



2019 ANNUAL STATE LONG-TERM CARE OMBUDSMAN

TRAINING CONFERENCE

What happened in your state in 2018?

This document is a compilation of responses from states to the questionnaire about what has worked well in their program this past year. Responses are grouped by category with a brief description of the practice. The full list of successful program practices will be available on the 2019 State Conference page (<http://ltombudsman.org/2019-sltco-conference>) of the NORC website following the conference.

Training for Representatives of the Office

Alaska

After experiencing an earthquake, we created emergency preparedness activities, provided weekly reminders for staff about personal preparedness, assembled office preparedness kits, and reviewed our policies and procedures. Staff were better prepared for the earthquake that happened. After the 2018 earthquake we revised our policies and procedures, reviewed personal preparedness, hired an AmeriCorps volunteer to develop an emergency preparedness booklet for assisted living homes, worked with community partners to review our emergency responses and deleted overlap, and updated procedures, phone lists, etc.

California

The Office of the State Long-Term Care Ombudsman released a new chapter to its required Core Curriculum for basic Ombudsman certification training. The chapter discusses issues encountered by LGBT older persons and provides information to enable Long-Term Care Ombudsman representatives to provide competent and sensitive services to LGBT individuals. The California Legislature acknowledged the importance of training on this topic by requiring that Ombudsman representatives, administrators of adult residential care facilities, and administrators of residential care facilities for the elderly receive training that includes this content (Assembly Bill 663, Gomez, Chapter 675, Statutes of 2013). Ombudsman representatives can apply their knowledge and problem-solving skills to empower and support LGBT residents.

Florida

We created a monthly statewide live Skype training program. Subject matter experts from various backgrounds provide training on topics such as Elder Abuse, Exploitation, State Survey Agency, Advance Directives, and Guardianships. Through this training the program volunteers and staff have an insight into presented topics and can more effectively assist residents with issues they face. The format allows for real-time questions to be submitted by Ombudsman volunteers to the presenter and receive immediate feedback.

Massachusetts

We developed a training module for local programs to use to help Ombudsman program volunteers document their work in a more effective way. We are beginning to see more objective and comprehensive documentation.

New Mexico

We have worked on training and/or retraining Ombudsman Representatives on the proper way to code complaints and document activities. We held a two-day training for all program representatives where we had

the state survey agency give regulation updates, talk about the complaint process, and talk about the survey process for nursing homes and assisted livings. We had other speakers talk about Hospice, Mental Health in Older Adults, ADRC, Care Transitions Program, Active Listening Skills and Investigation Techniques. We then had a skills breakout session where we went over different scenarios.

North Carolina

In North Carolina, the Office of the State Long-Term Care Ombudsman redesigned the training of current and new Community Advisory Committee (CAC) volunteers. There are 1,100 volunteers in NC who serve on the Adult Care Home community advisory committee (N.C.G.S. §131D-31), the Nursing Home community advisory committee (N.C.G.S. §131E-128) and the Joint Nursing and Adult Care Home Community Advisory Committees. These committees were constituted in the 70s by the North Carolina General Assembly to function as representatives of the Long-Term Care Ombudsman Program, thus maintaining the intent of residents' Bills of Rights. With the implementation of the Final Rule, the U.S. Administration for Community Living (ACL) felt that in the current structure (pre-Final Rule), the volunteers were not accountable to the Office of the State Long-Term Care Ombudsman and that unless there was a remedy, Older American's Act funds could not be used for any CAC volunteer training. The North Carolina Department of Health and Human Services, Division of Aging and Adult Services, Office of the State Long-Term Care Ombudsman sought the legislative changes to ensure compliance with the US Administration for Community Living regulations governing State Long-Term Care Ombudsman Programs. The changes amended NCGS 131D-31 (Adult Care Home Community Advisory Committees) and NCGS 131E-128 (Nursing Home Advisory Committees). With these statutory changes, appointments by boards of county commissioners of community advisory committee volunteers to either the adult care home or nursing home advisory committee shall first be contingent upon designation of appointees by the Office of the State Long-Term Care Ombudsman. Once the designation is complete, boards of county commissioners can appoint volunteers to the advisory committees. Removal of an appointee's designation by the Office of the State Long-Term Care Ombudsman automatically rescinds the appointment to either committee. CAC orientation was revised to include information about the Final Rule, HB 248 and the new process for certification, designation, attestation and removal. All the current CAC volunteers went through the HB 248 training, attested that they understood their new role and accountability, and were issued a certificate from the Office of the State Long-Term Care Ombudsman. As of November 2018, 850 certificates have been issued to CAC volunteers. Any new volunteer undergoes the HB 248 training in addition to the orientation training, signs an attestation, and will receive a certificate of designation.

Pennsylvania

Pennsylvania is excited to announce the launch of its new and improved curriculum allowing new staff and volunteers to begin training as soon as their applications and background checks have been received. The training incorporates a combination of online modules, interactive classroom sessions, and mentoring/shadowing/observation opportunities. It is flexible enough for us to train new staff in as little as two weeks, or volunteers at a 3-5 hour per week time commitment over 3-6 months. PA historically offered certification training only 2-3 times per year, with a time commitment of three full-days, and with significant associated training and travel costs. Feedback from program representatives who have completed the training indicates increased knowledge retention (which will result in decreased need for TA), that they feel well prepared to work independently, and have a better understanding of their role in a federally mandated program.

Washington

We held training for all ombudsmen in trauma informed advocacy to enhance their skills in serving individuals who may be victims of crime, abuse, neglect or exploitation. We created online and in-person resources and promotion of resources such as bibliography and resources to help trauma victims.

Working with Resident Councils, Family Councils, and Citizen Advocacy Groups

Connecticut

We developed toolkits for every Resident Council in the state. They help the group explore story sharing to increase their person-centered plan of care. They were well received, and we are told that they have started using them in the homes and as part of their Resident Councils.

Florida

We created the first edition of the Florida Long-Term Care Resident Council Handbook. This book is a guide for residents of long-term care facilities to establish or enhance their resident councils. The guide explains how residents can effectively use a resident council to self-advocate on issues at their respective facility.

Kentucky

We partnered with University of Louisville on a three-year CMP grant focused on emergency preparedness in long-term care facilities. The LTCOP has provided training to long-term care providers at four statewide conferences on emergency preparedness. Ombudsmen met with 23 existing Family Councils, created materials to educate families about emergency preparedness in long-term care and worked to empower families to ask questions and regularly discuss emergency preparedness at council meetings. The impact has been that more families are aware of long-term care emergency preparedness requirements and the planning for their facility.

Ombudsman Program Management

Florida

We rewrote the Ombudsman Management Information System (OMIS). Rewriting of the OMIS program will allow the system to be ready for the new NORS. The new program will also allow for district information such as community events, resident/family council attendance, and training to be entered into a statewide system for tracking purposes.

Illinois

The program revised the policies and procedures per federal requirement and conducted training to the network on the changes. One main amendment was the addition of policies for the Home Care Ombudsman Program. In addition, the Office worked on the State Rule which would go on to be adopted in FY19. The State Rule also incorporated the Home Care Ombudsman Program. The impact was a clearer understanding of the expectations of the Office, Ombudsman Providers, AAAs and Ombudsmen.

We also developed an Ombudsman Suicide Protocol. Illinois Ombudsmen now have a tool to use should a resident express a desire to harm his or her self. Ombudsmen have had training on the suicide protocol and the protocol has been added to the required training for new and newer Ombudsmen. Ombudsmen report feeling relieved to have a tool to help them in such a difficult situation.

Indiana

The state LTCOP now has its own secured electronic storage drive that is no longer accessible by any state employee, only LTCOP staff. The state LTCOP now has its own secured fax line so that incoming fax documents are emailed directly to the program rather than being printed out on Aging's fax. We were able to get SLTCO letterhead approved rather than using letterhead of Aging or the Office of General Counsel. We have developed a resident consent form that's now being used statewide. We now have a confidentiality agreement that all Certified Ombudsman statewide are required to sign. There's a formal policy in place for anyone requesting access to ombudsman records that can only be approved by the SLTCO. We've issued "Dear Provider" letters that

are being used in the field directing providers to submit all facility-initiated discharges to State LTCOP. We developed a new program brochure and logo to be used statewide that's more accessible to read and will have the correct program contact information included.

Kentucky

The State Long-Term Care Ombudsman Program held a "Contract Highlights" conference call for all 15 Area Agencies on Aging and Independent Living (AAAILs) and the 15 program representatives. Some changes in our program operations were included in local contracts so we held a contract review conference call to review highlights of the local contract, in hope that local program leads would be better informed and better able to operate in compliance.

Louisiana

We worked on the implementation of receiving and tracking the Emergency Transfer Logs from long-term care facilities throughout Louisiana. By receiving the logs, ombudsmen can quickly view what is occurring at that facility and if there are any pertinent issues. For instance, if a log lists that the reason for transfer was "fall" for several residents that could be an issue that the ombudsman could monitor as well as informing the regulatory agency.

Michigan

Our program contracted with a national evaluator to develop and evaluate the state program. Ombudsman program representatives participated in a two-hour call to provide feedback on how well the State Program communicates, trains, and supports representatives through a list of standard questions with open-ended responses. The program has adjusted frequency of written communications, added monthly regional case consultation calls, and reviewed training and guidance on OmbudsManager. Representatives have received clear and consistent training and guidance on what is expected of them.

Missouri

In 2018, we developed a policy and procedure manual for the Ombudsman Program. We then provided training on the new program changes. The impact has been more consistency across the state and a better understanding of expectations.

Montana

We are implementing a new data system which includes a portal for providers to submit incident reports. Those reports are available to Certification, APS, and the Ombudsman program. The portal is available to nursing homes only right now, not critical access or assisted living facilities. The impact has been to reenergize the program. For the first time all program representatives are entering their own data, making everyone more aware of the responsibility to report. It is allowing the program to track mileage and the related costs for this program.

Nevada

The program implemented a new quality assurance program and policy. We have been able to determine what areas need to be addressed for training both on an individual and staff wide basis. The information gathered has also allowed us to determine inconsistencies within the state.

New Mexico

We are working on policies & procedures. We want to make the program more efficient, uniform, and consistent.

Ohio

The State Office applied for and received an AmeriCorps grant to recruit and train up to 11 AmeriCorps members as ombudsmen. The members will be based in our regional ombudsman program and will undergo an expedited

training schedule so that they are trained at the same level as staff ombudsmen within 3 months. At the end of their year of service, members may wish to apply as an ombudsman in our regional programs which face some turnover issues or elsewhere in the Aging Network. As a result of the grant, we'll have months of service from these members at a good return on investment. They'll focus on increasing our facility visits, volunteer recruitment, and expanding our outreach efforts. The launch of the program took a great deal of time and effort from 3 state office staff members. We hope the pain of the first year will make subsequent years easier.

Texas

We published new program rules in state administrative code, including instructions to local Ombudsman entities and the agencies that host them, and explanation of Ombudsman access to residents, facilities, and records. The rules have redefined our program with local offices and facility operators, establishing more formal processes and giving the state office clear instructions and requirements to point the local offices to.

Wyoming

We worked toward refining our existing policies and procedures, to enhance program effectiveness through representative training and policies and procedures. The volunteer Ombudsman program is still in its early development stages as well. We also enhanced training for representatives which increased their knowledge of systems available for residents. The expected impact with the volunteer program is to increase our presence throughout Wyoming and alleviate the burden on regional Ombudsman to allow an increased focus on working on complaints.

Collaboration with other Organizations/Agencies

Alaska

We were able to apply for a Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) grant and gather a group to work on guardianship in our state. One of the results was we were able to pass a supported decision-making law (SDMA) in Alaska. The group has worked with the court system to create a video that new guardians must watch after being appointed. The group has worked to change numerous things at the probate court-created a bench book, change application forms, created an annual report review process, etc. SDMA should allow residents to avoid guardianship. The other items will increase the probate process and hopefully make it faster and more consistent across the state.

Arizona

Arizona proclaimed April 2018 as National Healthcare Decision Month. It was a great opportunity for the Long-Term Care Ombudsman program to collaborate with the Attorney General's Office to inform residents in long-term care facilities about their rights to make healthcare decisions. To jump start this initiative, Regional Long-Term Care Ombudsman representatives talked to residents and distributed Life Care Planning packets during regular visitation to long-term care facilities. The Life Planning packet consisted of the following: General information and instructions, Frequently Asked Questions, Durable Healthcare Power of Attorney, Durable Mental Healthcare Power of Attorney, Living Will (End of Life Care), and the Prehospital Medical Care Directive (Do Not Resuscitate). Through this initiative, residents were empowered to express their wishes regarding healthcare and for healthcare providers and facilities to respect those wishes, whatever they may be.

Arkansas

We have the Traumatic Brain Injury (TBI) State Partnership Program. The impact has maximized independence, well-being, and health of persons with TBI, their caregivers, families, and providers.

Georgia

The State Ombudsman was appointed to the Older Adult Cabinet hosted by the state's First Lady to identify and prioritize issues related to older adults. The Older Adult Cabinet identified three priorities on which to focus. The cabinet meets several times each year. Cabinet members give input and assist with moving the priorities forward. Workforce has been a focus of the cabinet.

Hawaii

The State Auditor published a very critical analysis of all the problems at our licensing agency that monitors care homes, foster homes, and assisted living facilities. This section is called the Department of Health, Office of Health Care Assurance (OHCA). The report was picked up by our only newspaper and an internet news blog called "Civil Beat." Civil Beat is free and probably has more subscribers than the newspaper, all our legislators read it. Civil Beat asked me to comment on the Auditor's Report (which I submitted to the NORC) and it got a lot of positive feedback. I then got an e-mail from the new OHCA Director informing me the Auditor's Report was very out-of-date and he listed all the improvements they have made. He said morale is at an all-time-low and the surveyors feel unappreciated and have gotten no acknowledgement for all the improvements. We are now partnering on how to get the full story out to the public and to the legislators. They recognize the LTCOP has more credibility than they do, and they want our help in working closely together. The previous director was very guarded and defensive and had no interest in working with us. Now that she's retired, there's hope we can forge a new, more productive relationship that better protects our seniors.

Kentucky

Long-term care Ombudsmen conducted regional multi agency meetings. The Kentucky Long-Term Care Ombudsman Program (LTCOP) promotes systemic advocacy aimed at improving both the quality of life and the quality of care for all citizens residing in long-term care facilities. In 2009 the LTCOP created the Multi Agency Regional groups. Multi-agency regional groups were developed to:

- help participants understand each other's roles and agency's services
- identify gaps and barriers in the coordination efforts of government agencies at the local level
- increase coordinated efforts of multi-disciplinary investigations for cases of suspected elder abuse/neglect
- identify issues and suggest policy and communication improvements

The Multi-Agency Regional groups are geographically organized according to the four Office of Inspector General (OIG) Enforcement Branches (Eastern, Southern, Western and Northern). Meetings are held quarterly in Lexington, London, Hopkinsville, and Louisville. According to the Protection of Nursing Home Residents Final Report 2010 by Governor Steven L. Beshear, key participating agencies include: Office of Inspector General (licensing agency), Adult Protective Services, Guardianship, Office of Attorney General, Area Agencies on Aging and Independent Living, Protection and Advocacy and the District Long-Term Care Ombudsman Programs. These agencies play a role in the identification, investigation, resource coordination and prosecution of abuse/neglect of long-term care residents. While each agency holds a specific role in investigating and combating abuse and neglect all participants possess a common goal of serving and protecting residents. Therefore, respectful communication and cooperation among participants is essential in order to keep the meetings moving forward and productive. To increase relevancy, the meeting agendas are set by the participants in each region. There are two elected positions in each regional group: meeting facilitator and note taker. The role of meeting facilitator includes but is not limited to attending and presiding over quarterly meetings, setting date/time/location of meeting, and sending meeting notices by email to invitees, and arranging for speakers/topics to be discussed. The role of the note taker includes but is not limited to taking minutes, emailing minutes to attendees as well as the State Long-Term care Ombudsman. Minutes are sent to the SLTCOP where trends and systemic issues are identified, and permanent solutions are sought.

Mississippi

We have held transfer/discharge stakeholder meetings. The expected impact is to establish a uniform transfer/discharge notice.

Montana

We are attending monthly meetings with Certification, Licensing, Medicaid Fraud and APS. We are also attending quarterly meetings with QAPI Mountain Pacific Quality Health Foundation. Our CLOWA (Certification, Licensing, Ombudsman, Waiver, APS) meetings keep all agencies aware of issues in LTC settings. Our program has been involved with finding placement for residents when facilities close. This has been accomplished through collaboration with these other agencies.

New Jersey

The LTCO/ICHNJ (I Choose Home – NJ (also known as Money Follows the Person) continued to work with the New Jersey Division of Aging and the New Jersey Housing and Mortgage Finance Agency to utilize ICHNJ/MFP funds to develop affordable and accessible one-bedroom apartments dedicated to low-income people coming out of nursing homes, the first of which became available in 2018. The program is known as the MFP Housing Partnership Program. As a result of the MFP Housing Partnership Program, 81 of these ICHNJ/MFP-funded apartments are projected to become available in 2019.

New Mexico

We worked with the State Survey Agency to start providing us with more information. The State Survey Agency is now sending us copies of the 2567's with approved POC's and Enforcement Letters. We are also starting to get follow-up letters related to complaints that we have submitted, and they are including our reference number to more easily identify which complaint it refers to.

New York

NY State LTCOP had a regional office identify discharge and eviction concerns within an ownership group, transferring residents for non-payment to another corporate owned facility more than 50 miles away. While addressing these issues, we identified a second concern where most of these residents did not have capacity, and families were receiving their monthly income, and not paying the facility. We decided to make a collaborative effort in that area to attempt to work toward a resolution of how to address these issues. We have a work group of stakeholders including Adult Protective Services, Attorney General Office, AAA's, law enforcement and the Ombudsman program all meeting to develop a plan on how to address this issue. We are in the early phases having met twice; however, we are making progress on identifying the weaknesses in the system and working toward resolutions as a group.

North Carolina

We collaborated with the North Carolina Division of Health Service Regulation, Nursing Home Licensure and Certification Section (DHSR). A workgroup was convened in November 2017 and it comprises stakeholders in the long-term care industry (nursing home) including Long-Term Care Ombudsmen. The goal of the workgroup is to reduce the number of complaints received at the Complaint Intake Unit. According to DHSR, complaints increased by 33% between FY 12 and 15. This was consistent with OIG's report that NC had >60 complaints/1,000 residents. Reducing the number of complaints will necessitate process improvements in all facets in all nursing facilities. The workgroup brainstormed to identify why people complain and why complainants elect to file the complaints with DHSR instead of with the nursing facilities. The workgroup used a Fishbone to develop the listing of complainants, causes and effects. The workgroup confirmed all possible causes, identified potential improvements, developed improvement theories, and developed action plans. There are 425 nursing facilities in North Carolina. By Summer 2018 the workgroup identified 33 facilities as contributing 25% of the complaints. Three DHSR staff contacted the 33 facilities with the information. Facility identities were not disclosed but only known to the DHSR staff. Each

facility was required to submit improvement plans. Each facility was encouraged to seek technical assistance from the Long-Term Care Ombudsmen and other stakeholders as required. Also, Long-Term Care Ombudsmen were informed about the project and encouraged to offer technical assistance as feasible and if approached for assistance. Data for the 33 facilities included number of complaints from each facility, types of complaints and the time frame. Time spent by surveyors for complaint investigations within six months at the 33 facilities was equivalent to employing 1.5 FTES (one and a half full time employees). DHSR continues to work with each of the 33 facilities on their respective improvement plans. At the next workgroup meeting in January 2019, the workgroup reviewed progress data. At the upcoming 2019 Annual Spring conference of nursing home association membership, DHSR will discuss the workgroup findings and report. DHSR will evaluate and promote best practices.

Oklahoma

Oklahoma entered our first ever Memorandum of Understanding (MOU) with our Protection and Advocacy organization (P&A). The expected impact is to improve upon the coordination, communication, and advocacy assistance to residents in long-term care settings. Thus far the MOU has achieved its intended goal. The Ombudsman and the P&A organization have participated in cross training, shared annual reports, and worked closely together on cases related to transfer and discharge as well as guardianship reviews.

During the last FFY the Ombudsman collaborated with the Oklahoma State Department of Health to create a fall prevention portal where not only individuals but also providers can do research on fall prevention resources. The site can be visited by pasting <http://www.okdhs.org/services/aging/Pages/FPmain.aspx> in your browser. The expected impact is to increase access to fall prevention resources to both individuals and professionals. Preliminary data suggest the site is performing as intended.

Texas

We developed a brochure for nursing facility residents about PASRR Specialized Services and presented to PASRR staff at their annual conference. PASRR staff and local agencies that conduct PASRR assessments are more aware of the LTCOP, and Ombudsmen and residents have a simple document to share about who may be eligible and what specialized services are.

Resolved problems with Ombudsmen filing appeals for residents and acting as a representative in a fair hearing. Agency barriers were created based on interpretation of CMS policy on appeals, so a process was developed to make requests through a form and receive confirmation that the appeal was filed. We also addressed the possible situation where a resident was being discharged but could not consent and had no representative, for the Ombudsman Program to act in the best interest of the resident and represent the resident in an appeal with State Ombudsman consent. Ombudsmen are participating in more hearings and understand the procedure for filing an appeal on behalf of a resident. We also are documenting consent to serve in this capacity through the form and overcame barriers that have or could arise in the future.

Wyoming

We developed MOU's with Medicaid Fraud Control and the State Survey Agency. This improved communication and understanding between programs.

Systems Advocacy

District of Columbia

The District is home to approximately 4,000 residents who reside in 18 nursing homes, 12 assisted living facilities and approximately 105 small community residential facilities (CRFs). While the Ombudsman Program endeavors to visit all facilities on a regular basis to ensure residents are receiving necessary services in an environment that

respects their dignity, rights and quality of life, it is not always possible. This is particularly difficult with the smaller CRFs. In addition, the regulatory agency for CRFs may only make an annual survey visit. This can leave residents vulnerable, without oversight or advocacy services for prolonged periods of time. The Ombudsman program learned of several CRFs who were behind on their utility bills and were at risk of having utilities such as water, gas or electric shut off, placing residents at risk. In one instance, our Office was alerted that that a CRF had been without gas service for over five months (during the winter). An immediate visit to the facility confirmed that there was a lack of gas for heating, cooking, and bathing. Residents could not bathe, and cooking was limited to a microwave. Portable electric heaters were being used to heat the home, placing residents in further jeopardy from the risk of fire due to overloaded outlets. The home was closed once authorities became aware of the situation, and residents were relocated to other homes. However, they had endured these substandard conditions for almost 5 months. Ombudsmen know that one sign of a poor performing facility is the failure to pay its utility bills. Utility shut-offs of any kind places residents' health, safety and welfare at great risk. It is important that the Ombudsman and all relative regulatory entities be made aware of these situations as soon as possible in order to take needed action to protect residents. The District Ombudsman initiated discussions with the District's Office of the People's Counsel which represents utility customers, and utility companies serving the District, to develop a "Third-Party Notice of Utility Disconnection" bill to present to the DC City Council. A bill (B22-0353) was introduced in 2017, proceeded through committee, was re-introduced and was passed by the DC City Council in 2018. The District Ombudsman testified at the committee hearing to support and explain the bill's intent. The legislation, which was modeled after similar legislation in New York, requires each utility to establish a third-party notification program. It also requires licensed long-term care facilities (nursing homes, assisted living, and community residential facilities) to enroll in each of their utility company's third-party notification program and designate their regulatory agency as its third-party contact, authorized to receive duplicate notification of any past-due bill or termination of service notice. It further requires that any such notice be provided to the Ombudsman by the regulatory agency. The Ombudsman is currently monitoring the implementation of the law to ensure that residents' health, safety and welfare are protected. We anticipate that if properly enforced this requirement will prevent residents from suffering the dangers of being without basic utility services.

Georgia

We are developing legislation to stop benefits trafficking of vulnerable adults who often live in board and care homes. We were able to recruit law enforcement to assist with testimony at legislative hearings. The legislation passed and we expect more prosecutions of bad actors who take advantage of vulnerable adults using their public benefits, selling residents from provider to provider and other unlawful activities.

Hawaii

In an article published in the Honolulu Civil Beat titled, "Problems with Hawaii's Care Homes Must Be Fixed Now," I discuss the importance of unannounced annual inspections in long-term care facilities. When I became the State Ombudsman in 1998, I was shocked to discover the Hawaii Department of Health is required by state law to notify adult residential care homes when they are coming for their annual inspections. In the article I said, "How do you find anything wrong if you tell folks when you are coming? No other state does this." Read the full article here: <https://www.civilbeat.org/2018/11/problems-with-hawaiis-care-homes-must-be-fixed-now/>. Link to the audit: <http://files.hawaii.gov/auditor/Reports/2018/18-18.pdf>. News Article: <https://www.civilbeat.org/2018/11/audit-licensing-process-for-adult-care-homes-is-seriously-flawed/>. Response from John McDermott: <https://www.civilbeat.org/2018/11/problems-with-hawaiis-care-homes-must-be-fixed-now/>.

Illinois

The Program's FY18 statewide initiative was prevention of improper transfers and discharges. All Programs were required to indicate how they would assist the Office with this initiative at the local level. The Office worked on legislation with the Alzheimer's Association that would align state transfer and discharge requirements with the new federal regulations. A significant amount of media time was involved, including interviews and press

conferences across the state. Unfortunately, the bill did not pass. The Program created an increased awareness about improper discharges and residents' rights within local communities as well as with the state regulators. The topic was one that was discussed on a quarterly basis with the regulatory agency. Surveyors received additional training on the subject matter.

Louisiana

House Bill 281--Act 596 of the 2018 Regular Session of the Louisiana Legislature--Enacted the Nursing Home Virtual Visitation Act. The Residents' bill of rights was updated to include this new right. This bill authorizes a resident (or their legal representative) to have a monitoring device installed in his/her room. Residents and their families can enjoy the aspect of being able to have an extra set of eyes in the facility. This gives everyone a little more peace of mind.

Michigan

We worked with CMS Reg V and the State Survey agency to update the state's process for involuntary discharge to incorporate the federal requirements into the state form and review process. A distinct location must be included on the form and the survey agency has returned incomplete forms. The impact has been that residents are now better protected from dumping with this new oversight in place.

New York

The primary systems advocacy focus for NY State LTCOP for 2018 was bringing New York State regulations and Elder Law in compliance with recently issued federal regulations. To do this, we drafted the regulations and legislation, met with legislators, and walked through the proposed legislation with the executive branch and legislature. In addition, our regional programs requested their senators' support for the legislation. The updated regulations were adopted in February 2018, and amendments to Elder Law were enacted into law in August 2018 (Chapter 259 of the Laws of 2018). In the process of working toward the legislation change, we were able to provide education to legislators regarding what advocacy and services LTCOP provides, explaining what a benefit the program is to long term care residents.

Washington

We are developing a training for providers funded by the state legislature to address the lack of information and understanding by long-term care providers about Residents' Rights and surrogate decision makers. Providers will better help residents who have surrogate decision exercise their rights. The impact will be less confusion about Power of Attorney and guardianship authorities and less over reach by POAs in areas such as visitation.

Program Promotion

Alaska

We began posting on community Facebook pages to recruit volunteers. We tripled the numbers of volunteers at initial trainings.

Arkansas

We updated our program brochures with a new design and modern colors. The new brochures are more noticeable to the residents. The bright colors seem to draw their attention. The impact is that Ombudsman program information is reaching more residents visually than the prior version.

Connecticut

We developed new outreach materials and commercials that speak to inclusive communities for all. Individuals living in long-term care settings will see this and know that our program is here to help them no matter their age and that we are here for everyone.

Missouri

We worked to expand our presence on social media to increase awareness about the program and help reach new volunteers. The impact has been that more people are aware of the program and some new volunteers.

Oklahoma

Oklahoma revamped duties for one Program Field Representative in the State Office to focus on program promotion, volunteer recruitment, and training. This position was created during the last quarter of the federal fiscal year. The expected impact is an increase in the number of volunteer Ombudsman in the Oklahoma.

Supporting Provider Best Practices

Connecticut

We had a case that involved anonymous notes being received by a self-identified LGBT resident that were anti-LGBT in nature. The Regional Ombudsman met with the resident who was open to the nursing home and local authorities investigating the concern. They were not able to identify the party that sent the notes, but it did trigger a larger conversation and as a result, facility worked with the resident and a local attorney to develop a new resident handbook that included specific language and a statement about discrimination and protected classes. This was a success for this person as well as the program. We felt it was a further accomplishment for the program since the nursing home is one of our state's larger Roman Catholic campuses.

New Jersey

The New Jersey Office of the Long-Term Care Ombudsman, through its I Choose Home NJ (ICHNJ) program (Money Follows the Person -- MFP), took important steps toward strengthening housing resources for very low-income people in New Jersey nursing homes who want to return to the community. In 2018, the LTCO/ICHNJ hosted several training sessions with Housing Coordinators employed by the five managed care organizations (MCOs) that participate in the NJ Medicaid Managed Long Term Care Services and Supports (MLTSS) program. The training curriculum focused on how to identify and develop housing options for individuals wishing to transition out of nursing homes and back to the community. The LTCO/ICHNJ program has become a go-to resource for MCO Housing Coordinators and nursing facility social workers working with residents who express a desire to transition to the community. In addition, the nexus between the ICHNJ program and the Ombudsman assures that the rights of the residents to self-determination is a key element of any community transition planning.

Increasing LTCOP Budget

California

The Ombudsman Funding Formula baseline was changed from \$35,000 for most programs to \$100,000 for each program. The Legislature gave us an additional \$2.3 million in State General Funds to help us implement this increase. Programs will be able to increase salaries and wages, bring on additional field staff, and increase hours for part-time staff.

Colorado

The Colorado Long-Term Care Ombudsman Program was able to obtain funding to add an additional person in the State Office. There has been no impact yet, as we are still interviewing. We hope to be better able to support and monitor the representatives of the Office across the state with this additional person.

Georgia

We have requested additional funding for the program for the last few years. We met with key legislators but have not been successful yet.

Other: 2018 SLTCO Conference

Colorado

Colorado hosted the 2018 State Ombudsman Conference and Colorado was highlighted in the national eye.

Other: Ombudsman Program Expansion

Wisconsin

Wisconsin had an unserved population of long-term care program consumers who utilized self-directed supports in lieu of managed long-term care, in a program known as IRIS (Include, Respect, I Self-Direct). Though advocacy had been mandated in statute and provided for in FTEs for persons aged 18 - 59, no FTEs were provided for older adults, as it was thought that older adults could self-advocate effectively. It became apparent that self-advocacy was not effective, and the BOALTC had been approached to assume this responsibility, but with no promises of additional FTEs. We persevered in not accepting this new realm of authority without FTEs and were able to last year capture 2 FTEs designated specifically to this aspect of LTC advocacy. The impact has been extremely positive, and the degrees of interaction for the first year are far above what was conceived of. IRIS Ombudsmen in the first year have visited all WIs ADRCs and most stakeholders involved in the delivery of self-directed supports. They have forged relationships with persons who have felt marginalized by the less formal grievance and appeals processes within the system and have affected how some systems decision-makers consider consumer choices. Most striking, they have managed more than 100 cases, successfully facilitating resolutions that have avoided formal legal processes in all but one case, to the great satisfaction of consumers and policy planners. Lastly, the addition of this responsibility to the BOALTC Ombudsman Program fills that gap long-identified as leaving a growing segment of older adult consumers without a source of accessible and effective advocacy.