

Long-Term Care Ombudsman Program (LTCOP)

Older Americans Act Performance System (OAAPS) Submission

National Ombudsman Reporting System (NORS) Table 3 – Guidance

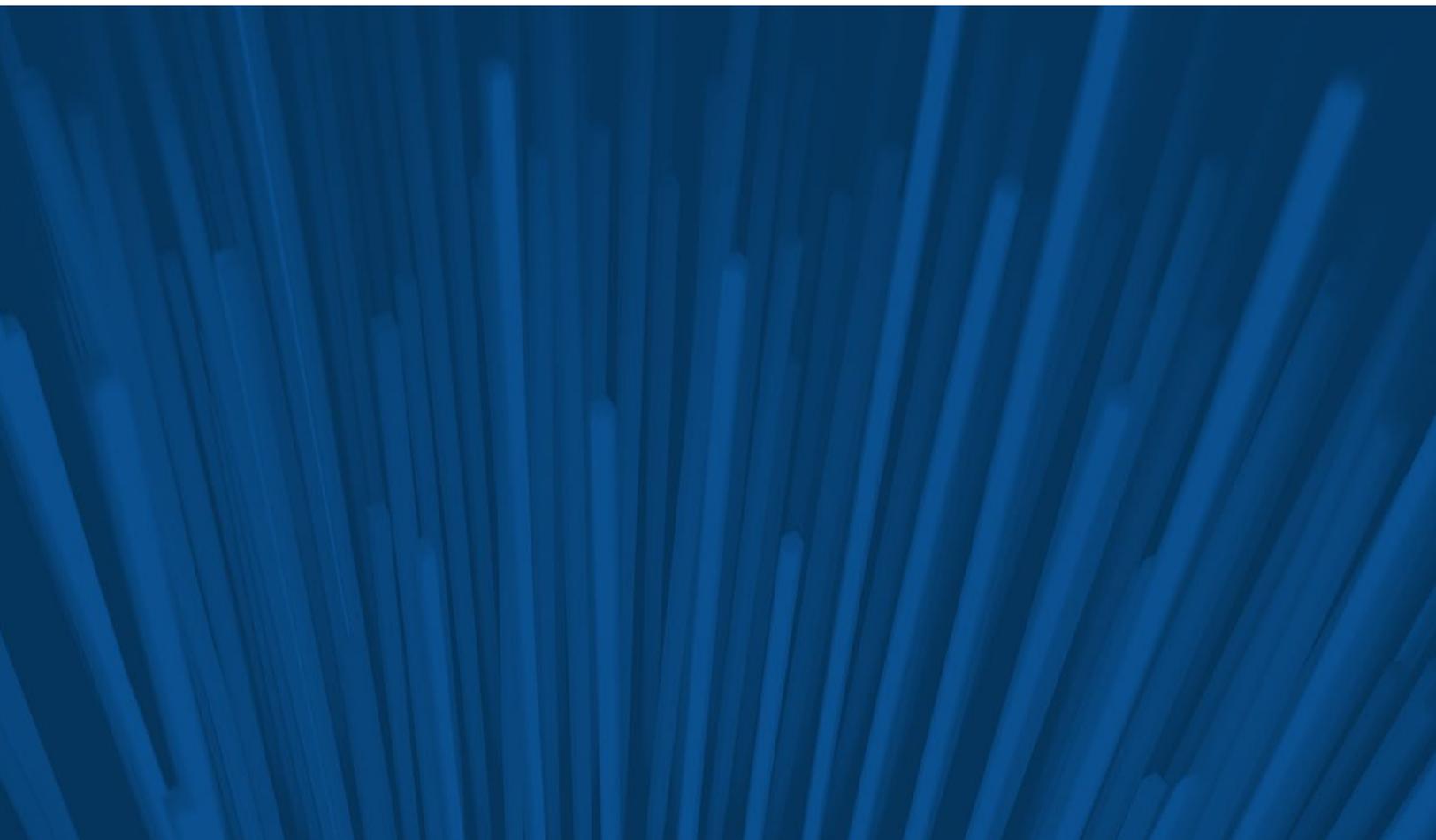


TABLE OF CONTENTS

Introduction	4
Older Americans Act Performance System (OAAPS)	4
National Ombudsman Reporting System (NORS) Table 3	5
General Tips for Writing Narratives	5
PART A: Complaint Examples	6
Guidance	6
1. Complaint Guidance – Nursing Facility	6
2. Complaint Guidance – Residential Care Community	6
3. Complaint Guidance – Optional	6
4. Complaint Guidance – COVID-19	7
Examples	7
1. Complaint Narrative	7
2. Complaint Narrative	8
3. Complaint Narrative	9
4. COVID-19 Complaint Example	10
PART B: Systems Issues	11
Guidance	11
1. Systems Issues	11
2. Systems Issues – COVID-19	11
Examples	12
1. Systems Issues Narrative	12
2. Systems Issues Narrative	13
3. Systems Issues Narrative	15
4. COVID-19 Systems Issues Example	16
PART C: Organizational Structure	18
Guidance	18
1. Organizational Structure – Office of the State Long-Term Care Ombudsman (LTCO)	18
2. Organizational Structure – Local Ombudsman entities	18
Frequently Asked Questions About Organizational Structures	19
Examples	19
1. Organizational Structure Example	19
2. Organizational Structure Example	19
PART D: Staff and Volunteers	20
Guidance	20
Frequently Asked Questions	20
1. Staff Guidance – Office of the State LTCO and Local Ombudsman Entities	20
2. Volunteer Guidance – Office of the State LTCO and Local Ombudsman Entities	21
Examples	21
1. Staff and Volunteer Example - Office of the State Long-Term Care Ombudsman	21
2. Staff and Volunteer Example - Local Ombudsman Entity	21

PART E: Organizational Conflicts of Interest	22
Guidance	22
Examples	23
1. State Office	23
2. Local Ombudsman Entity	25
3. State and Local Ombudsman Entities	25
PART F: Funds Expended	26
Guidance	26
Key Terms	26
State Ombudsmen Participation	27
LTCOP Fund Sources	28
Example	30
1. Funds Expended Example	30
PART G: Facility Data Elements	31
Guidance	31
1. Gather Facility Information	31
2. Total Count of Facilities	31
3. Residential Care Communities Reporting Requirements	32
4. Enter Data	32
5. Frequently Asked Questions About Facility Data	32
Examples	32
1. Facilities Example – Numbers and Capacity	32
2. Facilities Example – Residential Care Community (RCC) Information	33
3. Facilities Example – Residential Care Community (RCC) Information	33
4. Facilities Example – Residential Care Community (RCC) Information	33
PART H: Program Activities	34
Guidance	34
1. Program Activities Guidance – Training for Representatives of the Office	34
2. Program Activities Guidance	34
Example	36
Program Activities	36
Data Management and Quality Assurance	39
Closing	39

INTRODUCTION

The federal fiscal year (FFY) 2020 State Long-Term Care Ombudsman Program (LTCOP) report will be the first submission in the new Older Americans Act Performance System (OAAPS). Ombudsman programs began using the revised National Ombudsman Reporting System (NORS) codes on October 1, 2019 (beginning of FFY2020). This guidance regarding the *NORS Table 3 – State Program Information* (NORS Table 3) data elements is intended for the Office of the State Long-Term Care Ombudsman Program (Office). This guide provides examples for requested narrative information and some guidance for entering numerical data elements.

Older Americans Act Performance System (OAAPS)

OAAPS is replacing the Ombudsman Reporting Tool (ORT). The Administration for Community Living (ACL) will use OAAPS to monitor performance data and collect information from state Ombudsman programs as required by the Older Americans Act (OAA) and Ombudsman program regulation. The State Long-Term Care Ombudsman (SLTCO) or their designee will use OAAPS to submit the state annual NORS report to ACL. State and tribal programs who provide OAA services will also use OAAPS. OAAPS refers to the various OAA programs by their title in the Older Americans Act; thus, the Ombudsman Program is referred to as Title VII. You may find Title VII resources on the [OAAPS resource page](#).

The main way OAAPS differs from the ORT is that states will need to upload data files for case and complaint data. There is no option to manually enter cases and complaints. States will have the option of uploading numeric program activity data in a file labeled “All Other Data” or may manually enter these data. OAAPS includes features for data entry, validation, quality analysis (variance review), submission, ACL review, and approval. You may access OAAPS at <https://oaaps.acl.gov/app/welcome>. Review the [reference materials](#) for Title VII, which include:

- [Title VII User Guide](#)
- [Quick Reference Guide: System Overview: Title VII](#)
- [Quick Reference Guide: User Management: Title VII](#)
- [Quick Reference Guide: Data Reporting and Submission: Title VII](#)
- [Quick Reference Guide: Data Validation: Title VII](#)
- [Quick Reference Guide: Reports: Title VII](#)
- [Quick Reference Guide: Analysis Reports Detailed Descriptions: Title VII](#)
- [Quick Reference Guide: Add New User: Title VII](#)
- [Recorded Training: What is Changing? System Overview, User Management, and User Support](#)
- [Recorded Training: Data Reporting and Validation](#)
- [Recorded Training: Data Submission, Review, and Acceptance](#)

It is also important to review the [technical documents](#) and practice uploading data files by using the sample data files available in OAAPS before submitting your program’s data. For information and guidance related to the information technology (IT) aspects of Ombudsman program data submission including data file uploads contact OAAPSHelpdesk@acl.hhs.gov.

Important Note About This Guide

The purpose of this guide is to explain the data elements for NORS Table 3 and provide examples for requested narrative information and guidance for other data elements. This guide does not explain how to use the OAAPS reporting system. Visit the OAAPS website (as mentioned on [page 4](#)) to access a user guide, quick reference guides, recorded webinar trainings, technical documents, and sample data files. ACL and ICF, the developer of OAAPS, will provide system-related technical assistance (e.g., issues uploading a file). You can receive technical assistance by contacting OAAPSHelpdesk@acl.hhs.gov or by submitting a technical assistance request from OAAPS (a form is available under “Contacts” for technical assistance requests). ACL and The Lewin Group subcontract with the National Ombudsman Resource Center (NORC) to provide programmatic technical assistance and support for state Ombudsmen regarding OAAPS.

[Click here](#) for NORS training materials, recorded webinars, guides, and FAQs. For assistance contact ombudcenter@theconsumervoice.org.

National Ombudsman Reporting System (NORS) Table 3

The **NORS Table 3: State Program Information** (NORS Table 3) includes numerical data and descriptive narratives.¹ NORS Table 3 provides the data elements and descriptions, quantifier (single or multiple), types (alphanumeric or written), codes and values, and examples and reporting tips for state program and local Ombudsmen entity information (if applicable). States will submit a wide range of information describing their statewide Ombudsman program grouped into a range of categories. This resource provides examples for requested narrative information and guidance for other data elements. Refer to the NORS [Frequently Asked Questions \(FAQs\)](#) for additional information regarding NORS Table 3.

NOTE: In this resource the term “representative” means “representative of the Office of the State Long-Term Care Ombudsman” as defined in the State Long-Term Care Ombudsman Program Final Rule, Section 1324.1 Definitions.

General Tips for Writing Narratives

- Write the narratives in a Word document first so that you can check spelling and grammar and edit accordingly. Then, copy and paste these narratives into OAAPS.
- Do not use resident names, facility names, or identify the town or county where the resident lives. If you want to use a resident name to personalize the narrative, use quotation marks to indicate that it is an assumed name (e.g., “Betty Smith”).
- Use common acronyms as appropriate. Examples include LTCOP, LTCO, LTC, NH, NF, RCC, and SLTCO. Spell out state specific agency names or titles instead of using acronyms.
- Do not give background on typical long-term services and supports, as ACL reviewers know the relevant laws and regulations (e.g., review nursing home residents’ rights, explain the role of legal services, or describe the Protection and Advocacy Agency).
- Identify collaborating partners and their roles, if unique to your state.

¹Administration for Community Living (ACL)/Administration on Aging (AoA) Office of Long-Term Care Ombudsman Programs. National Ombudsman Reporting System (NORS). *Table 3: State Program Information*. OMB Control Number 0985-0005 Table 3: State Program Information Expiration Date: 04/30/2021. https://ltombudsman.org/uploads/files/support/NORS_Table_3_Program_Information_04-30-2021-1.pdf

PART A:

Complaint Examples

Refer to [OAAPS](#) resources and reference materials for guidance and instructions for uploading the cases and complaints file. You can search for a case number to autofill some information as part of the narrative submission or enter it manually. You are required to provide one Nursing Facility and one Residential Care Community example. A third complaint example from any setting is optional.

Guidance

In addition to the general tips for writing narratives ([page 5](#)), consider these tips for complaint example narratives:

- Review the Nursing Facility (NF) and Residential Care Community (RCC) case data prior to selecting the best examples.
- Consider cases that had a broader impact on policies and procedures of a corporation and/or statewide advocacy.
- The narrative must include the facility type or setting, description of the problem, complaint category, complaint code, verification status, disposition, and description of the resolution.
- Choose complaint examples that were closed in the current FFY reporting period.
- Be concise with complaint description narratives. Do not copy and paste case notes.
- The complaint description and disposition narrative cannot be longer than 3,400 characters (approximately 500 words). While working in a Word document, use the [word count feature](#) to ensure you stay within the maximum character length.
- Where appropriate, make the connection between Ombudsman program training, complaint investigation, and resident advocacy.

1. Complaint Guidance – Nursing Facility

Choose one example of a Nursing Facility complaint. If the case and complaint data are already uploaded, there is an option to look up a case number of a Nursing Facility complaint to pre-fill the information.

2. Complaint Guidance – Residential Care Community

Choose one example of a Residential Care Community complaint. If the case and complaint data are already uploaded, there is an option to look up a case number of a Residential Care Community complaint to pre-fill the information.

3. Complaint Guidance – Optional

A third complaint example is optional and can be from a nursing facility, residential care community, or other setting. If the case and complaint data are already uploaded, look up the relevant case number to pre-fill the information. If your program investigates complaints in settings other than NFs and RCCs, then you may choose a complaint example from the “Other Setting” for this optional complaint example (see [NORS Table 1](#), CA-04 for code 99 – Other Setting).

4. Complaint Guidance – COVID-19

To fulfill the reporting requirement for CARES Act funding, Ombudsman programs will report program activities in response to COVID-19 in OAAPS. The ACL [Long-Term Care Ombudsman Programs Reporting Requirements for CARES Act funding](#), Frequently Asked Questions about COVID-19-Specific Activities (May 4, 2020) includes the following information:

How will the Ombudsman program report information on COVID-19 activities?

- States will report COVID-19-specific activities and case examples in the Complaint Examples and Systems Issues narratives ([Table 3, Parts A & B](#)).
- State Ombudsman programs will provide data analysis that describes the impact of COVID-19 in their program’s variance report. ACL will also analyze and have questions about states’ variance reports and complaint trends, including trends about COVID-19.

States have discretion as to what to include in narratives; however, to support CARES Act reporting, ACL requests that at least one narrative, either a complaint example or systems issue, addresses program response to COVID-19. To assist with reporting, this guide includes a complaint example narrative regarding complaints involving COVID-19.

Examples

The complaint examples below were adapted from prior NORS submissions.

*NOTE: The **first** example below includes a narrative submitted in ORT and a revised version that reflects the current NORS requirements for an OAAPS submission. The other three examples are only in the OAAPS complaint example format and are either adapted complaints based on ORT submissions or hypothetical complaints. The narratives describe the complaint, the Ombudsman program’s role in assisting the resident(s), outcomes and resolutions, and the broader advocacy impact of the case.*

1a. Complaint Narrative (ORT submission)

The Long-Term Care Ombudsman Program (LTCOP) encountered a case where a resident, who identifies as being a part of the LGBT community, was sent anonymous notes that were anti-LGBT in nature. The representative met with the resident and the resident gave permission for her to investigate the complaint and speak with the nursing home staff and local authorities to investigate the concern. Unfortunately, they were unable to identify the person who sent the notes, but it did trigger a larger conversation as a result. Facility staff worked with the resident and a local attorney to develop a new resident handbook that added specific language and a statement referencing discrimination and protected classes. The revised resident handbook delivered a sense of comfort and satisfaction for the resident. Additionally, on a broader scope, it was an accomplishment for the program in that the nursing home, being part of one of our larger religious groups, agreed to initiate marked changes in policy that would benefit and protect residents in all their facilities and campuses.

1b. Complaint Narrative (OAAPS submission example)

Facility or Setting	<i>Nursing Facility</i>
Description	<i>(narrative of the problem)</i>

A resident who identifies as being part of the LGBT community received anonymous notes that were anti-LGBT in nature several times over a month. The notes were left on his bed when he and his roommate were out of their room. When speaking with the representative of the Office, the resident provided consent for the Ombudsman program to investigate the complaint, discuss it with facility staff, and refer it to local law enforcement. The resident also shared that he was very upset about the derogatory notes and was meeting with a therapist for counseling. He said the notes triggered memories of harassment and verbal abuse in the past and he does not feel safe at the facility. The resident asked the representative to meet with him and his therapist to discuss how to address this specific situation and issues at a facility-level to help ensure the rights of LGBT residents are respected.

Complaint Category	<i>(choose from drop-down menu)</i>	A. Abuse, Gross Neglect, Exploitation
Complaint Code	<i>(choose from drop-down menu)</i>	A03. Abuse: psychological
Verification	<i>(select option)</i>	Verified
Disposition	<i>(choose from drop-down menu)</i>	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant
Disposition Narrative	<i>(narrative of the resolution)</i>	

Law enforcement officers were unable to pursue criminal charges as they could not identify the person who wrote the notes. However, as described below, this incident led to a larger conversation about diversity, the experience of LGBT elders, and the need for changes to ensure the facility is inclusive and welcoming. The representative shared resources regarding creating a welcoming community from the National Resource Center on LGBT Aging and a residents’ rights fact sheet for LGBT elders by NORC, Lambda Legal, and the National Resource Center on LGBT Aging with the resident and facility staff. Using those resources as guides, the facility staff worked with the resident and a local attorney to develop a new resident handbook that added specific language and a statement referencing discrimination and protected classes. The resident handbook, facility literature, and resident admission materials were revised to use inclusive and welcoming language. The facility staff shared the updated materials with all residents and their representatives. At the suggestion of the representative, the facility staff invited her to provide an in-service training about residents’ rights, LGBT aging issues, and inclusion. The resident told the representative that he was satisfied with the resolution and felt more comfortable knowing the facility staff wants to ensure that he, and all LGBT residents, are treated with respect and dignity. Additionally, the nursing home is part of a larger corporation with multiple campuses and the corporate office agreed to implement similar changes to company-wide policies and procedures to ensure the entire chain is inclusive and welcoming. Based on her experience with this case, the representative asked the SLTCO to provide training to all representatives about LGBT older adults. The SLTCO has consulted with the National Resource Center on LGBT Aging to provide training and review the program’s current initial certification training to ensure it is relevant and inclusive.

2. Complaint Narrative (OAAPS submission example)

Facility or Setting	<i>Residential Care Community</i>
Description	<i>(narrative of the problem)</i>

The LTCOP was notified by the Division of Licensing and Certification that a residential care community (RCC) had to be evacuated immediately due to health and safety concerns from the State Fire Marshall’s Office (SFMO). The RCC needed to transfer eight residents to another facility within a few hours of the mandated emergency evacuation. The day after the evacuation, the representative asked the RCC director for a list of residents and where they were transferred. The director informed her that all eight residents were transferred to another RCC owned by the same operator. The representative of the Office went out immediately to visit the residents in their new RCC and see how they handled the evacuation and if they need assistance from the program. All residents said they were comfortable and content in their new, temporary facility. However, all eight residents wanted to return to their previous facility and felt that they should have been given more information and a choice about where to transfer.

Complaint Category	<i>(choose from drop-down menu)</i>	C. Admission, Transfer, Discharge, Eviction
Complaint Code	<i>(choose from drop-down menu)</i>	C03. Discharge or Eviction
Verification	<i>(select option)</i>	Verified
Disposition	<i>(choose from drop-down menu)</i>	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant
Disposition Narrative	<i>(narrative of the resolution)</i>	

The representative participated in regular calls with the Division of Licensing and Certification, the SFMO, and other entities for updates on the RCC’s progress in correcting the health and safety concerns. The calls also discussed the status of the residents that were relocated and billing and payment issues that occurred due to the mandatory evacuation and transfers. The RCC completed the required repairs three weeks after the evacuation and were ready to reopen. The representative reminded the facility staff about the residents’ right to information regarding the reopening and transfer and choice to return or remain in the new facility. She spoke with each resident to make sure they were informed of their rights and confirmed that they understood the transfer process and were given the option to return or stay at the current facility. The representative shared information about other facilities in the area in response to questions from six of the residents that wanted to consider their options. Two residents decided to stay in the current facility and the other six decided to return to the original facility. The representative followed-up with the six residents that returned to the original facility to ensure everyone settled back in and ask if they needed further assistance from the program. As part of the evacuation, transfer, and return process the representative also communicated with the facility to ensure the financial issues related to the mandatory eviction and temporary housing were addressed. The financial payment concerns were complicated. The state has a small stipend to cover some emergency relocation costs. The room and board costs are prorated based on the number of days that room and board is provided to a resident. The representative worked to ensure that the provider did not charged “extra” for the evacuation and transfer costs.

The representative and SLTCO debriefed with the Division of Licensing and Certification and State Fire Marshall’s Office staff about the evacuation process. They discussed what went well and what processes could be improved upon. For example, the residents wanted more information about the need for the temporary transfer, their right to choose a temporary facility, and updates regarding the repairs and reopening. Since the regular calls were effective in addressing individual and some systems issues, it was decided that the Division of Licensing and Certification, State Fire Marshall Office, and state Ombudsmen would meet quarterly to discuss trends or individual issues regarding health and safety in residential care communities.

3. Complaint Narrative (OAAPS submission example)

Facility or Setting (choose from drop-down menu for optional example) Nursing Facility
Description (narrative of the problem)

A nursing home resident wanted to move back to her house but was having difficulty securing enough hours of personal care services to return to the community. The nursing home social services staff provided information to the resident and her guardian about home services, but that was the extent of their assistance. The guardian contacted the local Ombudsman entity for advice and assistance on behalf of the resident. In speaking with the resident and facility staff, the representative of the Office discovered that the resident had been evaluated and approved for Medicaid home and community-based services. Due to the limited number of service hours approved by a home and community-based service waiver assessment, her guardian and the facility did not believe it would be a safe discharge. The representative spoke with the resident on several occasions and the resident was consistent in sharing that she wanted to leave the facility.

Complaint Category (choose from drop-down menu) K. Complaints about an Outside Agency (non-facility)
Complaint Code (choose from drop-down menu) K02. Medicaid
Verification (select option) Verified
Disposition (choose from drop-down menu) Partially or fully resolved to the satisfaction of the resident, resident representative or complainant
Disposition Narrative (narrative of the resolution)

The representative, with the permission of the guardian and resident, worked with a local legal services staff attorney. The attorney filed a fair hearing request for reconsideration of the number of hours of service needed for the resident to live in her own home. The resident won the hearing and the Medicaid agency agreed to increase the number of personal care service hours the resident would receive. The representative also checked with the local Money Follows the Person (MFP)

coordinator to confirm that the resident received the transition assistance needed to make a successful move back home. The resident was able to move back home with personal and support services and occasional help from friends and guardian. A continuing challenge for her is access to affordable transportation options. Church members are volunteering to provide rides to the grocery store.

The representative observed that the facility did not ask residents about returning to the community or provide assistance with referrals, so she asked to attend a Resident Council meeting to share information about their rights and the process. The council agreed and the representative and MFP coordinator met with the resident council to inform them of assistance available to help with moving if a resident wanted to do so.

As a result of the representative’s initiative the SLTCO asked that all representatives offer to provide the same type of information to all nursing home resident councils at least once a year and include the MFP coordinators in the presentation when possible.

4. COVID-19 Complaint Example (OAAPS submission example)

Facility or Setting *Nursing Facility*

Description *(narrative of the problem)*

The Ombudsman program received several complaints from residents and family of five nursing facilities (owned by one corporation) regarding the facilities not allowing residents to spend their COVID-19 stimulus check (federal economic incentive payment) as they desired. In this circumstance, the facility was the representative payee and intercepted the checks sent through the U.S. Postal Service before the residents received their mail. The facility did not inform residents about their checks. Residents began to ask questions after learning about the stimulus payments and found that the facilities were using the money to purchase personal protective equipment (PPE) for staff.

Complaint Category *(choose from drop-down menu)* A. Abuse, Gross Neglect, Exploitation

Complaint Code *(choose from drop-down menu)* A04. Financial exploitation

Verification *(select option)* Verified

Disposition *(choose from drop-down menu)* Partially or fully resolved to the satisfaction of the resident, resident representative or complainant

Disposition Narrative *(narrative of the resolution)*

The Ombudsman program investigated multiple complaints at various times from five facilities owned by the same corporation. Representatives had permission from at least one resident from each facility to make referrals, if necessary. Some of the residents shared with the representatives that the facility staff took their check prior to delivering their daily mail to them. Complaints were the same regardless of the residents’ sources of income and payment for care. The program verified that the corporate office directed the facilities to use the resident’s COVID-19 stimulus check to purchase personal protective equipment (PPE) supplies for staff and masks for residents. Purchase orders for the PPE had been made, but the invoices had not yet been paid.

Representatives consulted with the state Ombudsman (SLTCO). The SLTCO referred the complaints to licensing and certification agency, state Medicaid agency, and the U.S. Postal Service Office of Inspector General. The SLTCO and licensing and certification agency leadership met with staff from the nursing facility’s corporate office to discuss the complaints. Once advised and shown the relevant guidance from CMS about the COVID-19 stimulus checks, the corporate executives rescinded their decision to use residents’ funds to purchase PPE. The corporation sent written notification to each resident and their representative explaining the mistake and how the corporation would ensure that residents would receive their funds. The Ombudsman program followed up and checked with complainants to verify that they did have access to their COVID-19 stimulus funds and were able to use funds as they wished.

PART B:

Systems Issues

Refer to the [NORS Table 3: State Program Information](#) (NORS Table 3) for examples and reporting tips for the systems issues data elements. You must enter at least two and up to three systems issues examples manually. Describe up to three priority long-term care, services, or supports issues identified by the Ombudsman and the leadership and advocacy activities the Office employed to address these priority issues.

Guidance

NOTE: The guidance below applies to writing all the systems issue narratives, the two required and one optional.

1. Systems Issues

- In addition to the general tips for writing narratives ([page 5](#)), consider these tips for systems issue narratives:
- Describe at least two priority long-term care systems issues where the Ombudsman program had a leadership role. An optional third issue may be provided.
- Choose systems issues worked on or completed in the current FFY reporting period.
- Keep problem, barriers, and resolution descriptions shorter than 3,400 characters (approximately 500 words). While working in a Word document, use the [word count feature](#) to ensure you stay within the maximum character length.
- When possible, select issues where the state Ombudsman or representatives took a leadership role in the issue. For example, the state Ombudsman co-chaired a workgroup on resuming visitation as part of their COVID-19 activities; or the program initiated an interagency task force to address inappropriate discharges to homeless shelters.
- Choose a systems issue associated with NORS codes A-L or O – “Other.”
- The submission must include a systems issues category, description of the problem, description of the barriers, status of the issue, the setting, resolution strategy/strategies, and description of the resolution.
 - Select the systems issue category from the drop-down menu.
 - Describe the problem and any barriers encountered.
 - The status of the issue refers to whether the complaint is new this federal fiscal year (FFY) and not fully resolved, an unresolved issue from the prior FFY, or a resolved or partially resolved issue that was new this FFY or an ongoing issue from the previous FFY.
 - For “affected setting” you may choose “not specific to a setting” or “nursing facility” and/or “residential care community.”
 - Select the resolution strategies used to address the issue (select all that apply from the resolution strategy codes listed). Refer to the examples and reporting tips in NORS Table 3 for help identifying resolution strategies.
 - Describe the resolution strategies used to address this issue. Provide details such as collaborative efforts, implementation of statewide advocacy and involvement of representatives, community education related to the issue, and any policy, regulatory, legislative, or other outcomes.

2. Systems Issues – COVID-19

To fulfill the reporting requirement for CARES Act funding, Ombudsman programs will report program activities in response to COVID-19 in OAAPS. The ACL [Long-Term Care Ombudsman Programs Reporting Requirements for CARES Act funding](#), Frequently Asked Questions about COVID-19-Specific Activities (May 4, 2020) includes the following information:

How will the Ombudsman program report information on COVID-19 activities?

- States will report COVID-19-specific activities and case examples in the Complaint Examples and Systems Issues narratives ([Table 3, Parts A & B](#)).
- State Ombudsman programs will provide data analysis that describes the impact of COVID-19 in their program’s variance report. ACL also will analyze and have questions about states’ variance reports and complaint trends, including trends about COVID-19.

States have discretion as to what to include in their narratives; however, to support CARES Act reporting ACL requests that at least one narrative, either a complaint example or systems issue, addresses program response to COVID-19. To assist with reporting, this guide includes a narrative example regarding systems issues involving COVID-19.

Examples

NOTE: The first example below includes a narrative submitted in ORT and a revised version that reflects the current NORS requirements for an OAAPS submission. The other three examples are only in the OAAPS systems issue submission format and are either adapted systems issues based on ORT submissions or hypothetical issues. The narratives describe the systems issue (problem), the Ombudsman program’s role, barriers, and resolution.

1a. Systems Issues Narrative (submitted in ORT)

Guardianship Systems reform. The State Long-Term Care Ombudsman (SLTCO) worked with the State of Court staff to obtain a Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) grant. The SLTCO is on the steering committee and participates on all the individual committees. The WINGS group was able to get Supported Decision-Making Agreement (SDMA) legislation passed. The SLTCO presented at the first SDMA statewide conference on how SDMA could be used for older adults. The Governor signed the bill into law at this conference. The SLTCO also provided training to Ombudsman program staff on the use of SDMA.

1b. Systems Issues Narrative (OAAPS submission example)

Systems Issue Category *(choose from drop-down menu)* L-System and Others (non-facility)

Problem Description *(description of the issue or problem)*

After analyzing program complaint data, we identified a trend regarding unnecessarily restrictive guardianships limiting resident decision-making. We found that older adults had few supportive decision-making (SDM) options other than guardianship. Our state’s guardianship laws were very dated and had not been updated to include less restrictive options. Adults found that when the court appointed a guardian that almost all their rights were lost. The courts tended to appoint full guardianship rather than limited guardianship options. The requirements for probate judges are that they must be at least 25 years of age, a high school graduate, a U.S. citizen, and a county resident for at least two years preceding the election. Based on guardianship appointments, it was clear that probate judges would benefit from training about the options for a person who needs support but not full guardianship (e.g., least restrictive alternatives, supported decision-making). This was a concern of many residents, advocacy organizations, and some probate judges; however, there was a leadership void in addressing the problem.

Barriers Description *(description of the barriers for the issue)*

Our state needed a coalition focused on reforming the guardianship system, funding to establish the coalition, and amended or new legislation to address solutions for supporting adults in need. The SLTCO worked with the state court staff to obtain a Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) grant. The National Guardianship Network, with coordination by The American Bar Association Commission on Law and Aging, created the WINGS concept to support court-led partnerships in states to drive changes in guardianship policy and practice.

Initially we were challenged in the start-up of our WINGS group. Different people who needed to be in the group were delayed in joining. Eventually all groups were represented, and we made progress in working on our objectives. The first legislator who agreed to sponsor the legislation had to decline further work on the issue due to serious health problems. He helped us find a new sponsor of the bill. The new legislator and her staff had to be caught up on WINGS progress to date and the group also worked to incorporate the legislator’s input.

Issue Status	<i>(choose from drop-down menu)</i>	Fully or Partially Resolved including issues that are newly reported or an ongoing issue from last year.
Affected Setting	<i>(select checkbox/checkboxes)</i>	Not specific to a setting
Resolution Strategies	<i>(select all that apply)</i>	Provided information to public or private agency Provided information to legislator or legislative staff Recommended changes to laws, regulations, policies or action through written or oral testimony Provided leadership or participated on a task force Provided information to the media Provided educational forums; facilitated public comment on laws, regulations, policies or actions Developed and disseminated information
Other Resolution Strategies	<i>(add a resolution strategy not included above)</i>	
Resolution Description	<i>(narrative description of resolution strategies used during fiscal year)</i>	

The SLTCO is on the WINGS steering committee and participates on the individual committees. The WINGS group was able to get Supported Decision-Making Agreement legislation passed. The SLTCO provided written and oral testimony on the bill before the judicial committee.

The SLTCO presented at the first SDMA statewide conference on how SDMA could be used for individuals over the age of 60. The SLTCO worked with WINGS group members to make sure that the media were present when the Governor signed the bill into law at this conference. Additional interviews with the media took place after the bill signing.

The SLTCO also provided training to Ombudsman program staff and volunteers about SDMA, least restrictive options to guardianship, and residents’ rights. The training included case examples and role play regarding residents’ rights and decision-making. Members of the WINGS steering committee successfully advocated for including SDMA training and information about the National Guardianship Association’s Standards of Practice into the state association of probate judges initial and continued education training.

WINGS developed literature about the new SMDA options. WINGS members, including the SLTCO, made the literature available through their various constituent groups, advocates, long-term care providers, and the public.

2. Systems Issues Narrative (OAAPS submission example)

Systems Issue Category	<i>(choose from drop-down menu)</i>	A – Abuse, Gross Neglect, Exploitation
Problem Description	<i>(description of the issue or problem)</i>	

The Ombudsman program received numerous complaints that agents under a financial power of attorney for residents are taking advantage of that relationship and using the residents’ funds for their own purpose. Such cases often come to the program’s attention because the resident receives a discharge letter for non-payment. The Ombudsman program makes referrals to legal aid attorneys who assist in seeking restitution of loss funds and appealing the discharge. However, the

legal aid offices do not have sufficient staff to adequately cover the increasing number of financial exploitation cases. Also, due to lack of criminal charges in these cases local law enforcement would benefit from training regarding the types and frequency of financial abuse cases and actions that they make take on behalf of the victim.

Barriers Description *(description of the barriers for the issue)*

These cases are difficult to resolve because in most cases the perpetrator has a legal right to access the funds. The resident is often reluctant to report a family member or is unaware of the situation until the money is gone and facility staff often do not take any action until the amount owed to the facility is extremely high. Additionally, even where criminal activity may have taken place, law enforcement is either slow or unable to proceed due to a variety of factors that make it difficult to access needed information or to prosecute. These factors include the deteriorating cognitive and/or physical condition of the resident; the lack of hard evidence; the relatively small dollar amounts involved; and misunderstanding or belief on the part of law enforcement that these cases are not criminal matters but rather “domestic” issues more properly addressed by civil law. Even when prosecutions occur, restitution is rare.

The overarching barriers include: the lack of a coalition to address the problem, insufficient funding to hire more attorneys, need for training for local law enforcement regarding financial exploitation and possible enforcement actions, and a need for education about the prevention and reporting of financial exploitation.

Issue Status	<i>(choose from drop-down menu)</i>	Fully or Partially Resolved including issues that are newly reported or an ongoing issue from last year.
Affected Setting	<i>(select checkbox/checkboxes)</i>	Nursing Facility
Resolution Strategies	<i>(select all that apply)</i>	Provided information to public or private agency Provided information to legislator or legislative staff Recommended changes to laws, regulations, policies or action through written or oral testimony Provided leadership or participated on a task force Provided educational forums; facilitated public comment on laws, regulations, policies or actions Developed and disseminated information Engaged in LTC facility corporate wide strategy including providing information or recommendations to corporate leadership

Other Resolution Strategies *(add a resolution strategy not included above)*

The state Ombudsman wrote a letter of support for the Legal Aid Services grant request for a Victims of Crime Act (VOCA) grant to support hiring additional attorneys to handle the financial exploitation cases.

Resolution Description *(narrative description of resolution strategies used during fiscal year)*

The Ombudsman program is an integral part of a Financial Exploitation Task Force (the taskforce originated at the suggestion of the Ombudsman Advisory Council). The state Ombudsman, Regional Program Director, and a Legal Aid attorney all have leadership roles in the task force. One of the taskforce’s primary activities is education. Taskforce members participate in various forums and individual events with the goal of educating residents, professionals, long-term care providers, legislators, law enforcement, and the community about identifying, preventing, and reporting financial exploitation. With the financial support of Legal Aid, the taskforce also developed and distributed informational products including notepads, magnets, and pocket guides for social workers and clergy. The Ombudsman Program will continue to be an integral part of the Financial Exploitation Taskforce. Legal Aid has applied for, and received, Victims of Crime Act (VOCA) grants. With the assistance of these grants, it has created a financial exploitation unit headed by the attorney who is assigned to the Ombudsman program.

The unit consists of three additional full-time attorneys based in three different regional Legal Aid offices. This broadens the legal resources available to residents and other victims of financial exploitation. As a result of the work of the Task Force and access to additional resources due to VOCA funding, the Ombudsman program has referred more cases to legal services. Legal Aid has successfully referred cases to law enforcement whereby these cases were prosecuted three times as many prior to our efforts. The number of financial exploitation cases reported by residents or facilities have continued to increase. We believe that the continued increase of reports is due to the education about the issue.

3. Systems Issues Narrative (OAAPS submission example)

Systems Issue Category *(choose from drop-down menu)* C-Admission, Transfer, Discharge, Eviction

Problem Description *(description of the issue or problem)*

In our state, there are many licensing categories for Residential Care Communities. Over the last year, our program received numerous complaints about quality of care and benefits from individuals living in group homes that serve 5 to 10 residents. Upon visiting these facilities, we discovered that many, while required, were not licensed. These unlicensed facilities often provide care and room and board for adults 18 and older who have mental health and/or intellectual disabilities. Providers that own multiple group homes try to avoid licensure for each group home they own by only achieving licensure for one. In working with the residents’ individual concerns, we identified the trend of unlicensed group homes admitting residents into the licensed home and then within a day or two moving them from the licensed home to a sub-standard unlicensed home. Provider tactics also include initiating and obtaining different types of public benefits [(e.g., Medicaid, Supplemental Nutrition Assistance Program (SNAP))] for the new resident. The provider becomes the representative payee or has resident sign-over benefits to the provider. Poor and substandard oversight of residents’ medications and care, lack of adequate nutritious food and beverages, and often lack of utilities in the home are typical of the “operations” of the provider. These are well organized, intentional business operations.

Barriers Description *(description of the barriers for the issue)*

There were several barriers involved in addressing the problem of large unlicensed care home syndicates and their operations. The overarching barriers included the following: (1) cooperation and willingness of state law enforcement, Medicaid fraud office, and licensing and certification agency to address the problem in a strategic, systemic way; (2) lack of strong laws and rules and regulations adequately addressing and prosecuting unlicensed care home businesses; (3) inadequacy and lack of research regarding referrals of clients by hospitals and placement agencies to these unlicensed group homes; and (4) lack of enforcement with regard to defrauding a recipient of their public benefits.

Issue Status *(choose from drop-down menu)* Fully or Partially Resolved including issues that are newly reported or an ongoing issue from last year.

Affected Setting *(select checkbox/checkboxes)* Residential Care Community

Resolution Strategies *(select all that apply)*

- Provided information to public or private agency
- Provided information to legislator or legislative staff
- Recommended changes to laws, regulations, policies or action through written or oral testimony
- Provided leadership or participated on a task force
- Provided educational forums; facilitated public comment on laws, regulations, policies or actions
- Developed and disseminated information

Other Resolution Strategies *(add a resolution strategy not included above)*

Resolution Description *(narrative description of resolution strategies used during fiscal year)*

The state Ombudsman and a small coalition of other advocates convinced the state Director of Bureau of Investigations (BI) to take up the cause of addressing the problem of unlicensed facilities. Since the director of BI was invested in addressing this issue it was much easier to get the Medicaid Fraud Control Unit (MFCU), the licensing and certification agency, AARP, a statewide coalition of advocates, and other state and political leaders to join the discussion. The House Health and Human Services Chair agreed to sponsor legislation to form an Unlicensed Care Home Task Force. The task force outcomes included proposals to amend existing legislation, strengthen licensing rules and regulations, and budget recommendations for positions for the BI and licensing agency. The Chair sponsored the amended legislation for licensed and unlicensed personal care homes and associated budget requests for the BI and licensing agency. The Governor signed the legislation and approved the final budget requests.

The authorizing legislation and approved budget requests allowed the BI to organize raids against the owners operating the one licensed home and numerous unlicensed facilities. The relocation teams, including Ombudsman program representatives, assist residents in options and choices of new home placements and getting their benefits straightened out. The MFCU along with the attorney general’s office pursues prosecution against the providers.

The state Ombudsman assisted in providing information to the relevant agencies, provided testimony during hearings, reviewed, and commented on drafts of bills for legislative staff, and helped develop and disseminate information regarding the new personal care home legislation. Although the mandated time for the task force has passed, the group continues to meet to strategize and plan for continued advocacy for residents of residential care communities. Additional education for consumers, hospital staff, and placement agencies about appropriate recommendations or placement of adults in care homes continues and needs a more focused effort in the future.

4. COVID-19 Systems Issues (OAAPS submission example)

Systems Issue Category *(choose from drop-down menu)* B-Access to Information

Problem Description *(description of the issue or problem)*

Long-Term Care Ombudsman program representatives across the state received calls from family and friends sharing concerns about access to residents such as: (1) facility staff not providing work phone numbers or emails so they could get regular updates about their loved ones; (2) staff were not taking a facility phone to the resident so that families could speak with the resident; (3) and not getting assistance in facilitating communication by phone or computer applications (apps) with residents during the COVID-19 pandemic. In addition, several Ombudsman program representatives reported that they were having trouble communicating with residents and facility staff were not ensuring that residents have access to facility phones. Also, representatives reported that in many facilities staff were unresponsive to their attempts to communicate (e.g., not answering the phone and/or not returning phone calls and emails) or refused to provide information requested by the Ombudsman program.

The Governor’s executive order restricted visitors’ in-person access to residents of long-term care facilities. The nursing facility and residential care community provider associations instructed their members not to provide phone numbers or emails of residents, staff, or families to the Ombudsman program due to possible HIPAA violations.

Barriers Description *(description of the barriers for the issue)*

During the COVID-19 pandemic, providing Ombudsman program representatives and family members access to residents of long-term care facilities by phone or computer is crucial in monitoring their health and overall well-being. For families and friends of residents who are unable to communicate, it is very important to be able to receive regular updates from facility staff on how their loved one is doing. Concerns expressed by families included the following examples: “I usually assist my mom in eating two of her meals a day. I need to know who is helping her eat and if she is maintaining or losing weight,” “Before the pandemic my dad had a small pressure sore. I want to know if he is receiving proper wound care,” and “My sister is receiving hospice care. I can’t see her, and they will not tell me anything.”

It is crucial for the Ombudsman program to have access to residents and contact information for their family members or legal representatives. Program representatives have reached some residents through their personal cell phones and with use of other online applications. However, most residents do not have personal phones or computers.

Issue Status	<i>(choose from drop-down menu)</i>	Newly identified in this reporting year and not fully resolved
Affected Setting	<i>(select checkbox/checkboxes)</i>	Nursing Facility Residential Care Community
Resolution Strategies	<i>(select all that apply)</i>	Provided information to public or private agency Provided information to the media Developed and disseminated information Engaged in LTC facility corporate wide strategy including providing information or recommendations to corporate leadership
Other Resolution Strategies	<i>(add a resolution strategy not included above)</i>	
Resolution Description	<i>(narrative description of resolution strategies used during fiscal year)</i>	

During a short period of time representatives had reported to the state Ombudsman numerous complaints statewide regarding lack of access to and information about residents by phone, email, and computer apps by both families and representatives. The state Ombudsman requested a meeting with both the nursing facility and RCC provider associations to learn more about their guidance that they provided to facilities regarding facilitating communications and sharing information about the residents’ health and well-being. A couple of meetings were held between the Ombudsman program, provider associations, and licensing agency staff to discuss the problem. The provider associations felt that they were protecting residents’ confidentiality by not sharing information by phone or email. The associations also shared that managing incoming calls from family members/friends of residents is very time consuming for staff. Through talks and mediation, the provider association decided to rescind their initial guidance to facilities and instead share revised guidance. The revised guidance encouraged the sharing of resident’s information to the resident’s responsible party (or person that staff knew visited the resident often prior to the pandemic) with the request that the responsible party or identified other person in turn share updates with other family members and friends. The facility leadership also agreed, with the support of licensing and certification, that they would advise their members to provide the Ombudsman program with contact information of residents and their representatives. Facilities were reminded in writing that they are to make phones available for residents’ use. It was recommended that facilities assist residents in using computer apps for face-to-face virtual chats and accommodate window/phone visits. The Ombudsman, provider associations, and licensing agency all agreed to share this guidance with residents, family members, Ombudsman program representatives, and the public.

The state Ombudsman discussed this systemic issue and shared deidentified examples of lack of access and information with public agencies such as the licensing agency, and the media. The program also developed and disseminated residents’ right information, specific to communication and access, to facilities, leadership of resident and family councils, and the public.

PART C:

Organizational Structure

Part C asks for the organizational location of both the Office and any local Ombudsman entities, if applicable. Refer to the examples and reporting tips in [NORS Table 3](#) for Part C for lists and descriptions of location entities. Report the locations based on the last day of the FFY (September 30th).

Consider if your program is *centralized* or *decentralized* when determining the organizational location of the Office and any local Ombudsman entities (LOEs).

Centralized – In a centralized structure, all representatives are employees of the central state Office. Under this structure, staff typically report to the state Ombudsman, regardless of their physical location (e.g. the central state Office, or elsewhere in the state).

Decentralized – In a decentralized structure, the Office of the SLTCO is housed in a state agency or contracted entity, but representatives of the Office are employed by another contracted entity designated by the state Ombudsman as a local Ombudsman entity.

In the previous NORS data collection, centralized states reported if they had local offices. This option was removed to avoid reporting confusion and to be consistent with the Ombudsman program regulation.

Refer to [OAAPS](#) resources and reference materials for technical guidance for entering organization structure information in OAAPS. Data may be uploaded from the Manage Uploads section of OAAPS by selecting “All other sections” or entered manually.

Guidance

1. Organizational Structure – Office of the State Long-Term Care Ombudsman (LTCO)

Select from a drop-down menu and identify the location of the Office of the SLTCO as:

- State Unit on Aging,
- Inside state government,
- Stand-alone agency inside state government,
- Within a private, non-profit agency, or
- Stand-alone private, non-profit agency.

2. Organizational Structure – Local Ombudsman Entities

For decentralized models identify the type of agency/agencies that host local Ombudsmen entities; the number of local Ombudsman entities located in each type; and the total number of entities. The options for type of agencies are:

- Area agency on aging (AAA),
- Non-profit agency, with 501(c)(3) status,
- Legal services provider,
- Stand-alone non-profit agency.

Select “there are no local Ombudsman entities in the state” for centralized states.

If a type of entity needed is not listed there is an “other locations” option to provide a narrative description.

Frequently Asked Questions about Organizational Structure

Q1: *The Area Agency on Aging is located in a Council of Governments. Which do I choose as a local Ombudsman entity – Area Agency on Aging or Other?*

A1: Select Area Agency on Aging.

Q2: *We contract with a legal services provider that has four satellite offices to provide statewide services. Is this one local Ombudsman entity or four?*

A2: It is one local Ombudsman entity. A rule of thumb is to consider the number of grants or contracts that you have with host agencies.

Q3: *The Area Agency on Aging contracts out the local program to a non-profit agency. Do I report this as an Area Agency on Aging or a non-profit?*

A3: The local Ombudsman entity is at the non-profit agency; report non-profit.

Q4: *One of our local Ombudsman entities did not renew their grant. The state Office is providing local Ombudsman services until we secure a new grantee. Do I count the state Office as a local Ombudsman entity?*

A4: No, the state Office providing local Ombudsman services does not constitute a separate agency/local entity. The state Office providing local Ombudsman services on a temporary basis is a common practice and does not meet the criteria of a local Ombudsman entity.

Examples

NOTE: In OAAPS, the organizational structure and location are separate entries from the organizational conflicts of interest (COI).

1. Organizational Structure Example

Organization Location

Location of Office of the State LTCO *(choose from drop-down menu)*

Inside state government

Local Ombudsman Entities

(enter number for type of agency and total number of entities or select “there are no local Ombudsman entities in the state”)

Area Agency on Aging (AAA): 10

Non-profit agency, with 501c (3) status: 2

Legal Services provider: 1

Stand along non-profit: 3

Total number of entities: 16

2. Organizational Structure Example

Organization Location

Location of the Office of the State LTCO *(choose from drop-down menu)*

Stand-alone, private non-profit agency

Local Ombudsman Entities

(enter number for type of agency and total number of entities or select “there are no local Ombudsman entities in the state”)

There are no local Ombudsman entities in the state.

PART D:

Staff and Volunteers

[NORS Table 3](#) explains how to calculate full-time equivalents (FTEs) at the Office and local Ombudsman entity level and provides a description and example (see S-18 and S-23 respectively). Information is to be provided regarding the number volunteer representatives and number of hours donated. Additionally, information is to be provided on the number of other volunteers (volunteers that are not representatives) at the state and local level, as applicable.

Guidance

A representative of the Office is defined in the Ombudsman program Final Rule as “employees or volunteers designated by the Ombudsman to fulfill the duties set forth in § 1324.19(a), whether personnel supervision is provided by the Ombudsman or his or her designees or by an agency hosting a local Ombudsman entity designated by the Ombudsman pursuant to section 712(a)(5) of the Act.” [NORS Table 3, Part D](#) provides element descriptions, examples, and reporting tips for calculating the number of staff and volunteers.

All counts are as of September 30.

Frequently Asked Questions

Q1: *How do I determine FTE hours?*

A1: FTEs are calculated by converting the weekly work hours of employees into a ratio. For example, a person who works full-time and 100% of the time with the Ombudsman program counts as 1 FTE. A person who works full-time, but only 50% of the time with the Ombudsman program counts as .5 FTE, and similarly, a person who works 10 hours a week and 100% of the time with the Ombudsman Program counts as .25 FTE.

Q2: *What if we consider FTE as 37.5 hours and not 40?*

A2: Consider 37.5 as one FTE and divide staff hours by 37.5. For example, a person who works 25 hours a week = $25/37.5 = .66$ FTE

Q3: *The program had two paid representatives leave the program on September 15, they worked most of the fiscal year. Can I count them?*

A3: No. NORS staff and volunteer counts is a snapshot in time. Although they were employed most of the year they were not employed on September 30. Their complaints and activities data will, of course, be reported.

Q4: *What are examples for “other volunteers” that are not representatives?*

A4: Examples of other volunteers may include: volunteers who serve on a program advisory or governing board; assist with fund raising; provide other in-kind services such as accounting or strategic planning, etc.

1. Staff Guidance – Office of the State LTCO and Local Ombudsman Entities

The requested data for staff in the Office of the State LTCO and local Ombudsman entities (LOEs) is the same in OAAPS. The guidance below applies to the Office of the State LTCO and LOEs.

Staff Count: Report the number of employees that are designated as representatives of the Office as a whole number, both full-time and part-time. This is a total count of staff that work full-time and part-time for the Ombudsman program as of the last day of the fiscal year (September 30).

Full-Time Equivalent Count: Identify the number (may not be a whole number) of full-time equivalents (FTEs).

2. Volunteer Guidance – Office of the State LTCO and Local Ombudsman Entities

The requested data for volunteers in the Office of the State LTCO and local Ombudsman entities (LOEs) is the same in OAAPS. The guidance below applies to the Office of the State LTCO and LOEs.

Volunteer representatives: Provide the total number of volunteers designated as representatives.

Volunteer representative hours: Identify the number (may not be a whole number) of volunteer hours donated by volunteer representatives.

Other volunteers: Provide with a whole number the total number of other types of volunteers who are not representatives of the local entities.

Examples

1. Staff and Volunteer Example – Office of the State LTCO (OAAPS submission example)

The Office has three employees representing 2.5 full-time equivalents (e.g., two employees are full-time, and one employee works part-time). There are zero state Office representative volunteers and zero volunteer hours. There is one volunteer who is not a representative of the state Office.

Office of the SLTCO

Total staff:	3
Total full-time equivalent (FTE):	2.5
Total state volunteer representatives:	0
Total hours donated by state volunteer representatives:	0
Total other volunteers (not representatives):	1

2. Staff and Volunteer Example – Local Ombudsman Entity (OAAPS submission example)

The local Ombudsman entities total number of employees is twenty-four. The 24 employees represent 22 full-time equivalents (e.g., 20 FTEs employees and four part-time employees working 50%). There are 50 volunteer representatives. Total number of hours donated by local volunteer representatives is 1,200. Total number of other volunteers that are not representatives of the local entity is 72.

Local Ombudsman Entity Staff

Total staff:	24
Total full-time equivalent (FTE):	22
Total local volunteer representatives:	50
Total hours donated by local volunteer representatives:	1,200
Total other volunteers (not representatives):	72

PART E:

Organizational Conflicts of Interest

Refer to [NORS Table 3](#) for examples and reporting tips for organizational conflicts of interest data elements.

ADDITIONAL RESOURCES:

Identify, Remove or Remedy Organizational Conflicts of Interest

Prior to submitting an OAAPS report programs must identify and remove or remedy organizational conflicts of interest at the state and local (if applicable) level.

For examples of how states can identify and remedy or remove organizational conflicts of interest, visit the [NORC website](#) which has examples of strategies for addressing COI, including state Ombudsman program policies and procedures, memoranda of understanding, program structures, state laws and regulations. Refer to the following key resources regarding organizational conflicts of interest:

- [LTCOP Organizational Conflict of Interest – Examples of Identification, Remedies, and Removal \(Office of the SLTCO and Local Ombudsman Entities\)](#)
- [LTCOP Rule Issue Brief: State LTC Ombudsman Program Organizational Level Conflict of Interest](#)
- [LTCOP Rule Issue Brief: Local Ombudsman Entity Organizational Level Conflict of Interest](#)

Guidance

For the first reporting year in OAAPS, the “select from last year’s submission” is not available since the previous year of organizational conflicts of interest (COI) data was submitted in the Ombudsman Reporting Tool (ORT.) States will need to enter pertinent organizational COI information into OAAPS for the FFY2020 report.

For example, a state may have addressed all conflicts and reported the remedy or removal for the conflicts in the ORT; however, since OAAPS is a new software system ACL requires states to report all conflicts of interest (even those with remedies already in place). This new report will provide ACL with the ability to determine quickly the most common types of conflicts and the number of conflicts in each program.

In the first year of NORS submission into the Older Americans Performance System (OAAPS), states must:

- Add all organizational conflicts of interest by selecting the type of conflict from the drop-down menu. The options for type of COI, at the state Office and/or local Ombudsman entity level, are listed in [NORS Table 3](#), Part E: Conflict of Interest Data Elements (S-27).
- Select the location of each conflict (state, local, or both).
- Provide a narrative description of the remedy used to remove the COI.

When submitting to the former Ombudsman Reporting Tool (ORT) states could list several conflicts and identify the same remedy for all conflicts. *Unlike the ORT, OAAPS asks users:*

- to select **each** conflict of interest in a drop-down menu,
- to indicate the location of **each** conflict (state, local, or both); and
- to provide a narrative description of the remedy or removal for **each** conflict.

It is possible to have the same remedy for different conflicts. ACL will evaluate each remedy and follow-up with any questions.

You may want to review previous ORT reports and use this information to report, along with any updates, into OAAPS. States first reported organizational conflicts of interest in FY2016.

In addition to the general tips for writing narratives ([page 5](#)), consider these tips for narratives describing the COI remedy:

- Narratives submitted via OAAPS, Part E: Organizational Conflicts of Interest, are to be accurate and complete.
- Each conflict identified requires a narrative that describes the remedy or removal.
- The description cannot be longer than 3,400 characters (approximately 500 words each). While working in a Word document use the [word count feature](#) to ensure you stay within the maximum character length.

After the first year of NORS submission into OAAPS, states may “select from last year’s submission” and roll over conflicts and remedies that still exist, in addition to adding any new conflicts. If a state reports no conflicts of interest and their first report was approved by ACL, they may select the checkbox for “no conflicts were identified among the state Office or local Ombudsman entities” if no new conflicts exist.

Examples

*NOTE: The **first** example (state Office) below includes a narrative submitted in ORT and a revised version that reflects the current NORS requirements for an OAAPS submission. The other example (local Ombudsman entity) only shows the OAAPS submission format.*

Review the [Long-Term Care Ombudsman Program Rule: Organizational Conflicts of Interest Reporting Tips presentation](#) by the Administration for Community Living, for additional examples of COIs and tips to consider when describing the remedy. The presentation was developed for the first organizational COI report in ORT, but most of the tips to identify, remedy or remove, and report conflicts are applicable to OAAPS.

1a. State Office (ORT submission example)

Organizational Conflict of Interest description

The Office of the SLTCO is housed in the Department of Aging, which in turn is within a large umbrella agency (Health & Human Services Administration - HHSA), which also houses the Department of Public Health (DPH). Being housed within HHSA places the Ombudsman program in an organization that is responsible for licensing, surveying, or certifying long-term care facilities (DPH). The Department of Aging (DA) also operates the Community Based Adult Services (CBAS) Branch, which is the Medicaid funding source for licensed adult day health care (ADHC) centers. While these facilities are licensed by the Department of Public Health (DPH), staff of DA certify ADHC centers to participate in Medicaid. The LTC Ombudsman Program receives and investigates reports of abuse, neglect, and exploitation at these sites. DPH licenses and certifies skilled nursing facilities, distinct parts of hospitals that provide skilled nursing, nursing facilities, intermediate care facilities (ICF), ICFs for the developmentally disabled (DD), ICF/DD-Habilitative, ICF/DD-Nursing, congregate living health facilities, and swing beds in acute care facilities.

To remedy these conflicts, the SLTCO does not report to the Deputy Director of Aging and Long-Term Care Services, the division that houses the ADHC certification program. While the DA and Office of the SLTCO are in the same umbrella agency (HHSA) as Department of Public Health (DPH), the Department of Aging and Office of the SLTCO are organizationally separate and distinct from the licensing and regulatory agencies.

Hard files are kept in locked offices or locked filing cabinets accessible only to LTCOP staff. For electronic data, the LTCOP program has a separate database that is accessible only to LTCOP staff. Databases are protected, in part, by passwords, and passwords are never shared. A firewall prevents any cross-over between the LTCOP and other agency programs. Active Directory Security Groups are used to manage file access. Employees must be added to a security group to access file shares mapped to that group. Employees who are required to access files for the LTCOP must be added to the Ombudsman security group by an IT administrator. All such changes are documented via Help Desk ticketing. Administrative remedies - All employees of the organization sign a conflict of interest statement annually. There is a Computer and Electronic Data Privacy Policy in place to prevent access to LTCOP data by non LTCOP staff members.

Location of Conflict Identified at: State Office

IMPORTANT: Identification of Organizational Conflicts of Interest in OAAPS

The ORT example above bundles two organizational conflicts of interest (licenses, surveys, or certifies LTC facilities and licenses, surveys, or certifies long-term care services) with the same remedy for both conflicts. In the OAAPS, the state will have to report each conflict separately from the drop-down list and include a remedy for each conflict. The remedy can be the same. The example below shows the same information in the OAAPS format.

1b. State Office (OAAPS submission example)

Select the types of organizational conflicts of interest identified and describe steps taken by the State agency and the Ombudsman to remedy or remove identified conflicts.

If the Ombudsman program has no conflicts of interest choose the option of “no conflicts were identified among the state Office or local Ombudsman entities” checkbox.

Conflict of Interest Type	<i>(choose from drop-down menu)</i>	Licenses, surveys, or certifies LTC facilities
Location	<i>(choose from drop-down menu)</i>	State
Remedy	<i>(description of remedy used to remove the conflict of interest)</i>	

The Department of Aging, in which the State Long-Term Care Ombudsman program (SLTCO) program is located, is housed within a large umbrella agency which is responsible for licensing, surveying, or certifying long-term care facilities and services. To remedy these conflicts, the SLTCO does not report to the Deputy Director of Aging and Long-Term Care Services, the division that houses the ADHC certification program. While the DA and Office of the SLTCO are in the same umbrella agency (HHSA) as Department of Public Health (DPH), the Department of Aging and Office of the SLTCO are organizationally separate and distinct from the licensing and regulatory agencies.

Hard files are kept in locked offices and/or locked filing cabinets accessible only to LTCOP staff. For electronic data, the LTCOP program has a separate database that is accessible only to LTCOP staff. Databases are protected, in part, by passwords, and passwords are never shared. A firewall prevents any cross-over between the LTCOP and other agency programs. Active Directory Security Groups are used to manage file access. Employees must be added to a security group to access file shares mapped to that group. Designated representatives who have access to LTCOP electronic files must be added to the Ombudsman security group by an IT administrator. All such changes are documented via Help Desk ticketing.

Additionally, information regarding organizational and individual conflicts of interest and confidentiality is included in the annual ethics training for all employees. Employees also sign an acknowledgement form annually that states they understand and will abide by the policies and procedures to avoid organizational conflicts of interest. There is a Computer and Electronic Data Privacy Policy in place to prevent access to LTCOP data by non LTCOP staff members.

Conflict of Interest Type	<i>(choose from drop-down menu)</i>	Licenses, surveys or certifies long-term care services
Location	<i>(choose from drop-down menu)</i>	State
Remedy	<i>(description of remedy used to remove the conflict of interest)</i>	

You may use the same remedy as above if it addresses all conflicts.

2. Local Ombudsman Entity (OAAPS submission example)

Conflict of Interest Type	<i>(choose from drop-down menu)</i>	Conducts preadmission screenings
Location	<i>(choose from drop-down menu)</i>	Local
Remedy	<i>(description of remedy used to remove the conflict of interest)</i>	

A council of governments (COG) that houses an Area Agencies on Aging (AAA) and operates a local Ombudsman entity also provides PASRR screening for individuals with intellectual and developmental disabilities. This conflict was remedied by the functions being organizationally placed in different parts of the agency and having different direct supervisors. The programs have separate branding, including materials and on-line presence that distinguishes LTCOP from the PASSR program. They maintain separate phones, fax lines and clearly defined limits regarding access to LTCOP database, information other records. Representatives follow Ombudsman program disclosure procedures when addressing complaints of mutual clients/residents.

The COG director oversees all functions within the agency. If Ombudsman program staff feel their immediate supervisor, the AAA director, is conflicted over an issue they are aware of their right to raise a concern with their executive director of the COG for resolution and to seek assistance from the Office of the State LTCO.

3. State and Local Ombudsman Entities (OAAPS submission example)

Conflict of Interest Type	<i>(choose from drop-down menu)</i>	Provides Adult Protective Services
Location	<i>(choose from drop-down menu)</i>	Both State and Local
Remedy	<i>(description of remedy used to remove the conflict of interest)</i>	

As part of the Division of Adult and Aging Services, the Office of the SLTCO and the eight staff Ombudsman representatives are in the same division/agency that also provides Adult Protective Services (APS). To remedy this conflict, the state Ombudsman and representatives operate separately and independently from APS in the respective division/agency. Representatives are not allowed to work in both programs. Ombudsman program files are stored in a secure location and can only be accessed by designated representatives. Representatives are required to obtain permission from the resident and document permission given before sharing any complaint information with APS.

Additionally, the individual responsible for the APS program does not directly supervise the state Ombudsman and representatives. The program maintains separate branding, including materials and on-line presence which distinguishes it from the rest of the agency. The program also has separate phones, fax lines and clearly defined limits regarding access to LTCOP database, information, and other records

PART F: Funds Expended

Refer to the definitions, examples, and reporting tips in [NORS Table 3](#) for Part F: Funds Expended data elements. Refer to [OAAPS](#) resources and reference materials for guidance on entering funds expended information.

Guidance

State Ombudsmen are to report the sources of funds expended not budgeted.

Key Terms: Budget and Funds Expended/Expenditures

What is a budget?

The following is a simple example of how to describe a budget and funds expended.

A *budget* is an estimation of [revenue](#) (income) and [expenses](#) over a specified future period of time and is usually compiled and re-evaluated on a periodic basis. Budgets can be made for a person, a group of people, a business, a government, or just about anything else that makes and spends money.²

What is an expenditure?

Part 75: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (refer to [§75.2 Definitions](#) for budget terminology) defines *expenditures* as “charges made by a non-Federal entity to a project or program for which a Federal award was received.”

The following example illustrates the difference between a budget and funds expended.

Budget Line Item	Funding Source	Appropriation	Budget	Actual Expenditure (Funds Expended-NORS Report Requirement)	Balance
Salary	Total of all Sources	\$149,000	\$149,000	\$119,042	\$29,958
	Title VII, Ch. 2 OMB	\$80,000	\$80,000	\$61,042	\$18,958
	Title III State	\$45,000	\$45,000	\$34,000	\$11,000
	VOCA Grant	\$10,000	\$10,000	\$10,000	\$0
	State General Fund	\$14,000	\$14,000	\$14,000	\$0
Fringe	Total of all Sources	\$44,700	\$44,700	\$40,000	\$4,700
	Title VII, Ch2 OMB	\$10,000	\$10,000	\$9,000	\$1,000
	Title III State	\$25,000	\$25,000	\$22,300	\$2,700
	State General Fund	\$9,700	\$9,700	\$8,700	\$1,000
	VOCA Grant	\$0	\$0	\$0	\$ -

²Definition source: <https://www.investopedia.com/terms/b/budget.asp>

As you can see from this example, the funds expended do not match the budgeted amount. The example shows that Title VII, Ch. 2 funds were underspent. This may have occurred because staff resigned during the year and were not immediately replaced, thereby reducing the amount of salary and fringe expended. This simple example hints at the complexities of budgeting and determining expenditures and from what sources. Thus, it is critical that state Ombudsmen engage regularly with fiscal staff to ensure appropriate use of program funds, to prepare for NORS reporting requirements, and to approve certification of funds expended.

State Ombudsmen Participation

State Ombudsmen are to participate in the fiscal management of the Ombudsman program in the following ways:

Functions and Responsibilities of the State Ombudsman

The state Ombudsman has three distinct responsibilities with regards to fiscal management of the Ombudsman program.

1. The Ombudsman regulation 45 CFR 1324.13 (f) Fiscal management. (paraphrased) requires the Ombudsman to determine the use of the fiscal resources appropriated or otherwise available for the operation of the Office and;
 - a) to approve the allocations of Federal and State funds provided to local Ombudsman entities, subject to applicable Federal and State laws and policies and;
 - b) to determine that program budgets and expenditures of the Office and local Ombudsman entities are consistent with laws, policies and procedures governing the Ombudsman program.
2. To report funds expended data in accordance with the National Ombudsman Reporting System (NORS).
3. To review and certify that the program met Minimum Funding Requirements, in accordance with the Older Americans Act by submitting the Certification of Long-Term Care Ombudsman Program Expenditures form (see [page 28](#) for information on the form).

Timing of Fiscal Responsibilities

Ombudsman programs are to have procedures in place to support fiscal management, including procedures that clarify appropriate fiscal responsibilities of the local Ombudsman entity, including but not limited to, clarifications regarding access to programmatic fiscal information by appropriate representatives of the Office [45 CFR 1324. 11(e)(vi)]. Ideally, a state Ombudsman establishes routine procedures that ensure timely fiscal management and oversight and prepares for fulfilling NORS reporting requirements.

A potential fiscal management routine could include:

MONTHLY – QUARTERLY

- Reviewing budgets and financial statements: New SLTCO meet with fiscal staff as soon as possible to begin learning about the program budget and establish a meeting schedule. Experienced SLTCO meet routinely with fiscal staff, such as monthly or at least quarterly.
 - You may need to coordinate among several staff, for instance, if your program is contracted out you may have routine meetings with your agency’s fiscal staff and regular communication with your State Unit on Aging’s fiscal staff. Consider establishing routine times to meet with both.
 - Local Ombudsman entities – develop a procedure to conduct routine reviews of their initial budget and invoices or fiscal reports.

OCTOBER

- Remind fiscal staff that the upcoming NORS report is due in January. Give them Part F: Funds Expended from NORS Table 3.

NOVEMBER

- Set an appointment to review NORS Table 3 with fiscal staff.

DECEMBER

- Work through a rough draft of funds expended with fiscal staff.

JANUARY

- Report final funds expended.

JULY – AUGUST

- *Certification of Long-Term Care Ombudsman Program Expenditures*

ACL typically sends the Certification of Long-Term Care Ombudsman Program Expenditures in July. Use your NORS report and other fiscal data to review the form and sign if you agree that the expenditures met or exceeded the required minimum funding. If you have any questions or concerns, contact ACL.

Other Reporting Tips

- The **LTCOP Fund Sources** chart provided below is a comprehensive list of the types of possible fund sources that your program may have. Fund sources will vary by state and for each state the sources may vary yearly.
- Only include funds which were expended on Ombudsman program activities authorized under Section 712. Some Ombudsman programs have additional state funding for types of services that are beyond the work of the program as delineated in the Older Americans Act. For example, if your program provides Home Care Ombudsman Services do not report those state appropriated funds.

LTCOP Fund Sources

Fund Source	Definition and Examples
<p>Older Americans Act (OAA) Title VII, Chapter 2 Administered by the Health and Human Services, Administration for Community Living</p>	<p>Title VII, Chapter 2 authorizes the Long-Term Care (LTC) Ombudsman Program Chapter 2 funds can only be spent on the LTC Ombudsman Program.</p>
<p>OAA Title VII Chapter 3 Administered by the Health and Human Services, Administration for Community Living</p>	<p>Title VII Chapter 3 authorizes the Elder Abuse Prevention Program. States and territories have the discretion to allocate this funding among the various activities authorized under the program, including the Long-Term Care Ombudsman Program. The State Unit on Aging (SUA) may distribute funds to Area Agencies on Aging (AAA) and local service providers.</p>
<p>OAA Title III State level Administered by the Health and Human Services, Administration for Community Living</p>	<p>Title III authorizes grants to SUAs to act as advocates on behalf of, and to coordinate programs for, older persons. SUAs may elect to budget some Title III B funds to the Office of the State LTC Ombudsman Program.</p>
<p>OAA Title III AAA (local) level Administered by the Health and Human Services, Administration for Community Living</p>	<p>Title III authorizes grants to SUAs to allocate to AAAs along an approved intrastate funding formula. AAAs may elect to budget some Title III funds to the local LTC Ombudsman Program for administration and supportive services.</p>
<p>Medicaid Administrative Claiming Administered by the Health and Human Services, Centers for Medicare & Medicaid Services</p>	<p>Medicaid funding available for certain administrative costs related to activities performed by the State Long-Term Care Ombudsman (LTCO) Program that benefit the state’s Medicaid program. LTCO program must have an interagency agreement or other contractual arrangement with the State Medicaid agency.</p>
<p>Other Medicaid Administered by the Health and Human Services, Centers for Medicare & Medicaid Services</p>	<p>Example - Benefits Counseling and Ombudsman Programs. Funding to support demonstration Ombudsman programs and one-on-one counseling services in states participating in the Medicare-Medicaid Financial Alignment Initiative.</p>

Fund Source	Definition and Examples
<p>Social Services Block Grant (SSBG) or Community Services Block Grant (CSBG)</p> <p>Administered by Health and Human Services, Children and Families Administration</p>	<p>SSBG is a capped entitlement program that provides funds to assist states in delivering social services directed toward the needs of children and adults. CSBG provides funds to alleviate the causes and conditions of poverty in communities. There are discretionary grants at the statewide or local level, or for associations such as Community Action Agencies.</p>
<p>Community Development Block Grant</p> <p>Administered by the Department of Housing and Urban Development.</p>	<p>CDBG program works to ensure decent affordable housing, to provide services to the most vulnerable in communities, and to create jobs through the expansion and retention of businesses.</p>
<p>Senior Medicare Patrol (SMP)</p> <p>Administered by the Health and Human Services, Administration for Community Living.</p>	<p>The SMP mission is to empower and assist Medicare beneficiaries to prevent, detect, and report suspected healthcare fraud, errors, and abuse through outreach, counseling, and education. SMP activities are funded through discretionary appropriations from the Health Care Fraud and Abuse Control (HCFAC) account.</p>
<p>Victims of Crime Act Funds (VOCA)</p> <p>Administered by the Department of Justice, Office of Justice Programs</p>	<p>Victim assistance and compensation programs receive formula grants, discretionary grants, and set-asides according to a statutorily established annual allocation procedure.</p>
<p>Other Federal fund sources</p> <p>(e.g., CARES Act funds, SAMHSA)</p>	<p>The Coronavirus Aid, Relief and Economic Security Act, or CARES Act, was signed into law on March 27. State Ombudsman programs will indicate CARES Act expenditures under other federal sources. Ombudsman programs do not need to report separately the dollar amount of CARES Act funds expended.</p> <p>Example – (SAMHSA) makes grant funds available through the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services.</p>
<p>State funds</p> <p>General funds appropriated by legislature</p>	<p>Money appropriated by the state legislature specifically for the Long-Term Care Ombudsman Program, or other elder services programs that the Ombudsman program expends, such as “senior services act funds and similar elder focused state funding.</p>
<p>State Fee or Tax</p>	<p>Money dedicated from a state fee or tax that is then appropriated for the Long-Term Care Ombudsman Program.</p>
<p>Federal Civil Money Penalties (CMP)</p> <p>Administered by the Health and Human Services, Centers for Medicare & Medicaid Services</p> <p>State Civil Money Penalty (reinvestment program) and similar state funded programs</p>	<p>CMP is a monetary penalty the Centers for Medicare& Medicaid Services (CMS) may impose against skilled nursing facilities (for either the number of days or for each instance a facility is not in substantial compliance with one or more Medicare and Medicaid participation requirements for Long-Term Care Facilities.</p> <p>The Social Security Act provides that a portion of CMP funds could be used to support activities that benefit nursing home residents, including projects that assure quality care within nursing home. All states must receive approval from CMS through their CMS Regional Office.</p> <p>States may have similar CMP programs for their residential care settings.</p>
<p>Private grants/funds/donations</p>	<p>Private funding does not entail public funds. Private funding may include both grants and gifts, may be more flexible in responding to needs or “emerging issues,” and may be less complex to apply for and administer.³</p> <p>Example - AARP awards grants for projects with evidence that low-income older adults who participate will experience improved social connectedness.</p>
<p>Other state fund sources</p>	<p>Any other state fund source not listed in NORS Table 3.</p>
<p>Local funds – Local government</p>	<p>Example – appropriated county or city funds for social services/LTCO program.</p>

³Differences Between Public and Private Sources of Funding. Kent University. <http://literacy.kent.edu/Oasis/grants/publicVSprivate.html>

Fund Source	Definition and Examples
Private funds – foundation grants, etc.	<p>Example – The Community Foundation of Western NC (CFWNC) Black Mountain-Swannanoa Valley Endowment Fund seeks to inspire philanthropy and strengthen charitable organizations serving the Swannanoa Valley by making grants relating to health and wellness, education, cultural and natural resources, and people in need.</p> <p>Example – Council on Foundations. Every state has one or more community foundations. There may also be regional and local foundations.</p>
Other state funds expended at local level (not state level)	Example – state funds appropriated for specific counties, localities, or regional programs.
Other federal funds expended at local level (not state level)	Example – federal funds appropriated for specific counties, localities, or regional programs. Disaster Relief for communities impacted by federally declared disaster areas.
Other local funds	Other local funds not listed in NORS Table 3.

**ADDITIONAL RESOURCES:
Budget Terminology, Fiscal Management, and Program Funding**

Visit the NORC [website](#) for additional information about program funding, budget terminology, and fiscal management. Key resources and references include:

- [Long-Term Care Ombudsman Program Fiscal Policy & Guidance](#) (presentation by ACL)
- [State Allocation Tables: Title VII](#)
- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (refer to [§75.2 Definitions](#) for budget terminology)

Example

The example provided is hypothetical. If a state has zero funds in a fund source, enter “0” (zero).

1. Funds Expended Example

Funds expended from Older Americans Act sources

• OAA Title VII – Chapter 2:	\$ 431, 812	
• OAA Title VII – Chapter 3:	\$ 2,000	
• OAA Title III – State level:	\$ 296,890	
• OAA Title III – AAA level:	\$1,343,321	
Additional Federal Sources:	\$23,202	<i>Victims of Crime Act Funds</i>
State Sources:	\$1,245,973	<i>State general funds</i>
Local Funds Expended:	\$12,000	<i>Local government</i>
All Funds expended		
Grand total dollars expended from all sources:	\$3,355,198	

PART G:

Facility Data Elements

Refer to [OAAPS](#) resources and reference materials for technical assistance for entering facility data and descriptions, NORS Table 3 for examples and reporting tips for Part G: Facility Data Elements.

Guidance

1. Gather Facility Information

In advance of reporting facility information into OAAPS, work with your state’s licensing and certification agencies to obtain lists of facilities by type and definition and to receive a count of facilities by type. Ideally, these facilities lists are already integrated into your data system. These should be all the facility types that your state statute, rules, and regulations authorize Ombudsman program jurisdiction.

- Do you have a process, data share agreement, or Memorandum of Understanding to receive routine facility information from the state licensing and certification agency on a regular basis? Regular updates could include the following information: new facilities, an increase or decrease in licensed beds/capacity, closures (both voluntary and involuntary), inspection and investigation reports, and enforcement actions.
- Does your program have a process for maintaining and updating facility data in your program’s software (e.g., a consistent approach to entering new facilities, how to indicate name changes, etc.)?

2. Total Count of Facilities

The total count of facilities is based on the last day of the FFY (September 30th). The count of facilities would be inclusive of facilities that have a license or certification but do not currently have residents living there. Ombudsman programs may also report unlicensed facilities if they provide services.

3. Residential Care Community Reporting Requirements

Since OAAPS is a new software system, states cannot “select from last year’s submission” and must enter the following for the first year of OAAPS submission:

- Add RCC types (maximum 500 characters),
- Add definitions of RCC types (maximum 3,400 characters), and
- RCC type capacity.

The [NORS Table 1](#) definition for Residential Care Community is: *A type of long-term care facility as described in the Older Americans Act that, regardless of setting, provides at a minimum, room and board, around-the-clock on-site supervision, and help with personal care such as bathing and dressing or health-related services such as medication management. Facility types include but are not limited to: assisted living; board and care home; congregate care; enriched housing programs; homes for the aged; personal care homes; adult foster/ family homes and shared housing establishments that are licensed, registered, listed, certified, or otherwise regulated by a state.*

According to the National Center for Assisted Living, 2019 Assisted Living State Regulatory Review, “States use various terms to refer to assisted living, such as residential care and personal care homes. The...communities offer seniors housing, supportive services, personalized assistance with ADLs, and some level of health care.”

Use the definitions found in your state licensing or certification regulations to ensure you enter accurate narrative descriptions into NORS.

**ADDITIONAL RESOURCES:
Understanding Residential Care Communities (RCCs) in Your State**

Review tips from NORC’s [State LTCOP Program Assessment: Understanding Assisted Living Facilities in Your State](#) to assist with understanding RCCs in your state and accessing your state statutes and regulations.

4. Enter Data

There are two options, data may be uploaded from the Manage Uploads section of OAAPS by selecting “All other sections” or entered manually.

5. Frequently Asked Questions About Facility Data

Q1: *A Community Access Hospital has swing beds. Do I count Community Access Hospitals with swing beds as a skilled nursing facility?*

A1: Yes.

Q2: *A Continuing Care Retirement Community has a nursing home, an assisted living, and three personal care homes (all have separate licensure and certification) all on one campus. How do I count the facilities?*

A2: Include the nursing home in the nursing home count and the assisted living and three personal care homes in the residential care community count. Therefore, in the example above, five facilities are counted. Each need to be counted because they have separate licensure and certification.

Q3: *My state licensing agency only updates facilities twice a year, in July and December. I rely on their data to update my program database. How do I determine the facility and bed count as of September 30?*

A3: Use the closest count in the report fiscal year. In this example, it is July. ACL understands that programs may rely on other agencies for this facility count. Aim for as close to September 30 as possible.

Examples

1. Facilities Example – Numbers and Capacity

All fields are required.

Report for both Nursing Facilities and Residential Care Communities, in the appropriate section, the number of facilities which were licensed (or registered, listed, certified, or otherwise regulated) by a state during the reporting period and the resident capacity (number of beds) of those facilities.

Licensed Nursing Facilities

Total number: 150

Total resident capacity: 15,000

Residential Care Communities

Total number: 300

Total resident capacity: 22,500

2. Facilities Example – Residential Care Community (RCC) Information

RCC Type	<i>(Indicate the name of each type of Residential Care Community that is licensed, registered, listed, certified, or otherwise regulated by the state)</i> Personal care homes
RCC Type Definition	<i>(Provide a brief description of the state’s definition of residential care community)</i> Personal care homes are licensed facilities that provide assistance to residents in performing one or more of the activities of daily living (ADLs), including, but not limited to, bathing, walking, excretory functions, feeding, personal grooming, and dressing.
RCC Type Capacity	<i>(Enter minimum or maximum capacity, the minimum/maximum number of beds allowed by license type, or select checkbox of “No Minimum” or “No Maximum”)</i> Minimum: 2, Maximum: 25

3. Facilities Example – Residential Care Community (RCC) Information

RCC Type	<i>(Indicate the name of each type of Residential Care Community that is licensed, registered, listed, certified, or otherwise regulated by the state)</i> Personal Care Homes – Residential Living
RCC Type Definition	<i>(Provide a brief description of the state’s definition of residential care community)</i> Personal Care Homes - Residential Living: Any place or facility operating 24 hours a day, seven days a week, accepting individuals who require personal care services or individuals, who, due to functional impairments, may require mental health services.
RCC Type Capacity	<i>(Enter minimum or maximum capacity, the minimum/maximum number of beds allowed by license type, or select checkbox of “No Minimum” or “No Maximum”)</i> Minimum: 2, Maximum: 10

4. Facilities Example – Residential Care Community (RCC) Information

RCC Type	<i>(Indicate the name of each type of Residential Care Community that is licensed, registered, listed, certified, or otherwise regulated by the state)</i> Dementia-specific Assisted Living Programs
RCC Type Definition	<i>(Provide a brief description of the state’s definition of residential care community)</i> Dementia-specific assisted living program means a certified assisted living program that: (1) serves fewer than 55 tenants or has five or more tenants who have dementia between Stages 4 and 7 on the GDS; or (3) holds itself out as providing specialized care for persons with dementia, such as Alzheimer’s disease in a dedicated setting. A program must be designed to meet the needs of tenants with dementia.
RCC Type Capacity	<i>(Enter minimum or maximum capacity, the minimum/maximum number of beds allowed by license type, or select checkbox of “No Minimum” or “No Maximum”)</i> Minimum: 5, Maximum: 55

PART H:

Program Activities

Guidance

Refer to the [NORS Table 3: Part H](#) examples and reporting tips for clarification regarding the data elements. The data entries are numeric and should be whole numbers. Use the examples and tips column for guidance often.

NORC's [NORS Part IV training materials](#) address the data elements for training, facility visits, survey participation, resident council and family council participation, and community education. The NORC [NORS Frequently Asked Questions](#) provide additional details and clarification.

1. Program Activities Guidance – Training for Representatives of the Office

The data elements – certification training hours, continuing education, and number of individuals completing certification training – are all numeric data elements. [NORS Table 3](#) examples and reporting tips explain how to determine the number provided for different scenarios (below).

The Office of the State Long-Term Care Ombudsman will report the following data elements for training provided to representatives of the Office annually in the Older American's Act Performance System (OAAPS):

- **Certification Training Hours:** States are required to report the total hours of training required for an individual (paid or volunteer) to achieve certification which allows an individual to be eligible for designation as a representative of the Office of the State LTC Ombudsman.

If a state has various levels of training based on volunteer or paid status, select the minimum number of training hours required to perform the duties as a representative of the Office. It must be a whole number.

- **Continuing Education:** States must report the annual number of hours of in-service hours required for all representatives of the Office to maintain designation.

If a state has various levels of continuing education requirements based on volunteer or paid status, select the minimum number of continuing education hours required to maintain ability to perform the duties as a representative of the Office. It must be a whole number.

- **Individuals Completing Certification Training:** States must also report the total number of individuals (paid or volunteer) completing certification training within the federal fiscal year (by September 30th). Report number of individuals who completed training even if they have not started fulfilling the duties of a representative of the Office. It must be a whole number.

Do not count individuals that started but did not complete certification training.

2. Program Activities Guidance

Guidance pertains to facility trainings, information and assistance, facility visits, survey participation, council activities, community education, and coordination activities.

Review the [NORS Data Management Guide](#). This Guide provides examples of types of data reports for each aspect of a data management plan to support your Office's ability to collect, analyze, and report on your program's data.

Entering Data

There are two options, data may be uploaded from the Manage Uploads section of OAAPS by selecting “All other sections” or entered manually. It is most accurate and most time effective to upload the program activities information in the “All other sections” file into OAAPS to reduce the potential for manual data entry errors.

NORC’s [NORS Part IV training materials](#) address the data elements for training, facility visits, survey participation, resident council and family council participation, and community education. The NORC [NORS Frequently Asked Questions](#) provide additional details and clarification.

Training for Facility Staff

- The data elements pertaining to **training sessions provided to nursing facility staff and residential care community** staff are all numerical data. Training may be in person, or web-based and typically includes an agenda and learning outcome(s).
- **Distance learning.** States may report distance learning as a training session; however, there must be a way to determine that individuals completed the training. For example, posting a PowerPoint training without requiring registration to attend the training would not count as a training instance because it is static information.
 - To report distance learning (webinars, conference calls, an on-demand course, etc.) there must be a way to ensure that participants completed the training and indicated their facility affiliation. In other words, a state needs to be able to verify that at least one person attended and completed the distance learning to report the training session. NORS does not ask for the number of participants.
 - Regardless of the number of attendees, a distance learning training program that tracks completion numbers and facility affiliation counts as one session.
 - If an Ombudsman program offers distance learning on a variety of topics, i.e. a webinar on discharge and eviction, and another webinar on resident rights, count each as a training session if at least one person completes the training.
- **Example.** There are two online training programs on residents’ rights, one is for nursing facilities and the other is for residential care communities. The content of each is specific to the facility type. Therefore, the state will report, one under each facility type, provided at least one person completed each online training program.

Information and Assistance: Information and assistance is providing information about issues impacting residents (e.g., resident rights, care issues, services) and/or providing assistance without opening a case and working to resolve a complaint. Information and assistance to nursing facility staff, residential care community staff, and individuals must be reported as a whole number.

Facility visits both for nursing facilities and residential care communities are categorized by (1) number of facilities that received at least one visit, (2) count of all visits to facilities, and (3) number of routine visits to each facility in all four quarters of the year.

Facility survey participation report the number of survey instances for both nursing facilities and residential care communities.

Resident and family council participation report the number of instances both nursing facilities and residential care communities. Activities include attendance at meetings, meeting with leadership, and training council members.

Community Education: Provide the total count of community education outreach sessions provided by the Ombudsman program. Remember that newsletters, blogs, and other forms of media do not count as community education.

State and local level coordination activities: Choose the agencies or programs that the Ombudsman program has led state or local level coordination activities relevant to the health, safety, well-being, or rights of resident of long-term care facilities. Report any leadership activities and/or state/local-level coordination, where the state Ombudsman provides state-level coordination, and support for appropriate local Ombudsman entity coordination, between the Ombudsman program and other entities with responsibilities relevant to the health, safety, well-being or rights of residents of long-term care facilities. If there were coordination activities with an entity not listed in the data element – State and local level coordination activities – provide a brief narrative description.

Example

Program Activities

NOTE: This simple hypothetical example is with a state that has 50 Nursing Facilities and 100 Residential Care Communities. As of September 30, there are five designated program representatives that are full-time and ten designated volunteers.

Training

Certification training hours: 35

(Total hours of training required for an individual, paid or volunteer, to achieve certification which allows an individual to be eligible for designation as a representative)

Training hours required to maintain certification:10

(Annual number of hours of in-service training required for all representatives)

Number of new individuals completing certification: 5

(Total number of individuals, paid or volunteer, completing certification training within the FFY)

Ombudsman Program Activities

Information and assistance to individuals: 3,000

(Total number of information and assistance instances to individuals provided by representatives of the Office. Must be a whole number)

Community education: 150

(Use for attendance at health fairs, community events, general presentations, etc. If education is web-based or on-line/on-demand the program must have a way to count the number of individuals who completed the session. Newsletters, blogs, and other forms of media do not count as community education)

Ombudsman Program Activities

Activity	Nursing Facility	Residential Care Community
Training sessions for facility staff <i>(Number of sessions provided by representatives to facility staff)</i>	100	50
Information and assistance to staff <i>(Total number of information and assistance instances to facility staff)</i>	150	75
Number of facilities that received one or more visits	50	90

Activity	Nursing Facility	Residential Care Community
<p>Number of visits for all facilities <i>(Total number of NF and RCC visits no matter the purpose of visit, complaint or non-complaint related, by representatives)</i></p> <p>In this example, facilities had multiple visits but may not have had a visit once in each quarter (routine access).</p>	950	390
<p>Number of facilities that received routine access <i>(Routine access is the total number of nursing facilities visited, not in response to a complaint, in all four quarters by representatives)</i></p> <p>In this example, nursing facilities who had one or more visit also had a visit in each quarter. In the residential care example, 55% of residential care facilities received routine access.</p>	50	50
<p>Total participation in facility survey <i>(Include participation in both standard surveys and complaint surveys. Survey participation includes but is not limited to pre-survey information to surveyors, sharing complaint summary reports, participation in exit conferences and informal dispute resolution. There can be multiple survey activities associated with each facility)</i></p>	75	60
<p>Resident council participation <i>(Total number of instances of attendance, at resident councils, including meeting with council leadership, and training of resident councils)</i></p>	100	10
<p>Family council participation <i>(Total number of instances of attendance, at family councils, including meeting with council leadership, and training of family councils)</i></p>	75	0

State and Local Level Coordination Activities

There are no state and local level coordination activities.

Check all the appropriate boxes for coordination activities

NOTE: All entities except for two were selected for this example.

(choose this option and no other choices, if applicable)

(choose all that apply)

Area agency on aging programs

Aging and disability resource centers

Adult protective services program

Protection and advocacy systems

Facility and long-term care provider licensure and certification programs

The state Medicaid fraud control unit

State and local law enforcement agencies

The State legal assistance developer and legal assistance programs

Centers for Independent Living

Other Coordination Activities *(Add a state and local coordination activity not listed above.)*

Add a brief description of the state/local entity not listed above, for example, Assistive Technology Act Program.

Describe any state or local level coordination and leadership activities with the entities listed, as applicable. *(maximum 5,000 characters)*

In response to COVID-19, the state Ombudsman contacted the state's Assistive Technology (AT) program to learn about new technology opportunities for residents. The Ombudsman identified that prior to the Ombudsman program's work with the AT program their services and resources were not available to residents of residential care communities. Many residents of RCCs could benefit from personal assistive technology devices that are not provided by the RCC. For example, during the COVID-19 pandemic, we coordinated with the AT program to loan Kindle and iPad devices to residents so that they could communicate with Ombudsman representatives and their friends and family members.

The state Ombudsman and legal assistance developer both have offices within the Division of Aging. We have always met on specific complaints involving residents, but never had regular planning and strategy meetings. During this reporting period we established quarterly meetings for the following purposes: planning yearly joint training sessions/webinars with representatives of the Office and staff of legal assistance programs on pertinent issues of interest to both programs; reviewing any outstanding or complicated cases involving legal options; and to review possible advocacy positions to improve the health, well-being, and quality of life for residents of long-term care facilities.

During this reporting period we provided two webinars for representatives and legal assistance program staff. We focused on transfer/discharge from long-term care facilities specifically related to COVID-19. The first webinar discussed nursing facilities and the second discussed residential care communities. The state Ombudsman will consider advocacy strategies pertaining to resident transfer/discharge for the upcoming legislative session. As a result of the state Ombudsman and the state legal assistance developer meeting quarterly, Ombudsman representatives and legal assistance providers in six of the ten regions have started meeting quarterly to discuss complicated cases and coordination opportunities.

DATA MANAGEMENT AND QUALITY ASSURANCE

The state Ombudsman is responsible for overseeing the program’s policies and procedures, management of data, budgeting and contracting, training, and designation of representatives (paid and volunteer). State Ombudsmen are also responsible for independently developing and providing final approval of an annual report through the annual submission of National Ombudsman Reporting System (NORS) data into the Administration for Community Living’s (ACL) approved software, the Older Americans Act Program Performance System (OAAPS).

Accurate data is critical for telling the resident’s story and documenting and reporting Ombudsman program advocacy and activities. The [NORS Data Management Guide](#) provides examples of types of data reports for each aspect of a data management plan in order to support your Office’s ability to collect, analyze, and report on your program’s data and outlines a few OAAPS related tasks.

Refer to the Ombudsman Program Data Management to Ensure Quality training [webinar](#) for additional information and examples of data management plans.

CLOSING

Guidance on the Administration for Community Living (ACL) National Ombudsman Reporting System NORS Table 3 – State Program Information is intended for the Office of the State Long-Term Care Ombudsman Program. This guide provides examples for requested narrative information and some advice for other numerical data elements. If you have questions or need assistance with programmatic questions related to NORS visit the NORC website and contact us at 202.332.2275 (phone) or email, ombudcenter@theconsumervoice.org.