

## **Annual Report: Long Term Care Ombudsman Program**

### **History:**

The Indiana General Assembly created the Long term Care Ombudsman Program pursuant to Indiana Code 12-10-13. The program applies to a resident of an Indiana licensed nursing facility, licensed residential care facilities of RCAP and Assisted Living (AL) and, the Medicaid certified Adult Family Care program. The Division of Aging hosts the State Long-Term Care Ombudsman Program (SLTCOP) as defined in the Older American Act 45 CFR 1321 and 1327.

### **Annual Report:**

Indiana Code 12-10-13-19 requires an annual report on the operations of the program to be prepared. A copy of the report shall be provided to (1) the governor; (2) the general assembly; (3) the division; (4) the federal Commissioner of Aging; (E) Each Area Agency on Aging.

### **Purpose:**

The State Long-Term Care Ombudsman Program is resident-focused only. The program receives, investigates and attempts to resolve complaints and concerns that are made by or on behalf of a resident residing in a state licensed or certified facility and that involve the health, safety, welfare, or rights of a resident.

### **Outcome:**

The desired outcomes of the program are:

1. Complaints are addressed, investigated and, when possible, resolved in a timely manner.
2. Complaints are resolved or partially resolved to satisfaction of the resident.
3. Contacts are made on an on-going basis with residents, families and staff to support residents' rights and to pre-empt problems leading to complaints.
4. Trends are identified so that recommendations for program changes in long term care regulations, programs and services can be developed and implemented.

### **Program Information:**

#### **Complaints handled by Ombudsman Program in SFY 2017**

**Number received: 1,805**

**In Nursing facilities: 1,562**

**In AL or RCAP: 243**

**Complaints led to: 1,434 cases opened for investigation**  
**Of which 1,136 (79%) were either resolved or disposed with appropriate action**  
**(5.5%) withdrawn**  
**(6.5%) not resolved**

Cases are defined as one or more resident-related complaint that require investigation, resolution attempts and follow-up to assure remediation. The most common complaints are:

- Discharge or eviction from facility with or without advanced notice
- Violation of civil or religious rights and ignoring individual choices
- Quality of care issues including medication errors, injuries, and staff unavailable to provide care
- Mental Health or Dementia of resident and resulting behaviors
- Family conflicts especially when no POA or Medical Representative exists or when other family members disagree with the action of those representatives

Closing of a Case occurs when there is a resolution that meets the needs of the resident (satisfied or partially satisfied) or when problem has been remediated to the greatest extent possible (regardless of resident's satisfaction). Some cases may continue indefinitely until there is a resolution.

#### **Non-complaint Contacts**

##### **Contacts made by Local and State Ombudsman for SFY 2016**

**Residents Contacts 10,708**

**Family Contacts 274**

**Facility Staff Contacts 760**

**Complaints, Cases, and Contacts are conducted by 17 individual Long-Term Care Ombudsmen statewide. Staffing statewide equals 13 FTEs plus 1.5 FTE at the state office during fiscal year 2017.**

**Ombudsman staffing was down five persons which resulted in gaps in service in areas of the state. The loss of the equivalent of three (3) FTEs caused hardship for other Ombudsmen at the local and state level. These reductions were caused by resignations, long-term illnesses and injuries of the local ombudsman and the local agencies being unable to fill some of these vacancies.**

#### **Trends:**

The population trends indicate increased need for long-term care residential settings ranging from skilled care in nursing facilities to optional settings to encourage independence and autonomy of the resident in community-based settings that may be adaptive or inconsistent in service delivery to meet diverse needs.

The roles of the Ombudsmen will have to evolve as the range and type of residences expand. The Long-Term Care Ombudsman will be called upon to assist this broad range of residents and their concerns, complaints and problems. However, the Ombudsman's primary focus is likely to remain in nursing facilities where residents tend to be more frail, confused and at greater risk of having their rights violated.

The ability to respond adequately to diverse needs of residents in the evolving variety of settings is strained now and will be even more strained going forward.

The national ratio of Ombudsman FTE to nursing facility beds is one Ombudsman for every 1,000 occupied beds or one Ombudsman for every 2,000 licensed beds regardless of occupancy levels. Therefore, Indiana's program is functioning at 35-50% below that level without considering the number of residents in Assisted Living and RCAP facilities that need to be included in the case-mix and responsibilities.

**Other Factors:**

The Indiana Family and Social Services Administration has reassigned the operation of the State Long-Term Care Ombudsman Program to the Office of General Counsel to remediate potential organizational and operational conflict-of-interest that could exist between the DA and the Ombudsman Program. As identified by the federal Administration for Community Living (ACL), the role DA holds in certifying providers of residential services under the RCAP and Medicaid Waiver Programs was considered to be in conflict with the State's Ombudsman program's roles and responsibilities. The DA still maintains the role of the designated State Unit of Aging and will fund the Ombudsman Program through the Older Americans Act funds administered by ACL.

Due to the staffing difficulties experienced in state fiscal year 2017 and to enable flexibility in staffing, the State Long Term Care Ombudsman program will investigate the potential of contracting the state-wide program's operations to one or more vendor(s) rather than continuing to sub-contract the program to sixteen area agencies on aging.