

OKLAHOMA LONG-TERM CARE OMBUDSMAN PROGRAM ANNUAL REPORT

Federal Fiscal Year **2016**

(October 1, 2015 - September 30, 2016)



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Aging Services Division
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Aging
Services



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CHAPTER I

Introduction to the
Long-Term Care Ombudsman Program

The purpose of the **Long-Term Care Ombudsman Program** (LTCOP), mandated by the Older Americans Act, is to assist older residents of Long-Term Care (LTC) facilities in obtaining the highest possible quality of life and care. Long-term care facilities include nursing homes, residential care homes, and assisted living facilities.

The Older Americans Act directs the LTCOP to identify, investigate and resolve complaints made by or on behalf of individuals who reside in LTC facilities. This includes investigation of actions, inactions, or decisions of long-term care service providers or their representatives, public or private agencies, guardians or others which may adversely affect the health, welfare, or rights of these residents. Detailed information about the Program's complaint response is provided in Chapter II of this report.

Another Federal program requirement is to "analyze, comment on, and monitor the development and implementation of Federal, State and local laws, regulations, policies and actions that relate to the health, safety, welfare and rights of the residents, with respect to the adequacy of LTC facilities and services in the State." Oklahoma's statutes require each agency conducting inspections or complaint investigations in nursing and residential care homes to forward copies of its reports to the State Ombudsman. When the **Office of the State Long-Term Care Ombudsman** (OSLTCO) receives this information, these reports are reviewed and used to identify issues within facilities and within the long-term care system.

Consumer education is a program priority to bring about informed use of long-term care services and the systems available to protect the consumer. A related mandated activity is provision of information to the public, public officials, and agencies about issues affecting older persons in LTC facilities.

The Oklahoma Long-Term Care Ombudsman Program is administered by the Aging Services Division of the Department of Human Services, under authority of the Older Americans Act and the Oklahoma LTC Ombudsman Act. Federal rules require an annual report to the U.S. Commissioner on Aging and to the State agency responsible for licensing and certifying LTC facilities. The report describes the Program's operations and identifies common problems in LTC facilities.

The Commissioner on Aging requires that the report includes:

- the number and categories of complaints received;
- the percentage of complaints which were verified; and
- other statistical data.

The report also identifies significant long-term care issues and offers recommendations for resolution.



Statewide Activities

State Ombudsman Office staff provided information and consultation to 775 individuals in 2016.

Office of the State Long-Term Care Ombudsman

The Office of the State LTC Ombudsman is responsible to serve directly as advocate for elders residing in LTC facilities, as well as administering the Ombudsman Program statewide. Administration of the program includes:

Designating entities and individuals to represent the State Long-Term Care Ombudsman Program;

Providing initial and on-going training for Area Ombudsman staff and setting standards for staff and volunteer training;

Supervising the day-to-day work of the 24 Area LTC Ombudsman Supervisors, who are designated to represent the State Ombudsman and are employed by the 11 Area Agencies on Aging (AAA);

Managing the LTC Ombudsman Volunteer Designation process, including FBI fingerprint back ground checks;

Monitoring other State agencies' and programs' inspections, investigations, and other activities related to nursing homes, residential care homes, and assisted living facilities;

Receiving and investigating or referring complaints to Area Ombudsmen or enforcement entities. This includes follow-up with complainants, facilities, or agencies;

Providing information to the public, public agencies, providers, and elected officials on issues and concerns affecting LTC facility residents;

Providing technical assistance to consumers to support self-advocacy;

Monitoring the development and implementation of laws, rules and policies related to long-term care facilities, services, and consumers including making recommendations to legislators and other decision makers; and

Facilitating public comment on proposed changes in laws or rules governing long-term care facilities and services.

State Ombudsman Office staff provided information and consultation to 775 individuals in 2016.

Area Ombudsman Program Staff Activities

Twenty four (24) Area Ombudsman Supervisors located in the 11 Area Agencies on Aging provide advocacy services to older residents of every licensed LTC facility in the State.

Ombudsman Supervisors' duties include:

Unannounced visits, at least quarterly, to LTC facilities to visit with residents, check on facility conditions, and informally address problems and respond to inquiries;

Complaint investigation and resolution, or referral of concerns to the State Ombudsman Office;

Recruiting, screening, training, and supervising LTC Ombudsman Volunteers to serve as advocates for residents in assigned LTC facilities;

Informing the public about the LTC Ombudsman Program and other services available to assist residents;

Providing community education about LTC facility residents' needs and concerns, including **in-service training for facility staff** on subjects such as Residents' Rights and Elder Abuse Prevention;

Assisting consumers who are selecting LTC services by providing information on long-term care facilities and technical assistance in reviewing information from other sources;

Supporting Resident and Family Councils and providing assistance to empower consumers to be their own advocates, and

Participating in federal and state inspections as observers and residents' advocates, as part of the program's monitoring role.

IN FFY 2016, the Area Ombudsman Supervisors statewide, provided the following services:

- FFY 2016 – 2,699 complaints investigated
(Average 114.36 per staff person annually)
- FFY 2016 – 2,052 individual consultations
(Average 86.95 per staff person annually)
- FFY 2016 – 581 volunteer trainings or volunteer meetings
(Average 24.62 per staff person annually)
- FFY 2016 – 183 community education activities
(Average 7.75 per staff person)
- FFY 2016 – 1,089 consultations with facilities
(Average 46.14 per staff person)
- FFY 2016 – 1,782 routine visits to facilities
(Average 75.51 per staff person)
- FFY 2016 – 233 press releases and interviews
(Average 9.87 per staff person)
- FFY 2016 – Participated in facility inspections 162 times.
(Average 6.86 per staff person)

The 24 Area Ombudsman staff serve as advocates for people who live in the State's licensed long-term care facilities. The number of facilities covered by the Ombudsman Program is represented in the table below. Occupancy rates vary by facility and by category. LTC Ombudsmen also advocate for the older residents of the State's seven veterans nursing facilities, which are operated by the Oklahoma Department of Veterans Affairs.

Ombudsman Volunteers and Supervisors provide *consultation* and *information* to individuals and groups on topics including Ombudsman Program services, long-term care facility services, the rights of residents including rights related to end-of-life decision-making, legal services for the elderly, and other community services. Some of the most frequently discussed topics are: laws and regulations governing long-term care, the complaint process, residents' rights, and how to select a long-term care service or facility.

Number of facilities visited by each Area Ombudsman

The number of facilities visited by each Area Agency on Aging Ombudsman Program ranges from 13 in the eight-county

Panhandle district served by OEDA AAA, to 144 in the four counties served by Areawide Aging Agency, Inc., in Oklahoma City. Ombudsman staffing at the 11 Area Agencies on Aging varies accordingly.

Table 1 – FFY 2016 Long-Term Care Facilities in Oklahoma

Type of Facility	2016
Nursing Homes	308
Residential Care Facilities.....	49
Assisted Living Facilities	161
Intermediate Care Facilities for Individuals with Intellectual Disabilities	87
Continuum of Care Facilities	18
Total Long-Term Care Facilities.....	623

**Data obtained from the Oklahoma State Department of Health*

Table 2 – FFY 2016 Number of Beds in Oklahoma LTC Facilities

Type of Facility	2016
Nursing Homes	30,023
Residential Care Facilities.....	1,770
Assisted Living Facilities	10,550
Intermediate Care Facilities for Individuals with Intellectual Disabilities	1,677
Continuum of Care Facilities	2,805
	(NH1,616 / AL1157/RC32)
Total Long-Term Care Facility Beds.....	46,825

**Data obtained from the Oklahoma State Department of Health*

Ombudsman Volunteer Training and Activities

Oklahoma’s Designated Ombudsman Volunteers effectively provide advocacy services to LTC facility residents. Local volunteers have a vested interest and a decided advantage in helping residents resolve problems, and in enhancing residents’ access to community resources.

The initial training for Ombudsman Volunteers is an intensive two-day orientation to the program, the volunteer’s role and responsibilities, the regulatory process, residents’ rights and the investigation of complaints. Other topics included are communication with persons with disabilities, the processes of aging, and confidentiality.

The free training is open to all interested persons, without obligation to become a designated volunteer, and is offered at least once per quarter in every AAA district. For those volunteers who become designated,

continuing education is provided, along with supervision, through required monthly meetings.

Volunteers are screened through written applications, interviews, the training process, and FBI fingerprint background checks. Designation is based on the individual’s ability to follow program guidelines, including assisting residents with problem resolution while maintaining objectivity, confidentiality, and respect for residents’ rights.

Program volunteers are trained to focus on “quality of life” issues as well as quality of care. Helping residents obtain information on community resources and attending family council or resident council meetings on request are examples of services often provided by Ombudsmen. These services also benefit the facility, by identifying and helping to address concerns which affect residents’ level of satisfaction.

Table 3 – FFY 2016 Ombudsman Volunteer Information

<i>Selected Volunteer Activities</i>	<i>FFY2016</i>
Information requests addressed by volunteers	1,457
Complaints addressed by volunteers	3,209
<i>Training and Certification</i>	
Number of trainings/monthly meetings for volunteers	566
Number of new volunteers certified	52
Total certified volunteers	115
<i>Hours and Value of Service</i>	
Hours of volunteer service	8,052
2015 value of volunteer work at \$21.50* per hour	\$21.50
Total dollar value of volunteer hours	\$173,118.00

**Value figure is from http://www.independentsector.org/volunteer_time?s=hourly%20value%20of%20volunteer%20service.*

Oklahoma Area Ombudsman Supervisors Listed by Area Agency on Aging

AREA 1: GGEDA Area Agency on Aging

Craig, Delaware, Mayes, Nowata, Ottawa,
Rogers, and Washington counties
333 S. Oak, PO Drawer B
Big Cabin, OK 74332
(918) 783-5793 / 1-800-482-4594

Lahona Young, Ombudsman Supervisor
Dawn Offutt, Ombudsman Supervisor

AREA 2: EODD Area Agency on Aging

Adair, Cherokee, McIntosh, Muskogee,
Okmulgee, Sequoyah and Wagoner counties
1012 N. 38th St., PO Box 1367
Muskogee, OK 74402-1367
(918) 682-7891

Scott Harding, Ombudsman Supervisor
Timothy Nicholson, Ombudsman Supervisor

AREA 3: KEDDO Area Agency on Aging

Choctaw, Haskell, Latimer, LeFlore, McCurtain,
Pittsburg, and Pushmataha counties
1002 Highway 2 North
Wilburton, OK 74578-0638
(918) 465-2367 / 1-800-722-8180 (TDD)

Renee Johnson, Ombudsman Supervisor
Shawna Nixon, Ombudsman Supervisor

AREA 4: SODA Area Agency on Aging

Atoka, Bryan, Carter, Coal, Garvin, Johnston,
Love, Marshall, Murray and Pontotoc counties
2704 North 1st St., PO Box 709
Durant, OK 74701
(580) 920-1388

Rebekah Williams, Ombudsman Supervisor
Tiffany Neal, Ombudsman Supervisor

AREA 5: COEDD Area Agency on Aging

Hughes, Lincoln, Okfuskee, Pawnee, Payne,
Pottawatomie and Seminole counties
400 N. Bell, PO Box 3398
Shawnee, OK 74801-3398
(405) 273-6410 / 1-800-375-8255

Cynthia Lincoln, Ombudsman Supervisor
Natalie Bingham, Ombudsman Supervisor

AREA 6: INCOG Area Agency on Aging

Creek, Osage, and Tulsa counties
Two West 2nd St., Ste 800
Tulsa, OK 74103-3116
(918) 584-7526

Lesley Smiley, Ombudsman Supervisor
Bill Waggoner, Ombudsman Supervisor

AREA 7: LTCAE Area Agency on Aging

Alfalfa, Blaine, Garfield, Grant, Kay, Kingfisher,
Major and Noble counties
202 W. Broadway, Ste. A, Enid, OK 73703-2505
(580) 234-7475

Julie Torson, Ombudsman Supervisor
David Huff, Ombudsman Supervisor

AREA 8: AREAWIDE AGING AGENCY INC.

Canadian, Cleveland, Logan and
Oklahoma counties
4101 Perimeter Center Dr., Ste. 310
Oklahoma City, OK 73112-5910
(405) 942-8500

Patricia Shidler, Ombudsman Supervisor
Tonya VanScoyoc, Ombudsman Supervisor
Debra Burris, Ombudsman Supervisor
Eric Locke, Ombudsman Supervisor
Erin Davis, Ombudsman Supervisor

AREA 9: ASCOG Area Agency on Aging

Caddo, Comanche, Cotton, Grady, Jefferson,
McClain, Stephens and Tillman counties
802 Main St., PO Box 1647
Duncan, OK 73533-1647
(580) 252-0595 / 1-800-658-1466

Darin Terry, Ombudsman Supervisor
Dacia Nix, Ombudsman Supervisor

AREA 10: SWODA Area Agency on Aging

Beckham, Custer, Greer, Harmon, Kiowa,
Jackson, Roger Mills and Washita counties
Sherman Industrial Air Park
Building 420-Sooner Dr., PO Box 569
Burns Flat, OK 73624
(580) 562-4882 / 1-(800) 627-4882

Gail Wilcox, Ombudsman Supervisor

AREA 11: OEDA Area Agency on Aging

Beaver, Cimarron, Dewey, Ellis, Harper, Texas,
Woods and Woodward counties
330 Douglas Ave., PO Box 668
Beaver OK 73932
(580) 527-1007 / 1-800-638-2844

Jerome Thomas, Ombudsman Supervisor



Summary

Each year, local Ombudsman staff and Designated Ombudsman Volunteers address and cooperatively resolve thousands of questions, problems and complaints within LTC facilities, benefitting both consumers and providers. Local Ombudsman staff and Designated Ombudsman Volunteers also help identify major issues affecting Oklahoma's

LTC facility residents. The Ombudsman Program may then share this information with care providers, community and state agencies and organizations, and regulatory bodies. In this way, problems which cannot be solved locally may be addressed through State or Federal action, including through changes in law or regulation.

**Resolving thousands
of questions, problems
and complaints
each year.**





CHAPTER II

Complaint Documentation System

Complaint System Overview

The LTCOP is required by the Older Americans Act to “establish a statewide uniform reporting system to collect and analyze data relating to complaints and conditions in long-term care facilities and to residents, for the purpose of identifying and resolving significant problems.”

Complaint investigation and resolution are major functions of Ombudsman staff and volunteers. State Ombudsman staff receives complaints directly from the public and from

area Ombudsman programs. Complaints are filed by residents, residents’ friends and families, LTC facility staff, hospital staff, doctors, and others. Referral to an enforcing agency, if needed, is made by the State Ombudsman Office. Ombudsmen then monitor resolution.

Often, problems can be resolved by Ombudsmen without filing a formal complaint with an enforcement program. In all cases, every attempt is made to include the resident in the resolution process and to resolve the problem to the resident’s satisfaction.

Federal Fiscal Year 2016 Ombudsman Complaint Investigations in Long-Term Care Facilities

Table 4 (on page 14) shows the overall complaint data for FFY 2016. Detailed information concerning complaints investigated by the LTCOP is presented in the following pages. Complaint categories were provided by the U.S. Administration on Aging. Data is presented in tables and charts for clarity, and separate reporting of Nursing Home and Assisted Living/ Residential Care Facility complaint data

is provided. This format can assist consumers, officials, and providers to identify the most common concerns affecting long-term care facility residents.

The table (on page 14) for FFY 2016 display complaint data and verification rates in the following categories:

- Residents Rights;
- Resident Care;
- Food, Activities, Environment and Administration; and
- Systems.

Table 4 – By Category and Facility Type

Complaint Category	Nursing Home	ALF/RCF
Resident Rights.....	963.....	92
Care.....	794.....	72
Food, Activities, Administration and Environmental	594.....	100
Systems Complaints.....	75.....	07
Total Overall Complaints by Facility Type.....	2,426	271

Overall Complaint Data FFY 2016

271 Assisted Living /
Residential Care
Facility complaints.



Complaint Category Definitions

Residents Rights Complaints

- **Abuse, Gross Neglect and Exploitation** – The term abuse means the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain or mental anguish; or the willful deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. Gross neglect is the deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. The term (*financial*) *exploitation* means the illegal or improper act or process of an individual, including a caregiver, using the resources of an older individual for monetary or personal benefit, profit or gain.
- **Access to information** – complaints involving access to information or assistance including resident records, inspection reports, or information regarding outside resources.
- **Admission, Transfer, Discharge or eviction** – complaints involving placement, proper notice for discharge including appeal rights.
- **Autonomy, Choice, Exercise Rights, and Privacy** – complaints involving the resident's right to self determination, exercising their rights or privacy in treatment.
- **Financial or Property Rights** – complaints involving non-criminal mismanagement or carelessness with residents' funds and property or billing problems. This category does not include financial exploitation.

Resident Care Complaints

- **Care** – complaints involving negligence, lack of attention and poor quality in the care of residents.
- **Maintenance or Rehabilitation of Function** – complaints involving failure to provide needed rehabilitation or services necessary to maintain the expected level of function.
- **Restraints** – complaints involving the use of physical or chemical restraint.

- **Staffing** – complaints involving staff unavailability, training, turnover, and supervision.
- **Food, Activities, Administration and Environmental Complaints**
- **Activities, Community Interaction,**

Resident Conflict, and Social Services

- complaints involving social services for residents and social interaction of residents. Transportation is included because community interaction is sometimes dependent upon transportation. This category also includes complaints about the lack of activities appropriate for each resident and any complaint involving conflict between residents, including roommate conflict and inappropriate behaviors that impact another resident's quality of life.
- **Food Services** – complaints involving food and fluid intake, quality, quantity or specialized dietary needs, including assistance with eating or drinking.
- **Environment** – complaints involving the physical environment of the facility and resident's space.
- **Administration** – Complaints under this heading are for acts of commission or omission by facility managers, operators or owners in areas other than staffing.

Systems Complaints

- **Agency Response to Complaints and Discharge Hearings** – complaints involving decisions, policies, actions or inactions by the state agencies which license facilities and certify them for participation in Medicaid and Medicare.
- **Denial of Eligibility** – complaints about Medicaid coverage, benefits and services, including denial of eligibility for Medicaid.
- **Conflict with Family, Physician, Legal Representative or Others** – Complaints about family conflict that interferes with resident's care; or a resident's physician or assistant who fails to provide information, services, is not available, or makes inappropriate or fraudulent charges; or complaints that involve any of the legal issues involving a guardian, power of attorney or other resident representative.

Federal Fiscal Year 2016

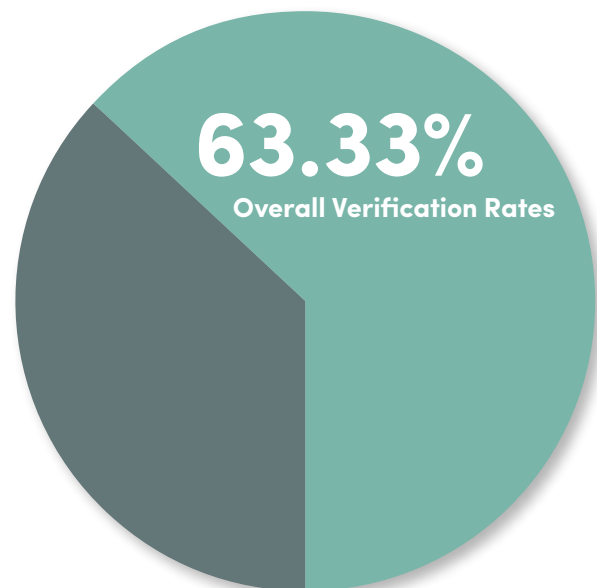
Table 5 -- Resident Rights Complaints by Category and Facility Type

Complaint Category	Nursing Homes	Assisted Living/ Residential Care	Overall Verification Rates
Abuse, Gross Neglect or Exploitation	131.....	9.....	43.57%
Access to Information	49.....	7.....	67.86%
Admission, Transfer, Discharge or Eviction	261.....	18.....	81.72%
Autonomy, Choice, Exercise Rights, Privacy	400.....	45.....	62.02%
Financial or Property (except exploitation).....	122.....	13.....	61.48%
Total Resident Rights Complaints	963.....	92	63.33%

Total Resident Rights Complaints

963 Nursing Home Complaints

92 Assisted Living /
Residential Care Complaints



Federal Fiscal Year 2016

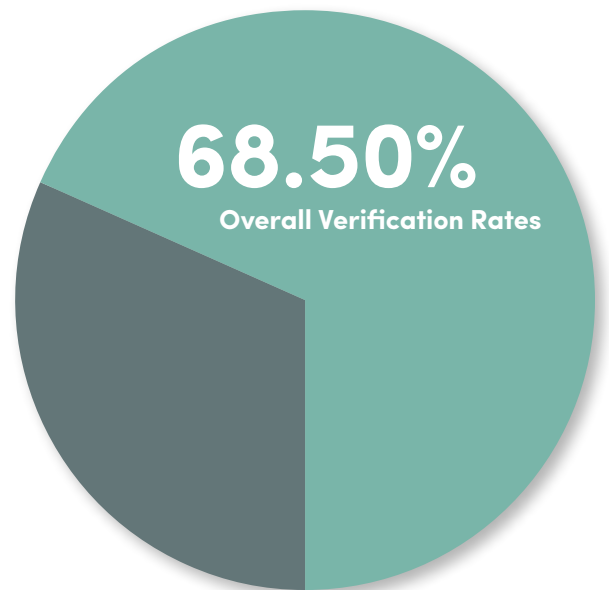
Table 6 -- Resident Care Complaints by Category and Facility Type

Complaint Category	Nursing Homes	Assisted Living/ Residential Care	Overall Verification Rates
Care	588	59	60.43%
Rehabilitation or Maintenance of Function	61	1	80.65%
Restraints	6	0	66.67%
Staffing	139	12	66.23%
Total Resident Care Complaints	794	72	68.5%

Total Resident Care Complaints

794 Nursing Home Complaints

72 Assisted Living /
Residential Care Complaints



Federal Fiscal Year 2016

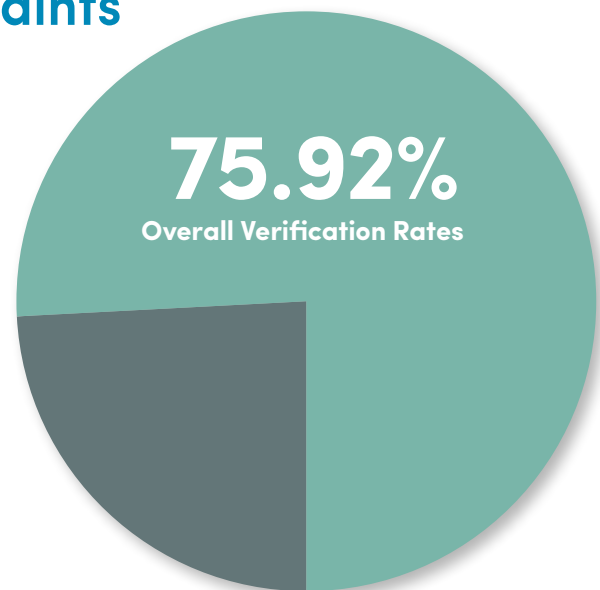
Table 7 – Food, Activities, Administration and Environment Complaints by Category and Facility Type

Complaint Category	Nursing Homes	Assisted Living/ Residential Care	Overall Verification Rates
Activities, Community Interaction, Resident Conflict and Social Services.....	71	8	82.28%
Food Services (including dining assistance).....	163	29	71.88%
Environment	285	56	81.23%
Administration (including inappropriate or illegal policies, practices or procedures)	75	7	68.29%
Total Food, et al. Complaints.....	594	100	75.92%

Total Food, Activities, Administration and Environment Complaints

594 Nursing Home Complaints

100 Assisted Living / Residential Care Complaints



Federal Fiscal Year 2016

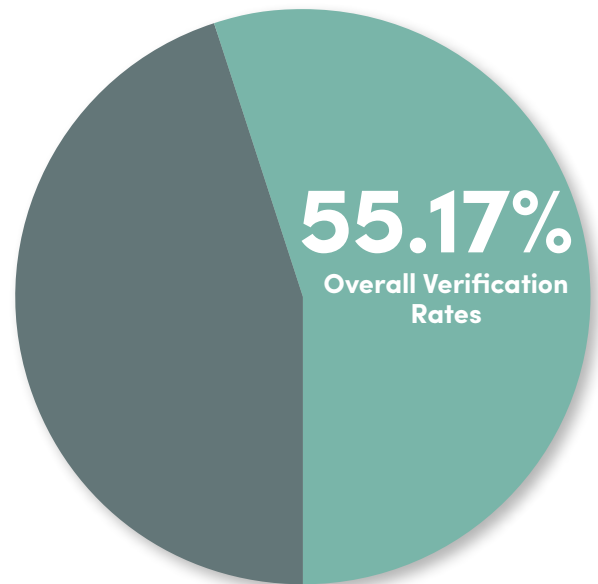
Table 8 -- Systems Complaints by Category and Facility Type

Complaint Category	Nursing Homes	Assisted Living/ Residential Care	Overall Verification Rates
Agency Response to Complaints and Discharge Hearings	6.....	1.....	28.57%
Denial of Eligibility and Services	13.....	0.....	69.23%
Conflict with Family, Physician, Legal Representative or Others.....	56.....	6.....	67.70%
Total Systems Complaints	75.....	7	55.17%

Total Systems Complaints

75 Nursing Home Complaints

7 Assisted Living / Residential Care Complaints





CHAPTER III

Issues in Long-Term Care

Ventilator Care for Residents

Residents who are experiencing some level of respiratory failure and require ventilator care are faced with special care needs in the long-term care setting. For some persons, being placed on a ventilator is necessary to live. In some instances that necessity is long-term and requires a nursing facility that is equipped to meet the special care needs of a resident that is ventilator dependent.

Special care needs for ventilator dependent residents also requires specialized care of the trachea during ventilator use and after the resident has been weaned. Residents requiring trachea care after weaning often only find the long-term care they require in a specialized ventilator facility. Long-term care facilities specializing in ventilator care have staff that has the necessary training and skills to meet these special care needs. Outcomes of care in such facilities have generally been positive and many residents have been weaned from ventilator use and ultimately discharged back into the community.

In Oklahoma within the last two years, the number of facilities specializing in Ventilator and trachea Care has decreased from six (6) to four (4) facilities. Although additional beds have been assigned to the four (4) remaining facilities, families are finding it more difficult to secure one of the beds in ventilator units. Currently even with the increasing need for these specialized beds, Oklahoma only has a total of ninety-six (96) beds assigned for the ever increasing population of residents requiring ventilator and trachea care.

Of the four (4) facilities remaining in Oklahoma, three(3) of the four (4) are located in the Eastern part of the state and only one (1) facility is located to serve the Western part of state. None of those four (4) facilities are located in the Tulsa, Oklahoma City or Lawton metro areas where the greatest number of people in the state resides. This has resulted in many families and residents being separated by long-distances and making it difficult for family members to be actively involved in the residents life and care.

Due to the limited ventilator bed availability and the location of the existing beds in Oklahoma, The Oklahoma Ombudsman Program has had challenges in connecting potential residents and their families with the resources needed that will best meet their needs in their home community.



Issues in Long-Term Care

Involuntary Transfer and Discharge

The threat of transfer or discharge from a nursing home can be both frightening and stressful for residents and their families. The Nursing Home Reform Law of 1987 protects residents from involuntary transfer and discharge and prohibits nursing homes from transferring or discharging a resident unless it can establish that one of the permissible reasons for transfer/discharge exist. The Oklahoma Long Term Care Ombudsman Program has seen a steady increase in complaints received on Involuntary Transfer and Discharges from recent years. During Federal Fiscal Year 2016, the Oklahoma Ombudsman Program received sixty-six (66) complaints that focused on Involuntary Transfer and Discharges in Nursing Home facilities.

The Oklahoma State Department of Health reports a total of fifty (50) involuntary discharge cases in 2016. Of those fifty cases, eighteen (18) had Summary Orders issued by the Hearing Officer in favor of the resident because there was insufficient or no written notice provided to the resident.

A resident has the right to appeal the nursing facility's decision to transfer/discharge him or her. The Oklahoma State Department of Health reported that, of the fifty (50) Involuntary Discharge Hearings requested in 2016, only ten (10) hearings were held. Five (5) hearings ruled in favor of resident and five (5) ruled in favor of facility.

The law requires that a nursing home must inform the resident and the resident's family member, guardian, or legal representative about an involuntary transfer or discharge at least thirty (30) days in advance. This part of the law applies to all residents, even those who have resided in the facility for less than 30 days or have payment sources other than Medicaid or Medicare.

It is a goal of the State Long-Term Care Ombudsman Program to increase public awareness of the Hearing process so that the number of Involuntary Discharges and Transfers will decline.

Barriers to Long-Term Care Ombudsman Services

The primary barriers to Long-Term Care Ombudsman services are fiscal in nature. In FFY16 Oklahoma experienced a major budgetary failure that resulted in cuts to the Ombudsman Program. Those cuts included a temporary reduction in fulltime positions (FTE's) that could become permanent if the budget does not improve.

As a result of the budget failures the Ombudsman Program has temporarily lost an equivalent of 1.6 of the 23.6 FTE's. This reduction in staff has resulted in a reduction in services to long-term care residents. This has resulted in reducing the number of routine visits to facilities for each Area Ombudsman Supervisor from four per facility per year to three routine visits per facility per year. This is intended to help conserve funding for travel costs for Area Ombudsman staff. When the budgets allow, the requirement will revert back to the four annual routine visits required in OAC 340: 105-11-245.

The Office of the State Long-Term Care Ombudsman expects the three routine visits to each long-term care facility to be distributed throughout the **Federal Fiscal Year**. One routine visit should be made during the first four months of FFY 2017, one during the second four months of FFY 2017, and one during the last four months of FFY 2017.



In addition to the routine visits, all complaints will still require unannounced facility visits for investigation by either the Area Ombudsman Supervisor or the Designated Ombudsman Volunteer for the involved facility. The rules related to those visits remain unchanged. See OAC 340: 105-11-237 for further details related to complaint investigation.

Another cost savings measure to help reduce travel costs involves a temporary revision in the way in which group supervision and continuing education of designated Ombudsman Volunteers is provided. The current requirement of attendance by Ombudsman Volunteers at monthly meetings provided by the Area Ombudsman Supervisors is in place for quality assurance and support, as well as to meet the Ombudsman Program's statutory requirement of 18 hours of continuing education each year for each Ombudsman.

The Office of the State Long-Term Care Ombudsman instituted, as a temporary measure, for areas with high travel costs for staff and volunteer attendance at monthly meetings to use teleconference technology for every other month's meeting. This does not remove the requirement for monthly meetings; the purpose is simply to save travel expenses and utilize teleconference technology to do so.

Another initiative that has been implemented is to conduct new Ombudsman Supervisor training in geographical areas other than Oklahoma City when cost savings for the program can be achieved.

To review, the intent of these changes is to reduce some of the costs associated with routine visits to long-term care facilities, monthly volunteer meetings, and training thereby helping the Ombudsman Program and Area Agencies on Aging manage the limited resources available. It is possible, however, that the reduction in routine visits

could result in an increase in the number of complaints received. In the event this happens, the Office of the State Long-Term Care Ombudsman may re-evaluate the reduction of the number of required routine visits.

In addition to the above described changes, the Office of the Long-Term Care Ombudsman also initiated a change to the scheduled Ombudsman Supervisors Meetings conducted in Oklahoma City. Starting with FFY 2016 the Ombudsman Supervisor Meetings are conducted semi-annually.

The change to semi-annual meetings is intended to be temporary since OAC 340: 105-11-240 mandates quarterly Ombudsman Supervisor meetings. This will result in the Ombudsman Supervisors semi-annual meetings fulfilling 32 of the 40 continuing education hours set forth in OAC 340: 105-11-240. Ombudsman Supervisors will achieve the additional 8 hours of continuing education through any training approved by the Office of the State Long-Term Care Ombudsman. The additional training hours may include training received at conferences, through webinars, or AAA specific training that is applicable to long-term care.

These temporary reductions in service requirements in no way release the Area Agencies on Aging or DHS, Aging Services from the Older Americans Act's Minimum Ombudsman Funding and non-supplantation requirements, including Congressional intent, as required in the annual Certification of Maintenance of Effort for Title III and LTC Ombudsman Expenditures.

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