

Ohio Office of the State
Long-Term Care
Ombudsman



Report of the
State Ombudsman
Federal Fiscal Year 2010



A message from the State Long-Term Care
Ombudsman
Beverley L. Laubert

Dear Friends of Long-Term Care Consumers:

I am pleased to present this annual report of the Office of the State Long-Term Care Ombudsman for Federal Fiscal Year 2010. Ohio's long-term care ombudsman program is responsible for advocating for the rights of consumers receiving long-term care services whether they receive services in their home or a long-term care facility. We strive to fulfill this responsibility every day by working to resolve complaints about services, helping people select quality services, providing information about consumer rights, and much more.

This report reflects the efforts of dedicated ombudsman staff, ombudsman volunteers, consumers, families, and stakeholders who present a voice for consumers. These caring and compassionate individuals make a difference in the lives of long-term care consumers.

I look forward to working with Director Bonnie Kantor-Burman as we continue to bring person-centered care to long-term care consumers wherever they live. My sincere appreciation goes to former Director Barbara E. Riley and Deputy Director Hornbostel, for their support and guidance throughout the year.

Policy recommendations, comments from consumers, ombudsman core principles, and success stories are inserted throughout the report. I hope you find it informative and I look forward to working with you to continue improving the quality of care and quality of life for long-term care consumers.

Best regards,

A handwritten signature in blue ink that reads "Beverley L. Laubert". The signature is written in a cursive style.

*Beverley L. Laubert
State Long-Term Care Ombudsman*

Person-Centered Care

Consumers are entitled to execute their civil rights and to feel at home wherever they live. The Office of the State Long-Term Care Ombudsman should work with all stakeholders to influence and support person-centered care in all settings. (Page 26)

Personal Needs Allowance

Ohio's Medicaid office should, with consumer input, examine an increase in the Personal Needs Allowance from \$40 to \$65 per month for nursing home residents. (Page 26-27)

Guardianship Reform

The Supreme Court of Ohio should implement standards and certification for professional guardians statewide and make every effort to use less restrictive alternatives to guardianship. (Page 28)

Resident Councils in Nursing Homes

The requirement for every nursing home to have a grievance committee should be updated to establish resident-led resident council standards instead. (Page 28)

Sex Offender Notification

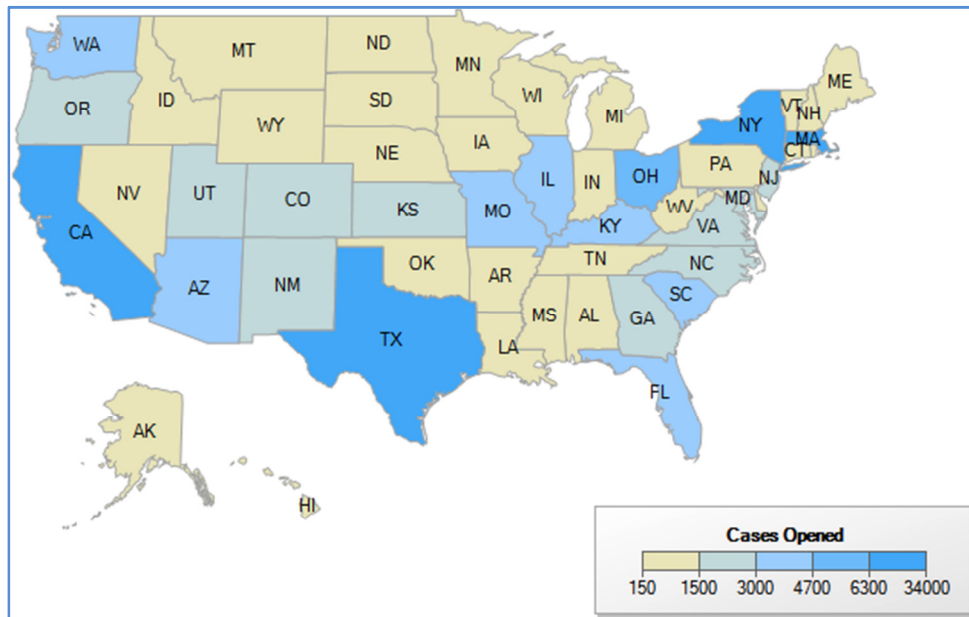
Consumers living in long-term care facilities are entitled to the same notification as people living in the community regarding registered sex offenders. The Ohio General Assembly should pass legislation that requires long-term care facilities to notify residents when a sex offender is admitted to the facility. (Page 28)

MISSION & STRUCTURE

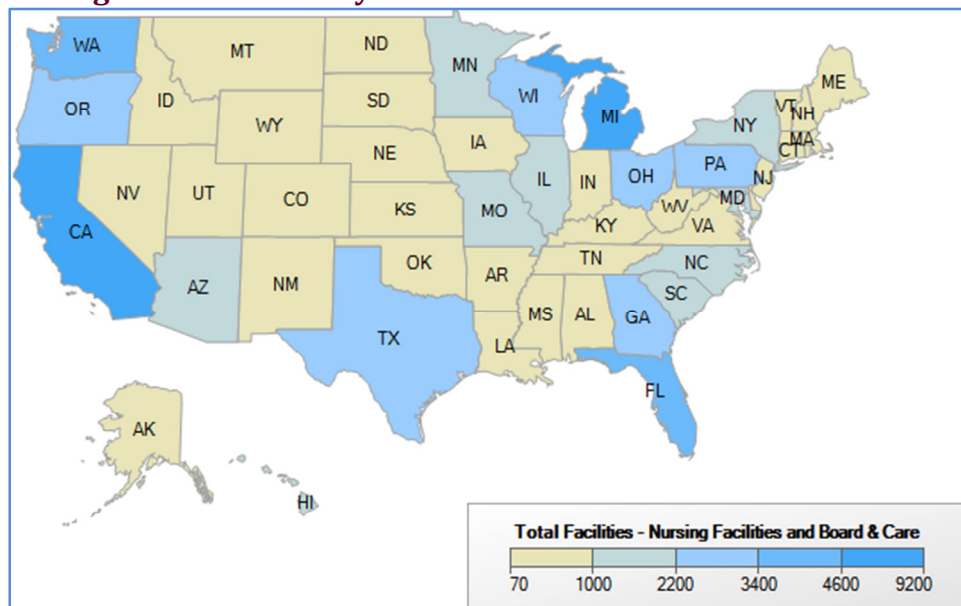
As mandated by the Older Americans Act and Ohio law, the mission of the Long-Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of home care consumers and residents of long-term care facilities with the goal of enhancing the quality of life and care of consumers.

The State Ombudsman designates 12 regional programs and certifies over 400 volunteers and 80 paid staff statewide as representatives of the Office. According to the federal Administration on Aging based on 2009 data:

Ohio ranks 4th in the nation for both the number of complaints and number of cases received.



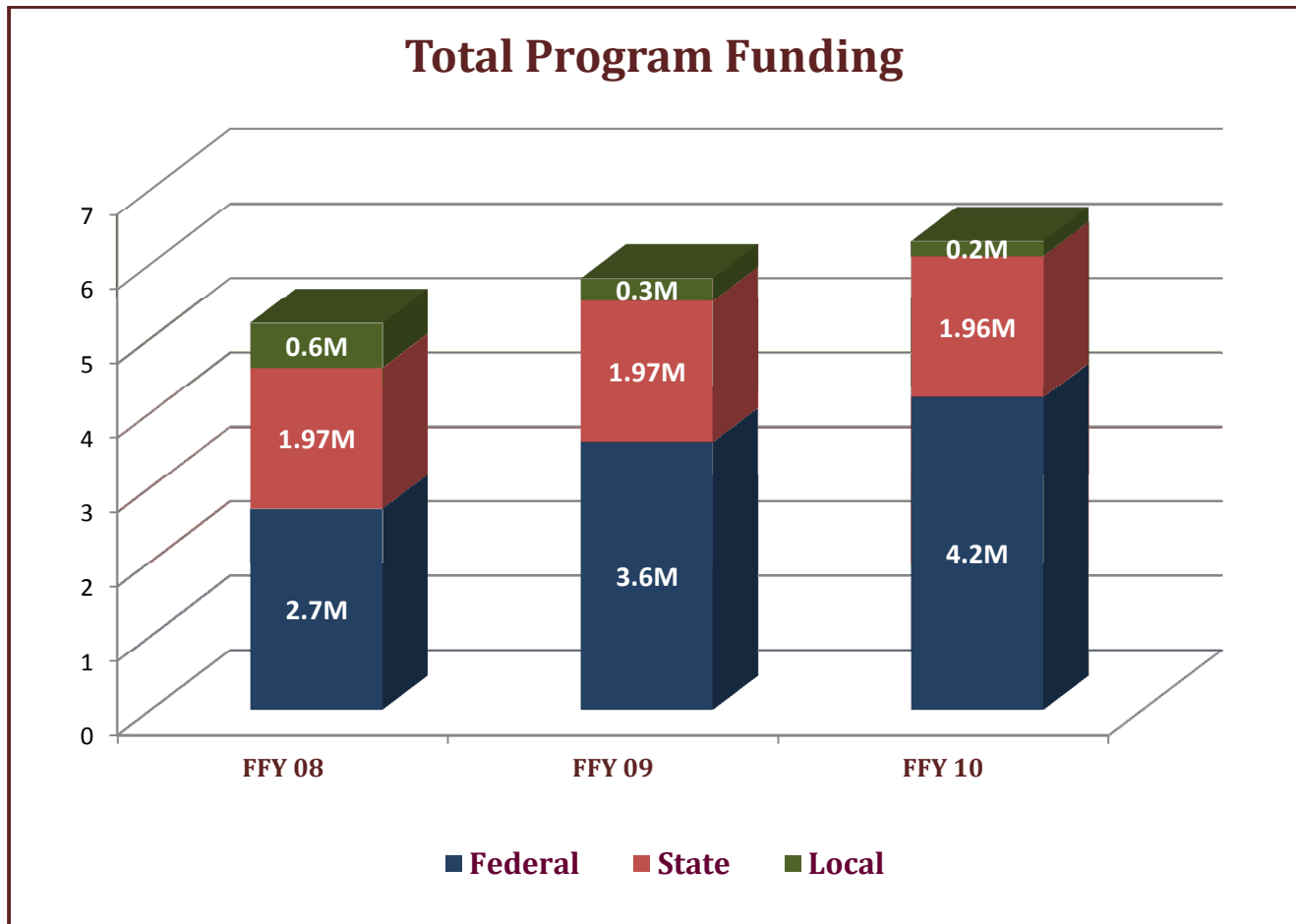
Ohio ranks 9th in the nation for the total number of long-term care facilities and 5th in the total number of long-term care facility beds.



PROGRAM FUNDING

State funding decreased in the last biennial budget and local funding continues to decrease. Nine of twelve regional ombudsman programs participate in Ohio's Money Follows the Person demonstration project called HOME Choice, providing opportunities to enhance consumer choice.

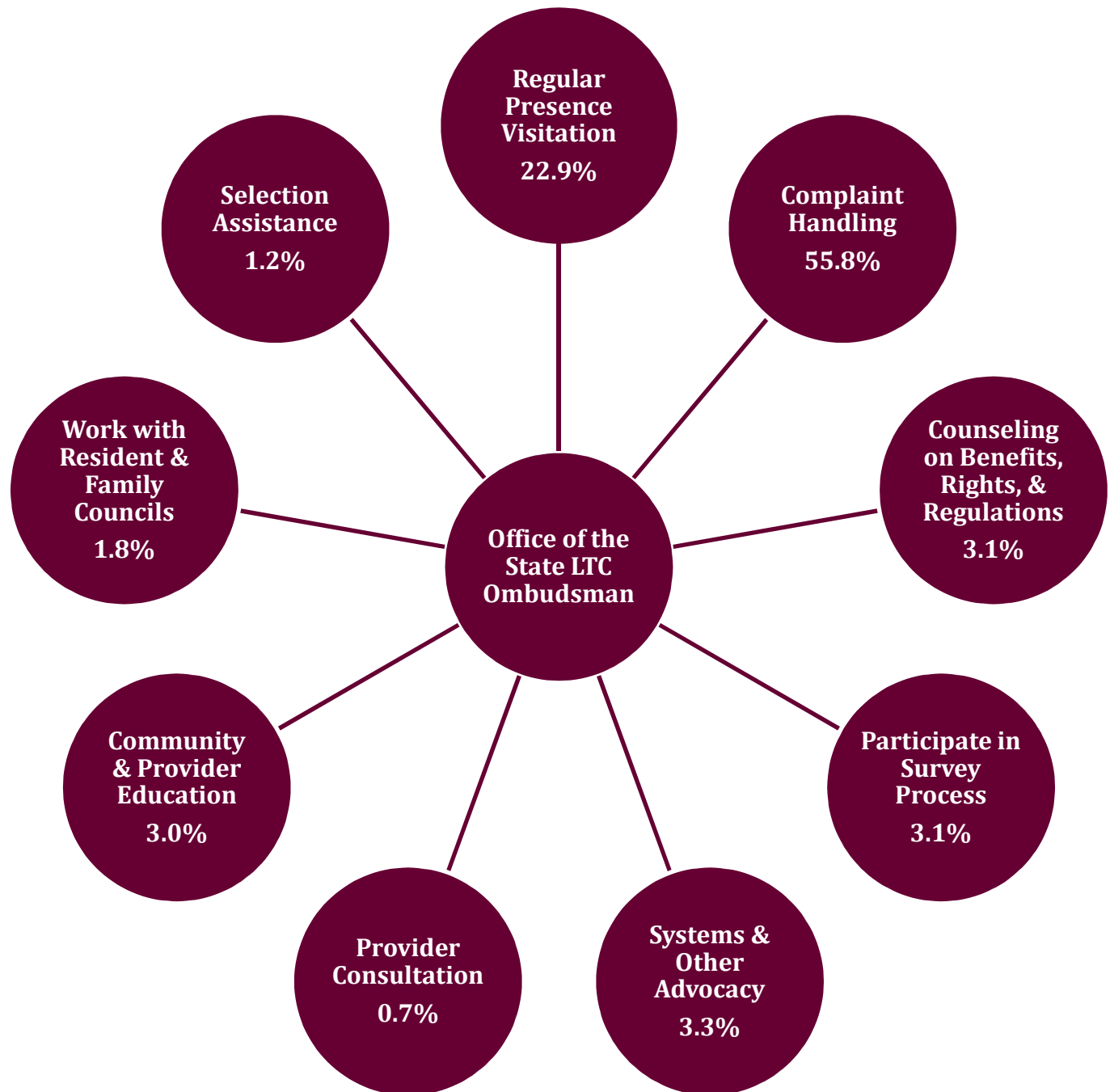
As a core ombudsman service, we advocate for and assist consumers in exercising choice in all areas of long-term care. In the role of Transition Coordinators, ombudsmen have a contract with the Department of Job and Family Services to assist residents to move out of nursing homes and return to the community with home care services. Transition coordination services are funded through the federal grant and account for \$872,799 of FFY 2010 federal funds, 76% of the total federal funding increase.



OMBUDSMAN SERVICES

Beyond individual advocacy, ombudsmen **strive for system change** such as **promotion of person-centered care** and passage of legislation that would improve quality in all long-term settings, including home.

Ombudsman core services and the percentage of total reportable time spent on each service in FFY 2010 are reflected in the following diagram.



PERSON-CENTERED CARE

"Culture change" is the common name given to the national movement for the transformation of long-term care services, based on person-centered values and practices where the voices of consumers and those working with them are considered and respected. **Core person-centered values are choice, dignity, respect, self-determination and purposeful living.** Consumers are entitled to feel at home wherever they live.

Culture change transformation supports the creation of both long and short-term living environments as well as community-based settings where both consumers and their caregivers are able to **express choice and practice self-determination in meaningful ways at every level of daily life.** The ombudsman program strongly believes in and promotes culture change in long-term care. Information about person-centered care is included throughout this report.

Transformation may require changes in organizational practices leading to better outcomes for consumers and direct care workers in a cost-effective way:

- Consistent assignment of staff to residents
- 24-hour availability of food
- Empowering direct-care workers
- Meaningful life experiences

Environment is one indicator of person-centered care and it's important to understand that traditional settings can be transformed into person-centered environments. It is also true that some very attractive environments do not provide person-centered care. **Informed choice is essential** and should never be based on only one indicator of quality.

Below are pictures taken in Ohio long-term care facilities in 2010 and 2011. The pictures are included here to demonstrate the broad spectrum of environments in facilities that are licensed to provide the same level of care.

Where would YOU prefer to live?

Where would you prefer to sleep?



PERSON-CENTERED CARE

Which bathroom would you prefer to use?



Where would you prefer to dine?



Learn more and help promote person-centered care in Ohio by joining the Ohio Person-Centered Care Coalition at www.centeredcare.org or call 1-800-282-1206.



UNIFIED LONG-TERM CARE SYSTEM

The State Long-Term Care Ombudsman had a presence at meetings and participated in every stage of development of the Unified Long-Term Care System (ULTCS) since its inception. In FFY 2010, the State Ombudsman and staff participated on every ULTCS sub-committee and on the HB 1 Implementation Team **ensuring that the voice of consumers is represented in all aspects of balancing the long-term care system in Ohio.**

Implementation of a Unified Long-Term Care System coupled with HOME Choice, provides **opportunities to enhance consumer choice.** As a core ombudsman service, we advocate for and assist consumers in exercising choice in all areas of long-term care. Selection assistance, transition coordination services, and providing information about benefits, rights, and regulations are some activities through which ombudsmen contribute to diversion from nursing home admission and assist consumers to move out of nursing homes when possible.

The advocacy and problem resolution skills of ombudsmen help them to be effective partners in efforts to balance the long-term care system.

ADVOCACY AND GENERAL INFORMATION

Ombudsmen are the voice of consumers on a variety of topics and activities. Representatives of the Office spent 42,382 hours, **an increase of 5,300 hours** over prior year, **providing advocacy services** beyond complaint handling.

Advocacy takes many forms:

- reviewing, analyzing, commenting on, and monitoring the enforcement of laws and regulations;
- recommending policy and advising local, state, and federal government agencies on long-term care issues; and
- educating the public, consumers, providers, and policy makers.

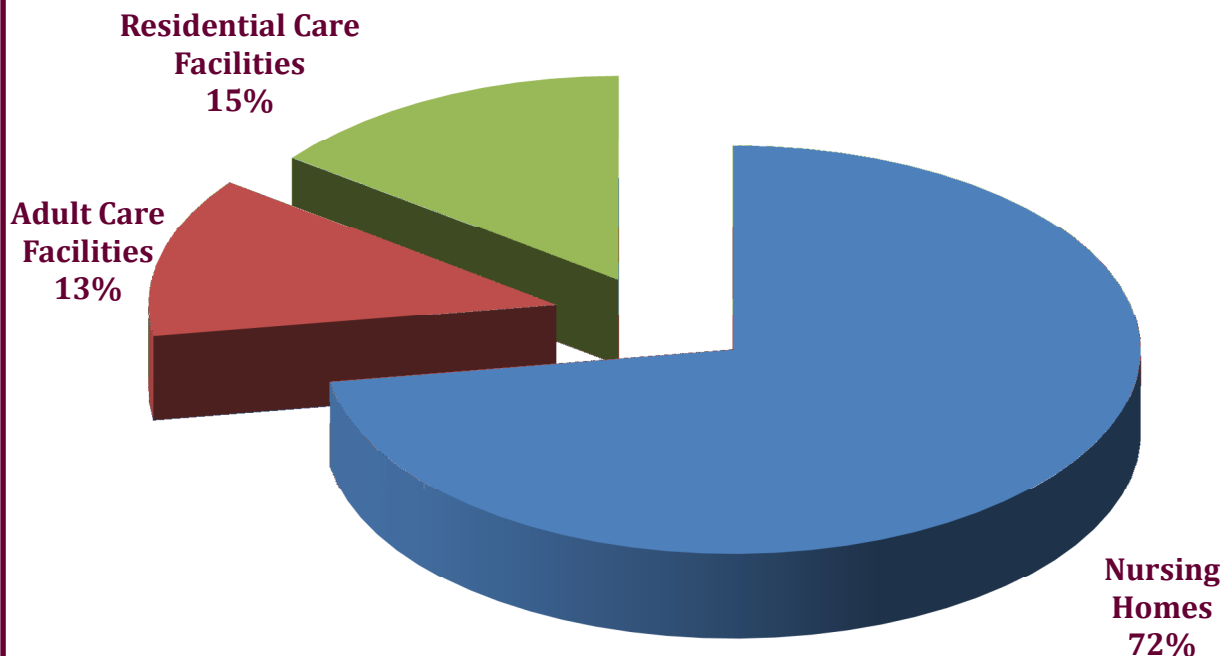
OMBUDSMAN PRESENCE

Ombudsmen provide valuable **consultation and prevention** when they have opportunities to communicate and collaborate with care providers and consumers. Ombudsman presence in facilities (e.g. nursing homes, adult care facilities, and residential care facilities) **provides consumers with essential access** to information and advocacy services and provides ombudsmen the opportunity to:

- educate consumers and providers about person-centered care
- identify and work to resolve problems related to the quality of care
- inform consumers of their rights and help them to expect excellence
- identify consumers that are ready to return to the community

OMBUDSMAN PRESENCE

Visits by Facility Type



As the ombudsman program follows consumers back into the community through the provision of Transition Coordination Services part of HOME Choice, as well as **increased focus on advocating for residents to return home**, it is expected that consumers will take their awareness of the ombudsman program into the community with them. Working with professionals in the process of transition is helping to develop collaboration that should be lasting.

ILLUSTRATION: This year, an ombudsman conducted a routine advocacy visit to an adult group home. While interviewing and educating residents about ombudsman services and services funded by the Victims of Crime Act, a resident revealed they had been physically assaulted by the group home owner and another resident. The ombudsman noted bruises on the resident's face and, with the client's consent, immediately contacted the sheriff's department.

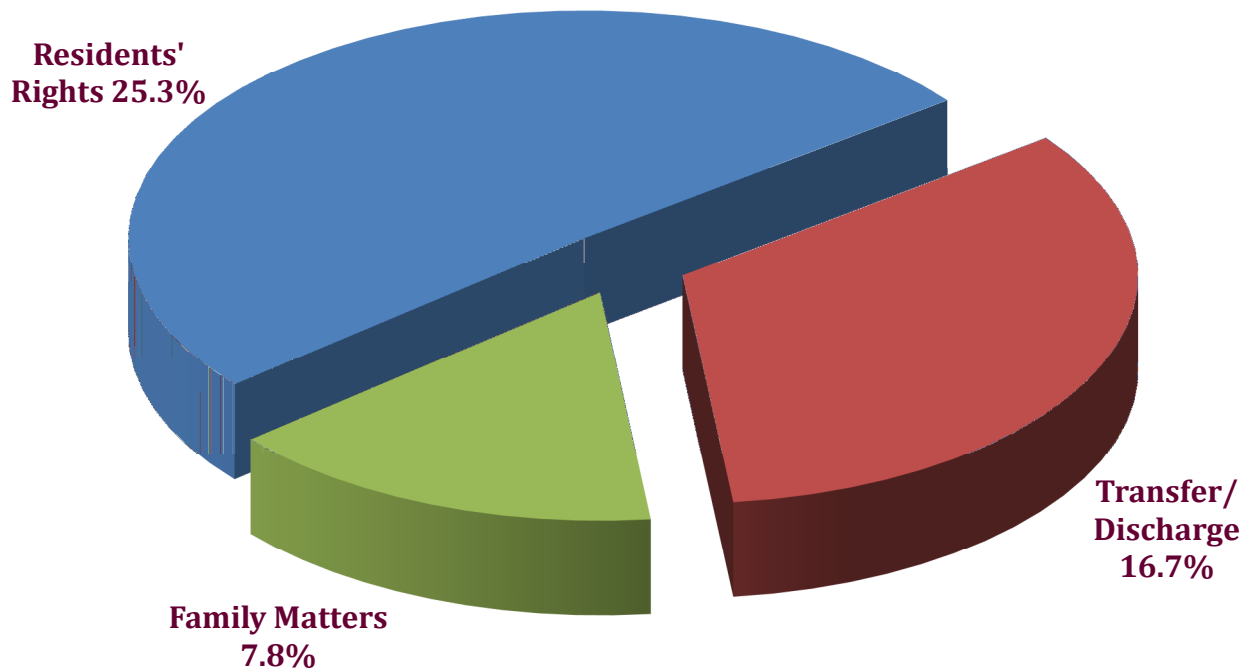
The ombudsman remained with the resident providing emotional support until the deputy arrived to investigate and take a report. The ombudsman also interviewed the other residents to identify if they had been assaulted or were afraid to remain in the home. The ombudsman worked with local agencies to help the victim move and arranged transportation to the new home.

The ombudsman also made a referral to the Ohio Department of Health (ODH), and the facility was found in violation of state licensure regulations and cited for failing to ensure the right of all residents to be free from abuse, neglect, and exploitation. The facility is no longer in business and the criminal case is still pending. The victim is living happily and safely in another home.

PROVIDER CONSULTATION

Ombudsmen are a resource to providers and consult with them on varied topics related to the services they provide. In FFY 2010, ombudsmen responded to nearly 1,300 requests for consultation. By **helping providers improve services through proactive consultation**, ombudsmen attempt to avert complaints that require a more reactive response. We expect that our emphasis on person-centered care will result in an increase in this activity.

Provider Consultation: Most Frequent Topics



OMBUDSMAN TRAINING

Training for ombudsman staff and volunteers is critical for maintaining an effective long-term care ombudsman program. The State Ombudsman's office does everything possible to ensure Ohio ombudsmen are equipped to be efficient and effective advocates. Training curricula and methods are constantly being revised and re-evaluated to better address Ohio's needs and provide current information in order to enhance and strengthen ombudsman skills.

Paid staff is required to participate in 100 – 120 hours of training provided by the State Ombudsman's office accompanied by ongoing on-the-job training provided by each regional program. Once certified, paid staff must obtain 12 – 18 continuing education units annually to maintain their certification.

In FFY 2010, the State Office:

- Incorporated application exercises into each continuing education event to help ombudsmen apply knowledge to real situations.
- Started revising the certification curriculum to include person-centered care language and advocacy strategies.
- Presented more topics via Webinar thereby eliminating six overnight sessions and reducing training-related expenses for participants.
- Funded and collaborated with the Ohio Association of Regional Long-Term Care Ombudsman Programs to host a two-day Systems Advocacy Unifying Event focused on effective systems advocacy.
- Switched from paper to electronic training evaluations.
- Organized and facilitated 37 training sessions.

Training is an essential function of the State Ombudsman's office just as learning is a critical part of an ombudsman's role in order to be effective advocates. In 2011, the Office will continue to enhance certification training that will focus on ombudsman skills and person-centered approaches.

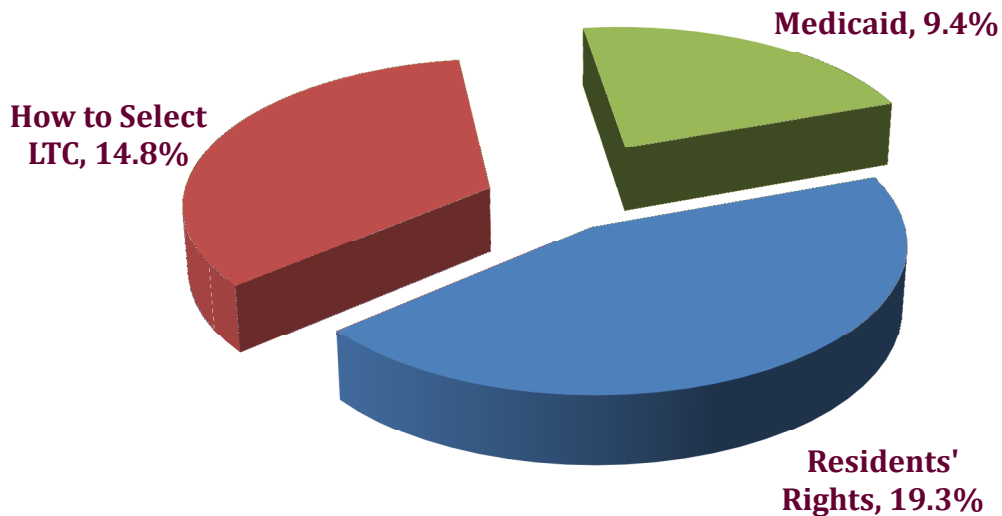


Ombudsman continuing education event

OMBUDSMAN CONSULTATION

Ombudsmen provide **information and consultation to individuals to help them make important decisions**. In FFY 2010, ombudsmen provided consultation to individuals nearly 6,100 times – nearly 2,000 more than in CY 2009.

Consultation to Individuals: Most Frequent Topics



SELECTING QUALITY LONG-TERM CARE SERVICES

Helping people select quality long-term care services is essential. The ombudsman program spent **1,031 hours assisting 1,366 callers in selecting long-term care services in FFY 2010**. Better selection of appropriate and less institutional long-term care services can improve quality of life and quality of care for our clients, leading to fewer care and discharge complaints.

The Long-Term Care Consumer Guide, our Web site at www.ltcoho.org, provides comparative information about nursing homes and residential care facilities. The Consumer Guide is one of the tools the Office of the State Long-Term Care Ombudsman utilizes to assist consumers in selecting quality long-term care. Regulatory compliance, satisfaction survey data, and information about facility services and policies make up the extensive database behind this valuable tool, one of the few sites of its kind in the nation. In FFY 2010, there were approximately **54,000 visitors** to the site.

SELECTING QUALITY LONG-TERM CARE SERVICES

One of the most popular resources on the Consumer Guide is the annual consumer satisfaction survey in long-term care facilities. **Ohio has taken the lead in conducting statewide satisfaction surveys** of nursing home residents and family members and was the first state to conduct a statewide satisfaction survey of Residential Care Facility residents.



The most recent survey, the 2010 Nursing Home Family Satisfaction Survey, was conducted by the Scripps Gerontology Center of Miami University in Oxford, Ohio, on behalf of the Ohio Department of Aging. Nearly **30,000 family members and 931 facilities participated**. Of the 711 participating facilities with statistically significant results, 375 scored above the state average, earning them an additional "quality point" in a reimbursement formula used by the Ohio Department of Job and Family Services. The Consumer Guide is supported by a fee charged to nursing homes and residential care facilities by the state.

OMBUDSMAN QUALITY IMPROVEMENT

The Office of the State Long-Term Care Ombudsman has embraced **ongoing quality improvement (QI)** as an essential State Office function. Our approach to QI is critical as it should be a motivating force for improvement - a system that seeks to improve the provision of ombudsman services with an emphasis on future results. Given that, the Office adopted the following **governing principles**:

- Consumers and their needs shape our program and its work.
- Quality is attained by an approach that works to achieve the best result for each consumer every time.
- Quality services result from quality systems, processes and methods.
- Quality is an essential focus of the Office that can be achieved only through collaboration & commitment.
- Quality outcomes are targets, always advancing as we learn and improve.

The QI process has **two objectives**:

- To identify successful practices that can be shared, incorporated into training, included in policies
- To identify areas for improvement and how best to address them (i.e. additional training, guidance, oversight)

Once areas of focus are identified, there are a number of routine and innovative methods that are utilized to achieve one or both QI objectives. Once an area of focus has been assessed, the results are discussed individually with regional programs and statewide as determined appropriate. When improvement is needed, the State Office **collaborates with regional programs** on the best approach to improving quality.

Quality outcomes are achieved through **planned and deliberate intervention over time**, as opposed to end-product corrective action. A proactive but patient approach is best and will evolve over time as we collaborate with regional programs and master the methodology.

OMBUDSMAN QUALITY IMPROVEMENT

The Office of the State Long-Term Care Ombudsman developed **Ombudsman Quality Measures (OQMs)** to serve as indicators of regional ombudsman program performance. Regional programs and State Office staff collaborated to identify indicators of quality ombudsman performance in a variety of areas. The State Ombudsman recognized significant differences in capacity among regional programs allowing them to set individual targets for each measure

Ongoing economic challenges have increased the focus on volunteer utilization. Appropriate and effective utilization of volunteers is an indicator of quality program performance because volunteers are the entrance to the program for many consumers.

The measures of volunteer utilization and 2010 results are:

The number of hours volunteers spend assisting staff with complaints will increase.

- Volunteers spent 1,476 hours assisting with complaints, **an increase of more than 220 hours.**

The percentage of case intake completed by volunteers will increase.

- Volunteers completed intake in 6.1% of the cases received, **an increase of 1.5%.**

Systems Advocacy

The Older Americans Act mandates that long-term care ombudsman programs provide systems-level advocacy on behalf of long-term care residents. Inadequate resources and restrictions often hamper this critical activity.

The measure of systems advocacy is the percentage of total paid staff time spent working on law, regulation, and policy on behalf of long-term care consumers. In FFY 2010, the **State Ombudsman's office spent 47% of total reported time on systems advocacy.** Regional ombudsman programs set their own targets for systems advocacy and, on average, spent **3.1% of reported time on systems advocacy**, about 1% above the national average.

The OQMs related to regular presence and resolution are addressed in other parts of this report.

COMPLAINTS

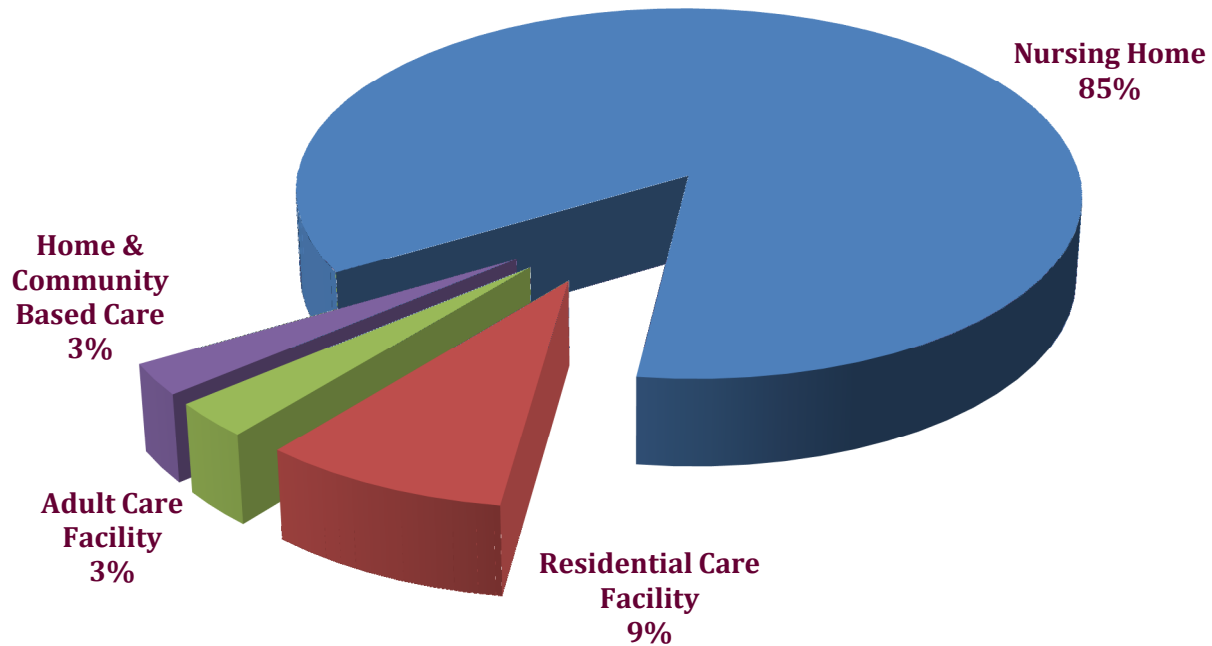
Of the **9,104 complaints received** in FFY 2010, 85% were related to the care and services provided in Ohio's nursing homes. Additionally, **7.1% alleged probable physical harm** had occurred.

Ombudsmen create a regular presence in long-term care facilities and identify complaints in the process. Of the **12,576 ombudsman visits** to long-term care facilities, **73% were in nursing homes** which accounted for **85% of complaints received.**

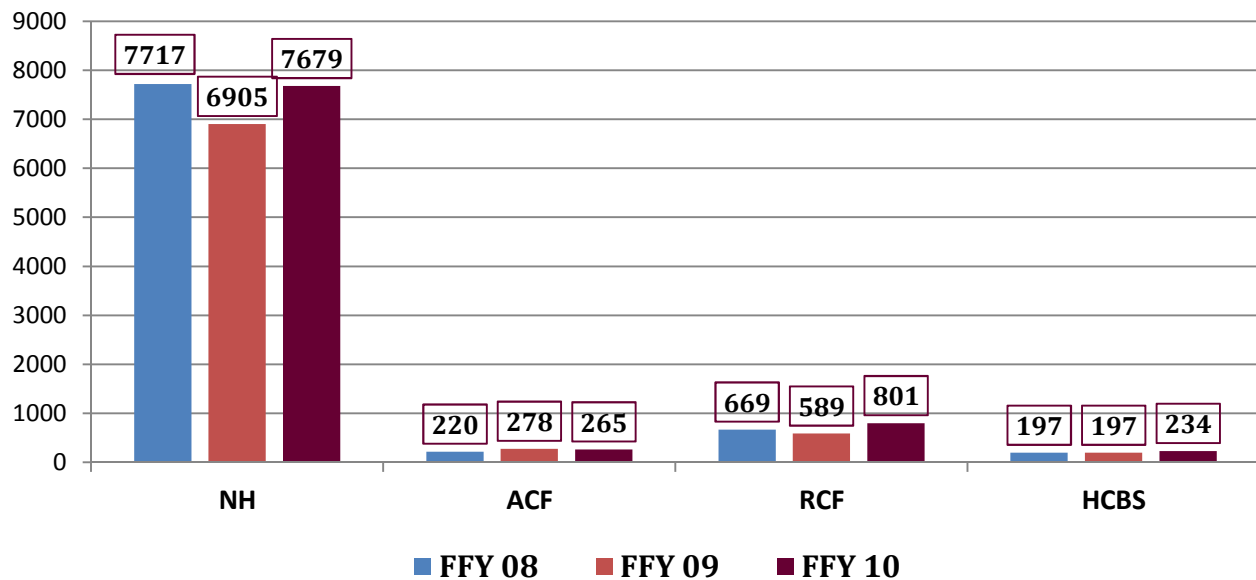
Ombudsmen are working hard to **improve our presence in home and community-based services (HCBS)** to improve access for consumers but presence in HCBS is more challenging. Consumers receiving services in their own homes feel more vulnerable and are more fearful of reprisal or having their services terminated if they complain. Additionally, providers are less familiar with the ombudsman program and are therefore less likely to refer consumers.

COMPLAINTS

Complaints Received

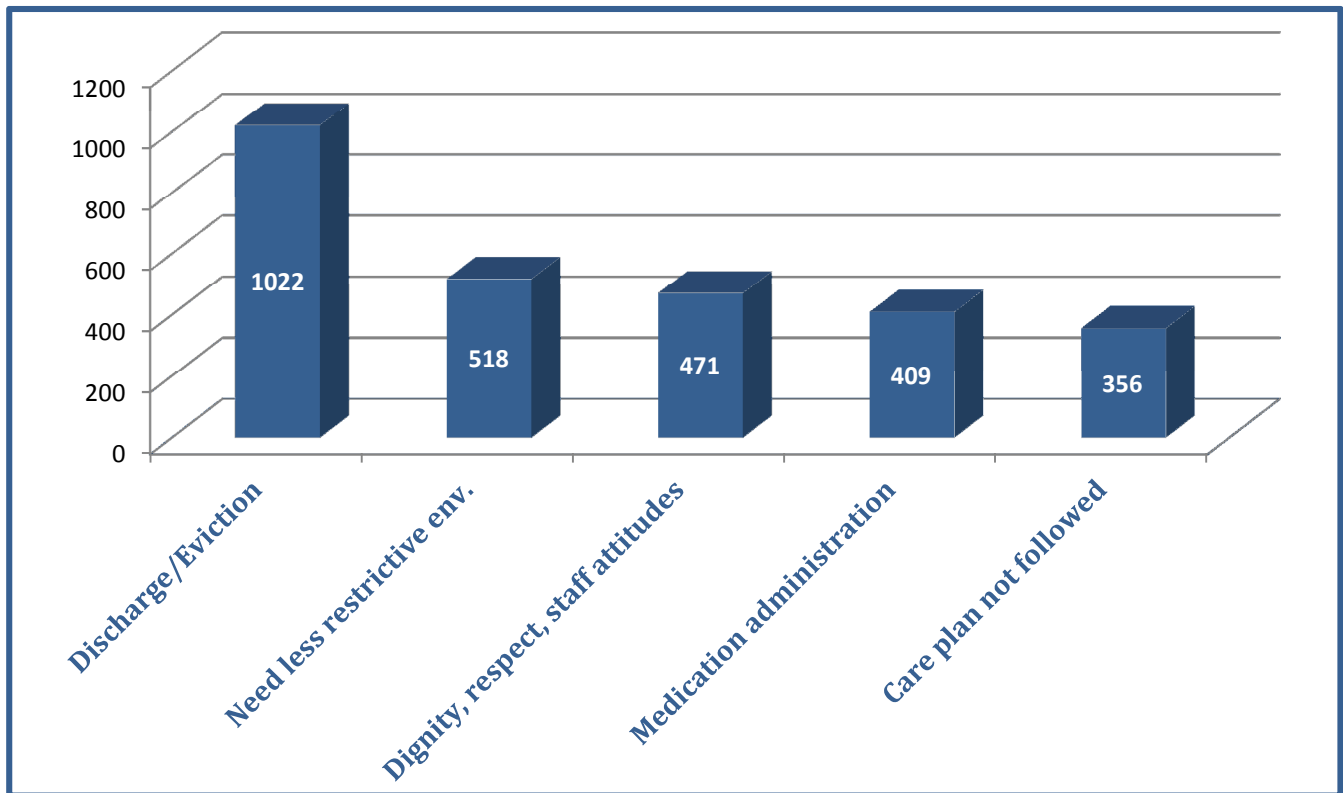


Total Complaints Received by Provider Type

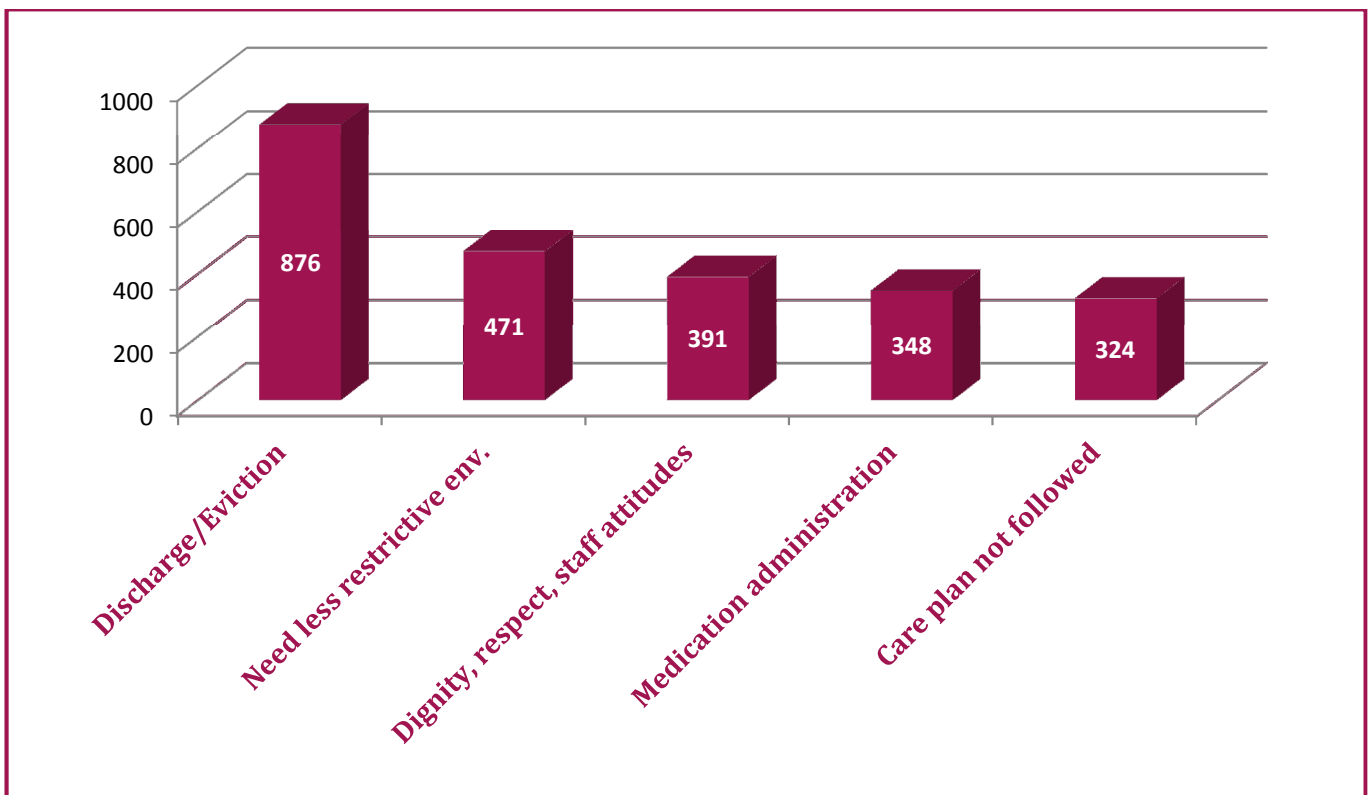


The following pages contain graphs showing the complaints most frequently received by the ombudsman program. **Complaints about residents not being treated with dignity and respect or staff attitudes are among the top five most frequent complaints received** in every long-term care setting including home and community-based care.

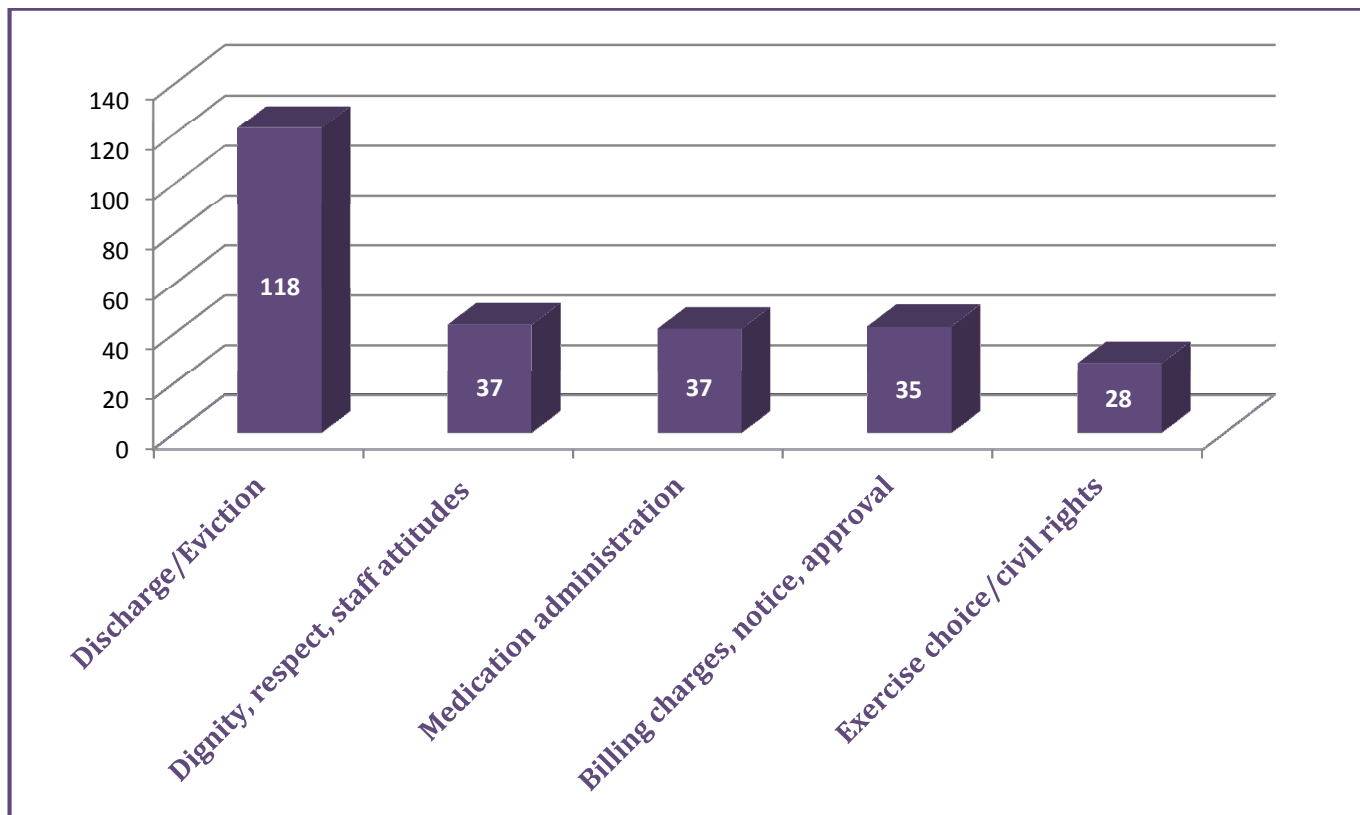
MOST FREQUENT COMPLAINTS RECEIVED – ALL PROVIDERS



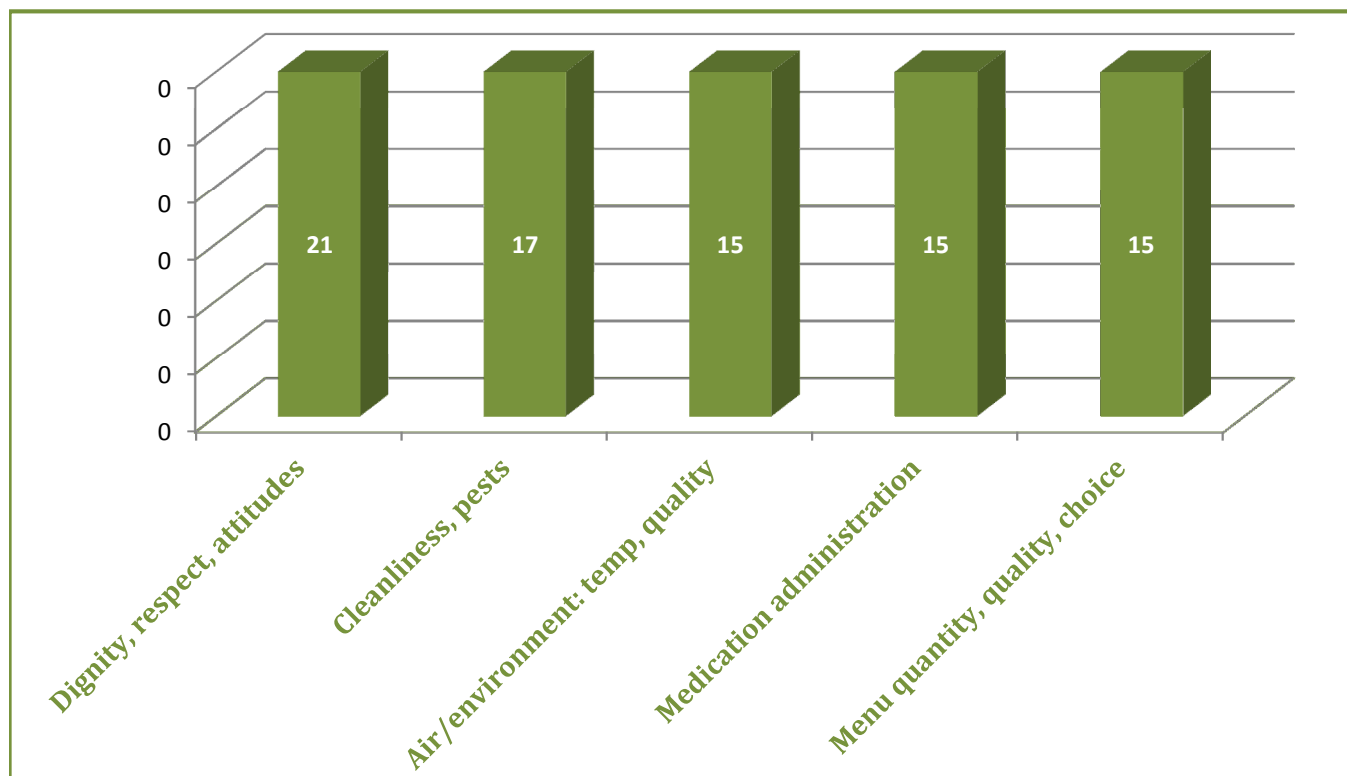
MOST FREQUENT COMPLAINTS - NURSING HOMES



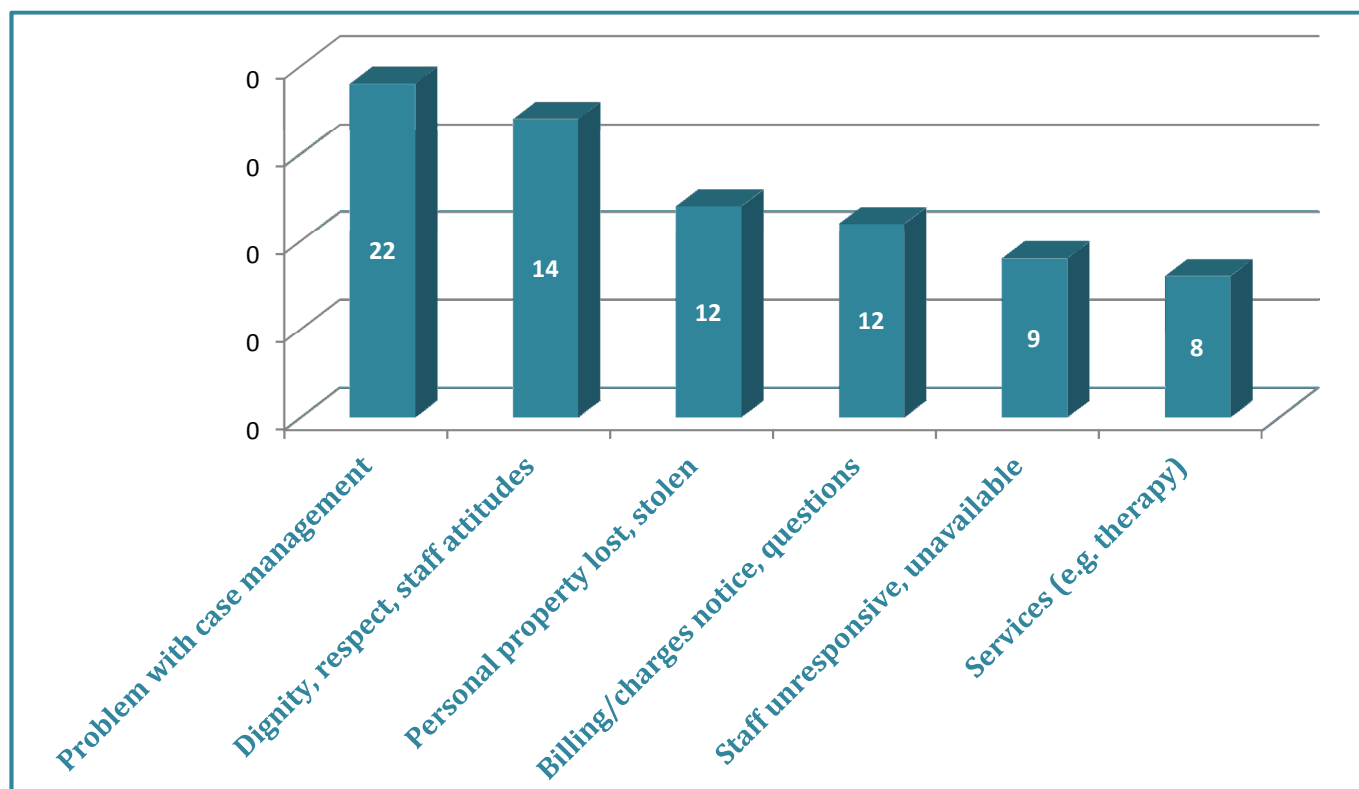
MOST FREQUENT COMPLAINTS - RESIDENTIAL CARE FACILITIES



MOST FREQUENT COMPLAINTS - ADULT CARE FACILITIES

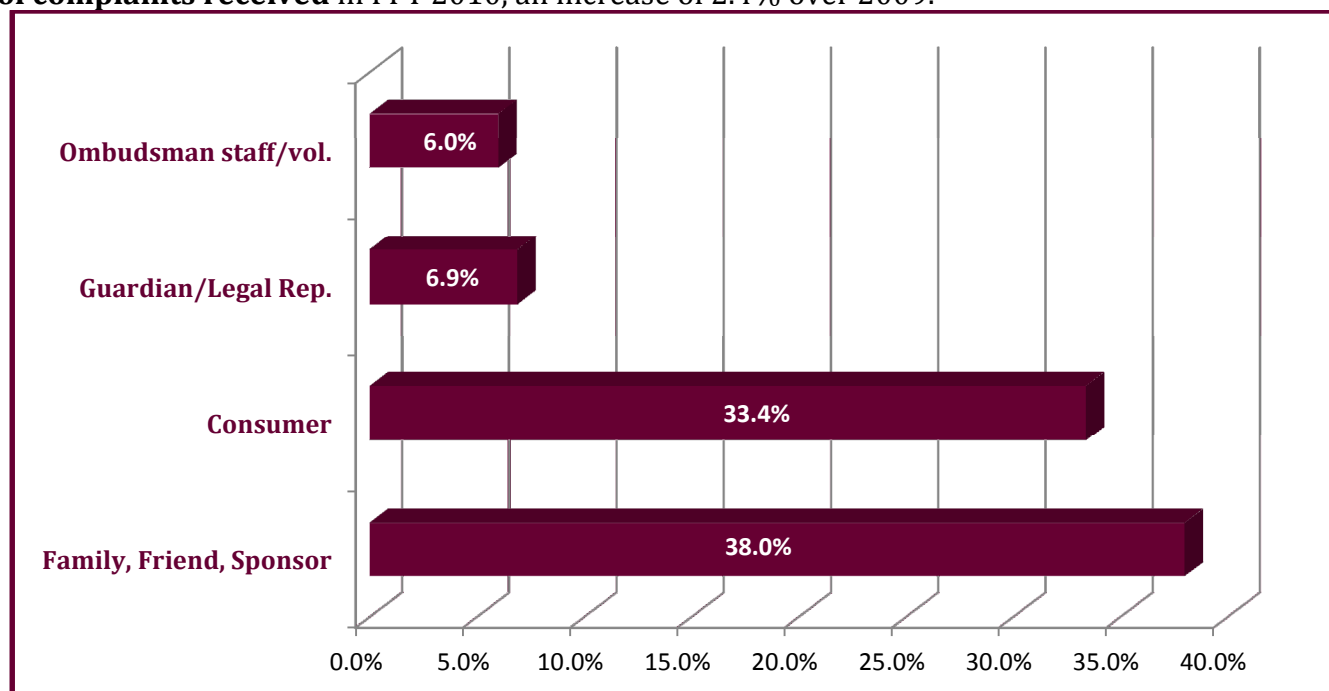


MOST FREQUENT COMPLAINTS - HOME & COMMUNITY-BASED SERVICES



SOURCE OF COMPLAINTS

Complaints come from many sources but the ombudsman presence in facilities is increasing the proportion of complaints where consumers are the source. **Consumers were the source of 33.4% of complaints received** in FFY 2010, an increase of 2.4% over 2009.



REGULATORY CITATIONS

The Ohio Department of Health (ODH) regulates long-term care facilities through both state licensure and federal certification rules and helps protect the health and safety of more than 100,000 Ohioans living in nursing homes, residential care facilities, adult care facilities and county homes by **enforcing state and federal standards**. The ombudsman program may refer complaints to ODH when ombudsmen are not successful in resolving the complaint.

The most frequent regulatory citations often mirror the most frequent ombudsman complaints. For example, issues related to care planning (e.g. insufficient, not followed) were in the top five most frequent ombudsman complaints and in the top five most frequent health citations issued.

COMPLAINT RESOLUTION

The ombudsman program works with consumers, providers, regulators, and others to resolve complaints about services. Empowerment of consumers is a priority. Providing information and resources so a person is able to work through the system by him or herself is crucial to the promotion of resident rights.

- Ombudsmen **closed 8,772 complaints** (an increase of 771 over CY 2009) and **verified 75.8%** (an increase of 1.8%).
- Ombudsmen **resolved or empowered consumers to resolve 78.2% of complaints** – an increase of 0.6% over CY 2009.

The Office works closely with other agencies to resolve complaints including, but not limited to, law enforcement and regulatory agencies. When ombudsmen are not successful in resolving complaints, they occasionally refer them to other agencies. In 2010, **1.7% of complaints were referred to other agencies**, a decrease of 1.1%. When ombudsmen are able to resolve complaints without regulatory intervention, we contribute to conservation of regulatory resources and reduction of the regulatory burden on providers.

Timely response leads to timely resolution. Ombudsmen **respond** to complaints alleging physical harm within **one business day**. In FFY 2010, **7.1% of complaints alleged physical harm**.

For all other complaints, the **average time between intake and initiating an investigation was 3.84 days**, a slight increase over 3.75 days in 2009.

Ombudsmen attempt to resolve complaints quickly and then follow-up to ensure that the resolution remains effective. The average **length of time a case was open was 71.2 days**, nine fewer days than the previous year. This includes HOME Choice cases with an average length of time open of 143 days.

The provision of transition coordination services and the length of time it takes to help a consumer successfully **transition to the community is longer and averages more than 120 days**.

COMPLAINT RESOLUTION

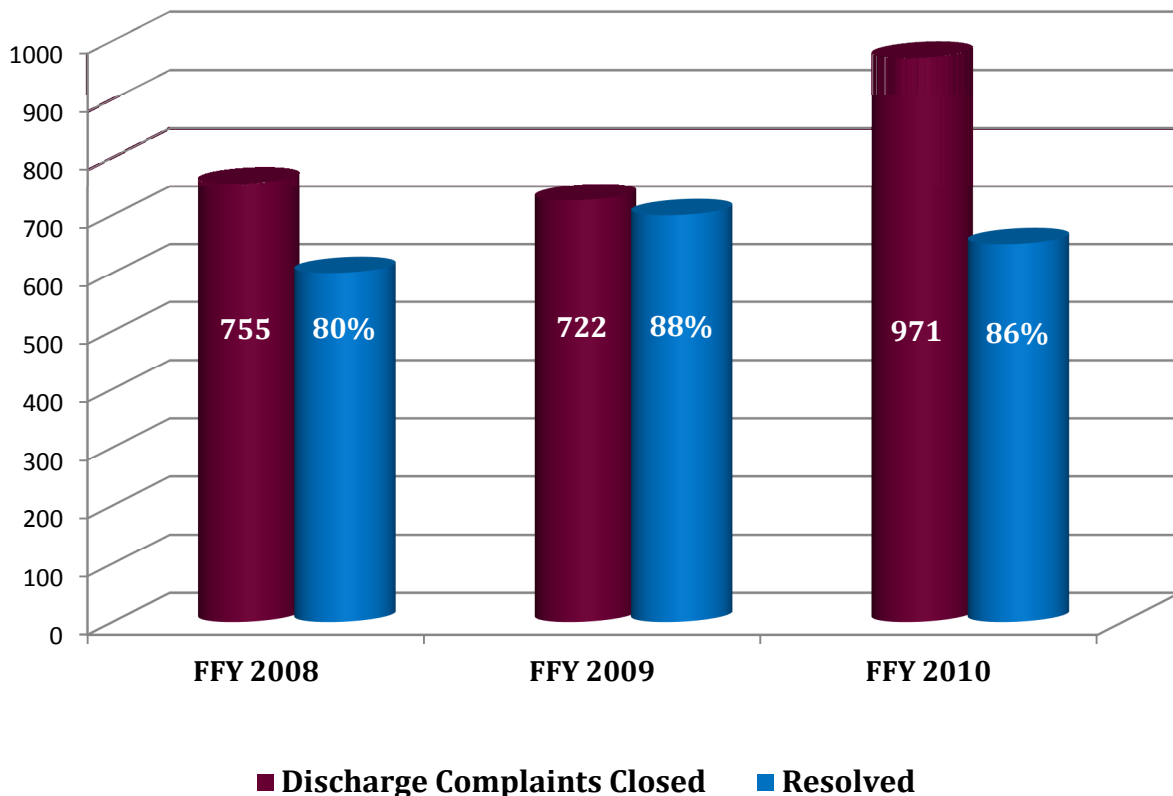
Ombudsmen handle more than 150 different types of complaints in 16 different categories:

- Abuse, gross neglect, exploitation
- Access to information
- Admission, transfer, discharge
- Autonomy, choice, rights, privacy
- Financial, property
- Care
- Rehabilitation/maintenance of function
- Restraints – chemical and physical
- Activities and social services
- Dietary
- Environment
- Policies, procedures, attitudes
- Staffing
- Certification and licensing agency
- State Medicaid agency
- Systems and other

TRANSFER/DISCHARGE

Involuntary discharge and problems with discharge planning and procedures constitute the ombudsman's top complaint. In State Fiscal Years 2009 and 2010, the Office devoted additional effort to educate providers and consumers about rights and preventive strategies. The effort was funded by the Resident Protection Fund (civil money penalties paid by nursing homes for violations).

Ombudsmen worked to increase consultation with providers about discharge in an effort to intervene before a discharge notice is issued. Ombudsmen also worked to educate providers, consumers, the public, and policy-makers about residents' rights related to involuntary discharge.



TRANSFER/DISCHARGE

Ombudsmen resolved or empowered consumers to **resolve 86% of discharge complaints**.

Additionally, ombudsmen spent over **2,500 hours educating consumers**, providers, policymakers, and the public about discharge planning, discharge procedures, and consumer rights related to discharge.

In FFY 2010, the ombudsman program received **1022 new complaints** regarding discharge, an increase of 300 complaints. Ombudsmen resolved 57% of involuntary discharge complaints without an administrative appeal hearing, an increase over 55% the prior year.

Involuntary Discharge

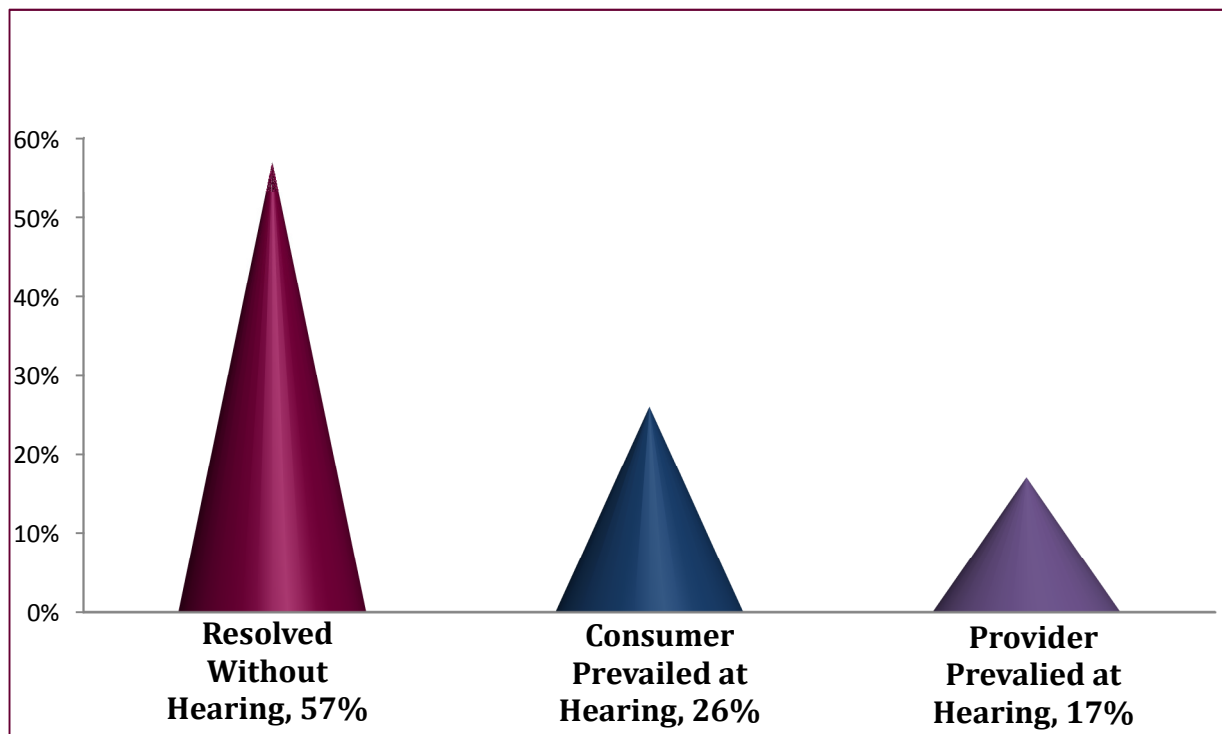
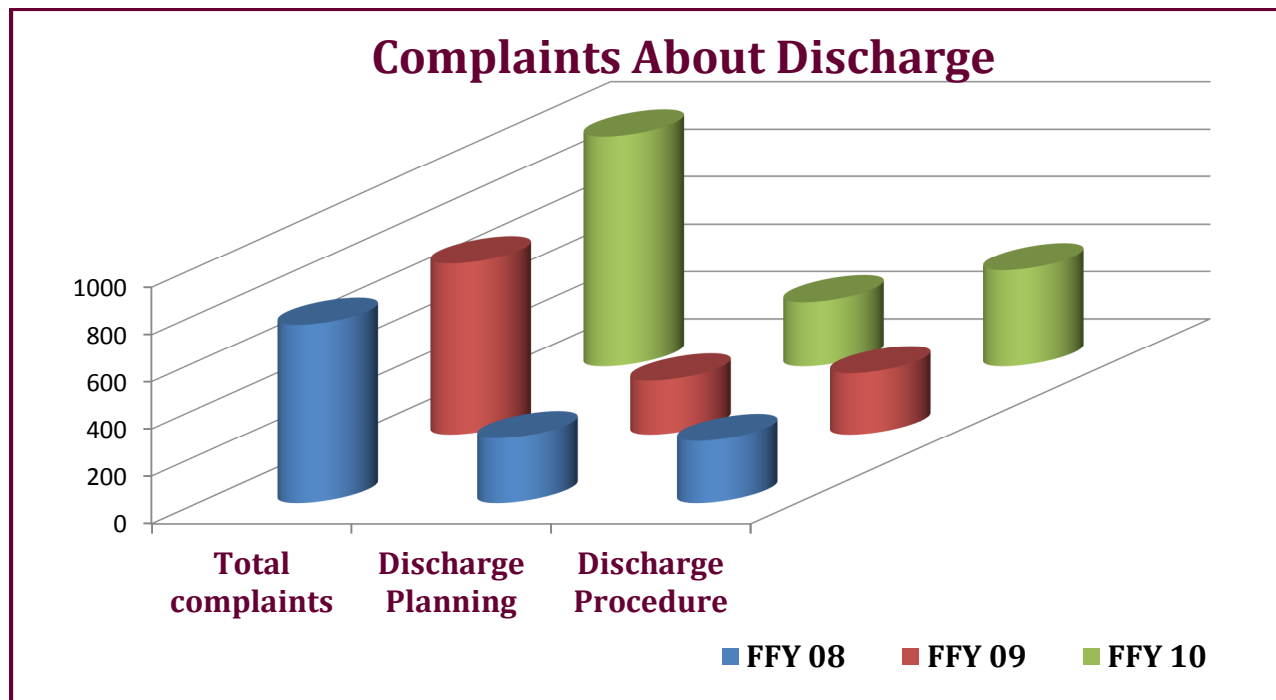


ILLUSTRATION: The Ombudsman learned that a nursing home planned to drive a resident with severe dementia to her granddaughter's home and leave her there while the granddaughter was at work because the nursing home bill hadn't been paid. The State Ombudsman was prepared to invoke her authority to enjoin the home from violating the resident's right to a safe and orderly discharge when the provider agreed the resident should remain in the facility while the required discharge planning took place.

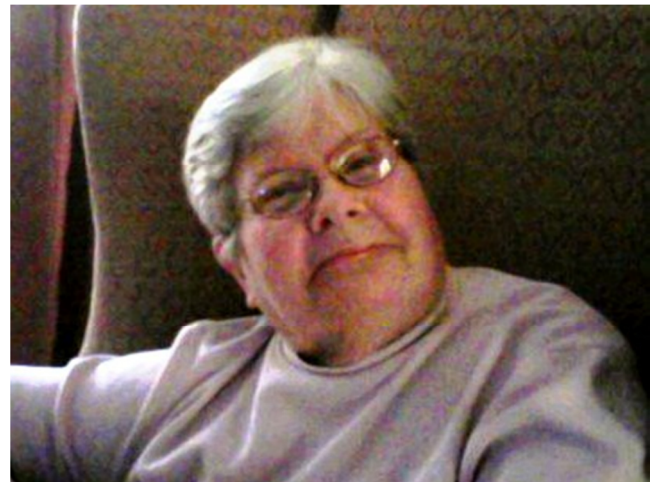
TRANSFER/DISCHARGE



Ombudsmen worked to increase consultation with providers about discharge in an effort to intervene before a discharge notice was issued. Ombudsmen also worked to educate providers, consumers, the public, and policy-makers about residents' rights related to involuntary discharge. A significant increase in the number of complaints received is a reflection of those efforts in that consumers had **greater access to ombudsman assistance and greater knowledge of their rights regarding involuntary discharge.**

OMBUDSMEN & RESIDENTS WORKING TOGETHER

Barbara Worch has seen a lot of changes during her fourteen years residing at the same nursing home. She has experienced a change in ownership, unanswered call lights, lack of activities and insufficient staffing. The ombudsman program has worked with Barbara for the past three years to improve Barbara's quality of life. Barbara is President of the Resident Council.



"I am very lucky because I can make my needs known, but there are so many people that can't or won't speak up." When the nursing home staff does not listen to Barbara's needs and concerns she calls the ombudsman. Together they have successfully advocated for many improvements including better communication between the administrative staff and the residents, regular care conferences, an increase in staffing, more community outings, and a new van. Barbara is happiest about their ability to have new chairs purchased for the resident dining room. "Finally we can all enjoy a meal in chairs that are not lawn furniture!"

HOME CHOICE – OMBUDSMAN TRANSITION COORDINATION

HOME Choice provides opportunities for nursing home residents to return to the community. In the role of Transition Coordinators, ombudsmen in each of nine areas of the state have a contract with the Department of Job and Family Services to assist residents to move out of nursing homes and return to the community with home care services.

In FFY 2010 the ombudsman program received 513 HOME Choice consumer requests for the ombudsman as their transition coordinator. Ombudsmen closed 374 cases and within those cases, ombudsmen providing transition coordination services assisted 65.8% of consumers successfully transition from the nursing home back to the community.



Kathy and her daughter were victims of Hurricane Katrina in 2005 and they were forced to relocate to Ironton, Ohio. Kathy was 48 years old and following a long hospitalization, went to live in a nursing home in early 2009. With Kathy in a nursing home, her daughter was also in need of assistance.

The ombudsman providing transition coordination services worked with Kathy and her case manager to quickly locate low-income housing. Kathy, her daughter, the ombudsman, and the case manager all worked together to clean the apartment, pay deposits for gas and electric, schedule phone and cable connections, and shop for household items. The nursing home social worker assisted by arranging for necessary medical equipment and scheduling appointments. Kathy and her daughter moved into their new apartment where they have been living independently with some supportive services. At the time this report went to print, Kathy's brother was assisting her in moving back to her home in Mississippi.

Joyce was 71 years old and lived in a nursing home since 2003. She had several medical issues including a pressure sore on her heel. The ombudsman transition coordinator (TC) helped Joyce apply for an apartment, which was denied due to her credit report, so the TC assisted Joyce in obtaining legal counsel to dispute this information, all of which enabled Joyce to secure housing.



The TC held a discharge planning meeting to develop a plan to assure a successful transfer back to the community. The TC helped Joyce use HOME Choice funds to purchase furniture, household items, and groceries. The PASSPORT case manager set up equipment and services to help Joyce live independently. They also scheduled a home health aide to meet with Joyce at her new apartment on the day of discharge to help her set up her new home and Joyce's mental health case manager brought her dinner. Planning and all parties working together helped to assure a successful transition to the community where Joyce is living happily and safely on her own again.

***Major
Long-Term
Care
Issues
&
Recommendations***

PERSON-CENTERED CARE

Complaints about residents not being treated with dignity and respect or staff attitudes are among the top five most frequent complaints received in every long-term care setting including home and community-based care.

Increasing the ombudsman role in promoting person-centered care is imperative. Ombudsman can help create both long and short-term living environments as well as community-based settings where both **consumers and their caregivers are able to express choice and practice self-determination in meaningful ways at every level of daily life.**

At the time this report went to print, the ombudsman program was on track to more than **quadruple the number of hours spent educating consumers, providers, policymakers, and the public on person-centered care and culture change.**

POLICY RECOMMENDATION

Consumers are entitled to execute their civil rights and to feel at home wherever they live. The Office of the State Long-Term Care Ombudsman should work with all stakeholders to influence and support person-centered care in all settings.

PERSONAL NEEDS ALLOWANCE

Nursing home residents receiving Medicaid support to pay for their care retain \$40 of their income each month as their Personal Needs Allowance (PNA). Residents whose source of income is Supplemental Security Income receive only \$30 each month.

Numerous items and activities that we take for granted as part of our daily lives are not required to be provided by nursing homes such as:

- Non-medical transportation
- Personal telephone
- Cable television
- Items related to activities of personal interest, such as scrapbooking or beading supplies

The **current PNA averages \$1.31 per day** which must pay for most resident personal needs and preferences in addition to those listed above. The ombudsman program conducted an informal survey of residents to determine how residents use their PNA and the top five responses follow:

- Soda and snacks of choice
- Hair care services
- Personal products
- Clothes
- Special outings (e.g. movie, shopping, transportation, meal) or other activities of interest not offered by facility

The Unified Long-Term Care Systems (ULTCS) eligibility subcommittee reviewed the ombudsman survey results and submitted a recommendation to the ULTCS workgroup about limiting items that must be paid with PNA. However, the workgroup sent the recommendation back to the

subcommittee and requested additional work. Despite the State Ombudsman's efforts to raise the issue in every forum possible, due to budget deficits, the Office's proposal to increase the PNA has been unsuccessful.

POLICY RECOMMENDATION

Personal Needs Allowance for nursing home residents should be increased to \$65.00 per month.

GUARDIANSHIP REFORM

The State Ombudsman is a member of the Subcommittee on Adult Guardianship sponsored by the Ohio Supreme Court's Advisory Committee on Children, Families & the Courts. The subcommittee has been productive in addressing three major areas of adult guardianship – needs assessment and data collection, standards and certification, and monitoring protocols. In fact, standards were completed but implementation will require legislation and/or rules developed by the Supreme Court.

The Preferred Monitoring Protocols Work Group developed a bench card to assist Probate Courts to **monitor guardianships** and is developing a series of questions for the adults regarding their experience with their guardians. Examples of questions are how often the guardian visits, whether the adult has enough and appropriate clothing, and whether needs are being met. The Data Collection Work Group developed a form for Probate Courts to report statistics about guardianships in their jurisdiction.

An outgrowth of the Supreme Court's attention to aging issues, abuse, and guardianships was the convening of an invitational **Summit on Aging**. The Summit was intended to bring teams of professionals together from each county to collaborate around elder abuse and guardianship issues.

Ombudsmen encounter challenges with court-appointed guardianship such as consumer needs not being met, consumers not having access to legal counsel to object to guardianship proceedings, and consumers being confined to a long-term care facility against their will because a guardian believes institutionalization is the best option. Ombudsmen are often able to work with guardians to resolve problems with long-term care services but that is not always the case.

In FFY 2010, 34% of complaints related to systems and other issues were related to the actions of legal representatives selected or appointed to make decisions on behalf of consumers.

While there is a need for surrogate decision-makers, there are less restrictive alternatives to guardianship that support autonomy and self-determination while respecting everyone's right to the dignity of risk.

POLICY RECOMMENDATION

The Supreme Court of Ohio should implement standards and certification for professional guardians statewide and make every effort to use less restrictive alternatives to guardianship.

RESIDENT COUNCILS

A change is needed in nursing home and residential care facility licensing law that would replace outdated grievance committee requirements with a requirement for effective resident councils. When the nursing home licensing law was written in the 1970s, the resident population was very different and dementia was less prevalent. All nursing homes have resident councils but grievance committees as required in the law exist largely on paper. **Residents deserve a system of governance to promote person-centered care.**

Ombudsmen work with residents and families in an effort to ensure they are equipped to resolve problems through effective participation in councils, care planning, and other means. Ombudsmen accomplish this primarily through education and support including, but not limited to, the following:

- Presentations to staff, families, and consumers
- Distribution of written materials
- Specialized training for volunteers
- Facilitation of discussions among councils and nursing home staff
- Presentations in the community

Ombudsmen spent **1,269 hours working with resident councils** in FFY 2010. Ombudsman staff and volunteers continue to work with resident councils to help them be more effective, execute their rights, and to expect excellence in the care they receive. Ombudsman will continue to work with councils to promote person-centered care.

The State Ombudsman proposed new language in the state budget to establish resident-led councils and secured the support of the Ohio Department of Aging.

POLICY RECOMMENDATION

The requirement for every home to have a grievance committee should be updated to establish resident-led resident council standards instead.

SEX OFFENDER NOTIFICATION

The State Ombudsman continues to support proposed legislation that would require long-term care facilities to notify residents and their sponsors when a registered sex offender is living in the building.

The ombudsman supports these efforts as a **basic right of residents to have the same information as citizens living in the community**. In a long-term care facility, the offender could be a roommate, yet there is no clear guidance for providers on notification or assessment of risk.

POLICY RECOMMENDATION

The Ohio General Assembly should pass pending legislation that requires consumers living in long-term care facilities to receive the same notification as people living in the community.

STATE OMBUDSMAN EXCELLENT ADVOCATE AWARD

Each year the State Long-Term Care Ombudsman recognizes an individual or organization that exemplifies the consumer-focused advocacy of an ombudsman or supports the ombudsman program's advocacy. In 2010, the State Ombudsman Excellent Advocate Award was given to Kim Irwin, a Medicaid Administrator at the Ohio Department of Job and Family Services. Kim was recognized for her compassion for residents of nursing homes. As the leader of an interagency relocation team when a nursing home closes, it is Kim's responsibility to assure that everyone involved follows appropriate processes and collaborates successfully. She keeps residents at the center of discussions. Additionally, when an ombudsman approaches Kim for guidance on Medicaid issues affecting nursing home residents, Kim is a willing listener and quick to respond. An example was a problem with a nursing home charging fees against a resident's Personal Needs Allowance; not only did Kim help resolve the problem for that individual resident, but also shepherded a letter to all nursing homes reminding them of the proper stewardship of resident funds.



The State Long-Term Care Ombudsman, Beverley Laubert, presents the Excellent Advocate Award to Kim Irwin with the Ohio Department of Job and Family Services.

Code of Ethics for Long-Term Care Ombudsmen

The National Association of State Long-Term Care Ombudsman Programs

The ombudsman provides services with respect for human dignity and the individuality of the client, unrestricted by considerations of age, social or economic status, personal characteristics, or lifestyle choices.

The ombudsman respects and promotes the client's right to self-determination.

The ombudsman makes every reasonable effort to ascertain and act in accordance with the client's wishes.

The ombudsman acts to protect vulnerable individuals from abuse and neglect.

The ombudsman safeguards the client's right to privacy by protecting confidential information.

The ombudsman remains knowledgeable in areas relevant to the long-term care system, especially regulatory and legislative information, and long-term care service options.

The ombudsman acts in accordance with the standards and practices of the Long-Term Care Ombudsman Program, and with respect for the policies of the sponsoring organization.

The ombudsman will provide professional advocacy services unrestricted by his/her personal belief or opinion.

The ombudsman participates in efforts to promote a quality, long-term care system.

The ombudsman participates in efforts to maintain and promote the integrity of the Long-Term Care Ombudsman Program.

The ombudsman supports a strict conflict of interest standard that prohibits any financial interest in the delivery or provision of nursing home, board, and care services, or other long-term care services that are within their scope of involvement.

The ombudsman shall conduct himself/herself in a manner that will strengthen the statewide and national ombudsman network.

Beverley L. Laubert
State Long-Term Care Ombudsman

Denise M. Cody
Division Secretary

Marilyn A. Paul
Ombudsman Information Specialist

Erin J. Pettegrew
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OHIO LONG-TERM CARE OMBUDSMAN PROGRAMS
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PSA	County	PSA	County	PSA	County
1 Mary Day Pro-Seniors LTC Ombudsman Program PNC Bank Tower 7162 Reading Road Suite 1150 Cincinnati, OH 45237 1-800-488-6070 513-345-4160 Fax# 513-621-5613	Butler, Clermont, Clinton, <u>Hamilton</u> , Warren	5 Betty Thompson LTC Ombudsman Program 780 Park Avenue West Mansfield, OH 44906 1-800-860-5799 419-524-4144 Fax# 419-522-9482	Ashland, Crawford, Huron, Knox, Marion, Morrow, <u>Richland</u> , Seneca, Wyandot	9 Sam McCoy LTC Ombudsman Program 821 Anola Ave. Suite D Dover, OH 44622 1-800-967-0615 330-364-3465 Fax# 330-364-5209	Belmont, Carroll, Coshocton, Guernsey, Harrison Holmes, Jefferson, Muskingum, <u>Tuscarawas</u>
2 Monica Wynn LTC Ombudsman Program 15 E. Fourth Street Suite 208 Dayton, OH 45402 1-800-395-8267 937-223-4613 Fax# 937-228-1183	Champaign, Clark, Darke, Greene, Logan, Miami, <u>Montgomery</u> , Preble, Shelby	6 Susan Marshall LTC Ombudsman Program Catholic Social Services 197 E. Gay Street Columbus, OH 43215 1-800-536-5891 614-221-5891 ext. 211 Fax# 614-228-1125	Delaware, Fairfield, <u>Franklin</u> , Fayette, Licking, Madison, Pickaway, Union	10A Susan Griffin LTC Ombudsman Program 2800 Euclid Avenue Suite 200 Cleveland, OH 44115 1-800-365-3112 216-696-2719 Fax# 216-696-6216	Cuyahoga, Geauga, Lake, Lorain, Medina
3 Marianne Bradshaw LTC Ombudsman Program 200 East High Street, 2 nd Fl. Lima, OH 45801 1-800-653-7778 419-222-0563 or 419-222-7723 (AAA) Fax# 419-222-2832	<u>Allen</u> , Auglaize, Hancock, Hardin, Mercer, Putnam, Van Wert	7 Kaye Mason-Inoshita LTC Ombudsman Program 1644 11th Street Portsmouth, OH 45662 1-800-582-7277 740-355-3145 Fax# 740-355-8519	Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, <u>Scioto</u> , Vinton	10B Sam McCoy LTC Ombudsman Program 1550 Corporate Woods Pkwy. , Suite 100 Uniontown, OH 44685 1-800-421-7277 330-896-9172 Fax# 330-896-6626	Portage, <u>Stark</u> , Summit, Wayne
4 Sandra Hamilton LTC Ombudsman Program *ABLE-Center 525 Jefferson Ave, Ste.300 Toledo, OH 43604 1-800-542-1874 419-259-2891 Fax# 419-259-2880	Defiance, Erie, Fulton, Henry, <u>Lucas</u> , Ottawa, Paulding, Sandusky, Williams, Wood	8 Kim Flanigan LTC Ombudsman Program P. O. Box 370 Reno, OH 45773 1-800-331-2644 740-373-6400 Fax# 740-373-1594	Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry, <u>Washington</u>	11 John Saulitis LTC Ombudsman Program 5555 Youngstown Warren/ Suite 2685 2 nd Floor Niles, OH 44446 1-800-686-7367 330-505-2300 Fax# 330-530-8862	Ashtabula, Trumbull, Columbiana, <u>Mahoning</u>