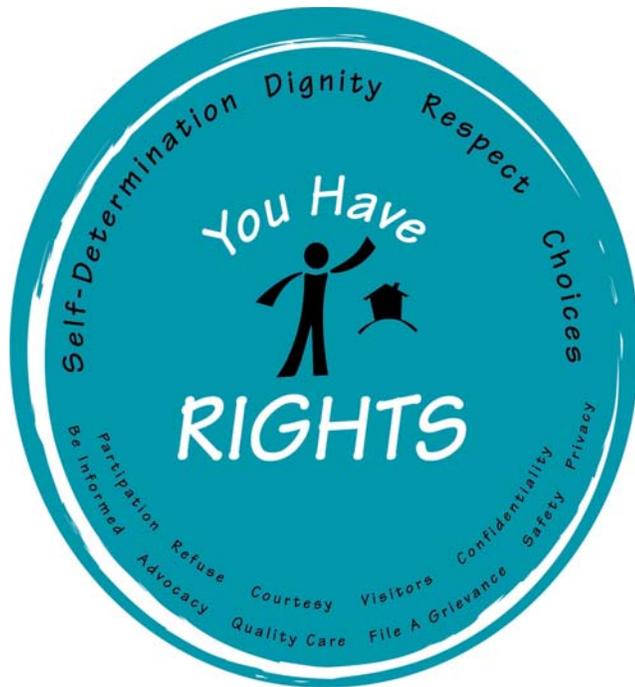

❖ The Volunteer Ombudsman ❖

Volume 10, Issue 1

WINTER 2006

Volunteer Ombudsmen Are Making Choices Possible



The Board on Aging and Long Term Care would like to thank all of our Volunteers for their dedication, support and advocacy.

In signing the Budget Bill last fall Governor Doyle made a major commitment to helping folks return to their communities after living in a nursing home for awhile. By doing so the Governor restored hope for hundreds of older persons who too often abandon their sense of independence once placement in a nursing facility occurs.

The Community Integration Initiative (or nursing home relocation) makes it possible for persons whose care is supported by government to use those same dollars to assist their return to their own homes or some other supported living environment, and continue to receive needed care. It is anticipated that as many as 1440 persons will choose to move over the next two years, and many more will follow them in the succeeding years. While a nursing home is vitally important to those who need it, some reside there for lack of other reliable resources.

Members of the Volunteer Ombudsman Program can, and are playing a vital role in publicizing this new program by direct contact with residents in nursing homes and, of course, with their relatives as well. Who better than these valuable volunteers to spread the news, making it possible for some folks to consider moving back home.

The Board on Aging and Long Term Care is most grateful to our volunteers for these efforts.

George F. Potaracke
Executive Director, BOALTC
State LTC Ombudsman

Inside this issue:

Medicare Part D

Farewell to Kathy Gomez

Spotlight on Volunteer Ombudsman



Jim Haseman

By: Kellie Miller

Jim thought being a volunteer ombudsman was something that needed to be done for the people living in nursing homes. He began his volunteer ombudsman responsibilities at Rock Haven (Rock Co HHC) in Janesville in October of 2002.

Jim was taking an art lessons (one of his favorite hobbies) and overheard a classmate talking about this opportunity. The classmate received information about the Volunteer Ombudsman Program from the United Way of Rock Co.

Jim, having no previous nursing home experience except friendly visiting, signed up and the rest, so to speak, is history!

Jim shared that his most memorable feelings of accomplishment are from his first weeks on board. He met with the previous president of the resident council (John) who “took him under his wing”, helped him feel not only comfortable but also useful in resolving issues. The top issue was the FOOD!!! Jim and John worked together with the previous administration and developed a menu meeting. This meeting involved all resident’s participation. If you lived at Rock Haven and had a gripe related to the food, you had a voice during this meeting. A major accomplishment consisted of a nutritional re-evaluation of people diagnosed with diabetes. People on special diabetic diets would now receive the same dessert as the other people dining; for example having a piece of cake (only smaller in portion) like everyone else, instead of the usual fruit cup/Jell-O dessert.

Jim continues to participate in this meeting with the current president of the resident council (Margie) voicing positive changes for the residents at Rock Haven.

Jim also shared a heartfelt story of love about two residents who dined together for years. The two residents sat at different tables, but would take a few moments to talk with one another after each meal. They often took longer moments away from the dining room to talk and stroll together in their wheelchairs...and then they fell in love. Upon announcing their love they decided to get married!!!

The “bride” asked Jim on one of his visits, “Do you think an old person like me should get married again?” Jim said, “Yes...Yes, if you want to!” And the wedding plans began. The nursing home helped the couple with the arrangements for a ceremony and a cake reception.

They had family in attendance and just about everyone from the nursing home helped them celebrate. They still live in their double occupancy room...happily ever after.

And speaking of love....Jim said one of his first loves is gardening. He is a master gardener, and enjoys hybrid and propagating plants. In his own, many, gardens he grows vegetables, roses, tress and many varieties of hostas. He also produces, directs, write and sometimes appears in a Janesville public access master gardener television show! A real local celebrity!

Jim is also an artist. He enjoys painting with acrylics, everything from scenes to people. He even has a display of his work at the Janesville Public Library the entire month of February...so stop by and enjoy his art!

Jim is a retired autoworker from the Chrysler Corporation in Belvedere, who loves gardening, animals, painting and being a volunteer ombudsman. He lives in Janesville with his wife, Lonnie, their two sons, Luke and Jessie, three cats and their dog!

We are very happy to have Jim as part of our team of advocates!!! Thank you, Jim, for your dedication, caring, concern and commitment!

Medicare Part D Update

The United States Senate has begun to debate a tax reconciliation bill (H.R. 4287) left over from 2005. This week, Senator Bill Nelson plans to offer an important amendment to this bill which would help to reduce the confusion, anxiety, and frustration that seniors experience as they attempt to understand the new Medicare drug benefit, known as Part D.

Senator Nelson's amendment would delay the late enrollment penalty so that seniors have until the end of December 2006 to research plans and make the best decision for themselves. The amendment would also protect against bad choices by allowing seniors to change plans once at any point in 2006.

We encourage you to call your Senators today and urge them to vote for Senator Bill Nelson's Medicare Informed Choice Amendment to the tax bill. You can call the National Committee's toll free number at 1-800-998-0180 to be connected to your Senator. This is only a Senate vote, so you do not need to contact your Representative. Unless Congress acts soon, seniors unable to sort through the complicated drug benefit will be penalized for every month they delay enrolling.

**New Faces...New Places
Welcome "Aboard"
New Volunteer Ombudsmen...**

Dane Co.

Nicole Larsen– Sunny Hill
Jerry Fobes– Ingleside
Joel Porch– Oakwood Village East
Donald Nelson– Four Winds
Otto Simon– Nazareth Home
Dorothy Simon– Nazareth Home
Bea Veland Oakwood Village East
Doni Zintz– Heartland-Black Earth

Rock Co.

Ronald Bier– Cedar Crest
Lynn Kilvington– Beloit Health & Rehab

Milwaukee Co.

Joe Fumo-Eastside Rehab
Bess Gorman-Luther Manor
Donald Gurda– Mount Carmel
Patrick McCreery-Heritage Square
Yvonne Czajkowski-Southpointe
Mark Marlaire-St. Camillus

Welcome Back to Milwaukee Co.

Dave Nelson– Mercy

Waupaca Co.

Morrie Neuville-Wis. Veterans Home King

Wood Co.

Joanne Harmon-Riverview Manor-Wis. Rapids
Joyce Wellhoefer-Marshfield Care Center

Racine Co.

Lili Archak-Ridgewood Care Center
Jim VanPatten– Oak Ridge Center

Kenosha Co.

Rick Bryant– Hospitality NH & Rehab
Linda Bryant-Sheridan Medical Complex
Kathleen Hoffmann-Grande Prairie Health & Rehab.
Margery Richter-Washington Manor
Richard Smith –St. Joseph’s Home

Volunteers on respite or leave

Nk Sinha– Oak Park, Dane Co.
Ken Schroeder– Meriter, Dane Co.
Yvonne Czajkowski-SouthPointe, Milwaukee, Co.

Good-bye’s in Waupaca Co.

Jeannine McKeown-King

Good-bye’s in Marathon Co.

Judi Akey-Kennedy Park
Nancy Zitek-Kennedy Park
Jean Jones-Continental Manor

Good-bye’s in Portage Co.

Bill McCulley-Stevens Point Care Center

Good-bye’s in Wood Co.

Calvin Orgel-Marshfield Care Center
Sara Savka-Strawberry Lane
Helen Sparks-Edgewater Haven

Good-byes in Shawano Co.

Mike Jesse-Evergreen

Good-bye’s in Dane Co.

Donald Nelson– Four Winds
Renata Laxova– City View
Nancy Lader– Skaalen Home
Nicole Larsen– Sunny Hill
Dawn Stucki– Waunakee Manor

Good-Bye’s in Rock Co.

Lynn Kilvington– Beloit Health & Rehab

Good-Bye’s in Milwaukee Co.

Joe Fumo-Eastside Rehab

Thank you to:

Judy Spaeth-Monroe Co. Sparta Nursing Home for supporting our program by advocating for the residents during the facility’s relocation process.

All the Milwaukee, Kenosha and Racine County Volunteers for their continued advocacy during the Milwaukee Volunteer Coordinators vacancy.

To our Central office Volunteers:

Joe Giordano for his continued support in both the VOP and Medigap programs.
Rhonda Byington for collating VOP handbooks, bulk mailing and shredding
Archived documents in all BOALTC programs.

Thank you to “Skip” Kaye for his support in collating VOP handbooks too!

<p>The Volunteer Ombudsman Program Board on Aging and Long Term Care 1402 Pankratz Street, Suite 111 Madison, WI 53704 1 800 815 0015 boaltc@ltc.state.wi.us</p>	
Editor.....	Kellie Miller Director of the Volunteer Ombudsman Program
Co-Editor.....	Suzanne Ankenbrandt Coordinator for the Central area
Proofreader.....	Laura Gillis Ombudsman Program Advocacy Specialist

Please remember...it is influenza season....please do not risk the health of the residents in your assigned facility or your own by going in when you are sick.

**For more information check out this web-site
<http://dhfs.wisconsin.gov/communicable/index>.**

**The following is provided by the
National Citizen's Coalition for
Nursing Home Reform.
It provides great information regarding
Medicare Part D.**

National Citizens' Coalition for Nursing Home Reform

**MEDICARE PRESCRIPTION DRUG COVERAGE –
Q & A for NURSING HOME
RESIDENTS, THEIR FAMILIES AND FRIENDS**
Consumer Fact Sheet No. 18 December 2005

1 – Are nursing home residents eligible for Medicare Prescription Drug coverage?

Individuals who are eligible for Medicare are also eligible for the new prescription drug benefit under Medicare Part D. This benefit goes into effect January 1, 2006. Individuals have until May 15, 2006 to sign up for a plan, or they may face a penalty added on to their monthly premium.

Residents who are dually eligible for Medicare and Medicaid will lose their Medicaid coverage for prescription drugs on December 31, 2005 and will be automatically enrolled in a plan if they do not sign up for one themselves.

2 – How will residents sign up for a drug plan?

Each Medicare beneficiary must decide whether to sign up for a Medicare Part D drug plan, and also with which plan to sign up. The Medicare agency expects that family and friends will assist Medicare beneficiaries in choosing a plan. For those unable to make their own decisions, Medicare rules allow an individual who has legal authority under state law, such as a guardian or someone with power of attorney, to make enrollment decisions. The nursing home where the resident lives can provide assistance, such as telling you which plans include the pharmacy used by the nursing home – but the choice for selecting a plan lies with the resident or his legal representative. Further, all nursing home residents- those paying privately, and those on Medicaid, have Special Enrollment Periods (SEPs) that allow them to change plans at any time. The change becomes effective on the first day of the next calendar month. No other group has this flexibility. The resources that have been set up to help with choosing a plan are:

1-800-MEDICARE

**www.medicare.gov which has a Medicare
Prescription Drug Plan Finder**

**©2005. National Citizens' Coalition for Nurs-
ing Home Reform, 1828 L St., NW, Suite 801,
Washington, DC 20036. Tel. 202.332.2275,
Fax 202.332.2949, email nccnhr@nccnhr.org**

3 – Will the Prescription Drug Plan (PDP) cover all the prescription drugs my loved one needs?

Not necessarily. Drug plans will cover different generic and brand name drugs in different drug categories on their drug lists (formularies). It is important to review and compare the drug plans available in your area to determine: Whether they cover all drugs taken by the resident, Amounts of premiums and co-payments Whether the pharmacy used by the resident or nursing home participates in the prescription drug plan Whether the drug plan requires prior authorization or step therapy (requiring the individual to try a different, less expensive drug first before agreeing to pay for the one originally prescribed), or has quantity limits for any of the drugs in their plan Additionally, there are some groups of drugs that Medicare drug plans are forbidden from paying for by law. Those include drugs for weight gain, benzodiazepines (such as Xanax, Valium, or Ativan) and barbiturates (such as Phenobarbital and Nembutol). State Medicaid programs and state pharmacy assistance programs may still pay for them. Or, some Medicare drug plans offer supplemental or additional benefits for an additional premium.

4 – Are over-the-counter drugs covered by the plan?

Over-the-counter drugs will not be paid for under the Medicare Drug plans. Instead, over-the-counter drugs are covered in the daily rate paid to nursing homes under Medicaid, and so the nursing home must provide them. If the resident is paying privately, it is important to review the admissions contract to determine if over-the-counter medications are part of the daily rate, or if there is an extra charge.
website: <http://nursinghomeaction.org>.

5 – My relative's prescription drugs are currently paid for by Medicaid. Does she really need to sign up for a Medicare Drug Plan?

If your relative is dually eligible for both Medicare and Medicaid, beginning January 1, 2006 Medicare will begin paying prescription drug costs instead of Medicaid. In order for Medicare to begin paying for prescription drugs, your relative must be enrolled in a new Prescription Drug Plan (PDP). Because your relative is dually eligible for both Medicare and Medicaid, if she does not enroll in a PDP by December 31, 2005, Medicare will automatically enroll him in a plan. The auto-enrollment is random, without regard for whether the PDP covers all of the individual's drugs, or whether the PDP includes the facility's pharmacy in its Network. So, if she is automatically enrolled, it is important to determine if the pharmacy used by her nursing home is included in the plan's network, and whether that drug plan covers all his medications.

6 – Not all the drugs taken by my relative are on the PDP's formulary. What can she do?

If your loved one is currently taking a drug that is not covered by the formulary of the PDP, she can: Work with her doctor to find a comparable drug that is covered by the plan; or File an exception with the PDP, a process which will take 14 days, asking them to cover the drug. With the exception, the resident will likely need a statement from her doctor as to why this particular drug is medically necessary for this individual. If the PDP denies the exception, the resident can file an appeal with an administrative law judge. During the exceptions process, the PDP is to cover an "emergency supply" of the non-covered drug for the individual.

7 – Are there any costs, such as premiums or deductibles, with the prescription drug plans?

If a nursing home resident is dually eligible for Medicare and Medicaid, then no, there are no premiums (if the resident is enrolled in a low premium plan), no deductibles, and no co-payments. If a dually eligible resident wants to enroll in a plan with a higher monthly premium, she may do so, but will have to pay the difference between the premium and what Medicare is willing to pay. For example, if Mrs. T wants to enroll in Plan A that has a \$50 per month premium, and Medicare will only pay \$24 per month, Mrs. T will have to make up the balance of \$26 per month. If the resident is **not** dually eligible for both Medicare and Medicaid, she may be subject to monthly premiums (which average \$32 per month), and a deductible of up to \$250. The individual is then responsible for 25% of her drug costs, up to a coverage limit of \$2250. Once this initial coverage limit is reached, the individual is subject to a second deductible, known as the "doughnut hole," in which they must pay the full cost of their medicine. When total out-of-pocket expenses on formulary drugs for the year reach \$3600, "catastrophic coverage" kicks in, and the individual will pay \$2 for a generic drug or \$5 for other drugs. These deductibles must be met every year. Additionally, residents who are not eligible for Medicaid will be subject to the plan's co-payments, which are likely higher for preferred drugs than for generic drugs.

8 – My mother just moved into a nursing home. Does she have to change prescription drug plans?

Not necessarily. It depends on whether her current plan includes a long-term care pharmacy used by the facility. CMS (the federal agency responsible for Medicare) requires PDPs to contract with "any willing" long-term care pharmacy that complies with CMS's rules and the facility's requirements (such as the way they package their medications). More important is whether the resident's drug plan covers her prescription drugs. A resident also may choose to change plans to one that includes the facility's long-term care pharmacy.

9 – How does this affect the Nursing Home Reform Act of 1987?

The requirements of the Nursing Home Reform Act still apply to all residents and facilities certified for Medicare and/or Medicaid. So, a facility must make sure that each resident is receiving, on time, all medications prescribed by the physician in the correct dose and form (i.e., injection, pill, etc.).

For more information, go to the following: NCCNHR, <http://nursinghomeaction.org>, The Centers for Medicare and Medicaid Services, www.medicare.gov, Center for Medicare Advocacy, www.medicareadvocacy.org, Health Assistance Partnership at Families USA, www.healthassistancepartnership.org, American Society of Consultant Pharmacists, <http://ascp.com/MedicareRx/#new>

Annual
Louise Abrahams Yaffe
Volunteer Ombudsman Award

This prestigious award is named to honor former, BOALTC, board member and founder of the Volunteer Ombudsman Program, Louise Abrahams Yaffe.

It is presented to an outstanding Volunteer Ombudsman who has been selected through a formal nomination process by the Executive Board of the Board on Aging and Long Term Care.

To nominate any current Volunteer Ombudsman, please complete and return official nomination form by February 24th.

The Board on Aging and Long Term Care would like to acknowledge and thank AARP Wisconsin for their continuous support and partnership in promoting the advocacy efforts of the Volunteer Ombudsman Program

**Greetings from the
Ombudsman Services Supervisor
Heather Bruemmer**

We have very exciting news to share with you regarding the Ombudsman Program. The Board on Aging and Long Term Care recently received grant money for three years to hire a **“Relocation Ombudsman Specialist”**. This individual will act as the primary, statewide advocate and resident relocation specialist for long-term care consumers. There have been an increasing number of facility closures in the last couple of years and we feel fortunate to have a designated individual to help advocate for residents through those challenging times. The Relocation Ombudsman Specialist will focus on the protection of resident rights and quality of care and life during relocations and closures of long-term care facilities in the state.

FAREWELL TO KATHY GOMEZ

“I truly enjoyed working for the VOP, and I will miss being a member of this valuable team! You are an impressed group of Volunteers who never let me or the residents down. Serving as your VOP Coordinator, has opened my eyes to new ways of thinking, and I now approach life a life differently because of this experience. Thank you for being a part of my journey.”.....Kathy

We miss Kathy’s creative, and energetic style and her dedicated advocacy efforts. She was a valuable team player during our expansion! We wish her the best in her new career... Thank you for two spectacular years of service!!! BOALTC staff.

**Community Relocation Initiative
An Opportunity for People in Nursing Homes**

Residents of nursing homes who would prefer to receive their long-term care at home may be interested in this opportunity. As part of his 2005-07 Biennial Budget, Governor Doyle included a proposal that would give elders and persons with physical disabilities the opportunity to relocate from nursing homes. Now people being cared for in nursing homes will have a choice -- to remain in that setting or move if their care needs can be met at home, in an apartment or in an assisted living setting. If Medicaid is currently paying for the person’s stay, Medicaid may be available to provide needed help at home through Wisconsin’s Community Options Program waiver, called CIP II (Community Integration Program II).

This program, provided through county government, is available to people who:

- ▶ currently reside in a nursing home
- ▶ currently have Medicaid pay for their nursing home care
- ▶ are aged 65 years or older or have a physical disability
- ▶ are determined by the county human service agency to be eligible for the Community Options Waiver (known as either COP-W or CIP II)
- ▶ have an ongoing need for long-term care services
- ▶ have resided in a nursing home for 100 days or more, or be expected to do so

For more information contact your county human services department and ask for a Community Options Relocation Assessment. A county care manager will set an appointment to meet in the nursing home with the person interested in returning home. During the meeting the care manager will:

- ▶ assess if the person is eligible for the program
- ▶ discuss what the person’s health care needs are and what they can and cannot do for themselves
- ▶ discuss the individual’s preferences for the kind of help they need
- ▶ discuss personal interests and availability of family and friends
- ▶ discuss home care and residential options and preferences
- ▶ explain program policies and procedures
- ▶

Based on all of this information, the care manager will help develop a plan for moving the person home with services that are satisfactory to the individual. The care manager then makes the necessary arrangements. The nursing home and care manager will coordinate with the person and their family to assist with needed transitions as the person moves. The care manager stays involved, visits periodically, and ensures that services get provided and that the person is safe and satisfied with care arrangements.

Please share this information with friends or family.

Ombudsman Anti-Retaliation Law Upheld

Late in December of last year, a judge in Walworth County upheld the law that protects people who report complaints to or cooperate with staff or volunteers of the Board on Aging and Long Term Care. This important decision allows the Ombudsman Program to confidently assure residents, family or facility staff who are afraid to talk to volunteer or professional Ombudsmen that anyone who attempts to retaliate against them can be held accountable.

The law was originally passed in 1997. It makes it unlawful for any person to discharge, retaliate or discriminate against someone who contacts or cooperates with a representative of the agency. There is a possible criminal charge and there are ways to seek damages in civil court, as well. Until now, this law has only been used a few times to my knowledge, and only by facility staff who have been fired from their job because they contacted an Ombudsman. This decision greatly expands the way in which the law can be used.

The case involved a person who had been the neighbor and long-time friend of a man who had moved into a nursing home. The neighbor called the Ombudsman and reported his suspicions that another man was financially abusing the resident. The Ombudsman investigated and took action to protect the resident's interests. Later, the man who had been suspected of the abuse filed a lawsuit against the neighbor. In the suit, the man claimed that the report to the Ombudsman defamed his character and asked for significant money damages.

The neighbor and his lawyer contacted me and together we crafted a defense to the lawsuit that was based on the Ombudsman Program anti-retaliation law.

I also filed a brief with the court shortly before the case went to trial describing the history and purpose of the law. The court was impressed by the arguments that the neighbor's lawyer made. The judge also agreed with the idea that, in order to assure that people who need our services are not discouraged from contacting an Ombudsman by threats of retaliation, those threats must be addressed sternly. The judge then ruled in favor of the neighbor and completely dismissed all charges.

This is a huge victory for the program and, more importantly, for our clients. Congress and the state Legislature provide for residents to have access to advocates (Ombudsmen) to assure that their voices are heard. Unless there is a way to prevent interference with residents' ability to take advantage of this advocacy, nothing has been accomplished. This decision makes it clear that the right of a resident to communicate with an Ombudsman without interference or fear of retaliation is something that the state will vigorously protect and defend.

For more information, call me at
608 - 246 - 7018 .

Submitted by:

William P. Donaldson

Counsel to the Board

Just a Reminder for Our Volunteers

Please remember that all residents in your assigned nursing home, including residents who have been admitted for short-term rehab need your support. Those residents often have concerns and we want to listen to them and advocate for them as well. Please make sure you have enough materials to hand out to everybody!

And please remember to indicate on your monthly reports how many new residents you met with . Thank you very much!

Keeping you... Web Connected

Board on Aging and Long Term Care Spanish-language Web site	http://longtermcare.state.wi.us http://www.healthfinder.gov/espanol
Faith in Action Wisconsin	http://www.fiawisconsin.com
AARP Wisconsin	http://www.aarp.org
Coalition of Wisconsin Aging Groups	http://www.cwag.org
Age Net Solutions	http://www.agenet.com
Alzheimer's Association	http://alz.org
Volunteer Match	http://www.volunteermatch.com
Caregivers Assistance News link	http://www.co.dane.wi.us/aging/cgnewsletters.htm
State Health Facts Online	http://www.statehealthfacts.kff.org

The Volunteer Ombudsman

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