

**Office of
Ombudsman for
Long-Term Care**

2021 Annual Report

Highlights from Federal Fiscal Year (FY) 2021:

October 1, 2020 — September 30, 2021

This page intentionally left blank.

A Message from Ombudsman Cheryl Hennen

Dear Fellow Minnesotans:

I am pleased to present the 2021 Annual Report of the Minnesota Office of Ombudsman for Long-Term Care (OOLTC). As an independent program of the Minnesota Board on Aging, the OOLTC is uniquely positioned to provide both individual direct advocacy for people living in long-term care facilities and to advance systemic changes and improvements to the state's long-term care system.

In 2021, we continued to expand and achieved the 2019 legislative appropriation of 17 additional staff. This was accomplished despite various obstacles including a hiring freeze. While there remains room for improvement, the staffing ratio of regional ombudsmen to bed capacity in MN did improve. This means more residents have access to advocacy services.

The core function of the OOLTC is to connect personally with people living in long-term care settings and to fight for their rights under State and Federal law. This includes freedom from abuse, neglect, exploitation and the right to have autonomy over their own lives. Regional Ombudsmen were excited to return to in-person visits in the spring of 2021. Protections for staff to return safely were top priority such as personal protective equipment.

FY 2021 saw the implementation of Minnesota's assisted living licensure law on August 1, 2021. Assisted living licensure was featured in FY 20 Annual Report. While there is much work to be done to obtain successful implementation of the law progress was made in FY21.

This report outlines the ongoing success of our efforts to empower residents and their families through the use of Money Follows the Person and Resident Family Advisory Council Education.

Finally, the OOLTC has an amazing corps of incredibly talented Certified Ombudsman Volunteers (COV's) who assist us in our work. In May of 2021 two of our COV's were interviewed during Older Americans Month. The impact of COV service statewide on resident quality of life is great. In spite of COVID the COV's were in touch with residents through phone calls and letters.

In addition, the COV's are leaders in their communities spreading the word about the value of advocacy services and resident rights. The COV's are highly-trained advocates giving of their time to visit with people in nursing homes, Veterans Homes, and Assisted Living settings. They listen to resident concerns and truly are a lifeline for many people receiving long-term care services. They are an indispensable part of our advocacy work.

During 2020 and into 2021 residents felt very lonely and isolated and for many this was very frightening and directly affected quality of life. I know through the advocacy work of the Ombudsmen staff and COV's many people were comforted, problems were solved and hope restored. At the OOLTC, this sentiment is at the heart of all we do.

Yours Sincerely,



What is the OOLTC's Scope of Work?

The OOLTC is a program of the Minnesota Board on Aging. The OOLTC derives its authority from federal and state law. Here is a portion of the state authorizing statute , [Minnesota Statute 256.9742](#), which defines the role of the OOLTC:

The office shall:

- (1) gather information and evaluate any act, practice, policy, procedure, or administrative action of a long-term care facility, acute care facility, home care service provider, or government agency that may adversely affect the health, safety, welfare, or rights of any client;
- (2) mediate or advocate on behalf of clients;
- (3) monitor the development and implementation of federal, state, or local laws, rules, regulations, and policies affecting the rights and benefits of clients;
- (4) comment on and recommend to public and private agencies regarding laws, rules, regulations, and policies affecting clients;
- (5) inform public agencies about the problems of clients;
- (6) provide for training of volunteers and promote the development of citizen participation in the work of the office;
- (7) conduct public forums to obtain information about and publicize issues affecting clients;
- (8) provide public education regarding the health, safety, welfare, and rights of clients; and
- (9) collect and analyze data relating to complaints, conditions, and services.

The OOLTC's authority is imbedded into many other state statutes, including those on the right to electronic monitoring, nursing home closures, and assisted living licensure. Other authority from the office comes from 42 U.S.C. § 3058g, Older Americans Act (OAA) Ombudsman Program, Minnesota Board on Aging and Administration for Community Living/Administration on Aging for Ombudsman.

Federal reporting requirements follow the Federal Fiscal Year (FY) and the annual submission of a NORS (National Ombudsman Reporting System) report which is completed in the spring following the FY. This annual report covers many of the items listed in the above state statute.

The OOLTC supports residents in these settings:

- Residents from 359 licensed nursing homes with 26,362 beds statewide, including five Minnesota Veterans Homes
- 7,426 residential care communities, including about 2,000 licensed assisted living facilities with capacity for 28,523 residents.
- Adults receiving licensed home care services in their own houses/apartments
- Medicare beneficiaries with hospital discharge concerns

Expansion Achieved

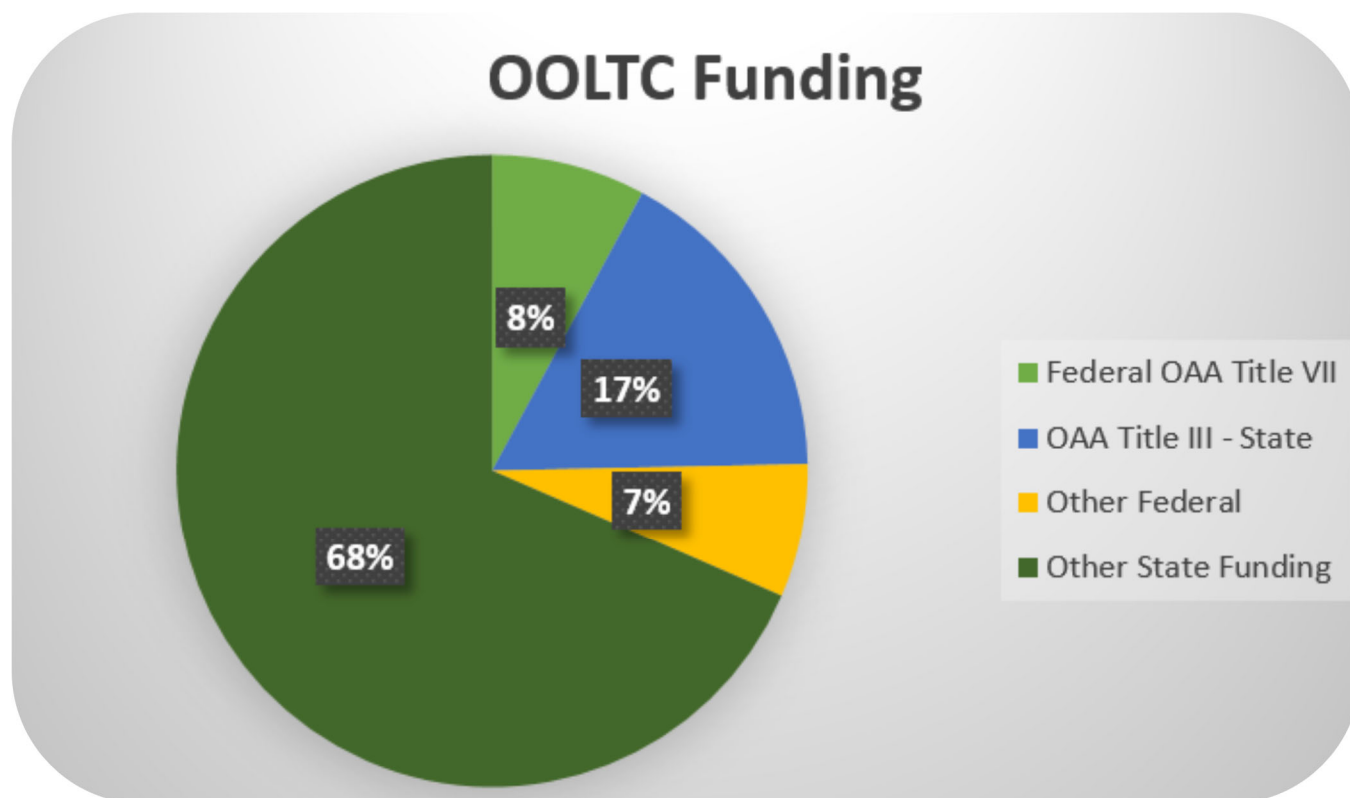
The OOLTC continued to expand in FY 2021. The OOLTC fulfilled the 2019 legislative appropriation of 17 additional staff. This was despite a statewide hiring freeze and other obstacles to hiring during the pandemic. These were the positions which were added to the OOLTC:

- 9 additional regional ombudsman staff
- 1 Deputy Ombudsman
- 1 Legislative/Electronic Monitoring Specialist
- 1 Website and Communications Specialist
- 1 Intake staff
- 1 Notices and Data Specialist

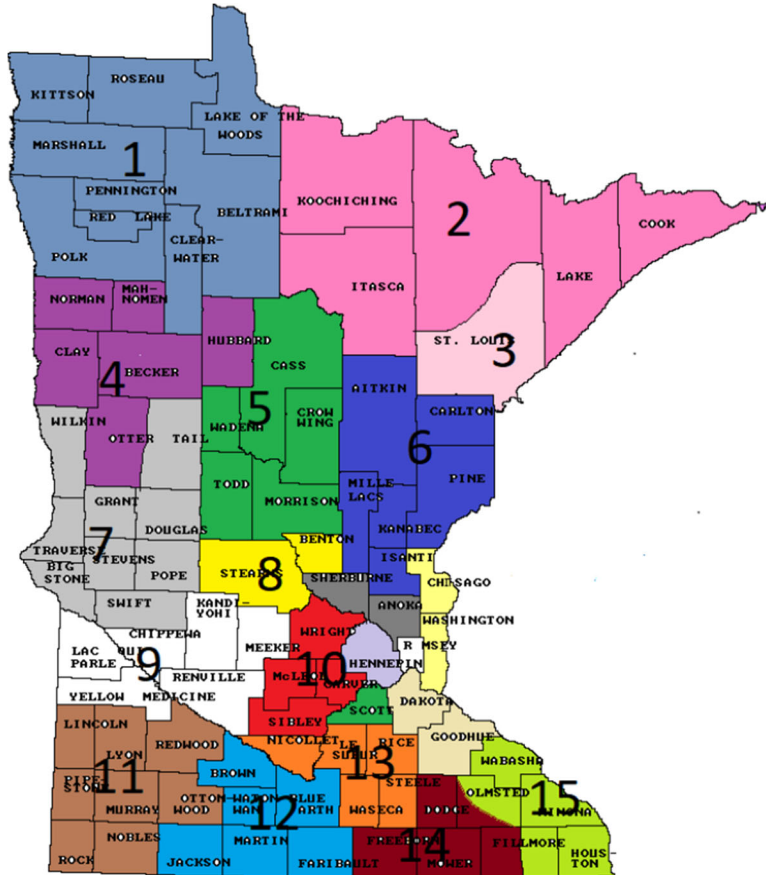
And between the end of FY 21 and the writing of this report, the OOLTC also added:

- 1 additional Policy Specialist to assist the larger team
- 2 Regional Ombudsman Supervisors to support the growing office

In addition, in FY 2021, DHS—Moving Home Minnesota (“MHM”) offered additional funding to hire two new OOLTC Self-Advocacy Specialists to work with residents in assisted living settings.

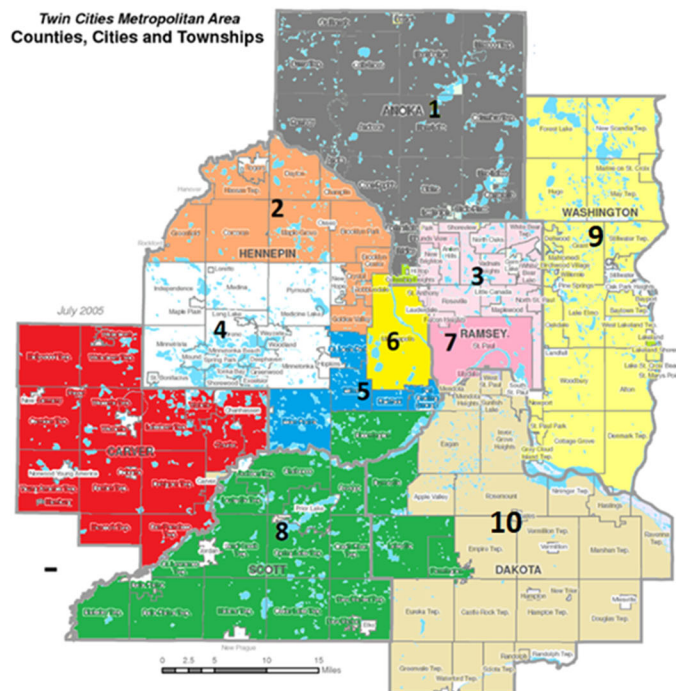


State Coverage as of September 2021



These maps show the regions covered by individual regional ombudsmen (ROs). The regions in greater Minnesota have as few as 3,000 beds per regional ombudsman because there is a low density of LTC facilities and a lot of driving time.

ROs working in the metro have between 4,500 and 6,000 beds per RO. ROs had about 9,000 beds on average when OOLTC only had 14 ROs serving the whole state. Access to and depth of services have been improved with the expansion to 25 ROs.



Statewide Specialists

Resident Council Specialists foster resident education and empowerment activities.

Individual and systemic advocacy are the core function of the OOLTC. Education and empowerment of long-term care residents are also a key component of the program. Regional ombudsmen educate residents about their choices and empower them to enforce their rights to better care every day. There are also four specialists who work directly with residents to teach them how to speak up for themselves. These specialists serve residents statewide and work in concert with residents, regional ombudsmen, and facility staff to offer rich trainings and other support services for residents and family councils.

Position Title	Purpose	Funding Source
Resident and Family Advisory Council Education (RFACE Specialist)	One position which works to develop capacity and effectiveness of nursing home resident and family councils.	State fees of \$5 per active nursing home bed
Moving Home Minnesota (MHM) Self-Advocacy Specialist—Nursing Homes	One position trains residents at nursing homes about their rights and how to advocate for themselves. Currently offer 6 one-hour training sessions for nursing home residents. The theme is “You are the Key to Self-Advocacy”	Federal Money Follows the Person funds (MHM)
MHM Self-Advocacy Specialists—Assisted Living	Two new positions in FY 2021 to develop training for assisted living residents about their new rights in AL licensure.	Federal Money Follows the Person funds (MHM) expansion

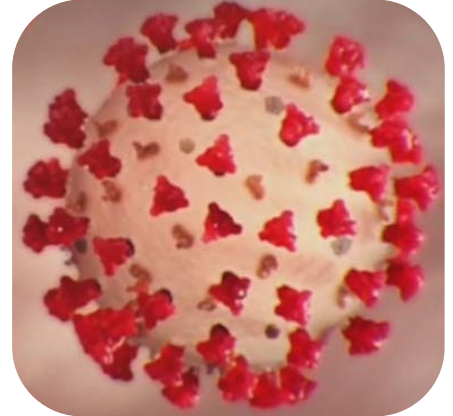
The MHM Self-Advocacy Specialist for nursing homes worked throughout FY 21. These were her activities:

- 502 residents attended at least one session
- 51 virtual training sessions were held
- 56 facilities had one or more self-advocacy contacts
- 175 facility staff were trained
- 60 in-person training sessions were held
- 3 facilities completed all 6 sessions
- 111 community members were trained
- 358 facilities were sent postcards from the Self-Advocacy Specialist

COVID-19 in FY 21

The OOLTC returns to in-person visits in Spring 2021.

In March of 2020, the OOLTC made the difficult decision to stop in-person visits due to infection control concerns for COVID-19. This was necessary to keep residents and OOLTC staff safe. ROs didn't miss a day of work — they simply adapted and handled casework by phone or by video visits. ROs were overjoyed when visitation with residents opened up in FY 2021. In late 2020, ROs were able to visit with residents at their windows and in outdoor visits. In March of 2021, ROs were able to visit residents in-person in a limited fashion. Only a few facilities could be visited per week and residents with known or suspected COVID should not be visited.



When ROs returned to facilities in the spring, they saw many residents still isolated in their rooms. Communal dining had not returned. Group activities were not happening. But as vaccination rates improved and more time passed, there was a slow opening up of rights. Federal and state nursing home visit restrictions decreased and ROs saw far fewer COVID outbreaks in facilities. By the end of FY 2021, there was an increase in infections again with the Delta variant of COVID-19 but ROs were equipped to safely continue visits with residents in-person.

The OOLTC has always been an in-person service with residents being visited and investigations occurring right at the nursing home, assisted living, or other resident location. It was such a relief to return to that in spring and summer of 2021.



DHS offered early vaccination opportunities to OOLTC's ROs. Many staff were able to start their vaccinations in January of 2021. An internal policy on infection control and how to have a safe visit was created. ROs were offered Personal Protective Equipment, including surgical masks, hand sanitizer, and specialized masks with clear mouth-covering windows as an aid to residents with hearing loss who read lips to assist with communication.

Postcards Connect ROs to Residents

The OOLTC innovates during COVID-19.

Regional ombudsmen met with residents over the telephone or sometimes on video calls from the start of the pandemic through the fall of 2021. Even then, contact with residents was limited as outdoor visits were not often practical in the winter. OOLTC staff came up with an idea to create a postcard with the staff photo that they could use to help communicate with residents. ROs could mail these to individual residents and send a group of them to facilities. The postcards feature large type for easy reading and provide an invitation to talk to ROs. Older adults are warned not to talk to strangers on the phone due to financial scams and this was a way to say “Did you get my postcard? I’m Jane—your RO.” Residents and facility staff have warmly praised the postcards. Even now that in-person visits are the norm, the postcards are part of the tools that are used by ROs and the Self-Advocacy Specialists.

Contact your Ombudsman

Jane Brink

Regional Ombudsman for Long-Term Care
11630 State Ave., Ste #27, Brainerd, MN 56401
Phone: 1-218-855-8587
Email: jane.m.brink@state.mn.us

Jane advocates alongside people receiving long-term care services and supports in central Minnesota.

Office of Ombudsman for Long-Term Care
A free and confidential service of the Minnesota Board on Aging

 or **No English?**

Website: <https://mn.gov/board-on-aging/>
Intake Line: 1-800-657-3591 / 651-431-2555
Email: MBA.OOLTC@state.mn.us



The other side of the postcard has more information about the OOLTC and space to address and stamp the postcard. It includes the welcoming message:

Have a concern? Ask your Ombudsman!

Volunteers Active Throughout FY 2021

The Certified Ombudsman Volunteer (COV) program is a service of the OOLTC.

COVs participate in extensive training to prepare them to advocate, empower, and educate long-term care (LTC) residents. They are instrumental in extending the reach of Regional Ombudsmen (ROs) by building trusting relationships with residents and providing a regular presence in assigned facilities. COV visits make a real difference in the lives of LTC residents.

It was a challenging, often frustrating and sometimes worrisome year for COVs attempting to carry out their mission. During unprecedented times, the volunteers met this challenge with determination and creativity to carry out their role and to maintain valuable relationships with the residents we serve.



247 volunteer hours
were donated



Volunteers spanned 16
counties and 11 regions



18 volunteers provided
advocacy

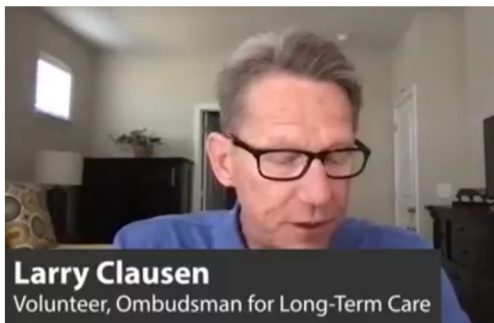
COVID-19 Response

The COV Program was suspended in March 2020 with no in-person visits allowed due to COVID-19. By September 2020 it became clear that COVID-19 was not going to go away quickly. COVs were reactivated and trained in how to have a virtual presence with residents. During this phase, volunteers made outreach phone calls to residents, follow-up phone calls as requested by ROs and/or residents, and attended resident/family councils virtually. As always the COVs work under the guidance of regional ombudsman who consult with them and supervise the work of the COVs.

Given the critical need for Ombudsman presence within facilities, in July 2021 COVs were allowed to return to facilities on a limited basis for indoor and outdoor visits. COVs were provided extensive training on COVID-19 protocols, infection prevention, and PPE safety. After completion of training, volunteers were able to attend resident and family council meetings in person. Outdoor visits were permitted as an alternative to indoor visitation, and virtual visits with residents continued.

Volunteer Highlights

In May of 2021, the Office of the Ombudsman for Long-Term Care was highlighted by The Olmstead Implementation Office during Older Americans Month. Two volunteers were interviewed. These COVs shared why their work is meaningful, how they help advocate for older Minnesotans living in assisted living and nursing homes, and why they love the work they do. The videos were shared through social media and [can be viewed on YouTube](#).



Impact Of Volunteer Presence

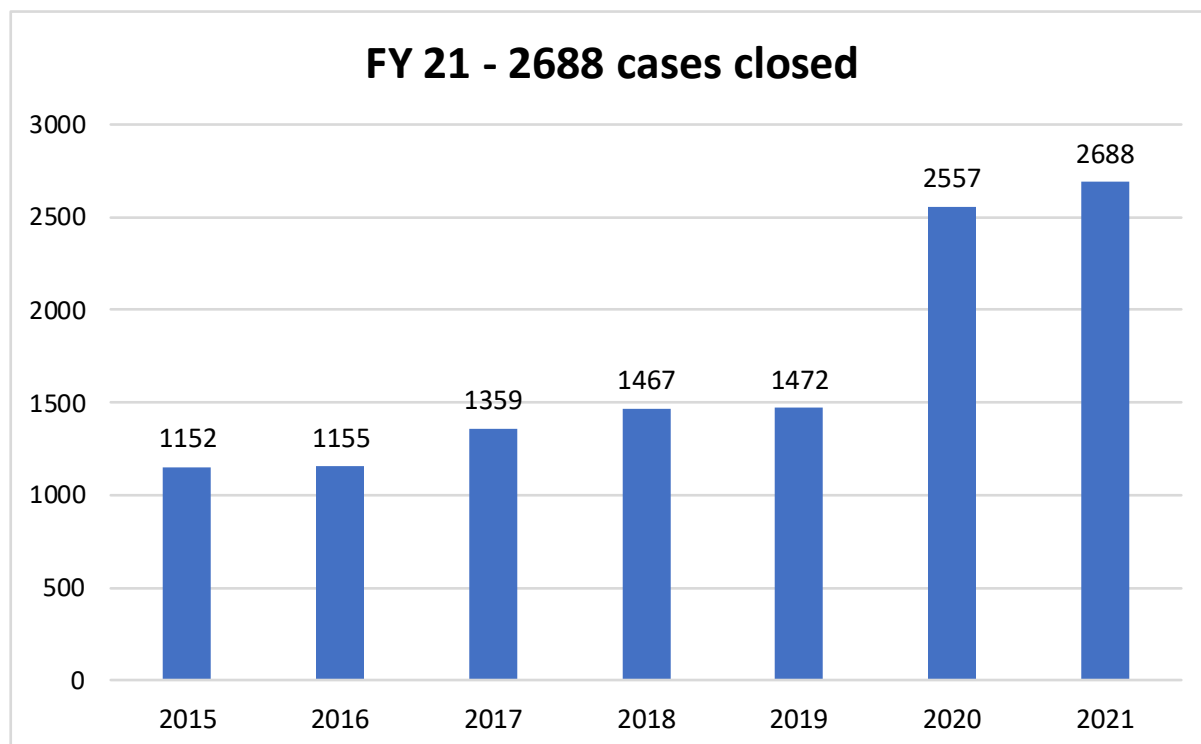
- A COV was instrumental in assisting a resident transfer from a nursing home to a senior living apartment.
- After over a year without access to nursing homes, a COV was approached by a resident at a resident council meeting and the resident began to cry. The COV was concerned, asking what was wrong. The resident explained that just seeing the COV made her so happy that it brought her to tears.
- When a resident was facing the possibility of discharge for non-payment, a COV (with the guidance of her supervising RO) actively assisted in obtaining Medical Assistance funds to prevent the discharge. The COV followed through with the resident until the funding problem was resolved.
- When COVs were not permitted in nursing homes, they picked up their phones and called residents. It wasn't easy to get a resident on the phone and it usually took many attempts, yet volunteers were not deterred. When COVs were able to have conversations with a resident, the call often ended with the resident expressing great appreciation and even saying "I Love You."
- A COV wasn't sure how residents would respond to her new style of distance hugging. When she greeted a resident at a resident council meeting, she threw her arms up in the air and pantomimed a hugging gesture while saying "I'm giving you a hug." The resident told her "I can feel it, I can feel it!" beaming as she pantomime hugged back.
- Volunteers sent letters to residents. One COV sent letters while vacationing. With every letter that arrived, the resident informed the volunteer that it was shared with her neighbors. They enjoyed keeping up with the COV's travels and reminisced of their own adventures. During an often sad and frightening time, these simple letters initiated positive social interaction and sparked joyful memories.

Statistics—FY 2021 was a Productive Year

The OOLTC uses a database called “PeerPlace” to record program activities.

Staff are highly trained to enter intakes, case, and complaint work in PeerPlace. This data helps to track systemic issues as well as manage individual case notes. Much of the data is included in the OOLTC’s annual report to the National Ombudsman Reporting System. Here are a few highlights of FY 2021 data:

- Overall 51,683 activities were entered. This is the most ever for the OOLTC.
- Despite limited visits in FY 2021, 1,007 facility regular presence visits were recorded.
- 616 additional facility visits occurred where the RO entered the facility to meet with a client about a case and the RO didn’t interact with other residents or staff as they would during a regular presence visit.
- 13,575 instances of information and assistance related to a case were provided to residents and families.
- 8,925 residents and family members were given brief information and assistance.
- ROs provided input to the Minnesota Department of Health on 1,373 facility surveys.
- ROs participated in 274 resident council meetings and 38 family council meetings.
- ROs gave brief information and assistance to 3,224 times to facility staff.
- ROs recorded 6,030 instances of information and assistance to facility staff related to a case or intake.



RO Helps Grandchildren Visit—Case Story #1

The RO received a call from a concerned family member about a resident. She was a resident in her 80's. The request was a simple one: the resident wanted to see her grandchildren and great-grandchildren. The family member indicated the nursing home had a policy of "no visitors under age 18." The RO reached out to the resident by phone in March of 2021. The resident said she was vaccinated and wanted to see her great-grandchildren and grandchildren. The resident was afraid that the little ones would forget about her if they didn't visit soon. The RO got consent from the resident to work on her behalf.

The RO reached out the facility administrator to talk about the visitation policy. The administrator confirmed their policy for no visitors under the age of 18. He said that the resident would only be able to see her under 18 relatives outside the building. Meeting outside in the winter was not a good option. The RO asked the administrator to reconsider the resident's request. At that time, the Minnesota Department of Health (MDH) made it very clear that people age 18 and under should be allowed to visit. The RO shared this guidance with the administrator who continued to deny visits.

After many weeks of requests by the RO, the nursing home finally approved indoor visitation for the resident to see her grandchildren. The RO shared this wonderful news with the resident. By then, it was spring so the resident said "the weather is nice so we can meet outside" but was thankful she was approved for indoor visits. This case was closed as a success for the one resident who was requesting indoor visits with her grandchildren. At that time, no other residents requested assistance and the administrator said they would consider other under-18 visitors on a case-by case basis.

Note – Overly restrictive visitation limits continued to be a problem at this nursing home and others. A few months after this case was closed, a second case had to be opened for visitation restrictions. In July of 2021, the same residents' grandchildren came to the nursing home for a visit. Her family was denied entry as there were two children under the age of 18. The resident was devastated her family was turned away. A MAARC

(Minnesota Adult Abuse Reporting Center) report was filed by the family. MDH investigated the abuse complaint and the facility did receive a violation for improper visitation restrictions. As a result of that second case and the citation from the Minnesota Department of Health, now all residents at that nursing home are able to have indoor visitors of any age.



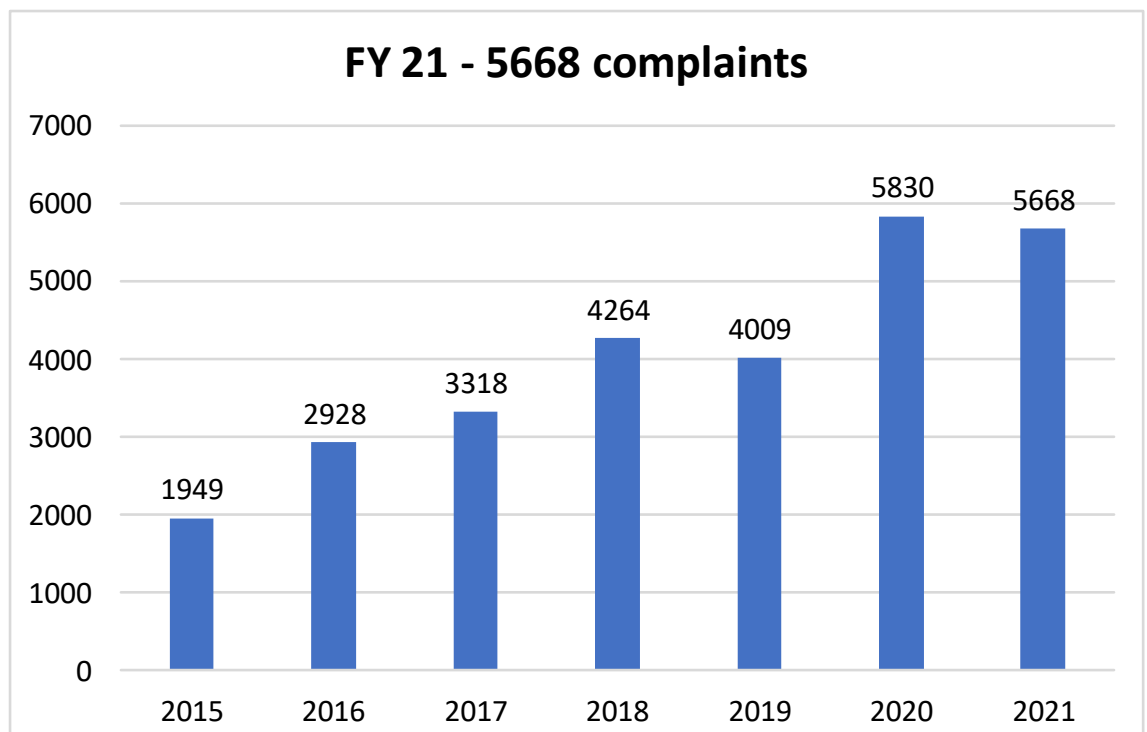
COVID-19 Was a Factor in Many Complaints

5668 complaints were handled by the OOLTC in FY 2021.

COVID-19 was a major factor in casework and complaints throughout FY 2021. Visitation was restricted above and beyond what federal and state rules required. Residents were locked in their homes, visitors could only visit for limited appointments during restricted scheduled times, and residents were discouraged from leaving to go to family events. Staffing shortages worsened during COVID. Residents complained of long wait times for help, showers and physical therapy being missed, as well as a lack of activities or other social engagement. Staff were burned out and some were insensitive to residents and their needs. It was a very difficult year for residents in long-term care settings although the easing of visitation restrictions as vaccines became widely available was a bright spot.

The top complaints handled by the OOLTC during FY 2021 were:

- 1) Visitation
- 2) Staffing (problems with shortage of staff, staff turnover, over-use of temporary staffing agencies, complaints about the skills or training of staff and similar complaints)
- 3) Deprivation of rights, such as personal liberty or freedom of choice, right of assembly, speech, religious freedom, the right to vote
- 4) Resident is treated with rudeness, indifference, or sensitivity
- 5) Discharge



RO Helps Remedy Neglect—Case Story #2

The OOLTC was called by the daughter of an assisted living resident. The daughter had not seen her mother in-person for months due to COVID-19 visitation restrictions. She went to meet her mother when she was going to a salon appointment. The daughter explained that she found her mother waiting to leave in a wheelchair with no socks on even though it was nine degrees outside. Once at the salon, the stylist noted the “grease” build up on the resident’s scalp was dangerous and looked like her hair hadn’t been washed in weeks or even months. It appeared she wasn’t bathing at all. The daughter also said the resident was wearing the same feces stained clothes for six days straight. It was discovered the resident would take off her clothes at night, fold them, put them back in dresser and then put them back on in the morning without staff noticing. The daughter reported these concerns to the facility but nothing changed. Lastly, the daughter noted she found moldy food in the resident’s refrigerator and she was frequently out of toilet paper.

The first step for the OOLTC’s investigation is always for the RO to get consent from the resident to investigate complaints. The resident was embarrassed about her dirtiness. She said it was ok for the RO to talk to the facility to fix things but she did not want to be part of the discussion with the facility. The RO participated in a tele-care conference with the family and staff. The executive director started the meeting by apologizing for not responding to family phone calls and emails. The executive director admitted the resident had not had her hair washed for about half a year.



As a way to provide transparency and some assurance that cares were being performed, an electronic camera was installed, with resident consent, so that aides could take pictures showing the family when cares were being performed. It was noted the resident would frequently refuse to have her hair washed, so the care plan was modified to instruct aides on the preferred approach to encourage the resident to allow cares to be performed.

The care plan was also modified to have staff check the resident’s refrigerator twice per week and to provide her meals on a tray rather than a box to discourage the resident from saving food. The facility agreed to provide a written plan to fix all of the concerns. At a tele-care conference with the family and RO one month later, the family shared their observations. The resident was receiving regular baths with nail care, having her refrigerator checked regularly, staff were ensuring her clothing was laundered. Family members were also approved to be essential caregivers who could visit the resident in the facility and at family outings.

This client’s hygiene was significantly neglected by the facility during COVID. The RO became involved. In the end the resident was happy with the improvements to her care so the RO closed the case.

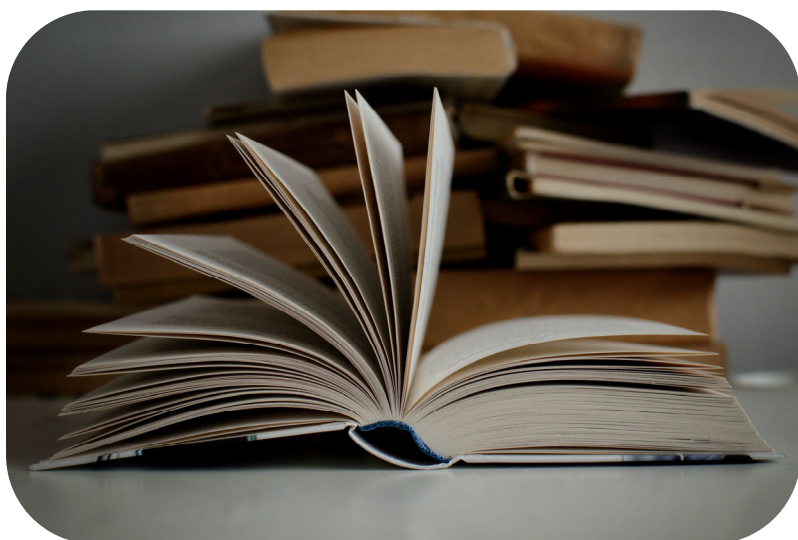
Equity Efforts

The OOLTC has an internal Equity and Inclusion Committee which meets monthly.

The OOLTC Equity Committee was born out of the OOLTC's strategic planning efforts in the winter of 2020. Despite the COVID-19 pandemic starting that spring, the OOLTC has made great strides towards meeting the plan. One of the five OOLTC strategic directions is to "Incorporate equity and inclusion in our work."

The OOLTC Equity and Inclusion Committee met that goal in FY 2021 in a variety of ways:

- A training on how to use interpreters and best practices was led by the Equity and Inclusion Committee and presented to staff at a December 2020 all-staff training.
- Several staff participated in Tribal-State Relations Training from January to May of 2021. Six two-hour class sessions were held during that timeframe which educated staff on how to fully recognize tribal sovereignty. This was offered to staff whose regions border tribal lands.
- An Equity Book Club was started for staff in July of 2021. After much discussion the committee selected Ibram X. Kendi's book How to be an Antiracist. A book was provided to each staff member and all staff were invited to attend all of the sessions. The book was divided into six equal parts and discussed starting in July of 2021. Volunteers from the Equity and Inclusion Committee developed discussion questions and led discussion groups. The Equity and Inclusion Committee hosted monthly book club meetings July 2021 through December 2021.



Values

We are committed to ensuring accountability to the following values:

- | | | |
|-----------------|---------------|-----------------------|
| • Advocacy | • Dignity | • Equity |
| • Anti-ageism | • Diversity | • Inclusivity |
| • Anti-racism | • Empathy | • Integrity |
| • Collaboration | • Empowerment | • Person-centeredness |

Training

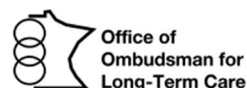
OOLTC Staff receive strong initial and continuing training courses.

OOLTC staff are offered a wide variety of training options each year. An annual training calendar includes quarterly two-day trainings, monthly all-staff meetings, and quarterly case review discussions. These trainings were held over video calls in FY 2021. Staff also have a variety of other conferences they can attend. Staff report on how many hours they train and OOLTC policy requires at least 60 hours of continuing education each year. Other training includes:

- All staff were invited to attend the national Consumer Voice conference. This is the marquee conference where ombudsmen from around the country gather to discuss how best to advocate for residents. Staff were able to attend virtually for the first time in December of 2020.
- The federal Administration on Community Living developed a new set of initial training curriculum for new ombudsmen. Training systems were put in place in FY 2021 to ensure that all ROs and COVs who start their training after FY 2021 are in compliance with the new standards. It includes 36 hours of initial training and 18 hours of continuing education which the OOLTC far exceeded already.
- Regular training on data entry, resident advocacy, hot topics in long-term care, and a variety of other issues is included throughout the year at staff meetings and discussions. Staff are educated about the Emergency Assistance Program—EAP—offered through the state which can help with a variety of needs in this stressful period of COVID-19.

The monthly “Ombuzz” newsletter is another way to share information and training.

A monthly newsletter for volunteers has been published for years, and the strategic plan of 2020 expanded that to be a newsletter for staff and volunteers. The newsletter committee creates a wonderful short newsletter each month. It includes summaries of case discussions or other trainings and a “get to know you” section where new staff and volunteers are highlighted. It is a fun way to share news and help strengthen the OOLTC community.



Ombuzz

December 2020

Issue 4

From Central Office

SLTCO Reflections as the End of 2020 Draws Near

Residents' right to visitors has been a great concern for us. Residents and their loved ones have endured much pain and suffering because of the restrictions placed on visits since mid-March. This month will be no different. The holiday season may not be easy, traditional celebrations may not be possible, for most separation from loved ones will be a "first". Not to mention the loved ones we lost over the past year. We honor them, the memories, and life lessons gained.

The December holiday season puts a spotlight on the core issue families with loved ones in long-term care communities face. We hear from family members and loved ones and how much they want the opportunity for safe in-person visitation. This is possible with proper precautions in place such as screening measures, sustainable plan for testing, proper infection control, and adequate PPE to name a few. Thank you for your work to bring people together. Every staff member in the OOLTC has a role in making this happen. Connection to people is a necessary human need, a human right.

Some may agree, pandemic fatigue has set in. I encourage all of us to not lose hope; true hope is on the horizon. The end is in sight as evidenced by progress made with medicines to treat symptoms and a vaccine. But it may be a lengthy endgame. This means all the public health measures designed to protect need to be adhered to, sufficient in supply and easily accessible free of any form of discrimination.

Looking forward to 2021; a new administration will be in place and vaccines will be available. I suspect the December holiday season will not reflect "normal" traditional gatherings due to the alarming surge in COVID positive cases. Hang on to hope; an end is in sight. Do not lose hope.

I look forward to seeing each of you in the New Year. I am blessed with the best Ombudsmen team in the country!

Assisted Living Licensure Law

The implementation of assisted living licensure remains a major focus for the OOLTC.

On August 1, 2021, Minnesota's new assisted living licensure law went into effect. In March of 2020, Governor Walz declared a peacetime emergency due to COVID-19 and the Minnesota Department of Health (MDH) suspended normal operations and pivoted to addressing the COVID-19 pandemic. MDH expressed concern about its ability to fully launch assisted living licensure while all of its staff was redeployed to the COVID-19 front. A series of discussions were held between OOLTC, MDH, the Department of Human Services, and consumer and provider stakeholders to see if it was possible delay full enactment of assisted living licensure and instead roll out a "soft open" of the assisted living law, where a limited set of resident protections and facility requirements would be enacted on August 1, 2021, with the remaining majority of the law to be enacted one year later, in August 1, 2022. The negotiations were unsuccessful, and MDH committed to launching the assisted living licensure program on August 1, 2021.

During the winter of 2021, the Office of Administrative Hearings (OAH) held a hearing on Chapter 4659, the new assisted living rules that were drafted by the Minnesota Department of Health. The OOLTC submitted in-depth written comments to the rules, and were successful in persuading the administrative law judge to adopt many of the OOLTC's suggestions and recommendations into the rules. The rules were adopted by Governor Walz in Spring of 2021.

During the summer of 2021, the OOLTC partnered with MDH in outreach efforts to providers about the new assisted living licensure law set to go into effect on August 1, 2021. **Regional ombudsmen throughout the state directly contacted over 2,000 existing Housing with Services establishments that provide either home care or assisted living services to alert them of the new assisted living licensure law and provided contact**

information of MDH staff who could assist providers in applying for the new assisted living license. Over 2000 providers applied for assisted living licensure. MDH publicly credited the OOLTC's direct outreach to providers as one of the reasons that the assisted living licensure rollout went so smoothly.



Throughout 2021, the OOLTC staff, including Deputy Ombudsmen Genevieve Gaboriault and Aisha Elmquist, as well as Maisie Blaine, and Anne Peterson were presenters at virtual webinars held by the Minnesota Elder Justice Center, the Minnesota Gerontological Society, and many other forums to discuss the new assisted living consumer protec-

tions. The OOLTC staff answered questions from the public about what the assisted living law means for residents in Minnesota's housing and long-term care settings. They provided education about the new consumer protections including protections against retaliation and contract terminations.

New assisted living notices sent to the OOLTC.

A new system was set up for OOLTC staff to receive and process notices from assisted living providers. As part of assisted living licensure, facilities must notify the OOLTC in a variety of situations. A cover sheet was created to help streamline the process. Providers were educated about the new system at a MDH WebEx meeting in summer of 2021. Documents can be received by a dedicated fax **651-431-7385** and email **ALnotices.ooltc@state.mn.us**. A new Notices and Data Specialist reviews and stores the notices as they come into the office. ROs are notified. ROs may reach out to residents whose buildings are closing or whose contracts may be terminated, to offer advocacy services to help them stay in the home of their choice.

Here are the new notice topics:

- Notice of Contract Termination
- Notice of Emergency Relocation
- Notice of Nonrenewal of Housing
- Reduction of Services Notice
- Change in Operations Resulting in Resident Transfer within Facility
- Assisted Living Contract
- Planned Closure Notifications
- Relinquishment of Dementia Care License Notifications
- Disclosure of Special Care Status
- Notice of Residents Affected by License Revocation

OOLTC active with two assisted living (AL) stakeholder groups in FY 2021.

1. Resident Quality of Care and Outcomes Improvement

Task Force

This new group was formed as a continuation from the MDH workgroups held in fall 2018 that led to Minnesota's assisted living licensure in 2019. The task force was established to meet in 2021 and to examine and make recommendations on an ongoing basis, on how to apply proven safety and quality improvement practices and infrastructures to settings and providers that provide long-term services and supports. Deputy Aisha Elmquist participated on this committee.

2. Home Care Provider Advisory Council (HCPAC)

The OOLTC has participated in this committee for many years. Its purpose is to provide advice to the home care and assisted living program in the Minnesota Department of Health.

For the first time in FY 2021, the HCPAC offered small grants to providers. The grants were focused on technology needs for residents to decrease their isolation during COVID. Providers could request up to \$2,500 to help them purchase electronic devices to help connect residents and their family and friends. Deputy Genevieve Gaboriault participated on this committee.



Legislative Advocacy

During the 2020/2021 legislative session, the OOLTC helped draft and advocate for more housing protections for housing and urban development settings and low income tax credit settings that are similar to assisted living settings but are exempt from having to obtain an assisted living license. Minn. Stat. § 325F.722 revives some of the housing with service registration requirements under chapters 144D and 144G that were repealed on August 1, 2021. The law includes written housing contract requirements, emergency planning, dementia training for direct care and administrative staff, and educational and work experience for the housing manager. Minnesota Statutes, section 325F.722, was passed into law in during a summer special session in 2021. OOLTC also ensured our state statute, Minn. Stat. § 256.9741, was updated to provide OOLTC with continued access to residents of HUD exempt settings.

In preparation for the upcoming 2021/2022 legislative session, the OOLTC staff worked intensively during the summer and fall of 2021 to develop a draft of the Minnesota No Resident Left Isolated Act, a bill to be circulated among stakeholders for their review and feedback. During the COVID-19 pandemic, federal and state visitation rights were suspended in order to contain COVID-19 outbreaks in long-term care facilities. Guidance from the Center for Medicare and Medicaid Services granted facilities enormous discretion in restricting visitation and state essential caregiver guidance remained voluntary. Families and friends who normally assist and support residents were locked out of facilities for months and were unable to access residents. Residents had no choice but to endure months-long periods of isolation. They experienced real physical and emotional harm.

The intent of the bill is to vest residents in certain long-term care facilities with the right to access designated family caregivers during a public health emergency. Each resident may select at least two designated family caregivers. Visits will be guaranteed as long as the caregiver follows the same safety and infection protocols required of facility staff so they do not pose any increased risk to resident safety. A facility may deny entry to caregivers who refuse to follow the same protocols. The OOLTC believes the bill is critical to resident well-being because it ensures residents receive critical support and assistance from designated family caregivers during a public health emergency. The OOLTC will work with stakeholders in developing the bill for the 2022/2023 legislative session.

Electronic Monitoring Law

The OOLTC continued to work with providers and residents in answering their questions about the Electronic Monitoring Law, which allows residents of nursing homes, boarding care homes, and assisted living facilities to install electronic monitoring devices in their rooms or private living units. An electronic monitoring device is a camera or other device that captures, records, or broadcasts audio, video, or both. Typically a resident seeking to implement electronic monitoring will complete a notification and consent form and give it to the facility before starting recording.

The Electronic Monitoring Law allows residents who seek to record without letting the facility know beforehand in certain cases, such as when the resident fears retaliation, has notified the facility about a problem that remains unresolved, or has notified the police or the Minnesota Adult Abuse Reporting Center about an ongoing problem. In those cases, the OOLTC holds onto the signed notification and consent form for 14 days while the resident begins electronic monitoring.

Future Barriers

The 2020 OOLTC Annual Report focused on COVID-19 and its drastic impact on long-term care facilities. The field of long-term care continued to be dominated by COVID-19 in FY 2021. FY 2021 also saw the implementation of Minnesota's assisted living licensure law on August 1, 2021. Much work remains to be done to as the state settles into this new licensure arrangement.

The OOLTC is monitoring the following barriers to an ideal long-term care delivery system in Minnesota:

- **Residents have a right to visitation.** The OOLTC will keep working to ensure that the rights of residents to access family and other support persons even during a pandemic or other emergency is enshrined in Minnesota law.
- **Assisted living licensure is a large transition.** This topic was first on the list on last year's report and remains a critical concern. The OOLTC will continue to enhance and preserve resident protections and rights included in assisted living licensure. This includes evaluating the best way to enhance rights for residents in some HUD-funded buildings that are currently exempt from assisted living licensure.
- **Staffing shortages affect resident care.** The OOLTC supports efforts to establish minimum staffing requirements. Increased transparency of facility ownership and finances are a part of the solution.
- **More funding is necessary to improve access for individuals requesting assistance from the OOLTC.** The OOLTC is working diligently to meet the needs of LTC recipients but more OOLTC staffing may be needed to provide the high quality of service for everyone aging into long-term care services.
- **Ageism and discrimination hurt residents.** The OOLTC will work against ageism and discrimination in the provision of long-term care services and supports.

OOLTC will continue to tirelessly advocate on individual cases and systemic cases for residents receiving long-term care.



Staff Directory as of September 30, 2021

Central Office Staff

Cheryl Hennen State Long-Term Care Ombudsman	Genevieve Gaboriault Deputy Ombudsman	Aisha Elmquist Deputy Ombudsman
Dana Manteufel Website and Communications	Sally Richter Data Analyst	Patty Odlaug Intake Specialist
Sam Chacon Notice and Data Specialist	Tammy Hollingsworth Self-Advocacy Specialist and RO	Tiffany Carlson Self-Advocacy Specialist
Anne Peterson Ombudsman-Specialist Legislative	Maisie Blaine Ombudsman-Specialist	VACANT RFACE, two Office Administrators Self-Advocacy Specialist

Certified Ombudsman Volunteers

Gloria Alexander Hennepin County	Larry Clausen Hennepin County	Jo Hennen Stearns County
Gary Hennen Stearns County	Jane Kill Douglas County	Pat Loban Crow Wing County
Ronna Locketz Hennepin County	Pam Maurelli Anoka County	Fred Simon Scott County
Elizabeth Spohr Swift County	Pat McCormick Crow Wing County	Barb Spears Ramsey County
Cathy Burt Wabasha County	Betty Clark Clay County	Rose Hansmeyer Dakota County
Andrea Hepola St. Louis County	Ruth Steffensen Olmsted County	Pat Westman Roseau County

Regional Ombudsmen

Christopher Bonander* Northeast MN	Jane Brink Central MN	Amanda Caillier Northwest MN
Dave Christianson South Central MN	Patricia Dominguez-Mejia North Metro	Lori Goetz Southeast Metro
Brett Jagodzinski* Central Metro	Jamie Kunst South Central MN	Kab Nras Lee East Metro
Jen McLaughlin* Southeastern MN	Jason Mekalson West Central MN	Kristen Rice Southwest Metro
Parichay Rudina Northwest Metro	Sally Schoephoerster Central Metro	Kate Selseth* West Central Metro
Emma Shepard Northeast MN	Brian Stamschror Southeast MN	Dan Tupy North Central MN
Deb Vizecky* Southwest MN	Kiessa Webster Central MN	Paula Wieczorek Central Metro
Meegan Wiese South Central MN	Jane Wolff Southwest Metro	

* Indicates staff who joined the OOLTC in FY 2021

***A huge thank you goes out to all of the OOLTC staff and
volunteers for their tremendous work in FY 2021!
— from SLTCO Cheryl and Deputies Aisha and Genevieve***

Office of Ombudsman for Long-Term Care

A Program of the Minnesota Board on Aging

Mailing address: PO Box 64971, St. Paul, MN 55164-0971

Office location: 540 Cedar Street, St. Paul, MN 55101

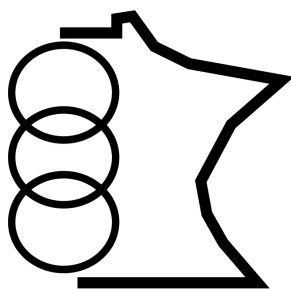
(651) 431-2555 or Toll-free (800) 657-3591

Fax: (651) 431-7452

Intake Line: (651) 431-2555 or Toll-free (800) 657-3591

***New Website in 2022: mn.gov/ooltc**

Email: MBA.OOLTC@state.mn.us



**Office of
Ombudsman for
Long-Term Care**

Report published on May 9, 2022. This annual report covers OOLTC program activities during the federal fiscal year 2021 which runs October 1, 2020 through September 30, 2021. This document was prepared by Deputy Ombudsman Genevieve Gaboriault with submissions and/or editing help from State Long Term Care Ombudsman Cheryl Hennen, Deputy Ombudsman Aisha Elmquist, and staff members Marie Kessler, Dana Manteufel, Anne Peterson, and Kiessa Webster. Best efforts were made for accuracy. Kindly contact the OOLTC intake line to request additional copies of this report.