

PROGRAM ASSESSMENT, DEVELOPMENT, AND MANAGEMENT

OVERVIEW

The purpose of this section is to provide LTCO programs with tips, tools and resources for assessing their current activities in assisted living facilities*, enhance their program services in these facilities, and manage aspects of their program related to serving individuals in assisted living facilities.

As discussed in the introduction, there is significant variation in how state and local LTCO programs provide LTCO services to residents in assisted living facilities. Despite the differences, all LTCO programs need to regularly assess their program activities in order to ensure assisted living residents have “regular and timely access” to LTCO services.²

**Due to the variation in facility type, terminology and licensure for these facilities by states the term “assisted living facilities” (ALFs) is used in this compendium to refer to all non-nursing homes covered by LTCO such as: board and care facilities, assisted living facilities, adult foster care homes, and personal care homes.*

“Despite broad recognition of the ombudsman program’s potential to assist thousands of residents and to complement federal and state oversight of facilities, some observers indicate that its ability to meet its legislative mandates is severely restricted by its limited resources.”¹

LTCO SERVICES FOR RESIDENTS OF ALFs³

Due to limited resources, LTCO programs may find it challenging to meet the federal and state requirements in all long-term care facility settings. Regardless of limited resources, LTCO programs need to ensure their priorities and activities reflect the needs of residents. As many states work to rebalance their long-term care systems the trend is a reduction in the number of nursing home residents and an increase in the number of individuals in assisted living facilities and receiving community options. The reality of these changes underscores the need for LTCO programs to examine the distribution of their services.

Between 2009 and 2014 the number of nursing homes and nursing home beds decreased and assisted living facilities (board and care) and bed capacity increased considerably across the country.⁴ During that time, the number of nursing homes decreased by 1.1% and number of beds decreased by 1.44%, the number of assisted living facilities increased by 5.2% and the number of assisted living beds increased by 12.75%. Despite the significant increase in assisted living LTCO continue to visit a higher percentage of nursing homes quarterly than ALFs, visiting 69% of nursing homes quarterly compared to 28.7% of assisted living facilities in 2014.

There are a variety of reasons for the discrepancy in regular LTCO visits to these facilities, such as an inadequate number of staff LTCO to visit all LTC facilities regularly, lack of volunteer LTCO visiting ALFs, the sheer number of assisted living facilities, advocacy challenges due to the absence of federal regulations and possibly minimal state regulations and enforcement, and insufficient program funding to support regular visits.⁵ However, the weaker regulatory and enforcement systems may also be a compelling reason to increase LTCO presence in these facilities and to develop a systems advocacy agenda to strengthen the laws, regulations, and policies that are responsible for these settings.

¹ National Health Policy Forum. *The Role of Ombudsmen in Assuring Quality for Residents of Long-Term Care Facilities: Straining to Make Ends Meet*. December 2009.

² Older Americans Act of 1965. Section 712 (a)(3)(D)

³ Statistics in this section and the following charts are from the National Ombudsman Reporting System (NORS) Data <http://www.agid.acl.gov/> and http://www.aoa.acl.gov/AoA_Programs/Elder_Rights/Ombudsman/National_State_Data/Index.aspx.

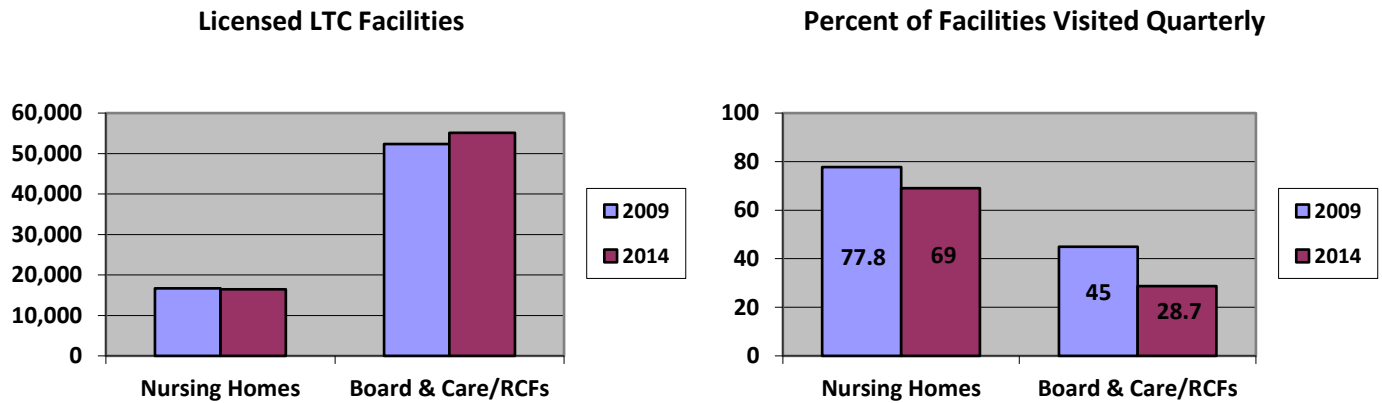
⁴ According to National Ombudsman Reporting System (NORS) data. NORS uses the term “board and care” for residential care facilities.

⁵ See Compendium Introduction for additional information regarding the expansion of the program in 1981.

Findings from the National Study of Long-Term Care Providers indicate that:⁶

- Nearly 4 in 10 residents living in ALFs have been diagnosed with Alzheimer’s disease and other dementias,
- ALFs served the highest proportion of residents aged 85 years and over (51%) compared to nursing homes at 42%,
- More than 6 in 10 residents needed assistance with bathing, and
- Smaller communities (4-10 beds) had a higher proportion of Medicaid beneficiaries than larger communities.

The growth in numbers of individuals living in assisted living and the needs of residents underscores the need for LTCO programs to analyze their data, evaluate their activities, and identify and address barriers in order to enhance LTCO services.



The goal of this compendium is to support LTCO programs in providing services to residents in assisted living facilities. This section provides information regarding program assessment, development and management related to providing LTCO services in this setting. The tools, resources, tips and best practices in this section are intended to support all LTCO programs, regardless of whether your program is already well established in providing LTCO services to ALF residents or if your program is just starting or is somewhere in between.

PROGRAM ASSESSMENT

In order for LTCO programs to ensure they are maximizing their resources and to identify program strengths and areas for improvement, regular program self-evaluation and assessment is critical. All aspects of a LTCO program and services related to advocacy for and with residents of ALFs need to be reviewed. Tip sheets, resources, and examples of best practices related to [program assessment](#) will help LTCO examine their program in the following areas:

- Program Access
- Program Management
- Complaint Handling
- Education, Information and Assistance
- Training
- Systems Advocacy

In addition to the resources and tips provided in this compendium consult the NORC “*Self-Evaluation and Continuous Quality Improvement Tool*” ([state](#) and [local](#) versions) for further program assessment. The [tool](#) identifies 13 components that are essential for having an effective LTCO program and provides examples of exemplary practices for each component.⁷

⁶ National Study of Long-Term Care Providers. <http://www.cdc.gov/nchs/nsltcp.htm>

⁷ For further assessment review the NORC “*Self-Evaluation and Continuous Quality Improvement Tool*” as the tool identifies 13 components that are critical for having an effective LTCO program. http://ltcombudsman.org/ombudsman-support/program-management#Program_Effectiveness_Quality

TIP: Prior to using the comprehensive “[Self-Evaluation and Continuous Quality Improvement Tool](#)” read the *Instructional Brief* and complete the *Mini-Tool* in order to quickly identify areas for improvement and areas of strength. There are state and local versions for both of these resources: mini-tool ([state](#) and [local](#)), instructional brief ([state](#) and [local](#)).

PROGRAM DEVELOPMENT

After assessing your program the tips and examples of best practices regarding [program development](#) can assist you in expanding your program’s services to ALF residents or increase your current level of services. Many of the tips and best practices were provided by LTCO programs that have addressed barriers and developed strategies to serving residents in ALFs, including:

- Determining how to allocate current resources in order to provide LTCO services to nursing home residents and assisted living residents.
- Identifying additional funding to support LTCO advocacy in ALFs.

PROGRAM MANAGEMENT

Program management is an ongoing process that involves managing all aspects of a LTCO program to ensure federal and state requirements are met and creating a cohesive program providing resident-directed advocacy. Resources available in this compendium will help LTCO consider several aspects of [program management](#) including:

- Training LTCO for visits and advocacy for and with ALF residents, including personal safety tips.
- Setting and reaching performance measures or goals regarding LTCO advocacy and activities in assisted living facilities.
- Avoiding and remedying conflict of interest in providing LTCO services in assisted living facilities (e.g., LTCO advocacy related to Medicaid waiver programs when care coordination services are provided by their host agency or another entity in the local/state aging network).
- Policies and procedures that may need to be implemented related to LTCO services in ALFs:
 - Communication with LTCO supervisor (e.g. Local or State LTCO)
 - Reporting abuse, neglect or exploitation
 - Role of the LTCO in advocacy on behalf of and with residents of ALFs
- Recruiting, training and assigning volunteer LTCO to ALFs.

RESOURCES

Consult the tip sheets, best practices, and other resources regarding [program assessment](#), [program development](#), and [program management](#) for more detailed information to strengthen or expand your program’s advocacy for and with residents in [assisted living facilities](#).

SHARE YOUR EXPERIENCE

We encourage you to share your tips, examples of LTCO practice, sample policies and procedures, and training materials regarding LTCO program assessment, development, and management specific to LTCO advocacy in assisted living facilities with NORC by sending an email to ombudcenter@theconsumervoice.org.

This project was supported, in part, by grant number 90OM002, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.