

# Long Term Care Ombudsman and Protection & Advocacy Agencies

## Working Together to Support Common Goals



# Protection & Advocacy Systems

Provides legally based advocacy to people with all disabilities of all ages

Federally Funded – independent from state

In every State and Territory and a Native American P&A

“client-directed” not “best-interest” standard



# Authority comes from the Developmental Disabilities and Bill of Rights Act of 1975

“Pursue legal, administrative & other appropriate remedies”

- Authority to address full range of issues caused by discrimination on the basis of disability –

For example - abuse investigations, community monitoring, discharge planning, guardianship issues, access to Medicaid, Medicare, Social Security, housing , transportation, employment, education etc.

# **P&As have unique authority to access facilities and records**

**P&As can access most any setting where services and supports are provided for people with disabilities – state hospitals, nursing facilities, residential treatment facilities, group homes, homeless shelters, prisons, schools, sheltered workshops, adult day care...**

**P&As also have special authority to access patient records.**

# P&As have eight different programs with different rules and federal funding sources

- 1975 – Developmental Disabilities Act includes P&As
- 1984 – Client Assistant Program (assists people to access vocational rehabilitation services)
- 1986 – Protection & Advocacy for Mentally Ill (PAIMI)
- 1991 – Protection & Advocacy for Individuals Rights (PAIR)
- 1993 – P&A for Assistive Technology (PAAT)
- 2001 – P&A for Beneficiaries of Social Security (PABSS)
- 2001 – P&A for Individuals with Traumatic Brain Injury
- 2002 – Protection and Advocacy for Voting Access (PAVA)

# Priority Setting Requirement

- P&As set priorities by obtaining mandatory public input – priorities are available to public
- Investigation of abuse and neglect in facilities is the only mandatory priority
- P&As establish case selection criteria
- P&As have boards and an advisory council

# Must Provide a Continuum of Remedies

- ③ Information and Referrals
- ③ Self – Advocacy Skills Training
- ③ Consumer, Family, Provider and Judicial education
- ③ Administrative hearings
- ③ Individual Litigation
- ③ Community and Institutional Monitoring
- ③ Educating Policymakers
- ③ Class Actions and Monitoring of Settlement Agreements

# Opportunities for P&A and LTCO Collaboration

- Participation on P&A board and advisory council
- Host joint trainings
- Jointly identify service gaps and brainstorm policy or systemic fixes
- Collect and share data on service needs
- Draft enforceable statutes, e.g. discharge planning, resident rights, etc.
- Refer residents to P&As for legal advocacy
- Create MOU's to address confidentiality, etc.





# NASOP/Consumer Voice/ and NDRN Survey of P&A and LTCO Collaborations

- 50% of the LTCO reported having some to ongoing engagement with P&As.
  - transitioning to the community;
  - case referrals;
  - participation on work groups;
  - addressing discriminatory admission policies; and
  - policy and legislative work;

# Consumer Voice and NDRN Collaborations

- Joint Pre-Admission Screening and Resident Review (PASRR) webinar training - to be posted on [ndrn.org](http://ndrn.org) and [theconsumervoice.org](http://theconsumervoice.org)

PASRR requires that prior to admission to a nursing facility, an individual with a Mental illness or intellectual disability must be screened by a professional to determine whether their needs could be met in a less restrictive setting. If an individual remains in the facility, they must be provided with the specialized services and treatment identified in a 2<sup>nd</sup> level PASRR screen.

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Send me your ideas for additional joint  
P&A/LTCO trainings 😊