

WYOMING LONG-TERM CARE OMBUDSMAN PROGRAM

FFY2016 ANNUAL PROGRAM REPORT



Wyoming Department of Health

August, 2017

TABLE OF CONTENTS

Program Description	3
Explanation of Annual Report	3
Authority.....	3
Purpose	3
Background.....	3
FFY2016 Program Staffing	4
Wyoming Department of Health Director	4
State Unit on Aging Director.....	4
Community Living Section Manager	4
State Long-Term Care Ombudsman	4
Regional Long-Term Care Ombudsman	4
Program Performance Management	5
Program Outcomes	5
Program Outputs.....	5
Most Frequent Types of Complaints.....	5
Wyoming’s Expanded Services.....	5
Narrative of the Top Complaint Category	6
Funding & Facility Statistics	7
Program Funding.....	7
Facility Statistics.....	7
Future Program Activities	8
The New Federal Rule.....	8
Psychiatric and Behavioral Care for Residents.....	8

PROGRAM DESCRIPTION

Explanation of Annual Report

This Annual Report is mandated through Section 712(h)(1) of the Older Americans Act of 1965, as amended in 2016. This report will offer descriptions of activities carried out by the Office in the previous year, analysis of Ombudsman program data, describe problems identified that affect older adults in Wyoming, and be made available to the public, stakeholders, and appropriate governmental entities. Each year, the report will be completed in March. This year, the report is being made available in the summer of 2017 due to changes in program structure and new Federal Rule implementation.

Authority

The Wyoming Long-Term Care Ombudsman Program (Wyoming LTCOP) is mandated by both state (W.S. § 9-2-1301) and federal (Older Americans Act of 1965, as amended in 2016) law. The Wyoming Department of Health is the agency with oversight responsibility for the Wyoming LTCOP. The State Long-Term Care Ombudsman is supervised by the Community Living Section Manager, within the Department of Health, Aging Division. The local program and Regional Long-Term Care Ombudsmen are maintained through a sub-contract with Wyoming Senior Citizens, Incorporated.

Purpose

The purpose of the Wyoming LTCOP is to act on behalf of recipients of long-term care services in Wyoming, to advocate for adequacy of care, quality of life, and to preserve Wyoming residents' independence, dignity, autonomy, and freedom of choice.

Background

The Wyoming LTCOP was initiated by President Nixon through his 1971 Eight-Point Initiative to improve the quality of care in America's nursing homes. Wyoming began operating its Wyoming LTCOP in 1978. Wyoming enacted W.S. § 9-2-1301 in 1991, increasing the scope of the Wyoming LTCOP to include assisting recipients of long-term care services in Wyoming, in addition to residents of nursing homes, assisted living facilities, and boarding homes, in accordance with the federal program requirements.

The Office of the State Long-Term Care Ombudsman has been housed within various agencies and organizations since the program's beginning in 1978. During FFY2016, the Office resided within the Wyoming Department of Health, Aging Division, Community Living Section (CLS). The State Ombudsman was employed as a State of Wyoming full-time employee. The regional program was sub-granted out to Wyoming Senior Citizens, Incorporated (WSCI), which employed the three Regional Ombudsmen. The State Ombudsman oversees the programmatic activities of the Regional Ombudsmen, while WSCI provided oversight to the Regional Ombudsman in terms of personnel.

FFY2016 PROGRAM STAFFING

Wyoming Department of Health Director

Thomas O. Forslund

State Unit on Aging Director

Heather Babbitt

Community Living Section Manager

Kristi Skinner

State Long-Term Care Ombudsman

Lindsay Hruby – June 4, 2016 thru September 30, 2016

Marilyn Randa – July 1, 2015 thru June 3, 2016

Regional Long-Term Care Ombudsman

Analyn Reader, Lead Ombudsman

Tera Gillett, Regional Ombudsman

Patricia Hall, Regional Ombudsman – July 1, 2016 thru September 30, 2016

Karen Allen, Regional Ombudsman – October 1, 2016 thru May 31, 2016

PROGRAM PERFORMANCE MANAGEMENT

The Wyoming Department of Health uses a performance management system, termed HealthStat, to monitor the performance of every program housed within the agency. HealthStat allows departmental leaders to “respond to program issues in an informed, timely, and coordinated fashion. It is hoped that the continued evolution of this culture of accountability will lead the WDH to greater heights in terms of effective and efficient program management.” (HealthStat SFY2016 Final Report). The following measures were pulled from the 2016 HealthStat data.

Program Outcomes

- % of complaints fully resolved to the satisfaction of the complainant: 37.2%
- % of complaints partially resolved to the satisfaction of the complainant: 18.05%
- % of complaints not resolved to the satisfaction of the complainant: 4.1%
- % of complaints referred to another agency: 26.5%
- Average # of complaints per facility (NH, ALF, BH): 6.8

Program Outputs

- # of visits to all long-term care facilities/services by an Ombudsman: 334
- % of facilities (NH, ALF, BH) visited by an Ombudsman quarterly: 68%
- # of cases opened by the Wyoming LTCOP: 384
- # of complaints received by the Wyoming LTCOP: 532
- # of activities completed by the Wyoming LTCOP: 1639

Most Frequent Types of Complaints

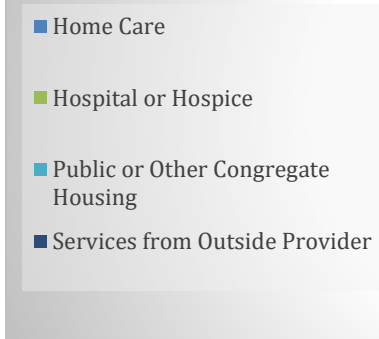
- Discharge/Eviction: planning, notice procedure, implementation
- Exercise preference/choice and/or civil/religious rights, individual’s right to smoke
- Billing/charges: notice, approval, questionable, accounting wrong or denied
- Accidental or injury of unknown origin, falls, improper handling

Wyoming’s Expanded Services

Wyoming statute enables the program to expand services outside of nursing homes, assisted livings, and boarding homes to a more general arena of long-term care. This service is reflected in the performance measure below:

There were 57 complaints about services in settings other than LTC facilities or by outside providers in LTC facilities, these complaints are broken down in the pie chart below:

Expanded Services Complaints, FFY 2016



Top Complaint Category

Discharges and evictions, with regards to planning, notice procedure, and implementation, are the most common type of complaints. There were a total of 80 of these complaints in FFY 2016, representing 15% of all complaints.

The above referenced discharge/eviction complaints generally arise from one of two situations. The most common is when a resident is given an involuntary discharge notice due to behavioral issues. In these cases, the Regional Ombudsmen work to ensure that the rights of these residents have been adequately protected and that there is not an inappropriate discharge. The Regional Ombudsman informs the resident of his or her right to appeal and works with the resident and the facility to address plans of care or alternative interventions. The Regional Ombudsman also assists with finding appropriate placements, if this is what the resident wants. This option is often unavailable because Wyoming has a limited number of facilities, making it difficult to find an option in the local community, or even within the state, that provides behavioral and mental health services, as well as skilled nursing level of care.

The second most common reason for a discharge/eviction complaint arises from increased need for services. For example, a resident of an assisted living facility (ALF) may need more care than the ALF can provide under its licensure requirements. In these situations, the Regional Ombudsman again ensures that resident rights are protected, and also facilitates planning for, and carrying out of, a safe and successful transition.

FUNDING & FACILITY STATISTICS

Program Funding

The Wyoming LTCOP is funded primarily by federal funds under the Older Americans Act, as shown in the table below. In addition, the Wyoming legislature supports both the federal and expanded scope of the program with state general funds. Finally, the contractor for the local program also contributes funding when available.

Table 1: FFY 2016 Program Funding

Funding Source	Funding Amount
Federal Older Americans Act (OAA), Title VII, Ch. 2	\$76,005.00
Federal OAA, Title VII, Ch. 3 Prevention of Elder Abuse, Neglect, and Exploitation	\$20,190.00
Federal, OAA, Title IIIB, Supportive Services	\$35,822.00
State General Funds	\$129,477.00
Local Funds (Contributed by Contractor)	\$1,874.00
Total Funding for FFY2016	\$262,064.00

Facility Statistics

The Wyoming LTCOP serves residents of nursing homes, assisted living facilities, and boarding homes, pursuant to the Older Americans Act of 1965, as amended in 2016. Wyoming has an additional statute that allows the Program to serve all individuals receiving long-term care services in Wyoming, and, more specifically, community based long-term care services. Statistics for nursing homes, assisted living facilities, and boarding homes are located in Table 2, Table 3, and Table 4 below.

Table 2: FFY 2016 Nursing Homes¹

# of Nursing Homes in Wyoming	38
# of Nursing Home Beds in Wyoming	2961

Table 3: FFY 2016 Assisted Living Facilities¹

# of Assisted Living Facilities in Wyoming	31
# of Assisted Living Facility Beds in Wyoming	1610

Table 4: FFY2016 Boarding Homes¹

# of Boarding Homes in Wyoming	9
# of Boarding Home Beds in Wyoming	168

¹ <https://health.wyo.gov/aging/hls/healthcare-facility-directory/>

FUTURE PROGRAM ACTIVITIES

The New Federal Rule

The functions of the Wyoming LTCOP have been described in the Older Americans Act since it was passed in 1965, but, until 2015, the Administration on Aging had not promulgated rules to guide state programs. Without this regulatory guidance, there has been significant variation in interpretation and implementation from state to state. During 2016, the Wyoming LTCOP assessed its compliance with the federal rule (45 CFR 1321 and 1324), to meet the compliance deadline of July 1, 2016. The Wyoming LTCOP identified three areas which need to be addressed to be compliant.

The first activity addresses supervision of the Wyoming LTCOP itself. Previously, the State Ombudsman reported to the Administrator of the Wyoming Department of Health's Aging Division. Because the Aging Division also houses the Office of Healthcare Licensing and Survey, as well as three long-term care facilities owned and operated by the State of Wyoming, there was a potential conflict of interest identified for the Wyoming LTCOP. In order to remedy this conflict, the SLTCO and WDH Senior Administration have worked to find a more appropriate supervisory placement for the program. As of April 2017, the program has been moved under the WDH Director's Office for supervision.

In addition to the supervision issue, the Wyoming LTCOP will also review its current policy and procedure manual and update it as needed, reflective of the new rule.

The third and final area is the appearance of a potential conflict between the requirements of Wyoming Adult Protective Services Act (WAPSA) and the requirements of the federal Long-Term Care Ombudsman Program. The possible conflict arises when the WAPSA would require a person acting as a Long-Term Care Ombudsman to report known or suspected abuse, neglect, or exploitation, but does not have consent to disclose identifying information from the complainant or the long-term care resident subject to the suspected abuse. The program is exploring the possibility of a Wyoming statute change in order to ensure compliance with the federal Long-Term Care Ombudsman Program rule.

Psychiatric and Behavioral Care for Residents

Wyoming does not currently have a geriatric psychiatric skilled nursing facility. This presents a gap for many of Wyoming's long-term care residents who require that level of care. The Wyoming Department of Health is currently working on a project that will include developing capacity at State owned and operated facilities for these services. The Wyoming LTCOP will provide aggregate program data to the project stakeholders, in order to provide advocacy for long-term care residents who may be in need of this type of care.