact patterns and how to ask the right questions. How do LLTCO prioritize the issues that will have most immediate impact on the person? John helps LLTCO prepare for meetings, including care plan meetings, to enable them to “cut to the chase” and identify legal strategies for fair hearing appeals. LLTCO are feeling very confident in presenting a case to a facility and in using the legal information or strategy in their case work.

At this point there are 100 advocates looking at their cases differently. The Elder Law Manual serves as focal point for this perspective. The manual

21 Conversation with John McCrea, November 18, 2005, and December 2005 email.
provides consistency in the way LTCO address cases and in the case information referred to John.

An advisory committee with membership from many agencies and organizations, including the State Bar, is working with John. The Bar is turning to John for assistance and collaboration on elder law issues.

**Results**

- Legal advocacy resources and training are provided to all newly certified LLTCO by the Legal Services Director, John McCrea.
- John meets with LLTCO twice a year during their quarterly meetings for training and exchanging information.
- John provides training at the annual LTCO conference, conducted in five locations each year.
- LLTCO have access to an attorney or paralegal for technical questions and consultation as needed in all but one of the AAA regions.
- State specific printed brochures and other materials are being developed on frequently encountered issues as needed.

**Resources**

Title III OAA funds from the State Unit on Aging as well as through contracts with the AAAs.

**Contact Information**

John McCrea, Legal Services Director
PO Box 4210
Helena, MT 59604
Phone: (406)444-7783
Fax: (406)444-7743
Email: jmccrea@mt.gov

**Focus**

**Legal Support/Resources for LLTCO on Regional Basis**

**Description**

Under the Older Americans Act, federal funding is provided through the Executive Office of Elder Affairs and regional Area Agencies on Aging (AAA) to eleven Legal Assistance Program grantees. Although each Legal Assistance Office establishes its own case priorities with its AAA, the following types of cases are generally handled on behalf of elderly clients: denials or terminations of government benefits, tenant’s rights issues, denials of applications to public and subsidized housing, defense against unwarranted guardianships or conservatorships, and nursing home residents’ rights.

Ongoing legal support for LTCO advocacy work occurs in a monthly group meeting. Group members are the legal staff from the Elder Law Project of Neighborhood Legal Services, Inc and a consortium that includes five LLTCOPs, North Shore, Merrimack, CRW, GLSS and Seniorcare. This group has been meeting for 15 years. The meetings are designed to assist with nursing home/rest home residents’ legal issues. The 1.5 hour meeting is usually case specific but the agenda may include some general issues. Case

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22 Email from Massachusetts Long-Term Care Ombudsman Program, December 2, 2005
information is presented and discussed with the legal team and the other LLTCO participants. Access to information and sometimes the solution of the issue is immediate. Concerns that have been raised include guardianship, transfer and discharges, Medicaid eligibility, and involuntary commitment.

In addition the group plans trainings for volunteer ombudsmen, other Ombudsman Program Directors, the community, and facility staff regarding legal matters.

**Results**

- Because of this unique relationship some nursing home cases have been taken to court with representation by John Ford, Director of the Elder Law Project. For example Rudow vs DMA was a successful challenge to allow nursing home residents to have a deduction for guardianship costs.
- There have been changes in Massachusetts law that have benefited all Commonwealth nursing home residents.
- LLTCO are more knowledgeable about legal resources and perspectives that can strengthen their advocacy on behalf of residents.
- LLTCOPs are able to pursue legal remedies on behalf of residents.

**Resources**

Legal Services Program, funded with OAA funds, with expertise applicable to LTCOP issues, [www.neighborhoodlaw.org](http://www.neighborhoodlaw.org)

**Contact Information**

**John J. Ford, Esq.**  
Elder Law Project  
Neighborhood Legal Services, Inc  
37 Friend Street, 3rd floor  
Lynn, MA 01902  
Phone: (781)599-7730  
[www.neighborhoodlaw.org](http://www.neighborhoodlaw.org)

**Rose McGarry, Program Director, LTCOP**  
Elder Services of Merrimack Valley  
360 Merrimac Street  
Building #5  
Lawrence, MA 01843  
Work: (978)683-7747  
Fax: (508)794-7546  
Email: RMcGarry@ESMV.org

**Focus**  
**Representation for Residents and LTCO**

**Description**  
The Lead Ombudsman for Region 7, Pueblo County Colorado has a very successful legal support system for all the LTCO in this county. When issues involve local residents, the LLTCO use the Senior Legal Services Attorney, Mr. Robert Keating, Esq. He provides legal assistance, at no cost to seniors, age 60 and over, in Pueblo County. For all other legal issues the LLTCO use The Legal Center for People with Disabilities and Older People, located in Denver. This enables the LLTCOP to use the advice of the State

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23 Email from Patrick Craig, December 2005.
All matters related to regulations, legislation, and responding to Freedom Of Information Act requests are handled by The Legal Center and the State Ombudsman. After the State Ombudsman has had a chance to confer with lawyers and the LLTCO has the State Ombudsman’s written permission, LLTCO may act within the guidelines of the SLTCOP.

- All matters related to regulations, legislation, and responding to Freedom Of Information Act requests are handled by The Legal Center and the State Ombudsman. After the State Ombudsman has had a chance to confer with lawyers and the LLTCO has the State Ombudsman’s written permission, LLTCO may act within the guidelines of the SLTCOP.

- Representing residents, giving guidance to residents and at times their family or the facility, is done by the Lead Ombudsman and by Mr. Robert Keating, Esq.

- Mr. Keating and the Lead Ombudsman have a verbal agreement that if the Lead Ombudsman sees a need for a resident to have legal representation and the resident is unable to act/speak for themselves, the Lead Ombudsman referral to him will constitute a valid referral based on the premise that all long-term care residents are “at-risk” adults.


- The arrangement that the LLTCOP has with Mr. Keating is that when the Ombudsman identifies a need for a senior, the Ombudsman investigates the issue, documents any necessary information, and makes the referral to Mr. Keating as needed. If agreed upon all documents are delivered to the Attorney for action. The LLTCO will testify or assist as needed, but only with the written permission of the State Ombudsman following a case review by her.

Results

- Residents have legal representation by a knowledgeable attorney.

- In a six month span twenty-two financial exploitation cases were resolved in favor of residents. The Lead LTCO wrote a “Friend of the Court” letter to the sitting Judges asking them to rule in favor of the residents involved. Several of these cases resulted in the LLTCO arranging for Mr. Keating to represent the residents as their attorney, and thus ultimately winning the cases on behalf of the residents.

- In Pueblo LTCO have been able to get guardianships changed, have had the withdrawal of Powers of Attorney, uncovered fraud with Medicare and Medicaid and towards the residents themselves. The most rewarding aspect is that many residents got their due entitlement back through the collaborated efforts of the LLTCO and Mr. Keating as the attorney for the seniors involved in these many cases.

Resources

Funding for the Senior Legal Services comes from a Title III Grant under the Older Americans Act and local matching dollars.

Contact Information

Patrick J. Craig
Lead Ombudsman, Pueblo County, Region 7
2831 East 4th Street
Pueblo, Colorado 81001
OTHER RESOURCES ON THIS TOPIC


[Note that Appendices E, F, and G are not included in the version on the website. Contact NASUA (202)898-2578 or NORC (202)332-2275 for a hard copy.]


The National Long-Term Care Ombudsman Resource Center’s website has several resources on specific legal issues encountered by LLTCO. www.ltcombudsman.org
REHABILITATIVE, CONVALESCENT AND POST ACUTE CARE

An area of growing practice among Long-Term Care Ombudsman Programs (LTCOPs) is addressing the needs of residents receiving rehabilitative, convalescent and post acute care in nursing homes. These residents are often referred to as “short-term” as their stay is generally less than 100 days. A majority of LTCOPs report serving short-term residents as they do any other resident. Instead of developing additional, specialized training on this area of practice, most LTCOPs discuss short-term issues as part of their routine training on Medicare. Three examples of effective LTCOP practice follow.

**Focus**

**Extending LTCO Services to Residents in Critical Access Hospitals**

**Description**

The Montana LTCOP has seen most of the rural hospitals convert their nursing homes and rural medical facilities to Critical Access Hospitals (CAH). That change basically means a higher rate of reimbursement and different rules regarding staffing requirements. Some of these facilities that had long-term care units, have now converted those units to “swing beds” which provide a higher rate of reimbursement. This change has presented challenges, because of the short length of stay and the LLTCOPs limited budgets. The LLTCO attempt to visit the Critical Access Hospitals with swing beds on a monthly basis.

The SLTCOP has provided specific training on CAHs to the regional and local ombudsmen who have CAHs within their areas. In addition, the Certification Bureau, the survey agency, provided training at the LTCOP’s state-wide recertification training in May. The Surveyor Supervisor has specifically stated and reinforced how important the LTCO role is with CAHs—because the CAHs are surveyed only every seven years unless there is a formal complaint. Therefore, the only regular visits come from LLTCO.

The SLTCOP is still in the process of identifying additional specific training needs to improve LLTCO services in CAHs. The program has been visiting the CAH facilities for only the past six months.

**Results**

- Residents in CAHs have access to LTCOP services.
- Issues and the need for additional information are being identified by the LTCOP.
- The LTCOP provides residents with a connection to outside resources and information.

**Resources**

- Training and information provided by the SLTCOP and other state agencies.

**Contact Information**

Kelly Moorse, State LTC Ombudsman
Montana Dept. of Health & Human Services
P.O. Box 4210
111 N. Sanders
Helena, MT 59604-4210

24 Email from Kelly Morse, November and December 2005.
Focus

Gatekeeper LLTCO for Individuals Who are Short Stay

Description

The San Francisco LLTCOP identified a need for LTCO outreach and advocacy on behalf of residents who are poised between short term, post acute skilled nursing units that are distinct parts of hospitals and the various “doors” to long-term care. The LLTCOP created a part-time staff position, Gatekeeper Ombudsman (GO), which was filled by an individual with a Masters in Social Work.

The GO’s primary role was advocating for residents in short-term skilled facilities around discharge planning and involuntary transfer issues. The GO collaborated with the local health law attorney, who is partially funded by the local Health Insurance Assistance Program. The GO engaged in outreach to residents and families, mediating care issues including participating in care planning meetings as needed, assisting residents and families in filing appeals regarding non-coverage, and giving tools to families and capable residents about how to request a discharge plan evaluation, as well as monitoring the adequacy of home care services prior to discharge. These tools were based upon guidelines provided by the Center for Medicare Advocacy and the health law attorney. The GO also used the LLTCOP information about other facilities and housing and Olmstead provisions when discussing discharge options. As appropriate, the GO worked with adult protective services regarding discharge plans.

This was an ambitious position which required the knowledge and skills of someone with an MSW. The funding for the position became more discretionary due to cuts in State funding to the LLTCOP. The GO position lost its funding, at the same time that the incumbent returned to graduate school to pursue a DSW. Due to this combination of factors, the GO position was not filled. The LLTCOP has applied to various sources for funding to resume this position. As of December 2005 the funding has not been secured.

The San Francisco LTCOP advocates for this extension of the LTCOP into short-term skilled nursing facilities.

Results

- Residents and families were informed about their rights and received educational information before the point of discharge.
- In some cases, more therapy days were obtained for residents.
- The GO’s polite insistence resulted in more long-term care options being presented to residents and families, along with tips about what to look for, ask about, and for consumer navigation.

Resources

LLTCOP funding

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25 Email from Benson Nadell, December 2005.
Focus  Training on Issues and Essential Knowledge of Community Resources\textsuperscript{26}

Description
The Washington State SLTCOP provides training to LLTCO on specific advocacy issues that typically arise related to short-term stay residents. Issues usually are related to an individual’s rights under Medicare, with care that has or has not plateaued, bed transfer/discharge to a Medicaid unit and the right to remain in the same bed. Ombudsmen do need to know enough about the homecare system in their state to assist residents in returning to home. The LTCOP sometimes has had to fight with the State Medical Assistance payer to get the resident’s moving home allowance of $800 paid to them. On the other end, all residents coming from a hospital need to have their essential information provided immediately to the nursing home upon admission so this is no different for individuals who expect to be short-stay.

Many other SLTCOPs provide similar training as part of their initial or ongoing training for LLTCO.

Results
- Short-stay residents are served by knowledgeable LLTCO as needed.
- LLTCO are knowledgeable about home care services in order to assist residents in receiving appropriate discharge plans as needed.

Resources
Training and support provided by the SLTCOP to LLTCO as needed in learning about and advocating for the needs of short-stay residents.

Contact Information
Kary Hyre, State LTC Ombudsman
Multi-Service Center
1200 South 336th Street
P.O. Box 23699
Federal Way, WA 98093
Phone: (800)422-1384
Fax: (253)815-8173
Email: karyh@multi-servicecenter.com
website: http://www.ltcop.org/index.htm

Focus  LTCOP Training Connected to Issues, Increasing LLTCO Presence as an Advocacy Strategy\textsuperscript{27}

Description
The PA SLTCOP has identified particular problems that short-stay residents

\textsuperscript{26} Email from Kary Hyre, November and December 2005.

\textsuperscript{27} Email from Wilmarie Gonzales, Pennsylvania SLTCO, November and December 2005.
are more likely to encounter than are other residents. One example is that some facilities try to discharge short-stay residents when their Medicare eligibility period expires instead of assisting residents in converting to medical assistance. The SLTCOP provides specific training in their Tier Two sessions to ombudsmen on the issues this clientele is more likely to encounter and how to handle these issues.

One LLTCOP is currently working on the issue of inappropriate and illegal discharge on behalf of a number of residents in a facility that is part of a large chain of facilities. The LLTCOP has multiple facilities owned by the same corporation in their service area. In addition to putting pressure on the licensing agency to sanction the facilities for this practice, the LTCOP has assigned a LLTCOP volunteer to the facility on a regular basis. The ombudsman is there to make up-front contact with “short term admissions” to apprise them of their rights in advance of a problem. All of the LLTCO have training on these issues.

**Results**
- Short-stay residents are served by knowledgeable LLTCO as needed.
- The SLTCOP tracks advocacy concerns of short-stay residents.
- As needed, the LLTCO presence is increased in a facility specifically to try to inform short-stay residents of their rights before problems arise.

**Resources**
- SLTCOP and LLTCOPs work together to identify and address issues specific to short-stay residents as they would for any long-term care resident.
- Training and support are provided to LLTCO by the SLTCOP.

**Contact Information**
Wilmarie Gonzalez, State LTC Ombudsman
Pennsylvania Department of Aging
555 Walnut Street, 5th Floor
P.O. Box 1089
Harrisburg, PA 17101
Phone: (717)783-1550
Fax: (717)772-3382
Email: wigonzalez@state.pa.us
Website: [http://www.aging.state.pa.us/aging/site/default.asp](http://www.aging.state.pa.us/aging/site/default.asp)

**OTHER RESOURCES ON THIS TOPIC**
The Center for Medicare Advocacy has staff with expertise in Medicare issues as well as numerous resources on various aspects of Medicare coverage specific to long-term care. [http://www.medicareadvocacy.org](http://www.medicareadvocacy.org)

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<th>National Office, Connecticut</th>
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<tbody>
<tr>
<td>P.O. Box 350</td>
<td>1101 Vermont Avenue, NW, Suite 1001</td>
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The National Senior Citizens Law Center also has staff with expertise in Medicare and Medicaid as well as numerous resources on topics related to long-term care.

http://www.nsclc.org/issues_health_longterm.html

Washington, DC Office
1101 14th St., NW Suite 400
Washington, DC 20005
Phone: (202) 289-6976
Fax: (202) 289-7224

Los Angeles, CA Office
3435 Wilshire Blvd., Suite 2860
Los Angeles, CA 90010-1938
Phone: (213) 639-0930
Fax: (213) 639-0934

Oakland, CA Office
405 14th St., Suite 1400
Oakland, CA 94612
Phone: (510) 663-1055
Fax: (510) 663-2028
SYSTEMS ADVOCACY

Systems advocacy is an essential component of the Local Long-Term Care Ombudsman Program’s (LLTCOPs) mandates. It allows the ombudsman to see broader trends across a wider system and improve the quality of life and care for long-term care residents. It is one of the mandates for the LTCOP in the Older Americans Act. Two prime examples of successful LLTCOP practices are profiled.

Focus  Preparing Nursing Home Discharge Notices When the Resident’s Income is Being Misused

Description
Roberta Collins, LLTCO, realized that a high number of residents were traumatized by receiving discharge notices for non-payment. Residents often had been unaware that their funds were not being used to pay the facility bill. Facilities were using discharge notices as bill collection devices.

Roberta developed a plan to decrease the frequency of these types of notices. She worked with the business office of one facility that frequently issued such notices to implement her plan. The number of these notices decreased.

Building on their initial success, Roberta and the facility began joint education of other providers. The free session included information on financial exploitation, existing protocols facilities can use, and resources. LLTCO throughout the state have been trained on this approach.

Results
• The number of discharge notices received by the LLTCOP decreased dramatically.
• In facilities using this approach,
  ▪ residents avoid the trauma of receiving discharge notices for non-payment;
  ▪ families better understand their obligation regarding use of resident’s funds;
  ▪ facilities have more timely access to operating funds;
  ▪ LLTCO are not asked to serve as bill collectors in order to protect the resident’s right to remain in the facility.

Resources
Training location, copies of handouts

Contact Information
Atlanta Legal Aid Society
Atlanta Ombudsman Program
246 Sycamore Street, Suite 248
Decatur, Georgia 30030
(404) 371-3800

Focus Long-Term Care Policy Conference And Advocacy Day

Description
This two day event occurs prior to the General Assembly session every biennium. It began with a decision by two LLTCO, Debi Lee and Cindy Kincaid, to engage in statewide advocacy to address adult care home safety regulations and standards. They worked with Friends of Residents in Long Term Care, a citizen advocacy organization, and one legislator to convene the initial conference. It was a one day event in 1995 and has been held every biennial since then.

Regional ombudsmen, along with other groups such as AARP and Friends of Residents, play an important role in sponsoring and organizing this event. Each year they focus on three key legislative issues. Day One of the conference reviews relevant legislation and public policy issues facing the General Assembly and gives participants information, tips and resources to use when visiting their public officials. Day Two includes an issues briefing by legislators on bills affecting older and disabled adults, a time for participants to meet with their state representatives, and a public hearing.

Typically more than fifteen legislators attend the public hearing in addition to 300 older adults, residents, family members, advocates, state staff, regulators and industry/provider representatives. The number of organizations participating grows each year. In 2005 fifteen organizations were sponsors. This has generated a broad support base on key issues.

The role of LLTCOP is to provide technical assistance to the planning groups on effective advocacy techniques, help prepare fact sheets, and/or take the lead in at least one or two workshops in the educational conference.

Results
• Legislative success in many areas affecting long-term care services,
• Improved legislative advocacy skills and knowledge for LLTCO, staff and volunteers, residents, family members, and other consumers,
• Partnerships and better communication between the LTCOP and many other organizations.

Resources
Staff time for planning; funding for brochures, mailings, bus transportation for constituents to come to the Capital; other expenses associated with a two day conference. Many expenses have been covered by sponsorships or by donations, both fiscal and in-kind.

AARP has generously supported this event. Since 2001, AARP has encouraged volunteer advocates to attend the two-day event and has paid for their hotel room and event registration fees. AARP also provides scholarships for Long-Term Care Advisory Committee members and for other advocates to attend the conference.

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OTHER RESOURCES ON THIS TOPIC
The National Long-Term Care Ombudsman Resource Center website has numerous examples of systems advocacy activities and resources including a paper, *Ombudsman Best Practices: Using Systems Advocacy To Improve Life For Residents, June 2002.*
http://www.ltcombudsman.org/ombpublic/49_352_1015.CFM
TRAINING

According to the Older Americans Act the State Long-Term Care Ombudsman (SLTCO) is responsible for providing for training for representatives of the Office, the Local Long-Term Care Ombudsmen (LLTCO). Before an individual carries out the responsibilities of a LTCO, that person must be trained, approved and designated by the SLTCO as qualified to carry out the responsibilities of the Office of the LTCO. Training is required for paid staff as well as ombudsman volunteers. The National Long-Term Care Ombudsman Resource Center (NORC) is developing and disseminating a national curriculum for basic training, see the Resources section for more information. This tool kit highlights a few examples of training approaches for LLTCO.

Focus  Standard Curriculum for LTCOP Training, Georgia

Description
Under Georgia’s model, training for ombudsman volunteers and staff is a shared responsibility between the SLTCO Program and LLTCOPs. The State Office staff approve the volunteer training curricula, administer certification examinations and assist with volunteer training. Extensive training, more than 120 hours, is required as part of the ombudsman certification process. Ongoing training is required annually in order to maintain certification. More information about Georgia’s training requirements is available on the program’s website and in the SLTCOP’s annual report, also available on the website, http://www.georgiaombudsman.org/

Initial/Basic Training: To assist LLTCOPs with training ombudsman volunteers, the SLTCO developed a uniform curriculum and training tools for the initial training via a contract with Leigh Ann Clark. The Georgia LTCO Training Manual is available on the National Long-Term Care Ombudsman Resource Center’s website, http://www.ltcombudsman.org/ombpublic/49_506_1788.cfm The manual contains the curriculum content, suggested learning exercises, and resource materials. The contract with Ms. Clark also included other products related to utilizing volunteer ombudsmen in each LLTCOP.

Ongoing Training: The SLTCOP conducts two statewide training conferences each year. Participation in these training programs is required for ombudsman staff to maintain their certification and volunteers are invited to attend as space and budgets permit. In addition, coordinators of community LTCOPs (LLTCOPs) provide training on a regular basis to their staff and volunteers.

Results
- LTCO, paid and volunteer, have consistent training throughout the state.
- A core content, examination, and on-site training in facilities are required before an individual is designated as a certified LTCO.
- Residents, providers, and the public know that all certified LTCO have a core knowledge base and must continue to meet training standards.

32 Long Term Care Ombudsman Residents’ Advocate, 2004 Annual Report, Georgia LTCOP, and December email with SLTCOP.
Resources
Funding for: initial curriculum development and updates, ongoing training at the local and the state level, software tracking of certification status for all LTCO and ombudsman volunteers, LTCO personnel, local and state, to develop and conduct the training, and costs associated with conducting training programs.

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Focus
Certification Training Based on Adult Learning Principles, Louisiana

Description
Certification training for LLTCO, paid staff and volunteers, is conducted by the SLTCOP. Prior to the certification sessions, an orientation and an introduction to the LTCOP and to the role of the LLTCO is provided by the LLTCO Coordinator using a guide produced by the SLTCOP.

Adult Learning Principles: Adult learning principles have guided the periodic revisions in the certification training methods. Lecture has been minimized. Most of the classroom content is covered through interactive exercises and dialogue emphasizing the application to the role of the LTCO. An internship and a written examination are other components of the certification training.

Interactive Computer Modules: Interactive computer modules for use in self-instruction or in a classroom were developed to augment the certification classroom training. The modules cover the process of aging, LTCOP history, nursing home reimbursement, and communication. Another module was developed which contains a captioned version of the “right way” to apply LTCO skills from the videos, Basic Complaint Handling Skills for Ombudsmen and a segment from Dispute Resolution Skills for Long-Term Care Ombudsmen. Both of these computer modules are available on CD-Rom and were distributed to each SLTCO.

Basis for Changes: These curriculum changes have been made based on the work of Wayne Nelson, Ph.D., an analysis of the certification training and recommendations from adult learning and curriculum development experts, and feedback from long time and newer LLTCO. This approach to basic training is being incorporated into the national curriculum developed by the National Long-Term Care Ombudsman Resource Center (NORC). Modules

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33 Success in Ombudsman Programs submitted by Linda Sadden, 2004 National Long-Term Care Ombudsman Conference, and email, December 2005.
are being posted on the NORC website as they are finalized, [http://www.ltcombudsman.org/ombpublic/251_1508_8733.cfm](http://www.ltcombudsman.org/ombpublic/251_1508_8733.cfm)

**Ongoing Training:** The Louisiana LTCOP also has requirements for additional training to maintain certification and has an annual statewide training conference. There is an option for volunteers to receive training and be designated as Long-Term Care Visitors if they do not want the responsibilities of a certified LTCO. There is a core curriculum with guidelines to be used by the LLTCOP Coordinators to provide the training for Long-Term Care Visitors.

**Results**

- Individuals participating in LLTCO certification training understand why content is important to their role and how LTCO use the information being covered in an experiential way.
- Classroom sessions provide more opportunities to assess how the participants are integrating the LTCOP approach and ethics into their thinking and responses.
- Newly certified LLTCO have a more clear understanding of their role as LTCO than ombudsmen who were certified using less application based training.
- Newly certified LLTCO detect and respond to some resident issues more quickly than LLTCO who were taught in sessions that were more lecture oriented.
- Consistent certification training is provided for everyone who becomes a LTCO.

**Resources**

Funding to contract with outside experts to develop curriculum materials and revise the methodology, SLTCO time focused on training, resources to conduct the training and to produce materials for use at the LLTCOP level to have consistent pre-certification training content, SLTCOP tracking of training requirements for certified LTCO and for Long-Term Care Visitors.

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**Focus**

**Mental Health Ombudsman Training Manual New York**

**Description**

Widespread problems in adult homes received media attention. In the spring of 2002 the New York State Commissioners of Health and Mental Health and the Chair of the Commission on Quality of Care for the Mentally

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Disabled created a workgroup to review adult care facility policies, programs, and financing. One of the recommendations to improve the quality of life for residents of adult homes included a more aggressive or at least more visible role for the NY SLTCOP.

**Request:** Some LTCO, lacking experience in adult homes or in assisting individuals with a mental illness diagnosis, expressed concern about their ability to advocate effectively for adult home residents. The LLTCO recognized that the situations they were likely to encounter in adult homes would require new knowledge, skills and attitudes. Their request for training led to the development of this training manual.

**Sequential Statewide Training:** LLTCO received training on serving adult home residents and understanding mental health issues during their annual statewide training conference for several consecutive years. The author of the manual, Susan Wehry, M.D., taught the LLTCO skills, factual information about mental health issues, and suggested resources that were immediately useful in advocacy while the manual was being developed. A day long, train the trainer session for LLTCO Coordinators was conducted when the manual was completed.

**Product:** The purpose of the training is to increase the personal comfort and confidence of LLTCO in their abilities to work effectively with residents living in adult homes who have multiple, chronic health problems and to increase the ability of LLTCO to advocate effectively for and with residents in adult homes. The manual was distributed in hard copy, on CD-Rom. Some of the content is available via the NY SLTCOP website.

**Results**
- There is a standard curriculum for teaching LLTCO about mental health issues.
- Each LLTCOP’s yearly work plan includes a report to the SLTCOP on the number of mental health trainings or in-service programs that were offered to the LLTCO volunteers.
- LLTCO are more knowledgeable about mental health issues and resources.
- LLTCO are more comfortable visiting in adult homes.
- LLTCO services are more accessible to individuals living in adult homes.
- The presentation of the Mental Health Manual in one county resulted in the formation of a coalition of the mental health service providers in that county. This coalition, spearheaded by the LLTCOP and the Area Office on Aging, submitted a proposal to fund a research study. Part of the proposal is using the Mental Health Training Manual to educate the staff in the adult homes who care for the mentally ill residents. The funding for this project is $340,000.

**Resources**
Funding from the SLTCOP and from the New York State Commission on Quality of Care for the Mentally Disabled.

**Contact Information**
Martha Haase, State LTC Ombudsman
Focus  
Equipping LLTCO Volunteers to Make Presentations on the LTCOP, Missouri

Description
The Missouri SLTCOP developed a training for LTCO volunteers on how to give short basic presentations about the LTCOP and about residents’ rights. Train the trainer sessions were held in several regions of the state as part of the volunteer LTCO quarterly trainings. Two scripts were provided along with tips about how to give presentations. A practice session was held during the training to enable everyone to begin using the materials and to gain some confidence in making presentations.

Results
• More public presentations and consumer education sessions were conducted than would have been if only staff LLTCO and SLTCO had provided all of the presentations.
• A consistent message about the LTCOP and residents’ rights was presented throughout the state.
• Volunteer LTCO gained confidence in making presentations and saw themselves as a vital part of the statewide LTCOP.

Resources
SLTCOP development of presentation modules, regional training sessions

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OTHER RESOURCES ON THIS TOPIC
Numerous resources on training are available on the NORC website: http://www.ltcombudsman.org

• Information on training programs and curricula are under Ombudsman Support, Training: http://www.ltcombudsman.org/ombpublic/49_506_1786.CFM
• Information and materials on teaching and celebrating residents’ rights are under Ombudsman Support, Residents’ Rights: http://www.ltcombudsman.org/ombpublic/49_607_3140.CFM

35 Success in Ombudsman Programs submitted by Carol Scott, 2004 National Long-Term Care Ombudsman Conference, and email, December 2005.
• *Equipping Long-Term Care Ombudsmen for Effective Advocacy: A Basic Curriculum*, is on the site with content modules added as they are finalized, under Ombudsman Support, NORC Curriculum: [http://www.ltcombudsman.org/ombpublic/251_1508_8733.cfm](http://www.ltcombudsman.org/ombpublic/251_1508_8733.cfm)

Basic training content modules, training guide, and resources developed by the ICARE - Long-Term Care Ombudsman in Illinois are available via: [http://icare.ws/index.cfm?go=getpage&id=91](http://icare.ws/index.cfm?go=getpage&id=91)

ICARE - Long-Term Care Ombudsman, 620 North Walnut Street, Springfield, IL 62702, phone: (217)523-8419, fax: (217)523-8493.
LONG-TERM CARE OMBUDSMAN VOLUNTEERS

To make the Long-Term Care Ombudsman Program (LTCOP) accessible to residents, many states use volunteers. On the 2003 National Ombudsman Reporting System report, forty-two states indicated that they use volunteers in the program. Recruiting, screening, training, and maintaining volunteer ombudsmen can prove challenging. Examples of successful practices in six programs are described.

Focus Screening and Selection

Description The Local Long-Term Care Ombudsman Program (LLTCOP) in Tacoma, Washington, focuses on characteristics that are important for an ombudsman volunteer.

• **Screening:** Screening begins with the mailing of an application packet containing clear information about the LTCOP and followed up by a telephone call. Initial screens are for conflict of interest and criminal background.

• **Orientation:** An invitation to attend an orientation session goes to everyone who is qualified and who wants to continue after these first steps. The orientation session is interactive and has exercises related to the LTCO role.

• **Interviews:** Afterwards, individual interviews with everyone who wants to be trained as a LTCO are conducted by the LTCO Coordinator and the chair of the LTCOP Advisory Committee. After the interview, the committee of interviewers discusses whether the person would fit the LTCOP.

• **Training:** If the decision is Yes, the person is given a manual and a class schedule with a heavy homework assignment. On the last day of training, seasoned volunteers are invited to meet with the new volunteers.

• **Mentor Visits:** Types of facilities and facility visits are discussed before the new volunteers begin facility visits with their LTCO mentor.

• **Placement:** The LLTCO Coordinator places the newly certified volunteer in their facility to formalize the placement and provide some “authority” for the volunteer.

Some of the forms and tools used by the Pierce County LTCOP are included in the Ombudsman Compendium, [http://www.ltcombudsman.org/ombpublic/251_1348_12040.cfm](http://www.ltcombudsman.org/ombpublic/251_1348_12040.cfm)

Results

• About 50% of the individuals who initially inquire about being a volunteer LTCO do not attend the training.

• A majority of individuals attending the LTCO training serve as LTCO upon completion of the process.

• Training resources are targeted to individuals who are most appropriate.

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36 Administration on Aging, Washington, DC. [www.aoa.gov](http://www.aoa.gov)

for the resident advocate role.

**Resources**

LLTCOP funding, staff and volunteer LTCo time.

**Contact Information**

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**Focus**

High Tech, Low Tech, and Continuous Improvement

**Description**

The Northern Virginia LTCOP has had a volunteer component since the program began in 1985. There is a full time position primarily devoted to managing the volunteers. The average number of active volunteers ranges from about 45 to 70.

- **High Tech:** The LLTCOPs website, http://www.co.fairfax.va.us/aaa/ombud/volunteer.htm contains a position description for volunteer ombudsmen as well as an application form, questions and answers about volunteering and the role of the LTCo, and numerous quotes from volunteers talking about their role called, *Volunteer Ombudsmen Tell It Like It Is*. The dates of the annual training are posted on this site. With these resources, the LTCO Volunteer Coordinator sometimes receives an application before having a conversation with an individual who is interested in volunteering.

- **Low Tech:** When the initial contact is by telephone, the LLTCOP uses a screening checklist to ensure consistency in what the potential volunteer is both told and asked. The LLTCOP application process is thorough, including an interview and checking references, prior to training. The program uses standard forms for each step in the application process. During the interview, applicants are asked how they respond to certain types of situations or are asked how they might address a problem scenario. They also receive a list of the basic commitments they are asked to make. A training manual has been developed along with other resource materials covering various aspects of the volunteer LTCo position. Volunteer recognition and retention are other key elements of this program.

- **Continuous Improvement:** Interview questions are designed to cover several primary areas that might indicate that the LTCo role is not a good fit for an individual. The interview tool as well as other materials are continually revised based on LLTCOP experience. Other resources from experts in the field such as Dr. Wayne Nelson’s papers and from other LTCOPs such as forms, tools and practices are used to improve the quality of this program’s volunteer management.

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38 *Screening and Selection.* Presentation by Nancy Cavicke for Volunteer Coordinator’s Conference Call. August 31, 2005, and December 2005 email.
Some of the forms and tools used by the Northern Virginia LTCOP are included in the *Ombudsman Compendium*,
http://www.ltcombudsman.org/ombpublic/251_1348_12040.cfm

**Results**

There is a stable core of volunteer LTCO who extend services to residents.

**Resources**

LLTCOP funding, staff and volunteer time.

**Contact Information**

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**Focus**

**Pennsylvania’s Empowered Expert Residents (PEER)**

**Description**

PEER is an innovative way to have residents volunteer as in-house advocates to resolve problems for their “peers” in the facility where they reside. PEER volunteers complete five 2-hour training sessions before being designated as PEER advocates. If the PEER is unable to resolve a problem, a referral is made to a local ombudsman and to a licensing office when appropriate. PEERs are listed as ombudsmen volunteers.

PEER began in the spring of 2002 with a group of three pioneering nursing home residents who wanted to upgrade their skills in self-advocacy. The second training was conducted with a group of residents who had been meeting quarterly with the LLTCO to resolve issues. A curriculum workgroup consisting of LLTCO, SLTCOP staff, and PEER graduates, was convened to develop a standardized curriculum. Since then, the SLTCOP had conducted some train the trainer sessions to equip LLTCO to be PEER trainers. A LLTCO from another state recently participated in a train the trainer session to pursue implementing the PEER project in her program.

Each graduate receives an official designation as a PEER volunteer in his or her facility. In addition to the PEER training for resident volunteers, the staff in each facility complete a two hour session on their role in the partnership. In one facility all 200 staff attended one of the training sessions the LTCOP conducted. The Department Of Health had cited that facility on their prior survey for residents’ rights violations. PEER has turned those practices around with its comprehensive training and resident advocacy.

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PEER projects exist in sixteen of the state’s sixty-seven counties. PEER advocates cover 49 facilities including nursing homes, assisted living facilities, and independent living residences. At the end of 2005, there have been 197 PEER graduates. PEERs are recognized at the annual statewide LTCOP conference and luncheon.

Results

- Residents are empowered and trained as advocates.
- Facility staff view residents differently in their role as PEERs.
- Many facility issues are being resolved by resident volunteers on behalf of other residents.
- The LLTCOP is focused on empowering residents to act as advocates.
- PEERs are part of the LLTCOP so the LLTCOP has residents working with other LTCO.

Resources

- SLTCOP leadership and support with training and maintaining the PEER project.
- LLTCOP staff time and resources for training and managing the PEER volunteers.

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Focus The Utilization of Unique Volunteers

Description

A volunteer wanted to work on special projects rather than accepting assignment to regularly visit one nursing home. The LLTCOP created a unique role in order to keep the volunteer. The volunteer takes on cases that will require an inordinate amount of time, energy and knowledge. The volunteer has also been assigned projects that affect the nursing home community. For example he set up a program that brought in therapeutic pets to visit in some of the facilities of Worcester’s LTCOP.

Results

- Resident issues that concern more than one facility receive more focused attention by the planning and the collection of information and data.
- Individual resident’s multiple social, legal and medical issues can be represented in a consistent and timely manner.

Resources

LLTCOP Director Geralyn Bailey
LTCO Volunteer: William Carrick

40 Email from Mary McKenna, Massachusetts SLTCOP, December 2005; email from Geralyn Bailey, December 2005.
Focus

Student Intern/LTCO Volunteers

Description

A LLTCOP in Ohio identifies social work, and occasionally other disciplines, students who have an interest in elder issues. The LLTCOP screens them, trains them, and certifies them to be volunteer LTCO in the field. It involves establishing relationships with local universities, creating learning contracts with each student, monitoring their progress and so on. Fostering a relationship between student and staff ombudsman, deployment and special project development are also aspects of the work.

Another LLTCOP in a rural area of Ohio uses interns from nursing home administrator courses at a college. The student volunteers learn to be advocates and to be comfortable talking with residents. The LLTCOP often sees a difference in administrators who have served as LTCO before they are licensed and leave the LTCOP and administrators who have not served as LTCO.

The students volunteer for about ten weeks. Some do a practicum, others do an internship. The LLTCOP provides two weeks of training (minimum of fourteen hours), followed by about eight weeks of visiting. The students visit four to sixteen hours each week, averaging about eight hours per week. The LTCOP assigns them to homes in the county where the student lives. The students send reports to the LTCOP. These volunteers supplement the ongoing LTCO presence in the facilities.

The LLTCOP has been using these students as volunteers for two years. The program hopes to branch out in a similar way to work with other colleges.

Results

Both Student Examples

- Residents receive hundreds of hours of “presence time” in nursing homes as well as in board and care homes and assisted living homes that would not be available otherwise.

Nursing Home Administrator Students

- The LLTCOP is developing relationships with our upcoming administrators. These administrators are better educated about residents’ rights than they would be based on their academic curriculum.
- Administrators who have volunteered as LTCO are more willing to work with the LLTCOP after they become administrators in a facility.

41 Email from Sam McCoy and Kay Mason-Inoshita, November – December 2005.
Resources
Establishing relationships with local universities, creating learning contracts with each student, monitoring their progress and providing support. Fostering a relationship between student and staff ombudsman, deployment and special project development are also aspects of the work that take LTCO time.

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University Students as LTCO
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Nursing Home Administrator Students as LTCO
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OTHER RESOURCES ON THIS TOPIC
The National Long-Term Care Ombudsman Resource Center’s website has numerous resources on LTCO volunteers. www.ltcombudsman.org

The site has a link to a special section of resources for LTCOP Volunteer Coordinators, including notes from national conference calls on aspects of Volunteer LTCOP management. The link to the Volunteer Coordinators Network section of the website is: http://www.ltcombudsman.org/ombpublic/251_1341_10914.cfm

Ombudsman Compendium. A new resource that is a comprehensive reference tool for individuals who are responsible for recruiting, training, and retaining effective LTCO, both paid and volunteer. It contains forms and guidance from LTCOPs throughout the states. http://www.ltcombudsman.org/ombpublic/251_1348_12040.cfm

Volunteer Consultants: Extending the Reach of Ombudsman Programs (May 2003) 8 pages. Mark Miller. NORC.

Volunteers In Long Term Care Ombudsman Programs: Training, Certification, And Insurance Coverage (Dec. 1999) 9 pages. Gail MacInnes, Researcher and Alice Hedt, Project Director

Developing and Managing Long Term Care Ombudsman Volunteers. (1994) Legal Counsel for the Elderly. AARP. Free to Ombudsman Programs.
This manual was developed by the AARP and NORC in a joint effort to strengthen ombudsman programs. Copies are available through AARP.

A Study of the Use of Volunteers by Long Term Care Ombudsman Programs and The Effectiveness of Recruitment Supervision and Retention. (Dec. 1989) Cathy Schiman, Principal Investigator and Ann Lordeman, Project Director, NASUA and NORC.
In 1987, volunteers comprised the majority of program personnel in 32 states, and 88% of all staff nationwide. This study examines the ways in which volunteer ombudsmen are recruited, supervised, and retained. Copies are available through NORC.