Study Objectives

To Investigate:

- LTCOP resources (funding, staffing, legal counsel)
- Organizational placement
- Quality of care issues
- Coverage of LTC facilities
- Effectiveness of complaint resolution
- Barriers to LTCOP effectiveness
- Relationship with other agencies
- Advocacy efforts
Research Methodology

• Telephone Interviews
  • 46 state ombudsmen
  • 6 ombudsmen in the state office

• Survey instrument
  • Follow-up on issues from 1995 IOM Report
  • Local advisory group
  • Focus group of national experts

• Statistical analysis
  • Interview responses
  • FY 1999 NORS data

LTCOP Study, Institute for Health & Aging, 2001
## Organizational Placement

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUA</td>
<td>20</td>
<td>38.5</td>
</tr>
<tr>
<td>SUA in Umbrella with Licensing Agency</td>
<td>9</td>
<td>17.3</td>
</tr>
<tr>
<td>SUA in Umbrella without Licensing Agency</td>
<td>8</td>
<td>15.4</td>
</tr>
<tr>
<td>Independent State Agency</td>
<td>4</td>
<td>7.7</td>
</tr>
<tr>
<td>Within Other State Agency</td>
<td>2</td>
<td>3.8</td>
</tr>
<tr>
<td>Legal Agency</td>
<td>2</td>
<td>3.8</td>
</tr>
<tr>
<td>Nonprofit Agency</td>
<td>7</td>
<td>13.5</td>
</tr>
</tbody>
</table>

LTCOP Study, Institute for Health & Aging, 2001
Difficulties in Service Provision Due to Placement of LTCOP*

<table>
<thead>
<tr>
<th></th>
<th>% YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUA</td>
<td>62.2%</td>
</tr>
<tr>
<td>Non-SUA State Agency</td>
<td>60.0%</td>
</tr>
<tr>
<td>Legal or Nonprofit Agency</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

*self-reported data

LTCOP Study, Institute for Health & Aging, 2001
Autonomy Associated with Placement

% LTCOPs

- SUA: Yes 54, No 46
- Non-SUA State Agency: Yes 60, No 40
- Legal or Nonprofit Agency: Yes 89, No 11

*Sufficient Autonomy*

*Self-reported data

LTCOP Study, Institute for Health & Aging, 2001
Ombudsman Program Autonomy

Statistically Significant Associations*

"Sufficient Autonomy"

- Ability to carry out federal mandates independently from other state agencies
- Supportive political and social climate
- Effectiveness of advocacy efforts
- Freedom from excessive legislative/regulatory restrictions
- Lines of authority/accountability clearly defined for state & local ombudsmen

*self-reported data

LTCOP Study, Institute for Health & Aging, 2001
Ombudsman Program Placement within SUAs

**PROS**
- Financial support/budget protection
- Administrative assistance
- Technical assistance
- In-house legal services
- Support/Advocacy for the program
- Facilities and supplies (access to state resources)

**CONS**
- Conflicts of interest
  - If housed with APS, Medicaid, or Licensing
- As state employees
- Limited autonomy
- Limited contact with legislators/media
- Director may be appointed by governor

LTCOP Study, Institute for Health & Aging, 2001
Autonomy Issues

“There is a lack of autonomy because we are part of the state… I believe if we were in a more autonomous setting we would be more effective, people would pay more attention to us, and our outcomes would matter more.”

– State Ombudsman

“There is a potential conflict of interest simply being in state government, in the department. We are not necessarily able to speak freely on behalf of residents. If the department has a policy that the LTC ombudsman feels may be detrimental, the ombudsman might be instructed not to say anything in court.”

– State Ombudsman

LTCOP Study, Institute for Health & Aging, 2001
Effective Methods for Dealing with Organizational Placement Problems

• Work with more autonomous parties (e.g. CAGs, volunteers) that may:
  • advocate for residents
  • communicate with legislators/media
• Expose conflict of interest issues via media
• Communicate with and educate state agency directors licensing agency legislators

LTCOP Study, Institute for Health & Aging, 2001
LTCOP Expenditures per LTC Bed

Mean
$23.62

Standard Deviation
$17.53

Range
$4.57 to $122.85

Data from NORS FY 1999, LTCOP Study, Institute for Health & Aging, 2001
Funding and the LTC Bed to Ombudsman Ratio

Funding per Bed (p < 0.001)

Data from NORS FY 1999, LTCOP Study, Institute for Health & Aging, 2001
Insufficient funding and inadequate levels of staff and volunteers are the greatest barriers to LTCOP effectiveness.

66.7% Ombudsmen say budget is inadequate to meet federal requirements

73.5% Ombudsmen say budget is inadequate to meet state requirements

LTCOP Study, Institute for Health & Aging, 2001
Activities Neglected Due to Inadequate Funding

- Routine visits to facilities
- Community education and outreach
- Complaint investigation and resolution
- Response time to complaints
- Development of resident and family councils
- Systemic advocacy
- Volunteer recruitment/supervision
- Expansion into Board & Care and Assisted Living

LTCOP Study, Institute for Health & Aging, 2001
Additional Funding Needed to Carry Out LTCOP Mandate

<table>
<thead>
<tr>
<th>Additional Funding Needed*</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $200,000</td>
<td>38.7</td>
</tr>
<tr>
<td>$200,001 to $500,000</td>
<td>22.6</td>
</tr>
<tr>
<td>$500,001 to $700,000</td>
<td>9.7</td>
</tr>
<tr>
<td>$700,001 to $1,000,000</td>
<td>16.1</td>
</tr>
<tr>
<td>&gt; $1,000,000</td>
<td>12.9</td>
</tr>
</tbody>
</table>

*self-reported data

LTCOP Study, Institute for Health & Aging, 2001
Obstacles to Obtaining Needed Funding

- Political climate/focus
- Lack of program visibility
- LTCOP is not a priority within state agency
- Nursing home industry lobby opposition
- Legislative process
- Fiscal situation in state
- Federal budget process

LTCOP Study, Institute for Health & Aging, 2001
## Staff and Volunteer Trends

<table>
<thead>
<tr>
<th></th>
<th>FTE Staff</th>
<th>Certified Volunteers</th>
<th>Ratio of Beds:Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 1999</td>
<td>974</td>
<td>8,451</td>
<td>2,801</td>
</tr>
<tr>
<td>FY 1998</td>
<td>927</td>
<td>7,359</td>
<td>2,832</td>
</tr>
<tr>
<td>FY 1997</td>
<td>887</td>
<td>6,795</td>
<td>2,878</td>
</tr>
<tr>
<td>FY 1996</td>
<td>847</td>
<td>6,622</td>
<td>2,973</td>
</tr>
</tbody>
</table>

Data from NORS FY 1999, LTCOP Study, Institute for Health & Aging, 2001
Trends in Ombudsman Staff and Ratio of LTC Beds:Staff (1996-1999)

Data from NORS FY 1999, LTCOP Study, Institute for Health & Aging, 2001
Ratio of LTC Beds to Staff is *significantly associated* with the percent of nursing facilities visited in a year 
(p = 0.009)

Data from NORS FY 1999, LTCOP Study, Institute for Health & Aging, 2001
## Effectiveness of LTCOPs at the State Level*

<table>
<thead>
<tr>
<th>Level</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Effective</td>
<td>16</td>
<td>30.8</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>33</td>
<td>63.5</td>
</tr>
<tr>
<td>Neutral</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Somewhat Ineffective</td>
<td>2</td>
<td>3.8</td>
</tr>
<tr>
<td>Very Ineffective</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Self-reported data

LTCOP Study, Institute for Health & Aging, 2001
Effectiveness of LTCOP Program & Resources*

<table>
<thead>
<tr>
<th>Question</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to represent interests of residents to state agencies</td>
<td>100.0</td>
</tr>
<tr>
<td>Freedom from excessive legislative/regulatory restrictions</td>
<td>84.6</td>
</tr>
<tr>
<td>Supportive political and social climate</td>
<td>75.5</td>
</tr>
<tr>
<td>Adequate communication system</td>
<td>68.8</td>
</tr>
<tr>
<td>Sufficient legal services</td>
<td>66.7</td>
</tr>
<tr>
<td>Sufficient autonomy due to organizational placement</td>
<td>60.8</td>
</tr>
<tr>
<td>Sufficient funding</td>
<td>22.0</td>
</tr>
<tr>
<td>Sufficient staff</td>
<td>21.2</td>
</tr>
</tbody>
</table>

*self-reported data

LTCOP Study, Institute for Health & Aging, 2001
# Effectiveness in Meeting Statutorily Mandated Requirements*

<table>
<thead>
<tr>
<th>Statutorily Mandated Requirement</th>
<th>% Very Effective</th>
<th>% Somewhat Effective</th>
<th>% Neutral/Ineffective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaint Investigation</td>
<td>61.5</td>
<td>34.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Community Education</td>
<td>23.1</td>
<td>63.5</td>
<td>13.5</td>
</tr>
<tr>
<td>Resident/Family Education</td>
<td>17.3</td>
<td>67.3</td>
<td>15.3</td>
</tr>
<tr>
<td>Monitoring laws and regulations</td>
<td>34.6</td>
<td>51.9</td>
<td>13.5</td>
</tr>
<tr>
<td>Legislative/Administrative Advocacy</td>
<td>23.1</td>
<td>50.0</td>
<td>26.9</td>
</tr>
</tbody>
</table>

*Self-reported data*
Effectiveness of LTCOPs

- Majority of state ombudsmen rate their programs as effectively meeting OAA responsibilities

- Effectiveness is limited most by:
  - Inadequate autonomy due to placement
  - Inadequate resources (funding, staff, legal services)
  - Inability to conduct systemic advocacy

LTCOP Study, Institute for Health & Aging, 2001
Recommendations:
Organizational Structure/Placement

• Conflicts of interest due to organizational placement should be removed (IOM)
• LTCOP should not be located with APS, Medicaid, or licensing agency (IOM)
• Greater independence from state would allow ombudsmen to freely advocate for LTC residents (IOM)
Recommendations: Resources

- Support the IOM standard of:
  
  1 FTE staff ombudsman per 2000 LTC beds

- Enhance funding to allow LTCOPs to meet federal and state requirements

- Ensure adequate legal services

- Increase legislative support

LTCOP Study, Institute for Health & Aging, 2001
Recommendations:

Systemic Advocacy

- Break down barriers by working with providers, CAGs, and family/resident councils
- Increase funding/staffing to focus ombudsman efforts on advocacy requirements
- Increase program visibility
- Strengthen commitment by policy makers

LTCOP Study, Institute for Health & Aging, 2001
Recommendations:

Quality of Care

- Strengthen advocacy for adequate staffing levels, supervision, and training in LTC settings
- Augment visitation to all LTC settings
- Enhance monitoring of Board & Care, Assisted Living, and other LTC settings

LTCOP Study, Institute for Health & Aging, 2001
Recommendations: Relationship with Regulatory Agencies

• Continue to work to improve relationship with state agencies that have enforcement authority (IOM)

• Increase communications between parties (i.e. SUA administration and licensing agencies) by setting up work groups or negotiating MOUs.
Recommendations: Interagency Coordination

• State and Local programs
  • Training, supervision, technical assistance, educational materials, and information on advocacy issues

• SUAs
  • Increase financial and moral support, as well as autonomy

• Citizen’s Advocacy Groups
  • Work together on legislative agendas, attend each others meetings, sponsor joint training, and form coalitions with resident/family councils

LTCOP Study, Institute for Health & Aging, 2001
Recommendations: FUTURE RESEARCH

- Conduct research to develop criteria for minimum levels of ombudsman program visits (OIG, 1999)
- Support the development of criteria for ombudsman complaint response and resolution times
- Conduct research on the implications of the Olmstead decision
- Conduct further research on the assisted living facility industry, specifically on monitoring care and residents’ rights
- Conduct further research on the implications of managed care

LTCOP Study, Institute for Health & Aging, 2001