

# ALASKA'S OFFICE OF THE LONG TERM CARE OMBUDSMAN

POLICY AND PROCEDURES MANUAL

Revised 11/27/16



## Contents

Chapter 100	Administration of the OLTCO Program .....	4
Section 101	Establishment of Alaska’s OLTCO Program .....	4
Section 102	Administration of Alaska’s OLTCO Program .....	4
Section 103	Functions of the OLTCO Program under the OAA .....	5
Section 104	Functions of the OLTCO Program under the Alaska Statutes .....	6
Chapter 200	Roles and Responsibilities of the SLTCO .....	7
Section 201	Employment of the State Long Term Care Ombudsman .....	7
Section 202	Role in Administration and Management of the OLTCO Program .....	8
Section 203	Development and Administration of the OLTCO Budget .....	9
Section 204	Systems Advocacy Responsibility .....	10
Section 205	Duty to Complete Annual Reports .....	11
Chapter 300	Duties, Training and Certification of LTCO .....	13
Section 301	Duties of Long Term Care Ombudsman (LTCO) .....	13
Section 302	Recruitment and Background Checks for LTCO Employees .....	13
Section 303	Recruitment and Background Checks for LTCO Volunteers .....	14
Section 304	Training of Long Term Care Ombudsmen .....	14
Section 305	Certification LTCO .....	16
Section 306	De-Certification or Refusal to Certify LTCO .....	16
Section 307	Supervision of LTCO .....	17
Chapter 400	Organizational and Individual Conflicts of Interest .....	19
Section 401	Identification of Conflicts of Interest .....	19
Section 402	Remediation of Conflicts of Interest .....	21
Chapter 500	Grievance Procedure .....	23
Section 501	OLTCO Grievance Procedure .....	23
Chapter 600	Legal Counsel for the OLTCO Program .....	25
Section 601	Legal Counsel for the OLTCO .....	25
Section 602	Legal Counsel for Residents of LTC and Older Alaskans .....	26
Chapter 700	Immunity, Willful Interference and Retaliation .....	27
Section 701	Immunity .....	27
Section 702	Prohibition of Interference and Retaliation .....	27
Chapter 800	LTCO Access to Residents, Facilities and Records .....	28
Section 801	LTCO Access to Residents and Facilities .....	28



Section 802	LTCO Access to Resident Records .....	28
Chapter 900	Disclosure and Maintenance of OLTCO Information .....	30
Section 901	Disclosure of Complaint Information .....	30
Section 902	Disclosure of OLTCO Program Information.....	32
Section 903	Maintenance of Case Files and Other OLTCO Information .....	33
Chapter 1000	Response to Complaints.....	34
Section 1001	Intake, Screening, Assignment .....	34
Section 1002	Informed Consent .....	36
Section 1003	Referral to Another Agency.....	37
Section 1004	Investigation and Verification .....	37
Section 1005	Complaint Resolution .....	38
Section 1006	Complaints from Older Alaskans not in LTC facilities.....	39
Section 1007	Resolution Follow Up .....	39
Section 1008	Complaint Documentation .....	40
Chapter 1100	Facility Visits .....	41
Section 1101	Facility Visits .....	41
Chapter 1200	LTCO Activities.....	43
Section 1201	Documentation of OLTCO Activities.....	43
Section 1202	Specific Activity Documentation .....	43
Chapter 1300	Situations Involving Abuse, Neglect or Exploitation .....	51
Section 1301	OLTCO Duties Regarding Abuse, Neglect or Exploitation .....	51
Section 1302	Unable to Obtain Informed Consent for an A/N/E Complaint .....	51
Section 1303	LTCO Witnesses Allegations of Abuse, Neglect or Exploitation .....	52
Chapter 1400	LTCO's role in Emergency Preparedness and Response .....	53
Section 1401	Training for Emergencies .....	54
Section 1402	OLTCO Continuity of Operations.....	54
Section 1403	OLTCO Procedures Before, During and After an Emergency .....	55
Appendix A	New SLTCO Training Checklist.....	57
Appendix B	LTCO Volunteer Application .....	58
Appendix C	LTCO Volunteer Reference Form .....	62
Appendix D	Resource Agency List.....	63
Appendix E	Initial Employee Certification Checklist .....	64
Appendix F	Initial Volunteer Certification Checklist .....	65



Appendix G	Voluntary De-certification Letter .....	69
Appendix H	Involuntary De-certification Letter .....	70
Appendix I	Code of Ethics.....	71
Appendix J	Employee Annual Re-certification Checklist .....	72
Appendix K	Volunteer Annual Re-certification Checklist .....	73
Appendix L	Organizational Conflict of Interest Screening Form.....	76
Appendix M	Individual Conflict of Interest Screening Form.....	79
Appendix N	Individual Conflict of Interest Remediation Form.....	82
Appendix O	Grievance Form .....	83
Appendix P	Intake Form .....	85
Appendix Q	Informed Consent Form .....	87
Appendix R	Facility Visit Documentation Format.....	88



## Chapter 100

## Administration of the OLTCO Program

### Section 101 Establishment of Alaska's OLTCO Program

#### Policy

The State Office of the Long Term Care Ombudsman (OLTCO) is a statewide program that advocates to protect the health, safety, welfare, and rights of older Alaskans and long term care residents. The OLTCO is a separately identifiable, distinct entity headed by the State Long Term Care Ombudsman (SLTCO), who carries out, with staff and volunteer Long Term Care Ombudsmen (LTCO), all of the functions and duties set forth in the Older Americans Act (42 USC 3001-3058ee and 45 CFR 1321 and 1327) and Alaska statute 47.62.

Additionally, under AS 47.24.015, the OLTCO may investigate and resolve complaints for an older Alaskans relating to their long term care or residential circumstances including issues related to their landlord, senior citizen housing, a public assistance program, a public grant program that serves older Alaskans, public utilities, health care facilities and health care providers.

### Section 102 Administration of Alaska's OLTCO Program

#### Policy

The Alaska Department of Health and Social Services' Division of Senior and Disability Services (DSDS) established the OLTCO program through a memorandum of agreement with the Alaska Mental Health Trust Authority (the Trust). The OLTCO program is a separately identifiable, distinct entity within the Trust (a state corporation in the Department of Revenue).

The Trust administers the OLTCO program in conformity with the Older Americans Act (OAA) and all applicable federal and state laws. The Trust provides an administrative home for the OLTCO within the Department of Revenue, providing operational support for the business affairs of the program. The Trust's oversight extends to hiring the SLTCO, evaluating the SLTCO's performance, and ensuring that the SLTCO manages the program in compliance with state and federal laws as well as State of Alaska policies and procedures. However, the Trust does not direct or become involved in the complaint investigation or systems advocacy work of the OLTCO. The SLTCO is directly responsible for the employment of the OLTCO staff and the management of the OLTCO program budget. The OLTCO follows Trust personnel guidelines with respect to personnel issues. The only exception is the SLTCO, who is a member of the Supervisory Collective Bargaining Unit (APEA). The Trust does not have personnel policies or practices which prohibit staff and volunteers of the OLTCO program from performing the duties, or from adhering to the access, confidentiality and disclosure requirements of section 712 of the OAA. The Trust ensures the OLTCO staff have opportunities for training in order to maintain expertise to effectively perform the duties required under the OAA, specifically including the National Ombudsman Resource Center training for SLTCO each spring.

The DSDS shall ensure that the OLTCO program has sufficient authority and access to facilities, residents, and information needed to fully perform all of the functions, responsibilities, and duties of the OLTCO. The DSDS shall ensure the Alaska Commission on Aging integrates the goals



and objectives of the OLTCO program into the state plan and coordinates activities of the plan in order to promote collaborative endeavors and diminish duplicative efforts. The DSDS shall ensure that the Department of Health and Social Services (DHSS) has mechanisms to prohibit and investigate allegations of interference, retaliation and reprisals by long term care facilities resulting from actions taken by the OLTCO including providing for appropriate sanctions with respect to interference, retaliation and reprisals. The DSDS shall ensure the OLTCO program has legal counsel that is adequate, available, and has competencies relevant to the legal needs of the OLTCO program and of residents of long term care facilities. The SLTCO will provide reports to DSDS and the Alaska Commission on Aging quarterly. The SLTCO will provide reports of aggregate program data for information about OLTCO output and outcomes to DSDS each February and August. Fiscal monitoring of the OLTCO program will be done with DSDS through a Reimbursable Service Agreement.

#### Procedure

In consultation with the DSDS, the SLTCO has the legal authority to establish policies and procedures to carry out the OLTCO program in accordance with the OAA. The SLTCO as head of the OLTCO, shall be able to independently make determinations and establish positions of the OLTCO program, without necessarily representing the determinations or positions of the DSDS or the Trust. The SLTCO will provide reports to DSDS and the Alaska Commission on Aging quarterly. The SLTCO will provide to the director of DSDS a copy of the NORS report each February and the Alaska OMB report each August.

### Section 103                      Functions of the OLTCO Program under the OAA

#### Policy

The SLTCO shall ensure the OLTCO program fulfils the following functions for residents of long term care facilities:

1. Identify, investigate, and resolve complaints made by, or on behalf of, residents that may adversely affect the health, safety, welfare, or rights of residents.
2. Provide services to protect the health, safety, welfare, and rights of the residents.
3. Inform residents about means of obtaining services provided by the OLTCO program.
4. Ensure that residents have regular and timely access to the services provided through the OLTCO program including timely responses to requests for information and complaint resolution for both residents and complainants.
5. Represent the interests of residents before governmental agencies, assure that individual residents have access to, and pursue administrative, legal, and other remedies to protect the health, safety, welfare, and rights of residents.
6. Analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, including the adequacy of long term care facilities and services in the Alaska.
7. Coordinate with and promote the development of citizen organizations consistent with the interests of residents.



8. As requested by resident and family councils, provide technical assistance for the development of, and provide ongoing support to councils to protect the well-being and rights of residents.

## Section 104                      Functions of the OLTCO Program under the Alaska Statutes

### Policy

The OLTCO may investigate and resolve a complaint for an older Alaskan (age 60 and older) relating to their long term care or residential circumstances including:

1. Landlord tenant difficulties
2. Senior citizen housing
3. Public assistance program
4. Services provided to older Alaskans under a public grant
5. Public utilities
6. Health care facilities
7. Health care providers



**Section 201                      Employment of the State Long Term Care Ombudsman****Policy**

The Trust is responsible for hiring the State Long Term Care Ombudsman (SLTCO) under AS 47.62.010. Trust staff who have a financial interest in a long term care facility in the state, or who have any other conflict of interest, may not participate in the hiring of the SLTCO. The SLTCO shall be compensated at no less than Range 21 of the pay plan for state employees under AS 39.27.011. The Trust shall ensure that the SLTCO is full-time and is a position in which the duties of the OLTCO constitute the entirety of the SLTCO's work. The Trust will ensure the SLTCO is free from conflicts of interests under the OAA and meets the qualifications which shall include, at a minimum, demonstrated expertise in:

- Long term services and supports or other direct services for older persons or individuals with disabilities
- Consumer-oriented advocacy, public policy and systems change
- Leadership and program management skills including experience in managing budgets and supervision of employees
- Negotiation and problem resolution skills

In **no circumstance** shall the Trust hire a SLTCO who:

- Has direct involvement in the licensing or certification of a long term care facility
- Has an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long- term care facility
- Has been employed by or participating in the management of a long term care facility within the previous twelve months
- Receives, or has the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long term care facility

**Procedure**

1. Recruitment, hiring and supervision of the SLTCO shall be conducted according to state regulations and provisions of the labor contract between the state and the Supervisory Union.
2. The Trust's Chief Executive Officer supervises the SLTCO.
3. The Trust's Administrative Manager coordinates recruitment and hiring to ensure compliance with applicable state regulations and union contract provisions.
4. Once the SLTCO gives notice of resignation or retirement, the Trust can advertise the position according to Workplace Alaska procedures.
5. The Trust may choose to conduct a preliminary round of interviews to identify finalists. OLTCO staff will participate assist in interviews of the finalists. The Trust makes the final hiring decision.



6. Once the new SLTCO has accepted the position and begun work, he or she must complete training and be designated as a long term care ombudsman. At a minimum, training must include: (See Appendix A for SLTCO Training Checklist)
  - a. Review of the NORC website with the NORC director or designated staff
  - b. Completion of new Ombudsman training on the NORC website (understanding that Alaska does not have local ombudsmen)  
<http://ltcombudsman.org/new-ombudsman>
  - c. Complete the volunteer training modules on the NORC website  
[http://ltcombudsman.org/omb\\_support/training/norc-curriculum](http://ltcombudsman.org/omb_support/training/norc-curriculum)
  - d. Review of the Alaska volunteer training module with the Deputy LTC Ombudsman
  - e. Complete new SLTCO Training on the NORC website  
[http://ltcombudsman.org/state\\_home/state\\_support/state-curriculum](http://ltcombudsman.org/state_home/state_support/state-curriculum)
  - f. Complete NORS Training materials on the NORC website  
[http://ltcombudsman.org/state\\_home/state\\_support/NORS](http://ltcombudsman.org/state_home/state_support/NORS)
  - g. Attend both in-person and telephonic orientation calls offered by NORC for the first two years, then annual attendance at the NORC training for SLTCO
  - h. Review of state and federal laws and regulations including AS 47.62, AS 47.24, Section 712 of the Older Americans Act and 45 CFR parts 1321 and 1324
  - i. Review of OLTCO policies and procedures
  - j. Review of the Trust policies and procedures
7. The new SLTCO will review the OLTCO program budget for the current fiscal year, OMB performance measures for the program and the most recent NORS report.
8. The Trust will conduct an annual performance evaluation of the SLTCO. The Trust may review the OLTCO's annual reports or Ombudsmanager reports of aggregate OLTCO data for information about the program output and outcomes.
9. In the event of the SLTCO's misconduct or poor work performance, the Trust will follow the disciplinary guidelines described in the Trust's Personnel Policies and Procedures, consistent with provisions of the union contract as well as the policies and procedures in section 501 of this manual for any grievances received regarding the SLTCO.

## Section 202                      Role in Administration and Management of the OLTCO Program

### Policy

The SLTCO shall provide leadership and management of a unified statewide OLTCO program. The SLTCO shall have the authority to establish policies and procedures, in consultation with the Trust and DSDS, to carry out the OLTCO program in accordance with the OAA and AS 47.62. The SLTCO shall carry out other activities as determined appropriate by ACL.

### Procedure

1. The SLTCO shall determine the certification, refusal to certify, suspension and de-certification of LTCO. The SLTCO will ensure adequate training of all LTCO before certification.
2. The SLTCO or designee shall monitor the performance of all certified LTCO to ensure they carry out the duties of the OLTCO including supervision of OLTCO staff and investigation allegations of misconduct of LTCO. The SLTCO shall use Ombudsmanager data to set



performance goals and measure outcomes, communicating this information to staff to improve the quality of service.

3. The SLTCO or designee shall be responsible for monitoring the files, records and other information maintained by the OLTCO program to ensure the quality and timeliness of data entry. Neither the SLTCO nor designee shall disclose identifying information of any complainant nor long term care facility resident to individuals outside of the OLTCO program, except as otherwise specifically provided in the OAA. The SLTCO or designee shall have the sole authority to make determinations concerning the disclosure of files, records, and information maintained by the OLTCO.
4. The SLTCO shall independently make determinations and establish positions of the OLTCO, without necessarily representing the determinations or positions of the Trust or DHSS/DSDS including disclosure of information maintained by the OLTCO as well as recommendations to changes in federal, state and local laws, regulations, policies and actions pertaining to the health, safety, welfare, and rights of residents of LTC facilities and older Alaskans.
5. The SLTCO will work with media outlets to raise public awareness of issues relating to elder safety and welfare, residents' rights, including laws, regulations, policies, practices that promote quality long term care and resident-self-determination. The SLTCO may work with the Trust's communications officer to promote the needs and rights of beneficiaries served by the OLTCO program. The SLTCO does not have to obtain permission from any government official to work with media outlets.
6. The SLTCO shall review the OLTCO policies and procedures at least once every 5 years or more often if changes are needed.

## **Section 203                      Development and Administration of the OLTCO Budget**

### **Policy**

The SLTCO will ensure that the budget and expenditures of the OLTCO are consistent with the laws, policies and procedures governing the OLTCO program. The SLTCO will develop the annual OLTCO budget in collaboration with the Trust budget controller, completing the required tasks as specified in the Department of Revenue's (DOR) budget calendar. The SLTCO manages the program's operating budget with information and assistance from the Trust budget controller. The OLTCO will follow all state regulations relating to travel and procurement.

### **Procedure**

1. The Trust budget controller prepares a prospective budget two years in advance, usually in July, calculating anticipated services and personnel costs (including increases in space rental, step raises, and benefit cost increases). The Trust budget controller will review this with the SLTCO each July in preparation for the Trust Finance Committee meeting in August. The SLTCO provides the Trust budget controller with anticipated costs for travel, supplies and contractual services. The Trust budget controller prepares the final budget. If program revenue is not sufficient to cover anticipated expenditures, the SLTCO alerts the Trust CEO to discuss options such as a request for an increment or if no additional revenue will be sought, a reduction in operating costs, staffing or services. The SLTCO will work with the Trust budget



controller on change records, narrative, and other information required by DOR's budget manager.

2. The Trust budget controller will keep the SLTCO advised of Reimbursable Services Agreements as they are received from other agencies.
3. The SLTCO will request year-to-date expenditures statements from the Trust budget controller as needed in order to track program expenditures.
4. The SLTCO must approve program travel arrangements and purchases in accordance with the OLTCO's operating budget.

## Section 204                      Systems Advocacy Responsibility

### Policy

The OLTCO program shall ensure that the interests of residents in long term care and older Alaskans are represented to governmental agencies and policy-makers. The SLTCO shall have the authority to analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other government policies and actions that pertain to the health, safety, welfare, and rights of residents living in long term care facilities including the adequacy of such services.

All LTCO shall be excluded from any state lobbying prohibitions. DSDS and the Trust shall not require a right to review or pre-approve positions or communications of the OLTCO.

### Procedure

1. The SLTCO shall monitor and comment on federal, state, and local laws, regulations and other governmental actions regarding the health, safety, welfare, and rights of residents in LTC facilities.
  - a. Advocate for modification of laws, regulations, and other government policies and actions, pertaining to the health, safety, welfare, and rights of residents of LTC facilities and older Alaskans.
  - b. Testify at a public hearing relating to a long term care issues.
  - c. Facilitate public comment on the laws, regulations, policies, and actions relating to the concerns of residents in LTC facilities and older Alaskans.
  - d. Work with other governmental and/or nonprofit agencies to develop strategies that address systemic problems affecting residents in long term care facilities and older Alaskans.
2. The SLTCO shall provide leadership to statewide systems advocacy efforts of the OLTCO on behalf of long term care facility residents and older Alaskans.
  - a. Coordinate with and promote the development of citizen coalitions consistent with the interests of seniors (i.e. The Trust and ACoA legislative meetings, ADRD Roadmap)
  - b. Promote and provide technical support as requested by resident and family councils to protect the health, safety, welfare, and rights of residents in LTC facilities
3. The SLTCO shall provide information to public and private agencies, legislators, the media, and other persons regarding the problems, concerns and recommendations of residents in LTC facilities and older Alaskans.



4. Through adoption of memoranda of understanding and other means, the SLTCO shall lead state-level coordination between the OLTCO program and other entities with responsibilities for the health, safety, well-being or rights of residents of long term care facilities and older Alaskans including, but not limited to:
  - a. Division of Senior and Disability Services
  - b. Aging and Disability Resource Centers (ADRC) and State Independent Living Centers
  - c. Adult Protective Services (APS)
  - d. Disability Law Center of Alaska
  - e. Residential Licensing
  - f. Health care Facility Licensing and Certification
  - g. Medicaid Fraud Control Unit (MFCU)
  - h. Victim assistance programs (i.e. STAR/DART, Victims for Justice)
  - i. State and local law enforcement agencies
  - j. Courts of competent jurisdiction
  - k. Alaska Legal Services

## Section 205                      Duty to Complete Annual Reports

### Policy

The SLTCO shall independently develop and provide final approval of annual reports required for state funding and under the OAA. The SLTCO shall periodically monitor OLTCO data in Ombudsmanager to ensure it is accurate for reporting purposes.

### Procedure

1. SLTCO shall ensure the completion of the National Ombudsman Reporting System (NORS) report to Administration on Community Living by January 31. This report includes the following items:
  - a. Description of the activities carried out by the OLTCO in the year for which the report is prepared including an analysis of OLTCO program data
  - b. Description of the problems experienced by, and the complaints made by or on behalf of, residents in long term care
  - c. Policy, regulatory, and/or legislative recommendations for:
    - i. improving the quality of the care and life of LTC residents
    - ii. protecting the health, safety, welfare, and rights of LTC residents
  - d. Resolving resident complaints and identified problems or barriers
  - e. An analysis of the success of the OLTCO program, including success in providing services to residents of LTC facilities
  - f. Describe barriers that prevent the optimal operation of the OLTCO program

The SLTCO shall make an annual report available to the public and submit it to:

- a. the Assistant Secretary of the Administration on Community Living
- b. the Governor
- c. the state legislature
- d. the Alaska Commission on Aging
- e. the Administrator of Residential Licensing



- f. the Manager of Health Facilities Licensing and Certification
  - g. the Director of the DSDS
  - h. the CEO of the Trust
2. SLTCO shall ensure the completion of an annual report to State of Alaska's Office of Budget and Management, as required by the Memorandum of Agreement between the DSDS, the Trust and the OLTCO which includes data on the performance measures and outcomes of the OLTCO program to the Department of Revenue each August for inclusion in the Governor's operating budget.
  3. The SLTCO will provide the DSDS with requested OLTCO data to allow the DSDS complete their annual report under the OAA. The SLTCO will work with the DSDS to incorporate the needs and public comments of residents of LTC facilities in the Alaska State Plan on Aging to ACL including the funding formula.



**Section 301                      Duties of Long Term Care Ombudsman (LTCO)****Policy**

A LTCO may be an employee, intern, or volunteer who has been trained and certified to perform the official duties of the OLTCO. All LTCO are expected to adhere to the Long Term Care Ombudsman's Code of Ethics and conduct themselves in a professional and fair-minded manner with residents, home administrators, other state personnel, and the public.

All LTCO are representatives of the OLTCO and are responsible for carrying out the duties under the OAA and state law, including:

- Identify, investigate, and resolve complaints made by or on behalf of residents of LTC facilities that may adversely affect their health, safety, welfare, or rights.
- Provide services to protect the health, safety, welfare, and rights of older Alaskans and residents of LTC facilities
- Ensure that older Alaskans and residents of LTC facilities have regular and timely access to the services provided through the OLTCO program
- Ensure that older Alaskans, residents of LTC facilities, and complainants receive timely responses to requests for information and complaints
- Provide technical support for the development of, and provide ongoing support for resident and family councils in LTC facilities as requested by council members
- Provide information and referrals to members of the public and LTC providers
- At the SLTCO's discretion, provide assistance to older Alaskans, not living in a long term care facility, with problems relating to their residential circumstances in order to protect their health, safety, welfare, and rights
- Carry out other activities that the SLTCO determines to be appropriate

**Section 302                      Recruitment and Background Checks for LTCO Employees****Policy**

The OLTCO will recruit for positions as soon as notice is given or the position is vacated. Recruitment will follow the equal opportunity employing practices of the Trust. All applicants will be screened for conflicts of interest and have a background check.

**Procedure**

1. The SLTCO will work with the Trust Administrative Manager to recruit and hire LTCO staff following the Trust's hiring practices.
2. The SLTCO shall conduct a search of Alaska CourtView database to identify any criminal or civil cases that indicate a concern about the individual's conduct before being interviewed.
3. All applicants shall complete an application, provide references and be screened for conflicts of interest before being interviewed.
4. The SLTCO, Trust Administrative Manager and certified LTCO staff will interview the applicant in person if possible.
5. The SLTCO or designee will contact both personal and professional references.



## Section 303 Recruitment and Background Checks for LTCO Volunteers

### Policy

The OLTCO will recruit volunteers on an ongoing basis. All potential volunteers must fill out an application, be screened for conflict of interest, complete an interview, and pass a background check before being trained. The SLTCO or designee will screen out potential volunteers who do not appear to be a good fit for the program due to behavior, attitude or past history. (See Appendix B for LTCO Volunteer Application and Appendix C for LTCO Volunteer reference Form)

### Procedure

1. The SLTCO or designee should advertise for volunteers using various methods such as articles in newspapers, radio shows, posters in community gathering places, etc. All LTCO should recruit in communities where volunteers are needed.
2. The OLTCO requires all volunteer applicants to fill out an OLTCO volunteer application and a conflict of interest form.
3. The Deputy and State LTCO shall review applications to screen for potential conflicts of interest.
4. The Deputy LTCO or designee will conduct a search of Alaska CourtView database to identify any criminal or civil cases that indicate a concern about the individual's conduct before scheduling an interview.
5. The Deputy LTCO or designee will interview the volunteer in person to explain the program and the volunteer's duties, identify to the individual's reason for wanting to volunteer, and detect any issues/behaviors that would preclude a successful volunteer experience.
6. The Deputy LTCO will contact both personal and professional references.
7. At any time during training, the volunteer or the SLTCO (or designee) may decide that certification as a LTCO volunteer is not a good fit for the OLTCO program. If the decision is by the SLTCO or designee, they will notify the volunteer in writing.

## Section 304 Training of Long Term Care Ombudsmen

### Policy

The SLTCO will ensure that all certified LTCO meet the OLTCO training requirements under the OAA. All LTCO are prohibited from carrying out the duties of the office until they have completed the required training and been certified as a LTCO by the SLTCO or designee. The Trust will ensure opportunities for training are provided for the SLTCO and LTCO in order to maintain expertise to serve as effective advocates for residents of LTC facilities.

All LTCO, whether employees or volunteers will complete the OLTCO program training curriculum which follows recommendations made by the National Ombudsman Resource Center for LTCO training best practices. The curriculum will include a minimum of 20 hours of coursework and field training.



## Procedure

### *Employee LTCO Training Requirements*

1. The SLTCO or designee will teach the 14 hour training curriculum to the new employee which includes 4 parts:
  - a. Overview of the Long Term Care Ombudsman program
  - b. The Aging Process
  - c. Resident Rights
  - d. Facility Visits and Case Resolution
2. After completion of the classroom curriculum, the new employee will complete field training of at least 4 hours of supervised visits with each Assistant LTCO. The final visit will be led by the new employee to demonstrate competence of LTCO skills. The LTCO staff or new employee may request additional visits be completed before the employee is certified as a LTCO by the SLTCO. Field training should also include attendance at both a resident and a family council meeting if possible.
3. The new employee will meet with the SLTCO to determine individual training goals for the first year of employment. These goals will include at a minimum:
  - a. Completion of the NORC online LTCO training. Completed tests will be reviewed by the SLTCO.
  - b. Completion of the NORS training curriculum with the SLTCO or designee. Completed tests will be reviewed by the SLTCO including training on the use of Ombudsmanager with the SLTCO or designee
  - c. Review of the NORC website with the SLTCO or designee
  - d. Review of the OLTCO P&P and the Trust P&P with the SLTCO or designee
  - e. Review of the OLTCO procedures for completing paperwork for travel, timesheets, mileage reimbursement, facility visits, intakes, requesting IT support with the LTCO Specialist.
  - f. Review each of the OLTCO trainings (Calling 911, Working with residents who Experience Dementia and Falls Prevention) with the SLTCO.
4. The orientation training may also include any of the following, depending on the experience of the new employee. The SLTCO and the new employee will add these to the employees training plan:
  - a. List of agencies to visit to learn about resources and develop networks (See Appendix D for Resource Agency List)
  - b. Attend Residential Licensing orientation for new providers
  - c. Participation in the following meetings: Alaska Commission on Aging, the Trust legislative advocacy group, Inter-agency breakfast, Care Coordinators Association, and an assisted living home provider association.
5. All LTCO employees will participate in at least 18 hours annually of continuing education arranged by the SLTCO or designee.

### *Volunteer LTCO Training Requirements*

1. The SLTCO or designee will teach the 14 hour training curriculum which includes 4 parts:
  - a. Overview of the Long Term Care Ombudsman program
  - b. The Aging Process



- c. Resident Rights
  - d. Facility Visits and Case Resolution
2. After completion of the classroom curriculum, field training will be completed under the supervision of the Assistant LTCO responsible for the LTC facility the volunteer has been assigned. It will include at least 6 hours of supervised visits with Assistant LTCO. The final visit will be led by the volunteer to demonstrate competence of LTCO skills. The LTCO staff or volunteer may request additional visits be completed before the volunteer is certified as a LTCO by the SLTCO.
  3. Volunteers will participate in at least 18 hours continuing education trainings provided by the OLTCO or alternate trainings approved by the SLTCO.

## Section 305 Certification LTCO

### Policy

The SLTCO has the sole authority to certify or refuse individuals to serve as LTCO including staff and volunteers. All LTCO shall meet the following requirements:

- Completed an interview with the SLTCO or designee
- Be free of unremedied conflicts of interest
- Satisfactorily completed all required initial classroom and supervised field training
- Certification by the SLTCO as qualified to carry out the activities on behalf of the OLTCO
- Participation in at least 18 hours of continuing education opportunities yearly led by or approved by the SLTCO.

### Procedure

#### *Employee Certification*

The SLTCO will provide documentation of certification and two name badges to the new employee at the completion of the LTCO training program. The LTCO specialist will enter the newly certified LTCO employee into Ombudsmanager. The new employee will obtain a state ID badge from the DMV. (See Appendix E for Initial Employee Certification Checklist)

#### *Volunteer Certification*

The SLTCO will provide documentation of certification and name badge to each LTCO volunteer within 14 days completion of the LTCO training program. The LTCO specialist will enter the newly certified LTCO volunteer into Ombudsmanager. LTCO may not visit a facility without a name badge unless they are escorted by a certified LTCO. (See Appendix F for Initial Volunteer Certification Checklist)

## Section 306 De-Certification or Refusal to Certify LTCO

### Policy

The SLTCO shall de-certify or refuse to certify a LTCO for the following reasons:

- Voluntary separation from OLTCO (moved, unable to volunteer any longer, etc.)
- Failure to pass annual background check
- Has a conflict of interest that cannot be adequately removed or remedied
- Deliberate failure of the individual to disclose any conflict of interest



- Violation of confidentiality requirements
- Falsifying records or providing false information
- Violation of the LTCO code of ethics (see Appendix I)
- Failure to follow OLTCO policies and procedures
- Refusal to follow the direction of SLTCO or designee
- Failure to act in accordance with applicable federal and state laws, regulations and policies
- Annual performance review shows failure to satisfactorily perform duties of the OLTCO including volunteer LTCO's failure to make monthly visits or complete monthly reports.

### Procedure

The process for de-certification or refusal to certify includes:

1. For voluntary decertification, the LTCO shall notify the SLTCO or designee in writing as soon as possible. For employee voluntary decertification, the SLTCO shall follow the policies and procedures of the Trust. (See Appendix G for Voluntary De-certification Form)
2. For involuntary de-certification situations the SLTCO or designee shall consider remedial actions which could be taken to avoid the de-certification. (See Appendix H for Involuntary De-certification Form) The SLTCO or designee shall provide written notice of the decision to de-certify which shall include:
  - a. Specific reasons for de-certification
  - b. Effective date of the decision
  - c. A copy of the OLTCO grievance procedure
  - d. The SLTCO shall also follow the policies and procedures of the Trust for LTCO employees.
3. The SLTCO or designee will recover:
  - a. the SOA ID badge and name tags from employees
  - b. name badge from volunteers
4. The SLTCO or designee shall notify the facility the LTCO was responsible for visiting.

## Section 307                      Supervision of LTCO

### Policy

The SLTCO has a responsibility to ensure that all LTCO including employee and volunteers are supervised on a regular basis.

### Procedure

#### *Employees*

1. The SLTCO or designee will provide ongoing technical assistance and training to support staff in completing facility visits and resolving issues for residents.
2. The SLTCO will complete a quarterly review of data in Ombudsmanager
3. The SLTCO will meet quarterly with LTCO staff to review progress towards annual performance and training goals
4. The SLTCO will complete an annual performance review for OLTCO staff including:
  - a. A review of annual performance goals
  - b. An annual background check



- c. All employees will renew code of ethics, conflict of interest and confidentiality forms annually
- 5. The Trust Administrative Manager will maintain a personnel file for each OLTCO employee including hiring paperwork and annual performance evaluations. The SLTCO may keep information related to supervision and completion of annuals goals for each employee.

#### *Volunteers*

- 1. OLTCO staff will provide ongoing technical assistance and training to support volunteers in completing facility visits and resolving issues for residents.
- 2. The Deputy will make monthly contact with LTCO volunteers to review facility visit reports and provide appropriate feedback.
  - a. Follow up with volunteers if monthly report is not received
- 3. The Deputy or Assistant LTCO will complete an annual evaluation of each LTCO volunteer including:
  - a. Shadowing of a facility visit
  - b. Completion of a new background check
  - c. All LTCO volunteers will renew code of ethics, conflict of interest and confidentiality forms annually
  - d. Optional: the Deputy or Assistance LTCO may shadow a volunteer LTCO on a facility visit if the staff determine that it would be appropriate as part of the volunteer's annual review.
- 4. The Deputy LTCO will maintain an online file for each LTCO volunteer that includes:
  - a. The application and notes from references
  - b. Copy of background check information
  - c. Copy of the documentation of certification
  - d. Annual performance evaluations which includes renewed conflict of interest, confidentiality and code of ethics forms
  - e. Copies of any correspondence or other documents associated with the volunteer

(See Appendix J for Employee Annual Re-certification Checklist. See Appendix K for Volunteer Annual Re-certification Checklist)



Policy

The SLTCO shall consider both the organizational and individual conflicts of interest that may impact the effectiveness and credibility of the work of the OLTCO. It is the duty of all LTCO staff and volunteers to identify and report any conflicts of interest to the SLTCO.

**Section 401 Identification of Conflicts of Interest***Identification of Organizational Conflicts of Interest*Policy

Organizational conflicts include any conflicts that may impact the effectiveness and credibility of the work of the OLTCO. Organizational conflicts of interest include, but are not limited to, placement of the OLTCO, or requiring that an ombudsman perform conflicting activities, in an organization that:

1. Is responsible for licensing, surveying, or certifying long term care facilities
2. Is an association (or an affiliate of such an association) of long term care facilities, or of any other residential facilities for older individuals or individuals with disabilities
3. Has any ownership or investment interest (represented by equity, debt, or other financial relationship) in, or receives grants or donations from, a long term care facility
4. Has governing board members with any ownership, investment or employment interest in long term care facilities
5. Provides long term care to residents of long term care facilities, including the provision of personnel for long term care facilities or the operation of programs which control access to or services for long term care facilities
6. Provides long term care coordination or case management for residents of long term care facilities
7. Sets reimbursement rates for long term care facilities
8. Provides adult protective services
9. Is responsible for eligibility determinations regarding Medicaid or other public benefits for residents of long term care facilities
10. Conducts preadmission screening for long term care facility placements
11. Makes decisions regarding admission or discharge of individuals to or from long term care facilities
12. Provides guardianship, conservatorship or other fiduciary or surrogate decision-making services for residents of long term care facilities

Procedure

Annually the SLTCO shall review the program to determine if there are any organizational conflicts of interest for the OLTCO program. (See Appendix L for Organizational Conflict of Interest Screening Form)

*Identification of individual conflicts*



## Policy

Individual conflicts of interest for LTCO and members of their immediate family include, but are not limited to:

1. Direct involvement in the licensing or certification of a long term care facility
2. Ownership, operational, or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long term care facility
3. Employment of an individual by, or participation in the management of, a long term care facility in the service area or by the owner or operator of any long term care facility in the service area
4. Receipt of, or right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long term care facility
5. Accepting gifts or gratuities of significant value from a long term care facility or its management, a resident or a resident representative of a long term care facility in which the LTCO provides services
6. Accepting money or any other consideration from anyone other than the OLTCO program, for the performance of an act in the regular course of the duties of the LTCO without SLTCO approval
7. Serving as guardian, conservator or in another fiduciary or surrogate decision-making capacity for a resident of a long term care facility in which the LTCO provides services
8. Serving residents of a facility in which an immediate family member resides

In **no circumstance** shall the Trust hire a SLTCO who:

1. Has direct involvement in the licensing or certification of a long term care facility
2. Has an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long term care facility
3. Has been employed by or participating in the management of a long term care facility within the previous twelve months
4. Receives, or has the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long term care facility

In **no circumstance** shall the SLTCO appoint a LTCO who:

1. Has direct involvement in the licensing or certification of a long term care facility
2. Has an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long- term care facility
3. Receives, or has the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long term care facility
4. Is employed by, or participating in the management of, a long term care facility
  - a. The OLTCO shall make efforts to avoid certifying a LTCO who has been employed or participating in the management of a long term care facility within the previous 12 months
  - b. Where such an individual is certified as a LTCO, the SLTCO shall take steps to remedy the conflict



### Procedure

1. All individuals seeking certification as a LTCO volunteer shall be screened by the SLTCO or designee before beginning training as an LTCO. Individuals seeking employment as a LTCO shall be screened before being considered for an interview. (See Appendix M for Individual Conflict of Interest Screening form)
2. Annually all employees and volunteers of the OLTCO shall sign the LTCO conflict of interest form declaring they are free of any conflicts which would interfere with the performance of their duties as a LTCO. (See Appendix J for Employee Annual Re-certification Checklist. See Appendix K for Volunteer Annual Re-certification Checklist)

## Section 402 Remediation of Conflicts of Interest

### Policy

After a conflict of interest has been identified, the SLTCO or designee shall be responsible to ensure the removal or remediation of such conflict. A conflict can be sufficiently remedied only when the existence of the conflict does not interfere with any duties of the OLTCO and where the conflict is not likely to alter the public's perception of the OLTCO as an independent advocate for residents of LTC facilities or older Alaskans. Where an actual or potential conflict of interest within the OLTCO has been identified, the SLTCO shall be notified immediately. (See Appendix N for Individual Conflict of Interest Remediation form).

### Procedure

#### *Organizational COI*

1. The SLTCO shall annually review the OLTCO for organizational conflicts of interest and determine whether appropriate actions may be taken to sufficiently remedy the conflict. The SLTCO may consult with outside sources, such as the National Ombudsman Resource Center (NORC) or the National Association of State Long Term Care Ombudsmen (NASOP) for expert input to resolve any questions about potential conflict of interest.
2. Where organizational conflicts have been identified, the following steps shall be taken where the conflict can be sufficiently remedied:
  - a. A written remediation plan shall be developed within 30 calendar days of the identification of the conflict.
  - b. The SLTCO may choose to develop a memorandum of agreement (MOA) with the organization. The MOA should set forth the roles, responsibilities and appropriate working relationships between the respective programs that clarify the remediation of the conflict of interest. The document should be signed by the SLTCO and the Director of the organization.
3. The SLTCO shall describe steps taken to remove or remedy any organizational conflicts in the annual report submitted to the Assistant Secretary through the National Ombudsman Reporting System.

#### *Individual COI*

1. Where individual conflicts have been identified, a written remediation plan shall be developed within 30 calendar days of the identification of the conflict. The plan must identify



the conflict and provide assurances which shall minimize to the greatest extent possible the negative impact of the conflict of interest. The plan must be signed by both the LTCO and SLTCO or designee.

- a. Where the individual is an applicant for a paid position as a staff LTCO, a plan shall be developed before the individual is hired for the position.
  - b. Where the individual is an applicant for a position as a volunteer LTCO, a plan shall be developed before the individual is certified as a LTCO.
  - c. Where the individual is already a certified LTCO, a plan shall be developed as soon as possible to remediate the conflict of interest. Reasonable steps should be taken to avoid assigning LTCO to a facility that would create a conflict of interest.
2. Failure to identify and report a known individual conflict of interest to the SLTCO shall be sufficient grounds for refusal to certify a potential LTCO, to de-certify LTCO and/or termination of LTCO employee.
  3. Failure to remove a conflict of interest or the existence of a conflict of interest that cannot be remedied shall be sufficient grounds for the de-certification of the volunteer LTCO or termination of the LTCO employee.



**Section 501                      OLTCO Grievance Procedure****Policy**

The SLTCO or designee shall investigate allegations of misconduct by any LTCO in the performance of the duties of the OLTCO. All grievances should be documented in writing (See Appendix O for Grievance Form). If complainant is unable to submit grievance in writing, the SLTCO or designee will assist in documenting the grievance. All complaints should contain the following information:

1. Contact information of the person filing the grievance (name, phone number, email or mailing address)
2. The nature of the complaint
  - a. Name of the person the grievance is against
  - b. Date and time of the incident
  - c. Location of incident
  - d. Brief description of what happened
3. Specific facts supporting the allegation
  - a. Any documentation of the incident
  - b. Names of others involved or witnesses
4. The complainant's desired resolution of the grievance

**Procedure**

1. Upon receipt of a grievance, the SLTCO or designee shall attempt to contact the complainant within 2 business days to acknowledge the receipt of a grievance, explain the grievance process and clarify any information if needed.
2. Grievances against LTCO staff or volunteers will be investigated by the SLTCO or designee. All efforts will be made to complete the investigation within 10 business days of receipt of complaint by the OLTCO.
  - a. Depending on the severity of the grievance, the SLTCO may suspend the LTCO until the investigation is completed and/or there is a resolution of the grievance.
  - b. All efforts will be made to discuss the complaint with the LTCO within 5 business days of receipt of complaint.
  - c. All efforts will be made to provide the complainant with a written response within 10 business days. The response will follow the OLTCO confidentiality policies regarding OLTCO records.
  - d. All decisions of the SLTCO will be final.
3. Complaints against the SLTCO will be investigated by the Chief Executive Officer (CEO) of the Alaska Mental Health Trust Authority (the Trust). All efforts will be made to complete the investigation within 10 business days of the receipt of the complaint by the Trust. The Trust may also choose to refer the complaint to the State of Alaska Ombudsman for a recommendation of action.
  - a. Depending on the severity of the grievance, the Trust CEO may suspend the SLTCO until the investigation is completed and/or there is a resolution of the grievance.



- b. All efforts will be made to discuss the complaint with the SLTCO within 5 business days of receipt of complaint.
  - c. The Trust CEO may consult with the SDS Director.
  - d. All efforts will be made to provide the complainant with a written response within 10 business days. The response will follow the OLTCO confidentiality policies regarding OLTCO records.
  - e. All decisions of the Trust CEO will be final.
4. Complaints regarding the decision to refuse, suspend or remove the certification of a LTCO will be reviewed by the SLTCO or designee. All efforts will be made to complete the investigation within 10 business days of receipt of complaint by the OLTCO. All complaints should be in writing and contain:
- a. The specific facts that support the individual's complaint against the refusal, suspension or de-certification.
  - b. The SLTCO may discuss facts presented by the complaint as necessary to clarify the specific details of the complaint.
  - c. All efforts will be made to provide the complainant with a written response within 10 business days.
  - d. All decisions of the SLTCO will be final.



**Section 601                      Legal Counsel for the OLTCO****Policy**

The OLTCO shall have access to legal counsel that is adequate and readily available in order to provide consultation and/or representation as needed to assist the OLTCO in the performance of their official functions, responsibilities, and duties. The legal counsel shall be without conflict of interest (as defined by the state ethical standards governing the legal profession). Legal representation by a licensed attorney shall not by itself constitute sufficiently adequate legal counsel. Legal counsel shall have competencies relevant to the legal needs of the program and of residents including federal and state laws protecting the rights of residents and governing laws of long term care facilities. The communications between the OLTCO and legal counsel are subject to attorney-client privilege.

**Procedure**

1. The Assistant Attorney General for Consumer Protection Division (AAG) shall provide legal representation to the OLTCO that is adequate and readily available in order to provide consultation and/or representation as needed to assist the OLTCO in the performance of their official functions, responsibilities, and duties, including, but not limited to:
  - a. Provide legal advice
  - b. Review documents and correspondence
  - c. Respond to subpoenas and requests to testify
  - d. Legal representation, arranged by or with the approval of the SLTCO, to any LTCO against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties
2. Only the SLTCO shall contact the AAG to obtain advice for programmatic legal issues. Staff or volunteer LTCO will not contact the AAG without the consent and supervision of the SLTCO.
3. When LTCO are contacted by an attorney, they should follow the OLTCO disclosure policies and procedures. For example, if attorney asks for confidential information, including records, do not acknowledge whether OLTCO has a case without consent from the resident and complainant. The LTCO should obtain attorney's contact information and inform SLTCO of the situation.
4. The SLTCO will keep the AAG apprised of OLTCO interactions with outside counsel.
5. A LTCO may have information that is relevant in a court case. However, testifying can interfere with the perception of an ombudsman as an independent advocate. If an attorney or other person indicates a wish for a LTCO to testify in a hearing or disposition, the LTCO should inform the SLTCO of the situation as soon as possible.
6. Upon receipt of a subpoena, the LTCO shall notify the SLTCO and provide a copy of the order. The SLTCO will contact the AAG to pursue a motion to quash the subpoena.
7. If a LTCO receives a request to participate in a hearing, they should contact the SLTCO as soon as possible. The SLTCO will keep the AAG informed of the situation and seek legal advice if needed.



8. If a LTCO receives or is threatened with a suit related to the performance of official duties, they should immediately notify the SLTCO. The SLTCO will immediately request assistance from the AAG.

## Section 602                      Legal Counsel for Residents of LTC and Older Alaskans

### Policy

The OLTCO shall work with the Legal Services Developer to ensure residents of LTC facilities have access to legal counsel that is adequate and readily available in order to provide consultation and/or representation as needed. The legal counsel shall be without conflict of interest (as defined by the state ethical standards governing the legal profession). Legal representation by a licensed attorney shall not by itself constitute sufficiently adequate legal counsel. Legal counsel shall have competencies relevant to the legal needs of the program and of residents including federal and state laws protecting the rights of residents and governing laws of long term care facilities.

### Procedure

1. The SLTCO and the Legal Services Developer shall coordinate with the Alaska Legal Services (ALS), the Northern Justice Project (NJP), the Disability Law Center of Alaska (DLCA), and other agencies to promote the availability of legal counsel to residents of long term care facilities and older Alaskans in order to :
  - a. to provide consultation and representation as needed in order to protect the health, safety, welfare, and rights of residents in long term care facilities
  - b. assist residents in seeking administrative, legal, and other appropriate remedies
2. LTCO may make supervised referrals to DLCA, ALS or NJP regarding complaints that require legal assistance for residents of LTC facilities or older Alaskans.



### Section 701 Immunity

#### Policy

A person who, in good faith, makes a complaint is immune from civil or criminal liability that might otherwise exist for making the complaint. The SLTCO or any LTCO is immune from civil or criminal liability for the good faith performance of official duties under the OAA and AS 47.62.035.

### Section 702 Prohibition of Interference and Retaliation

#### Policy

The SLTCO shall work with SDS/DHSS to ensure that no person shall willfully interfere with any LTCO in the performance of official duties. The SLTCO shall work with SDS/DHSS to ensure that no person shall intentionally discriminate or retaliate in any manner against any resident, family member, legal representative of a resident, employee of a facility, or any other person due to filing a complaint with or providing information to the OLTCO program.

If a person makes a good faith complaint, an employer or supervisor of the person, or a public or private agency or entity that provides benefits, services, or housing to the person, may not discharge, demote, transfer, reduce the pay or benefits or work privileges of, prepare a negative work performance evaluation of, deny or withhold benefits or services, evict, or take other detrimental action against the person because of the complaint.

#### Procedure

1. The SLTCO or designee shall investigate any report of willful interference or retaliation.
2. When SLTCO or designee believes that willful interference or retaliation was attempted or has occurred, the SLTCO will inform the offending individual of the sanctions provided by law. When appropriate, the SLTCO will advise the administrator of the facility of the situation and the sanctions.
3. If the issue is not resolved, the SLTCO or designee may inform the licensing agency of the interference or retaliation in a licensed facility.
4. If the interference or retaliation continues, the SLTCO or designee shall inform OLTCO AAG about the interference and provide supporting documents. The SLTCO shall request a letter from OLTCO AAG be sent to the person who is retaliating and if appropriate to their employer.
5. In accordance with AK statute 47.62.040 a person who violates this section is guilty of a class B misdemeanor. The resident or complainant may also bring a civil action against the person or entity that violates this statute.



### Section 801 LTCO Access to Residents and Facilities

#### Policy

LTC ombudsmen shall have timely access to facilities and residents in order to perform the functions and duties under the Older Americans Act and state statute.

#### Procedure

1. LTCO may enter all long term care facilities at any time during a facility's regular business hours, regular visiting hours, and at any other time when access may be necessary to resolve a complaint. LTCO have access to the administrative records, policies and documents to which the residents or general public has access.
2. LTCO should request the name and contact information for all resident representatives at the beginning of a facility visit in order to protect confidentiality and prevent retaliation when residents are unable to communicate needs or wishes and the LTCO needs to contact their representative.
3. LTCO should meet privately with residents whenever possible.
4. If a LTC facility denies timely access to facilities or residents LTCO should take the following steps:
  - a. First the LTCO should review the OLTCO access statutes with the facility staff and administrator.
  - b. If the LTCO is unable to obtain the needed records, the LTCO should contact the SLTCO or designee, who will then contact the administrator/owner of the facility.
  - c. If this is not successful, then the SLTCO or designee will contact the licensing agent for the facility to request their assistance in resolving the matter.

### Section 802 LTCO Access to Resident Records

#### Policy

With informed consent of the resident or resident representative, LTC ombudsmen shall have timely access to appropriate records (regardless of format and including, upon request, copies of such records) needed to perform the functions and duties under the Older Americans Act. LTC facilities shall provide the name and contact information of the resident representatives when requested by a LTCO. (See Appendix P for Informed Consent Form)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule does not preclude release by covered entities of resident private health information or other resident identifying information to the OLTCO, including but not limited to residents' medical, social, or other records, a list of resident names and room numbers, or information collected in the course of a state or federal survey or inspection process.

#### Procedure

1. LTCO shall seek access to records only if necessary for complaint investigation and resolution.



2. LTCO shall obtain informed consent from a resident or resident representative in order to access to the medical, social and other records of a resident. LTCO shall follow the OLTCO policies and procedures regarding informed consent. If a resident is unable to give informed consent and there is not resident representative, the LTCO shall contact the SLTCO.
3. Informed consent is not required for a facilities' administrative records, policies, and documents available to the general public.
4. Informed consent is not required for licensing and certification records maintained by the state with respect to long term care facilities.
5. If a LTC facility denies timely access to appropriate records, the LTCO should take the following steps:
  - a. First the LTCO should review the OLTCO access statutes with the facility staff and administrator.
  - b. If the LTCO is unable to obtain the needed records, the LTCO should contact the SLTCO or designee, who will then contact the administrator/owner of the facility.
  - c. If this is not successful, then the SLTCO or designee will contact the licensing agent for the facility to request their assistance in resolving the matter.
6. LTCO may not subpoena records without approval of the SLTCO.



## Section 901 Disclosure of Complaint Information

Policy

All OLTCO information including files, records and other information should be maintained in a confidential manner. All LTCO are excluded from mandatory abuse reporting requirements without informed consent or a court order. The SLTCO (or designee) shall have the sole authority to make determinations concerning the disclosure of the files, records, and other information maintained by the OLTCO program regardless of the:

- format of such file, record, or other information
- source of the request
- sources of funding to the OLTCO program

The disclosure of the identity of the complainant without informed consent from the complainant is prohibited unless required by court order. The disclosure of the identity of any resident without informed consent from the resident or their representative is prohibited with the following two exceptions:

1. Disclosure is required by a court order
2. Disclosure to the agency with regulatory oversight of the facility, adult protective services, law enforcement and/or for administrative, legal or other remedies, if all of the following conditions are met:
  - the resident is unable to communicate consent and resident has no resident representative or there is reasonable cause to believe that the resident representative has acted in a way that may adversely affect the resident
  - the LTCO has reasonable cause to believe that an action or inaction may adversely affect the resident's health, safety, welfare or rights
  - there is no evidence indicating that resident would not wish the action to be taken
  - the LTCO has reasonable cause to believe the action is in the resident's best interest

**AND**

  - the LTCO obtains the approval of the SLTCO or designee

Procedure

1. The LTCO may not disclose whether a complaint has ever been received about an individual, the content of a complaint or the outcome of an investigation without informed consent from the resident or their representative including requests to testify and subpoenas. LTCO should simply state "OLTCO records and information are confidential and may not be released without the informed consent of the resident or the resident's legal representative or by court order."
2. The LTCO should seek informed consent from the resident first. Only when the resident is unable to provide informed consent should the LTCO seek informed consent from the resident's representative. LTCO shall make every effort to obtain written consent from the resident or their representative. If informed consent is given orally, then it should be specifically documented in the case file as soon as possible. If the resident is unable to give



informed consent and does not have a resident representative, the LTCO must get approval of the SLTCO before disclosing any resident identifying information.

3. LTCO should seek informed consent from the complainant for the release of their personally identifying information. If informed consent is given orally, then it should be specifically documented in the case file as soon as possible. If consent is refused, documents should be redacted to protect complainant.
4. Requests to the OLTCO to share records or information must be in writing and include an explanation of the need for the information, how it will be used and who else will be given access to the information. The SLTCO shall attempt to respond to all requests to share information within five working days. If the SLTCO is not available to provide approval for the disclosure of information, the Deputy LTC Ombudsman is designated to provide the needed approval.
5. When determining whether to disclose information, the SLTCO should consider whether the disclosure could have the following effects:
  - a. retaliation against residents or complainants
  - b. deter individuals from contacting the OLTCO for assistance in the future
  - c. damage working relationships between the OLTCO, facilities and/or regulatory agencies
6. A LTCO should immediately contact the SLTCO when a court order, subpoena or request to testify is received. The SLTCO will then consult with the AAG for assistance in protecting the identity of residents and complainants. The LTCO shall inform the resident (and/or the resident's representative) and the complainant of any court order requiring the release of personally identifying information or records.
7. All information to be released (including email correspondence, calendar entries or other documents) must be reviewed by the SLTCO who may redact information to protect the privacy of other residents or for other purposes.

IF the request is made by...	THEN the SLTCO or designee shall...
A resident	Release any records generated by the OLTCO which are directly relevant to that resident provided that the identities of other residents or complainants who have not provided informed consent for the release of their names are not revealed
By the resident representative	Release any records generated by the OLTCO which are directly relevant to that resident provided that both of the following conditions are met: 1) the SLTCO has no reason to believe that the release shall be in conflict with the wishes or interest of the resident <u>and</u> 2) the identities of other residents or complainants who have not provided informed consent for the release of their names are not revealed



Complainant or the public	<p>Release the records only if both of the following conditions are met:</p> <ol style="list-style-type: none"> <li>1) the resident has provided informed consent (If the resident is unable to provide informed consent, the resident's representative may provide informed consent) <u>and</u></li> <li>2) the identities of other residents or complainants who have not provided informed consent for the release of their names are not revealed</li> </ol>
A subpoena	<ol style="list-style-type: none"> <li>1) The SLTCO shall review the request to determine whether the release of all or part of the records would be consistent with the wishes or interest of the relevant resident(s).</li> <li>2) Inform the residents (and/or resident representative) and the complainant of the subpoena</li> <li>3) Where the SLTCO determines that the release of records would be inconsistent with the wishes or interest of the resident, the SLTCO should request AAG make a motion to quash the subpoena</li> </ol>
A court order	<ol style="list-style-type: none"> <li>1) Inform the residents (and/or resident representative) <u>and</u> the complainant of the court order</li> <li>2) Release any records directly responsive to a court order</li> <li>3) Provide an explanation to the court regarding the importance of not revealing the identity of residents and complainants and/or requesting the court to seal the OLTCO records where the SLTCO determines that the release of records would be inconsistent with the wishes or interests of the resident.</li> </ol>

## Section 902 Disclosure of OLTCO Program Information

### Policy

Data collected in the OLTCO program reporting system can be helpful to consumers making decisions about placement in a long term care facility, other agencies with responsibilities to residents of long term care facilities, researchers, and other parties. The OLTCO staff may respond to requests for information that are not case specific. All requests for information and records that are not OLTCO generated, should be directed to the appropriate agency.

### Procedure

1. Requests for administrative records, policies, and documents of long term care facilities should be directed to the long term care facility unless it is part of a case file request made by the resident or resident representative.
2. Requests for licensing and certification records regarding long term care facilities should be directed to the licensing agency unless it is part of a case file request made by the resident or resident representative.



3. Requests to the OLTCO to share OLTCO data should include an explanation of the need for the information and how it will be used.
4. When determining whether to disclose OLTCO data, the OLTCO staff should consider whether the release of the data:
  - a. is large enough to protect the identity of residents and complainants
  - b. will deter individuals from contacting the OLTCO for assistance in the future
  - c. would damage working relationships between the OLTCO, facilities and/or regulatory agencies
5. Aggregate information of OLTCO activities performed or complaint processing information may be provided by an OLTCO staff upon request with the following limitations:
  - a. Complaint histories may include the type of issue investigated and whether or not the OLTCO verified the complaint. However, information which could be used to identify a specific complaint or resident cannot be provided, including: specific dates, resident-identifying information, or complainant-identifying information.
  - b. When providing a complaint history of a specific facility, the information must relate to only those complaints for which investigation findings are complete (not on-going).

## **Section 903                      Maintenance of Case Files and Other OLTCO Information**

### **Policy**

The SLTCO shall ensure the proper management of files, resident records, and other information of the OLTCO program, whether in physical, electronic, or other formats, including information maintained by OLTCO pertaining to the cases and activities of the OLTCO program. Such files, records, and other information are the property of the OLTCO.

### **Procedure**

1. All open case files, notes and other documents that include personally identifiable information shall be stored in locked file cabinet.
2. Personal information may only be stored on laptops that are encrypted and require a password.
3. Personal information may only be emailed using a secure email system. All other information should be faxed.
4. When closing a case, all documents in the file including notes shall be entered into Ombudsmanager and the paper copies shredded. Any paper files not stored in Ombudsmanager due to size will be stored in a locked file cabinet for 7 years and then shredded by the LTC Specialist.



## Section 1001 Intake, Screening, Assignment

Policy

OLTCO provides information and referrals as well as complaint investigation for older Alaskans (over the age of 60) in long term care (LTC) facilities and, as resources allow, in the community. The OLTCO may also serve a resident of a long term care facility under the age of 60 as resources allow. The OLTCO must screen and assign incoming complaints for investigation to ensure that all complaints falling under OLTCO jurisdiction are investigated or referred to a more appropriate agency for investigation. The OLTCO must also prioritize complaints so that any case potentially involving imminent harm to a resident of a LTC facility is investigated first. Complaints from residents will also be given top priority. Regardless of the source of the complaint, the focus of the OLTCO is on the desires of the resident of a LTC facility or older Alaskan. LTCO may identify, investigate, and resolve a complaint impacting multiple residents or all residents of a facility.

The OLTCO will resolve complaints using in following priority order:

1. Complaints regarding abuse, neglect or financial exploitation of residents living in LTC facilities or older Alaskans living in the community
2. Complaints from older Alaskans living in LTC facilities
3. Complaints about or on behalf of older Alaskans living in LTC facilities
4. Complaints from residents under the age of 60 living in LTC facilities
5. Complaints about or on behalf of residents under the age of 60 living in LTC facilities
6. Complaints from older Alaskans living in the community
7. Complaints about or on behalf of older Alaskans living in the community

Procedure

1. The OLTCO will make every effort to respond to all requests for assistance and inquiries within 3 business days. The OLTCO will provide adequate telephone coverage during business hours. If a message is left, the LTCO staff will attempt to make contact with the caller the same day the message is left but no longer than 3 business days.
2. OLTCO staff will use the following timelines for response to requests for assistance:

IF a complaint involves....	THEN the timeline for response if....
Abuse or neglect with imminent risk to resident or older Alaskan	As soon as possible but no longer than 1 business day after receipt
Abuse or neglect without immediate risk to resident or older Alaskan	As soon as possible but no longer than 2 business day after receipt
Discharge from a facility	As soon as possible but no longer than 2 business day after receipt
Other types of complaints	Within 5 business days



3. The LTCO Specialist will respond to individuals who come in person to the OLTCO, incoming telephone calls and website intakes. She will provide information, referral and consultations as needed. If the LTCO Specialist is unable to provide assistance, she will ask other staff to respond to the request for assistance. Requests for assistance that come directly to LTCO staff will be handled by that staff person unless others in the office are better able to respond to the call (i.e. if call is regarding a facility in the Assistant LTCO's region or someone already has an open case). If a request for assistance is a complaint, staff will complete an OLTCO intake form, give it to the LTCO Specialist for input into the system to be reviewed at the staff meeting. (See Appendix P for Intake Form).
4. LTCO Specialist will immediately give complaints involving abuse, neglect, discharge or other urgent issues to the appropriate Assistant LTCO. For urgent complaints from LTCO volunteer reports, Deputy LTCO will immediately notify the Assistant LTCO about the complaints in their region.
5. The SLTCO or Deputy Ombudsman will review all complaints or reports from DHSS Central Intake that come into the office to determine if they require action by the OLTCO. The LTCO Specialist will place these reviewed complaints in a file for each Assistant LTCO based on assigned regions. Deputy LTCO will bring all non-urgent volunteer complaints to the staff meeting for review.

At each staff meeting, the LTCO Specialist will review the complaints for the staff to determine if the complaint requires:

- a. a case to be opened
  - b. a focused facility visit (FFV)
  - c. a follow up phone call
  - d. additional information needed or referral to another agency
  - e. no action by OLTCO (other agency has jurisdiction or is a CIR requiring no action)
6. The LTCO Specialist will enter all complaint data from the staff meeting on the complaint intake registry, enter cases into Ombudsmanager and create a case file. Critical incident reports (CIR) will not be entered in to Ombudsmanager or the complaint intake registry unless staff determined action was needed. The reports from Central Intake not requiring action will be scanned into the facility folder on the I drive and a disposition will be emailed to the Department of Health and Social Services (DHSS).
  7. The Assistant LTCO will notify a volunteer when a significant action is being taken in their facility.
  8. LTCO will use the complaint intake form to gather information on complaints received directly by the OLTCO.
  9. Every attempt will be made to enter intake data into Ombudsmanager as an activity or case within 10 business days.
  10. The OLTCO is not designed to serve as an emergency response system. Emergency situations should be referred to "911" for immediate response.



## Section 1002            Informed Consent

### Policy

The LTCO should contact the resident or older Alaskan as the first step in determining whether action should be taken as the result of a complaint. If a resident wishes to resolve a complaint, then the LTCO must obtain informed consent. (See Appendix Q for Informed Consent Form). If a resident is unable to communicate informed consent, the LTCO may rely on the communication of informed consent of a resident representative so long as the LTCO has no reasonable cause to believe that the resident representative is not acting in the best interests of the resident.

Communication of informed consent may be made in writing, orally or visually (including through the use of auxiliary aids and services) and such consent must be documented by the LTCO in Ombudsmanager. Auxiliary aids and services can include, but is not limited to: sign language interpreting (in person or by video remote interpreting), computer aids, exchange of written notes, assistive listening devices, yes/no questions with physical responses, audio recordings, magnification, and large print materials.

The LTC Ombudsman's focus should be to advocate for the resident's wishes. LTCO should support a resident's right to self-determination, even when another person is named as agent in a valid durable power of attorney document. While legal guardians do have the right to make decisions on behalf of the resident, the LTCO should still advocate for the resident's wishes.

### Procedure

1. The LTCO shall personally discuss the complaint with the resident (and, if the resident is unable to communicate informed consent, the resident's representative) in a private setting, in order to:
  - a. Determine the perspective of the resident (or resident representative) regarding the complaint
  - b. Request the resident (or resident representative) to communicate informed consent in order to investigate the complaint.
2. Advise the resident (or resident representative) of the resident's rights
3. Where the resident is unable to communicate informed consent, and has no resident representative, the LTCO shall obtain approval of the SLTCO or designee before taking appropriate steps to investigate and work to resolve the complaint in order to protect the health, safety, welfare and rights of the resident. (See Section 1302 of this manual for additional P&P)
4. In situations where the LTCO personally witnesses an incident of abuse, neglect or exploitation, the LTCO must still obtain informed consent from the resident or resident representative before proceeding with a case. If the resident is unable to communicate informed consent, and has no resident representative, the LTCO shall obtain approval of the SLTCO or designee before taking appropriate steps to investigate and work to resolve the complaint in order to protect the health, safety, welfare and rights of the resident. If the resident is able to consent and refuses to provide consent, the abuse, neglect or exploitation may not be disclosed. (See Section 1303 of this manual for additional P&P)



5. In determining whether to rely upon a resident representative to communicate or make determinations on behalf of the resident, the LTCO shall ascertain the extent of the authority that has been granted to the resident representative under court order (in the case of a guardian or conservator), by power of attorney or other document by which the resident has granted authority to the representative.
6. If at any time, the resident (or resident representative) withdraws consent, the LTCO will cease action on the case and attempt to determine why the individual changed their mind (i.e. if retaliation occurred or circumstances changed).

## Section 1003                      Referral to Another Agency

### Policy

The LTCO may provide information regarding the complaint to another agency in order for such agency to substantiate the facts for regulatory, protective services, law enforcement, or other purposes with informed consent of the resident (or resident representative) or the complainant; approval of the SLTCO; or a court order. Where the goals of a resident or resident representative are for regulatory, protective services or law enforcement action, LTCO should assist the resident (or resident representative) in contacting the appropriate agency and filing a complaint.

### Procedure

1. The LTCO may provide information regarding the complaint to another agency in order for such agency to substantiate the facts for regulatory, protective services, law enforcement, or other purposes so long as the LTCO adheres to the disclosure requirements of Section 901 and 1302 of this manual.
2. Where the goals of a resident or resident representative are for regulatory, protective services or law enforcement action, LTCO should assist the resident (or resident representative) in contacting the appropriate agency and filing a complaint.
3. Where the goals of a resident or resident representative can be served by disclosing information to a facility representative and/or referrals to another agency, the LTCO may assist the resident (or resident representative) by:
  - a. providing information on how a resident or representative may obtain contact information of such facility representatives or agency
  - b. assisting the resident or representative to contact the appropriate facility representative or agency
  - c. disclosing the information for which the resident has provided informed consent to an appropriate facility representative or agency

## Section 1004                      Investigation and Verification

### Policy

The purpose of a LTCO investigation is to verify whether the complaint is accurate (generally true) and to seek a resolution that satisfies the resident. The LTCO shall offer privacy to the resident when providing information, investigating and resolving complaints. The LTCO should remain objective when investigating a complaint.



### Procedure

1. After receiving informed consent from the resident (or resident representative), the LTCO may complete any of the steps listed below as needed to verify the complaint and work with the resident to determine action needed for resolution:
  - a. A review of previous complaints against the facility in Ombudsmanager
  - b. An interview of the complainant
  - c. An unannounced facility visit to review facility conditions and residents' appearance
  - d. Interviews of administrators/caregivers
  - e. LTCO should strive to interview any residents who might have witnessed or been affected by the alleged incident(s). Interviews with multiple residents may uncover more information and will also help protect the identity of the resident on whose behalf the complaint has been made.
  - f. Interviews of guardians, family members, resident representatives, care coordinators and other involved parties (as appropriate).
  - g. With informed consent of the resident, review of the resident's facility file
  - h. A review of evidence collected by other agencies such as the licensing agency or APS.
2. LTCO may not share complaint investigation information with other agencies without the informed consent of the resident (or resident representative), approval of the SLTCO or a court order. Information may be shared from complaints received from DHSS Central Intake as all agencies receive this information but once a case has been opened by OLTCO, the OLTCO disclosure policies apply.
3. When the case involves investigation of a regulatory agency, the SLTCO and LTCO will consult the AAG for direction during the investigation and resolution of the complaint.

## Section 1005              Complaint Resolution

### Policy

With respect to identifying, investigating and resolving complaints, regardless of the source of the complaint, LTCO serve the resident of a LTC facility or older Alaskan. The LTCO shall investigate a complaint for the purposes of resolving the complaint to the resident's satisfaction while protecting the health, welfare, and rights of the resident. The LTCO may identify, investigate and resolve a complaint impacting multiple or all residents of a facility. The LTCO must support and maximize resident participation in the process of resolving the complaint. The LTCO shall advocate for the resident or older Alaskan's wishes to the extent that the resident can express them, even if there is limited decision-making capacity.

The best possible outcome of an investigation is to have the administrator or provider agree to resolve problems voluntarily. Thus, the LTCO's demeanor during an investigation should encourage cooperation and resolution. Additionally, LTCO should advise the facility administrator that there is a problem in the home rather than trying to work with caregivers alone.



### Procedure

1. The LTCO shall personally discuss the complaint with the resident (and/or the resident representative if the resident is unable to communicate informed consent) in order to:
  - a. Advise the resident (and/or resident representative) of the resident's rights;
  - b. Determine the wishes of the resident (or resident representative) with respect to resolution of the complaint, including whether the allegations are to be reported and, if so, whether LTCO may disclose resident identifying information or other relevant information to the facility and/or appropriate agencies.
  - c. Work with the resident (or resident representative) to develop a plan of action for resolution of the complaint.
2. LTCO will follow up on open cases regularly to ensure timely resolution of complaint.

## Section 1006                      Complaints from Older Alaskans not in LTC facilities

### Policy

For cases falling under AS 47.62.015 (b), LTCO may, with approval of the SLTCO, provide information, consultation, or referral to complainants relating to the long term care or residential circumstances of older Alaskans with the goal of empowering older Alaskans to act on their own behalf where possible.

### Procedure

1. Investigation and consultation services should be provided only for cases relating to the older Alaskan's "long term care or residential circumstances." All other complaints should be referred to the appropriate agency.
2. When OLTCO staff are working at capacity, the SLTCO shall determine the priority of cases using the list in Section 1001 and may decline to open a case if there are not sufficient resources available. In such circumstances, the LTCO should assist the older Alaskan with a referral to another agency if appropriate.
3. These "Part B" complaints shall be recorded in Ombudsmanager in the same manner as other cases.

## Section 1007                      Resolution Follow Up

### Policy

LTCO shall follow up with the resident (or resident representative) or older Alaskan to determine whether the complaint was resolved to the satisfaction of the resident or older Alaskan.

### Procedure

1. The LTCO will follow up with the resident (or resident representative) within 20 business days of last action on the case. The SLTCO or designee may extend this timeline for cases that have extenuating circumstances.
2. If a resident or older Alaskan is unable to communicate perspective on the extent to which the matter has been satisfactorily resolved, the LTCO may rely on the communication of the resident representative so long as the LTCO has no reasonable cause to believe that the resident representative is not acting in the best interests of the resident. The LTCO shall document the resident's satisfaction with the resolution of the case in Ombudsmanager.



3. Where the resident is unable to communicate informed consent and has no resident representative, the LTCO shall determine whether the complaint was resolved to the satisfaction of the complainant.

## Section 1008              Complaint Documentation

### Policy

The OLTCO will use the Ombudsmanager database to document complaints and cases. The purpose of complaint documentation is to record all actions conducted to complete an investigation, all evidence found during the course of investigation, and the resolution of the complaint. Accuracy and timeliness are important to ensure that all LTCO have access to up-to-date case information. All case information should be written in a clear and objective manner.

### Procedure

1. Documentation in Ombudsmanager should follow the basic principles for NORS coding
2. LTCO should document their activities within the following timeframes:
  - a. Volunteers should make every effort to complete monthly reports within 5 business days of facility visit and the Deputy LTCO will make every effort to enter this information into Ombudsmanager within 2 business days of final edit of report.
  - b. LTCO employees should make every effort to document all activities and case information in Ombudsmanager within 5 business days of action.
  - c. LTCO staff should make every effort to close cases within 10 business days of last action and document resolution using the OLTCO case closure summary format. LTCO staff will attempt to resolve complaints and close cases within 60 days of receipt of complaint. If complaint continues beyond 60 days, staff will review case with supervisor for approval of an additional 60 days.
3. All communications and documents relating to cases should be attached electronically into the Ombudsmanager case file so that all OLTCO staff have access to the information.
  - a. The only exception to the Ombudsmanager file is when supporting evidence too large to scan and store (i.e. documents over 20 pages) or documents that are in a format (i.e. in Excel) that cannot be pasted into Ombudsmanager. These files shall be kept in a locked file in the file room.



**Section 1101 Facility Visits****Policy**

LTCO shall have a regular presence in long term care facilities in order to provide information regarding the OLTCO program and protect the health, safety and welfare of the residents. This ensures residents have regular and timely access to LTCO services. LTCO may make unannounced visits to long term care facilities at any time during regular business hours or a facilities visiting hours, and at any other time determined necessary by the LTCO to investigate or resolve issues for residents. Facility visits should be unannounced to ensure an accurate representation of the care provided by the facility.

**Procedure**

1. At a minimum, each facility visit should include the following steps:
  - a. LTCO will identify themselves to staff upon entering building, explain the mission of the OLTCO. Then the LTCO should request resident information as well as updated contact information of resident representatives as needed. All LTCO should wear OLTCO badges during facility visits.
  - b. LTCO will check to see that the OLTCO poster is current and hanging in a place where residents and family members are able to read it. LTCO will also provide resident rights brochures to residents and their families.
  - c. LTCO will attempt to visit with all the residents in small facilities (5 or less residents) or with at least 5 residents in large facilities to ensure confidentiality and prevention of retaliation. LTCO will contact the resident representatives of any residents who are unable to communicate their needs or wishes.
  - d. LTCO will obtain informed consent from any resident (or resident representative) before investigating and resolving a complaint. Informed consent (verbal or written) should be noted in the Intake Summary box in Ombudsmanager and may also be noted in journal entries. Written consent using the OLTCO consent form is preferred. Signed consent forms should be scanned and uploaded as an attachment.
  - e. The LTCO will attempt to meet with the administrator or staff before leaving facility to discuss any concerns brought up during that visit following the OLTCO disclosure policies and procedures.
2. The ultimate goal for the program is for LTCO (staff and volunteers) to complete quarterly visits to each long term care facility in Alaska licensed to serve seniors. At a minimum, LTCO should to complete annual visits to each senior licensed facility in their region. LTCO staff will use the facility visit list on the I drive to ensure completion of annual visits to each facility in their region during the federal fiscal year.
3. LTCO will determine the priority for facility visits in the following order:
  - a. Nursing facilities and Assisted Living Homes (ALH) licensed to serve residents over the age of 60.
  - b. Dually (DU) licensed ALH who serve both seniors and individuals with intellectual, developmental or mental health disabilities (DDMH).



- c. Focused Facility Visits as determined at staff meeting from OLTCO intakes (including referrals from APS, licensing or other agencies) or when LTCO staff feel need additional visits are needed. Dates for completion of focused facility visits will be noted on intake registry. The LTCO Specialist will check Ombudsmanager each Friday to determine if facility visits were completed by the date on intake registry. Uncompleted facility visits will be highlighted on intake registry and discussed at the next staff meeting.
  - d. DDMH licensed ALH who have residents over the age of 60
  - e. If the SLTCO determines there are sufficient resources, DDMH licensed ALH who do not have residents over the age of 60.
4. Each facility visit will be documented on the facility visit sheet and in Ombudsmanager (See Appendix R for Facility Visit Documentation Format) within the following timeframes:
    - a. LTCO staff will make every effort to enter data in Ombudsmanager within 7 working days of the completion of the visit and enter the date of their facility visits on the facility visit sheet. Facility visit notes should be scanned and attached into Ombudsmanager.
    - b. LTCO volunteers will make every effort to document their facility visits using the report form (online, by fax or over the phone) within 5 business days of completion of their facility visit. Deputy LTCO will review and work with volunteer to ensure facility visit information is complete. Deputy LTCO will make every effort to input information in Ombudsmanager and on facility visit list within 2 working days of completion of report from LTCO volunteer.
  5. Cases resulting from facility visits will be opened as soon as possible but no longer than 5 working days after the facility visit or completion of volunteer's report.
  6. LTCO shall document all facility visits that are related to a case in Ombudsmanager using code 6. b. Facility Visit Related to a Complaint, linking the activity entry to the journal entry in the case.



**Section 1201            Documentation of OLTCO Activities****Policy**

OLTCO staff shall document activities as required by the OAA in Ombudsmanager. Documentation of activities serves several purposes, including providing data for the annual NORS report to the Administration on Aging, for state reports to the Office of Management and Budget (OMB) as well as reports to the Trust, the Commission on Aging, or legislators. This data is also used to manage the work of the OLTCO. Additionally, data from facility visits to nursing homes may be shared with Healthcare Facility Licensing and Certification (HFL&C) when requested as long as it follows the disclosure requirements in Section 900.

**Procedure**

1. Documentation in Ombudsmanager should follow the basic principles for NORS coding.
2. All documentation for OLTCO activities shall be entered into Ombudsmanager within 5 working days of completion of activity except for facility visits which should be entered within 10 working days.
3. For each entry in Ombudsmanager, fields that are highlighted and marked with an “N” need to be completed for the NORS report.

**Section 1202            Specific Activity Documentation****Policy**

The following activities must be recorded in Ombudsmanager for the annual NORS report to ACL and the annual OMB report for the SOA:

1. Training provided to staff and volunteers
2. Technical assistance provided to volunteers
3. Training for facility staff
4. Consultation to facilities
5. Information and consultation to individuals
6. Facility visits (case and non-case related)
7. Participating in facility surveys
8. Work with resident councils
9. Work with family councils
10. Community education
11. Work with media (press releases and interviews)
12. Monitoring / work on laws, regulations, government policies and actions

**Procedure****1. Training provided to staff and volunteers**

The SLTCO will ensure that all designated LTCO meet the OLTCO training requirements under the OAA. LTCO are prohibited from carrying out the duties of the office until they have completed the required training and been certified as a LTCO by the SLTCO or designee. The Trust will ensure opportunities for training are provided for the SLTCO and LTCO in order to



maintain expertise to serve as effective advocates for residents of LTC facilities as described in Section 304 of this manual.

- a. This activity is training provided by or arranged by OLTCO staff.
- b. A training event (= 1 activity entry) is a training on a topic with the same participants even if there are multiple sessions to the training.
- c. The number of hours is the time the OLTCO staff spend presenting the training (does not include training preparation time which can be counted under Activity 2).
- d. The number of participants attending each training event should be entered in Ombudsmanager as follows:
  - i. For a training with multiple sessions-only count participants once
  - ii. For different training events with different topics-count duplicate participants
- e. Report the primary topic from the drop down menu.

## **2. Technical assistance provided to volunteers**

The OLTCO will provide administrative and technical assistance to LTCO volunteers to support them in carrying out all the duties of the OLTCO.

- a. The Deputy LTCO will contact with each LTCO volunteer in response to the completion of their facility visit report and provide feedback as necessary to ensure the report contains adequate information within 2 working days of receipt of report. Deputy LTCO will contact volunteers at the beginning of each month if report is missing.
- b. LTCO volunteers can contact any OLTCO staff person for technical assistance at any time. Generally, the Assistant LTCO will respond to volunteer inquiries specific to residents and the facilities in their assigned regions, while the Deputy LTCO will respond to questions of process and training.
- c. Assistant LTCO and volunteers should share complaints in their assigned facilities with each other (as soon as possible but no longer than 5 working days) and determine plan of action to resolve issues including follow up visits with residents.
- d. This activity measures the time staff spend managing volunteer ombudsmen programs including:
  - i. Time spent developing a training
  - ii. Conveying changes in OLTCO policies and procedures
  - iii. Reviewing emails, reports, cases
  - iv. Researching information to give to volunteers
  - v. Providing guidance to volunteers
  - vi. Other time spent working with volunteers

## **3. Training for LTC facility staff**

LTCO staff may provide training or training resources to long term care facilities regarding residents' rights, working with individuals with dementia, fall prevention, appropriate calling of emergency responders or other subjects approved by the SLTCO. Training to facilities will be provided as LTCO staff time allows.

- a. **Only use this activity for OLTCO trainings provided to the staff of a NF or ALH.**
- b. LTCO will schedule facility trainings in consultation with the SLTCO (or designee) to ensure that there are adequate LTCO available to cover complaint intakes.



- c. The SLTCO must approve all training topics and materials before trainings are provided to facilities.
- d. Facilities may be referred to other agencies, such as the Alzheimer's Resource Agency or the Alaska Training Cooperative, for additional training resources or classes.
- e. The OLTCO maintains a library of videos and books that may be loaned to facilities. These items must be checked out of the lending library by the LTCO Specialist in order to keep track of materials.
- f. Choose this activity if majority of audience is facility staff.
- g. If a training is one or multiple sessions with the same participants it should be counted as one training activity. (i.e. initial volunteer training). If a training is multiple sessions on the same topic (i.e. training provided to several shifts at a facility) it also counts as one training activity.
- h. The number of hours is the time the OLTCO staff spend presenting the training (does not include training preparation time)
- i. The number of participants attending each training event should be counted as follows:
  - i. For a training with multiple sessions-only count participants once (i.e. initial volunteer training).
  - ii. For different training events with different topics-count duplicate participants (i.e. volunteer monthly trainings).
- j. Report the primary topic from the drop down menu list

#### 4. Consultation to facilities

OLTCO may also respond to requests for consultation and technical assistance from facilities, so long as the focus is always kept on the rights and needs of residents.

- a. **Only use this activity for consultations provided to the staff of a NF or ALH.** All other consultations (with non NF/ALH staff) are considered consultations to individuals.
- b. The OLTCO will attempt to respond to all requests for assistance and inquiries within 24 hours. If a message is left, the LTCO staff will make every effort to make contact with the caller the same day the message is left but no longer than 5 working days.
- c. The OLTCO maintains a library of videos and books that may be loaned to facilities. These items must be checked out of the lending library by the LTCO Specialist in order to keep track of materials.
- d. Consultations should be an unduplicated count of information and assistance to facility staff and should be counted as follows:
  - i. A couple contacts between a facility and OLTCO about the same issue should be entered as one consult.
  - ii. If the same staff person calls about different topics, each call should be entered as a separate consult.
  - iii. If a staff person calls about several different topics in one call, it should be entered as one consult.
- e. If consultation is related to resolving a case, it should not be counted as a consultation. Only count as a consult when working on a case and a staff member needs a consult on another topic unrelated to the case.
- f. Report the primary topic from the Consultation or Press/Media Topic drop down menu



## 5. Information and consultation to individuals

OLTCO provides information, referrals and consultations to or about residents of long term care facilities and as resources allow, older Alaskans in the community. Regardless of the source of the request, the focus of the OLTCO is on the desires of the resident or older Alaskan.

- a. **Only use this activity for consultations provided to anyone who does not work for a NF or ALH (i.e. residents, family members, care coordinators, community professionals and concerned community members)**
- b. The OLTCO will attempt to respond to all requests for assistance and inquiries within 24 hours. If a message is left, the LTCO staff will make every effort to make contact with the caller the same day the message is left but no longer than 5 working days.
- c. The OLTCO maintains a library of videos and books that may be loaned to residents or others in the community. These items must be checked out of the lending library by the LTCO Specialist in order to keep track of materials.
- d. The OLTCO is not designed to serve an emergency response system. Emergency situations should be referred to “911” for immediate response.
- e. Consultations should be an unduplicated count of information and assistance to individuals and should be counted as follows:
  - i. A couple of contacts between an individual and OLTCO about the same issue should be entered as one consult.
  - ii. If the same person calls about different topics, each call should be entered as a separate consult.
  - iii. If an individual calls about several different topics in one call, it should be entered as one consult.
- f. Report the primary topic from the Consultation or Press/Media Topic drop down menu
- g. If consultation is related to resolving a case, it should not be counted as a consultation. Only count as a consult when working on a case and an individual needs a consult on another topic unrelated to the case.
- h. Consults can include working with members of resident and family councils (outside of council meetings) as well as time developing presentations or materials for councils

## 6. Facility coverage (case and non-case related)

LTCO shall have a regular presence in long term care facilities in order to provide information regarding the OLTCO program and protect the health, safety and welfare of the residents. This ensures residents have regular and timely access to LTCO services. LTCO may make unannounced visits to long term care facilities at any time during regular business hours or a facilities visiting hours, and at any other time determined necessary by the LTCO to investigate or resolve issues for residents. Facility visits should be unannounced to ensure an accurate representation of the care provided by the facility.

- a. Use 6. Facility Visit (not a complaint) for LTCO staff visits to facilities not related to a complaint.
- b. Use 6. a. Facility Visit by volunteer (not a complaint) for LTCO volunteer visits to facilities not related to a complaint.



- c. Use 6. b. Facility Visit related to a complaint for LTCO staff or volunteer visits to facilities that are related to a complaint.
- d. If two LTCO visit a facility together, only one LTCO may enter a facility visit in Ombudsmanager.
- e. If a LTCO completes all the activities of a non-case related facility visit and also visits a resident about a complaint, it should be entered as 6. Facility Visit (not a complaint)
- f. NOTE: On federal ORT report facility visits are only counted if LTCO visit the facility at least once each quarter.

During a facility visit LTCO may also generate complaints and consults.

## **7. Participating in facility surveys**

The SLTCO or designee should attempt to be present, in person or telephonically, during exit interviews for skilled nursing facility surveys conducted by state surveyors. The SLTCO's presence raises awareness of the OLTCO's role as advocate and also communicates the OLTCO's interest in quality of care.

- a. The SLTCO will coordinate with DHSS Health care Facilities Licensing and Certification (HFL&C) to provide surveyors with complaint and facility visit information prior to the survey as requested by HFL&C following the OLTCO disclosure requirements.
- b. The SLTCO will work with the director of HFL&C to ensure the SLTCO or designee receives enough notice prior to the completion of the survey to arrange their schedule in order to attend the survey exit interview.
- c. The SLTCO will make every effort to enter notes of the survey into Ombudsmanager within 5 working days of the survey exit interview. When HFL&C sends the CMS 2567 report to the SLTCO, the report should be entered as an attachment into Ombudsmanager.
- d. The SLTCO will coordinate with the director of HFL&C to participate as a member of the Informal Dispute Resolution (IDR) team which reviews the facility's arguments against the survey findings.
- e. Participation in pre-briefing, attendance at resident group interview, exit interview or IDR only count as one activity for each survey.

## **8. Work with resident councils**

The OLTCO program shall support the development of resident councils in long term care facilities as a way of supporting resident self-advocacy and empowerment. The LTCO's support may consist of providing technical assistance to residents and facilities. It may also consist of attendance at meetings, if invited by council members. Federal nursing home law requires facilities to provide space and a staff liaison to councils. Assisted living facilities are not required to help residents establish resident councils.

- a. The LTCO shall make every effort to contact the leadership of each resident council at least once per year to inform them of:
  - i. the mission of the OLTCO program
  - ii. the OLTCO's willingness to assist and support resident councils (staff attendance at meetings, etc.)



- iii. the availability for the OLTCO to do presentations at resident council meetings and provide a list of topics that might be of interest to the council
- b. When invited, the LTCO shall make it a priority to be present at resident council meetings.
- c. The LTCO may contact ALH Administrators to offer assistance in starting councils where they do not exist.
- d. The OLTCO will develop and maintain resources which explaining the role of resident councils and how they function.
- e. This number reflects a count of resident council meetings attended by OLTCO staff or volunteers. Data should be entered in Ombudsmanager as follows:
  - i. Count as one activity even if several OLTCO staff or volunteers attend the same council meeting.
  - ii. Preparation for presentations to councils or research for councils should be counted as 5. Information and consultation to individuals.
  - iii. LTCO should not count answering questions during a council meeting as a consult or a complaint. LTCO may count private conversations with individuals that happen after a council meeting as a consultation or a complaint.

## **9. Work with family councils**

The OLTCO program shall support the development of family councils in long term care facilities as a way of supporting family self-advocacy and empowerment. The LTCO's support may consist of providing technical assistance to families and facilities. It may also consist of attendance at meetings, if invited by council members. Federal nursing home law requires facilities to provide space and a staff liaison to councils. Assisted living facilities are not required to help families establish family councils.

- a. The LTCO shall make every effort to contact the leadership of each family council at least once per year to inform them of:
  - i. the mission of the OLTCO program
  - ii. the OLTCO's willingness to assist and support family councils (staff attendance at meetings, etc.)
  - iii. the availability for the OLTCO to do presentations at family council meetings and provide a list of topics that might be of interest to the council
- b. When invited, the LTCO shall make it a priority to be present at family council meetings.
- c. The LTCO may contact ALH Administrators to offer assistance in starting councils where they do not exist.
- d. The OLTCO will develop and maintain resources which explaining the role of family councils and how they function.
- e. This number reflects a count of family council meetings attended by OLTCO staff or volunteers. Data should be entered in Ombudsmanager as follows:
  - i. Count as one activity even if several OLTCO staff or volunteers attend the same council meeting.
  - ii. Preparation for presentations to councils or research for councils should be counted as 5. Information and consultation to individuals.



- iii. LTCO should not count answering questions during a council meeting as a consult or a complaint. LTCO may count private conversations with individuals that happen after a council meeting as a consultation or a complaint.

## **10. Community education**

The LTCO may provide education to the community about the OLTCO program, the rights of residents, how to choose a LTC facility and other topics related to long term care and older Alaskans.

- a. The SLTCO will screen requests for community education and assign LTCO provide presentations or staff display tables according to availability of LTCO time.
- b. Priority will be given to presentations for residents first. Then presentations to professionals on resident rights or issues that improve the quality of provider care, such as licensing orientations or care coordinator trainings.
- c. This number reflects the total number of display tables at events or presentations made to community groups where the focus is on long term care or senior issues. Data should be entered in Ombudsmanager as follows:
  - i. Count as one activity even if several OLTCO staff or volunteers attend the same presentation, event or meeting.
  - ii. Events that last several days only count as one activity.
  - iii. LTCO should not count answering questions during an event as a consult or a complaint. LTCO may count private conversations with individuals that happen after an event as a consultation or a complaint.

## **11. Work with media (press releases and interviews)**

The SLTCO will work with media outlets to raise public awareness of issues relating to elder safety and welfare, residents' rights, laws, regulations, policies, or practices that promote quality long term care and resident-self-determination. The SLTCO may work with the Trust's communications officer to promote the needs and rights of beneficiaries served by the OLTCO program. The SLTCO is not required to obtain permission from any government official to work with media outlets.

- a. LTCO must get approval of the SLTCO before interacting with the media in anyway.
- b. This number reflects a count of activities (interviews, articles, press releases, items on social media, etc.) with the media. Data should be entered in Ombudsmanager as follows:
  - i. Only count one activity even if there are several conversations with a reporter on the same story
  - ii. Sending the same press release to several media outlets counts as one press release.
- c. Report the **primary** topic from the Consultation or Press/Media Topic drop down menu

## **12. Monitoring / work on laws, regulations, government policies and actions**

The OLTCO program shall ensure that the interests of residents in long term care and older Alaskans are represented to governmental agencies and policy-makers. The SLTCO shall have the authority to analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other government policies and actions that



pertain to long term care facilities including the adequacy of such service as well as to the health, safety, welfare, and rights of residents as described in Section 204 of this manual.

- a. LTCO must get approval of the SLTCO before engaging in systems advocacy
- b. Participation in the ACoA and Trust Legislative Advocacy teleconferences should count as an activity in this section
- c. Record actual hours worked on systems change activities including paid staff time working with other agencies and individuals (both government and community groups) on laws, regulations, policies, and actions to improve the health, welfare, safety and rights of long term care residents. Do not count OLTCO volunteer time spent on these activities.
- d. Monthly systems change meetings each count as separate activities
- e. Meetings that last several days only count as one activity



**Section 1301**            **OLTCO Duties Regarding Abuse, Neglect or Exploitation****Policy**

LTCO are directed to investigate and resolve complaints that may adversely affect the health, safety, welfare or rights of residents in LTC facilities. LTCO are not mandatory reporters and may only share abuse, neglect and exploitation allegations with other agencies if the resident (or resident representative) gives informed consent. The LTCO is not authorized under the law to provide protective services, such as physically removing a resident from a home, giving a resident a ride home, or seeking emergency guardianship.

**Procedure**

1. The LTCO shall not report suspected abuse, neglect or exploitation of a resident when a resident (or resident representative) has not communicated informed consent unless all the conditions in the following section are met.
2. The LTCO may refer the matter and disclose resident-identifying information to the appropriate agency or agencies for regulatory oversight; protective services; access to administrative, legal, or other remedies; and/or law enforcement action, when all of the following circumstances are met:
  - a. The resident is unable to communicate informed consent;
  - b. The resident has no resident representative; or the LTCO has reasonable cause to believe that the resident representative has taken an action, inaction or decision that may adversely affect the health, safety, welfare, or rights of the resident;
  - c. The LTCO has reasonable cause to believe that an action, inaction or decision may adversely affect the health, safety, welfare, or rights of the resident;
  - d. The LTCO has no evidence indicating that the resident would not wish a referral to be made;
  - e. The LTCO has reasonable cause to believe that it is in the best interest of the resident to make a referral; and
  - f. The LTCO obtains the approval of the SLTCO
3. If the resident would like to make a report to the licensing agency or APS, the LTCO should support the resident through the process.
4. The OLTCO may assist residential licensing and Adult Protective Services (APS) in home closures if there are sufficient LTCO available. In these cases, the LTCO's role is to support residents and advocate for their wishes.

**Section 1302**            **Unable to Obtain Informed Consent for an A/N/E Complaint****Policy**

LTCO are not mandatory reporters and may only share abuse, neglect and exploitation allegations with other agencies if the resident (or resident representative) gives informed consent.



### Procedure

1. If a LTCO is informed of an allegation of abuse, neglect or exploitation but the resident refuses to give consent, the LTCO should employ the following strategies:
  - a. Explore the reason for the resident's reluctance to pursue the allegation of abuse, explain residents' rights as well as the LTCO role and responsibilities in supporting residents. Inform the resident of the complaint process, including how not disclosing their identity may impact complaint investigation and resolution, the potential risks of consenting to disclosure as well as risks for not pursuing allegations of abuse. Offer to investigate the complaint without disclosing their name (e.g. reporting the time and dates the incidents occurred without disclosing their name or identifying information). If possible, visit the resident frequently, see if they are interested in seeking supportive services (e.g. counseling) and encourage them to give permission to report the abuse. Take care to ensure that the resident does not feel that you are pressuring them to give permission to report.
  - b. Ask the resident if they have shared this information with anyone else or if there is someone they trust to share it with, such as a family member, friend or another staff person and if so, ask if you can talk to that person.
  - c. See if there are other residents with the same issue who are willing to pursue it to resolution. By resolving the issue for others, you might be able to resolve it for the resident who does not want you to proceed on their behalf. Be careful to avoid revealing the identity of the previous resident and to avoid elevating anxiety levels among other residents with whom you speak.
  - d. For complainants other than the resident, inform them of the role of the LTCO program and refer them to the appropriate investigative entity (e.g. state licensing and certification agency, adult protective services, law enforcement). Then speak with the resident regarding the complaint and their options including the advocacy strategies listed above.
2. Where the resident is unable to communicate informed consent, and has no resident representative, the LTCO shall obtain the approval of the SLTCO and then take appropriate steps to investigate and work to resolve the complaint in order to protect the health, safety, welfare and rights of the resident.

## **Section 1303            LTCO Witnesses Allegations of Abuse, Neglect or Exploitation**

### Policy

LTCO are not mandatory reporters and may only share abuse, neglect and exploitation allegations with other agencies if the resident (if appropriate, the resident representative) gives informed consent. Exceptions may apply in certain situations. If the situation involves immediate danger, the LTCO should call 911.

### Procedure

1. If the LTCO personally witnesses suspected abuse, gross neglect, or exploitation of a resident, the LTCO Office shall obtain informed consent from the resident to disclose resident-identifying information to appropriate agencies;



- a. Where the resident is able to communicate informed consent, the LTCO shall follow the direction of the resident.
  - b. Where the resident is unable to communicate informed consent, and has a resident representative available to provide informed consent, the LTCO shall follow the direction of the resident representative.
  - c. Where the resident is unable to communicate informed consent, and has no resident representative available to provide informed consent, the LTCO shall seek approval of the SLTCO, open a case with the LTCO as the complainant, and then follow the OLTCO program's complaint resolution procedures. The LTCO may refer the matter and disclose identifying information to the facility or the appropriate agency for substantiation of abuse, gross neglect or exploitation in the following circumstances:
    - i. The LTCO has no evidence indicating that the resident would not wish a referral to be made;
    - ii. The LTCO has reasonable cause to believe that disclosure would be in the best interest of the resident; and
    - iii. The LTCO obtains the approval of the SLTCO or designee. Approval shall be immediately documented in an email to the LTCO by the SLTCO or designee.
2. If a LTCO arrives at a facility and finds that there is a crime in progress or some other dangerous situation requiring an emergency responder, the LTCO will call 911 and request help immediately. The LTCO will then call the SLTCO or Deputy to advise them of the situation and then remain nearby until law enforcement arrives.



## Section 1401

## Training for Emergencies

### Policy

The SLTCO ensures that LTCO possess appropriate skills and are knowledgeable about their roles and responsibilities related to emergency preparation and response. The OLTCO will offer training to all LTCO each fall.

### Procedure

1. Training at a minimum includes the responsibilities of LTCO before, during, and after emergencies including a review of:
  - a. Potential emergencies including natural and human-caused disasters as well as public health emergencies most anticipated in the geographic area (i.e. earthquakes, floods, tsunamis, extreme weather/temperatures, power outages, water-contamination, and fires)
  - b. Personal preparedness plans and preparation
  - c. OLTCO/Trust preparedness plans and continuity of services plan
  - d. Emergency/disaster services and resources at the federal, state, and local levels including contact information
  - e. Expectations for coordinating with public health agencies, first responders, and emergency management agencies prior to, during, and after an emergency or disaster.
  - f. Continuity of operation plans coordinated with HFL&C, RL, APS and SDS
  - g. Federal emergency preparedness requirements for nursing facilities and assisted living homes
  - h. Training tools will include emergency preparedness checklists, contact information for state and local emergency staff, resource lists of local emergency preparedness and response resources, and overview of the disaster incident command structure.
2. Annually, the OLTCO will provide education and outreach to residents and families in order to raise resident and family awareness about emergency planning. Such education can be provided during facility visits, resident or family councils, or through other mechanisms.
3. Annually, the OLTCO will provide education and outreach to nursing facilities and assisted living homes in order to raise awareness about emergency planning.

## Section 1402

## OLTCO Continuity of Operations

### Policy

The SLTCO prepares the OLTCO to function as fully as possible during the emergency and remain capable of fulfilling its responsibilities under state and federal law.

### Procedure

1. The SLTCO annually reviews the continuity of operations plan (state, local and individual levels) to be used during and after an emergency or disaster including ability to maintain communication during a disaster.
2. OLTCO staff are reminded to review and re-stock their individualized emergency kits each fall.
3. The OLTCO program maintains and regularly updates paper information to include, at a minimum paper contact lists for:



- a. LTCO (staff and volunteer), public health, and emergency management agency, and local health care coalition contact lists
- b. Copies of OLTCO brochures
- c. OLTCO state and federal laws and regulations
- d. OLTCO training manual as well as policy and procedure manual
- e. OLTCO program forms (i.e. intake, consent)

## Section 1403 OLTCO Procedures Before, During and After an Emergency

### Policy

The OLTCO works to promote the health, safety, welfare, or rights of the residents before, during, and after an emergency.

### Procedure

1. The OLTCO will meet annually with HFL&C, RL, APS and SDS to review:
  - a. Each agencies preparedness plans and continuity of operations plan
  - b. Plan for coordinating with HFL&C and RL for the continuation each agencies services during and after emergencies in order to respond to the needs of residents in long term care facilities and other vulnerable adults
  - c. Description of available emergency/disaster services and resources at the federal, state, and local levels.
  - d. Expectations for coordinating with public health agencies, first responders, and emergency management agencies prior to, during, and after an emergency or disaster.
  - e. Review of the state and federal emergency preparedness requirements for nursing facilities and assisted living homes.
2. During and immediately after an emergency, the SLTCO shall:
  - a. Obtain information regarding affected facilities and the impact of the emergency on LTC residents in order to guide resource allocation (e.g., additional staff, restoration of power/heat, water distribution, transportation, if evacuated, etc.)
  - b. Coordinate with entities engaged in the emergency response
  - c. Maintain communications with local agencies in the impacted geographic area
  - d. Facilitate LTCO visitation to residents, both in emergency shelters and in facilities, as soon after the emergency as possible and continuing on a regular basis until facilities recover
  - e. After an emergency, the OLTCO shall coordinate with appropriate agencies to analyze strengths, weaknesses, opportunities, and challenges faced in the response to the emergency in order to facilitate improvements and to plan for future emergencies and shares the findings with appropriate agencies including development and maintenance of information clearinghouses and registries.



All Forms and Documents within the Appendix can be found at  
I:\LTCO\FORMS\OLTCO Documents



## Appendix A      New SLTCO Training Checklist

Once the new SLTCO has accepted the position and begun work, he or she must complete training and be designated as a long term care ombudsman. At a minimum, training must include:

- ☐ Review of the NORC website with the NORC director or designated staff
- ☐ Completion of new Ombudsman training on the NORC website (understanding that Alaska does not have local ombudsmen) <http://ltcombudsman.org/new-ombudsman>
- ☐ Complete the volunteer training modules on the NORC website [http://ltcombudsman.org/omb\\_support/training/norc-curriculum](http://ltcombudsman.org/omb_support/training/norc-curriculum)
- ☐ Review of the Alaska volunteer training module with the Deputy LTC Ombudsman
- ☐ Complete new SLTCO Training on the NORC website [http://ltcombudsman.org/state\\_home/state\\_support/state-curriculum](http://ltcombudsman.org/state_home/state_support/state-curriculum)
- ☐ Complete NORS Training materials on the NORC website [http://ltcombudsman.org/state\\_home/state\\_support/NORS](http://ltcombudsman.org/state_home/state_support/NORS)
- ☐ Attend both in-person and telephonic orientation calls offered by NORC for the first two years, then annual attendance at the NORC training for SLTCO
- ☐ Review of AS 47.62, AS 47.24, Section 712 of the Older Americans Act and 45 CFR parts 1321 and 1324
- ☐ Review of OLTCO policies and procedures
- ☐ Review of the Trust policies and procedures
- ☐ Review the OLTCO program budget for the current and past fiscal year
- ☐ Review the OMB performance measures for the program and most recent report
- ☐ Review the most recent NORS report
- ☐ Review the most recent OLTCO Annual Report



## **Volunteer Application**

Title:

Name:

Date of Birth:

Contact Info:

Street Address:

Street Address Line 2:

City:

State:

Zip:

Phone:

Email:

### **Volunteer Experience**

#### Organization One

Organization Name:

Organization Type:

Dates of Volunteer Service:

Volunteer Position:

Brief Description of Duties:

#### Organization Two

Organization Name:

Organization Type:

Dates of Volunteer Service:

Volunteer Position:

Brief Description of Duties:

### **Other Volunteer and Community Activities**



### **Skills and Interests, check applicable**

Computer:                      Legal Training:                      Medical Training:  
Counseling:                      Mediation:                      Teaching:                      Public Speaking:  
Sign Language:                      Foreign Languages Spoken:  
List Other Skills, Training, Interests, or Hobbies:

### **Education (Highest Level Completed)**

Name of School:  
Major Areas of Study:  
Diploma/Degree Earned:

### **Employment History**

#### **Most Recent Employer**

Employer:  
Type of business:  
Position:  
Dates Employed:  
Job Duties:  
Supervisor Name:  
Supervisor Email and Phone:

#### **Previous Employer**

Employer:  
Type of business:  
Position:  
Dates Employed:  
Job Duties:  
Supervisor Name:  
Supervisor Email and Phone:



## **Facility Associations**

Have you spent time (as a visitor, employee, volunteer or any other role) in assisted living facilities or nursing homes?      Circle one:      Yes      No

If Yes, please explain:

## **References, three required**

### Reference One

Name:

Relationship:

Email (preferred):

Phone:

### Reference Two

Name:

Relationship:

Email (preferred):

Phone:

### Reference Three

Name:

Relationship:

Email (preferred):

Phone:

## **Volunteer Commitment**

Have you ever been convicted of a felony or misdemeanor?      Circle one:      Yes      No

If Yes, please explain:

Are you willing to undergo a criminal background check?      Circle one:      Yes      No

Are you able to complete 15 hours of mandatory training?      Circle one:      Yes      No

Are you able to make a one-year commitment to the program?      Circle one:      Yes      No:

Are you able to make monthly facility visits?      Circle one:      Yes      No

Are you able to attend a monthly one-hour training meeting?      Circle one:      Yes      No



Additional information regarding any question above:

Why do you want to be a long term care ombudsman volunteer?:

### **Conflict of Interest**

If you are certified as a Volunteer Ombudsman you must avoid conflict of interest or the appearance of conflict of interest and cannot benefit financially from your affiliation with the Office of the Long-Term Care Ombudsman. If a conflict develops after your appointment as a volunteer, you must notify the office immediately.

Do you have any financial or fiduciary interest in a long term care facility, corporation, or partnership that owns a long term care facility? Circle one: Yes No

Is any member of your family employed in a long term care facility or receiving income from one?: Circle one: Yes No:

Is any member of your family or close friend currently residing in a long term care facility?: Circle one: Yes No

### **Responsibilities**

Certified Ombudsman are appointed by the State Long-Term Care Ombudsman to enhance the quality of life for the residents of long-term care facilities. Each Certified Ombudsman has statutory authority to enter a facility and approach residents and staff members in order to fulfill the program's mission. Certified Ombudsman are obligated to respond to all complaints made by or on behalf of the residents. They serve as impartial fact-finders, problem solvers and resource brokers. Though Certified Ombudsman must be professional, impartial and fair in pursuit of their mission, they are first and foremost resident advocates and will approach every problem from this essential perspective.

### **Consent and Affirmation**

I hereby give my permission for the Office of Long Term Care Ombudsman to contact the persons I have listed as reference and any past employer to verify my suitability to perform the duties of a Volunteer Long Term Care Ombudsman for the State of Alaska. Checking the box below affirms the statements made in this application are true, accurate and complete to the best of my knowledge.

I agree:

*For paper applications, sign above.*

*Upon completion of application, all prospective volunteers will be interviewed in person or via phone.*



## Appendix C LTCO Volunteer Reference Form

Hello! Your name was given to me as a reference for **XXXXXXXXXXXX** who is training to become a volunteer Long Term Care Ombudsman. Our volunteers serve as advocates for seniors residing in assisted living homes and skilled nursing facilities. As a certified volunteer, she will regularly drop in and visit with elders, observe the conditions in the home, and will attempt to resolve any issues that may be shared with her.

I would very much appreciate it if you could respond to the following questions based on your personal interaction with the applicant:

- 1. Is the applicant a good listener?**
- 2. Does the applicant exhibit warmth, empathy, patience, and genuine concern to people in general and to elderly people in particular?**
- 3. Do you consider the applicant to be an objective person and not highly emotional in difficult circumstances?**
- 4. Do you believe the applicant is capable of being non-judgmental and a good arbitrator/mediator?**
- 5. Can the applicant remain calm when dealing with emotionally-charged, frustrating or confusing situations?**
- 6. Does the applicant have any prior experience with elderly people in a nursing home environment (including relatives)?**
- 7. Why do you think the applicant applied for the position of volunteer ombudsman?**
- 8. Are you aware of any strengths or weaknesses that might impact how the applicant would handle this position, including personality traits?**
- 9. Is there anything else you believe we need to know or which may be helpful in approving this applicant as a volunteer?**

Thank you, in advance, for taking the time to assist us in this process. Please feel free to call or email with any questions you may have!



## Appendix D      Resource Agency List

### Resource Agency List

- ☐ Aging and Disability Resource Center (ADRC)
- ☐ Alaska Legal Services Corporation
- ☐ Alzheimer’s Resource of Alaska
- ☐ Medicaid Information office
- ☐ Disability Law Center
- ☐ Office of Public Advocacy (OPA)
- ☐ Elder Fraud
- ☐ SDS Waiver, GR, other senior services
- ☐ State of Alaska Ombudsman
- ☐ Assistive Technology of Alaska (ATLA)
- ☐ Healthcare Facilities Licensing & Certification (HFL&C)
- ☐ Residential Licensing (RL)
- ☐ Adult Protective Services (APS)
- ☐ Alaska Association of Retired Persons (AARP)
- ☐ Alaska Commission on Aging (ACoA)
- ☐ Alaska Housing and Finance Corporation (AHFC)
- ☐ Anchorage Senior Activity Center
- ☐ Alaska Brain Injury Network (ABIN)
- ☐ Medicaid Fraud Control Unit (MFCU)
- ☐ Older Persons Action Group/Senior Voice (OPAG)
- ☐ Alaska Native tribal Health Consortium (ANTHC)
- ☐ Southcentral Foundation (SCF)
- ☐ Interagency Breakfast
- ☐ Hospice of Anchorage
- ☐ Providence Hospice
- ☐ Access Alaska and State Independent living Council (SILC)
- ☐ Alaska Center for the Blind and Visually Impaired
- ☐ Alaska 211
- ☐ Residential Licensing new ALH orientation
- ☐ Quality Assurance (QA)



## Appendix E Initial Employee Certification Checklist

New LTCO must complete training and be designated as a long term care ombudsman. At a minimum, training must include:

- ☐ A completed interview with the SLTCO or designee
  - Completion of the Conflict of Interest and Code of Ethics forms. New employee must be free of unremedied conflicts of interest.
- ☐ Satisfactory completion of all required initial classroom and supervised field training. The LTCO staff or new employee may request additional visits be completed before the employee is certified as a LTCO by the SLTCO. Field training should also include attendance at both a resident and a family council meeting if possible.
- ☐ A meeting with the SLTCO to determine individual training goals for the first year of employment. These goals will include at a minimum:
  - Completion of the NORC online LTCO training. Completed tests will be reviewed by the SLTCO.
  - Completion of the NORS training curriculum with the SLTCO or designee. Completed tests will be reviewed by the SLTCO including training on the use of Ombudsmanager with the SLTCO or designee.
  - Review of the NORC website with the SLTCO or designee.
  - Review of the OLTCO P&P and the Trust P&P with the SLTCO or designee.
  - Review of the OLTCO procedures for completing paperwork for travel, timesheets, mileage reimbursement, facility visits, intakes, and requesting IT support with the LTCO Specialist.
  - Review each of the OLTCO trainings (Calling 911, Working with residents who Experience Dementia and Falls Prevention) with the SLTCO.
- ☐ Orientation training may also include any of the following, depending on the experience of the new employee. The SLTCO and the new employee will add these to the employee's training plan:
  - Visit partner agencies to learn about resources and develop networks (see appendix D for list of potential agencies).
  - Participation in the following meetings: Alaska Commission on Aging, the Trust legislative advocacy group, Inter-agency breakfast, Care Coordinators Association, and an assisted living home provider association.
- ☐ Certification by the SLTCO as qualified to carry out the activities on behalf of the OLTCO

All LTCO employees will participate in at least 18 hours annually of continuing education arranged by the SLTCO or designee.

The SLTCO has the sole authority to certify or refuse individuals to serve as LTCO including staff and volunteers.



## Certification Checklist

## New Volunteer

Applicant Name: \_\_\_\_\_

Community: \_\_\_\_\_

Date Completed	Task (copies in volunteer file)	Staff Initials
	<b>Initial volunteer inquiry</b> <input type="checkbox"/> How did they learn of VLTCOP: _____ <input type="checkbox"/> Asked to complete application (do not begin processing until rec'd.)	
	<b>Receipt of application:</b> _____ <input type="checkbox"/> Application reviewed <input type="checkbox"/> No apparent conflict of interest on application	
	<b>Telephonic Interview</b> <input type="checkbox"/> Use VOP Initial Telephonic Screening <input type="checkbox"/> No identified conflict of interest during screening	
	<b>Background Check</b> <input type="checkbox"/> CourtView – Alaska <input type="checkbox"/> Courtview -- Previous state of residence: _____ <input type="checkbox"/> Alaska Sex Offender Registry <input type="checkbox"/> National Sex Offender Registry <input type="checkbox"/> References Sent	
	<b>Reference Check</b> <input type="checkbox"/> References provided were positive <input type="checkbox"/> Former employer's references were positive	
	<b>Follow-up consultation w/ State Ombudsman (if concerns)</b>	
	<b>Applicant invited to training (beginning date: _____ )</b>	
	<b>Training Module #1</b> <input type="checkbox"/> Attended Training on _____ (date) <input type="checkbox"/> Conflict of Interest Screening form reviewed & signed by volunteer <input type="checkbox"/> No Conflict Identified <u>OR</u> <input type="checkbox"/> waiver signed by Ombudsman <input type="checkbox"/> Code of Ethics form signed by volunteer <input type="checkbox"/> Exam successfully completed	
	<b>Training Module #2</b> <input type="checkbox"/> Attended Training on _____ (date) <input type="checkbox"/> Exam successfully completed	
	<b>Training Module #3</b> <input type="checkbox"/> Attended Training on _____ (date) <input type="checkbox"/> Exam successfully completed	



	<b>Training Module #4</b> <input type="checkbox"/> Attended Training on _____ (date) <input type="checkbox"/> Volunteer Agreement signed, including: <ul style="list-style-type: none"> <li>▪ Confidentiality Agreement</li> <li>▪ Conflict of Interest Disclosure</li> <li>▪ Receipt of Volunteer Manual</li> <li>▪ Photograph &amp; Publicity Release Form</li> </ul> <input type="checkbox"/> Picture taken (for badge) <input type="checkbox"/> SOA Service Agreement signed <input type="checkbox"/> Exam successfully completed	
	<b>Facility Visit #1 – w/ Staff:</b>	
	<b>Facility Visit #2 – w/ Staff:</b>	
	<b>Facility Visit #3 – Completed by VLTCO w/ Staff observing</b> <input type="checkbox"/> Cleared for independent facility visits	
	<b>Administrative Tasks:</b> <input type="checkbox"/> Badge Provided <input type="checkbox"/> Clipboard Provided <input type="checkbox"/> Certificate Awarded <input type="checkbox"/> Name entered as User in Website <input type="checkbox"/> Volunteer issued login & password for website <input type="checkbox"/> Volunteer provided with instruction on changing passwords and uploading reports via website. <input type="checkbox"/> Name entered into Ombudsmanager database	
	<b>Assigned Facility(ies) – ORIENTATION COMPLETED:</b>  1. _____ 2. _____ 3. _____	
	<b>CERTIFIED OMBUDSMAN CERTIFICATE AWARDED</b>	
<b>Date Completed</b>	<b>Task (copies in volunteer file)</b>	<b>Staff Initials</b>
	<b>Month #1 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #2 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	



	<b>Month #3 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #4 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #5 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #6 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #7 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #8 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #9 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #10 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #11 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	



	<b>Month #12 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>FIRST YEAR ANNIVERSARY</b>	
	<b>FIRST YEAR CONTINUING EDUCATION</b> <input type="checkbox"/> Completed _____ out of _____ monthly trainings offered.	
	<b>ANNUAL CHECK-IN</b> <input type="checkbox"/> Met w/ volunteer, observed visit, reviewed progress/goals	
	<b>ONE YEAR EVALUATION COMPLETED</b> <input type="checkbox"/> attended minimum of 10 out of 12 monthly trainings; <input type="checkbox"/> completed facility visit reports timely; <input type="checkbox"/> content of reports good, follow up appropriate, etc.	
	<b>RECERTIFICATION APPROVED</b> <input type="checkbox"/> Recognition – 1 <sup>st</sup> Year – Letter from LTCO w/ bracelet	



## Appendix G      Voluntary De-certification Letter

[Date]

Dear [Name]:

I was sorry to hear about your resignation from the Volunteer Ombudsman Program. As much as I hate to hear that you are no longer able to volunteer with us, I understand that we all have personal lives that effect changes to our circumstances. If you have not already done so, please return your name badge at your earliest convenience.

I am enclosing an exit survey form and self-addressed stamped envelope. If you would take a few minutes and give us comments, I would appreciate it. We strive to continually improve our volunteer training. With input from volunteers who leave the program, we hope to make changes that will make the ombudsman experience more rewarding for our volunteers.

In the future, if you wish to return to the program as an active volunteer, just give me a call. You will be welcome any time. Thank you for training with the Long Term Care Ombudsman program. I will miss seeing you at volunteer meetings. Your service with the program has been a tremendous help to residents in Alaska's long term care facilities. Take care and thank you for all you've done.

Sincerely,



## Appendix H      Involuntary De-certification Letter



## Appendix I                      Code of Ethics

### **CODE OF ETHICS FOR OMBUDSMEN**

Regardless of an ombudsman's level(s) of advocacy effort, or the complexity of the issue/or problem being addressed, there is a basic set of principles which guide an ombudsman's decisions. The National Association of State Long-Term Care Ombudsman Programs developed the following Code of Ethics for ombudsmen.

1.        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.
2.        The Ombudsman respects and promotes the client's right to self-determination.
3.        The Ombudsman makes every reasonable effort to ascertain and act in accordance with the client's wishes.
4.        The Ombudsman acts to protect vulnerable individuals from abuse and neglect.
5.        The Ombudsman safeguards the client's right to privacy by protecting confidential information.
6.        The Ombudsman remains knowledgeable in areas relevant to the long-term care system, especially regulatory and legislative information, and long-term care service options.
7.        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 (contract) organization.
8.        The Ombudsman will provide professional advocacy services unrestricted by his/her personal belief or opinion.
9.        The Ombudsman participates in efforts to promote a quality long-term care system.
10.       The Ombudsman participates in efforts to maintain and promote the integrity of the Long-Term Care Ombudsman program.
11.       The Ombudsman supports a strict conflict of interest standard with prohibits any financial interest in the delivery or provision of nursing home, board and care services, or other long-term care services which are within their scope of involvement.
12.       The Ombudsman shall conduct himself/herself in a manner which will strengthen the statewide and national Ombudsman network.

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Name

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Date



Employees must meet the following requirements to be recertified each year:

- ☐ Receive a Satisfactory or better Annual Review by the SLTCO
- ☐ Complete a new Conflict of Interest Screening
- ☐ Complete a new Code of Ethics form
- ☐ Complete 18 hours of continuing education
- ☐ Pass an updated background check



**Certification Checklist**  
**Continuing Volunteer – Year #\_\_\_\_\_**

Name: \_\_\_\_\_

Community: \_\_\_\_\_

Date of Initial Certification: \_\_\_\_\_

Assigned Facilities: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Date Complete	Task (copies in volunteer file)	Staff Initials
	<b>Month #1 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #2 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #3 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #4 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #4 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	



	<b>Month #5 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #6 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #7 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #8 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #9 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #10 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #11 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Month #12 - Continuing Education</b> Topic: _____ <input type="checkbox"/> Attended <input type="checkbox"/> Did Not Attend. Why? <input type="checkbox"/> If not able to attend, reviewed materials w/volunteer	
	<b>Updated Background Check</b> <input type="checkbox"/> CourtView – Alaska	



	<b>New Code of Ethics form reviewed &amp; signed</b> <input type="checkbox"/> Completed	
	<b>New Conflict of Interest Screening form reviewed &amp; signed</b> <input type="checkbox"/> No conflict of interest identified <input type="checkbox"/> If conflict was identified, COI Waiver was completed	
	<b>A N N I V E R S A R Y</b>	
	<b>ANNUAL CONTINUING EDUCATION</b> <input type="checkbox"/> Completed _____ out of _____ monthly trainings offered.	
	<b>ANNUAL CHECK-IN</b> <input type="checkbox"/> Met w/ volunteer, observed visit, reviewed progress/goals	
	<b>ONE YEAR EVALUATION COMPLETED</b>  <input type="checkbox"/> attended minimum of 10 out of 12 monthly trainings; <input type="checkbox"/> completed facility visit reports timely; <input type="checkbox"/> content of reports good, follow up appropriate, etc.	
	<div style="text-align: center;"><b>RECERTIFICATION APPROVED</b></div>  Eligible for an award/recognition? Yes <input type="checkbox"/> No <input type="checkbox"/>  <input type="checkbox"/> 3 year: letter from SDS – Volunteer Award <input type="checkbox"/> 5 year: letter from Governor – Volunteer Award <input type="checkbox"/> 7 year: letter from Legislator <input type="checkbox"/> 10 year: letter from Governor – Volunteer Award	



**Organizational Conflict of Interest Checklist**

Annually the SLTCO will review the organization to identify any organizational conflicts of interest including the appearance of conflict that may impact the effectiveness or credibility of the work of the OLTCO.

**Identification**

1. Is responsible for licensing, surveying, or certifying LTC facilities
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
2. Is responsible for licensing, surveying, or certifying LTC services
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
3. Is an association (or an affiliate of such an association) of LTC facilities, or of any other residential facilities for older individuals or individuals with disabilities
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
4. Has any ownership or investment interest (represented by equity, debt, or other financial relationship) in, or receives grants or donations from, a LTC facility
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
5. Has governing board members with any ownership, investment or employment interest in LTC facilities
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
6. Provides long-term care to residents of LTC facilities, including the provision of personnel or the operation of programs which control access to or services
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict



7. Provides long-term care coordination or case management for residents of LTC facilities
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
8. Provides long-term care services
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
9. Sets reimbursement rates for LTC facilities
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
10. Sets reimbursement rates for LTC services
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
11. Provides adult protective services
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
12. Is responsible for eligibility determinations regarding Medicaid or other public benefits for residents of LTC facilities
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
13. Conducts preadmission screening for LTC facility placements
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict
14. Makes decisions regarding admission or discharge of individuals to or from LTC facilities
  - ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict



15. Provides guardianship, conservatorship or other fiduciary or surrogate decision-making services for residents of LTC facilities
- ☐ Placement of the OLTCO
  - ☐ LTCO required to perform these activities
  - ☐ Other conflict

### **Remedy or Removal**

Provide a description of steps taken to remedy or remove each conflict of interest identified above.



## Long Term Care Ombudsman

## Conflict of Interest Screen

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Community: \_\_\_\_\_

Potential or Current: Volunteer ☐ Employee ☐

1. Have you or any members of your immediate family or household ever been employed by a long-term care provider? Yes No (please circle)

If yes, please list for each long-term care and/or in-home care service provider the following information: Name of person employed, your relationship, employer's name, dates of employment, the position held, and duties:

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2. Do you or any member of your immediate family or household live in a long-term care facility or is a recipient of long-term care services? Yes No (please circle)

If yes, please describe the relationship and identify the facility/agency:

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3. Do you or any member of your immediate family or household have a financial interest in any long-term care provider or agency that funds or regulates long-term care services? Yes No (please circle)

If yes, please list for each applicable long-term care provider the following information: name of person(s) with ownership interest, your relationship, the provider's name and address, and the extent of the ownership interest or investment:

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4. Do you or any member of your immediate family or household have any plans to open an assisted living home? Yes No (please circle)

If yes, please identify the name of the person(s), your relationship, and the current status of such plans:

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5. Are you or any member of your immediate family or household affiliated with, consultant to, board member of, or have any relationship in which they may profit from a long-term care provider or provider membership organization? Yes No

If yes, please list the following for each affiliation: name of person with the affiliation, your relationship, the provider and/or organization's name and address, and the nature of the affiliation:

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6. Do you or any member of your immediate family or household stand to gain financially through an action brought on behalf of individuals that the Long Term Care Ombudsman program serves? Yes No (please circle)

If yes, please describe the applicable action and potential gain that may pose any actual, potential, or perceived conflict of interest.

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7. Are you or any members of your immediate family or household living in housing which is affiliated with or owned by an entity which also owns or is affiliated with a long term care facility (i.e. public or senior housing which is owned by a company which also owns an assisted living home)? Yes No (please circle)

If yes, please list the following for each affiliation: name of person with the affiliation, your relationship, the provider and/or organization's name and address, and the nature of the affiliation:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Request for Waiver and Proposed Remedy to Identified LTC Ombudsman Conflict of Interest

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LTC Ombudsman Approval: \_\_\_\_\_ Date: \_\_\_\_\_

LTC Ombudsman Denial: \_\_\_\_\_ Date: \_\_\_\_\_

Comment:

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**State Long Term Care Ombudsman Program Grievance Process**

The State Long Term Care Ombudsman or designee shall investigate allegations of misconduct by any Long Term Care Ombudsman in the performance of the duties of our office. All grievances should be documented in writing. If you are unable to complete this grievance form, a staff person from our office will be happy to assist you. You can find our grievance form on our website at: <http://akoltco.org/contact/> or you can call our office at 907-334-4480.

We will be asking for the following information:

1. Your contact information (name, phone number, email or mailing address)
2. The nature of the complaint
  - Name of person the grievance is against
  - Date and time the incident
  - Location of the incident
  - Brief description of what happened
3. Specific facts supporting the allegation
  - Any documentation of the incident
  - Names of others involved or witnesses
4. What you would like as a resolution of the grievance

Upon receipt of a grievance, the State Long Term Care Ombudsman will attempt to contact you within 2 business days to acknowledge the receipt of a grievance, clarify any information if needed and explain the grievance process. All efforts will be made to investigate and respond to you within 10 business days of receipt of complaint. We will provide you with a written response explaining the investigation and resolution of your grievance. All decisions of the State Long Term Care Ombudsman are final.

If your grievance is about the State Long Term Care Ombudsman, the Chief Executive Officer (CEO) of the Alaska Mental Health Trust Authority (the Trust) will complete the investigation and notify you of the results.



## **State Long Term Care Ombudsman Program Grievance Form**

Date:

Name of person filing grievance:

Phone number:

Email Address:

Mailing Address:

Person you are filing a grievance against:

Date of dispute:

Time of dispute:

Location of dispute:

Brief description of what happened:

Names and contact information of witnesses or others involved in the dispute:

Desired resolution of grievance:



## Appendix P

## Intake Form

**Date of Report:**

**Report taken by:**

**Vulnerable Adult Information:**

Last Name:

First Name:

Middle Initial:

Date of Birth:

Age:

Gender: Male

Female

Name of Facility:

Street Address:

Apartment/Room/Cottage:

City:

Zip Code:

Phone Number:

Pay Source: Waiver GR Private Pay Unknown

Is adult able to effectively communicate: Yes No

Additional information regarding condition/impairments:

**Is there a legal representative?:** Yes No

Representative Information:

1) Name:

Type:

Contact: Cell

Home

Work

Email:

2) Name:

Type:

Contact: Cell

Home

Work

Email:

3) Name:

Type:

Contact: Cell

Home

Work

Email:

Other persons having information:

1) Name:

Phone Number:

Email:

Agency/Position:

2) Name:

Phone Number:

Email:

Agency/Position:

**Reporter Information:**

Name:

Phone Number:

Email:

Relationship to the Vulnerable Adult:

Agency/Position, if applicable:



**Do any persons on this report wish to remain anonymous?:**    Yes            No

If yes:    Reporter            Resident

**Verbal Consent to proceed:**    Yes            No            N/A

**Describe situation:**



**Consent for Ombudsman Involvement and  
Authorization for Release of Information**

**Resident Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ I consent to have the Alaska Long Term Care Ombudsman advocate on  
(initial) my behalf regarding resident rights issues and good care practices.

\_\_\_\_\_ I authorize the Alaska Long Term Care Ombudsman to share my  
(initial) information with other agencies and/or providers if needed to advocate  
on my behalf.

\_\_\_\_\_ I authorize a representative with the Alaska Long Term Care  
(initial) Ombudsman to obtain information and records necessary to advocate on my behalf.

\_\_\_\_\_  
Resident or Legal Guardian Signature

\_\_\_\_\_  
Date

(Check one if signed by legal representative)

☐

POA

☐

DPOA

☐

Guardian

**Legal Representative Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CONSENT/AUTHORIZATION REVOCATION**

I no longer want my information shared.

\_\_\_\_\_  
Resident or Legal Guardian Signature

\_\_\_\_\_  
Date



### **Facility Visit Notes Format**

**Date:**

**Facility Name:**

**License type:**

**# of beds:**

**Address of Facility:**

**Administrator:**

**Facility staff:**

**Vacancies:**

**Accessibility:**

**Other information:**

**Concerns:**

**Attachments:**

#### **Meetings with Residents**

- Met with
- Met with
- Did not meet with
- Met with

#### **Contact with Legal Representatives**

#### **Contact with Others**