FINAL REPORT

Process Evaluation of the Long-Term Care Ombudsman Program (LTCOP)

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1.1. Background

In response to widely reported problems involving poor quality of care in nursing homes, the Long-Term Care Ombudsman program (LTCOP, or Ombudsman program) began in 1972 as a Public Health Service demonstration project in five states. Envisioned as an independent, person-centered consumer protection service, the program aims to provide a voice for long-term care residents. The Older Americans Act (OAA, or the Act) established the Ombudsman program nationwide in 1978, and expanded the program's scope to board and care homes and similar adult care facilities in 1981. The 2006 OAA amendments expanded the definition of board and care to include assisted living facilities. Today the Ombudsman program is administered by the Administration on Aging (AoA), within the Administration for Community Living (ACL) of the United States Department of Health and Human Services (DHHS). Through grants to states and territories, the Ombudsman program operates in all 50 states, as well as the District of Columbia, Puerto Rico, and Guam.

Since its inception, the Ombudsman program has played a unique role in protecting and promoting long-term care residents' health, safety, welfare, and rights – the program's services are not duplicated by any other federal agency. To fully represent residents' interests and improve the quality of their lives and care, the OAA delineated program responsibilities at both the individual and systems levels. At the individual level, Ombudsmen[1] assist residents by resolving complaints about their care, and help ensure that their rights are protected. In addition to investigating and resolving problems, Ombudsmen play a sentinel role through the facility and resident visits they routinely conduct. Serving as the "eyes and ears" of the program, Ombudsmen help address residents' concerns before they rise to the level of complaints requiring intervention by preventing actions or inactions that unfavorably impact residents' care, rights, and quality of life. At the systems level, Ombudsmen advocate at the local, state, and federal levels for improvements in the long-term care system that benefit residents. These activities are not limited to legislative advocacy, but include coalition-building, speaking to the media, and other strategies that broadly advance residents' rights and well-being. To help build capacity for both individual and systems advocacy, the program also carries out education and outreach activities. These activities include providing information and consultation to facilities, residents and their families, collaborating with other agencies, supporting family and resident councils, developing citizen organizations, and empowering residents as well as their families and caregivers to be effective advocates.

Ombudsman program functions are performed by a State Long-Term Care Ombudsman who heads an Office of the State Long-Term Care Ombudsman (Office of the STLCO) in coordination with a state or territorial unit on aging (SUA). The State Ombudsman is responsible for statewide program administration and oversight of designated representatives of the Office, including paid staff and volunteers. In federal fiscal year (FFY) 2017, 1,319 full-time equivalent staff (FTEs) and 6,625 designated volunteer Ombudsmen supported the program.

To enhance the skills, knowledge, and management capacity of LTCOPs, the National Long-Term Care Ombudsman Resource Center (Resource Center) was established in 1992. Hosted since 1994 by The

[1] In the OAA and Final Rule, "Ombudsman" refers to the State Ombudsman. All other staff that perform the duties of the Office are "representatives of the Office." In practice, however, local staff and volunteers are typically referred to as Ombudsmen (and not representatives of the Office). For the purposes of this research, we refer to both the Ombudsman and representatives of the Office as Ombudsmen, unless otherwise noted.

National Consumer Voice for Quality Long-Term Care (Consumer Voice), in cooperation with the National Association of States United for Aging and Disabilities (NASUAD),[2] the Resource Center supports programs by providing training, technical assistance, and information dissemination. The LTCOP's work is also enhanced by membership organizations, including the National Association of State Long-Term Care Ombudsmen Programs (NASOP) at the state level, and the National Association of Local Long-Term Care Ombudsmen (NALLTCO) at the local level. These affiliations provide professional and educational opportunities, information sharing, and advocacy support to members.

Over the years, various aspects of the Ombudsman program have been studied, but the only national evaluation of the program was carried out in 1995 by the Institute of Medicine (IOM). In the more than two decades since the IOM evaluation, the Ombudsman program has come to operate under a very different long-term care landscape. The rapid aging of the U.S. population, growing consumer preference for receipt of home and community-based services (HCBS), both at home and in other residential settings, and changes in the delivery and financing of post-acute care and long-term services and supports (LTSS) have had a substantial impact on the program's service delivery. These trends pose challenges as well as opportunities for Ombudsman programs at a time when significant new regulatory actions have been introduced. With the 2016 reauthorization of the OAA and implementation of the State Long-Term Care Ombudsman Programs Final Rule (hereafter, Final Rule), states have been newly tasked with ensuring that the structure and implementation of their Ombudsman programs are compliant with these provisions.

Concurrent changes in both the landscape of long-term care service provision and the program itself present an opportunity to understand how the Ombudsman program is progressing toward achieving its legislatively-mandated goals. To assess and strengthen the program's ability to meet its mandates, ACL contracted with NORC at the University of Chicago (NORC) and our partners to conduct a comprehensive process evaluation of the LTCOP. The NORC research team includes Consumer Voice, Resnick, Chodorow & Associates, Associate Professor Brooke Hollister, Ph.D. of the University of California, San Francisco, Health Benefits ABCs, and Human Services Research Institute (HSRI). The following report summarizes findings from the process evaluation and based on those analyses, offers recommendations for improving Ombudsman program practices.

This report is one of seven products that have been developed as part of the NORC team's process evaluation of the Ombudsman program. Other products include a report on the relationship between the Ombudsman program and the changing landscape of LTSS and five research briefs. The latter focuses on the following topics: (1) understanding the uniqueness of the Ombudsman program in the context of the aging network, (2) resident complaint handling, (3) systems advocacy and organizational placement, (4) use of volunteers, and (5) promising practices. Looking ahead, an outcome evaluation of the Ombudsman program is currently being implemented. That study will offer additional findings on the effectiveness of Ombudsman programs.

1.2. Overview of the Process Evaluation

The overarching goal of the process evaluation is to support program planning and improvement by assessing the LTCOP's implementation at the federal, state, and local levels. To that end, this report examines the program's structure and operations, use of resources to carry out its legislative mandates, the nature of Ombudsman program partnerships, and program quality assurance activities. Four research questions form the basis of the process evaluation, including:

[2] In August 2019, NASUAD changed its name to ADvancing States.

1. How is the LTCOP structured and how does it operate at the local, state, and federal levels?
2. How do LTCOPs use existing resources to resolve problems of individual residents and to bring about changes at the facility and governmental (local, state, and federal) levels that will improve the quality of services available/provided?
3. With whom do LTCOPs partner, and how do LTCOPs work with partner programs?
4. How does the LTCOP provide feedback on successful practices and areas for improvement?

The study also includes sub-questions that ask who the program serves, how is it staffed, and what data are collected about activities and outcomes.

To address these four main research questions and sub-questions, we collected qualitative and quantitative data from primary and secondary data sources. Existing data sources included the National Ombudsman Reporting System data (NORS; the program's administrative data collection tool) as well as the Resource Center's training and technical assistance materials.

For research questions that could not be addressed by existing data sources, we obtained information from program staff at the federal, state, and local levels, as well as national stakeholders who were positioned to provide input on LTCOP activities and operations. Primary data collection included telephone interviews and surveys (both web- and paper-based). Based on input and priorities from ACL, five ACL Central and Regional staff members, three representatives from other federal agencies, and 16 stakeholders participated in the evaluation. These respondents were purposefully selected because each had a unique perspective and was able to provide important information concerning the intra- and inter-agency relationships that were of interest to the study.

All 53 State Ombudsmen were invited to participate in the evaluation. This decision was driven by the considerable variability across programs in how the LTCOP is administered, and the importance of understanding the programmatic implications of this variability.

For the local data collection, a multistage, stratified sampling approach was used. To ensure that every ACL region was represented, sampling began with stratifying programs by the 10 ACL regions. Within each region, at least two states were selected randomly. We identified a sample of 27 states to capture the diversity of Ombudsman program structures and organizational placements. In sampled states, all local Ombudsmen were invited to participate in the study, and half of volunteer Ombudsmen were randomly sampled and invited to participate.

1.3. Highlights of Process Evaluation Findings

1.3.1. Research Question 1: How is the LTCOP structured and how does it operate at the local, state, and federal levels?

Program Structure and Operations

1. The Older Americans Act (OAA) and the Long-Term Care Ombudsman Programs Final Rule (Final Rule) provide legislative and regulatory guidance and requirements for the structure and operations of Long-Term Care Ombudsman programs (LTCOPs).
2. Long-Term Care Ombudsman programs are administered by the Administration on Aging (AoA), within the Administration for Community Living (ACL) of the United States Department of Health and Human Services (DHHS). As the chief federal agency charged with helping to maximize the

independence of older adults and individuals with disabilities, ACL issues OAA grants to State agencies, known as state or territorial units on aging (SUAs). These designated, state-level agencies are responsible for developing and administering multi-year state plans for OAA activities and programs, including the Long-Term Care Ombudsman program.

3. Within ACL, Central and Regional Offices[3] provide critical support to State Long-Term Care Ombudsman programs.
    a. The Office of Long-Term Care Ombudsman Programs (Central Office) includes the Director of the Long-Term Care Ombudsman Programs and the Ombudsman Program Specialist who together support States' implementation of OAA grants for their Long-Term Care Ombudsman programs. In addition to administrative duties, the OAA requires that the Director of the Long-Term Care Ombudsman Program advocate on behalf of residents of long-term care facilities within DHHS and other departments, agencies, and instrumentalities of the federal government. This advocacy includes all federal policies affecting populations that are covered by the Ombudsman program.
    b. The Office of Regional Operations (Regional Office) serves as the focal point for the development, coordination, and administration of ACL programs across ACL's 10 regions. The Regional Office is also the local point of contact for SUAs.
4. SUAs are responsible for establishing an Office of the State Long-Term Care Ombudsman (Office or Office of the SLTCO) that is distinct, and separately identifiable from the SUA. The OAA also requires that SUAs ensure that Ombudsman programs have sufficient resources and protections to carry out their legislatively mandated functions. This includes establishing or ensuring policies and procedures; monitoring local programs (where applicable); ensuring Ombudsmen have private and unimpeded access to residents; providing disclosure of information provisions; ensuring freedom from individual and organizational conflicts of interest; assigning adequate legal counsel, and managing personnel functions if programs are organizationally located within the SUA.
5. The Office of the SLTCO is headed by a full-time State Ombudsman who is responsible for the leadership and management of the State Long-Term Care Ombudsman program in coordination with the SUA, and where applicable, any other host agency that implements the Ombudsman program. Key duties of State Ombudsmen include statewide program administration and oversight of representatives of the Office at the state and local levels.
6. The OAA affords broad flexibility to State agencies in how they administer Ombudsman programs. This administration is defined by both the program's *structure* and its *organizational placement*.
    a. A program's *structure* can be described as either *centralized* or *decentralized.* In a centralized structure, all program staff are employees of the agency housing the Office of the SLTCO. In a decentralized structure, the Office of the SLTCO is housed in a state agency or contracted entity, but local Ombudsman staff are employed by another contracted entity designated by the State Ombudsman as a local Ombudsman entity.
    b. *Organizational placement* refers to the location of the program. At both the state and local levels, programs can be "hosted" by (or housed within) the SUA, or with another agency or entity that is under contract with the SUA to administer the Ombudsman program. These placements include other state or local government agencies, independent

[3] As of June 2019, the Regional Office became the "Center for Regional Operations."

agencies within state government, or within nonprofit organizations, including free-standing Ombudsman programs.

7. There are 21 state Ombudsman programs with a centralized program structure. Of these, eight programs have Offices that are housed within SUAs, and the remaining 13 are housed outside of SUAs. By definition, centralized programs do not have local entities. However, some centralized programs have offices located outside of the State Office that facilitate statewide access to the program.
8. There are 32 state Ombudsman programs with a decentralized program structure. Of these, 25 programs have Offices that are housed within SUAs, and the remaining seven are housed outside of SUAs.
    a. Decentralized state Ombudsman programs have local Ombudsman entities located within a number of different organizational placements, although most are housed within Area Agencies on Aging (AAAs) or nonprofit social service agencies.
9. Ombudsman programs' *structure* offer notable advantages and disadvantages.
    a. State Ombudsmen whose programs are characterized by a centralized structure reported that they could ensure consistency in their program's implementation across all program staff. This was partly attributed to having greater direct access to, and communication with staff that facilitates coordination of activities. At the same time, a few State Ombudsmen reported that increased oversight can be difficult to manage when staff are geographically dispersed throughout the state.
    b. State Ombudsmen with decentralized programs reported greater ability to carry out systems advocacy and higher levels of local program autonomy in setting priorities, compared to their counterparts who lead centralized programs. However, State Ombudsmen with decentralized programs were also more likely to report fragmentation in service delivery across local programs and conflicts with local host agencies concerning personnel management. They also described challenges managing fiscal resources due to lack of access to detailed budget information at the local level.
10. Ombudsman programs' *organizational placement* at the state and local levels offer notable advantages and disadvantages.
    a. State Ombudsmen whose programs are housed within nonprofit organizations reported high levels of autonomy. Similarly, local Ombudsmen whose local Ombudsman entities are housed within legal services providers and social services nonprofit agencies reported higher autonomy than their counterparts whose programs have other organizational placements. Limited autonomy for State and local Ombudsmen whose programs are located in central State Offices within SUAs was particularly evident as it related to carrying out systems advocacy, speaking with the media, and having control over their program's fiscal resources.
    b. State Ombudsmen outside SUAs (65%) were more likely to report having control to determine the use of fiscal resources to operate their programs compared to those whose programs are housed within SUAs (44%)
    c. State and local Ombudsmen whose programs are housed within SUAs, AAAs, or other state or local government agencies reported benefiting from "built-in" resources, such as human resources, data systems, information technology (IT), and legal assistance.

d. Several State Ombudsmen whose programs are housed within SUAs reported having greater visibility for the Ombudsman program among relevant groups, a "seat at the table" in important discussions about long-term care, and the ability to engage in coordinated efforts with key organizations. Proximity to partner organizations that are co-located within the SUA was also described as facilitating greater opportunities for cross-trainings.

e. State Ombudsmen whose programs are housed within SUAs reported greater risk for organizational conflicts of interest, and less independence to operate the program. For example, when legal counsel is shared among the Ombudsman program and the SUA or other agencies such as licensing and certification or APS, State Ombudsmen reported that it may be difficult to obtain legal advice that prioritizes the Ombudsman program and long-term care residents.

Reauthorization of OAA and Implementation of the Final Rule

1. Implementation of the Final Rule affected Ombudsman programs' organizational placement at both the state and local levels.

    a. A few State Ombudsmen reported moving or being in the process of identifying new homes for their State Offices or local Ombudsman entities to comply with regulations that require avoidance of organizational conflicts of interest.

2. Most State Ombudsmen reported that implementation of the reauthorized OAA and Final Rule will eventually strengthen the program's independence and authority. At present, however, State Ombudsmen also reported challenges coming into compliance with the legislation and regulation.

    a. Although the Final Rule added few new requirements, some State Ombudsmen perceived the regulation as an unfunded mandate with a relatively short implementation timeline which, in turn, placed strain on some Ombudsman programs, particularly when programmatic resources were limited. Promulgation of the Final Rule, however, also revealed that some programs had not been meeting OAA's existing requirements. For these programs, coming into compliance with the regulation required a relatively greater investment of time and effort.

    b. Requirements of the Final Rule that address organizational conflicts of interest can limit Ombudsman programs' options for appropriate organizational placement. States are increasingly moving to redesign their long-term care systems and these redesigns often add, or consolidate responsibilities for home and community-based care. These changes present increased opportunities for perceived or actual conflicts of interest that may be incompatible with, or require remedy under the Final Rule and OAA.

    c. OAA reauthorization required that Ombudsman programs serve all residents of long-term care facilities, regardless of age. While some programs have always served residents of all ages, the new age requirement can strain the resources of other Ombudsman programs.

3. Activities surrounding the reauthorization of the OAA and the publication of the Final Rule were reported to increase the visibility of Ombudsman programs among stakeholders at the national, state, and local levels. Further, the presence of a full-time Director of Long-Term Care

Ombudsman Programs was critical for both raising the profile of the Ombudsman program as well as for the development and implementation of the Final Rule.

a. At the national level, federal staff and national stakeholders reported that the Ombudsman program's profile increased as a result of the Central Office's engagement with other agencies and stakeholders in promulgating the Final Rule.

b. Implementation of the Final Rule required Ombudsman programs at the state and local levels to educate partners and other entities about new and existing requirements that affect the Ombudsman program and entities with which it coordinates.

Support from SUA Directors and ACL Central and Regional Offices

1. State Ombudsmen reported that having the support of their SUA Director is very important for enhancing their ability to carry out statewide program mandates. This was true regardless of their program's structure or organizational placement, although SUA Director support was particularly valued by State Ombudsmen whose programs were housed within SUAs.

2. State Ombudsmen generally found ACL's Central and Regional Office staff to be helpful and supportive. However, State Ombudsmen within SUAs reported more difficulties working with their Regional Offices than those whose programs were housed outside of SUAs. A few State Ombudsmen reported that their ACL Regional Administrator's closer relationship with their SUA Director lowered the likelihood that they would bring sensitive matters to the Regional Administrator's attention (particularly if they involved the SUA). State Ombudsmen reported that having joint meetings with the Regional Administrator and SUA Director can inhibit the State Ombudsman from speaking freely, particularly if their Office is located within the SUA.

3. The level of communication between State Ombudsmen and their ACL Regional Offices varied by region, with some Regional Offices being more responsive than others.

1.3.2. Research Question 2: How do LTCOPs use existing resources to resolve problems of individual residents and to bring about changes at the facility and government (local, state, and federal) levels that will improve the quality of services available/provided?

Program Resources

1. Ombudsman programs draw on multiple resources to carry out mandated functions. These resources include legislation, regulations, federal, state, and local funds, staff (paid and volunteer), legal counsel, partnerships, peer-to-peer support, training and technical assistance, administrative support, data systems, and IT.
2. Sources of financial support vary widely among state Ombudsman programs.
    a. In federal fiscal year (FFY) 2017, LTCOP expenditures totaled $106.7 million across all funding sources. Federal, state, and local funding accounted for 50%, 43%, and 7%, respectively, of national program expenditures.
    b. State funding for Ombudsman programs varied considerably, accounting for between zero percent and 83% of total expenditures of Ombudsman programs.
3. Staff and volunteer resources vary widely among state Ombudsman programs.

a. In FFY 2017, 1,319 paid full-time equivalent staff (FTEs) supported the program. Ombudsman programs operated with an average of 25 FTEs, ranging from two to 156. Across programs, the ratio of FTEs to facility beds was 1:2,355, ranging from the lowest ratio of 1:594 in Washington, DC to the highest ratio of 1:6,814 in Minnesota.

    i. During the Ombudsman program's last evaluation in 1995, the Institute of Medicine (IOM) recommended a minimum staff to bed ratio of one FTE Ombudsman to 2,000 beds. It should be noted that the ratio reported here, however, is an overestimation because the National Ombudsman Reporting System (NORS) does not distinguish between Ombudsmen and other program staff. Even with the overestimation, however, the average FTE to bed ratio of one to 2,355 still falls short of the IOM's 1995 recommendation.

b. In FFY 2017, 8,810 volunteers supported the program, 6,625 of whom were designated volunteer Ombudsmen. The number of volunteers ranged from zero to 948 individuals across all programs, with an average of 147 among programs that use volunteers. Four states reported no volunteers and seven states reported no designated volunteer Ombudsmen.

4. Ombudsman programs draw on multiple sources of legal support to address program needs and representation. These include the Office of the Attorney General (AG), state agency attorneys, in-house counsel/non-governmental host agency attorneys, private attorneys under contract, and *pro bono* attorneys. Sixty-four percent of State Ombudsmen reported accessing legal support from more than one source, and these sources addressed specific program needs as well as perceived or actual conflicts of interest.

5. In addition to assigned legal counsel, State Ombudsmen reported coordinating efforts with their State legal assistance developers and legal assistance providers/legal aid.

Program Activities

1. Given the diversity of resources that characterize programs as well as widely varying state and local circumstances, there is considerable variation in the extent to which Ombudsman programs conduct individual advocacy, education/outreach, and systems advocacy. According to the National Ombudsman Reporting System data (NORS; the program's administrative reporting tool):

    a. In FFY 2017, Ombudsman programs visited 68% of nursing homes and 30% of board and care homes on at least a quarterly basis. Across programs, quarterly visits to nursing homes ranged between 11% and 100%, while quarterly visits to board and care homes ranged between zero percent and 100%. These percentages reflect routine Ombudsman facility visits, not those that occur only in response to a complaint.

    b. In FFY 2017, Ombudsman programs handled 201,460 complaints, ranging from 214 to 41,834 across programs.

    c. In FFY 2017, Ombudsman programs provided information on rights, care, and related services to individuals and long-term care facility staff on 529,098 occasions, ranging from 413 to 85,352 occasions across programs.

    d. In FFY2017, Ombudsman programs conducted 10,170 community education sessions, ranging from two to 1,686 sessions across programs.

e. In FFY 2017, Ombudsman programs attended 22,999 resident and family council meetings, ranging from two to 3,447 meetings across programs.

f. At the state/territory level, the estimated percentage of paid staff time spent on systems advocacy efforts such as monitoring/working on laws, regulations, government policies, and actions ranged between two percent and 65% (with an average of 27%). At the local level, the estimated percentage of paid staff time spent on these systems advocacy activities ranged between zero percent to 25% (with an average of seven percent).

Individual Advocacy

1. At the individual level, Ombudsman programs are required to (1) identify, investigate, and resolve complaints on behalf of residents; (2) provide services to assist residents in protecting their health, safety, welfare, and rights; (3) inform residents about how to obtain facility or agency services; (4) ensure that residents have regular access to advocacy services; (5) assist in the development of resident and family councils; and (6) assist residents who are transitioning from a long-term care facility to a home care setting.
    a. Ombudsman programs meet these requirements through services that are provided during visits to long-term care facilities, community presentations, and responses to questions over the phone.
2. Although ACL does not specify a required frequency for Ombudsman visits to facilities, NORS defines “regular basis” to mean facility visits that occur no less than quarterly and that are not in response to a complaint. Among State Ombudsmen whose programs set visitation standards, most aim to visit nursing homes and board and care homes at least quarterly.
    a. More than three-quarters (79%) of State Ombudsmen reported that their program visited most nursing homes at least quarterly and 55% reported visiting most board and care homes at least quarterly. (Note that the study asked State Ombudsmen to report on all visits made to most facilities, including visits made in response to a complaint. Due to differences in question wording, these percentages are different from those reported in NORS.)
3. Although State Ombudsmen conduct visits to long-term care facilities, these visits are primarily conducted by local and volunteer Ombudsmen.
    a. A higher percentage of Ombudsmen at all levels reported visiting nursing homes, compared to board and care homes.
    b. Among State Ombudsmen who reported visiting nursing homes, 45% do so on a routine basis, compared to 81% of local Ombudsmen, and 95% of volunteer Ombudsmen.
    c. Among State Ombudsmen who reported visiting board and care homes, 36% reported doing so on a routine basis, compared to 78% of local Ombudsmen and 93% of volunteers.
4. Whereas most local Ombudsmen reported visiting each of the nursing homes and board and care homes assigned to them *at least quarterly* (72% and 66%, respectively), most volunteer Ombudsmen reported visiting these facilities on *at least a monthly basis* (79% and 62%, respectively).
5. Sixty-five percent of local Ombudsmen and 56% of volunteer Ombudsmen reported spending an average of one to two hours visiting nursing homes during their routine visits, and 19% of local Ombudsmen and 28% of volunteer Ombudsmen reported spending between two to three hours

during these visits. Board and care homes generally have fewer beds than nursing homes, and local and volunteer Ombudsmen reported spending less time visiting these facilities. Forty-nine percent of local Ombudsmen and 46% of volunteer Ombudsmen reported spending one to two hours visiting board and care homes during routine visits, and 43% of local Ombudsmen and 41% of volunteer Ombudsmen reported spending less than an hour during routine visits to these facilities.

6. The top three complaints handled in nursing homes concerned discharge/eviction, failure to respond to requests for assistance, and issues related to dignity/respect. The top three complaints handled in board and care homes concerned discharge/eviction, medications, and food service.
7. According to historical NORS data, the types of complaints that the Ombudsman program handles have become more complex and challenging over time, moving away from requests for assistance with daily needs to more urgent concerns such as involuntary discharges and evictions.
8. Complaints about resident-related issues are initiated by a variety of individuals. Residents were the complainant in 40% of cases (a case can contain multiple complaints). Other complainants included relatives/friends (18%) and non-relative guardians or legal representatives (one percent). Almost one-fifth of complaints made on behalf of residents were initiated by facility staff (19%). As with other complainants, facility staff may reach out to Ombudsmen to assist with both resident concerns (e.g., family conflict) and facility issues (e.g., closures). Ombudsmen may also initiate complaints based on their observations during facility visits. These complaints accounted for 11% of cases.
9. Two-thirds of local and three-quarters of volunteer Ombudsmen (66% and 78%, respectively) reported that a majority of their relationships in nursing homes are effective. Over half of local and three-quarters of volunteer Ombudsmen (59% and 78%, respectively), reported that a majority of their relationships in board and care homes are effective.
10. State, local, and volunteer Ombudsmen attributed the effectiveness of their relationships with facility staff to the ongoing presence they maintain in facilities and the positive working relationships they develop with facility staff who come to view them as a resource. Local Ombudsmen also reported that their knowledge, confidence, and experience level are important factors in determining the effectiveness of their relationships with facility staff.
11. Some State Ombudsmen reported that the strength of their state's regulations for board and care homes is a major factor in the effectiveness of their relationships with staff in this service setting.
12. The extent of staff resources affects Ombudsman programs ability to visit facilities and identify and address resident complaints. Lower paid FTE staff to facility ratios are correlated with higher percentages of facilities visited at least quarterly.
13. State and local Ombudsmen reported several barriers that hinder their ability to engage in individual advocacy, including inadequate financial and staffing resources as well as lack of understanding among stakeholders about the Ombudsman program's role. In addition, Ombudsmen described limitations in their ability to fully resolve certain types of complaints, particularly when solutions are ultimately outside of the program's control. Examples include cases involving lack of available nursing homes or board and care homes, low facility staffing rates, and the absence of needed services (e.g. mental health services).

Systems Advocacy

1. At the systems level, Ombudsman programs are required to (1) represent residents' interests before governmental agencies and pursue administrative, legal, and other appropriate remedies; (2) analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions relating to the adequacy of long-term care facilities and services; (3) make recommendations regarding these laws, regulations, policies, and actions; and (4) facilitate public comment on the laws, regulations, policies, and actions that pertain to residents' health, safety, welfare, and rights. Ombudsman programs meet these requirements primarily through legislative advocacy, issues advocacy, and coalition building/partnerships. Supporting the development of resident and family councils may involve elements of systems advocacy if these efforts aim to assist multiple residents.
2. State Ombudsmen have primary responsibility for systems advocacy efforts. All State Ombudsmen reported engaging in systems advocacy, compared to 57% of local Ombudsmen. Of local Ombudsmen who are responsible for systems advocacy, however, 30% reported being unable to perform this task due to lack of time, resources, or training. A smaller percentage of volunteers (13%) also reported responsibility for systems advocacy activities, including monitoring/working on laws, regulations, government policies, and actions, and three percent reported working with the media on issues that impact residents.
3. Seventeen percent of local Ombudsmen reported not knowing whether systems advocacy was one of their responsibilities. When asked about specific tasks that they carry out, however, these local Ombudsmen reported engaging in activities that are consistent with systems advocacy, including participation in committees/workgroups/task forces; advocacy for changes to laws, regulations, or policies; engagement in policy making; communication with the media about advocacy issues; and grassroots organizing. Differences between local Ombudsmen's reported engagement in "systems advocacy" and their actual activities may reflect a lack of clarity in responsibilities or differences in terminology for common activities.
4. Although 19% of State Ombudsmen reported no barriers to carrying out systems advocacy activities at the state or local levels, the remaining State Ombudsmen identified several challenges related to inadequate resources, organizational placement, politics, lack of expertise, and misunderstandings about the program's autonomy.
5. The Final Rule clarified that when Ombudsmen provide legislators and government agencies with information and recommendations concerning laws, regulations and policies, these efforts are not considered lobbying. Because many states prohibit government employees from lobbying, the Final Rule's clarification ensures that Ombudsmen who are state employees (those whose programs are located in state and local government agencies) can engage in this type of legislative advocacy in accordance with the OAA and Final Rule. Nonetheless, at the time of this study's data collection, many State Ombudsmen whose programs are located in state and local government agencies reported that state laws continue to restrict programs from engaging in legislative advocacy.

Adequacy of Resources

1. Insufficient resources were reported to be a major challenge for programs in meeting their federal mandates.
    a. Only 23% of State Ombudsmen and 26% of lead local Ombudsmen reported having sufficient financial resources to meet all of their programs' federal mandates.

   b. Similarly, 27% of State Ombudsmen and 37% of lead local Ombudsmen reported having sufficient paid staff to meet all of their programs' federal mandates.
   c. Only 15% of State Ombudsmen and 21% of lead local Ombudsmen reported having enough volunteers to meet all of their programs' federal mandates.
   d. Fifty-six percent of State Ombudsmen and 29% of lead local Ombudsmen reported having adequate legal counsel to meet all of their programs' federal mandates.

2. State Ombudsmen reported that they are unable to fully carry out the following activities due to lack of resources:
   a. Volunteer recruitment and retention (69%);
   b. Regular board and care visits (67%);
   c. Resident and family council development and support (60%);
   d. Community education activities (56%);
   e. Legal assistance for residents (52%);
   f. Regular nursing home visits (50%);
   g. Facilitating public comments on proposed legislation, laws, regulations, policies, and actions (48%);
   h. Training for facility staff (44%);
   i. Research and policy analysis to inform systems advocacy work (42%);
   j. Analyzing and monitoring federal, state, and local laws, regulations, and other government policies and actions (38%);
   k. Resident and family education at facilities (38%);
   l. Complaint investigation and resolution activities (23%);
   m. Consultations to facilities (15%);
   n. Other activities (13%); and
   o. Information and consultations to individuals (six percent).

Strategies to Address Resource Constraints

1. When faced with resource constraints, Ombudsman programs limit, forgo, or prioritize program activities and rely heavily on volunteers and inter-organizational relationships to support program operations.
   a. State Ombudsmen reported forgoing professional development activities such as trainings, conferences, and statewide annual volunteer recognition luncheons for themselves or their staff. Inadequate resources also prevent some programs from traveling to facilities for routine visits or hiring translators to assist with meeting the needs of diverse populations, such as American Indian tribes and predominately Spanish-speaking communities.
   b. State Ombudsmen reported prioritizing nursing home visits over board and care home visits; urgent complaints over less time-sensitive ones; visiting facilities in response to a

complaint over routine visits; visiting facilities within shorter traveling distances over ones located in remote areas, and engaging in individual advocacy over systems advocacy.

c. For many Ombudsman programs, volunteers are essential for ensuring that residents have access to advocacy services. Without volunteers, some programs would struggle to maintain a routine presence in long-term care facilities.

    i. The same resource constraints that compel programs to use volunteers, however, also present challenges for recruiting and supporting volunteers and optimizing their contributions. Nearly three-quarters (73%) of State Ombudsmen reported that recruiting and supporting volunteers is a challenge that their programs face, emphasizing the need for adequate resources to ensure that this segment of the program's workforce is well-trained and effective. Without these resources, the cost of training and managing volunteers can outweigh their benefits, particularly if programs lack staff for volunteer supervision and/or administration.

d. State and local Ombudsmen cultivate relationships with a wide range of entities to support individual and systems advocacy activities, particularly when program resources are limited. These partnerships are valuable for addressing residents' needs and providing the necessary "teeth" to address certain types of complaints.

Factors that Facilitate Meeting Program Mandates

1. When programmatic resources are adequate, State Ombudsmen reported the ability to be proactive rather than reactive in their advocacy efforts.

    a. At the individual level, for example, one State Ombudsman reported that the ability to maintain a routine presence in facilities enabled Ombudsmen to expedite residents' relocation when a facility closed because they were already familiar with residents' preferences. Other State Ombudsmen reported that regular Ombudsman visitation to facilities empowered residents to speak up on their own behalf as well as encouraged facility staff to reach out to Ombudsmen about resident concerns before issues rise to the level of a complaint.

    b. At the systems level, one State Ombudsman reported that time spent cultivating a broad base of stakeholder support facilitated the program's ability to marshal partners for various proposed legislation.

    c. With respect to legal resources, one State Ombudsman reported having access to independent legal counsel supports their program's ability to fulfill mandated functions.

2. State Ombudsmen reported that committed staff and volunteers are among the program's most valuable resources. A majority of Ombudsmen join the program because of its mission (75% of State Ombudsmen, 63% of local Ombudsmen, and 55% of volunteers). Despite resource constraints and low salaries that are often inconsistent with Ombudsmen's responsibilities, staff motivation and dedication are viewed as the driving force behind program operations.

    a. In FFY 2017, volunteer Ombudsmen contributed 591,363 hours of service to Ombudsman programs. The Independent Sector estimated the value of volunteer time for that year at $24.69/hour, suggesting that volunteers provide over $14.6 million in labor assets to Ombudsman programs.

   b. Former Ombudsmen who continue to work in the aging network and long-term care community are also critical supports to Ombudsman programs. State Ombudsmen reported that staff who take positions with organizations that interact with Ombudsman programs help facilitate understanding and communication with these entities.

3. State Ombudsmen reported that the independence vested in the program is a key strength. However, several factors prevent some programs from exercising this authority. These reasons included issues concerning organizational placement (e.g., organizational conflicts of interest, ability to engage in systems advocacy) as well as misunderstandings related to the Ombudsman program's autonomy.
4. Stakeholders and State Ombudsmen reported that the program's reputation for credible information about resident concerns and conditions in long-term care facilities supports the willingness of other entities to work with Ombudsmen. Because the Ombudsman program is the only program that has direct, unimpeded access to residents and has the authority to represent residents, other entities actively seek Ombudsmen's perspectives and view them as an important independent resource.
5. State, local, and volunteer Ombudsmen reported that ongoing relationships and regular communication with residents, facility staff, and coordinating entities are critical to the program's success.

1.3.3. Research Question 3: With whom do LTCOPs partner, and how do LTCOPs work with partner programs?

Role of Partnerships at the Federal Level

1. At the federal level, ACL's Central and Regional Offices play important roles in facilitating relationships with national stakeholders and other entities to advance the LTCOP's mission, increase the program's visibility, and identify areas where training and technical assistance are needed.
2. The goals of partnership at the national level are to increase awareness and understanding about the Ombudsman program among relevant entities, and to ensure that the concerns of long-term care residents are represented in the development of new policies and regulations.

Types of Partnerships and Interactions at the Federal, State, and Local Levels

1. The Ombudsman program partners with a broad range of federal and state agencies (some of which make up the aging network), associations, nonprofits, long-term care providers, work groups, coalitions, and other partners with missions that are relevant to populations that the Ombudsman program serves.
2. While all State Ombudsmen reported dedicating time to develop and maintain partnerships on behalf of their statewide programs, a smaller percentage (75%) of lead local Ombudsmen reported engaging in these efforts, and even fewer (35%) local Ombudsmen (without managerial responsibilities) reported allocating time to these activities.
3. Partnering with other entities supports the Ombudsman program's mandate for individual and systems advocacy, as well as education and outreach. For all activities, State Ombudsmen often reported coordinating with Adult Protective Services (APS), facility and long-term care provider licensure and certification programs, Area Agencies on Aging (AAA), the State legal assistance developer, and legal assistance/legal aid programs.

Requirements for Coordination with Entities and Perceptions of Effectiveness

1. The Final Rule's requirement for State Ombudsmen to provide evidence of coordination with entities, such as memoranda of understanding (MOUs), was generally perceived by State Ombudsmen as a positive development that has improved communication and provided much needed clarification about roles and responsibilities. However, a few State Ombudsmen described this requirement as unnecessary and sometimes disruptive to longstanding, informal relationships.
2. A majority of State Ombudsmen reported that for most entities with which they are required to coordinate, collaborative relationships enable their programs to meet the needs of long-term care residents. The frequency with which these relationships were reported as important was lower among local Ombudsmen.
3. National stakeholders reported that both the level of engagement and the effectiveness of relationships with the Ombudsman program are strong at the federal level (with ACL), but they vary across and within programs.
4. State Ombudsmen and national stakeholders reported that relationships with other entities are most effective when there is ongoing communication and a clear understanding of roles and responsibilities. The inability to interact regularly, and lack of clarification of roles and responsibilities can prevent critical partnerships from being fully developed and utilized.

Benefits and Challenges of Partnerships

1. Other entities benefit from the Ombudsman program's unique perspective and knowledge about resident issues, given their intimate and frequent interaction with long-term care residents, and facility staff.
2. Partnerships with external entities are particularly important when Ombudsman programs are constrained by limited funds and staffing.
3. Developing and maintaining effective partnerships requires allocating resources on the part of both the Ombudsman program and the partnering agency or organization. Accordingly, a lack of resources on either or both sides can create barriers to fully leveraging these relationships to serve the interests of long-term care residents.

1.3.4. Research Question 4: How does the LTCOP provide feedback on successful practices and areas for improvement?

Training and Technical Assistance

1. Nearly all (98%) Ombudsmen reported that they received orientation, training, or support when they first started in their role, and this training was generally regarded as helpful in establishing and providing feedback on their responsibilities.
    a. Volunteer Ombudsmen rated the effectiveness of their training most highly, followed by local Ombudsmen and State Ombudsmen. Ninety-five percent of volunteers reported that their orientation training was "very effective" or "somewhat effective," compared to 83% of local Ombudsmen and 70% of State Ombudsmen.
2. Many Ombudsmen reported that additional training would have been helpful.
    a. Half of State Ombudsmen (51%) reported that other training would have been helpful on topics such as data entry, service provision, and working with legislators.

   b. Thirty-nine percent of local Ombudsmen, and 26% of volunteer Ombudsmen indicated that additional training would have been helpful (e.g., mentoring/shadowing with experienced staff, more site visits, and additional hands-on, facility-based trainings).

3. Nearly all local and volunteer Ombudsmen reported that they received ongoing training and feedback in their current roles.
   a. Local Ombudsmen reported that they receive ongoing training and support primarily via conference calls and online platforms such as webinars.
   b. Volunteer Ombudsmen most often receive this type of support via guidance from their supervisors and informal support from other Ombudsmen.
4. Sources of training and ongoing support differed between State and local Ombudsmen.
   a. State Ombudsmen rely heavily on training resources provided by the Resource Center, such as webinars, self-training materials, and NASOP's mentorship program for State Ombudsmen, as well as other sources of training and technical assistance delivered by Consumer Voice.
   b. Local and volunteer Ombudsmen were most often trained via in-person or in-service training. These sessions used materials and guidance from AAAs, local programs, and the Office of the SLTCO.
5. Perceptions of resource effectiveness of training reflected differences in how frequently resources were used across respondent groups.
   a. State Ombudsmen reported that the Resource Center's materials were most helpful.
   b. Local Ombudsmen reported that resources from the Office of the SLTCO were most helpful. Exposure to national resources was limited among local Ombudsmen without management responsibilities.
   c. Volunteer Ombudsmen rated the helpfulness of resources from state or local entities (i.e., AAA, their local program, and Office of the SLTCO) higher than those from national entities.
   d. Perceived challenges to establishing effective training and support included funding limitations that affect both the scope and approach to providing training and support (e.g., webinars rather than face-to-face training); problems providing support in relatively remote areas, and potential challenges providing comparable certification training for designation of staff and volunteers, a requirement under the Final Rule.

LTCOP Data Collection and Reporting

1. At both the state and local levels, NORS data are widely used to identify potential problems and areas for programmatic improvement, as well as targets for systems advocacy.
2. Although all state Ombudsman programs are required to collect NORS data, some states collect additional data to support program management and improvement efforts. These additional data generally fall under five categories: program activities, outcome measures, facility data, resident data, and general long-term care data.
3. State Ombudsmen appreciated the benefits that NORS data provide, but they also reported a number of limitations associated with these data. These limitations included underreporting of Ombudsman activities, burdensome coding requirements, incompatibility of software programs

with NORS requirements, and a lack of reporting flexibility. Some of these issues will be addressed when NORS is revised in October of 2019.

4. Ombudsmen reported challenges associated with state-level data systems, including data compatibility and integration problems for states with many reporting units; lack of information on outcomes and topics of local importance; burdensome data entry and documentation; and lack of time and resources for data entry, which can result in inaccurate or incomplete data.
5. In some cases, Ombudsmen reported that in-house data systems can supplement or replace commercial products, thereby mitigating some challenges that are linked to commercial products.

1.4. Recommendations

1.4.1. Coordination within and Support for Ombudsman Programs:

1. ACL should continue supporting State Ombudsmen's efforts to comply with the Final Rule and assess the regulation's effect on Ombudsmen's ability to freely conduct systems advocacy. Based on those findings, ACL should consider whether additional steps need to be taken to enforce the independence of the Ombudsman program, particularly for State Ombudsman programs that are housed within SUAs.

2. State Ombudsmen reported that coordination among stakeholders at the national and state levels helps to ensure that the Ombudsman program's voice is being heard and that program needs are addressed. ACL's Central and Regional Offices should continue their efforts to bring visibility to the program and to support State and local Ombudsmen in working with other entities.

3. To ensure open communications, ACL Regional Administrators should establish meetings with State Ombudsmen that are separate from those with the SUA.

4. While some State Ombudsmen acknowledged that understanding of the Ombudsman program is improving among ACL Regional Administrators, ACL's Central Office staff should continue efforts to increase knowledge and ensure Regional Administrators are positioned to provide consistent support to state programs.

1.4.2. Management of State and Local Programs:

1. To prevent perceived program fragmentation, State Ombudsmen with decentralized program structures should develop coordinated approaches to ensure seamless monitoring of local Ombudsman staff.

2. SUA Directors should ensure that policies and procedures are in place that support the State Ombudsman's ability to determine the use of the fiscal resources appropriated or otherwise available for the operation of the Office, as well as approval of allocations of federal and state funds provided to local Ombudsman entities, as appropriate.
3. Given the importance of SUA Director support for the State Ombudsmen's ability to fulfill their responsibilities, and the challenges identified by State Ombudsmen housed within SUAs in interacting effectively with their SUA, a concerted effort should be made by all parties (ACL staff, SUA Directors, and State Ombudsmen) to foster positive relationships, and to improve

understanding of the role of the Ombudsman program. These efforts should be focused on relationship-building that goes beyond the guidance set forth in the Final Rule.

1.4.3. General Resource Needs:

1. Given the limited resources of many Ombudsman programs, meeting federal requirements as described in the OAA and the Final Rule is challenging. Few Ombudsmen at either the state or local level reported that existing resources are adequate to meet federal mandates. Consideration of ways to address this mismatch between mandates and available funding is needed among stakeholders at all levels. There is a need for more guidance and support for State Ombudsman around identifying and advocating for potential funding.

2. At the conclusion of the outcome evaluation, ACL should work with stakeholders to determine whether the IOM's 1995 recommended minimum staffing ratio of one FTE Ombudsman per 2,000 long-term care facility beds is adequate or needs revising.

1.4.4. Fiscal Resources:

1. Some State Ombudsmen reported that their expertise in financial management was insufficient for them to handle all of their fiscal responsibilities under the Final Rule. Additional training opportunities may be needed from relevant host agencies to address this shortcoming.

1.4.5. Staffing Resources and Training Needs:

1. Given the tremendous benefits that having a full-time dedicated Director of the Office of Long-Term Care Ombudsman Programs, ACL should ensure that the position is filled on a full-time basis to continue providing support and advocacy for the program.

2. Greater support for local Ombudsmen is needed and can be provided with greater coordination with the National Association of State Long-Term Care Ombudsman Programs (NASOP), National Association of Local Long-Term Care Ombudsmen (NALLTCO), National Association of States United on Aging and Disabilities (NASUAD), and the National Association of Area Agencies on Aging (n4a).

3. States with volunteer Ombudsmen should ensure that their programs have staff with the time and expertise to provide volunteer management. To improve volunteer recruitment, training, and management, resources to support a dedicated volunteer coordinator at the state or local level should be considered.

4. State Ombudsmen should actively support local and volunteer Ombudsmen's use of the National Long-Term Care Ombudsman Resource Center's training and technical materials.

5. As part of building a statewide program, State Ombudsmen should provide additional training opportunities to local and volunteer Ombudsmen with respect to systems advocacy; data entry and data management; and various types of service settings (e.g., home-based, community-based) as well as residents (e.g., supporting residents with behavioral health needs).

    a. Local and volunteer Ombudsmen should receive more hands-on training opportunities, such as job shadowing and formal mentorship from more experienced program staff.

6. The Resource Center and State Ombudsmen should facilitate more opportunities for peer-to-peer learning, both online and in-person (e.g., facilitating group case-study sessions at conferences).

7. Interim State Ombudsmen should receive training, including mentorship from NASOP and the Resource Center. As NORS is revised, ACL and the Resource Center should continue to address the challenges of collecting and reporting these data.

8. ACL's Central Office and the Resource Center should help programs to develop and share solutions to problems that programs encounter in designing and using state data systems.

9. To address State Ombudsmen's challenges with navigating the National Ombudsman Resource Center's website, the Resource Center should explore ways to enhance this resource with a more user-friendly design to facilitate access to materials.

1.4.6. Legal Resources:

1. Further education and guidance is needed to address State Ombudsmen's concerns related to assigned legal counsel and potential conflicts of interest. While most State Ombudsmen reported positive experiences with legal counsel, lack of familiarity with the program remains a concern for some. State Ombudsmen should encourage attorneys assigned to the program to receive additional training, including completion of certification training.

1.4.7. Coordination with Entities at the Federal/National, State, and Local Levels:

1. State and local Ombudsmen need more resources to improve relationships and create more effective partnerships with entities with which they have infrequent contact, such as the courts, law enforcement, and victim advocacy programs.

    a. Programs should identify key partners to help facilitate relationships with entities with which poor or no relationships exist.

    b. Materials and training activities need to be developed to expand understanding of the Ombudsman program among entities with which partnerships have been historically underdeveloped.

2. Further clarification of roles and responsibilities of the LTCOP and other coordinating entities is needed. Continued development of memoranda of understanding (MOUs) and policies and procedures can facilitate this clarification. While informal relationships may work well with established team members, staff turnover within the Ombudsman program or partnering agencies can introduce complications when educating new staff about accepted practices. Ombudsman programs should seek to formalize relationships wherever possible to avoid breakdowns in partnership or communication.

3. Misunderstandings between the Ombudsman program and potential partners with respect to the program's role and independence were reported to impede coordination with these partners. Ombudsman programs should continue to seek and take advantage of the opportunity to educate partners about the program, as well as opportunities to learn more about partner agencies. By leveraging positive national level relationships with federal level agencies and associations, ACL's Central and Regional Offices may be able to facilitate these opportunities in states or regions where they are needed most.

4. State and local Ombudsmen should look for opportunities to engage in activities such as cross-training events and work groups to improve communication and coordination with other entities that are involved in issues related to long-term care residents.

5. Ombudsmen at all levels highlighted work groups as an efficient and effective way to partner with multiple agencies simultaneously to accomplish common goals. One way to address the challenge of partnering with specific agencies (whether it is due to a lack of resources, staff, time, etc.) is to ensure that there are work groups or coalitions that include as many relevant parties as possible.

6. Given State Ombudsmen's interest in cultivating or improving relationships with various entities, the Resource Center should systematically collect information on this topic. This information could then assist ACL's Central Office staff in identifying opportunities to further promote these partnerships through national and regional networks.

Chapter 2. Introduction

In response to widely reported problems involving poor quality of care in nursing homes, the Long-Term Care Ombudsman program (LTCOP or Ombudsman program) began in 1972 as a Public Health Service demonstration project in five states. Envisioned as an independent, person-centered consumer protection service, the program aims to provide a voice for long-term care residents. The impetus for Ombudsman programs originated with former U.S. Commissioner on Aging, Dr. Arthur S. Fleming, as part of President Nixon's initiative to address widely-reported problems involving abuse and poor quality of care in nursing homes. As federal law and regulations for standards of care were being enacted in the early 1970s, Dr. Fleming argued that to be effective, these legislative efforts needed to be supported with community-based resident advocacy. As Fleming stated, "Our nation has been conducting investigations, passing new laws and issuing new regulations relative to nursing homes at a rapid rate during the past few years. All of this activity will be of little avail unless our communities are organized in such a manner that new laws and new regulations are utilized to deal with the individual complaints of older persons who are living in nursing homes. The individual in the nursing home is powerless. If the laws and regulations are not being applied to her or to him, they might just as well not have been passed or issued." (AoA Technical Assistance Memo 76-24).

The Older Americans Act (OAA, or the Act) established the Ombudsman program nationwide in 1978, and expanded the program's scope to board and care homes and similar adult care facilities in 1981. The 2006 OAA amendments expanded the definition of board and care to include assisted living facilities. Today the Ombudsman program is administered by the Administration on Aging (AoA), within the Administration for Community Living (ACL) of the United States Department of Health and Human Services (DHHS). Through grants to states and territories, Ombudsman programs operate in all 50 states, as well as the District of Columbia, Puerto Rico, and Guam.

Since its inception, the Ombudsman program has played a unique role in protecting and promoting the health, safety, welfare, and rights of long-term care residents – its services are not duplicated by any other federal agency. To fully represent residents' interests and improve their quality of life and quality of care, the OAA delineated responsibilities for the program at both the individual and systems level. At the individual level, Ombudsman programs assist residents by resolving complaints about the care they receive and help ensure that residents' rights are protected. In addition to investigating and resolving problems that have already taken place, Ombudsmen and their designated representatives play a sentinel role through the facility and resident visits that they conduct. Serving as the "eyes and ears" of the program, Ombudsmen help address concerns before they rise to the level of complaints requiring outside intervention by preventing negative actions or inactions that affect residents' care, rights, and quality of life from occurring. At the systems level, Ombudsmen advocate for improvements in the long-term care system that benefit residents at the local, state, and national levels. Such activities are not limited to legislative advocacy, but include coalition building, speaking to the media, and other strategies used to broadly advance the rights and well-being of residents. To help build capacity for both individual and systems advocacy, the program also carries out education and outreach activities. These activities include providing information and consultation to facilities and residents and their families, collaborating with other agencies, supporting family and resident councils, developing citizen organizations, and empowering residents and their caregivers to effectively advocate on their own behalf.

Over the years, various aspects of the LTCOP have been studied but the only national evaluation of the program was carried out by the Institute of Medicine (IOM) in 1995. More than two decades since the IOM evaluation, the Ombudsman program has come to operate under a very different long-term care

landscape. The rapid aging of the U.S. population, growing consumer preference for receipt of home and community-based services (HCBS) both in home and in other residential settings, the tremendous growth of residential options other than nursing homes, and changes in the delivery and financing of post-acute care and long-term services and supports (LTSS) are all factors that impact the program's service delivery since the IOM study. These trends, moreover, pose challenges as well as opportunities for LTCOPs at a time when significant new regulatory actions have been introduced. With the 2016 reauthorization of the OAA and implementation of the State Long-Term Care Ombudsman Programs Final Rule (effective July 1, 2016), states have been newly tasked with ensuring that the structure and implementation of their programs are consistent with these provisions. The Final Rule, in particular, has caused the greatest changes in program practices. For some programs, achieving compliance involved formalizing existing policies and procedures while for others, compliance may require changing the program's organizational placement and/or updating state laws/statutes, regulations, policies, or practices that may take months to years to implement.

Changes in both the landscape of long-term care service provision and the program itself present an opportune time to understand how the program is making progress toward achieving its goals. To assess as well as strengthen the program's ability to meet its mandates, ACL contracted with NORC at the University of Chicago (NORC) and our partners to conduct a comprehensive process evaluation of the LTCOP. The NORC research team includes National Consumer Voice for Quality Long-Term Care (Consumer Voice), Resnick, Chodorow & Associates, Associate Professor Brooke Hollister, Ph.D. of the University of California, San Francisco, Health Benefits ABCs, and Human Services Research Institute (HSRI). This report summarizes findings from the process evaluation and based on those analyses, offers recommendations for improving program practices. For the remainder of this chapter, we provide an overview of the OAA and Ombudsman programs, a summary of the evaluation's research objectives, and a description of the organization of the report.

2.1. Background

2.1.1. Older Americans Act

In 1965, Congress passed the OAA to promote the health, independence, and safety of older adults through the provision of comprehensive home and community-based social services to individuals aged 60 years and above. To accomplish this goal, the OAA developed and fostered the implementation of the aging services network, a nationwide system of federal, state, and local agencies dedicated to coordinating and providing a broad array of essential services to the U.S.'s aging population. At the federal level, the OAA established the AoA within the then Department of Health, Education and Welfare (now Department of Health and Human Services), to administer OAA grant programs and to serve as the chief federal agency advocate for older adults. At the state level, the OAA required each state to create a state or territorial unit on aging (SUA) to serve as the primary state agency responsible for developing and administering multi-year state plans for OAA programs and activities. In general, federal law allocates funding to each SUA based on the percentage of people age 60 or older residing in the state. The Act also authorizes grants to tribal organizations to provide services to older Native Americans. At the local level, the OAA established Area Agencies on Aging (AAA) in 1972 to plan and develop services based upon state-approved area plans on aging. Designated and managed by SUAs, AAAs oversee a coordinated system for delivering social services to older individuals within their local or regional jurisdictions or planning service areas (PSAs)[4] through direct service provision or contracts with local

[4] States that have a single planning service area lack AAAs.

service providers (LSPs). Today there are 56 SUAs, 618 AAAs, over 20,000 direct-service providers, 27 Tribal and Native Hawaiian organizations and hundreds of thousands of volunteers.[5]

2.1.2. Long-Term Care Ombudsman Program

Since enactment of the OAA, Congress has authorized targeted programs and services through successive amendments that respond to specific needs of older adults. Under the 1978 amendments, the OAA required states to establish Nursing Home Ombudsman Programs (previously a demonstration program that began in 1972) to address widely reported problems concerning poor quality of care in nursing homes. To ensure the protection of residents' rights, the OAA set forth three primary legislative mandates for the program. First, the OAA charges the program with serving as an advocate for individual residents of nursing homes. Responsibility for advocacy in board and care homes and similar adult care facilities was added in the 1981 amendments. To reflect expanded Ombudsman coverage, the program's name was also changed to the Long-Term Care Ombudsman program (LTCOP). In these residential settings, Ombudsmen identify, investigate and resolve complaints about the care residents receive with respect to their health, safety, welfare, and rights. Second, the LTCOP is required to advocate for systemic improvements in the long-term care system by representing residents' interests before government agencies and analyzing, commenting on, and monitoring regulations, policies and actions that potentially affect residential long-term care facilities. Third, the program is tasked with providing outreach and education to residents/their representatives and facility staff, and collaborating with other agencies.

These functions are performed by a State Long-Term Care Ombudsman, who heads an Office of the State Long-Term Care Ombudsman (Office or Office of the STLCO) in coordination with the SUA in all 50 states, the District of Columbia, Puerto Rico, and Guam. The State Ombudsman is responsible for statewide program administration and oversight of designated representatives of the Office who serve as local Ombudsman staff and volunteers to help resolve residents' complaints, address systemic issues, and provide information on long-term care services and supports to consumers. In federal fiscal year (FFY) 2017, 1,319 Ombudsmen FTEs and 6,625 designated volunteer Ombudsmen supported the program.

As part of the 1992 amendments, the LTCOP was folded under the newly created Title VII "Vulnerable Elder Rights Activities" of the OAA (these provisions were previously included under Title III), and the National Long-Term Care Ombudsman Resource Center (Resource Center) was established to enhance the skills, knowledge, and management capacity of LTCOPs. Hosted since 1994 by The National Consumer Voice for Quality Long-Term Care (Consumer Voice), in cooperation with the National Association of States United for Aging and Disabilities (NASUAD), the National Ombudsman Resource Center (Resource Center) serves programs by providing training, technical assistance, and information dissemination. The LTCOP's work is also enhanced by national membership organizations, including the National Association of State Long-Term Care Ombudsmen Programs (NASOP) at the state level, and the National Association of Local Long-Term Care Ombudsmen (NALLTCO) at the local level. These affiliations provide professional and educational opportunities, information sharing, and advocacy support to members.

With support from this infrastructure, the program was responsible for advocating on behalf of over 3.1 million residents in 74,407 nursing homes and board and care homes nationwide in FFY 2017. According to the National Ombudsman Reporting System (NORS), the program's administrative reporting system,

[5] https://acl.gov/about-acl/authorizing-statutes/older-americans-act

Ombudsman programs completed resolution work on 201,460 complaints and provided information on rights, care and related services to individuals and long-term care facility managers and staff 529,098 times.

2.2. Overview of the Process Evaluation

The overarching goal of the process evaluation is to support program planning and improvement by assessing the LTCOP's implementation at the federal, state, and local levels. To that end, this report examines the program's structure and operations, use of resources to carry out legislative mandates, the nature of partnerships, and program quality assurance activities.

2.2.1. Research Questions

The process evaluation includes four main research questions that are guided by a family of logic models previously developed for the *Evaluation Study Design of the Long-Term Care Ombudsman Program*. The logic models are intended to provide a common understanding of how the LTCOP operates and to clarify how program elements and their associated activities translate to desired short-, medium- and long-term outcomes. As part of the study design effort, the logic models were developed in close consultation with ACL and a Technical Advisory Group (TAG) composed of a broad range of knowledgeable stakeholders with specific expertise in Ombudsman programs, aging program evaluation, elder abuse, neglect and exploitation research, and long-term care systems.

The process evaluation's research questions are:

1. How is the LTCOP structured and how does it operate at the local, state, and federal levels?
2. How do LTCOPs use existing resources to resolve problems of individual residents and to bring about changes at the facility and governmental (local, state, and federal) levels that will improve the quality of services available/provided?
3. With whom do LTCOPs partner, and how do LTCOPs work with partner programs?
4. How does the LTCOP provide feedback on successful practices and areas for improvement?

2.3. Organization of the Report

The remaining chapters of this report describe the process evaluation's methodology and findings. Chapter 3 presents an overview of the study's methodology, including the design, data sources, and analytic strategies. Chapters 4 through 7 summarizes findings and recommendations for each of the four main research questions.

Chapter 3. Process Evaluation Data and Methodology

To address the process evaluation's four main research questions, the NORC team collected and analyzed qualitative and quantitative data from primary and secondary data sources. For research questions that could not be addressed by existing data sources, we obtained information from program staff at the federal, state and local levels, as well as national stakeholders who are well-positioned to provide input on Long-Term Care Ombudsman program (LTCOP) activities and operations. In Exhibit 1, we present the four main research questions and the corresponding data sources that were used to answer them. Following, this chapter describes the sample selection, data collection procedures (including recruitment strategies and response rates), and analytic approach for the study.

Exhibit 1: Research Questions and Data Sources

Research Question	NORS Data	National Ombudsman Resource Center Materials	Federal Staff Interviews	National Stakeholder Interviews	State Ombudsman Interviews	State Ombudsman Survey	Local Ombudsman Survey	Volunteer Ombudsman Survey
Q1: How is the LTCOP structured and how does it operate at the local, state and federal levels?	X	X	X	X	X	X	X	X
Q2: How do LTCOPs use existing resources to resolve problems of individual residents and to bring about changes at the facility and governmental (local, state and federal) levels that will improve the quality of services available/provided?	X		X		X	X	X	X
Q3: With whom do LTCOPs partner, and how do LTCOPs work with partner programs?	X	X	X	X	X	X	X	
Q4: How does the LTCOP provide feedback on successful practices and areas for improvement?		X	X		X	X	X	X

3.1. Secondary Data Sources

Based on an environmental scan and assessment of existing data sources, two data sources were identified that provide insight into the program's resources and activities. Existing data sources that were used for the process evaluation are:

National Ombudsman Reporting System (NORS) data. NORS is the administrative data collection tool for the LTCOP. Used by Ombudsman programs since 1996, NORS provides national and state-specific data on programmatic efforts, including facility visits, complaint types and resolution, consultations, resident and family councils, community education and program information such as funds expended and numbers of program staff. States report aggregated data annually to the Administration for Community Living (ACL), and this information is then summarized in a variety of reports. NORS case and complaint data are reported by facility type (nursing homes or board and care homes which include assisted living

and other residential care communities), and programs may report optional data for those who provide Ombudsman services in non-facility settings. In addition to discrete data fields, NORS includes text-based narrative fields that report on systems advocacy activities, programs' priorities in long-term care issues, and barriers and efforts that are encountered in resolving these issues.

National Ombudsman Resource Center (Resource Center) materials. The National Long-Term Care Ombudsman Resource Center provides support, technical assistance, and training to Ombudsman programs. The Center is a rich source of material on the LTCOP's history, operations, program and volunteer management, best practices, accomplishments, advocacy efforts, training materials, customer satisfaction surveys, summaries of annual meetings, and general resources for Ombudsmen. Notably, the Resource Center prepares and maintains updated Program Management Data Chart which provides a snapshot of state-level LTCOP program elements such as program placement and structure, type of legal counsel, and participation in other federal initiatives such as Money Follows the Person and Senior Medicare Patrol (SMP) collaboration, unique areas of expertise, funding, and data management. On an *ad hoc* basis, the Resource Center also collects state-level information on a variety of topics related to program operations.

3.2. Primary Data Sources

The process evaluation's primary data collection included a mix of telephone interviews and surveys (both web- and paper-based). Exhibit 2 presents respondent classes that were targeted for primary data collection and the data collection method that was used for each class.

Exhibit 2: Respondent Classes and Data Collection Method

Respondent Class	Data Collection	
	Interview	Survey
Federal Staff	X	
National Stakeholders	X	
State Ombudsmen	X	X
Local Ombudsmen		X
Volunteer Ombudsmen		X

3.2.1. Sample Selection

Data collection was carried out in two phases. The first phase collected data from federal staff, national stakeholders, and State Ombudsmen. The second phase collected expanded data from State Ombudsmen as well as from local Ombudsmen and volunteers. Sampling methods for each respondent class are described below.

Federal Staff and National Stakeholders

Based on input and priorities from ACL, NORC invited five ACL Central and Regional staff members, three representatives from other federal agencies, and 16 stakeholders to participate in the evaluation. These respondents were purposefully selected because each possessed a unique perspective on the LTCOP and provided important information concerning the intra- and inter-agency relationships that are of interest to the study.

Federal staff included individuals from:

- Administration for Community Living (ACL)
- Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- Centers for Medicare & Medicaid Services (CMS)
- Department of Justice (DOJ)

National stakeholders included individuals from:

- American Health Care Association (AHCA)
- Altarum Institute
- Argentum
- Center for Medicare Advocacy
- Consumer Coalition for Quality Health Care
- Justice in Aging
- LeadingAge
- National Association of Area Agencies on Aging (n4a)
- National Association of State Long-Term Care Ombudsman Programs (NASOP)
- National Association of Local Long-Term Care Ombudsmen (NALLTCO)
- National Adult Protective Services Association (NAPSA)
- National Association of States United on Aging and Disabilities (NASUAD)[6]
- National Long-Term Care Ombudsman Resource Center (Resource Center)
- National Disability Rights Network (NDRN)
- Pioneer Network
- Institute for Health and Aging, at the University of California, San Francisco
- The National Consumer Voice for Quality Long-Term Care (Consumer Voice)

State Ombudsmen

To ensure that the full spectrum of Ombudsman programs' experiences were captured, all 53 State Ombudsmen were invited to participate in the study. This decision was driven by the considerable variability across programs in how the LTCOP is administered, and the need to understand the programmatic implications of this variability.

Local Ombudsmen and Volunteers

For local data collection, a multistage stratified sampling approach was used. To ensure that every ACL region was represented, the sampling began with stratifying programs by the 10 ACL regions. We allocated the state sample to each region proportionally based on the number of facilities in each region, with at least two states allocated to each region. Within each region, states were selected randomly, with probability proportional to size. Size is defined as the number of facilities served by programs per state. To ensure that the diversity of both centralized state Ombudsman programs and those with local Ombudsman entities was captured, a sample of 27 states was identified, and in these states, all local

[6] In August of 2019, NASUAD changed its name to ADvancing States.

Ombudsmen were invited to participate, as well as half of the volunteer Ombudsmen who were randomly sampled and invited to participate. Local Ombudsman entities with fewer than three volunteer Ombudsmen were oversampled to ensure representation. The sampling frame was defined using lists that were provided by participating programs. Among the 27 programs, 26 use volunteers (South Dakota reported no volunteers).

Exhibit 3 lists the 27 states, organized by ACL region.

Exhibit 3: States Participating in Local Data Collection

ACL Region	States Participating in the Local Data Collection
Region 1	Maine, Rhode Island
Region 2	New Jersey, New York
Region 3	Delaware, Virginia
Region 4	Florida, Kentucky, Tennessee, South Carolina
Region 5	Illinois, Indiana, Ohio, Minnesota, Wisconsin
Region 6	Louisiana, New Mexico
Region 7	Iowa, Nebraska
Region 8	North Dakota, South Dakota
Region 9	Arizona, California, Hawaii, Nevada
Region 10	Alaska, Washington

3.2.2. Data Collection Procedures and Response Rates

Data collection included telephone interviews and web- and paper-based surveys. Data collection procedures are described below for federal staff, national stakeholders, State Ombudsmen, local Ombudsmen, and volunteers by data collection phase or round.

Round 1 Data Collection

Telephone interviews were conducted with 24 federal staff and national stakeholders and all 53 State Ombudsmen. ACL first contacted and notified federal staff, national stakeholders, and State Ombudsmen who were identified to participate in the process evaluation. These notifications took place in June of 2017. The project team then contacted respondents by email or phone to schedule interviews which took place between June and August of 2017.

State Ombudsmen were also asked to complete a web-based survey to obtain supplemental data that were not collected during the interviews. Respondents were contacted by email or phone in February of 2018 with a request to provide this information. Between February and April of 2018, 52 State Ombudsmen (98%) completed the online survey.

Round 2 Data Collection

The second round of data collection involved administering surveys to local and volunteer Ombudsmen. To optimize response rates, the project team worked closely with State Ombudsmen to obtain staff and volunteer contact information for the sampling frame as well as assistance in encouraging participation. These interactions also provided an opportunity to ask about the best approaches to communicate with participants, issues that may impact data collection in different programs, and other considerations that

could impact response rates. For respondents who were not responsive to the web-based survey, such as those with limited access to the Internet, the project team offered a paper survey as an alternative. In states that agreed to the incentives approach, volunteers were compensated with a $25 Target or Walmart gift card for their participation.

To familiarize local Ombudsmen and volunteers with the study and the survey administration, the project team held four webinars and staffed a dedicated helpdesk (both email and phone) to address questions throughout the data collection period. Email and postcard reminders were sent to both groups and the participant list was updated as the team learned of departures or changes in status (e.g., active or inactive).

In each state, all local Ombudsmen were asked to participate in the study and at least one-half of volunteer Ombudsmen were randomly selected and invited to participate. In some local Ombudsman entities, volunteer Ombudsmen were oversampled to ensure representation. Of the 723 local Ombudsmen who were selected, 69% completed the survey between May and June of 2018. Of the 1,419 volunteers who were selected, 50% completed the survey between June and July of 2018.

Exhibit 4, shows response rates for each respondent class.

Exhibit 4: Survey Response Rates by Respondent Class

Respondent Class	Total Sample (N)	Survey Response Rate
State Ombudsmen	52	98%
Local Ombudsmen*	497	69%
Volunteer Ombudsmen	711	50%

* Of the 497 local Ombudsmen, 189 were lead local Ombudsmen.

3.2.3. Interview and Survey Topic Areas

For each data collection instrument and protocol, items were tailored to the specific respondent class and organized into six sections:

Section A – Background Information
Section B – Structure and Resources
Section C – State and Local Coordination
Section D – Program Activities
Section E – Program Quality Assurance
Section F – Demographic Information

Given the customization of the data collection instruments, not all sections were relevant to every respondent category. For example, questions on program structure and state and local coordination are not applicable to volunteer Ombudsmen, and questions about program quality assurance do not apply to national stakeholders. Demographic information was only collected from state- and local-level program staff and volunteers to understand workforce characteristics.

Interviews. Telephone interviews conducted with selected federal staff, national stakeholders, and State Ombudsmen were semi-structured to collect data on the same topics across programs. This approach

also allowed for exploration of unique programmatic elements and identification of common themes that could not have been anticipated when the instruments were developed.

Surveys. A survey (web- or paper-based) was administered to State Ombudsmen and a sample of local Ombudsmen, and volunteers. The surveys primarily contained closed-ended questions but also included several open-ended items.

It is important to note that due to both program structure and program-specific needs, there is great diversity in roles in the local Ombudsmen respondent group. Local Ombudsmen included in this category included Deputy State Ombudsmen, Regional Ombudsmen, and a host of other titles that reflected variability in responsibilities or specialties (e.g., Managed Care Ombudsman) or state- and local-specific terms (e.g., Advocate).

Although the study could not tailor surveys to accommodate this heterogeneity, the project team developed two versions of the local Ombudsman survey to distinguish between “lead local Ombudsmen” and “local Ombudsmen”. This approach ensured data were captured about the local Ombudsman entity as a whole (where applicable) as well as each respondent’s individual experience. Both survey versions asked similar questions about local Ombudsmen’s experiences with the program, but a small number of questions were added for lead respondents who had program management responsibilities (“lead local Ombudsmen”). Lead local Ombudsmen were asked about their perspectives concerning the entities they oversaw. Additionally, local Ombudsmen were not always evenly distributed across states’ local Ombudsman entities and states could have as few as one local Ombudsman staffed at a specific local Ombudsman entity. In cases where there was only one local Ombudsman, participants responded to questions from the lead local Ombudsman survey. When reporting data on these items, we indicate whether the respondent group referred to lead local Ombudsmen or local Ombudsmen. In instances where both lead local and local Ombudsmen answered the same question, we simply refer to the respondent group as local Ombudsmen. In this study, there were 189 lead local Ombudsmen.

3.2.4. Analytic Approach

The process evaluation’s mixed-methods data collection strategy enabled the project team to triangulate information from multiple sources and develop a nuanced understanding of the program’s processes and implementation. Our examination of the four main research questions involves standard approaches for descriptive analysis as well as tailored analytic strategies that address the specific nuances of each question. These approaches draw on more than one data source because of the complexity of the Ombudsman program’s functions and the considerable heterogeneity that characterizes programs.

Qualitative Data Analysis

A large body of contextual knowledge about the Ombudsman program was collected through telephone interviews with respondents at the national and state levels. Qualitative data derived from the transcribed interviews were analyzed using Dedoose, a software package that facilitates identification of themes from qualitative information. An initial coding plan was developed based on *a priori* knowledge of the program, and this plan was used to code and categorize qualitative data to allow for comparisons of concepts across programs. Interview data were aggregated and reported at the respondent class level to preserve confidentiality.

In addition to qualitative interview data, open-ended survey responses were coded and summarized. Selected quotes were drawn from free-text survey responses to highlight important themes.

Quantitative Data Analysis

Findings that draw on existing (NORS) as well as newly collected quantitative data are presented mainly as descriptive statistics. The team also conducted bivariate analyses to examine both sub- and between-group differences.

Descriptive Statistics. We generated a standard set of descriptive statistics for categorical data and measures of central tendency (mean, median) for numeric data.

Bivariate Analysis. For a select number of variables, we conducted bivariate analyses to gain a deeper understanding of program activities in the context of their organizational characteristics and staff roles. Subgroup analyses of key questions were performed using cross-tabulations that examined whether survey responses varied by subgroups (e.g., whether perceptions of effectiveness varied by program structure) and between respondent groups (e.g., whether perceptions of program effectiveness varied between State and local Ombudsmen). With respect to the latter, we analyzed parallel questions across survey instruments to understand program implementation from various perspectives. For example, we asked all respondent classes to describe the frequency with which they visit nursing homes; this enabled us to compare responses of State Ombudsmen, local Ombudsmen, and volunteers on this important issue.

The extent of comparisons across respondent groups is determined by the questions that are repeated across surveys. Whereas some questions are relevant to all state and local program staff (such as training), others may only pertain to two or three groups. For example, only paid staff may be familiar with issues related to local and state coordination. Our general approach to instrument development and analytical planning was to optimize our ability to make relevant comparisons across groups in a manner that addresses the project's main research questions.

Chapter 4. Research Question 1: How is the LTCOP structured and how does it operate at the local, state, and federal levels?

4.1. Key Findings

4.1.1. Program Structure and Operations

1. The Older Americans Act (OAA) and the Long-Term Care Ombudsman Programs Final Rule (Final Rule) provide legislative and regulatory guidance and requirements for the structure and operations of Long-Term Care Ombudsman programs (LTCOPs).
2. Long-Term Care Ombudsman programs are administered by the Administration on Aging (AoA), within the Administration for Community Living (ACL) of the United States Department of Health and Human Services (DHHS). As the chief federal agency charged with helping to maximize the independence of older adults and individuals with disabilities, ACL issues OAA grants to State agencies or state or territorial units on aging (SUAs). These designated, state-level agencies are responsible for developing and administering multi-year state plans for OAA activities and programs, including the Long-Term Care Ombudsman program.
3. Within ACL, Central and Regional Offices[7] provide critical support to state Long-Term Care Ombudsman programs.
    a. The Office of Long-Term Care Ombudsman Programs (Central Office) includes the Director of the Long-Term Care Ombudsman Programs and the Ombudsman Program Specialist who, together, support States' implementation of OAA grants for their Long-Term Care Ombudsman programs. In addition to administrative duties, the OAA requires that the Director of the Long-Term Care Ombudsman Program advocate on behalf of residents of long-term care facilities within DHHS and other departments, agencies, and instrumentalities of the federal government. This advocacy includes all federal policies affecting populations that are covered by the Ombudsman program.
    b. The Office of Regional Operations (Regional Office) serves as the focal point for the development, coordination, and administration of ACL programs across ACL's 10 regions. The Regional Office is also the local point of contact for SUAs.
4. SUAs are responsible for establishing an Office of the State Long-Term Care Ombudsman (Office or Office of the SLTCO) that is distinct, and separately identifiable from the SUA. The OAA also requires that SUAs ensure that Ombudsman programs have sufficient resources and protections to carry out their legislatively mandated functions. This includes establishing or ensuring policies and procedures; monitoring local programs (where applicable); ensuring Ombudsmen have private and unimpeded access to residents; providing disclosure of information provisions; ensuring freedom from individual and organizational conflicts of interest; assigning adequate legal counsel, and managing personnel functions if programs are organizationally located within the SUA.
5. The Office of the SLTCO is headed by a full-time State Ombudsman who is responsible for the leadership and management of the State Long-Term Care Ombudsman program in coordination

[7] As of June 2019, the Regional Office became the "Center for Regional Operations."

with the SUA, and where applicable, any other host agency that implements the Ombudsman program. Key duties of State Ombudsmen include statewide program administration and oversight of representatives of the Office at the state and local levels.

6. The OAA affords broad flexibility to State agencies in how they administer Ombudsman programs. This administration is defined by both the program's *structure* and its *organizational placement*.
    a. A program's structure can be described as either *centralized* or *decentralized.* In a centralized structure, all program staff are employees of the agency housing the Office of the SLTCO. In a decentralized structure, the Office of the SLTCO is housed in a state agency or contracted entity, but local Ombudsman staff are employed by another contracted entity designated by the State Ombudsman as a local Ombudsman entity.
    b. *Organizational placement* refers to the location of the program. At both the state and local levels, programs can be "hosted" by (or housed within) the SUA, or with another agency or entity that is under contract with the SUA to administer the Ombudsman program. These placements include other state or local government agencies, independent agencies within state government, or within nonprofit organizations, including free-standing Ombudsman programs.
7. There are 21 state Ombudsman programs with a centralized program structure. Of these, eight programs have Offices that are housed within SUAs, and the remaining 13 are housed outside of SUAs. By definition, centralized programs do not have local Ombudsman entities. However, some centralized programs have offices located outside of the State Office that facilitate statewide access to the program.
8. There are 32 state Ombudsman programs with a decentralized program structure. Of these, 25 programs have Offices that are housed within SUAs, and the remaining seven are housed outside of SUAs.
    a. Decentralized state Ombudsman programs have local Ombudsman entities located within a number of different organizational placements, although most are housed within Area Agencies on Aging (AAAs) or nonprofit social service agencies.
9. Ombudsman programs' *structure* offer notable advantages and disadvantages.
    a. State Ombudsmen whose programs are characterized by a centralized structure reported that they could ensure consistency in their program's implementation across all program staff. This was partly attributed to having greater direct access to, and communication with staff that facilitates coordination of activities. At the same time, a few State Ombudsmen reported that increased oversight can be difficult to manage when staff are geographically dispersed throughout the state.
    b. State Ombudsmen with decentralized programs reported greater ability to carry out systems advocacy and higher levels of local program autonomy in setting priorities, compared to their counterparts who lead centralized programs. However, State Ombudsmen with decentralized programs were also more likely to report fragmentation in service delivery across local programs and conflicts with local host agencies concerning personnel management. They also described challenges managing fiscal resources due to lack of access to detailed budget information at the local level.
10. Ombudsman programs' *organizational placement* at the state and local levels offer notable advantages and disadvantages.

a. State Ombudsmen whose programs are housed within nonprofit organizations reported high levels of autonomy. Similarly, local Ombudsmen whose local Ombudsman entities are housed within legal services providers and social services nonprofit agencies, reported higher autonomy than their counterparts whose programs have other organizational placements. Limited autonomy for State and local Ombudsmen whose programs are located in central State Offices within SUAs was particularly evident as it related to carrying out systems advocacy, speaking with the media, and having control over their program's fiscal resources.

b. State Ombudsmen outside SUAs (65%) were more likely to report the ability to determine the use of fiscal resources to operate their programs compared to those whose programs are housed within SUAs (44%).

c. State and local Ombudsmen whose programs are housed within SUAs, AAAs, or other state or local government agencies reported benefiting from "built-in" resources, such as human resources, data systems, information technology (IT), and legal assistance.

d. Several State Ombudsmen whose programs are housed within SUAs reported having greater visibility for the Ombudsman program among relevant groups, a "seat at the table" in important discussions about long-term care, and the ability to engage in coordinated efforts with key organizations. Proximity to partner organizations that are co-located within the SUA was also described as facilitating greater opportunities for cross-trainings.

e. State Ombudsmen whose programs are housed within SUAs reported greater risk for organizational conflicts of interest, and less independence to operate the program. For example, when legal counsel is shared among the Ombudsman program and the SUA or other agencies such as licensing and certification or APS, State Ombudsmen reported that it may be difficult to obtain legal advice that prioritizes the Ombudsman program and long-term care residents.

4.1.2. Reauthorization of OAA and Implementation of the Final Rule

1. Implementation of the Final Rule affected Ombudsman programs' organizational placement at both the state and local levels.

    a. A few State Ombudsmen reported moving or being in the process of identifying new homes for their State Offices or local Ombudsman entities to comply with regulations that require avoidance of organizational conflict of interest.

2. Most State Ombudsmen reported that implementation of the reauthorized OAA and Final Rule will eventually strengthen the program's independence and authority. At present, however, State Ombudsmen also reported challenges coming into compliance with the legislation and regulation.

    a. Although the Final Rule added few new requirements, some State Ombudsmen perceived the regulation as an unfunded mandate with a relatively short implementation timeline which, in turn, placed strain some Ombudsman programs, particularly when programmatic resources were limited. Promulgation of the Final Rule, however, also revealed that some programs had not been meeting OAA's existing requirements. For these programs, coming into compliance with the regulation required a relatively greater investment of time and effort.

   b. Requirements of the Final Rule that address organizational conflicts of interest can limit Ombudsman programs' options for appropriate organizational placement. States are increasingly moving to redesign their long-term care systems and these redesigns often add, or consolidate responsibilities for home and community–based care. These changes present increased opportunities for perceived or actual conflicts of interest that may be incompatible with, or require remedy under the Final Rule and OAA.

   c. OAA reauthorization required that Ombudsman programs serve all residents of long-term care facilities, regardless of age. While some programs have always served residents of all ages, the new age requirement can strain the resources of other Ombudsman programs.

3. Activities surrounding the reauthorization of the OAA and the publication of the Final Rule were reported to increase the visibility of Ombudsman programs among stakeholders at the national, state, and local levels. Further, the presence of a full-time Director of Long-Term Care Ombudsman Programs was critical for both raising the profile of the Ombudsman program as well as for the development and implementation of the Final Rule.

   c. At the national level, federal staff and national stakeholders reported that the Ombudsman program's profile increased as a result of the Central Office's engagement with other agencies and stakeholders in promulgation of the Final Rule.

   d. Implementation of the Final Rule required Ombudsman programs at the state and local levels to educate partners and other entities about new and existing requirements that affect the Ombudsman program and entities with which it coordinates.

4.1.3. Support from SUA Directors and ACL Central and Regional Offices

1. State Ombudsmen reported that having the support of their SUA Director is very important for enhancing their ability to carry out statewide program mandates. This was true regardless of their program's structure or organizational placement, although SUA Director support was particularly valued by State Ombudsmen whose programs were housed within SUAs.

2. State Ombudsmen generally found ACL's Central and Regional Office staff to be helpful and supportive. However, State Ombudsmen within SUAs reported more difficulties working with their Regional Offices than those whose programs were housed outside of SUAs. A few State Ombudsmen reported that their ACL Regional Administrator's closer relationship with their SUA Director lowered the likelihood that they would bring sensitive matters to the Regional Administrator's attention (particularly if they involved the SUA). State Ombudsmen reported that having joint meetings with the Regional Administrator and SUA Director can inhibit the State Ombudsman from speaking freely, particularly if their Office is located within the SUA.

3. The level of communication between State Ombudsmen and their ACL Regional Offices varied by region, with some Regional Offices being more responsive than others.

4.2. Introduction

The Older Americans Act (the Act, OAA) and Long-Term Care Ombudsman Programs Final Rule (Final Rule)[8] provide legislative guidance and requirements for the structure and operations of State Long-Term Care Ombudsman programs (SLTCOPs). Given the significance of these provisions for Ombudsman programs' organizational placement and operations, this chapter summarizes recent changes and clarifications introduced in the OAA reauthorization and Final Rule regarding the program's scope and responsibilities, and describes initial responses to those changes from key stakeholders and program staff. It then describes how the program operates within the administrative hierarchy established by the OAA. Lastly, the chapter emphasizes the program's structure and organizational placement at the state and local levels and their relationship to program operations, autonomy, resources, and the program's effectiveness in carrying out mandated activities.

4.3. Findings

4.3.1. Federal Law, Regulations, and Ombudsman Program Oversight

2016 Reauthorization of the Older Americans Act

In 2016, the OAA reauthorized Ombudsman programs for federal fiscal years 2017 through 2019, making several important changes and clarifications to the Ombudsman program. The OAA reauthorization[9]:

- Authorized Ombudsman programs to serve all long-term care facility residents, regardless of age. [Section 711(6)]
- Clarified that the State Ombudsman is responsible for the fiscal management of the Office of the State Long-Term Care Ombudsman. [Section 712(a)(2)]
- Clarified that Ombudsman programs may work to resolve complaints on behalf of residents unable to communicate their wishes, including those lacking an authorized representative. [Section 712(a)(3)(A)(i)& (a)(5)(vi)]
- Required State Ombudsmen to ensure that residents have private, unimpeded access to the program. [Section 712(a)(3)(D)]
- Required Ombudsman programs to actively encourage, and assist in the development of resident and family councils in long-term care facilities. [Section 712(a)(3)(H)(iii) & (a)(5)(vii)]
- Authorized Ombudsman programs to serve residents transitioning from a long-term care facility to a home-care setting, when feasible. [Section 712(a)(3)(I)]
- Clarified that the Ombudsman program is considered a "health oversight agency" for purposes of the Health Insurance Portability and Accountability Act (HIPAA). [Section 712(b)(3)]
- Applied OAA disclosure provisions to all Ombudsman program information (rather than only "files and records") and clarified exceptions for disclosure of information relating to residents unable to communicate their wishes, including those lacking an authorized representative. [Section 712(d)(2)(c)]

[8] It should be noted that while each state's Ombudsman program is also subject to state-specific laws that may dictate or affect program activities, federal law and regulations precede state law and regulations.
[9] https://acl.gov/sites/default/files/about-acl/2017-04/OAA-Summary-Final.pdf

- Provided examples of individual and organizational conflicts of interest requiring remediation or removal of such conflicts. [Section 712(f)]
- Required that each State Ombudsman or his/her designee participate in training provided by the National Long-Term Care Ombudsman Resource Center. [Section 712(h)(4)]
- Required the Director of the Office of Long-Term Care Ombudsman Programs to collect and analyze promising practices related to responding to elder abuse, neglect, and exploitation in long-term care facilities. [Section 201(d)(3)(M)]

Although the Ombudsman program had already been performing many of these functions, including serving all residents of long-term care facilities, the 2016 clarifications aimed to strengthen and bring consistency to program delivery. As described above, these clarifications touched on a number of program elements such as assisting with the development of resident and family councils, requiring Ombudsmen and representatives of the Office to receive training, and ensuring that residents have private, unimpeded access to the program. The OAA reauthorization also clarified existing provisions by providing examples of individual and organizational conflicts of interest, describing the roles of State and local Ombudsmen and their host agencies, and detailing key areas to be addressed in the development of program policies and procedures.

Long-Term Care Ombudsman Programs Final Rule

As outlined in federal law, states are tasked with ensuring that programs meet specific requirements that flow down from the OAA, but programs can exercise considerable discretion in fulfilling program functions in a manner that best serves their older adult populations. States' ability to expand program responsibilities (e.g., in-home services) and their broad flexibility in administering the program (e.g., organizational location at both the state and local levels, sources of funding), as well as differing interpretations of the Act in the absence of formal guidance, result in considerable variation in the structure, operation, and effectiveness of Ombudsman programs.

To strengthen the effectiveness of Ombudsman programs and ensure consistency in consumer protections across programs, the Administration for Community Living (ACL) embarked on an historic undertaking in 2015 by promulgating regulations for the LTCOP. The culmination of several years of stakeholder collaboration and consensus-building around areas of needed guidance, the State Long-Term Care Ombudsman Programs Final Rule represents the first regulation focused specifically on Ombudsman program implementation.

Promulgated under the authority of sections 201(e), 307(a), and 712-713 of the OAA (42 U.S.C. 3011(e), 3027, and 3058g-3058h), respectively, the regulation was published on February 11, 2015, and became effective on July 1, 2016. Adding few new requirements, the Final Rule focused its regulatory guidance on areas of greatest inconsistency in program implementation. Key provisions of the Final Rule addressed:[10]

- State Agency Policies [45 CFR §1321.11]
- Establishment of the Office of the State Long-Term Care Ombudsman [45 CFR §1324.11]
- Functions and Responsibilities of the State Long-Term Care Ombudsman [45 CFR §1324.13]
- State Agency Responsibilities Related to the Ombudsman Program [45 CFR §1324.15]
- Responsibilities of Agencies Hosting Local Ombudsman Entities [45 CFR §1324.17]
- Duties of the Representatives of the Office [45 CFR §1324.19] and

[10] https://ltcombudsman.org/uploads/files/library/ltcop-regs-overview.pdf

- Conflicts of Interest [45 CFR §1324.21]

The Final Rule, for example, clarified the criteria for establishing consistent, person-centered approaches for resolving complaints (including the appropriate role of Ombudsman programs in resolving abuse complaints), and processes to identify, remedy, and report conflicts of interest so that residents have access to effective, credible Ombudsman services (see Appendix B for more information on the Final Rule's provisions).

In addition to its goal of ensuring greater alignment and consistency across state programs, the Final Rule sought to clarify provisions of the Act – particularly those that are uniquely applied to the Ombudsman program – that have been sources of confusion for SUAs, Ombudsman programs, as well as entities that work with programs. The regulation operationalizes OAA provisions that are uncharacteristic of how SUAs and AAAs operate other OAA programs, including (1) State Ombudsman responsibility to designate representatives and local Ombudsman entities; (2) stringent disclosure provisions; (2) individual and organizational conflict of interest requirements, and (4) Ombudsman responsibility to perform system advocacy functions.

National Stakeholder and State Ombudsmen Responses to Changes and Clarifications Introduced in the OAA Reauthorization and LTCOP Final Rule

To help guide State agencies, Ombudsman programs, and other entities that work with Ombudsman programs to implement the Final Rule, ACL's Central and Regional Offices and the National Long-Term Care Ombudsman Resource Center (Resource Center) provided training and technical assistance through conference sessions, webinars, and a list of frequently asked questions (FAQs). National membership organizations, including the National Association of States United for Aging and Disabilities (NASUAD) and National Association of Area Agencies on Aging (n4a), also worked with their members to promote understanding of the implications of the Final Rule for SUA and AAA operations.

Federal staff, national stakeholders, and State Ombudsmen reported that promulgation and implementation of the Final Rule were significant undertakings for all parties that support Ombudsman program operations. In developing the Final Rule, ACL invested heavily in working with, and obtaining buy-in from numerous federal staff, State Ombudsmen, and stakeholders in the aging network to ensure that the regulation addressed common concerns and areas of confusion. As one federal staff member described it, ACL sought "more consensus on the front-end, for more ownership on the back-end." ACL's Central and Regional Office staff spent considerable time working with State Ombudsman programs to examine program structure, organizational placement, and policies and procedures to help programs understand areas that needed to be addressed, and to develop compliance plans. State Ombudsmen and program staff, in turn, dedicated substantial effort to understanding and implementing the regulation.

During this study's data collection period (2017-2018), programs were still actively working toward meeting Final Rule's requirements. Given that the process evaluation occurred during this timeframe, findings about organizational structure and activities reflect ongoing program efforts to comply with the regulation. Key themes of the findings included:

Strengthening and Clarifying the Ombudsman Program. Most federal staff, national stakeholders, and State Ombudsmen reported that implementation of the reauthorized OAA and Final Rule complemented one another and will eventually strengthen the program's service delivery. For many, the Final Rule provides necessary clarifications relating to the independence and role of the Ombudsman program and its relationship with other entities that serve residents of long-term care facilities.

- The Final Rule's description of the Office of the State Long-Term Care Ombudsman as "a distinct entity, separately identifiable, and located within or connected to the State agency" underscored the OAA's vision of the Ombudsman program's independence.
  - State Ombudsmen reported that the uniqueness and independence of the Ombudsman program became clearer with the new regulations, and most agreed that the OAA reauthorization and the Final Rule were positive developments.
  - Some State Ombudsmen viewed the Final Rule as a federal mandate for program independence and autonomy.
  - Many State Ombudsmen (especially those housed within SUAs) were optimistic that the Final Rule would strengthen their independence, and increase understanding of both the program and the role of Ombudsmen. However, a few also expressed concern that the Final Rule does not go far enough (e.g. it does not refer explicitly to the program's independence), and that there is no mechanism to enforce the language outlining the Ombudsman program's independence and authority. As a granting agency and not an enforcement agency, ACL can only compel compliance by withholding funds.

Misunderstandings About the Ombudsman Program. Although the Final Rule affirmed many longstanding provisions in the OAA, its publication also brought to light a number of misunderstandings about the Ombudsman program among parties that are directly or indirectly responsible for its implementation. These parties include Ombudsman program staff, SUA Directors, host agencies at the state and local levels, entities with which Ombudsmen coordinate, key decision-makers within State agencies, legislators, and stakeholders. Chief areas of confusion related to the independence of the program, individual and organizational conflicts of interest, disclosure of resident information, and programmatic oversight versus personnel management among programs with a decentralized structure. Misunderstandings about the Ombudsman program only underscored the need for the Final Rule.

- Stakeholders and State Ombudsmen reported that leadership at some SUAs and other state or local government host agencies struggled to understand the requirement or need for Ombudsman program independence.
  - Because the OAA authorizes Ombudsmen and representatives of the Office to represent the interests of the resident (and not the State or the aging network), Ombudsman program independence is vital to fulfilling this legislative mandate. Serving as the voice of residents, however, can create confusion and tension when Ombudsmen take public policy positions that do not align with SUAs, AAAs, or other state and local agencies that house the Office or local Ombudsman entities. For example, one State Ombudsman reported that advocating for independence can be challenging when the State agency is responsible for hiring, firing, and evaluating the State Ombudsman's performance.
  - Unlike other aging services programs and activities that SUAs and AAAs deliver, the Ombudsman program is subject to individual and organizational conflicts of interest provisions. These requirements ensure that Ombudsmen can act independently on behalf of residents, but they can also create misunderstandings because other aging services programs do not have the same requirements.
  - Given that State Ombudsmen frequently reported challenges with effectively communicating the role of the Ombudsman program and its need for independence to both state and local host agencies, many expressed appreciation for having this more clearly defined in the Final Rule.

- State Ombudsmen reported that the Ombudsman program's disclosure provisions can create confusion for agencies that work with Ombudsmen.
  - The OAA outlines stringent disclosure provisions that prohibit Ombudsmen from sharing identifying information about residents to any individual or entity without the resident's consent. These disclosure provisions must be followed for Ombudsmen to effectively support residents' wishes concerning their personal information. However, because state and local agencies may routinely share information about beneficiaries they serve, this programmatic distinction can create expectations that the Ombudsman program should do the same. As a result, Ombudsmen must explain to other agencies that the program's confidentiality provisions prevent disclosure of identifying information.
- Other misconceptions concern the extent to which Ombudsmen can access long-term care facilities. These included the mistaken belief that Ombudsmen can only enter facilities in response to a complaint and that resident access is limited to paid Ombudsmen staff. One State Ombudsman reported that a provider association prohibited volunteer Ombudsmen from visiting long-term care facilities until the Final Rule clarified that the duties of representatives of the Office pertain to both paid and volunteer Ombudsmen.
- In terms of program structure and organizational placement, some State Ombudsmen and stakeholders reported that responsibility for overseeing program staff has been an area of longstanding confusion for both Ombudsmen and host agencies. This is particularly true for decentralized programs that house local Ombudsman entities in AAAs and other host agencies. For example, when an Ombudsman program is contracted out to a host agency at the local level, the agency is responsible for personnel management, while the State Ombudsman is responsible for programmatic oversight. This division of responsibility can be a source of confusion for host agencies that are accustomed to having both programmatic and personnel responsibilities for programs they administer.
- Stakeholders reported that Ombudsman programs operate very differently across states and territories, and that these differences can lead to misunderstandings among partners and program staff about roles at the state and local levels.
- Long-held assumptions about the Ombudsman program's implementation and responsibilities have led some parties within the aging network to misperceive the Final Rule's requirements as entirely new, rather than as clarifications of existing OAA provisions with a few new requirements.

Activities Undertaken to Come into Compliance. Although the Final Rule went into effect on July 1, 2016, not all states were in compliance by the time data were collected for this study. As of March, 2017, ACL had approved compliance plans and timelines submitted by a majority of states. Whereas some states were already in compliance and only needed to formalize current practices and policies, others anticipated needing to find new homes for their programs and/or revise existing state laws, regulations, policies and practices that were inconsistent with the Final Rule. Because programs are subject to the schedule of state legislative sessions, however, programs' ability to make the required updates varied considerably – from months to years.

- Many State Ombudsmen discussed working with their SUAs and state legislatures to update state statutes to comply with the new regulations. However, changing state statutes also requires many levels of review and approval, and the schedule of a state's legislative body can greatly affect the timeline for enacting these statutory changes.

- A few State Offices and local Ombudsman entities had to relocate to a different host agency to eliminate organizational conflicts of interest and comply with the Final Rule, while others implemented new policies or revised existing policies and procedures to identify and remedy individual and organizational conflicts of interest.
- As a result of the provisions and clarification regarding organizational conflicts of interest, State Ombudsmen and SUAs were, at minimum, compelled to consider whether their program's placement was appropriate.
- To address potential conflicts of interest concerning legal counsel, Ombudsmen reported developing memoranda of understanding (MOUs) to clarify roles and responsibilities when assigned legal counsel for the Ombudsman program is shared with other agencies (e.g., Adult Protective Services (APS)) within the host agency.

Challenges with Implementation. Stakeholders and State Ombudsmen reported challenges associated with implementing the Final Rule for both Ombudsman programs and entities with which they coordinate.

- Some stakeholders expressed concern about the provision that Ombudsmen cannot be mandatory reporters for abuse or neglect. One respondent viewed this as an ethical issue, and another was concerned about potential gaps in service in states where APS does not serve nursing home residents. Although other regulatory agencies such as the state survey agency may serve as the lead investigator, Ombudsmen are often the primary intake point for allegations of resident abuse or neglect. These scenarios required partnering agencies to review their own practices to determine if changes were needed to address potential gaps.
- Other stakeholders reported concern about privacy issues related to residents' personal information.
  - In small towns, residents and their families may know the Ombudsman outside of their role in the program, and may not want their personal information to be shared with the Ombudsman. It is important to note that the Final Rule has clarified requirements regarding disclosure of resident information and requires policies to identify, remedy, and remove individual conflicts of interest because of concerns shared by the stakeholder.
  - On the other hand, provisions that restrict disclosure of confidential information to host agencies can lead to concerns about the availability of information that is needed to monitor Ombudsman activities.
- The Final Rule clarified that state policies and procedures exclude the State Ombudsman and representatives of the Office from any state lobbying prohibitions that are inconsistent with the OAA, such that Ombudsmen can engage in mandated systems advocacy. Despite the Final Rule's clarification on this issue, State Ombudsmen reported that restrictions against lobbying still exist for Ombudsmen who are located in state or local government agencies because they are state employees.
- The OAA's reauthorization required that Ombudsman programs serve all residents of long-term care facilities, regardless of age. While some programs have always served residents of all ages, the new age requirement may strain the resources of other Ombudsman programs.
- Requirements of the Final Rule that address organizational conflicts of interest can limit Ombudsman programs' options for appropriate organizational placement. States are increasingly seeking to redesign their long-term care systems. These redesigns often add or consolidate responsibilities for home and community–based care, changes that present increased

opportunities for perceived or actual conflicts of interest that are incompatible with new Final Rule requirements.

- Although the Final Rule added few new requirements, some State Ombudsmen perceived the regulation as an unfunded mandate with a relatively short implementation timeline. They reported that ACL's Central Office staff may have unrealistic expectations of what programs are able to accomplish. One State Ombudsman explained that the period between publication of the Final Rule (February 2015) to the date of its implementation (July 2016) – including eliminating all conflicts of interest – was insufficient for programs to come into compliance, given the unique landscapes and circumstances of each state and territory. For these reasons, implementation of the regulation placed a strain on some programs, particularly when programmatic resources were limited. It should be noted that ACL worked with each state to develop a compliance plan with the state or territory determining the timeline for achieving compliance.
- Promulgation of the Final Rule revealed that some programs had not been meeting the OAA's existing requirements. For these programs, coming into compliance with the regulation required relatively greater investment of time and effort.
- Some State Ombudsmen reported that ACL's Central Office could do more to enforce the requirement for independence of the Ombudsman program from the SUA and other state agencies.

Increasing the Visibility of the Ombudsman Program. Respondents reported that both the process of promulgating the Final Rule as well as support for its implementation raised the visibility of the Ombudsman program at the national, state, and local levels, as well as increased communication among the program's staff and partners.

- Stakeholders and State Ombudsmen reported that both the OAA reauthorization and the Final Rule served as tools to educate stakeholders at the federal, state, and local levels about the program's responsibilities and the role of Ombudsmen. A few stakeholders noted that federal policy makers may not be as aware of the Ombudsman program as they should be and that there is a need for ongoing education due to turnover.
- State Ombudsmen reported that implementation of the Final Rule resulted in greater communication between Regional Administrators, SUAs, AAAs, and entities with which the program coordinates.

4.3.2. Program Structure at the Federal, State, and Local Levels

The OAA established a multi-level administrative structure to operate OAA programs. Ombudsman programs are administered by the AoA, within ACL of DHHS. As the chief federal agency charged with maximizing the independence of older adults and individuals with disabilities, ACL issues OAA grants to SUAs. These designated, state-level agencies are responsible for developing and administering multi-year state plans for OAA activities and programs, including the Long-Term Care Ombudsman program. This granting authority requires that States provide assurance of compliance with the OAA and related regulations.

SUAs are responsible for establishing an Office of the State Long-Term Care Ombudsman (Office or Office of the SLTCO) that is distinct, and separately identifiable from the SUA. The SUA may carry out the Long-Term Care Ombudsman program in one of two ways. The Office may be a distinct entity, separately identifiable, and located within or connected to the SUA. Alternatively, the SUA may enter into a contract or other arrangement with any public agency or nonprofit organization which establishes the Office as a separately identifiable, distinct entity.

The Office of the SLTCO is headed by a full-time State Ombudsman who is responsible for the leadership and management of the State Long-Term Care Ombudsman program in coordination with the SUA and, where applicable, any other host agency that implements the Ombudsman program. Key duties of State Ombudsmen include statewide program administration and oversight as well as designation of representatives of the Office and local Ombudsman entities that carry out the program at the local level.

4.3.3. Federal Level – ACL Central and Regional Offices

Within ACL, the Office of Long-Term Care Ombudsman Programs (which includes the Director of the Office of Long-Term Care Ombudsman Programs, and the Ombudsman Program Specialist), support States' implementation of OAA grants for Ombudsman programs. ACL's Office of Regional Operations (Regional Office) is the focal point for development, coordination, and administration of ACL programs across the 10 ACL regions as well as the local point of contact for SUAs.

The OAA delineates that the Director of the Office of Long-Term Care Ombudsman Programs:[11]

- Serve as an advocate for individuals in long-term care facilities;
- Coordinate the activities of the Administration with the activities of other federal entities, state and local entities and non-governmental entities, relating to State Long-Term Care Ombudsman programs (SLTCOPs);
- Supervise the activities carried out under the authority of the Administration that relate to SLTCOPs;
- Administer the National Long-Term Care Ombudsman Resource Center and make recommendations to the Assistant Secretary regarding its operation;
- Advocate, monitor, and coordinate federal and state activities of Long-Term Care Ombudsmen under the OAA;
- Submit an annual report on the effectiveness of services provided under section 307(a)(9) and section 712 to the Speaker of the House of Representatives and the President;
- Have authority to investigate the operation or violation of any federal law administered by the Department of Health and Human Services that may adversely affect the health, safety, welfare, or rights of older individuals;
- Establish training standards for representatives of the Office of the State Long-Term Care Ombudsman, including unpaid volunteers;
- Collect and analyze best practices related to responding to elder abuse, neglect, and exploitation in long-term care facilities, and publishing a report of such findings; and
- Review and make recommendations to the Assistant Secretary regarding multiple areas relating to SLTCOPs, such as:
  - provisions in State plans relating to the SLTCOPs including the adequacy of budgets and policies relating to programs;
  - policies designed to assist SLTCOs and methods to monitor and evaluate the operations of SLTCOPs;

[11] Older Americans Act Reauthorization of 2016, §201(d)(3)

- problems relating to SLTCOPs and solutions to those problems;
- existing and proposed Federal legislation, regulations, and policies regarding the operation of SLTCOPs; and
- policies of the Administration relating to SLTCOPs.

Although the 1992 OAA amendments established the Director of the Office of Long-Term Care Ombudsman Programs (initially called Associate Commissioner), the position was not filled on a full-time basis until 2010 when Kathy Greenlee (a former State Ombudsman) served as Assistant Secretary for Aging and ACL Administrator (2009-2016) and appointed an individual to serve in this position. Many stakeholders and State Ombudsmen viewed the full-time position, in tandem with Kathy Greenlee's appointment, as a critical opportunity to advance the Ombudsman program's work. Multiple respondents also noted that having former State Ombudsmen occupy key roles at ACL afforded the agency a deeper understanding of the Ombudsman program and enhanced their ability to be leaders at the national level. In addition to Kathy Greenlee, the Director and the Ombudsman Program Specialist were both former State Ombudsmen, as well at least two Regional Administrators.

The Director of the Office of Long-Term Care Ombudsman Programs played a key role in developing and advancing the Final Rule, and this leadership was highly regarded by State Ombudsmen, federal staff, and stakeholders. Some credited the Director, in coordination with the Ombudsman Program Specialist, with increasing programmatic consistency with the Final Rule, and raising the program's visibility at the national and state levels. Although initial efforts to develop regulations for the Ombudsman program started in the 1990s, they were never successfully promulgated until the Director position was filled full-time. Although it cannot be said whether the regulation would have come to fruition absent these events, the combination of filling the Director position full-time and Kathy Greenlee's appointment are widely perceived as having facilitated the process.

It should further be noted that the position of Director was vacated in March of 2017, and the Deputy Assistant Secretary for Aging assumed the role. Many viewed this departure as a tremendous loss and expressed concern that the continued vacancy on a full-time basis may diminish the program's impact and reduce its visibility at the federal level. Given that the Deputy Assistant Secretary for Aging has considerable administrative responsibility, some perceived that the Ombudsman program would not receive the same attention that a dedicated, full-time staff person would offer.

In terms of day-to-day operations, ACL's Central Office provides guidance and technical support to Ombudsman programs in a number of ways. These include one-on-one assistance, trainings, conference sessions, and standing conference calls, such as those organized by the National Association of State Ombudsman Programs (NASOP). State Ombudsmen reported seeking guidance, assistance, or information from ACL's Central Office on many topics. These included requesting guidance on laws and regulations (such as the Final Rule), obtaining assistance resolving issues (e.g., conflicts of interest, disputes with host agencies, working through difficult cases), receiving training or technical assistance on various subjects (e.g. submitting data through NORS, and updating state policies and procedures), and exchanging updates about federal and state activities.

About half of State Ombudsmen described ACL's Central Office staff as "responsive," "available," "helpful," and/or "supportive." State Ombudsmen praised ACL's Central Office for facilitating dissemination of important information through the Resource Center, conference presentations, webinars, and conference calls. Many valued the Central Office's assistance to help programs come into compliance with the Final Rule and a few also expressed appreciation for the letter that ACL's Central Office sends to SUAs communicating State Ombudsmen's requirement to attend the annual training

conference. Some described the Central Office staff's participation in the NASOP meetings as a sign that ACL is engaged with State Ombudsmen and supportive of their work.

Although ACL provides guidance and support to Ombudsman programs, states and territories have discretion in how they implement their programs. About half of State Ombudsmen reported that ACL does not directly influence the goals they set for their programs, but many reported that ACL can influence *prioritization* of program goals and activities. For example, one State Ombudsman explained that any deadline communicated by ACL is prioritized over other program activities, and that federal mandates (reinforced by ACL's Central Office) are used to assess the state's existing goals and make changes as appropriate. About one-fourth of State Ombudsmen reported that ACL influences their program's goals primarily through enforcement of the Final Rule, and by working with states and territories to come into compliance with its regulations.

Of State Ombudsmen who reported that ACL does not influence their program's goals, a few clarified that the OAA or the needs of state and local jurisdictions guide program goals and activities. One State Ombudsman expressed a desire for *more* input from ACL on goals and priorities, while others reported that their program's goals were influenced to a greater degree by entities other than ACL. The latter included NASOP, the Resource Center (an ACL grantee), other state agencies, and the advocacy community.

With respect to Regional Offices, State Ombudsmen reported interacting with staff through quarterly or other standing conference calls with states in their region, as well as during annual monitoring visits. Similar to findings from ACL's Central Office, State Ombudsmen reported discussing a variety of issues with ACL's Regional Offices. These included interpretation and implementation of the Final Rule, resolving organizational conflicts of interest, and receiving training and other technical assistance. They also reported that the Regional Office facilitates constituent referrals as well as relationships between the Ombudsman program and other agencies.

When asked about ACL Regional Office support for the Ombudsman program, about one-quarter of State Ombudsmen reported that Regional Office staff are "responsive," "helpful," and "available." One State Ombudsman added that regional meetings are sometimes more useful than national meetings because they focus on region-specific characteristics or common issues. About one-quarter of State Ombudsmen reported that the Central Office is their primary ACL resource, with slightly fewer identifying the Regional Office as their primary resource.

Exhibit 5 shows that most State Ombudsmen described their relationship with ACL's Central Office and ACL's Regional Office as "very effective" or "somewhat effective" (75% and 66%, respectively). Part of this difference may be due to the State Ombudsman's organizational placement as well as differences in the Regional Administrator assigned to support Ombudsman programs. A few State Ombudsmen reported that their ACL Regional Administrator has a closer relationship and more communication with their SUA Director than with them. As a result, they reported that they were less likely to bring sensitive matters to the Regional Administrator's attention, particularly if the issue involved the SUA. Additionally, nearly one-quarter of State Ombudsmen reported that relationships between State Ombudsmen and their ACL Regional Offices are inconsistent across regions, with some Regional Offices being more communicative than others.

Exhibit 5: Effectiveness of Relationship with ACL Central and Regional Offices

Effectiveness of Relationship with ACL Central and Regional Offices	State Ombudsmen N=52	State Ombudsmen N=52
	ACL Central Office	ACL Regional Office
Very effective	38%	37%
Somewhat effective	37%	29%
Neutral	17%	19%
Somewhat ineffective	0%	8%
Very ineffective	4%	2%

4.3.4. Program Structure and Organizational Placement at the State and Local Levels

States are afforded broad flexibility in how to administer their Ombudsman programs. This program administration is defined by both the program's *structure* and its *organizational placement*. A program's structure can be described as either *centralized* or *decentralized*. In a centralized structure, all program staff are employees of the agency housing the Office of the SLTCO (Office or State Office) regardless of their physical location (e.g. State Office, or elsewhere in the state, such as the Regional Offices of the State Ombudsman Program). Staff in centralized program structures report directly to the State Ombudsman. In a decentralized structure, the Office of the SLTCO is housed in a state agency or contracted entity, but local Ombudsman staff are employed by another contracted entity designated by the State Ombudsman as a local Ombudsman entity. Local Ombudsman entities may be housed within Area Agencies on Aging (AAAs), within other entities such as nonprofit organizations or legal aid offices, or a mix of AAAs and these other entities. There are 21 State Ombudsman programs that have a centralized structure, and 32 that have a decentralized structure.

Within these two types of program structures, Ombudsman programs may differ in their placement. Organizational placement refers to the location of the State Office and local Ombudsman entities. At both the state and local levels, programs can be free-standing, or they can be "hosted" by (or housed within) another agency or entity that is contracted by the SUA to administer the Ombudsman program. These include placement within other state or local government agencies, in independent agencies within state government, or within nonprofit organizations.

The structure and organizational placement of Ombudsman programs and the interaction between the two have important implications for program operations and the implementation of program activities. Based on FFY 2017 NORS data, Exhibit 6 shows the number of SLTCOPs by their structure and placement. For simplicity, the exhibit presents two categories for organizational placement (within an SUA or outside an SUA), recognizing that other combinations exist (see Table A in Appendix D for state-level detail).[12]

- Almost half of Ombudsman programs have a decentralized structure with Offices located within SUAs.
- Most Ombudsman programs with a centralized structure have Offices located outside of SUAs.

[12] Note that all organizational placements outside of the SUA have been combined in many of the findings within this chapter. Where meaningful differences exist among this combined group, findings are presented on those separate placements.

Exhibit 6: Program Structure and State Office Organizational Placement

Program Structure	State Office Placement	
	Housed within SUA	Housed outside of SUA
Centralized	8	13
Decentralized	25	7

Based on FFY 2017 NORS data, Exhibit 7 presents the distribution of local Ombudsmen entities by their organizational placement and Ombudsman program structure. Note that for Ombudsman programs that are characterized by a centralized structure, the concept of "local Ombudsman entity" does not technically apply, but we present them here for comparison purposes and to reflect NORS reporting. These programs may have staff working in the State Office or off-site throughout the state, in what is referred to as "Regional Offices of the State Ombudsman Program." There are 74 of these regional offices. Within decentralized programs, a majority (73%) of local Ombudsman entities are housed within AAAs or social services nonprofit agencies (14%).

Exhibit 7: Local Ombudsman Entity Organizational Placement by Program Structure

Local Ombudsman Entity Organizational Placement	Centralized Program Structure N=74	Decentralized Program Structure N=449
Area Agency on Aging	0	329
Social Services Nonprofit Agency	0	65
Free-standing Ombudsman Program	0	27
Legal Services Provider	0	21
Other Local Government Entity	0	4
Other	0	3
Regional Offices of the State Ombudsman Program	74	0

Program Structure – Centralized vs. Decentralized

State and local Ombudsmen reported benefits and challenges to both centralized and decentralized structures, particularly as they relate to management of program staff and activities.

- Centralized programs appeared to benefit from more consistent program implementation, a simpler management structure, greater interaction among staff, and less conflicting guidance between the Office and regional offices.
  - State Ombudsmen in centralized programs reported more frequently than those in decentralized programs that they could ensure consistency across staff in program implementation. This enhanced coordination was partly attributed to greater access to and communication with staff.
  - State Ombudsmen in centralized programs described having a simpler management structure than decentralized programs because all program staff report to the State Ombudsman.

- A smaller percentage of lead local Ombudsmen (15%) in centralized programs reported receiving conflicting guidance from the Office of the SLTCO and their local host agency, compared to lead local Ombudsmen in decentralized programs (26%).
- Seventy-eight percent of local Ombudsmen in centralized programs reported interacting with staff from the central State Office at least once a week, compared to just 40% of local Ombudsmen in decentralized programs.
- A few State Ombudsmen reported that increased oversight was difficult to manage in states where Ombudsman staff are geographically dispersed throughout the state.

- Decentralized programs appeared to benefit from programmatic autonomy in setting local priorities and in their ability to carry out systems advocacy. However, the challenges of decentralized program structures included "fragmentation" in program staff management and operations and obtaining access to budget information to manage fiscal resources.
  - Local Ombudsmen in decentralized programs were more likely to report autonomy in setting local priorities than their counterparts in centralized programs (see Exhibit 8).
  - Local Ombudsmen in decentralized programs were more likely than their counterparts in centralized programs to report that their program structure enables their local entity to carry out systems advocacy activities. They may perceive greater autonomy to carry out this work in part because of their organizational separation from the State Office.
  - Nearly one-third of State Ombudsmen in decentralized programs reported difficulties navigating lines of authority with local host agencies, particularly in distinguishing personnel management from program oversight.
  - A few State Ombudsmen in decentralized programs noted that they lack the authority to hire or fire local program staff despite being responsible for designating them. This concern was more of a challenge for State Ombudsmen who described having less collaborative relationships with their local host agencies. Others disagreed with how some local host agencies were managing their local Ombudsman entities, particularly with respect to budget decisions for Ombudsman activities. For example, one host agency restricted Ombudsman travel budgets due to financial concerns, thereby limiting the program's ability to carry out visits beyond the quarterly goal.
  - State Ombudsmen with decentralized programs reported challenges managing fiscal resources due to a lack of access to detailed budget information at the local level. These challenges were reported to occur when AAAs are the host agency or subcontract to another entity.
  - Although there may be some challenges related to maintaining consistency of program services and management of staff within a decentralized structure, a few State Ombudsmen reported that this structure is necessary to ensure coverage across the state, particularly for programs serving large rural areas.

Exhibit 8: Local Ombudsman Entity Autonomy by Program Structure

To what extent does the Office of the SLTCO drive your local program's priorities?	SLTCOP with Centralized Structures N=32[a]	SLTCOP with Decentralized Structures N=145[b]
High level of involvement (less local autonomy)	44%	29%
Medium level of involvement	34%	39%
Low level of involvement (more local autonomy)	22%	32%

[a] Not applicable=7 (I work in the State Office, so our priorities are the same.)
[b] Not applicable=5 (I work in the State Office, so our priorities are the same.)

Overall, most State Ombudsmen are satisfied with their current program structures, despite identifying certain challenges that affect program operations.

- A majority (94%) of local Ombudsmen in both centralized and decentralized programs reported that lines of authority and accountability are clearly defined for all Ombudsmen staff (paid and volunteer).

Nearly all (94%) State Ombudsmen reported that their statewide program is "very effective" or "somewhat effective". However, important differences emerge when program structure is considered. As shown in Exhibit 9, State Ombudsmen with centralized program structures were more likely to report that their statewide program is "very effective" (55%), compared to State Ombudsmen operating within decentralized program structures (41%).

Exhibit 9: State Ombudsman Perceptions of Statewide Program Effectiveness by Program Structure

State Ombudsman Perceptions of Statewide Program Effectiveness	SLTCOP with Centralized Structure N=20	SLTCOP with Decentralized Structure N=32
Very effective	55%	41%
Somewhat effective	40%	53%
Neutral	0%	0%
Somewhat ineffective	0%	0%
Very ineffective	0%	3%
Don't know	5%	3%

Similarly, as shown in Exhibit 10, local Ombudsmen operating within centralized statewide programs were more likely to report that their statewide programs are "very effective" (60%), compared to local Ombudsmen whose statewide programs are characterized by decentralized structures (48%).

Exhibit 10: Local Ombudsman Perceptions of Statewide Program Effectiveness by Program Structure

Local Ombudsman Perceptions of Statewide Program Effectiveness	SLTCOP with Centralized Structure N=129	SLTCOP with Decentralized Structure N=367[a]
Very effective	60%	48%
Somewhat effective	19%	27%
Neutral	12%	15%
Somewhat ineffective	5%	4%
Very ineffective	2%	3%
Don't know	2%	4%

[a] Missing=1

Local Ombudsmen's perceptions of effectiveness appeared to be related to their relationship with staff in the State Office (Exhibit 11). Those whose programs are characterized by a centralized structure were more likely to report that their relationship with the State Office is "very effective" (60%), compared to local Ombudsmen whose programs are decentralized (50%).

Exhibit 11: Local Ombudsman Perceptions of Effectiveness of Relationship between Central State Office and Local Ombudsman Entity by Program Structure

Local Ombudsman Perceptions of Effectiveness of Relationship with State Office	SLTCOP with Centralized Structure N=106[a]	SLTCOP with Decentralized Structure N=363[b]
Very effective	60%	50%
Somewhat effective	18%	26%
Neutral	11%	12%
Somewhat ineffective	4%	6%
Very ineffective	4%	3%
Don't know	3%	4%

[a] Not applicable=23 (My program has a centralized structure and all staff are located in the central office.)
[b] Missing=2, Not applicable=3 (My program has a centralized structure and all staff are located in the central office.)

Office of the State Long-Term Care Ombudsman – Organizational Placement

As described earlier, State Offices and local Ombudsman entities have different organizational placements. As shown in Exhibit 12, most State Offices are housed within SUAs. State Offices may also be located within other state government agencies (e.g. Department of the Treasury), in independent agencies within state government, or within a nonprofit organization.

Exhibit 12: State Office Organizational Placement

State Office Organizational Placement	Number of State Programs
State Unit on Aging	33
Other State Government Agency	8
Nonprofit Organization	8
Independent State Agency	4

State Office placement appears to impact how State Ombudsmen viewed their relationships with ACL's Central and Regional Offices.

- State Ombudsmen in Offices placed within SUAs were more likely to report effective relationships with ACL's Central Office than with ACL's Regional Office. Seventy-nine percent of State Ombudsmen with Offices located within SUAs reported that their relationship with ACL's Central Office was "very effective" or "somewhat effective". By contrast, 63% of this group reported that their relationship with ACL's Regional Office was "very effective" or "somewhat effective" (data not reported in exhibits).
- A few State Ombudsmen reported that their ACL Regional Administrators' closer relationship with their SUA Director reduced the likelihood that they would bring sensitive matters to the Regional Administrator's attention, particularly if they involved the SUA. By contrast, holding meetings with the Regional Administrator, SUA Director, and the State Ombudsman inhibited the State Ombudsman from speaking freely, particularly if their Office is located within the SUA.
- State Ombudsmen in programs outside of SUAs reported that their relationships with ACL's Central and Regional Offices were equally effective, with 70% reporting that both relationships were "very effective" or "somewhat effective" (data not reported in exhibits).
- Nearly all State Ombudsmen (94%) reported that ACL's Central Office was "very helpful" (32%) or "somewhat helpful" (62%), although slightly fewer overall (86%) found their ACL Regional Office to be "very helpful" (38%) or "somewhat helpful" (48%). These reports did not vary by state program organizational placement (data not reported in exhibits).

State Ombudsmen described each type of State Office organizational placement as having a unique set of benefits and challenges that affect program operations.

- Organizational placement of State Offices within SUAs were reported to bring important benefits, including access to resources and greater visibility among agencies and stakeholders. Challenges included greater risk of organizational conflicts of interests, restrictions on legislative advocacy, and political pressure.
  - State Ombudsmen reported placement in SUAs provides access to "built-in" resources (e.g. human resources, data systems and technical support, IT, and legal assistance).
  - Several State Ombudsmen reported having greater visibility for the Ombudsman program among relevant groups, a "seat at the table" in important discussions about long-term care, and the ability to engage in coordinated efforts with key organizations. Proximity to partner organizations that are co-located within the SUA was also described as facilitating greater opportunities for cross-trainings.
  - State Ombudsmen reported higher risk for organizational conflicts of interest, and less independence in operating the program freely. For example, when legal counsel is shared

among the Ombudsman program and the SUA or other agencies such as licensing and certification or APS, it may be difficult to obtain legal advice that prioritizes the Ombudsman program and long-term care residents.

  - State Ombudsmen reported feeling restricted (sometimes explicitly, but more often implicitly) in their ability to take a position or testify on an issue that their SUA may not agree with, thereby limiting their ability to fully engage in systems advocacy. One State Ombudsman described tension in publicly disagreeing with the SUA on certain issues because the SUA is also responsible for approving the Ombudsman program's budget and staffing.
  - State Ombudsmen reported that the SUA's political environment may affect program operations. For example, SUA Directors appointed by the governor may pressure State Ombudsmen not to challenge the governor's positions on certain issues. It should be noted that in some states, State Ombudsmen are also appointed by the governor.

- Organizational placement of State Offices outside of SUAs were reported to bring important benefits, including greater autonomy to carry out systems advocacy work and fiscal control, as well as challenges, such as fewer resources and lower program visibility.
  - State Ombudsmen reported having greater autonomy and freedom to operate their programs without political pressure, and fewer organizational conflicts of interest, as shown in Exhibit 13. This was particularly evident for programs housed within an independent state agency or a nonprofit organization (data not shown in exhibits).
  - Although all State Ombudsmen in programs outside of SUAs agreed that their statewide program has the autonomy to carry out systems advocacy work, 88% of State Ombudsmen whose Offices are located in nonprofits "strongly" agreed with this statement compared to 50% of State Ombudsmen whose Offices are located within an independent state agency or state government other than the SUA (data not shown in exhibits).
  - State Ombudsmen's sense of program autonomy also appears to be reflected at the local level. Eighty percent of lead local Ombudsmen whose State Offices are housed outside of SUAs agreed that their organizational placement enables their local entity to carry out systems advocacy activities, compared to 66% of those whose State Offices are housed within SUAs (data not shown in exhibits).
  - State Ombudsmen located outside of SUAs (65%) were more likely to report having the ability to determine the use of fiscal resources to operate their state programs than those whose programs are housed within SUAs (44%) as shown in Exhibit 14. Nevertheless, most State Ombudsmen reported having *at least* partial ability to determine the use of fiscal resources, regardless of where their program is placed.
  - State Ombudsmen in programs housed outside of SUAs reported more challenges taking advantage of certain resources or partnerships to which State Ombudsmen within SUAs seem to have greater access or stronger connections. A few also noted that their salaries are typically lower than their counterparts who are state employees.
  - State Ombudsmen whose programs are located outside of SUAs reported lower program visibility among agencies or organizations that they might partner with to serve residents and carry out other program activities.

Exhibit 13: Autonomy of Ombudsman Program by State Office Organizational Placement

Statements about Autonomy of Statewide Ombudsman Program	State Office in SUA N=32 [a]	State Office Outside of SUA N=20
My statewide program has been unable to fulfill some program duties due to legislative or regulatory restrictions.	23%	10%
My statewide program has the autonomy to carry out systems advocacy work.	84%	100%
My statewide program is free to speak to the media.	69%	100%
My statewide program is able to represent the interests of residents to state agencies involved in long-term care without political interference.	75%	95%

[a] Missing=1 (Missing data only applies to the first statement on autonomy.)

Exhibit 14: Ability to Determine Use of Fiscal Resources to Operate LTCOP by State Office Organizational Placement

Are you able to determine the use of fiscal resources to operate the LTCOP at the state level?	State Office in SUA N=32	State Office Outside of SUA N=20
Yes	44%	65%
Partially	47%	30%
No	9%	5%

Exhibit 15 shows that a majority of State Ombudsmen reported that their statewide program is "very effective" or "somewhat effective" across all types of organizational placement. However, State Ombudsmen whose Offices are in nonprofits or independent state agencies were more likely to report that their statewide programs are "very effective" (88% and 75%, respectively) than those whose programs are located in SUAs or state government (41% and 13%, respectively).

Exhibit 15: State Ombudsman Perceptions of Statewide Program Effectiveness by State Office Organizational Placement

State Ombudsman Perceptions of Statewide Program Effectiveness	State Office in SUA N=32	State Office in State Government N=8	State Ombudsmen in Independent State Agency N=4	State Office in Nonprofit N=8
Very effective	41%	13%	75%	88%
Somewhat effective	53%	75%	25%	13%
Neutral	0%	0%	0%	0%
Somewhat ineffective	0%	0%	0%	0%
Very ineffective	0%	13%	0%	0%
Don't know	6%	0%	0%	0%

Local Ombudsman Entities – Organizational Placement

Organizational placement of local Ombudsman entities varies in much the same way as State Office placement. In a decentralized program, local Ombudsmen entities may be free-standing or they can be hosted by an agency or entity that is contracted to administer the Ombudsman program.

Based on NORS data, Exhibit 16 shows the distribution of local Ombudsman entities across each type of organizational placement in FFY 2017. Ombudsman programs that are characterized by a centralized structure (described earlier) are not reported here.

Exhibit 16: Local Ombudsman Entity Organizational Placement

Local Ombudsman Entity Organizational Placement	Number of Local Ombudsman Entities
Area Agency on Aging	329
Social Services Nonprofit Agency	65
Free-standing Ombudsman Program	27
Legal Services Provider	21
Other Local Government Entity	4
Other	3

State Ombudsmen reported both benefits and challenges to having local Ombudsman entities located within various host agencies, particularly with respect to placements within or outside of AAAs. Paralleling findings at the state level with respect to SUA placement, local Ombudsman entities housed outside of AAAs may benefit from greater autonomy, but they may also face other challenges related to resources that AAAs provide.

- Local Ombudsman entity's location within AAA brings important resource advantages.
  - Many AAAs supplement the resources of local Ombudsman entities, including financial support and in-kind contributions (e.g., payroll, data systems, office space), allowing local Ombudsman entities to carry out more activities than would be possible without these contributions. One State Ombudsman noted that one of their AAAs was able to financially support the local Ombudsman entity while the State program's budget review was in process, thereby providing a "safety net" while they awaited approval to release funds.
  - State Ombudsmen reported that proximity to other aging network partners (e.g., those providing benefits counseling, transportation services, etc.) that are co-located in AAAs facilitate the Ombudsman program's ability to serve residents.
  - AAAs' familiarity with LTSS and OAA services was perceived to support the work of local Ombudsmen. Other agencies or organizations may not have the same familiarity with LTSS for older adults, and may therefore require more guidance from the State Ombudsman regarding the program's role.
- Organizational placement of local Ombudsman entities within AAAs also comes with challenges, including greater risk of conflicts of interest and less autonomy to engage in systems advocacy.
  - Like SUAs, AAAs deliver direct services to long-term care residents, or they determine eligibility for services in settings that Ombudsman programs also serve. In addition, AAAs may host other agencies such as APS or licensing and certification entities. Although co-

location may facilitate coordination with these entities, it can also present opportunities for conflicts of interest or affect the autonomy of Ombudsmen in carrying out their responsibilities.

- Like State Ombudsmen, lead local Ombudsmen who work within AAAs reported having less autonomy to carry out systems advocacy than their peers located outside of AAAs, particularly as it related to legislative advocacy or providing testimony. Lead local Ombudsmen whose local entities are located within legal services provider agencies – particularly social services nonprofit agencies – reported a much higher sense of program independence and autonomy compared to their peers whose programs have other organizational placements.

Support of SUA Director

Regardless of Ombudsman program structure and organizational placement, many State Ombudsmen underscored the importance of their SUA Director's support for effective program implementation. Several State Ombudsmen reported that the most important way that their SUA supports their program was by allowing the State Ombudsman to operate without interference or restriction. Helping the program make changes to policies and state statutes to come into compliance with the Final Rule was reported as an important form of support. Additionally, SUA Directors who are communicative as well as knowledgeable and supportive of the Ombudsman program's purpose and mission were also reported as major strengths.

State Ombudsmen across program location categories reported relatively high support from their SUA Directors, with half or more reporting that their SUA Director is either "very supportive" or "fully supportive" (Exhibit 17).

Exhibit 17: Support from SUA Director by State Office Organizational Placement

Overall, how would you describe the support your Office of the SLTCO receives from the SUA Director?	State Office in SUA N=32	State Office in State Government N=8	State Office in Independent Agency N=4	State Office in Nonprofit N=8
Fully supportive	50%	38%	50%	75%
Very supportive	28%	50%	0%	13%
Somewhat supportive	16%	13%	25%	0%
Not supportive	0%	0%	0%	0%
Indifferent	6%	0%	25%	13%

State Ombudsmen within SUAs provided concrete examples of how the SUA Director supports them. These included sending letters to stakeholders emphasizing the independence of the LTCOP, attending presentations made by State Ombudsmen to stakeholders, referring complaints or issues to the Ombudsman program, establishing connections between the State Ombudsman and individuals or entities (e.g. governor, legislators, etc.), and administrative tasks such as making payments to contractors, and securing additional program staff. One State Ombudsman found it particularly helpful to have the SUA Director communicate the importance of the Ombudsman program's independence to the AAAs operating their local programs.

Some State Ombudsmen housed within SUAs described having the freedom to conduct systems advocacy activities, while also noting that they provide advance notice to their SUA Director about any

public statements or testimony they provide, or advocacy activities they plan to carry out. Whereas some viewed this as an expectation, others viewed providing this advance notice as a courtesy.

4.4. Recommendations

- ACL should continue supporting State Ombudsmen's efforts to comply with the Final Rule and assess the regulation's effect on Ombudsmen's ability to freely conduct systems advocacy. Based on those findings, ACL should consider whether additional steps need to be taken to enforce the independence of the Ombudsman program, particularly for State Ombudsman programs that are housed within SUAs.
- Given the tremendous benefits derived from having a full-time, dedicated Director of the Office of Long-Term Care Ombudsman Programs, ACL should ensure that the position is filled on a full-time basis.
- State Ombudsmen reported that coordination among stakeholders at the national and state levels helps ensure that the Ombudsman program's voice is heard and that program needs are addressed. ACL's Central and Regional Offices should continue their efforts to bring visibility to the program and to support State and local Ombudsmen in working with other entities.
- To ensure open communications, ACL Regional Administrators should establish meetings with State Ombudsmen that are separate from those with SUA Directors.
- While some State Ombudsmen acknowledged that understanding of the Ombudsman program is improving among ACL Regional Administrators, ACL Central Office staff should continue efforts to increase knowledge and ensure Regional Administrators are better positioned to provide consistent support to programs.
- To prevent perceived program fragmentation, State Ombudsmen in decentralized structures should develop coordinated approaches to ensure seamless monitoring of local Ombudsman staff.
- SUA Directors should ensure that policies and procedures are in place that support the State Ombudsman's ability to determine use of fiscal resources appropriated or otherwise available for the operation of the Office, as well as approval of allocations of federal and state funds provided for local Ombudsman entities, as appropriate.
- Given the importance of SUA Director support for State Ombudsmen's ability to fulfill their responsibilities, and the challenges identified by State Ombudsmen housed within SUAs in interacting effectively with their SUA, a concerted effort should be made by all parties (ACL staff, SUA Directors, and State Ombudsmen) to foster positive relationships, and to improve understanding of the role of the Ombudsman program. These efforts should be focused on relationship-building that goes beyond the guidance set forth in the Final Rule.

Chapter 5. Research Question 2: How do LTCOPs use existing resources to resolve problems of individual residents and to bring about changes at the facility and governmental (local, state and federal) levels that will improve the quality of services available/provided?

5.1. Key Findings

5.1.1. Program Resources

1. Ombudsman programs draw on multiple resources to carry out mandated functions. These resources include legislation, regulations, federal, state, and local funds, staff (paid and volunteer), legal counsel, partnerships, peer-to-peer support, training and technical assistance, administrative support, data systems, and information technology (IT).
2. Sources of financial support vary widely among state Ombudsman programs.
    a. In federal fiscal year (FFY) 2017, Long-Term Care Ombudsman program (LTCOP) expenditures totaled $106.7 million across all funding sources. Federal, state, and local funding accounted for 50%, 43%, and 7%, respectively, of national program expenditures.
    b. State funding for Ombudsman programs varied considerably, accounting for between zero percent and 83% of total expenditures of Ombudsman programs.
3. Staff and volunteer resources vary widely among state Ombudsman programs.
    a. In FFY 2017, 1,319 paid full-time equivalent staff (FTEs) supported the program. Ombudsman programs operated with an average of 25 FTEs, ranging from two to 156. Across programs, the ratio of FTEs to facility beds was 1:2,355, ranging from the lowest ratio of 1:594 in Washington, DC to the highest ratio of 1:6,814 in Minnesota.
        i. During the Ombudsman program's last evaluation in 1995, the Institute of Medicine (IOM) recommended a minimum staff to bed ratio of one FTE Ombudsman to 2,000 beds. It should be noted that the ratio reported here, however, is an overestimation because the National Ombudsman Reporting System (NORS; the program's reporting system) does not distinguish between Ombudsmen and other program staff that support the program (i.e., volunteer managers, administrative staff, in-house counsel). Even with the overestimation, however, the average FTE to bed ratio of one to 2,355 still falls short of the IOM's 1995 recommendation.
    b. In FFY 2017, 8,810 volunteers supported the LTCOP, 6,625 of whom were designated volunteer Ombudsmen. The number of volunteers ranged from zero to 948 across all programs, with an average of 147 among programs that use volunteers. Four states reported no volunteers and seven states reported no designated volunteer Ombudsmen.
4. Ombudsman programs draw on multiple sources of legal support to address program needs and representation. These include the Office of the Attorney General (AG), state agency attorneys, in-house counsel/non-governmental host agency attorneys, private attorneys under contract, and

pro bono attorneys. Sixty-four percent of State Ombudsmen reported accessing legal counsel from more than one source, and these sources are used to address specific program needs as well as perceived or actual conflicts of interest.

5. In addition to assigned legal counsel, State Ombudsmen reported coordinating efforts with their State legal assistance developers and legal assistance providers/legal aid.

5.1.2. Program Activities

1. Given the diversity of resources that characterize programs as well as widely varying state and local circumstances, there is considerable variation in the extent to which state Ombudsman programs conduct individual advocacy, education/outreach, and systems advocacy. According to NORS data:
    a. In FFY 2017, Ombudsman programs visited 68% of nursing homes and 30% of board and care homes on at least a quarterly basis. Across programs, quarterly visits to nursing homes ranged between 11% and 100%, while quarterly visits to board and care homes ranged between zero percent and 100%. These percentages reflect routine Ombudsman facility visits, not those that occur only in response to a complaint.
    b. In FFY 2017, Ombudsman programs handled 201,460 complaints, ranging from 214 to 41,834 across programs.
    c. In FFY 2017, Ombudsman programs provided information on rights, care, and related services to individuals and long-term care facility staff on 529,098 occasions, ranging from 413 to 85,352 occasions across programs.
    d. In FFY 2017, Ombudsman programs conducted 10,170 community education sessions, ranging from two to 1,686 sessions across programs.
    e. In FFY 2017, Ombudsman programs attended 22,999 resident and family council meetings, ranging from two to 3,447 meetings across programs.
    f. At the state/territory level, the estimated percentage of paid staff time spent on systems advocacy efforts such as monitoring/working on laws, regulations, government policies, and actions ranged between two percent and 65% (with an average of 27%). At the local level, the estimated percentage of paid staff time spent on these systems advocacy activities ranged between zero percent to 25% (with an average of seven percent).

5.1.3. Individual Advocacy

1. At the individual level, Ombudsman programs are required to (1) identify, investigate, and resolve complaints on behalf of residents; (2) provide services to assist residents in protecting their health, safety, welfare, and rights; (3) inform residents about how to obtain facility or agency services; (4) ensure that residents have regular access to advocacy services; (5) assist in the development of resident and family councils; and (6) assist residents who are transitioning from a long-term care facility to a home care setting. Ombudsman programs meet these requirements through services that are provided during visits to long-term care facilities, community presentations, and responses to questions over the phone.
2. Although the Administration for Community Living (ACL) does not specify a required frequency for Ombudsman visits to facilities, NORS defines “regular basis” to mean facility visits that occur no less than quarterly and that are not in response to a complaint. Among State Ombudsmen whose

programs set visitation standards, most aim to visit nursing homes and board and care homes at least quarterly.

   a. More than three-quarters (79%) of State Ombudsmen reported that their program visited most nursing homes at least quarterly and 55% reported visiting most board and care homes at least quarterly. (Note that the study asked State Ombudsmen to report on all visits made to most facilities, including visits made in response to a complaint. Due to differences in question wording, these percentages are different from those reported in NORS.)

3. Although State Ombudsmen conduct visits to long-term care facilities, these visits are primarily conducted by local and volunteer Ombudsmen.

   a. A higher percentage of Ombudsmen at all levels reported visiting nursing homes, compared to board and care homes.

   b. Among State Ombudsmen who reported visiting nursing homes, 45% do so on a routine basis, compared to 81% of local Ombudsmen, and 95% of volunteer Ombudsmen.

   c. Among State Ombudsmen who reported visiting board and care homes, 36% reported doing so on a routine basis, compared to 78% of local Ombudsmen and 93% of volunteers.

4. Whereas most local Ombudsmen reported visiting each of the nursing homes and board and care homes assigned to them *at least quarterly* (72% and 66%, respectively), most volunteer Ombudsmen reported visiting these facilities on *at least a monthly basis* (79% and 62%, respectively).

5. Sixty-five percent of local Ombudsmen and 56% of volunteer Ombudsmen reported spending an average of one to two hours visiting nursing homes during their routine visits, and 19% of local Ombudsmen and 28% of volunteer Ombudsmen reported spending between two to three hours during these visits. Board and care homes generally have fewer beds than nursing homes, and local and volunteer Ombudsmen reported spending less time visiting these facilities. Forty-nine percent of local Ombudsmen and 46% of volunteer Ombudsmen reported spending one to two hours visiting board and care homes during routine visits, and 43% of local Ombudsmen and 41% of volunteer Ombudsmen reported spending less than an hour during routine visits to these facilities.

6. The top three complaints handled in nursing homes concerned discharge/eviction planning, failure to respond to requests for assistance, and issues related to dignity/respect. The top three complaints handled in board and care homes concerned discharge/eviction-planning, medications, and food service.

7. According to historical NORS data, the types of complaints that the Ombudsman program handles have become more complex and challenging over time, moving away from requests for assistance with daily needs to more urgent concerns such as involuntary discharges and evictions.

8. Complaints about resident-related issues are initiated by a variety of individuals. Residents were the complainant in 40% of cases (a case can contain multiple complaints). Other complainants included relatives/friends (18%) and non-relative guardians or legal representatives (one percent). Almost one-fifth of complaints made on behalf of residents was initiated by facility staff (19%). As with other complainants, facility staff may reach out to Ombudsmen to assist with both resident concerns (e.g., family conflict) and facility issues (e.g., closures). Ombudsmen may also

initiate complaints based on their observations during facility visits. These complaints accounted for 11% of cases.

9. Two-thirds of local and three-quarters of volunteer Ombudsmen (66% and 78%, respectively) reported that a majority of their relationships in nursing homes are effective. Over half of local and three-quarters of volunteer Ombudsmen (59% and 78%, respectively) reported that a majority of their relationships in board and care homes are effective.
10. State, local, and volunteer Ombudsmen attributed the effectiveness of their relationships with facility staff to the ongoing presence they maintain in facilities and the positive working relationships they develop with facility staff who come to view them as a resource. Local Ombudsmen also reported that their knowledge, confidence, and experience level are important factors in determining the effectiveness of their relationships with facility staff.
11. Some State Ombudsmen reported that the strength of their state's regulations for board and care homes is a major factor in the effectiveness of their relationships with staff in this service setting.
12. The extent of staff resources affects Ombudsman programs' ability to visit facilities and identify and address resident complaints. Lower paid FTE staff to facility ratios are correlated with higher percentages of facilities visited at least quarterly.
13. State and local Ombudsmen reported several barriers that hinder their ability to engage in individual advocacy, including inadequate program funding and staffing as well as lack of understanding among stakeholders about the Ombudsman program's role. In addition, Ombudsmen described limitations in their ability to fully resolve certain types of complaints, particularly when solutions are ultimately outside of the program's control. Examples include cases involving lack of available nursing homes or board and care homes, low facility staffing rates, and the absence of needed services (e.g. mental health services).

5.1.4. Systems Advocacy

1. At the systems level, Ombudsman programs are required to (1) represent residents' interests before governmental agencies and pursue administrative, legal, and other appropriate remedies; (2) analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions relating to the adequacy of long-term care facilities and services; (3) make recommendations regarding these laws, regulations, policies, and actions; and (4) facilitate public comment on the laws, regulations, policies, and actions that pertain to residents' health, safety, welfare, and rights.
    a. Ombudsman programs meet these requirements primarily through legislative advocacy, issue advocacy, and coalition building/partnerships. Supporting the development of resident and family councils may involve elements of systems advocacy if these efforts aim to assist multiple residents.
2. State Ombudsmen have primary responsibility for systems advocacy efforts. All State Ombudsmen reported engaging in systems advocacy, compared to 57% of local Ombudsmen. Of local Ombudsmen who are responsible for systems advocacy, however, 30% reported being unable to perform this task due to lack of time, resources, or training. A smaller percentage of volunteers (13%) also reported responsibility for systems advocacy activities, including monitoring/working on laws, regulations, government policies, and actions, and three percent reported working with the media on issues that impact residents.

3. Seventeen percent of local Ombudsmen reported not knowing whether systems advocacy was one of their responsibilities. When asked about specific tasks that they carry out, however, these local Ombudsmen reported engaging in activities that are consistent with systems advocacy, including participation in committees/workgroups/task forces; advocacy for changes to laws, regulations, or policies; engagement in policy making; communication with the media about advocacy issues; and grassroots organizing. Differences between local Ombudsmen's reported engagement in "systems advocacy" and their actual activities may reflect a lack of clarity in responsibilities or differences in terminology for common activities.
4. Although 19% of State Ombudsmen reported no barriers to carrying out systems advocacy activities at the state or local levels, the remaining State Ombudsmen identified several challenges related to inadequate resources, organizational placement, politics, lack of expertise, and misunderstandings about the program's autonomy.
5. The Long-Term Care Ombudsman Programs Final Rule (Final Rule) clarified that when Ombudsmen provide legislators and government agencies with information and recommendations concerning laws, regulations and policies, these efforts are not considered lobbying. Because many states prohibit government employees from lobbying, the Final Rule's clarification ensures that Ombudsmen who are state employees (i.e., those whose programs are located in state and local government agencies) can engage in this type of legislative advocacy in accordance with the Older Americans Act (OAA) and Final Rule. Nonetheless, at the time of this study's data collection, many State Ombudsmen whose programs are located in state and local government agencies reported that state laws continue to restrict programs from engaging in legislative advocacy.

5.1.5. Adequacy of Resources

1. Insufficient resources were reported to be a major challenge for programs in meeting their federal mandates.
    a. Only 23% of State Ombudsmen and 26% of lead local Ombudsmen reported having sufficient financial resources to meet all of their programs' federal mandates.
    b. Similarly, 27% of State Ombudsmen and 37% of lead local Ombudsmen reported having sufficient paid staff to meet all of their programs' federal mandates.
    c. Only 15% of State Ombudsmen and 21% of lead local Ombudsmen reported having enough volunteers to meet all of their programs' federal mandates.
    d. Fifty-six percent of State Ombudsmen and 29% of lead local Ombudsmen reported having adequate legal counsel to meet all of their programs' federal mandates.
2. State Ombudsmen reported that they are unable to fully carry out the following activities due to lack of resources:
    a. Volunteer recruitment and retention (69%);
    b. Regular board and care visits (67%);
    c. Resident and family council development and support (60%);
    d. Community education activities (56%);
    e. Legal assistance for residents (52%);
    f. Regular nursing home visits (50%);

g. Facilitating public comments on proposed legislation, laws, regulations, policies, and actions (48%);

h. Training for facility staff (44%);

i. Research and policy analysis to inform systems advocacy work (42%);

j. Analyzing and monitoring federal, state, and local laws, regulations, and other government policies and actions (38%);

k. Resident and family education at facilities (38%);

l. Complaint investigation and resolution activities (23%);

m. Consultations to facilities (15%);

n. Other activities (13%); and

o. Information and consultations to individuals (six percent).

5.1.6. Strategies to Address Resource Constraints

1. When faced with resource constraints, Ombudsman programs limit, forgo, or prioritize program activities and rely heavily on volunteers and inter-organizational relationships to support program operations.

    a. State Ombudsmen reported forgoing professional development activities such as trainings, conferences, and statewide annual volunteer recognition luncheons for themselves or their staff. Inadequate resources also prevent some programs from traveling to facilities for routine visits or hiring translators to assist with meeting the needs of diverse populations, such as American Indian tribes and predominately Spanish-speaking communities.

    b. State Ombudsmen reported prioritizing nursing home visits over board and care home visits; urgent complaints over less time-sensitive ones; visiting facilities in response to a complaint over routine visits; visiting facilities within shorter traveling distances over ones located in remote areas, and engaging in individual advocacy over systems advocacy.

    c. For many Ombudsman programs, volunteers are essential for ensuring that residents have access to advocacy services. Without volunteers, some programs would struggle to maintain a routine presence in long-term care facilities.

        i. The same resource constraints that compel programs to use volunteers, however, also present challenges for recruiting and supporting volunteers and optimizing their contributions. Nearly three-quarters (73%) of State Ombudsmen reported that recruiting and supporting volunteers is a challenge that their programs face, emphasizing the need for adequate resources to ensure that this segment of the program's workforce is well-trained and effective. Without these resources, the cost of training and managing volunteers can outweigh their benefits, particularly if programs lack staff for volunteer supervision and/or administration.

    d. State and local Ombudsmen cultivate relationships with a wide range of entities to support individual and systems advocacy activities, particularly when program resources are limited. These partnerships are valuable for addressing residents' needs and providing the necessary "teeth" to address certain types of complaints.

5.1.7. Factors that Facilitate Meeting Program Mandates

2. When programmatic resources are adequate, State Ombudsmen reported the ability to be proactive rather than reactive in their advocacy efforts.
    a. At the individual level, for example, one State Ombudsman reported that the ability to maintain a routine presence in facilities enabled Ombudsmen to expedite residents' relocation when a facility closed because they were already familiar with residents' preferences. Other State Ombudsmen reported that regular Ombudsman visitation to facilities empowered residents to speak up on their own behalf as well as encouraged facility staff to reach out to Ombudsmen about resident concerns before issues rise to the level of a complaint.
    b. At the systems level, one State Ombudsman reported that time spent cultivating a broad base of stakeholder support facilitated the program's ability to marshal partners for various proposed legislation.
    c. With respect to legal resources, one State Ombudsmen reported having access to independent legal counsel supports their program's ability to fulfill mandated functions.
3. State Ombudsmen reported that staff and volunteers are among the LTCOP's most valuable resources. A majority of Ombudsmen join the program because of its mission (75% of State Ombudsmen, 63% of local Ombudsmen, and 55% of volunteers). Despite resource constraints and low salaries that are often inconsistent with Ombudsmen's responsibilities, staff motivation and dedication are viewed as the driving force behind program operations.
    a. In FFY 2017, volunteer Ombudsmen contributed 591,363 hours of service to Ombudsman programs. The Independent Sector estimated the value of volunteer time for that year at $24.69/hour,[13] suggesting that volunteers provide over $14.6 million in labor assets to Ombudsman programs.
    b. Former Ombudsmen who continue to work in the aging network and long-term care community are also critical supports to Ombudsman programs. Staff who take positions with organizations that interact with Ombudsman programs help facilitate understanding and communication with these entities.
4. State Ombudsmen reported that the independence vested in the program is a key strength. However, several factors prevent some programs from exercising this authority. Reasons included issues concerning organizational placement (e.g., organizational conflicts of interest, ability to engage in systems advocacy) as well as misunderstandings related to the Ombudsman program's autonomy.
5. Stakeholders and State Ombudsmen reported that the program's reputation for providing credible information about resident concerns and conditions in long-term care facilities supports the willingness of other entities to work with Ombudsmen. Because the Ombudsman program is the only OAA program that has direct, unimpeded access to residents and has the authority to represent residents, other entities actively seek Ombudsmen's perspectives and view them as an important independent resource.
6. State, local, and volunteer Ombudsmen reported that ongoing relationships and regular communication with residents, facility staff, and coordinating entities are critical to the program's success.

[13] https://independentsector.org/news-post/value-of-volunteer-time-release/

5.2. Introduction

The Older Americans Act (OAA) delineates several responsibilities for the Long-Term Care Ombudsman program (LTCOP, or Ombudsman program). State Ombudsmen or their designated representatives of the Office (i.e. local and volunteer Ombudsmen) are required to:

- **Handle complaints:** "Identify, investigate, and resolve complaints that are made by, or on behalf of, residents…" and that relate to action, inaction, or decisions of providers or public agencies, that may "adversely affect the health, safety, welfare, or rights of the residents." [Section 712(a)(3)(A)]
- **Protect resident health, safety, welfare, and rights:** "Provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents." [Section 712(a)(3)(B)]
- **Provide information about long-term services and supports (LTSS):** "Inform the residents about means of obtaining services" provided by LTSS providers, public agencies, or health and social service agencies." [Section 712(3)(C)]
- **Ensure access to the LTCOP:** "Ensure that the residents have regular, timely, private, and unimpeded access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints." [Section 712(a)(3)(D)]
- **Advocate for residents:** "Represent the interests of the residents before governmental agencies, and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents." [Section 712(a)(3)(E)]
- **Monitor and advocate for changes to laws, regulations, and policies:** "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, with respect to the adequacy of long-term care facilities and services in the State; recommend any changes in such laws, regulations, policies and actions as the [State] Office determines to be appropriate; and facilitate public comment on the laws, regulations, policies, and actions." [Section 712(a)(3)(G)]
- **Support citizen organizations:** "Promote the development of citizen organizations, to participate in the program." [Section 712(3)(H)(ii]
- **Support resident and family councils:** "Provide technical support for, actively encourage, and assist in the development of resident and family councils to protect the well-being and rights of residents." [Section 712(3)(H)(iii)]

The 2016 OAA reauthorization outlined several important changes to the Ombudsman program, including:

- Authorizing the program to expand service to younger residents of long-term care facilities and residents who are transitioning to in-home settings;
- Strengthening the ability of Ombudsman program staff to access residents and their health information;
- Clarifying the State Ombudsman's responsibility for leadership and management of the Office, including fiscal management;

- Introducing additional steps to report and limit both individual and organizational conflicts of interest;
- Enhancing Ombudsman program activities such as handling complaints on behalf of individuals who are unable to communicate their wishes and assisting in the development of resident and family councils, and
- Requiring certain types of training for all State Ombudsmen.

The Long-Term Care Ombudsman Programs Final Rule (Final Rule) clarified several OAA provisions regarding Ombudsman program functions. These included guidance on fiscal management, systems advocacy policies and procedures, systems advocacy leadership and coordination, the provision of information about Ombudsman services, raising awareness about resident concerns, and complaint handling and processing (for additional detail, see Appendix B).

To carry out these programmatic mandates, the Ombudsman program draws on a variety of resources, including legislation, regulations, funding, staffing (paid and volunteer), legal counsel, partnerships, peer-to-peer support, training and technical assistance, data systems, and information technology (IT).

This chapter focuses on how Ombudsman programs use fiscal, staffing, and legal resources to fulfill responsibilities described in the OAA and Final Rule. A discussion of other resources can be found elsewhere in this report. Chapter 6 describes findings on partnerships or entities with which the program coordinates. Chapter 7 presents findings related to training and technical assistance (at the state and local level), peer-to-peer support, data systems, and IT.

This chapter begins with a description of the Ombudsman program's fiscal, staffing, and legal resources, and the adequacy of those resources. It then explores the program's main activities, strategies to address resource constraints, and the strengths of Ombudsman programs.

5.3. Findings

5.3.1. Program Resources

Fiscal Resources

Ombudsman programs are funded by multiple sources at the federal, state, and local levels. These include:

- **Federal OAA Title III, Grants for State and Community Programs on Aging** – States receive funding based on their older adult (60 years of age or older) population [Section 304(a)(1)].
- **Federal OAA Title VII funds, Allotments for Vulnerable Elder Rights Protection Activities** – The Ombudsman program is authorized under Chapter 2 of Title VII, and each state receives an annual allocation based on its population of older individuals as a proportion of older individuals in all states [Section 703(a)(1)]. The OAA requires that funds allocated to each state Ombudsman Program cannot be less than the amount allotted under Title III to each state in FY 2000 [Section 703(a)(2)(C)].
- **State funds –** State funds allocated to the Ombudsman program vary by state government.
- **Local funds –** Local funds allocated to the Ombudsman program vary by local government.

According to NORS data, Ombudsman program expenditures from all sources totaled $106.7 million in FFY 2017. As shown in Exhibit 18, federal, state, and local funding accounted for 50%, 43%, and seven percent, respectively, of program expenditures.

Exhibit 18: Statewide Program Funds Expended ($ in millions)

Source	2017 $ in millions	2017 % of total
Federal Funds	$53.8	50%
Title VII, OAA	$17.1	16%
Title III, OAA	$30.9	29%
Other Federal Funds	$5.8	5%
State Funds	$45.7	43%
Local Funds	$7.2	7%
Total	$106.7	100%

Source: NORS, FFY 2017

Exhibit 19 presents data on program expenditures per state in FFY 2017. Given states' discretion in funding their Ombudsman programs, state contributions vary considerably, ranging from zero percent to 83% of total program expenditures (see Table B in Appendix E for state-level data). State Ombudsman programs may also receive additional sources of funding that are not reflected in NORS data. These sources include state and local funds for activities other than those authorized under the OAA, such as work related to in-home care.[14]

Half of all programs expended less than $647,000 in federal funding, less than $607,000 in state funding, and less than $33,000 in local funding. Total expenditures per state ranged from $11 per long-term care facility bed to $188 per long-term care facility bed. Federal expenditures also varied considerably across states, from $6 to $92 per long-term care facility bed.

Exhibit 19: Minimum, Maximum, and Average Program Expenditures per State*

Funding Source	Range ($ in thousands)	Median ($ in thousands)	Mean ($ in thousands)	Range of funds per LTC facility bed	Average funds per LTC facility bed
Federal funds	$134 - $6,042	$647	$1,034	$6 - $92	$23
State funds	$0 - $5,992	$607	$878	$0.50 - $120	$20
State funds as % of total funds	0 - 83%	44%	40%	0 - 83%	40%
Local funds	$0 - $2,261	$33	$139	$0 - $18	$2
Total funds	$177 - $12,790	$1,332	$2,052	$11 - $188	$46

* This table on state level expenditures includes 50 states, DC, and Puerto Rico; **older adult defined as 60 years of age or older
Source: NORS, 2017; American Community Survey, 2017

[14] Instructions for Completing the State Long Term Care Ombudsman Program Reporting Form for the National Ombudsman Reporting System (NORS). OMB NO: 0985-0005. Expiration date: 01/31/2019.

As shown in Exhibit 20, 36% of State Ombudsmen and 47% of lead local Ombudsmen reported that their Office of the State Long-Term Care Ombudsman (Office of the SLTCO) or local Ombudsman entity secures additional financial resources beyond federal and state allocations. Outside of grants, much of the state, local and other support comes from Ombudsmen's host agencies. These funding sources and in-kind contributions included:

- Grants from government agencies, foundations, nonprofits, or private entities, including funds from civil monetary penalties (CMP), Victims of Crime Act (VOCA), Violence Against Women Program, Medicaid administrative claims, community development block grants, and Money Follows the Person (MFP);
- Provider fees such as nursing home quality of care fees (often called a "bed tax");
- County or city funding;
- Donations, including those received from the establishment of 501(c)(3) nonprofit organizations;
- Monetary support from state and local host agencies, including fundraising events held by host agencies;
- In-kind contributions from state and local host agencies, including staffing (such as administrative support), volunteer hours, IT, fiscal accounting, human resources, *pro bono* legal assistance, supplies, and office space.

State and lead local Ombudsmen reported that these supplemental funds support general program operations or they are earmarked for specific staff roles (e.g., local Ombudsman positions) or activities (e.g., volunteer and educational programs or the development of resident and family councils).

Exhibit 20: State Offices and Local Ombudsman Entities that Secure Additional Financial Resources

Secure Additional Financial Resources Beyond Federal and State Funds Allocated	State Ombudsmen N=44[a]	Lead Local Ombudsmen N=158[b]
Yes	36%	47%
No	64%	53%

[a] Missing=1, Not applicable=7 (The Office or local program does not have the ability to secure additional financial resources or in-kind contributions.)

[b] Missing=3, Not applicable=28 (The Office or local program does not have the ability to secure additional financial resources or in-kind contributions.)

Overall, funding sources vary widely across Ombudsman programs. Whereas state funds account for at least half of total program expenditures for 16 Ombudsman programs, five programs relied almost entirely on federal funds to support program operations (these programs reported that state funds represented less than 10% of total funds). Finally, 23 programs reported securing no local funds.

Program Staff and Volunteers

Ombudsman programs are supported by a variety of staff, including the SUA Director, State Ombudsmen, representatives of the Office (local and volunteer Ombudsmen), legal counsel, administrative staff, and IT personnel, among others. This study focuses on the experiences of State Ombudsmen and their designated representatives of the Office. Designated representatives of the Office refer to staff that perform the duties of the Office. Although the OAA and Final Rule only refer to the State Ombudsman as

the “Ombudsman,” many program staff and volunteers use the term Ombudsman in practice (rather than “representatives of the Office”). For this reason, in this report we refer to both the State Ombudsman and representatives of the Offices as Ombudsmen in this study, the latter distinguished by whether they are local Ombudsmen or volunteer Ombudsmen.

Within the Ombudsman role, there is considerable variation within and across states and territories in position titles and responsibilities. For example, some programs have Deputy State Ombudsmen or Regional Ombudsmen who perform functions that are similar to the State Ombudsman, such as oversight of local staff and systems advocacy. Other programs have volunteer coordinators at the state and/or local levels who focus on volunteer administration and management, including volunteer recruitment, training, and supervision. Volunteer coordinators may also be responsible for visits to long-term care facilities. Ombudsmen may specialize in a specific functional area or type of complaint, such as relocation, managed care, discharge/transfer, assisted living facilities, home care, or residents who are veterans. In this study, any staff person with Ombudsman responsibilities was eligible for data collection. Although the study could not tailor surveys that captured the full heterogeneity of the Ombudsman role, a key distinction was made among Ombudsmen – those with managerial responsibilities (“lead local Ombudsmen”) and those without managerial responsibilities (“local Ombudsmen”). For a small subset of questions, lead local Ombudsmen were asked several questions about the local Ombudsman entity they oversaw, while local Ombudsmen were asked about their experiences with specific activities. All other questions were identical for both groups of local Ombudsmen.

Staff terminology is also related to programs’ organizational structure. As described in Chapter 4, Ombudsman programs are characterized by a centralized or decentralized structure. In a centralized structure, all program staff and volunteers are “state-level staff” because they are employees of the agency housing the Office of the SLTCO, even if they are assigned to a regional office. In a decentralized structure, the Office of the SLTCO is housed in a state agency or contracted entity, but local Ombudsmen are employed by another organization that is contracted by the State Ombudsman and designated as a local Ombudsman entity. In decentralized programs, staff located in the State Office are considered “state-level” while staff located in local Ombudsman entities are considered “local-level.” In this study, we refer to all “state-level staff” other than the State Ombudsman as local or volunteer Ombudsmen.

According to NORS data, staff and volunteer resources varied widely across state Ombudsman programs in FFY 2017 (Exhibit 21; see also Table C in Appendix E for state-level data).

- In FFY 2017, the average number of paid staff FTEs in each state LTCOP was 25, with a range of two to 156. Twelve states had only one paid staff FTE in the State Office (i.e. the State Ombudsman).
- Across programs, the ratio of FTEs to facility beds covered by the program was 1:2,355, ranging from the lowest ratio of 1:594 in Washington, DC to the highest ratio of 1:6,814 in Minnesota.
    - During the Ombudsman program’s last evaluation in 1995, the IOM recommended a minimum FTE Ombudsman to bed ratio of 1:2,000 beds. Although this ratio has not been updated to reflect growth in board and care homes, the increasing complexity of complaints, or the geographic distance between facilities, this ratio remains an important benchmark for assessing Ombudsman program capacity. It is important to emphasize that the ratio reported here is an overestimation because NORS does not distinguish between Ombudsmen and other program staff. Even with this overestimation, however, the average paid staff FTE to bed ratio of 1:2,355 still falls short of the IOM’s 1995 recommendation.

- Our analysis of NORS FFY 2017 data found that lower paid FTE staff to facility ratios are correlated with higher percentages of facilities being visited at least quarterly (r=-.49, p<.001).
- In FFY 2017, the number of volunteers ranged from zero to 948 across all programs, with an average of 147 among programs that use volunteers (the average is 127 across all programs). Seven states/territories reported no certified[15] volunteer Ombudsmen (Alabama, Mississippi, Montana, Puerto Rico, South Dakota, West Virginia, and Wyoming).[16]
- Although the program has large numbers of volunteers, paid staff contribute more time to the program. In FFY 2017, there were 1,319 paid full-time equivalents (FTEs), and these FTEs translated to 2.7 million staff hours throughout the year. This is more than four times the number of hours donated by volunteer Ombudsmen.

Exhibit 21: FFY 2017 Ombudsman Staff and Volunteers[a]

Staff Levels	Paid Staff FTEs	Full Time Staff #	Paid Staff Hours[b]	Paid Clerical Staff FTEs	Certified Volunteer Ombudsmen # of people	Certified Volunteer Ombudsman hours
State level staff	206	192	427,461	28	519	55,062
Regional/ Local level staff	1,114	857	2,316,517	40	6,106	536,301
Total – All staff	1,319	1,049	2,743,978	68	6,625	591,363
Average Per State (mean)	25	20	52,769	1	127[c]	11,372
State Minimum	2	1	10,400	0	0	0
State Maximum	156	102	324,480	16	948	98,518

[a] This includes all 50 states, D.C., and Puerto Rico.

[b] Calculated assuming 2,080 hours annually per FTE

[c] Among programs that use volunteers, the average number is 147.

Note: Staff and volunteer data are provided as a snapshot of actual staffing at the end of the federal fiscal year. Staff and volunteer hours are estimated for the entire federal fiscal year.

Source: NORS, 2017

Motivations for Joining the Ombudsman Program

As shown in Exhibit 22, most Ombudsmen join the program because of its mission (75% of State Ombudsmen, 63% of local Ombudsmen, and 55% of volunteers). Personal fulfillment was reported as another key reason for serving the program.

[15] With respect to volunteer Ombudsmen, NORS uses the term “certified” rather than “designated”.

[16] Montana, Alabama, and Puerto Rico reporting having “other volunteers.”

Exhibit 22: Motivation to Work for the LTCOP

Motivation to Work for LTCOP	State Ombudsmen N=52	Local Ombudsmen N=492[a]	Volunteer Ombudsmen N=703[b]
Personal fulfillment (e.g. enjoyment in helping others)	65%	65%	68%
Interest in the program's mission	75%	63%	55%
Career development	48%	40%	6%
Family/friends received long-term services and supports	15%	15%	27%
Personal experience with the program	23%	15%	8%
Other	21%	11%	16%

[a] Missing=5; [b] Missing=8

As advocates for long-term care facility residents, the skills, knowledge, and commitment that are required of Ombudsmen can be very demanding. Ombudsmen and representatives of the Office must be familiar not only with resident rights and available resources on topics as diverse as eligibility for services and power of attorney, but they must also have a working knowledge of a broad range of state and federal regulations that govern long-term care settings. In addition, to fully represent resident interests, Ombudsmen must be able to problem-solve, and navigate delicate or challenging relationships with facility staff, other agencies that may be involved in a complaint, as well as family members. Facility visits also expose Ombudsmen to a wide range of difficult experiences, such as cases of abuse and neglect.

State Ombudsmen reported that the challenges of the Ombudsman role, as well as resource constraints and low salaries that are often inconsistent with Ombudsmen's responsibilities, often lead to staff turnover. Stakeholders and State Ombudsmen reported that committed staff and volunteers who remain with the program despite these challenges are among the program's most valuable resources. As shown in Exhibit 23, Ombudsmen's average tenure with the program is about six years. However, tenure varied widely, with some respondents being recent hires while others served the program for over 27 years.

Exhibit 23: Staff Tenure with Ombudsman Program

Length of Time Working for LTCOP	State Ombudsmen N=52	Local Ombudsmen N=495[a]	Volunteer Ombudsmen N=701[b]
Mean number of years	6.6	5.9	5.9
Range	<1 year – 27 years	<1 year – 34 years	<1 year – 32 years

[a] Missing=2; [b] Missing=10

Prior to assuming their current roles, almost one-fifth of local Ombudsmen previously held a position with the Ombudsman program (Exhibit 24). Notably, former Ombudsmen who move on to roles in the aging network and long-term care community also continue to support Ombudsman programs. State Ombudsmen reported that staff who take positions with organizations that interact with Ombudsman programs help facilitate understanding and communication with these entities.

Exhibit 24: Held Previous Positions in the LTCOP

Held previous position(s) in LTCOP	Local Ombudsmen N = 494[a]
Yes	18%
No	82%

[a] Missing=3

State Ombudsmen

Each LTCOP has a State Ombudsman who heads the Office and is responsible to personally, or through representatives of the Office, fulfill the functions, responsibilities and duties of the OAA and the Final Rule.

- The OAA states, "The Office shall be headed by an individual, to be known as the State Long-Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy." [Section 712(a)(2)]
- The Final Rule adds: "The Ombudsman, as head of the Office, shall have responsibility for the leadership and management of the Office in coordination with the State agency, and, where applicable, any other agency carrying out the Ombudsman program…" [45 CFR § 1324.13]

According to the OAA and Final Rule, State Ombudsmen have the following key functions and responsibilities:

- Serve on a full-time basis and personally or through representatives of the Office conduct required LTCOP functions such as investigating complaints, and carrying out systems advocacy [Section 712(a)]
- Be the head of a unified statewide program and establish or recommend policies, procedures, and standards for administration of the LTCOP; and require local Ombudsmen to fulfill the duties described in the Final Rule [45 CFR § 1324.13(b)]
- Designate and de-designate local Ombudsman entities and local Ombudsmen, and monitor their performance [45 CFR § 1324.13(c)]
- Establish training requirements [45 CFR § 1324.13(c)(2)]
- Perform fiscal management [45 CFR § 1324.13(f)]
- Lead state-level coordination, and support appropriate local Ombudsman entity coordination between the Ombudsman program and other relevant entities [45 CFR § 1324.13(h)]

Staff Management

As outlined in the OAA and the Final Rule, State Ombudsmen designate and provide programmatic oversight for all local Ombudsmen and volunteers. However, there are important distinctions in management responsibilities that relate to Ombudsman programs' structure. For Ombudsman programs that are characterized by a centralized structure, the State Ombudsman directly manages program staff, regardless of the staff's physical location (e.g., the central State Office, or elsewhere in the state). In a decentralized structure, the State Ombudsman has programmatic responsibilities for local Ombudsmen while the local Ombudsman entity has responsibility for personnel management.

Fiscal Management

According to the Final Rule, State Ombudsmen are required to manage state-level resources and approve allocations to local Ombudsman entities. The regulation states:

> *Fiscal management. "*The Ombudsman shall determine the use of the fiscal resources appropriated or otherwise available for the operation of the Office. Where local Ombudsman entities are designated, the Ombudsman shall approve the allocations of Federal and State funds provided to such entities, subject to applicable Federal and State laws and policies. The Ombudsman shall determine that program budgets and expenditures of the Office and local Ombudsman entities are consistent with laws, policies and procedures governing the Ombudsman program." [45 CFR § 1324.13 (f)]

Despite this guidance, State Ombudsman reported barriers to fulfilling these fiscal responsibilities:

- A little over half (52%) of State Ombudsmen reported that they are able to determine the use of fiscal resources to operate the Ombudsman program at the state level. Forty percent reported that they are only partially able to fulfill this task, and eight percent reported not having the ability to fulfill this task (Exhibit 25).
- Forty-five percent of State Ombudsmen who oversee local Ombudsman entities reported that they do not approve allocations of federal and state funds to their local Ombudsman entities (Exhibit 26).

Exhibit 25: State Ombudsman Ability to Determine use of Resources to Operate the Ombudsman Program at the State Level

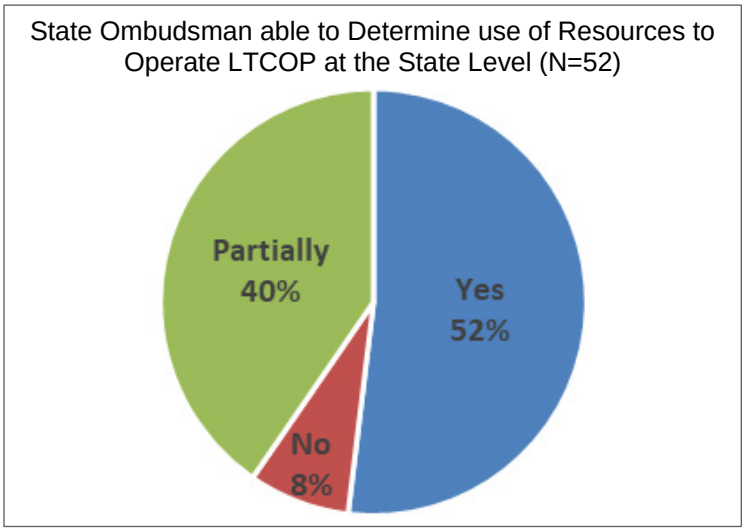
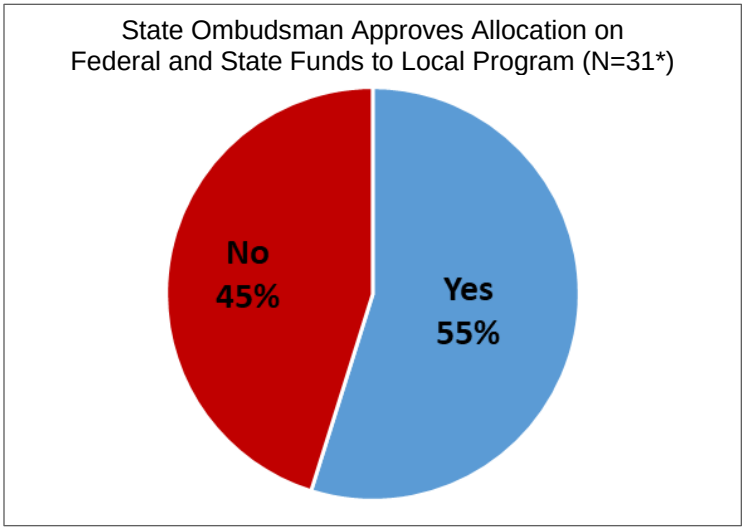


Exhibit 26: Ability of State Ombudsmen with Decentralized Programs to Approve Allocation of Federal and State Funds to Local Programs



**Missing=1, Not applicable=20

Some State Ombudsmen reported difficulty managing their fiscal responsibilities due to lack of expertise, experience, and access to budget information. For one State Ombudsman, taking on this responsibility has been like "walking into a foreign country" due to lack of accounting expertise and the complexity of the program's funding sources. Another State Ombudsman's lack of historical involvement in fiscal management as well as confusion over the Final Rule's requirement made it difficult to understand the state LTCOP budget and whether local Ombudsman entity budgets housed in AAAs required State Ombudsman approval. A State Ombudsman whose program is decentralized reported challenges in having responsibility for fiscal management when detailed final operational budgets for local Ombudsman entities are not provided by AAAs or their subcontracted entities. The State Ombudsman added that budget monitoring will also be difficult because of time constraints.

Local Ombudsmen Staff

Across all Ombudsman programs, there are 1,319 FTEs, 1,114 of whom are considered "regional/local level staff" (Exhibit 21). Some of the 206 "state-level" staff are employees of the agency housing the Office of the SLTCO and are assigned to a region of the state. These staff were considered "local Ombudsmen" in our data collection protocol.

As shown in Exhibit 27, 80% of local Ombudsmen worked full-time for the Ombudsman program. In addition, 11% of Ombudsmen reported sharing their time with another program or entity. Among respondents in the latter group, local Ombudsmen dedicated an average of 74% of their time to the Ombudsman program.

Exhibit 27: Time Dedicated to the LTCOP

Time Dedicated to the LTCOP	Local Ombudsmen
Work full-time or part-time for the LTCOP	N = 488[a]
Full-time	80%
Part-time	20%
Share time with another program or entity	N = 494[b]
Yes	11%

[a] Missing=9; [b] Missing=3

Exhibit 28 shows management functions performed by local Ombudsmen. The most commonly reported functions were data collection (92%), data management (73%), staff training (72%), and developing partnerships (57%).

Exhibit 28: Management Functions Performed by Local Ombudsmen

Management Functions	Local Ombudsmen N=444[a]
Data collection, including documenting activities and cases/complaints.	92%
Data management, including entry, quality control, reporting, etc.	73%
Providing staff training	72%
Developing partnerships	57%
Analysis of trends and sharing findings, such as with the Office of the State LTCO or sharing of facility information with surveyors prior to survey, etc.	55%
Program administration	46%
Other (please specify)	16%

[a] Missing=10, Not applicable=43 (I do not have any management responsibilities.)

Exhibit 29 shows that most local Ombudsmen visit nursing homes (89%), investigate complaints (88%), and visit board and care homes (76%). In addition, 40% of local Ombudsmen perform systems advocacy work.

Exhibit 29: Activities Performed by Local Ombudsmen

Program Activity	Local Ombudsmen	N
Personally visit nursing homes	89%	497
Investigate or assist with complaints	88%	493[a]
Personally visit board and care homes	76%	497
Perform systems advocacy work	40%	488 [b]

[a] Missing=4; [b] Missing=9

Volunteers

Ombudsman programs' use of volunteers differs by state law and policy, as well as programmatic need or the program's ability to recruit volunteers.[17] States also differ in the number of volunteers that support their programs. According to NORS data, 49 of the 53 programs reported using volunteers in FFY 2017.[18] The number of volunteers ranged from zero to 948 across all programs, with an average of 147 among programs that use volunteers. It should be noted that within a state or territory, volunteers are not necessarily evenly distributed, with the presence and number of volunteers varying considerably across and within Ombudsman programs, some of which may have no volunteers.

Volunteer Roles. Volunteers are primarily responsible for making visits to long-term care facilities. A notable exception is volunteers who perform clerical tasks. Among volunteers who visit facilities, there are important differences with respect to complaint handling. Some volunteers may only make "friendly" visits to residents and refer complaints brought to their attention to paid Ombudsmen staff. Other volunteers may be trained and designated to serve as Ombudsmen, a role that involves complaint handling. The latter group can be divided into volunteer Ombudsmen who handle only certain types of complaints and those who are trained to handle all types of complaints. Programs may use their volunteers in any combination of these capacities. Of the 8,810 volunteers who supported the program in FFY 2017, 6,625 (75%) were designated volunteer Ombudsmen.[19] Importantly, the Final Rule clarifies that the State Ombudsman must prohibit any representative of the Office from carrying out the duties of the Office unless they have been trained and approved by the Ombudsman as qualified to carry out the activity on behalf of the Office. At the time this report was prepared, State Ombudsmen with programs that use volunteers who are not designated (sometimes referred to as "friendly visitors") reported being in the process of transitioning these volunteers into designated representatives of the Office with the expectation of fulfilling those duties.

Although volunteers' main focus is individual advocacy and education/outreach, Exhibit 30 highlights the range of activities that they perform. Nearly all volunteers (97%) in our sample conducted routine facility visits, and 86% investigated and resolved complaints raised by, or on behalf of, residents. More than two-thirds also carry out education and outreach activities such as distributing program brochures, providing information and consultation to consumers, and distributing information, resources, and support to resident councils. In addition, smaller numbers of volunteers reported performing systems advocacy work such as monitoring laws, regulations, and policies (13%), and working with the media (3%).

[17] At the time of this survey, some state regulations prohibited volunteers from conducting complaint investigations. ACL addressed this issue as part of the implementation of the Final Rule.
[18] The Mississippi, South Dakota, West Virginia, and Wyoming programs reported no volunteers.
[19] Seven states (Alabama, Mississippi, Montana, Puerto Rico, South Dakota, West Virginia, and Wyoming) reported having no designated volunteer Ombudsmen. The Alabama, Montana, and Puerto Rico programs reported having "other volunteers."

Exhibit 30: Activities Performed By Volunteer Ombudsmen

Activities Performed by Volunteer Ombudsmen	N=711
Make visits (not in response to a complaint) to residents of long-term care facilities	97%
Investigate and resolve complaints raised by, or on behalf of, residents	86%
Distribute program brochures, letters to introduce myself, ensure that program contact information is prominently posted	69%
Provide information, resources, and support to resident councils	68%
Provide information and consultation to consumers (residents, families, the general public)	65%
Collect, manage, and/or report data about my case work and/or activities	57%
Provide consultations to facility staff	39%
Participate as a resident advocate in facility licensure surveys	32%
Provide information, resources, and support to family councils	28%
Provide training to other volunteers	24%
Provide community education	22%
Monitor/work on laws, regulations, government policies and actions	13%
Provide training to facility staff	12%
Work with media on issues impacting residents of long-term care facilities	3%
Other (please specify)	8%

Challenges in Management and Recruitment. State Ombudsmen have long recognized the value of volunteer contributions, but they also emphasize the need for adequate resources to ensure that they are well-trained and effective. Nearly three-quarters (73%) of State Ombudsmen reported that recruiting and supporting volunteers is a challenge that their programs face. Without adequate resources to ensure that this segment of the program's workforce is well-trained and effective, however, the cost of training and managing volunteers can outweigh their benefits, particularly when programs lack staff for volunteer supervision or if they have insufficient funds for volunteer administration. In 2017, only 16 State Ombudsmen reported having a full- or part-time volunteer coordinator at the state or local level.[20] More than two-thirds of programs lacked dedicated staff to recruit, oversee, and provide training and support to volunteers. State Ombudsmen frequently expressed an urgent need for a coordinator to not only help grow their volunteer programs, but also to free up staff time to conduct facility visits. Absent staff dedicated to volunteer management, programs must rely on paid Ombudsman staff to recruit and supervise volunteers, tasks that are added to their other responsibilities. Given competing priorities as well as time and resource constraints, State Ombudsmen reported that some programs often struggle to identify and retain volunteers who are a good fit for the Ombudsman role.

Insufficient funds also prevent State Ombudsmen from developing their volunteer programs. For example, lack of financial resources limits programs' ability to advertise volunteer opportunities. One State Ombudsman reported that volunteers do not have access to the program's complaint management

[20] LTCOP Management Highlights 2017

system. This operational challenge was linked to the cost of data licenses, ultimately requiring paid staff to enter reporting data for volunteers, at the expense of not visiting long-term care facilities.

Resource constraints may also render programs unable to provide travel reimbursement to volunteers, even though visits to some facilities involve long travel times, especially in states with large rural areas. Given that many volunteers are older and retired, the need to cover their own travel expenses can be financially burdensome, and it may contribute to volunteer attrition. Lack of funds has also resulted in some programs being forced to reduce or forgo volunteer training or recognition events. State Ombudsmen reported paying for volunteer recognition events out of pocket, although program funds were used in the past. Some Ombudsmen also reported that the cost of volunteer luncheons or other tokens of appreciation may also be paid out of pocket.

Difficulties recruiting volunteers are especially challenging among programs that cover rural regions. Not only do these areas have smaller pools of potential volunteers, but even when volunteers express interest, it can be challenging to incentivize them to travel long distances to remote areas of the state. One State Ombudsman noted the difficulty in recruiting volunteers if program staff do not reside in the community and are viewed as outsiders, particularly in smaller communities. Onboarding volunteers can also be time consuming and inefficient for all programs. These challenges, however, are especially pronounced if only one volunteer is joining the program at a given time, requiring both staff and the prospective volunteer to travel long distances for training. Moreover, in small communities, many residents know one another. Under these circumstances, identifying volunteers who are free of conflicts of interest that would arise through personal relationships with family members or friends who reside or work at facilities to which the volunteer are assigned can be especially challenging.

Legal Counsel

Amendments to the OAA as well as publication of the Final Rule outlined requirements concerning the Ombudsman program's provision of legal counsel and representation. Section 712(g) of the OAA requires that the state or territorial unit on aging (SUA) ensure that adequate legal counsel is available and able, without conflict of interest (COI), to provide advice and consultation that is needed to protect the health, safety, welfare, and rights of residents and assist the Ombudsman program in performing its official duties. The SUA must also ensure that legal representation is provided to the Office if a suit or other legal action is brought or threatened to be brought in connection with the Ombudsman's performance of their official duties.

The Final Rule clarified requirements concerning the scope and characteristics of legal counsel, stating that the SUA must ensure that provision of legal counsel to the Ombudsman program is "adequate, available, has competencies relevant to the legal needs of the program and of residents, and is without conflict of interest" [45 CFR § 1324.15(j)(1)(i)]. In the event of COI, the Final Rule specifies that "legal counsel may be provided by one or more entities, depending on the nature of the competencies and services needed and as necessary to avoid conflicts of interest. However, at a minimum, the Office shall have access to an attorney knowledgeable about the Federal and State laws protecting the rights of residents and governing long term care facilities" [45 CFR § 1324.15(j)(2)].

Ombudsman Program Legal Counsel

As shown in Exhibit 31, Ombudsman programs draw on multiple sources of legal support to address program needs and representation. Sixty-four percent of State Ombudsmen reported accessing legal counsel from more than one entity.

More than half of State Ombudsmen reported that their State's Office of the Attorney General (AG) is among the legal resources that is available to them. Twenty-three Ombudsman programs that are housed in state agencies are assigned attorneys within the state agency. These programs frequently also have access to the Office of the AG. One fifth of Ombudsman programs have in-house counsel or legal support that is provided by a nonprofit host agency. A small number of programs reported access to legal counsel through private attorneys that work under contract or who provide *pro bono* services.

Among State Ombudsmen who reported other sources of legal support, these sources included attorneys that serve on the program's board of directors, public interest organizations (such as disability law centers and the Elder Law Project), the Bar Association, and coalitions and task forces that focus on law and elder rights.

Exhibit 31: Sources of Legal Counsel

Legal Counsel	SLTCOPs
Office of the Attorney General	30
State Agency Attorney	23
In-house/Host Agency Attorney (non-government)	11
Private Attorney under Contract	5
Pro Bono Attorney	5
Other	15

State Ombudsmen reported working with between one and four legal entities at the state level to address diverse programmatic needs and potential COI. A small number of programs reported setting aside funds to secure an attorney outside of their main sources of legal counsel should these needs arise. In other programs, legal supports are directed at specific functional areas. For example, an Ombudsman program may only access legal counsel provided by state agencies for representation in litigation or for development of contracts and MOUs, but seek external counsel experienced in long-term care for programmatic issues related to individual and systems advocacy. The latter may be private attorneys under contract or *pro bono* attorneys if the program has insufficient resources. A program may also retain independent counsel when a COI arises that cannot be addressed with a program's existing legal counsel.

Similar to findings at the state level, legal support for local Ombudsman entities is also varied, and local supports may be the same or different from those that are available at the state level. State Ombudsmen reported that local program staff typically seek support from legal aid, legal service providers, private attorneys under contract or working *pro bono*, public interest organizations, advocacy groups, and county attorneys. Although the Office of the AG is available to some local Ombudsman entities (in coordination with the State Ombudsman), compared to the state level, there is less reliance on the Office of the AG at the local level.

Sources of legal support can also vary across local Ombudsman entities within a state, often depending on the host agency that houses the local Ombudsman entity. For example, legal services agencies that house local Ombudsman entities typically provide legal support to Ombudsmen. Local Ombudsman entities that are hosted by other types of agencies, such as Area Agencies on Aging (AAAs), may also secure legal assistance by contracting out the service.

In addition to their primary sources of legal support, State Ombudsmen reported coordinating with their State legal assistance developers and legal assistance providers/legal aid. These sources of legal assistance are described in Chapter 6, along with other entities with which programs coordinate.

Scope of Legal Assistance

Ombudsman programs use legal support to address the program's individual and systems advocacy activities as well as broader programmatic needs (Exhibit 32). A majority of State Ombudsmen reported that the scope of their legal assistance includes responding to requests for information, such as in response to a subpoena or FOIA request (79%), providing representation in the event of a lawsuit (73%), providing consultation on complaints against State or local Ombudsmen (71%), and legal issues related to resident complaints (69%). In addition, a little over half of State Ombudsmen (54%) reported that legal assistance is available to consult on whatever issue arises. Although making improvements to the long-term care system is a key responsibility of the Ombudsman program, less than half (40%) of State Ombudsmen reported that legislative and regulatory advocacy is within the scope of their legal assistance.

In addition to the legal activities shown in Exhibit 32, 17% of State Ombudsmen described "other" support provided by legal counsel. These activities included assistance with meeting regulatory requirements (such as the Final Rule), ensuring consistency among administrative rules, and participating in elder coalitions.

Exhibit 32: Scope of Legal Assistance Available to the Office of the SLTCO

Scope of Legal Assistance Available to the Office of the SLTCO	State Ombudsmen N=52
Requests for information (e.g. response to a subpoena, FOIA request)	79%
Representation in the event of a lawsuit	73%
Consultation on complaints against State/local Ombudsmen	71%
Consultation on legal issues related to complaints (e.g. public benefits, guardianships)	69%
Whatever issue I need to consult about	54%
Administrative appeals	42%
Legislative or regulatory advocacy	40%
Represent individual residents in legal matters	25%
Civil remedies (e.g. injunctions)	23%
Other	17%
Don't know	2%

Required Characteristics of Legal Counsel

The Final Rule specifies that legal counsel made available to the Ombudsman program should be "adequate, available, has competencies relevant to the legal needs of the program and of residents, and is without conflict of interest" [45 CFR § 1324.15(j)(1)(i)]. The extent to which the Ombudsman program's legal counsel meets these requirements is described below.

Knowledge of Legal Counsel. Although most State Ombudsmen who use their Office's assigned legal counsel reported that they are knowledgeable about the Ombudsman program's issues and/or long-term

care (LTC) issues, 14% of State Ombudsmen reported not having legal counsel that is familiar with either topic (Exhibit 33). State Ombudsmen reported that the areas of expertise of their assigned counsel may be less relevant to program needs, such as consumer protection. In addition, lack of familiarity with elder rights may result in legal counsel that is unable to adequately protect and promote resident rights. When a program's assigned legal counsel is not familiar with long-term care issues or the OAA, the program may need to identify other sources of legal support.

Notably, almost one-fifth of State Ombudsmen reported not using or rarely using the legal counsel assigned to them. Reasons reported for not coordinating with assigned legal counsel included lack of expertise, non-responsiveness, and the costs associated with these professional services. For some programs, assigned legal counsel charges a fee for services, requiring State Ombudsmen to be judicious about use of these funds, given Ombudsman program's limited resources. Under these arrangements, the cost of services may deter State Ombudsmen from seeking legal advice on a routine basis, even when counsel is present. Instead, some Ombudsman programs prioritize needs for which legal counsel is sought or identify other, more affordable sources of support. This may involve identifying a *pro bono* attorney or forgoing legal assistance altogether. For example, one State Ombudsman reported assisting residents at discharge hearings when legal counsel could not be obtained or when it was too costly.

Exhibit 33: Legal Counsel Knowledge

Legal Counsel Knowledge about LTCOP and LTC Issues	State Ombudsmen N=42[a]
Legal Counsel is knowledgeable in Ombudsman programmatic issues and/or long-term care issues	86%
Legal Counsel is not knowledgeable in either Ombudsman programmatic issues or long-term care issues	14%

[a] Missing=1, Not applicable=9 (I have not used, or rarely use the legal counsel assigned.)

Timeliness of Legal Assistance. Nearly three-quarters (74%) of State Ombudsmen reported they were able to obtain timely legal assistance. The inability to access timely legal assistance was often reported to be due to lack of resources and competing priorities. For example, an AG's office or other legal entity may have limited availability of legal support due to a backlog of cases, forcing the AG to prioritize certain agency cases over others.

Conflict-Free Legal Counsel. The OAA and Final Rule require that legal counsel is without COI, as defined by the State ethical standards governing the legal profession. In the event of COI, the Final Rule specifies that "legal counsel may be provided by one or more entities, depending on the nature of the competencies and services needed and as necessary to avoid conflicts of interest [45 CFR § 1324.15(j)(2)]. To ensure that legal counsel is free from COI, State Ombudsmen reported establishing both formal and informal conflict avoidance procedures. For example, should a potential COI arise with the general counsel assigned to the program, other legal supports such as the AG or external counsel may intervene and provide assistance. Some State Ombudsmen reported having funds set aside to hire private attorneys should potential COI situations arise.

Although COI can arise for any Ombudsman program, the potential for COI is greater for programs that are housed in state agencies that also host other units, departments, or agencies that provide services to long-term care residents, or entities that play a regulatory role in long-term care facilities. Under this type of organizational placement, the state agency may assign the Office of the AG as the primary legal counsel to all agencies it houses. In this setting, COI may occur in a dispute if the AG represents both the

Ombudsman program and another agency that is housed within the state agency (e.g., APS, licensing and certification). Given the different organizational allegiances, a conflict results when legal counsel is constrained from fully representing the Ombudsman program because of dual responsibilities or interests to the State or other agencies. However, the OAA is clear on this matter, requiring that adequate legal counsel "provide advice and consultation needed to protect the health, safety, welfare, and rights of residents and to assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives" [Section 712(g)(1)(A)(i)(ii)].

Many State Ombudsmen described that they are able to obtain other sources of legal support to resolve COI, but addressing these conflicts is especially challenging when the Office of the AG is the only source of legal support that programs can access. Absent adequate resources, State Ombudsmen reported remedying COI by seeking assistance from *pro bono* attorneys or legal services programs if no other legal support options were available or provided by the state agency.

Effectiveness of Legal Assistance

Although the OAA and Final Rule set forth requirements to ensure that Ombudsman programs have adequate legal counsel, it was notable that only 56% of State Ombudsmen reported that their legal counsel was sufficient to enable their programs to meet federal mandates. Further, as shown in Exhibit 34, nearly half of State Ombudsmen (49%) reported that the legal assistance that they received was "very effective." Notably, ten percent reported that their legal assistance was "somewhat ineffective" or "very ineffective" and six percent reported not knowing how effective these services were.

Exhibit 34: Effectiveness of Legal Assistance

Effectiveness of Legal Assistance Received by Program	State Ombudsmen N=49[a]
Very effective	49%
Somewhat effective	18%
Neutral	16%
Somewhat ineffective	4%
Very ineffective	6%
Don't know	6%

[a] Missing=3

While a majority of State Ombudsmen reported effective, knowledgeable, and timely legal assistance, they also reported important challenges to obtaining adequate legal support. These challenges involved interrelationships among the OAA's and Final Rule's requirements with respect to legal counsel's availability, competence, and freedom from COI. When legal counsel does not meet all these requirements, the support provided to Ombudsman programs can be inadequate. For example, some State Ombudsmen reported that their legal counsel was accessible but lacked the necessary expertise to appropriately advise the program. Others described having knowledgeable legal counsel that may not be conflict-free. State Ombudsmen also reported experiences where legal counsel was free of COI but was unresponsive to or unhelpful in providing assistance.

Adequacy of Resources

When asked about program challenges, 75% of State Ombudsmen and 70% of lead local Ombudsmen reported insufficient funding as a challenge (data not shown in exhibits). Many State Ombudsmen identified insufficient resources—primarily funding and staff—as the program's most significant challenges.

As shown in Exhibit 35, most State Ombudsmen and lead local Ombudsman did not consider fiscal resources and paid staff and volunteers to be sufficient to meet federal mandates. Only 23% of State Ombudsmen and 26% of lead local Ombudsmen reported that their program's fiscal resources were sufficient to meet federal mandates. One State Ombudsman who reported having sufficient resources to fulfill federal mandates noted that Ombudsman program funding is in the state budget every year and requires a minimum number of Ombudsmen based on population.

Twenty-seven percent of State Ombudsmen and 37% of lead local Ombudsmen reported that their program has sufficient paid staff to meet federal mandates. State Ombudsmen who reported sufficient staffing had lower numbers of facilities per staff on average, compared to their counterparts who did not report sufficient staff (41 vs. 64 facilities per staff[21]). Fifteen percent of State Ombudsmen and 21% of lead local Ombudsmen reported having sufficient volunteers to meet federal mandates.

Exhibit 35: Resources Sufficient to Enable the Program to Meet Federal Mandates

Resources that are Sufficient	State Ombudsmen N=52	Lead Local Ombudsmen N=189
Fiscal resources	23%	26%
Legal counsel	56%	29%
# of paid staff	27%	37%
# of volunteers	15%	21%
# of volunteer hours	13%	20%
Data/information systems	63%	58%
Administrative support	46%	37%
Communication methods to share information with consumers and stakeholders	48%	35%
Training and technical assistance	52%	47%
Other	15%	14%

Exhibit 36 shows the impact of insufficient LTCOP resources on program activities by reporting activities that were not fully carried out due to lack of resources:

- State Ombudsmen most frequently identified volunteer recruitment and retention (69%), regular board and care home visits (67%), and resident and family council development and support (60%) as activities that were not fully carried out due to lack of resources.
- Lead local Ombudsmen most frequently identified volunteer recruitment and retention (60%) regular nursing home visits (45%), and regular board and care home visits (44%) as activities that were not fully carried out due to lack of resources.

[21] NORS data on LTCOP staff and long-term care facilities, 2017

State Ombudsmen and lead local Ombudsmen differed markedly in their perceptions of the adequacy of the following activities: (1) regular board and care home visits, (2) information and consultations to individuals, and (3) resident and family council development and support. These findings may be due to differing priorities between the two groups or to different perspectives on how much these activities are carried out at the local level.

Exhibit 36: Ombudsman Program Activities Not Carried Out Fully Due to Lack of Resources

Program Activity	State Ombudsmen N=52	Lead Local Ombudsmen N=189
Complaint investigation and resolution activities	23%	32%
Regular nursing home visits, not in response to a complaint	50%	45%
Regular board and care home visits, not in response to a complaint	67%	44%
Training for facility staff	44%	40%
Consultations to facilities	15%	19%
Information and consultations to individuals	6%	20%
Resident and family education at facilities	38%	37%
Resident and family council development and support	60%	41%
Community education activities	56%	43%
Legal assistance for residents	52%	42%
Analyzing and monitoring federal, state, and local law, regulations, and other government policies and actions	38%	36%
Research and policy analysis to inform systems advocacy work	42%	43%
Facilitating public comments on proposed legislation, laws, regulations, policies, and actions	48%	43%
Volunteer recruitment and retention	69%	60%
Other	13%	10%

Given limitations in program capacity, State Ombudsmen reported limiting, forgoing, or prioritizing program activities and relying heavily on volunteers and inter-organizational relationships to support program operations. State Ombudsmen reported forgoing professional development activities such as trainings, conferences, and statewide annual volunteer recognition luncheons, for themselves or their staff. Inadequate resources also prevent some programs from traveling to facilities for routine visits or hiring translators to assist with meeting the needs of diverse populations, such as American Indian tribes and predominately Spanish-speaking communities.

Additionally, State Ombudsmen may prioritize activities through formal strategic planning processes or other, informal approaches. Some State Ombudsmen reported prioritizing facility visits and individual case work over systems advocacy. Others described triaging methods to prioritize daily work, such as responding to cases where a resident's health or safety is at risk. Other strategies included conducting nursing home visits over board and care home visits; visiting facilities in response to a complaint over routine visits; and visiting facilities within shorter traveling distances over ones located in remote areas.

For Ombudsman programs with insufficient funds or staffing, volunteers may be relied upon to ensure advocacy services are accessible to residents. As described earlier, without them, many State

Ombudsmen reported that programs would struggle to maintain an ongoing presence in long-term care facilities.

Although State Ombudsmen reported lack of time to build new and/or improve existing relationships with coordinating entities, they also reported that their programs develop relationships and coordinate with other entities to supplement functional areas they are unable to address due to limited capacity. (Additional findings about program partnerships can be found in Chapter 6.)

5.3.2. Ombudsman Program Activities

This section describes Ombudsman program activities that are set forth in the OAA. For the purposes of this report, activities are grouped into three main categories: individual advocacy, systems advocacy, and education/outreach.[22] It should be noted, however, that overlap exists across these categories, depending on context. For example, we consider regular facility visits to be part of individual advocacy, but Ombudsmen also conduct education and outreach activities during these visits. Ombudsmen trainings for facility staff and administrators about long-term care issues, such as person-centered care, constitutes education but this activity is also a vehicle to encourage improvement in facility practices.

Individual Advocacy

At the individual level, Ombudsman programs are required to:

- Identify, investigate, and resolve complaints on behalf of residents;
- Provide services to assist residents in protecting their health, safety, welfare, and rights;
- Inform residents about how to obtain facility or agency services;
- Ensure that residents have regular access to advocacy services;
- Assist in the development of resident and family councils; and
- Assist residents who are transitioning from a long-term care facility to a home care setting.

Ombudsman programs largely meet these requirements through services that are provided during visits to long-term care facilities, community presentations, and a dedicated phone line for residents or others to ask questions or report a complaint. Facility visits, along with complaint handling, are typically the primary activities carried out by Ombudsman programs.

Facility visits are generally unannounced and varied in their scheduling. During facility visits, Ombudsmen interact with and listen to residents; observe the general conditions and daily activities of the facility and residents; share information about Ombudsman program services to residents, family and staff; support resident and family councils, provide information about long-term care options; identify and address complaints; and empower residents to speak up on their own behalf or voice concerns for those who are unable to do so. Other individual advocacy activities may include participating in nursing facility surveys with licensure and certification staff, or representing consumers in administrative hearings or appeals processes. Ombudsmen provide these advocacy services at no cost to residents or other complainants.

Standards for Frequency of Facility Visits

Although ACL does not specify a frequency for Ombudsman facility visits, NORS defines “regular basis” to mean facility visits that occur no less than quarterly and that are not in response to a complaint. Because of these reporting requirements, quarterly visits are the only standard on which programs

[22] Additional state mandates for which programs are responsible (such as in-home advocacy) are outside the scope of this study.

currently report data. Beginning in October 2019, new reporting requirements will require programs to report data on facility visits regardless of whether they are complaint-driven.

Given the diversity of resources that are available to programs as well as widely varying state and local circumstances (e.g., rurality), there is considerable variation in the extent to which state Ombudsman programs are able to conduct quarterly facility visits. According to NORS in FFY 2017, Ombudsman programs visited 68% of nursing homes and 30% of board and care homes on at least a quarterly basis. Within states and territories, quarterly visits to nursing homes ranged between 11% and 100%, while quarterly visits to board and care homes ranged between zero percent and 100% (see Table C in Appendix E for state-level data).

Visitation Goals. At the state level, most Ombudsman programs set visitation goals for nursing homes (88%) and board and care homes (83%), with a majority aiming to visit nursing homes and board and care homes at least quarterly (Exhibit 37). While the visitation goals between the two settings are similar, programs aim to visit nursing homes more frequently than board and care homes. Consistent visitation to facilities offers the opportunity for Ombudsmen to build relationships with residents, understand their preferences, and raise residents' comfort level in expressing concerns.

Exhibit 37: Statewide Program Goals for Visiting Facilities

Visitation Goals	Nursing Homes N=52	Board and Care Homes N=51[a]
At least weekly	4%	2%
At least monthly	15%	6%
At least quarterly	60%	53%
At least twice a year	2%	4%
At least annually	6%	10%
Other	2%	8%
None	12%	18%

[a] Missing=1

Frequency of Facility Visits. As shown in Exhibit 38, Ombudsman programs indicate being able to meet their quarterly visit goals to varying degrees. More than three-quarters (79%) of State Ombudsmen reported that their statewide program visits most or all nursing homes on at least a quarterly basis, regardless of whether the visit is complaint-driven. Compared to nursing homes, board and care homes are visited less frequently. Just over half (55%) of State Ombudsmen reported that their statewide program visits board and care homes at least quarterly. One-fourth of State Ombudsmen reported a range of "other" frequencies of visits to most, or all board and care homes. The frequency of these visits is driven by multiple factors, including the distance from the program office, the type and size of the facility, and staff availability.

Exhibit 38: Statewide Average Frequency of LTCOP Visits to Most or All Facilities

Frequency of Visits	Nursing Homes N=52	Board and Care Homes N=52
Weekly	8%	0%
Monthly	33%	17%
Quarterly	38%	38%
Twice a year	6%	8%
Annually	2%	12%
Other	13%	25%

A majority of local and volunteer Ombudsmen reported visiting nursing homes and board and care homes on at least a quarterly basis (Exhibit 39). Volunteer Ombudsmen, however, reported more frequent visits to both types of facilities, compared to local Ombudsmen. Over half (53%) of volunteers reported that they visit nursing homes on a weekly basis and 62% reported visiting board and care homes on at least a weekly (22%) or monthly basis (40%).

Exhibit 39: Frequency of Local and Volunteer Ombudsman Visits to Long-Term Care Facilities

Frequency of Visits	Local Ombudsmen Nursing Homes N=442[a]	Volunteer Ombudsmen Nursing Homes N = 555[b]	Local Ombudsmen Board and Care N=373[c]	Volunteer Ombudsmen Board and Care N=350[d]
Weekly	11%	53%	2%	22%
Less than weekly but at least once a month	28%	26%	16%	40%
Less than monthly but at least once a quarter	33%	14%	48%	31%
Twice a year	4%	1%	7%	2%
Once a year	1%	0%	7%	1%
As needed	14%	3%	13%	3%
Other (please specify)	9%	3%	7%	1%

[a] Missing=2, Not applicable=53; [b] Missing=11, Not applicable=145; [c] Missing=6, Not applicable=118; [d] Missing=15, Not applicable=346

Note: Ombudsmen who do not visit that facility type are considered N/A.

Assignments for Facility Visits

Exhibit 40 shows how local programs make decisions about facility visits. Most lead local Ombudsman reported that Ombudsmen are assigned to a specific facility or group of facilities based on geographic region (93%) or in response to information concerning facility problems or to follow-up on resident complaints (71%). Smaller percentages of lead local Ombudsmen reported that Ombudsmen are assigned to facilities based on facility characteristics (27%), Ombudsman expertise (20%), or they prioritize facilities that have not recently received complaint-related visits (17%).

Exhibit 40: Decisions Made About Facility Visits

How Decisions are Made about Facility Visits	Lead Local Ombudsmen N=189
Ombudsmen are assigned to a specific facility or group of facilities to visit, based on geographic region.	93%
Ombudsman visit facilities in response to information about facility problems and resident complaints.	71%
Ombudsmen are assigned to a specific facility or group of facilities to visit, based on facility characteristics (for example, size, and ownership, level of services provided).	27%
Ombudsmen are assigned to cases (regardless of facility) based on their expertise in the type of complaint that has been reported (for example, complaints related to involuntary discharges or transfers).	20%
Ombudsmen prioritize facilities that have not recently received complaint-related visits.	17%
Ombudsmen are not assigned to specific facilities or groups of facilities.	4%
Other	13%

Time Spent During Visit. Exhibit 41 shows the average amount of time local Ombudsmen reported spending in nursing homes and board and care homes during routine visits. Ombudsmen generally spent less than two hours per visit in both settings, respectively (with one to two hours being the most common visit duration). Ninety-two percent of local Ombudsmen and 87% of volunteers spent two hours or less for each board and care home visit, while 78% of local Ombudsmen and 65% of volunteers reported spending two hours or less for each nursing home visit.

According to NORS data, nursing homes had an average of 104 beds per facility compared to an average of 24 beds in board and care homes in FFY 2017. Likely due to the larger number of beds in nursing homes, local and volunteer Ombudsmen reported spending more time visiting nursing homes than board and care homes. A larger percentage of local and volunteer Ombudsmen reported spending over two hours in nursing homes compared to board and care homes. By contrast, a larger percentage of local and volunteer Ombudsmen reported spending less than an hour in board and care homes compared to nursing homes.

Exhibit 41: Average Amount of Time Local and Volunteer Ombudsmen Spent in Facility for Each Routine Visit

Amount of Time	Local Ombudsmen Nursing Homes N=405[a]	Volunteer Ombudsmen Nursing Homes N=554[b]	Local Ombudsmen Board and Care N=348[c]	Volunteer Ombudsmen Board and Care N=342[d]
Less than an hour	13%	9%	43%	41%
Between 1 to 2 hours	65%	56%	49%	46%
Between 2 to 3 hours	19%	28%	7%	10%
More than 3 hours	3%	7%	1%	3%

[a] Missing=5, Not applicable=87; [b] Missing=9, Not applicable=148; [c] Missing=6, Not applicable=143; [d] Missing=23, Not applicable=346

Note: Ombudsmen who do not visit that facility type or who do not conduct routine visits are considered N/A.

Staffing of Facility Visits

Exhibit 42 shows that Ombudsmen at all levels conduct visits to long-term care facilities. State Ombudsmen, however, are less likely to visit nursing homes and board and care homes (81%), compared to local and volunteer Ombudsmen (91% and 97%, respectively).

Exhibit 42: Visits to Nursing Homes or Board and Care Homes

Visits Nursing Homes or Board and Care Homes	State Ombudsman N=52	Local Ombudsmen N=497	Volunteer Ombudsmen N=705[a]
Visits nursing homes and/or board and care homes	81%	91%	97%
Does not visit any type of facility	19%	9%	3%

[a] Missing=7

Exhibit 43 shows the percent of Ombudsman staff that conducts each type of facility visit, the types of visits they conduct, and the number of facilities they are assigned.

- Among State Ombudsmen who reported visiting nursing homes, 45% do so on a routine basis, compared to 81% of local Ombudsmen, and 95% of volunteer Ombudsmen.
- Among State Ombudsmen who reported visiting board and care homes, 36% reported doing so on a routine basis, compared to 78% of local Ombudsmen and 93% of volunteers.

Results also show differences between local and volunteer Ombudsmen in terms of the type of visit and the number of assigned facilities:

- A larger percentage of local Ombudsmen visit board and care homes (76%) compared to volunteer Ombudsmen (51%).
- Local Ombudsmen are assigned to more facilities compared to volunteer Ombudsmen. Local Ombudsmen are assigned to a median of 30 facilities, with a range from zero to 1,700 facilities, while volunteers are assigned to a median of two facilities, with a range of zero to 60 facilities. A very small number of Ombudsmen are not assigned to specific facilities, but still may conduct visits to nursing homes or board and care homes based on program needs (such as in response to a complaint).
- Whereas volunteers primarily visit facilities on a routine basis (95%), local Ombudsmen are more likely to visit nursing homes in response to facility problems and resident complaints (87%), compared to volunteers (59%).

Exhibit 43: Ombudsman Visits to Long-Term Care Facilities – Type of Visit and Facilities Assigned

Facility Type	State Ombudsmen	Local Ombudsmen	Volunteer Ombudsmen
Nursing Homes	**N=52**	**N=497**	**N=711**
Visits nursing homes	81%	89%	80%
Type of visit conducted:	N=42[a]	N=443[b]	N=562[c]
Visit on a routine basis (not complaint driven)	45%	81%	95%
Visit in response to facility problems and resident complaints	71%	87%	59%
Other	43%	16%	8%
# of facilities assigned:	-	N=385[d]	N=546[e]
Mean - # of facilities assigned	-	20	2
Range - # of facilities assigned	-	0-300	0-30
Board and Care Homes	**N=52**	**N=497**	**N=704[f]**
Visits board and care homes	69%	76%	51%
Type of visit conducted:	N=36[g]	N=375[h]	N=350[i]
Visit on a routine basis (not complaint driven)	36%	78%	93%
Visit in response to facility problems and resident complaints	64%	79%	52%
Other	31%	10%	4%
# of facilities assigned:	-	N=344[j]	N=339[k]
Mean - # of facilities assigned	-	45	5
Range - # of facilities assigned	-	0-1652	0-40
All Facilities	**N=52**	**N=419[l]**	**N=664[m]**
Mean - # of facilities assigned	-	58	4
Range - # of facilities assigned	-	0-1700	0-60
Median - # of facilities assigned	-	30	2

[a] Not applicable=10; [b] Missing=1, Not applicable=53; [c] Missing=4, Not applicable=145; [d] Missing=59, Not applicable=53; [e] Missing=20, Not applicable=145; [f] Missing=7; [g] Not applicable=16; [h] Missing=4, Not applicable=118; [i] Missing=15, Not applicable=346; [j] Missing=35, Not applicable=118; [k] Missing=26, Not applicable=346; [l] Missing=50; [m] Missing=23, Not applicable=24

Ease of Access to Residents. The OAA requires that Ombudsmen have private and unimpeded access to residents. A majority of local and volunteer Ombudsmen reported that they rarely or never experienced problems in accessing residents in long-term care facilities (Exhibit 44).

- Compared to local Ombudsmen, volunteers reported less frequent problems accessing residents in facilities. Ninety percent of volunteer Ombudsmen reported that they "rarely" or "never" experienced problems accessing residents in nursing homes and board and care facilities.
- Almost one-third (32%) of local Ombudsmen reported that they "often" or "sometimes" had problems accessing residents in nursing homes. One quarter of local Ombudsmen also reported that they "often" or "sometimes" had encountered problems accessing residents in board and care homes.

Exhibit 44: Frequency of Problems Accessing Residents in Long-Term Care Facilities

Facility Type	Local Ombudsmen	Volunteer Ombudsmen
Nursing Homes	**N=268[a]**	**N=559[b]**
Often	13%	1%
Sometimes	19%	9%
Rarely	47%	33%
Never	22%	57%
Board and Care Homes	**N=231[c]**	**N=349[d]**
Often	4%	1%
Sometimes	21%	9%
Rarely	48%	32%
Never	27%	58%

[a] Missing=4, Not applicable=36; [b] Missing=7, Not applicable=145; [c] Missing=5, Not applicable=72; [d] Missing=16, Not applicable=346

Complaint Handling

One State Ombudsman noted, "I think that every Ombudsman has one case, or one situation that they can point to that they really made a significant impact in a resident's life—it might be around life in the facility, it might be about a community discharge that everybody was opposed to—that ultimately ended up working for that individual. I think our success is oftentimes at the individual level."

State Ombudsmen reported that complaint handling is among their highest priority activities. In FFY 2017, Ombudsman programs handled 201,460 complaints, with a range from 214 to 41,834 across states (see Table C in Appendix E for state-level data). Of these complaints, 71% were addressed in nursing homes, 27% in board and care homes, and 2% in other settings. Fewer complaints arising from board and care homes compared to nursing homes may be due in part to their less frequent visitation by Ombudsmen.

NORS classifies complaints that Ombudsmen handle into five main categories: (1) resident rights; (2) resident care; (3) quality of life; (4) facility administration (e.g., inappropriate level of care provided, staff shortages); and (5) issues with agencies and individuals that are external to the facility (e.g., access to information from licensing agency, conflicts with family members). These categories are further organized into 16 broad complaint categories[23] within which Ombudsman programs assign a code (out of 133 possible detailed codes) for each complaint that is reported. Exhibit 45 shows the top 10 most frequent types of complaints that Ombudsmen addressed in FFY2017, with the most frequent complaint among residents of both nursing homes and board and care homes relating to discharge/eviction.

State Ombudsmen reported that the types of complaints that the program currently handles are more complex and challenging than in the past. Complaints have moved away from requests for assistance with daily needs to more urgent concerns such as involuntary discharges and evictions. According to historical NORS data, the most common type of complaint addressed by Ombudsmen in nursing homes between 1997 and 2010 were failures to respond to requests for assistance (such as transfers to chairs/bed), followed by discharge/eviction. By contrast, for the last seven years, discharge/ eviction have

[23] The 16 broad complaint categories are as follows: (1) abuse, gross neglect, exploitation; (2) access to information by resident or resident's representative; (3) admission, transfer, discharge, eviction; (4) autonomy, choice, preference, exercise of rights, privacy; (5) financial, property; (6) care; (7) rehabilitation or maintenance of function; (8) restraints – chemical and physical; (9) activities and social services; (10) dietary; (11 environment; (12) policies, procedures, attitudes, resources; (13) staffing; (14) certification/licensing agency; (15) State Medicaid agency; (16) system/others.

topped the list of the most frequently reported complaints handled by the program. Of the broader complaint categories, those related to "admission, transfer, discharge and eviction" were reported to be the most challenging and time-consuming to resolve. Similarly, in board and care homes, the most common complaints addressed by Ombudsmen in recent years (2017, 2016, and 2014) were for discharge/eviction. Prior to that, the most frequent complaints concerned medications or food service (1996-2013, 2015). Ombudsmen described limitations in their ability to fully resolve certain types of complaints, particularly when solutions are ultimately outside the program's control, such as inadequate long-term care facility staffing or lack of available services to address residential or care needs.

Exhibit 45: Top Ten Most Frequent Complaint Types (FFY 2017)

Complaint Ranking	Nursing Homes	Board and Care Homes
1	Discharge/eviction-planning, notice, procedure, implementation, including abandonment	Discharge/eviction-planning, notice, procedure, implementation, including abandonment
2	Failure to respond to requests for assistance	Medications – administration, organization
3	Dignity, respect – staff attitudes	Food service - quantity, quality, variation, choice, condiments, utensils, menu
4	Medications – administration, organization	Dignity, respect – staff attitudes
5	Resident conflict, including roommates	Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure
6	Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	Cleanliness, pests, general housekeeping
7	Food service - quantity, quality, variation, choice, condiments, utensils, menu	Resident conflict, including roommates
8	Care plan/resident assessment - inadequate, failure to follow plan or physician orders	Accidental or injury of unknown origin, falls, improper handling
9	Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	Personal property lost, stolen, used by others, destroyed, with-held from resident
10	Accidental or injury of unknown origin, falls, improper handling	Care plan/resident assessment - inadequate, failure to follow plan or physician orders

According to FFY 2017 NORS data, complaints about resident-related issues are initiated by a variety of individuals. Exhibit 46 shows the number and percent of cases that were reported by type of complainant. Of the 128,091 cases closed by the program, residents were the most frequent complainants (40%). In 18% of cases, relatives or friends of residents reported problems to Ombudsmen. Almost one-fifth of complaints made on behalf of residents were initiated by facility staff (19%). As with other complainants, facility staff may reach out to Ombudsmen to assist with both resident concerns (e.g., family conflict) and facility issues (e.g., closures). One State Ombudsman described a common scenario that their program has experienced with facility staff. When facility staff are unable to resolve difficult behavioral interactions with residents or their family members, they will contact the Ombudsman to help informally mediate, prevent escalation, and diffuse conflict. Ombudsmen may also initiate complaints based on their observations during facility visits, with such complaints accounting for 11% of cases.

Exhibit 46: Type of Complainant and Number and Percentage of Cases Closed (FFY 2017)

Type of Complainant	Number of Cases	Percent of Cases
Resident	51,350	40%
Facility Administration, Staff	24,008	19%
Relative/Friend	23,409	18%
Ombudsman, Volunteer Ombudsman	13,332	11%
Other Agency Representative	5,808	4%
Other Medical - Physician/Staff	3,539	3%
Unknown/Anonymous	3,337	3%
Other	2,014	2%
Non-Relative, Guardian, Legal Representative	1,294	1%

Exhibit 47 shows data on how Ombudsman programs handle complaints. Most local and volunteer Ombudsmen reported investigating complaints (88% and 87%, respectively). In this group, local and volunteer Ombudsmen reported handling all types of complaints (93% and 80%, respectively).

- Among local Ombudsmen who reported only handling certain types of complaints, some described addressing cases that were more complex, difficult, or "delicate." These included cases of abuse, involuntary discharge, or problems requiring legal expertise. Others described addressing complaints related to residents' rights, resident care, quality of life, and facility administration concerns. A few Ombudsmen reported working on insurance-related complaints, such as issues with Medicare.
- Of the 20% of volunteers who reported only handling certain types of complaints, the most common complaints concerned basic needs issues such as food and the quality of services and staff (83%). Others reported specifically focusing on financial and medical issues (17%).

Most program staff and volunteers investigate complaints on their own, seek support from other staff or volunteers, and refer complaints to other entities.

- Compared to volunteers, local Ombudsmen were more likely to report supporting other program staff/volunteers as they handle complaints (76% vs. 32%).
- Compared to local Ombudsman, a lower percentage of volunteers handle complaints on their own (71% vs. 83%).
- Of the 29% of volunteers who did not report handling complaints on their own, many reported consulting with other program staff or volunteers as needed, and referring the complaint to an appropriate entity.

Exhibit 47: Complaints Handled by Local Ombudsmen and Volunteer Ombudsmen

Complaint Handling	Local Ombudsmen N=493[a]	Volunteer Ombudsmen N=710[b]
Investigates or assists other ombudsmen with complaints	88%	87%
Of those who handle complaints…	**N=435[c]**	**N=609[d]**
I handle all types of complaints	93%	80%
I handle only some types of complaints	7%	20%
How complaints are handled:	**N=436[e]**	**N=615[f]**
I handle complaints on my own	83%	71%
I support other program staff/volunteers as they handle complaints	76%	32%
I consult with other program staff or volunteers, as needed	79%	77%
I refer the complaint to other program staff or volunteers	N/A	32%
I refer the complaint to the appropriate entity when I have resident consent	76%	72%
Other	4%	6%

[a] Missing=4; [b] Missing=1; [c] Missing=3, Not applicable=59; [d] Missing=8, Not applicable=94; [e] Missing=2, Not applicable=59; [f] Missing=2, Not applicable=94

Note: Not applicable in this table refers to Ombudsmen who reported that they do not handle complaints

State, lead local, local, and volunteer Ombudsmen reported important differences in their ability to engender effective relationships with nursing homes and with board and care homes, as shown in Exhibits 48 through 51. While local and volunteer Ombudsmen tended to report higher levels of effective relationships with both types of providers than State Ombudsmen, State Ombudsmen were asked to report on their statewide program and lead local Ombudsmen were asked to report on their local programs. Comparisons between respondent groups, then, should be interpreted with caution because of these differences in the reference group.

State, lead local, local, and volunteer Ombudsmen were more likely to report effective relationships with nursing homes than with board and care homes. This finding corresponds with the greater number and frequency of Ombudsmen visits that are dedicated to nursing homes than board and care homes.

Exhibit 48: Effectiveness of Ombudsman Program's Relationship with Nursing Homes and Board and Care Homes (State Ombudsmen)

Overall, how would you rate the effectiveness of your statewide program's relationship with the following types of facilities and providers?	Nursing Homes N=51[a]	Board and Care Homes N=51[b]
A majority of the relationships are effective	51%	39%
Some of the relationships are effective	47%	49%
A few of the relationships are effective	2%	12%
None of the relationships are effective	0%	0%

[a] Missing=1; [b] Missing=1

Exhibit 49: Effectiveness of Local Ombudsman Entity's Relationship with Nursing Homes and Board and Care Homes (Lead Local Ombudsmen)

Overall, how would you rate the effectiveness of your local program's relationship with the following types of facilities and providers?	Nursing Homes N=188[a]	Board and Care Homes N=173[b]
A majority of the relationships are effective	68%	53%
Some of the relationships are effective	29%	37%
A few of the relationships are effective	3%	9%
None of the relationships are effective	0%	1%

[a] Missing=1; [b] Missing=7, Not applicable=9

Exhibit 50: Effectiveness of Relationship with Nursing Homes and Board and Care Homes (Local Ombudsmen)

Overall, how would you rate the effectiveness of your relationship with the following types of facilities and providers?	Nursing Homes N=295[a]	Board and Care Homes N=279[b]
A majority of the relationships are effective	66%	59%
Some of the relationships are effective	28%	36%
A few of the relationships are effective	5%	4%
None of the relationships are effective	0%	1%

[a] Missing=3, Not applicable=10; [b] Missing=6, Not applicable=23

Exhibit 51: Effectiveness of Relationship with Nursing Homes and Board and Care Homes (Volunteer Ombudsmen)

Overall, how would you rate the effectiveness of your relationship with the following types of facilities and providers?	Nursing Homes N=513[a]	Board and Care Homes N=357[b]
A majority of the relationships are effective	78%	78%
Some of the relationships are effective	18%	17%
A few of the relationships are effective	3%	4%
None of the relationships are effective	<1%	0%

[a] Missing=55; Not applicable=143; [b] Missing= 28, Not applicable=326

In open-ended follow-up questions, Ombudsmen were asked to describe factors that informed their assessments of effectiveness. Although all levels of Ombudsmen reported a regular presence in facilities and positive working relationships as key factors, the salience of these two factors varied by role. Whereas 20% of State Ombudsmen and 22% of lead local Ombudsmen reported that a regular presence was important for effective relationships, 12% of local Ombudsmen reported focusing on maintaining a regular presence. Much larger percentages of lead and local Ombudsmen (32% and 47%, respectively) reported that establishing positive working relationships with facility staff are major contributing factors to effectiveness. Eleven percent of lead local Ombudsmen also reported that relationships are more effective if facility staff view the Ombudsman program as a valued resource, whether that involves reporting issues before they become complaints, seeking training, or connecting residents to available resources. Another 19% of local Ombudsmen reported that the knowledge, confidence, and experience level of the Ombudsman is an important factor in the effectiveness of their relationships with facilities. Volunteers focused on the importance of having effective communication and responsive facility staff (40%). Thirteen percent of volunteers reported that the facility's level of trust in the Ombudsman program and program volunteers (i.e. their intentions and their work) determined the effectiveness of the relationship. Other factors that contribute to the effectiveness of relationships included working with the facility staff as a team (10%), low staff turnover (six percent), and experience with the facility (five percent).

Other contributors to effectiveness were reported to depend on provider setting. Indeed, a key difference between nursing homes and board and care homes that affects resident advocacy is the source and stringency of regulatory oversight. Whereas nursing homes are regulated at the federal level and provide relatively greater protections for residents, board and care homes are licensed and regulated at the state level, and regulations vary widely. For example, many states have regulations concerning training for direct-care workers, but the number of hours of required training can range from one to 80.[24]

Given state-level variation in facility staffing and other standards, State Ombudsmen differed in their perceptions of how well their state regulations facilitated efforts to advocate for board and care home residents. Exhibit 52 shows that 43% of State Ombudsmen reported that regulations for board and care homes in their state are sufficient. Another 45% found them sufficient in some circumstances and settings, while 12% felt that they are not sufficient for any setting type. These results suggest that more than half of State Ombudsmen (57%) have difficulty serving residents in at least some residential care settings due to a lack of strong state regulations to support their advocacy work.

[24] Office of the Assistant Secretary for Planning and Evaluation. 2015. “Compendium of Residential Care and Assisted Living Regulations and Policy: 2015 Edition.”

Exhibit 52: Sufficiency of State Board and Care Home Regulations to Enable State Ombudsman Programs to Adequately Serve Residents

Do the state regulations that govern board and care homes and similar facilities provide sufficient provider guidance to enable your statewide program to advocate for residents of those settings?	State Ombudsmen N=51[a]
Yes, they do provide sufficient guidance to advocate for residents in those settings	43%
A mix, depending on the type or size of the setting	45%
No, they are not sufficient for any setting type	12%

[a] Missing=1

In interviews, about one-quarter of State Ombudsmen reported that lack of strong regulations for board and care homes makes serving those residents more challenging compared to nursing home residents. State Ombudsmen noted that whereas nursing home federal regulations enable programs to refer facility staff to requirements they must follow, state regulations with respect to assisted-living are much less stringent, making it harder for programs to protect residents and resolve their complaints. One State Ombudsman noted weaknesses in regulations for the required level of care in assisted living facilities, particularly for special needs populations, such as those with Alzheimer's disease or other dementias. This ambiguity allows board and care homes to accept residents for whom they may not be able to provide adequate care.

Other reported weaknesses may result from board and care regulations that attempt to cover a wide range of facility sizes. One State Ombudsman noted that their state's regulation is written to address both the small six-bed homes as well as the larger assisted living facilities. Further, notions of adequate staffing may differ between providers and residents. Lastly, one State Ombudsman noted that movement from one type of residential setting to another can be confusing to residents who expect the same resident protections and rights to apply in all settings.

Compared to nursing homes, State Ombudsmen reported other unique challenges to effective advocacy in board and care homes, including fewer beds per facility and greater numbers of facilities to visit, lower awareness of the Ombudsman program (due in part to some types of residences not being required to publicize the LTCOP's services), fewer facility staff, and greater difficulty in maintaining confidentiality due to lack of privacy in smaller settings.

State and local Ombudsmen reported several barriers that affect their ability to engage in individual advocacy more broadly, including the programs' inadequate financial and staffing resources as well as lack of understanding among stakeholders about the Ombudsman program's role.

Systems Advocacy

Building on individual advocacy activities, systems advocacy addresses the underlying systems and processes that affect residents' rights, quality of care and quality of life. At the systems level, Ombudsman programs are required to:

- Represent residents' interests before governmental agencies and pursue administrative, legal, and other appropriate remedies;
- Analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions relating to the adequacy of long-term care facilities and services;

- Make recommendations regarding these laws, regulations, policies, and actions; and
- Facilitate public comment on the laws, regulations, policies, and actions that pertain to residents' health, safety, welfare, and rights.

Ombudsman programs meet these requirements primarily through legislative advocacy, issue advocacy, and coalition building/partnerships. Supporting the development and maintenance of resident and family councils may involve elements of systems advocacy if these efforts target multiple residents. Improvements to the long-term care system can take many forms and can be implemented at the facility, local, state, and national levels. Listed below are examples of how programs engage in systems advocacy activities at each level:

- **Provider/Facility Level.** State Ombudsmen described advocating for changes to provider practices, such as promoting facility staff's adoption of resident-centered care, enabling residents to have greater choice and control over personal schedules, food, roommates, telephone access, and other activities or care provision. Other examples included working with facility staff on emergency preparedness and response procedures and ensuring appropriate facility placement for residents with special care needs.
- **Local and State/Territory Level**. State Ombudsmen described monitoring, analyzing, and commenting on state laws and regulations that affect residents of long-term care facilities. At the state level, State Ombudsmen reported advocating for increases in residents' personal needs allowances (PNAs) and facility staffing ratios. Specific activities included providing testimony to a legislative body, mobilizing community support or building coalitions, or drafting legislation. A few State Ombudsmen reported working with legislators or other entities to develop or advocate for specific policies that are relevant to the program's work. Another Ombudsman collaborated with legislators on a bill to strengthen enforcement actions in assisted living facilities. Several State Ombudsmen are also involved on committees or task forces that typically aim to improve the quality of long-term care services and supports. These include efforts related to dementia, The Green House Project,[25] culture change, financial exploitation, and geriatric mental health.
- **National Level**. State Ombudsmen described monitoring, analyzing, and commenting on federal laws and regulations that affect residents of long-term care facilities. These included regulations that directly impact the Ombudsman program, such as the reauthorization of the OAA and LTCOP Final Rule, as well as other regulations that impact Ombudsman program service delivery, such as the Nursing Home Regulations, HCBS Settings Final Rule, and Medicaid Managed Care Final Rule.

Responsibility for Systems Advocacy Activities

State Ombudsmen have primary responsibility for systems advocacy efforts. Although all State Ombudsmen reported engaging in some type of systems advocacy activity, there was variation in their ability to address systems-level changes. Whereas some reported being deeply involved in systems advocacy efforts, others reported this work reflected only a small share of their overall responsibilities. According to FFY 2017 NORS data, at the state/territory level, the estimated percentage of paid staff time spent on systems advocacy efforts such as monitoring/working on laws, regulations, government policies, and actions ranged between two percent and 65% (with an average of 27%). At the local level, the estimated percentage of paid staff time spent on these systems advocacy activities ranged between zero percent to 25% (with an average of seven percent).

[25] The Greenhouse Project is a long-term care housing model: https://www.thegreenhouseproject.org/

The Final Rule requires the Office of the SLTCO to provide leadership to statewide systems advocacy efforts and coordinate activities carried out by local Ombudsman staff and volunteers. Seventy-four percent of State Ombudsmen reported providing systems advocacy technical assistance or training to local programs during the last year. When asked about areas of expertise, 41% of lead local Ombudsmen reported that their program has expertise in systems advocacy, while only 23% of local Ombudsmen that they personally have expertise in systems advocacy.

Although a few State Ombudsmen reported developing a formal systems advocacy agenda, many described processes to establish advocacy priorities, while others reported they had no specific advocacy agenda. Some State Ombudsmen reported coordination with local Ombudsman entities on their systems advocacy agenda or on ongoing systems advocacy activities.

State Ombudsmen reported that systems advocacy activities are often driven by statewide trends in concerns and complaints. A few programs analyze complaint data, and one State Ombudsman described gathering information during an annual conference from local Ombudsman program coordinators on the complaints that their programs receive and systemic issues that they observe.

As shown in Exhibit 53, 57% of local Ombudsmen are responsible for systems advocacy work. However, 17% reported being unable to perform this task due to lack of time, resources, or training. This represents 30% of local Ombudsmen who reported that systems advocacy is part of their responsibilities. Of local Ombudsmen who are responsible for conducting systems advocacy, 92% of lead local Ombudsmen reported that their State Ombudsman encourages their local program to carry out systems advocacy activities, and 73% reported that their State Ombudsman coordinates with the local program to carry out this work.

Notably, 17% of local Ombudsmen reported not knowing whether systems advocacy was one of their responsibilities. When asked about specific tasks that they carry out, however, these local Ombudsmen reported engaging in activities that are consistent with systems advocacy, including work in committees/workgroups/task forces; advocacy for changes to laws, regulations, or policies; engagement in policy making; communication with the media about advocacy issues; and grassroots organizing (Exhibit 54). Differences between local Ombudsmen's reported engagement in "systems advocacy" and their actual activities may reflect a lack of clarity in responsibilities or differences in terminology for common activities.

Exhibit 53: Responsibility for Systems Advocacy Work

As part of your responsibilities, do you perform any systems advocacy work?	Local Ombudsmen N=488[a]
Yes	40%
Yes, Although systems advocacy is included in my responsibilities, I am unable to perform this task (for example, due to a lack of time, resources, or training)	17%
No, systems advocacy is not part of my responsibilities	26%
Don't know	17%

[a] Missing=9

Exhibit 54: Systems Advocacy Activities Performed by Local Ombudsmen

Which of the following activities do you perform?	Systems advocacy is part of my responsibilities N=277[a]	Systems advocacy is *not* part of my responsibilities N=121[b]	Don't know whether systems advocacy is part of my responsibilities N=80[c]	All Local Ombudsmen N=478[d]
Advocacy for changes to laws, regulations, or policies	45%	7%	10%	31%
Engagement in policymaking	20%	5%	2%	13%
Grassroots organizing	12%	5%	1%	8%
Communication with the media	18%	2%	6%	13%
Involvement in committees such as work groups or task forces	55%	18%	30%	41%

[a] Missing=2; [b] Missing=4; [c] Missing=4; [d] Missing=10

Note that 488 Ombudsman responded to the question about whether or not systems advocacy is part of their responsibilities. Of this number, 10 did not respond the question on activities that they perform.

The most common systems advocacy activities that local Ombudsmen reported performing included involvement in committees (41%) and advocacy for changes to laws, regulations, or policies (30%). Only 13% of local staff reported engaging in policymaking and 13% reported communicating with the media about policy issues.

A small percentage of volunteers (13%) also reported engaging in systems advocacy activities such as monitoring/working on laws, regulations, government policies, and actions and three percent reported working with the media on issues that impact residents (Exhibit 30).

Lead local Ombudsmen reported several types of systems advocacy activities that have not been carried out as fully as they would have liked due to a lack of LTCOP resources. These activities included facilitating public comment on proposed legislation, laws, regulations, and other governmental policies and actions (43%); analyzing and monitoring federal, state, and local law, regulations, and other governmental policies and actions (36%), and research and policy analysis to inform systems advocacy work (43%) (Exhibit 36).

Barriers to Systems Advocacy

When asked which advocacy activities are not carried out as fully as Ombudsmen would like due to lack of resources, about 48% of State Ombudsman and 43% of lead local Ombudsmen responded "facilitating public comments on proposed legislation, laws, regulations, policies, and actions"; and over a third responded "analyzing and monitoring laws, regulations, and other government policies and actions" (Exhibit 36)

Although 19% of State Ombudsmen reported no barriers to carrying out systems advocacy at the state or local levels, the remaining State Ombudsmen identified several challenges including inadequate resources, organizational placement, politics, lack of expertise, and misunderstandings surrounding the Ombudsman program's independence. Although systems advocacy constitutes a broad range of activities, the ability to conduct legislative advocacy appeared to be main type of systems advocacy activity where the program experienced barriers.

Inadequate Resources. For many State Ombudsmen, the lack of fiscal and staff resources as well as time constraints and travel expenses prevented them or their staff from engaging in systems advocacy efforts. When resources are limited, State Ombudsmen reported directing staff to prioritize individual advocacy over initiatives to advance systemic change.

Organizational Placement. Ombudsman programs' organizational placement may impede Ombudsmen's ability to engage in systems advocacy in a number of ways. First, Ombudsman programs are subject to the laws or rules of their host agency. For example, Ombudsmen whose Offices or local Ombudsman entities are located in state and local government agencies are government employees. State laws often prohibit government employees from lobbying, unless they are registered lobbyists. There may also be policies that prevent employees from registering as a lobbyist, thereby limiting ability to conduct systems advocacy. The Final Rule clarified that the Ombudsman and representatives of the Office are to be excluded from any State lobbying prohibitions, to the extent that such requirements are inconsistent with section 712 of the Act. However, State Ombudsmen reported that prohibitions remain in place. In some instances, the State Ombudsman is a registered lobbyist which allows him or her to engage in legislative advocacy, but this issue is unresolved for local Ombudsmen. For example, if a legislator contacts a local Ombudsman about a concern that requires advocacy on an issue, the local Ombudsman must then forward those concerns to the State Ombudsman to handle. In other instances, a State Ombudsman may be restricted from engaging in systems advocacy because of the Office's placement in a state agency. The State Ombudsman may turn to local Ombudsmen whose local Ombudsman entities are located in nonprofit agencies to carry out systems advocacy.

In addition to legislative advocacy, State Ombudsmen whose statewide program is located within state and local government agencies reported other systems advocacy restrictions, such as speaking with the media. Others with Offices that are located in state agencies noted that while they are able to advocate, they need to seek prior approval or provide advance notice of their positions before providing testimony on proposed bills or making recommendations to legislation.

Another type of organizational placement that can impede systems advocacy activities – particularly at the local level – occurs when local Ombudsman entities are located in legal services agencies. Local Ombudsman entities that are hosted by legal services agencies that receive funding from Legal Services Corporation (LSC)[26] are prohibited from lobbying or engaging in grassroots organizing.

Third, organizational placement may inhibit systems advocacy activities when Ombudsman programs are housed in agencies whose primary mission is the provision of LTSS. Tensions may arise if Ombudsmen take advocacy positions that bring attention to the inadequacy of services provided by their host agency.

Political Interests. State Ombudsmen reported that political interests can also hinder systems advocacy, regardless of organizational placement. For example, programs face political pressure from provider associations that are reluctant to support regulations to increase minimum staffing ratios.

Lack of Experience. At the local level, State Ombudsmen reported that some staff are inexperienced with, or apprehensive about engaging in systems advocacy. Although local Ombudsmen may be comfortable with individual advocacy or participating in work groups, they can be intimidated by activities that involve speaking with legislators or the media. One State Ombudsman reported strategies to support

[26] Established by Congress in 1974, Legal Services Corporation (LSC) is an independent nonprofit that provides financial support for civil legal aid to low-income Americans. LSC awards grants to legal aid organizations, some of which host the Ombudsman program.

local Ombudsmen in their systems advocacy efforts, including providing trainings on how to engage with legislators and legislative staff and to equip them with information to educate others about the Ombudsman program. Various advocates were invited to speak with staff, providing tips to use in their advocacy efforts as well as tools to build skills and increase their confidence in carrying out systems advocacy work.

Misunderstandings About Program Autonomy. Lastly, misunderstandings about the Ombudsman program's independence were also reported to impede systems advocacy work. State Ombudsmen reported the need to educate state directors, legislators, and other stakeholders on the program's autonomy and its need for independence to be an effective advocate for residents. Tensions may arise when the program advocates on behalf of residents who are adversely affected by the policies and actions of the agencies that SUAs and AAAs represent. However, by advocating for the development and implementation of laws, regulations, and administrative action that affect residents – even when they differ from the policies and positions of the agency where the program is located – the LTCOP is fulfilling its mandated function. This inherent tension can create misunderstanding among agencies, state and local government, and the Ombudsman program unless there is a clear understanding and acceptance by all parties of the program's mandate to serve as the independent voice of long-term care residents.

Education and Outreach

LTCOP education and outreach activities can be grouped into two categories:

1) Efforts to promote and educate people about the Ombudsman program (e.g., its role and services) to spread awareness about, and increase access to the program.

2) Efforts to educate people about LTSS to improve the quality of these services and resident access (e.g., explaining LTSS options and residents' rights to residents or explaining provider requirements to facility staff and administrators).

According to FFY 2017 NORS data, Ombudsman programs carried out the following education activities:

- Ombudsman programs provided information on rights, care, and related services to individuals and long-term care facility staff on 529,098 occasions, ranging from 413 to 85,352 occasions across programs.
- Ombudsman programs conducted 10,170 community education sessions, ranging from two to 1,686 sessions across programs.
- Ombudsman programs attended 22,999 resident and family council meetings, ranging from two to 3,447 meetings across programs.

Promoting the LTCOP

State Ombudsmen reported multiple strategies to promote awareness of the Ombudsman program among long-term care facility residents and family members, the general public, facility staff, and coordinating entities:

- **Posters**. Federal regulations require that nursing homes post contact information about the Ombudsman program in their facilities. Most Ombudsmen noted that they supplement with program posters to include more information about the LTCOP such as its mission statement, the

name of the State Ombudsman, the name of the local program, contact information, and photos of Ombudsmen assigned to the facility.

- **Brochures and pamphlets.** Programs also have informational brochures and pamphlets that describe the program and provide contact information. In some cases, brochures also contain information about residents' rights. Ombudsmen distribute these materials during facility visits or ask facilities to provide them on a table in the facility or as part of admission packets. Ombudsmen also share these materials when they attend outreach events, such as conferences or in community locations such as libraries and doctor's offices.
- **Social media**. A few Ombudsmen described efforts to have a social media presence (e.g., Facebook).
- **Regular visits with residents.** State Ombudsmen reported regular facility visits as an important means to disseminate information about the Ombudsman program and ensure access to Ombudsman advocacy services. A few State Ombudsmen reported targeting outreach efforts at residents who are new, appear to be alone, or are not particularly vocal. Ombudsmen may also wear lanyards or ID badges to identify themselves during facility visits.
- **Resident and family councils.** Programs participate in resident and family councils by attending meetings and delivering presentations about the Ombudsman program.
- **Presentations at facilities.** Ombudsmen give presentations to residents and facility staff to explain the role of the LTCOP. A few State Ombudsmen reported speaking at orientations for new residents.
- **Community and governmental organization meetings**. A few State Ombudsmen described speaking at community meetings such as those held by civic groups, caregiver groups, and Rotary Clubs.
- **Community education.** Several State Ombudsmen reported attending a variety of community events and staffing booths with information about the LTCOP. These activities included health fairs, senior center fairs, state fairs, housing fairs, and conferences.
- **Media.** Some State Ombudsmen reported promoting the program on radio shows, or in newspaper ads.

Two State Ombudsmen recommended launching a national campaign to spread awareness of the Ombudsman program; one explained that national advertising would be more effective than state and local efforts to raise awareness.

To educate the state legislature, host agencies, and entities with which the Ombudsman program coordinates, the following efforts were used:

- One program educates the legislature about the LTCOP and the need for a regular presence in facilities in order to identify complaints. Another Ombudsman discussed the importance of educating state directors, legislators, and others to understand the need for LTCOP independence. This Ombudsman noted that the Final Rule has strengthened the program and helped support them to justify their need for independence.
- One State Ombudsman reported building relationships with industry provider groups and lobbyists to raise awareness about the Ombudsman program, in the hopes that the information would be shared with their providers.

- One state educated its host agency on the LTCOP's work because the agency did not fully understand the program.
- One State Ombudsman reported educating coordinating entities about their program because they can work together more productively when those entities understand their work and their confidentiality requirements.
- A few programs cross-train with other state agencies, such as the Medicaid Division or the Office of Ombudsman for Managed Care. LTCOPs also provide information to legislatures about long-term care issues, and they offer trainings and speak at conferences for non-state entities, such as provider associations, AARP, or disability rights groups.

Providing Education on Long-Term Services and Supports

State Ombudsmen described their programs' efforts to educate residents, family members, facility staff and administrators, and coordinating entities about a range of LTSS issues.

Education for Residents and Family Members. State Ombudsmen described hosting one-on-one education and group sessions at resident council meetings. The goal of these interactions was to empower residents by teaching them about their rights, how to address concerns, and the resources available to them. Ombudsmen also advise residents on what they should expect from facilities and the care they receive. They also advise family members on how to advocate for residents and understand the long-term care system. One State Ombudsman explained, "I truly believe in empowerment, that if you help people understand, you provide them with some education about their rights…you give them support, you're empowering them to then address issues themselves and to resolve problems and to generally make their life better."

A few State Ombudsmen reported that residents and family members may not know what they can expect from facilities (i.e., what is typical, and what should be addressed). One State Ombudsman informed residents and families where to find additional services outside of the Ombudsman program such as Crime Victim Services. Another Ombudsman described advising families on how to solicit accurate information from the resident about the care they are receiving. This involved advising families to take the resident out of the facility to a relaxing place such as a mall or church and then ask them about the care they receive. The State Ombudsman added that because residents may be at risk for psychological abuse, they may not feel comfortable sharing concerns while they are in the facility. Additionally, a few State Ombudsmen indicated educating potential consumers by hosting resident rights training in facilities. Another State Ombudsman described an annual statewide event focused on educating residents on their rights.

To address residents' needs and advocate effectively on their behalf, the Ombudsman program is expected to form relationships with individual residents as well as groups by developing resident councils. Work with resident councils is specified in the Final Rule under 45 CFR §1324.19(6), which mandates that the Ombudsman program "promote, provide technical support for the development of, and provide ongoing support as requested by resident and family councils." Resident councils can help Ombudsman programs develop advocacy agendas (e.g., person-centered care), and provide a platform for training residents on matters that directly affect them. One State Ombudsman reported developing a coalition of families and nursing home providers to educate staff on reducing inappropriate use of anti-psychotic drugs in nursing homes and other facilities.

Resident and family councils also play a role in the training of local Ombudsmen. In fact, 45% of local Ombudsmen and 12% of State Ombudsmen reported attending resident council meetings as part of their initial training (Exhibit 67). These trainings help increase awareness of the Ombudsman program among residents and in some cases, even among facility staff that may not be aware of the program's work. The Ombudsman program also coordinates with resident and family councils by obtaining feedback on how to improve Ombudsman program service delivery.

A few State Ombudsmen coordinate with other entities to provide resident services, either by working together, or referring residents to other entities. For example, one LTCOP works with members of a task force against elder abuse to provide information to the public about abuse, neglect and exploitation. Another program helps connect the state's Options counselor with residents who need information of community-based LTSS options.

Community Education. Ombudsmen engage in community-facing education events whose goal is to engage consumers with the Ombudsman program before they need LTSS. State Ombudsmen described conducting community education efforts via media outlets and at community events. Additionally, a few State Ombudsmen indicated they educate consumers by attending health fairs. One program works with the media to educate the public about financial exploitation and residents' rights. A few State Ombudsmen reported that, due to time constraints, they are unable to make community education a top priority, despite wanting to engage more in these efforts. One State Ombudsman noted that community education about long-term care is important because many people mistakenly believe that Medicare covers these services or they confuse the Ombudsman program with other types of ombudsmen providers in their state.

Education for Providers. Several State Ombudsmen described providing education or training to long-term care facility administrators or staff on topics such as residents' rights, provider requirements, person-directed care, quality of life, and financial exploitation.

- Forty-five percent of local Ombudsmen reported providing information to a public or private agency as well as providing or coordinating training for facilities, respectively (Exhibit 55).
- A few State Ombudsmen described determining the type of provider training based on problems identified in multiple facilities. For example, one state uses NORS data to determine the most common complaint types and then establishes trainings for providers in those problem areas. Another state program discusses common issues Ombudsman staff observe in facilities during their staff meetings and they use that opportunity to identify training needs of providers.
- Ombudsmen have educated facility staff and provider associations about which discharge notices to send to the Ombudsman program, a requirement of the revised nursing home regulations.
- State Ombudsmen reported providing training to facility staff on topics such as dementia, behavioral health, and mental health conditions. One state Ombudsman program coordinated a statewide training on appropriate care for residents with dementia, and another program is involved in a dementia care workgroup that focuses on reducing inappropriate use of anti-psychotic medications.

Exhibit 55: Education/Outreach Activities Performed by Local Ombudsmen

Education/Outreach Activities	Local Ombudsmen N=485[a]
Providing information to a public or private agency	45%
Providing or coordinating training for facilities or providing information to facility corporate leadership	45%

[a] Missing=12

Perceptions of Awareness of Ombudsman Program among National Stakeholders

Stakeholders reported that while there may be a high level of awareness and understanding of the Ombudsman program among entities within the aging network, they also reported that awareness of the Ombudsman program among consumers is likely much lower and insufficient.

- Some stakeholders noted that residents' familiarity with the program varies based on the regularity of Ombudsmen's visits. They noted that it is challenging to have a presence in every facility given the program's limited resources. One stakeholder noted that publicizing the program beyond the current level could create more demand than the program is able to meet.
- A few stakeholders framed the lack of knowledge of the Ombudsman program in the context of a broader lack of public understanding of long-term care issues.
- One stakeholder wondered whether consumers mistakenly think Ombudsmen are employed by the facility where they reside.
- A few stakeholders reported that LTCOP posters that are placed in facilities help increase awareness about the program once residents move in.

5.4. Recommendations

- Given the limited resources of many Ombudsman programs, meeting federal requirements as described in the OAA and the Final Rule is challenging. Few Ombudsmen at either the state or local level reported that their existing resources are adequate to meet federal mandates. Consideration of ways to address this mismatch between mandates and available funding is needed among stakeholders at all levels. There is a need for more guidance and support for State Ombudsmen around identifying and advocating for potential funding.
- At the conclusion of the outcome evaluation, ACL should work with stakeholders to determine whether the IOM's 1995 recommended minimum staffing ratio of one FTE Ombudsman per 2,000 long-term care facility beds is adequate or needs revising.
- SUA Directors should ensure that policies and procedures are in place that support the State Ombudsman's ability to determine the use of the fiscal resources appropriated or otherwise available for the operation of the Office, as well as approval of allocations of federal and state funds provided to local Ombudsman entities, as appropriate.
- Some State Ombudsmen reported that their expertise in financial management was insufficient for them to handle all of their fiscal responsibilities under the Final Rule. Additional training opportunities may be needed from relevant host agencies to address this shortcoming.

- States with volunteer Ombudsmen should ensure that they have staff with the time and expertise to provide adequate volunteer management. To improve volunteer recruitment, training, and management, resources to support for a dedicated volunteer coordinator at the state or local level should be considered.
- State Ombudsmen should provide or arrange additional training on systems advocacy to local Ombudsmen.
- Further education and guidance is needed to address State Ombudsmen's concerns related to assigned legal counsel and potential conflicts of interest. While most State Ombudsmen reported positive experiences with legal counsel, lack of familiarity with the program remains a concern for some. State Ombudsmen should encourage attorneys assigned to the program to receive additional training, including completion of certification training.

Chapter 6. Research Question 3: With whom do LTCOPs partner, and how do LTCOPs work with partner programs?

6.1. Key Findings

6.1.1. Role of Partnerships at the Federal Level

1. At the federal level, the Administration for Community Living's (ACL) Central and Regional Offices play important roles in facilitating relationships with national stakeholders and other entities to advance the Long-Term Care Ombudsman program's (LTCOP, or Ombudsman Program) mission, increase the program's visibility, and identify areas where training and technical assistance are needed.
2. The goals of partnership at the national level are to increase awareness and understanding about the Ombudsman program among relevant entities, and to ensure that the concerns of long-term care residents are represented in the development of new policies and regulations.

6.1.2. Types of Partnerships and Interactions at the Federal, State, and Local Levels

1. The Ombudsman program partners with a broad range of federal and state agencies (some of which make up the aging network), associations, nonprofits, long-term care providers, work groups, coalitions, and other partners with missions that are relevant to populations that the Ombudsman program serves.
2. While all State Ombudsmen reported dedicating time to develop and maintain partnerships on behalf of their statewide programs, a smaller percentage (75%) of lead local Ombudsmen reported engaging in these efforts, and even fewer (35%) local Ombudsmen (without managerial responsibilities) reported allocating time to these activities.
3. Partnering with other entities supports the Ombudsman program's mandate for individual and systems advocacy, as well as education and outreach. For all activities, State Ombudsmen often reported coordinating with Adult Protective Services (APS), facility and long-term care provider licensure and certification programs, Area Agencies on Aging (AAA), the State legal assistance developer, and legal assistance/legal aid programs.

6.1.3. Requirements for Coordination with Entities and Perceptions of Effectiveness

1. The Final Rule's requirement for the State Ombudsman to provide evidence of coordination with entities, such as memoranda of understanding (MOUs), was generally perceived by State Ombudsmen as a positive development that has improved communication and provided much needed clarification about roles and responsibilities. However, a few State Ombudsmen described this requirement as unnecessary and sometimes disruptive to longstanding, informal relationships.
2. A majority of State Ombudsmen reported that, for most entities with which they are required to coordinate, collaborative relationships enable their programs to meet the needs of long-term care residents. The frequency with which these relationships were reported as important was lower among local Ombudsmen.

3. National stakeholders reported that both the level of engagement and the effectiveness of relationships with the Ombudsman program are strong at the federal level (with ACL), but they vary across and within programs.
4. State Ombudsmen and national stakeholders reported that relationships with other entities are most effective when there is ongoing communication and a clear understanding of roles and responsibilities. The inability to interact regularly, and lack of clarification of roles and responsibilities can prevent critical partnerships from being fully developed and utilized.

6.1.4. Benefits and Challenges of Partnerships

1. Other entities benefit from the Ombudsman program's unique perspective and knowledge about resident issues, given their intimate and frequent interaction with long-term care residents, and facility staff.
2. Partnerships with external entities are particularly important when Ombudsman programs are constrained by limited funds and staffing.
3. Developing and maintaining effective partnerships requires allocating resources on the part of both the Ombudsman program and the partnering agency or organization. Accordingly, a lack of resources on either or both sides can create barriers to fully leveraging these relationships to serve the interests of long-term care residents.

6.2. Introduction

The Older American's Act (OAA) requires that the Office of the State Long-Term Care Ombudsman (Office or Office of the SLTCO) coordinate Ombudsman services with specific entities to enhance the program's capacity to engage in individual advocacy, systems advocacy, and education/outreach. These services include protection and advocacy systems (P&As) for individuals with developmental disabilities and mental illnesses, legal assistance, state and local law enforcement agencies, and courts of competent jurisdiction [Section 712(h)(7)]. The Long-Term Care Ombudsman Programs Final Rule (Final Rule) further underscored the importance of these coordinated efforts, requiring that State Ombudsmen "shall lead state-level coordination, and support appropriate local Ombudsman entity coordination, between the Ombudsman program and other entities with responsibilities relevant to the health, safety, well-being or rights of residents of long-term care facilities" [45 CFR § 1324.13(h)(10)]. Among the other entities enumerated in the Final Rule are Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), Adult Protective Services (APS), facility and long-term care provider licensure and certification programs, the State Medicaid fraud control unit, and victim assistance programs.

This chapter describes Ombudsman program partnerships at the federal, state, and local levels, with special focus on the ten entities with which the OAA and Final Rule require the LTCOP to coordinate. Next, it describes the purpose of these partnerships, and factors that facilitate or hinder their development and optimization.

It should be noted that not all Ombudsman relationships with entities are partnerships in the traditional sense of collaborators working toward shared goals. Because Ombudsmen and representatives of the Office represent the interest of residents – and not the host agency or other entity – at times they may be at cross-purposes with organizations with which they coordinate. Representing residents' interests may also create tension resulting from adherence to different philosophical approaches (with Ombudsmen following a resident-centered approach), even if the goal of the partnership is the same. For simplicity,

this chapter uses the terms “partners” and “coordinating entities” interchangeably, although these relationships may involve different motives and processes.

6.3. Findings

6.3.1. LTCOP Partnerships at the Federal Level

Given the Ombudsman program’s wide-ranging responsibilities, staff at the federal, state, and local levels coordinate with a large network of entities that also play important roles in residents’ health, safety, welfare, and rights. At the national level, ACL’s Central and Regional Offices build relationships with federal agencies, national stakeholders, and other entities to advance the program’s mission and educate stakeholders about Ombudsmen’s advocacy on behalf of long-term care residents and to ensure that the concerns of long-term care residents are adequately represented in the development of new policies and regulations that impact this population. These efforts are further supported by the National Long-Term Care Ombudsman Resource Center (Resource Center, an ACL funded training and technical assistance provider), Consumer Voice, and national membership organizations that represent the Ombudsman program’s staff or host agencies, including the National Association of States United for Aging and Disabilities (NASUAD), National Association of State Ombudsman Programs (NASOP), and National Association of Local Long-Term Care Ombudsmen (NALLTCO).

ACL’s Central Office staff reported working with a broad range of federal agencies, including divisions within the Department of Health and Human Services (DHHS), such as the Centers for Medicare & Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). For example, ACL Central Office staff met with CMS on an ongoing basis as new regulations for home and community-based services (HCBS) were being developed. These meetings ensured that development of the new regulations considered the interests of long-term care residents. Other agencies that ACL works with include the Department of Justice (DOJ), the Federal Trade Commission (FTC), and the Social Security Administration (SSA).

In addition to federal agencies, ACL’s Central Office staff interacts with national member associations that often coordinate with Ombudsman programs. These include NASUAD, the National Association for Area Agencies on Aging (n4a), National Adult Protective Services Association (NAPSA), and National Disability Rights Network (NDRN).Other national-level partners and stakeholders include healthcare provider associations such as the American Health Care Association (AHCA), Argentum, and LeadingAge, as well as a wide array of organizations that focus on diverse issues that are relevant to long-term care residents. These organizations include Altarum Institute, the Consumer Coalition for Quality Health Care, Justice in Aging, Center for Medicare Advocacy, and the Pioneer Network, among others.

Many federal staff and stakeholders reported that ACL’s Director of the Office of Long-Term Care Ombudsman Programs and the Ombudsman Program Specialist play significant roles in forging relationships at the national level. They reported having regular communication and meetings that help maintain key relationships and they expressed appreciation for the opportunity to receive updates on program activities and relevant policies in other parts of the country. Most stakeholders also reported that the mission of the program and authority to represent residents are major strengths in motivating these partnerships, and that the Ombudsman program is invaluable for ensuring that long-term care residents have an advocate.

ACL's coordination efforts at the federal level are intended to flow down and support coordination between state Ombudsmen programs and national, state, and local entities. For example, ACL coordinated with NDRN to facilitate Ombudsman programs work with protection and advocacy systems at the state level. ACL also facilitates communication between the Resource Center and other national-level resources that focus on populations that are relevant to the Ombudsman program. Examples include the National Limb Loss Resource Center, the Traumatic Brain Injury Resource Center, and the Independent Living Resource Center. Additionally, ACL coordinates with NASOP and NALLTCO to provide Ombudsmen with relevant, federal-level information that may impact the program's work at the state or local levels. ACL's Regional Office staff may coordinate meetings between State Ombudsmen in their regions and representatives from APS, CMS, or legal services developers. These meetings provide opportunities to identify shared goals and strategies for collaborative problem-solving.

6.3.2. OAA and Final Rule Requirements for Coordination

As described earlier, the OAA and Final Rule require that the Office of the SLTCO coordinate Ombudsman services with specific entities that have responsibilities for the health, safety, well-being or rights of residents of long-term care facilities. Under the Final Rule, furthermore, State Ombudsmen are required to demonstrate evidence of coordination with each of these entities. This requirement can be met with memoranda of understanding (MOUs), policies and procedures outlining coordination requirements, joint participation in working groups or standing meetings, cross-training opportunities, and referral protocols. State Ombudsmen are also required to establish and provide ongoing support to promote coordination with relevant entities at the local levels in a manner that supports their program's activities.

While all State Ombudsmen reported dedicating time to develop and maintain partnerships on behalf of their programs, a smaller percentage (75%) of lead local Ombudsmen reported engaging in these efforts, and even fewer (35%) lead local Ombudsmen (without managerial responsibilities) reported allocating time to these activities.

Exhibit 56 presents the 10 entities with which Ombudsman programs are required to coordinate and the extent to which State and lead local Ombudsmen reported having regular interactions with these entities.

Exhibit 56: Regular Interaction with Entities Enumerated in the OAA and LTCOP Final Rule

Regular Interaction with Entities Enumerated in the OAA and Final Rule	State Ombudsmen %	State Ombudsmen N	Lead Local Ombudsmen %	Lead Local Ombudsmen N
Area Agency on Aging	81%	52	87%	187
Aging and Disability Resource Center	69%	52	59%	183
Adult Protective Services	87%	52	87%	188
Protection and Advocacy Systems	71%	52	57%	175
Facility and long-term care provider licensure and certification program	94%	52	78%	187
State Medicaid fraud control	61%	51	44%	178
Victim assistance programs	24%	52	34%	175
State and local law enforcement agencies	51%	52	60%	179
Courts	39%	52	23%	172
State legal assistance developer and legal assistance/legal aid programs	80%	52	58%	180

A high percentage of both State and lead local Ombudsmen reported that their programs coordinate with licensing and certification programs, APS, and AAAs. The program's collaboration with monitoring and enforcement agencies warrants special attention. The Ombudsman program's approach is distinct from, and designed to complement long-term care provider licensure and certification agencies and programs. In contrast to the work of federal and state surveyors, the Ombudsman program does not have enforcement or regulatory oversight authority, nor does it sanction facilities for poor performance. Rather, the Ombudsman program supports surveyors and licensing agencies in addressing quality of care and protection of rights by providing complaint resolution services at the facility level, with limited outside intervention, and by maintaining a regular presence in these settings. This resident-directed complaint resolution process provides an option to address concerns for residents who might be hesitant to use formal mechanisms, such as the state survey agency for fear of reprisals or other reasons. In this way, the Ombudsman program offers an alternative dispute resolution method that supplements formal channels that are already in place.

Compared to lead local Ombudsmen, State Ombudsmen were more likely to report coordinating with the state legal assistance developer and legal assistance/legal aid programs, ADRCs, and P&As than lead local Ombudsmen. In contrast, lead local Ombudsmen reported coordinating with state and local law enforcement agencies and victim assistance programs more often than State Ombudsmen.

Other Partners

Ombudsman programs interact with a wide range of entities beyond those required by law and regulation. Among the additional entities about which State and lead local Ombudsmen were asked, State Ombudsmen most frequently reported coordinating with provider associations, quality improvement organizations (QIOs), veterans administration, disability groups, behavioral or mental health departments, and emergency preparedness teams. In general, coordination with these entities is carried out more often by State Ombudsmen than lead local Ombudsmen (Exhibit 57).

Exhibit 57: Other Entities with whom the State and Local Ombudsmen Programs Coordinate

Other Entities with whom the LTCOP Coordinates	State Ombudsmen N=52	Lead Local Ombudsmen N=189
Managed Care Organizations (MCOs)	37%	38%
Quality Improvement Organizations (QIOs)	71%	25%
Centers for Independent Living	44%	33%
Senior Medicare Patrol (SMP)	46%	30%
Provider Associations	81%	23%
Consumer Advocacy Groups	50%	37%
Physician Groups	13%	6%
Hospitals and Hospital Associations	37%	34%
Behavioral or Mental Health Departments	54%	50%
Disability Groups	56%	30%
Veterans Administration – State	58%	47%
Veterans Administration – Federal	17%	19%
Emergency Preparedness Teams	54%	33%
Other	15%	6%

State Ombudsmen reported working with a number of other partners including AARP, the Alzheimer's Association, the National Association for Social Workers, long-term care worker unions, state legislatures, consumer protection agencies, the Better Business Bureau, Money Follows the Person programs, universities, and independent researchers. Local Ombudsmen also reported partnering with diverse organizations, including the Retired Senior Volunteer Program (RSVP), the coroner's office, fire departments, faith-based organizations, the SSA's Office of the Inspector General, elected representatives, career centers, and domestic violence and sexual assault programs.

Beyond building and maintaining relationships with relevant partners, the Ombudsman program also actively participates in work groups and coalitions that address issues affecting long-term care residents and other stakeholders. Some coalitions focus on specific issues such as behavioral health, guardianships, nursing home culture change, and elder abuse, while others maintain a broad focus on a wide range of issues affecting older adults. State Ombudsmen also contribute to coalitions by holding regular meetings, organizing conferences and presentations on relevant topics, and developing and providing cross-training opportunities for partners and Ombudsmen. At the local level, lead local Ombudsmen reported engaging in state and local work groups such as elder abuse task forces (Exhibit 58).

Exhibit 58: State and Local Level Work Groups

State and Local Level Work Groups	Lead Local Ombudsmen N=189
Elder abuse task forces	52%
Culture change coalitions	26%
WINGS (guardianship groups)	10%
Ethics committees	10%
LANEs (Advancing Excellence for Nursing Homes)	4%
Other	14%

State, local, and volunteer Ombudsmen reported that they also view long-term care providers, staff, and administrators as partners in serving long-term care residents. Staff and administrators can help Ombudsmen identify issues before they rise to the level of a formal complaint, and in some cases, they collaborate with Ombudsmen to address these concerns.

6.3.3. Activities Supported by Partnering with Other Entities

State Ombudsmen reported leverage partnerships to support the program's mandate to engage in individual advocacy, systems advocacy, and education/outreach. Certain relationships, such as those with licensing and certification programs, provide the "teeth" that compel facilities to improve care. In cases where the program's resources are limited, these partnerships often "fill the gap" in service delivery. It is important to stress that programmatic resources refer to tangible assets such as funding and staffing, as well as less tangible ones such as specialized expertise, access to information, as well as connections to influential people in aging services, the legislature, or other entities that impact activities that fall under the program's legislative mandate.

Individual Advocacy

The Ombudsman program's mandate to engage in individual advocacy includes an array of activities to protect and promote the health, safety, welfare, and rights of individual residents of long-term care facilities. These efforts include, but are not limited to, routine Ombudsman visits to long-term care facilities, complaint investigation and resolution, information provisions about LTSS services, assistance with transitioning a resident from a long-term care facility to a home setting, consultation with residents or their family members, and obtaining legal assistance for resident representation.

Among the entities with which Ombudsman programs are required to coordinate, APS and facility and long-term care provider licensure and certification programs were reported by State and lead local Ombudsmen as being the most common partners for addressing individual advocacy. A high percentage of State Ombudsmen also reported often working with the State legal assistance developer and legal assistance/legal aid programs to address individual resident issues (Exhibit 59).

Exhibit 59: Organizations with whom Ombudsmen Partner to Advance Individual Advocacy Goals

Purpose of Interaction is Individual Advocacy	State Ombudsmen %	State Ombudsmen N	Lead Local Ombudsmen %	Lead Local Ombudsmen N
Area Agency on Aging	54%	52	62%	178
Aging and Disability Resource Center	61%	51	55%	174
Adult Protective Services	90%	52	82%	186
Protection and Advocacy Systems	63%	51	53%	172
Facility and long-term care provider licensure and certification program	87%	52	75%	182
State Medicaid fraud control	55%	51	42%	175
Victim assistance programs	29%	51	33%	171
State and local law enforcement agencies	51%	51	61%	174
Courts	43%	51	33%	169
State legal assistance developer and legal assistance/legal aid programs	80%	51	56%	172

In resolving resident complaints, forging relationships with relevant entities is important not only for obtaining important information to address specific concerns, but also for setting up referral mechanisms that benefit residents. Ombudsmen, for example, coordinate with APS on complaints related to abuse, neglect, or exploitation. For facility-related concerns – such as a nursing home closure – Ombudsmen may coordinate with licensing and certification programs to monitor the facility closure process. Issues related to guardianship and power of attorney may lead Ombudsmen to connect residents to legal assistance providers. Alternatively, other agencies, such as protection and advocacy programs, may refer resident issues they observe during a facility visit to the Ombudsman program.

Individual advocacy can be, and often is, carried out through coordination with multiple partners. For example, to address a facility closure and ensure all residents are safely transitioned to a new care setting, the Ombudsman program may coordinate with a team of partners including licensing and certification, the Department of Health, managed care plans, and housing providers.

In addition to the entities listed in Exhibit 59, Ombudsmen also work with facility staff and administrators to address resident concerns and complaints. Some State Ombudsmen noted that although they focus on residents' needs, they also try to develop productive relationships with facility staff because these relationships can facilitate problem solving. They noted that these collaborations do not mean that relationships with facility staff are without conflict, but having credible and productive relationships with facility staff can often lead to greater cooperation, which ultimately benefits residents. One State Ombudsman noted that when Ombudsmen are not viewed as antagonistic, facility staff are more likely to be receptive to discussing how to resolve problems and share information that helps resolve problems quickly. Another noted that when facility staff view the Ombudsman program as a resource and trust Ombudsmen, issues can be addressed effectively through informal channels before they rise to the level where a formal complaint is needed.

One State Ombudsman attributed the large number of complaints that the program receives from facility staff to their comfort involving Ombudsmen in resident concerns. The State Ombudsman explained that facility staff may report a complaint to the Ombudsman when their efforts have fallen short and when they believe an Ombudsman can help diffuse conflict with a resident or a resident's family member. In other cases, facility staff may submit a complaint about facility practices that may undermine resident interests.

Systems Advocacy

Systems advocacy encompasses a range of activities aimed at improving the long-term care system, including analyzing and monitoring federal, state, and local law, regulations, and other government policies and actions; facilitating public comments on proposed legislation, laws, regulations, policies, and actions; and research and policy analysis to understand the impact of trends and policy changes on the quality of care received by long-term care facility residents.

Exhibit 60 shows that the most common partnerships for systems advocacy among both State and lead local Ombudsmen were facility and long-term care provider licensure and certification programs, AAAs, APS, and the State legal assistance developer and legal assistance/legal aid programs. While both State and lead local Ombudsmen reported coordinating with other entities to carry out systems advocacy, State Ombudsmen reported greater involvement in these efforts.

Exhibit 60: Organizations with whom Ombudsmen Partner to Advance Systems Advocacy Goals

Purpose of Interaction is Systems Advocacy	State Ombudsmen %	State Ombudsmen N	Lead Local Ombudsmen %	Lead Local Ombudsmen N
Area Agency on Aging	65%	51	60%	181
Aging and Disability Resource Center	31%	51	36%	168
Adult Protective Services	63%	51	44%	174
Protection and Advocacy Systems	52%	50	39%	171
Facility and long-term care provider licensure and certification program	80%	51	51%	176
State Medicaid fraud control	43%	51	25%	171
Victim assistance programs	25%	51	21%	167
State and local law enforcement agencies	35%	51	28%	172
Courts	20%	50	16%	165
State legal assistance developer and legal assistance/legal aid programs	63%	51	27%	172

State Ombudsmen described a number of ways in which they coordinated with other entities to support legislative advocacy. Some reported working with the legal assistance developer and legal assistance/legal aid programs, as well as their assigned legal counsel to review proposed legislation or regulations, drafting comments, and preparing testimony. In addition, Ombudsmen may seek input or comments on proposed legislation from other agencies that may interact directly with residents – such as APS – to ensure they have a thorough understanding of all sides of key issues. Ombudsmen also reported enlisting other agencies to testify in support of legislation that the program promotes.

State Ombudsmen reported working with licensing and certification programs on improving training for facility staff to address broader concerns about quality of care within a particular facility or group of facilities. Additionally, P&As may bring forth lawsuits against individual facilities or corporations for providing poor care, and Ombudsmen may refer residents to join those suits as complainants.

In addition to the entities listed in Exhibit 60, Ombudsmen also work with provider associations on improving long-term care by sharing NORS data, survey data, and other information to help identify problems and their solutions. State Ombudsmen also reported partnering in systems advocacy work with AARP, the Alzheimer's Association, Pioneer Network, the Better Business Bureau, consumer protection agencies, and the Department of Veterans Affairs. Many of these organizations participate with the Ombudsman program in work groups, task forces, or coalitions. These collective efforts are particularly useful for leveraging networks and resources to focus attention on specific issues such as elder abuse, disability rights, mental and behavioral health, LGBT rights, and financial exploitation.

In other instances, Ombudsman programs work with less traditional partners. One State Ombudsman reported that their state passed legislation requiring utility companies to designate their survey agency as their third party contact. This authorizes the survey agency to receive and forward the duplicate notification of any service termination (e.g., gas, water, or electricity) to the State Ombudsman. Such advance notice allows the program to work with facilities to address the issue and represent residents' interests, thereby avoiding lapses in service that could endanger residents' health, safety, or welfare.

Coordination with entities may also satisfy multiple programmatic functions. One State Ombudsman reported that their partnership with a nonprofit organization on systems advocacy work resulted in recruiting volunteers for the program.

Education/Outreach

Ombudsman programs are required to educate the public and stakeholders about the program's services as well as options for obtaining LTSS. Ombudsmen provide this information through multiple channels, including regular meetings, conferences, presentations, publications (e.g. newsletters, brochures, etc.), and other media (e.g. television or radio). As part of these efforts, Ombudsmen may coordinate with other entities to reach a broader audience of consumers and potential agency partners about its advocacy services. State Ombudsmen most frequently reported coordinating with facility and long-term care provider licensure and certification programs (76%), AAAs (71%), and APS (69%) to conduct education and outreach activities. Lead local Ombudsmen also reported partnering most often with AAAs (76%), and APS (60%) for this work (Exhibit 61).

Exhibit 61: Organizations with whom Ombudsmen Partner to Advance Education/Outreach Goals

Purpose of Interaction is Education/Outreach	State Ombudsmen %	State Ombudsmen N	Lead Local Ombudsmen %	Lead Local Ombudsmen N
Area Agency on Aging	71%	51	76%	181
Aging and Disability Resource Center	58%	50	52%	169
Adult Protective Services	69%	51	60%	179
Protection and Advocacy Systems	43%	51	43%	173
Facility and long-term care provider licensure and certification program	76%	51	49%	174
State Medicaid fraud control	35%	51	31%	172
Victim assistance programs	26%	50	34%	167
State and local law enforcement agencies	31%	51	45%	170
Courts	16%	50	17%	159
State legal assistance developer and legal assistance/legal aid programs	45%	51	40%	170

Ombudsman programs also partner with organizations to provide trainings to LTSS providers on a variety of issues affecting residents. These include trauma informed care, culture change, reducing inappropriate prescribing of antipsychotic drugs, and other topics. Partners such as the Pioneer Network provide the Ombudsman program with materials and resources related to culture change that the program uses in training providers and facility staff to implement person-centered care. Provider associations are also an important partner in helping the Ombudsman program offer education and training to facility staff because they coordinate with their state and local-level affiliates to create these training opportunities.

In addition to training delivery, State Ombudsmen and stakeholders reported that cross-training was useful to promote understanding of each entity's respective roles and learn about the issues affecting long-term care residents. These trainings also provide opportunities for partners to identify shared goals and strategize on addressing common issues.

6.3.5. Sufficiency and Effectiveness of Partnerships

The adequacy and level of engagement of partnerships that support Ombudsman program activities vary by partnering agency. Exhibit 62 shows that a majority of State Ombudsmen reported that their relationships with most entities enable their statewide programs to meet the needs of long-term care facility residents. However, it is noteworthy that for the program's major partners (e.g., AAAs, APS, facility and long-term care provider licensure and certification programs, and the State legal assistance developers, and legal assistance/legal aid programs), somewhere between one quarter and one third of State Ombudsmen did *not* report that these relationships enabled their statewide programs to meet residents' needs. Among lead local Ombudsmen, the percentage reporting that these relationships enable their programs to meet residents' needs was even lower.

Exhibit 62: Relationship with Entities Enables Ombudsman Program to Meet Residents' Needs

Relationship with Entities Enables Ombudsman Program to Meet Residents' Needs	State Ombudsmen %	State Ombudsmen N	Lead Local Ombudsmen %	Lead Local Ombudsmen N
Area Agency on Aging	76%	52	73%	183
Aging and Disability Resource Center	60%	51	57%	173
Adult Protective Services	67%	52	64%	185
Protection and Advocacy Systems	55%	51	47%	169
Facility and long-term care provider licensure and certification program	73%	52	57%	178
State Medicaid fraud control	57%	50	38%	169
Victim assistance programs	40%	50	39%	163
State and local law enforcement agencies	51%	50	50%	175
Courts	44%	50	31%	166
State legal assistance developer and legal assistance/legal aid programs	67%	51	49%	171

As noted earlier, Ombudsmen may also view facility administrators and staff as partners in serving long-term care residents. Exhibit 63 shows the percentage of State and lead local Ombudsmen who reported that their relationships with nursing homes are effective. Almost all State (98%) and lead local Ombudsmen (97%) feel that at least some of their relationships with nursing home providers are effective. Lead local Ombudsmen appear to be more positive about these relationships, perhaps in part because, compared to State Ombudsmen, they interact more frequently with facility staff through visits and complaint handling.

Exhibit 63: Effectiveness of Relationship with Facilities and Providers – Nursing Homes

Effectiveness of Relationships with Facilities and Providers	State Ombudsmen N=51[a]	Lead Local Ombudsmen N=188[b]
A majority of the relationships are effective	51%	68%
Some of the relationships are effective	47%	29%
A few of the relationships are effective	2%	3%
None of the relationships are effective	0%	0%

[a] Missing=1; [b] Missing=1

Exhibit 64 shows the percentage of State and lead local Ombudsmen who reported that their relationships with board and care homes are effective. A majority of State (88%) and lead local Ombudsmen (90%) reported that at least some of their relationships with board and care providers are effective.

Exhibit 64: Effectiveness of Relationship with Facilities and Providers – Board and Care Homes

Effectiveness of Relationships with Facilities and Providers	State Ombudsmen N=51[a]	Lead Local Ombudsmen N=173[b]
A majority of the relationships are effective	39%	53%
Some of the relationships are effective	49%	37%
A few of the relationships are effective	12%	9%
None of the relationships are effective	0%	1%

[a] Missing=1; [b] Missing=7, Not applicable=9

Partnership Facilitators

State Ombudsmen highlighted several factors that support partnership development. These include the Ombudsman program's access and authority to represent residents, the Final Rule, a regular presence in facilities, strong nursing home and board and care home regulations, and working with entities whose staff are familiar with the Ombudsman program.

Access and Authority to Represent Residents. Stakeholders and State Ombudsmen reported that the program's reputation for credible information about resident concerns and conditions in long-term care facilities promotes willingness to work with the program. Because the Ombudsman program is the only program that has direct, unimpeded access to residents as well as the authority to represent residents, entities seek Ombudsmen's perspectives and view them as an important resource. Maintaining relationships with the program allows partner agencies that may not otherwise have regular interaction with consumers or providers to obtain real-time feedback on the conditions in long-term care facilities, and the experiences of residents to help inform their work. These relationships also help both parties identify common areas of concern and strategize on how to address them.

Final Rule. State Ombudsmen reported that the Final Rule helped strengthen key relationships by providing much needed clarity around roles and expectations, and requiring more formal partnership agreements. Ombudsmen further reported that clearly defining responsibilities in a formal agreement helped expedite the resolution of resident complaints. In addition, the regulation's clarification on Ombudsmen's role in handling abuse and neglect complaints helped to better define protocols between the Ombudsman program and APS, particularly with respect to sharing information, maintaining confidentiality, and delineating responsibilities for responding to, and investigating complaints. Others reported that the Final Rule's requirement to establish MOUs with certain agencies motivated conversations about processes for working with other entities, and how to formalize those relationships. In addition, stakeholders reported that the Final Rule helped elevate the overall visibility and level of understanding of the Ombudsman in the public policy arena, a result that could promote or facilitate future partnerships.

Regular Communication. State and local Ombudsmen reported that an important aspect of effective relationships with entities is regular communication. Many Ombudsmen described being able to draw on the assistance of entities to support program activities, if needed, because of their frequent contact. With respect to facility staff, frequent interaction from regular facility visits enable Ombudsmen to build productive relationships and to become viewed as a resource to help address resident concerns. Both State and local Ombudsmen reported that relationships are more effective when the Ombudsmen and the facility staff work together to resolve issues.

Regular Presence in Facilities. State and lead local Ombudsmen emphasized that maintaining a regular presence in facilities has a considerable impact on the program's ability to foster effective relationships with facility staff. As shown in Exhibits 65 and 66, local Ombudsmen who visited nursing homes or board and care homes frequently were more likely to report that a majority of their relationships with facility staff are effective.

Exhibit 65: Visit Frequency and Effectiveness of Facility Relationships – Nursing Homes (Lead Local Ombudsmen)

Effectiveness and Frequency of Nursing Homes Visits	Weekly N=13	Less than weekly but at least once a month N=45	Less than monthly but at least once every quarter N=59	Once or twice a year N=9	As needed N=28
A majority of the relationships are effective	77%	73%	68%	44%	68%
Some of the relationships are effective	23%	24%	27%	56%	32%
A few of the relationships are effective	0%	2%	5%	0%	0%
None of the relationships are effective	0%	0%	0%	0%	0%

Missing=2, Not applicable=33

Exhibit 66: Visit Frequency and Effectiveness of Facility Relationships – Board and Care (Lead Local Ombudsmen)

Effectiveness and Frequency of Board and Care Visits	Weekly N=5	Less than weekly but at least once a month N=21	Less than monthly but at least once every quarter N=69	Once or twice a year N=14	As needed N=21
A majority of the relationships are effective	80%	50%	53%	50%	67%
Some of the relationships are effective	20%	50%	40%	29%	33%
A few of the relationships are effective	0%	0%	7%	21%	0%
None of the relationships are effective	0%	0%	0%	0%	0%

Missing=4, Not applicable=55

Strength of Nursing Home and Board and Care Regulations. State Ombudsmen reported that the strength of regulations for nursing homes and board and care homes is an important factor in the effectiveness of their relationships with facility staff in both settings. In general, regulations governing nursing homes were seen as comprehensive and sufficient, allowing Ombudsmen to appropriately advocate for residents in that setting. However, because regulations governing board and care homes vary by state, State Ombudsmen were more likely to report more effective relationships with board and care homes if they felt that their state's board and care home regulations were sufficient to enable advocacy for those residents.

Familiarity with Ombudsman Program. State Ombudsmen and stakeholders both reported that an entity's familiarity with the Ombudsman program facilitates partnerships. For example, individuals who previously worked for the Ombudsman program or for an SUA or AAA are likely to have a better understanding of the program and its role than staff without that experience.

Barriers to Partnership

Ombudsman programs face meaningful challenges that impede them from establishing or optimizing partnerships. These challenges were reported by federal staff and stakeholders, as well as State and local Ombudsmen, including insufficient resources (such as funding and staffing), misunderstandings about roles and responsibilities, and differing perspectives or priorities. Importantly, the Final Rule required some programs to assess whether existing relationships required the establishment of formal partnership agreements.

Insufficient Resources. A majority of State and local Ombudsmen (75% and 77%, respectively) reported insufficient funding as a challenge that programs face in carrying out their responsibilities. However, the same resource challenges that compel Ombudsman programs to cultivate partnerships also prevent programs from fully optimizing those partnerships. Staff turnover in the Ombudsman program as well as partner agencies means that each must be continually educated about each entity's role. To improve relationships with entities with which Ombudsman programs coordinate, State and local Ombudsmen reported that additional funding and staffing are needed not only for the Ombudsman program itself, but also for entities with which they coordinate. For example, State Ombudsmen reported concerns about adequacy of resources with respect to State legal assistance developers and legal assistance programs. Ombudsmen reported that decreased funding for legal services at the local level makes addressing resident legal needs increasingly challenging, compelling them to be selective when choosing the cases they support. In the view of Ombudsmen, furthermore, because the legal assistance developers' mandate to coordinate legal services is unfunded, resource constraints and heavy workloads limit their assistance. A few Ombudsmen indicated that if sufficient funding were made available to legal aid and other legal resources, relationships with those entities would be improved. Adequate resources would enable both parties to dedicate time and staff to build and maintain relationships, such as holding regular meetings and cross-trainings that optimize mutual understanding of missions and roles. More resources would enable the Ombudsman program to make regular visits and maintain steady contact with facility staff, ultimately improving relationships, which can facilitate successful complaint resolution.

Misconceptions of Roles. State and local Ombudsmen reported that a greater understanding among all parties, but particularly a greater understanding of the Ombudsman program on the part of other agencies, would make relationships more effective. Some stakeholders echoed this opinion, noting that relationships would be improved if the Ombudsman program had a better understanding of their partners as well.

Several State Ombudsmen reported confusion about which types of cases fall under APS authority, as opposed to that of the Ombudsman program. For one program, this confusion results from conflicting state law that prohibits APS from investigating cases of abuse, neglect or exploitation for individuals who are residents of long-term care facilities. This leads to gaps in service when the Ombudsman program is unable to make a referral to an appropriate entity. However, the State Ombudsman noted that they work with APS as much as possible to ensure that an appropriate agency investigates while they simultaneously work with the state to change the statutes.

Ombudsmen may also perceive other agencies or organizations as having different priorities, or as advocating on behalf of providers, rather than long-term care residents. These perceptions may impede efforts to collaborate. Some stakeholders who represent long-term care providers reported feeling "demonized" by some Ombudsman programs despite sharing the goal of improving the quality of long-term care. Similarly, State and local Ombudsmen described being seen by facility staff as adversaries, rather than resources. This mutual misunderstanding can make it difficult to identify common goals and foster productive working relationships. Both Ombudsmen and stakeholders reported that the most effective relationships are those where each party views the other as a partner, not an adversary. This may highlight both needs and opportunities for more education and cross-training in states or localities where these relationships are not fully optimized.

Final Rule. Although the Final Rule helped some Ombudsman programs develop and formalize partnerships, others reported challenges in leveraging these partnerships because of the regulation. For example, one State Ombudsman reported that the requirements for resolving conflict of interests (COI) between the Ombudsman program and agencies (such as APS) complicated the program's ability to partner on important activities. In small states or those with limited resources, programs may rely on their ability to work freely with other agencies. At minimum, the new guidelines require programs to pause and examine their relationships for potential COI. Others who reported having good working relationships with partners viewed the establishment of MOUs as an interruption, a restriction, or an unnecessary formalization of relationships that did not need additional documentation.

The Final Rule also created a challenge related to responsibility for local program oversight. According to the Final Rule, the local Ombudsman entity's host agency is responsible for personnel management but not the programmatic oversight of representatives, including employee and volunteer representatives of the Office. Ombudsmen are under strict guidance about information that can be shared outside the program. This can complicate working relationships between the State Ombudsman and AAAs, particularly when local Ombudsmen entities are subcontracted out to other host agencies. In these instances, oversight responsibility can become even more unclear. In some states, navigating the division of these roles can be tense, sometimes making partnerships between the Ombudsman program and the AAA a challenge.

Data Sharing. A few State Ombudsmen reported that a key barrier to coordination relates to sharing data and information with other entities, particularly APS. While both APS and the Ombudsman program are under strict requirements about the types of data they can share with outside agencies, these requirements are not always clearly communicated. This ambiguity can cause frustration when the Ombudsman program attempts to coordinate with other entities on individual cases as well as system-level issues.

Partnerships in Need of Further Development

In addition to ongoing development of their relationships, State and local Ombudsmen cultivate new relationships to support the interests of long-term care residents. Given recent long-term care utilization trends and the expansion of LTSS to special populations, State Ombudsmen reported interest in establishing and improving relationships with entities that serve individuals with mental and behavioral health challenges, intellectual and developmental disabilities, and those with more acute medical conditions. Often, this included a desire to improve coordination with hospitals and other organizations that focus on individuals with disabilities or mental and behavioral health issues.

State Ombudsmen reported the need to work with and educate hospital discharge planners about how the Ombudsman program can assist with transitioning patients from hospitals to long-term care settings. These relationships would facilitate Ombudsmen's ability to investigate complaints involving facilities' refusal to accept residents after discharging them to hospitals. These cases often involve residents for whom a facility contests readmission, indicating they cannot provide appropriate care. This includes individuals with mental or behavioral health conditions, or intellectual or developmental disabilities. In these situations, the Ombudsmen can work with hospitals to identify appropriate placements or assist the resident's return to the facility. One State Ombudsman noted that the high turnover among hospital discharge planners in their state has impeded the development of a stable working relationship.

6.4. Recommendations

- State Ombudsmen reported that coordination among stakeholders at the national and state levels helps to ensure that the Ombudsman program's voice is being heard and that program needs are addressed. ACL's Central and Regional Offices should continue their efforts to bring visibility to the program and to support State and local Ombudsmen in working with other entities.
- State and local Ombudsmen need more resources to improve relationships and create more effective partnerships with entities with which they have infrequent contact, such as the courts, law enforcement, and victim advocacy programs.
  - Programs should identify key partners to help facilitate relationships with entities with which weak or no relationships exist.
  - Materials and training activities need to be developed to expand understanding of the LTCOP among entities with which partnerships have been historically underdeveloped.
- Further clarification of roles and responsibilities of the Ombudsman program and other coordinating entities is needed. Continued development of MOUs and policies and procedures can facilitate this clarification. While informal relationships may work well with established team members, staff turnover within the Ombudsman program or partnering agencies can introduce complications when educating new staff about accepted practices. Ombudsman programs should seek to formalize relationships wherever possible to avoid breakdowns in partnership or communication.
- Misunderstandings between the Ombudsman program and potential partners with respect to the program's role and independence were reported to impede its coordination with these partners. Ombudsman programs should continue to seek and take advantage of the opportunity to educate partners about the program, as well as opportunities to learn more about partner agencies. By leveraging positive national level relationships with federal level agencies and associations, ACL's Central and Regional Offices may be able to facilitate these opportunities in the states or regions where they are needed most.
- State and local Ombudsmen should look for opportunities to engage in activities such as cross-training events and work groups to improve communication and coordination with other entities that are involved in issues related to older adults.

- Ombudsmen at all levels highlighted work groups as an efficient and effective way to partner with multiple agencies simultaneously to accomplish common goals. One way to address the challenge of partnering with specific agencies (whether it is due to a lack of resources, staff, time, etc.) is to ensure that there are work groups or coalitions that include as many relevant parties as possible.

- Given State Ombudsmen's interest in cultivating or improving relationships with various entities, the Resource Center should systematically collect information on this topic. The information could then assist ACL's Central Office staff in identifying opportunities to further promote these partnerships through national and regional networks.

Chapter 7. Research Question 4: How does the LTCOP provide feedback on successful practices and areas for improvement?

7.1. Key Findings

7.1.1. Training and Technical Assistance

1. Nearly all (98%) Ombudsmen reported that they received orientation, training, or support when they first started in their role, and this training was generally regarded as helpful in establishing and providing feedback on their responsibilities.
    a. Volunteer Ombudsmen rated the effectiveness of their training most highly, followed by local Ombudsmen and State Ombudsmen. Ninety-five percent of volunteers reported that their orientation training was "very effective" or "somewhat effective," compared to 83% of local Ombudsmen and 70% of State Ombudsmen.
2. Many Ombudsmen reported that additional training would have been helpful.
    a. Half of State Ombudsmen (51%) reported that other training would have been helpful. Topics for which State Ombudsmen indicated additional training would have been helpful included data entry, service provision, and working with legislators.
    b. Thirty-nine percent of local Ombudsmen and 26% of volunteer Ombudsmen indicated that additional training would have been helpful (e.g., mentoring/shadowing with experienced staff, more site visits, and additional hands-on, facility-based trainings).
3. Nearly all local and volunteer Ombudsmen reported that they received ongoing training and feedback in their current roles.
    a. Local Ombudsmen reported that they receive ongoing training and support primarily via conference calls and online platforms such as webinars.
    b. Volunteer Ombudsmen most often receive this type of support via guidance from their supervisors and informal support from other Ombudsmen.
4. Sources of training and ongoing support differed between State and local Ombudsmen.
    a. State Ombudsmen rely heavily on training resources provided by the National Long-Term Care Ombudsman Resource Center, such as webinars, self-training materials, and National Association of State Ombudsman Program's (NASOP) mentorship program for State Ombudsmen, as well as other sources of training and technical assistance delivered by Consumer Voice.
    b. Local and volunteer Ombudsmen were most often trained via in-person or in-service training. These sessions used materials and guidance from Area Agencies on Aging (AAAs), local programs, and the Office of the State Long-Term Care Ombudsman (Office of the SLTCO).
5. Perceptions of resource effectiveness of training reflected differences in how frequently resources were used across respondent groups.
    a. State Ombudsmen reported that the Resource Center's materials were most helpful.

b. Local Ombudsmen reported that resources from the Office of the SLTCO were most helpful. Exposure to national resources was limited among local Ombudsmen without management responsibilities.

c. Volunteer Ombudsmen rated the helpfulness of resources from state or local entities (i.e., AAA, their local program, and Office of the SLTCO) higher than those from national entities.

d. Perceived challenges to establishing effective training and support included funding limitations that affect both the scope and approach to providing training and support (e.g., webinars rather than face-to-face training); problems providing support in relatively remote areas, and potential challenges providing comparable certification training for designation of staff and volunteers, a requirement under the Long-Term Care Ombudsman Programs Final Rule (Final Rule).

7.1.2. LTCOP Data Collection and Reporting

1. At both the state and local levels, National Ombudsman Reporting System (NORS; the program's reporting system) data are widely used to identify potential problems and areas for programmatic improvement, as well as targets for systems advocacy.
2. Although all state Ombudsman programs are required to collect NORS data, some states collect additional data to support program management and improvement efforts. These additional data generally fall under five categories: program activities, outcome measures, facility data, resident data, and general long-term care data.
3. State Ombudsmen appreciated the benefits that NORS data provide, but they also reported a number of limitations associated with these data. These limitations included underreporting of Ombudsman activities, burdensome coding requirements, incompatibility of software programs with NORS requirements, and a lack of reporting flexibility. Some of these issues will be addressed when NORS is revised in October of 2019.
4. Ombudsmen reported challenges associated with state-level data systems, including data compatibility and integration problems for states with many reporting units; a lack of information on outcomes and topics of local importance; burdensome data entry and documentation; and lack of time and resources for data entry, which can result in inaccurate or incomplete data.
5. In some cases, Ombudsmen reported that in-house data systems can supplement or replace commercial products, thereby mitigating some challenges that are linked to commercial products.

7.2. Introduction

This chapter describes national, state, and local resources and trainings that support Ombudsman program service delivery and are used to provide feedback and identify areas for program improvement. In addition to resources that Ombudsmen receive from program staff, other supports include the National Long-Term Care Ombudsman Resource Center (Resource Center), The National Consumer Voice for Quality Long-Term Care (Consumer Voice), National Association of States United for Aging and Disabilities (NASUAD), National Association of State Ombudsman Programs (NASOP), and National Association of Local Long-Term Care Ombudsmen (NALLTCO).

7.3. Findings

7.3.1. Training and Technical Assistance for Ombudsmen

Initial Training and Support

State, local, and volunteer Ombudsmen were asked about the orientation, training, and support they received when they first started their positions. As shown in Exhibit 67, the Resource Center is one of the main training resources for State Ombudsmen. These supports are delivered though self-study using on-line training or materials (75%), in-person trainings (67%), as well as webinars (56%) for new State Ombudsmen. Another common training resource for State Ombudsmen is outreach by State Ombudsmen from NASOP (60%). In contrast, the most common types of initial training and support for local and volunteer Ombudsmen are in-person training/in-services (90% and 96%, respectively) and mentoring/shadowing with experienced staff (82% and 74%, respectively). Notably, a very small proportion of Ombudsmen (2% of State, 1% of local, and <1% of volunteers) reported receiving no orientation, training, or support when first hired. Because respondents were asked to reflect on their initial experiences (which may have occurred up to 32 years ago), this small number of Ombudsmen likely joined the program before trainings were standardized.

Exhibit 67: Orientation, Training, and Support Provided for Ombudsmen

Type of Orientation, Training, or Support Received when First Began in Role	State Ombudsmen N=52	Local Ombudsmen N=496[a]	Volunteer Ombudsmen N=706[b]
Self-study (on-line training or reviewing materials provided by state program)	40%	59%	29%
Self-study (on-line training or reviewing materials provided by the Resource Center)	75%	39%	15%
In-person training/In-services	21%	90%	96%
Resource Center in-person training for new SLTCO	67%	N/A	N/A
Resource Center webinar for new SLTCO	56%	N/A	N/A
Mentoring/shadowing with State Ombudsman	44%	N/A	N/A
Mentoring/shadowing with experienced staff	40%	82%	74%
A more experienced staff member or volunteer observed me	N/A	N/A	36%
Training in a nursing home setting or board and care home setting	15%	N/A	N/A
Training in a long-term care facility	N/A	45%	21%
Attending a resident or family council meeting	12%	45%	32%
Introduction to key stakeholders in my state	38%	17%	5%
Outreach by Central or Regional ACL staff	42%	5%	N/A
Outreach by State Ombudsmen from NASOP	60%	N/A	N/A
Outreach by individuals from NALLTCO	N/A	10%	N/A
Training by legal counsel	12%	11%	10%
Other	25%	3%	7%
None	2%	1%	<1%

[a] Missing=1; [b] Missing=5

Types of Ongoing Training and Support

Ongoing training and support for Ombudsmen is offered in multiple formats. Exhibit 68 shows that online training is the primary type of ongoing training and support for local Ombudsmen. Online training includes webinars or conference calls on special topics (82%), followed by guidance from staff in the Office of the SLTCO (66%), training provided by the Office of the SLTCO (65%), and informal support from other Ombudsman staff in their office (64%). Volunteer Ombudsmen most often reported receiving ongoing training and support via guidance from their supervisor in the local office (61%) and informal support from other Ombudsman staff (60%). The Resource Center is more often a source of ongoing training and support for local Ombudsmen than volunteer Ombudsmen (50% vs. eight percent, respectively). Only one percent of both local and volunteer Ombudsmen reported that they did not receive any ongoing training and support.

Exhibit 68: Ongoing Training and Support for Ombudsmen

Type of Ongoing Training and Support	Local Ombudsmen N=496[a]	Volunteer Ombudsmen N=707[b]
Formal mentoring with experienced staff	33%	35%
Informal support from other Ombudsman staff in your office	64%	60%
Guidance from other local or regional Ombudsman offices	45%	N/A
Guidance from staff in the Office of the SLTCO	66%	27%
Guidance from volunteer coordinator in the local office	N/A	47%
Guidance from supervisor in the local office	N/A	61%
Online training such as webinars or conference calls on special topics	82%	42%
Office of the SLTCO provides training (via conferences, web-based training, etc.)	65%	31%
Office of the SLTCO provides relevant information and support	56%	26%
Support from the Resource Center	50%	8%
Support from NALLTCO	16%	3%
Support from other state or local agencies	29%	13%
Conferences (e.g., Consumer Voice Conference)	48%	17%
Other	4%	17%
None	1%	1%

[a] Missing=1; [b] Missing=4

Case documentation is a key Ombudsman program activity. Exhibit 69 shows that a majority of local Ombudsmen and volunteer Ombudsmen reported that their local Ombudsman entity provides training and assistance on documenting cases, complaints, and other Ombudsman program activities (88% and 86%, respectively).

Exhibit 69: Training and Assistance on Documentation of Ombudsman Program Activities

Training and Assistance Provided	Local Ombudsmen N=488[a]	Volunteer Ombudsmen N=695[b]
Yes	88%	86%
No	9%	5%
Don't know	3%	8%

[a] Missing=9; [b] Missing=16

Performance reviews are a potentially important source of professional feedback for Ombudsmen. As shown in Exhibit 70, when asked how often they receive a performance review, a majority of local Ombudsmen (74%) reported that their performance reviews occur annually, and an additional 11% reported that their reviews occur on a more frequent basis (i.e., semi-annually or more frequently). A small percentage of local Ombudsmen (5%) indicated never receiving a performance review; however, 15% of these Ombudsmen were relatively new, having only been in their position for less than a year.

Exhibit 70: Frequency of Local Ombudsmen's Performance Reviews

Frequency	Local Ombudsmen N=474[a]
Quarterly or more	3%
Semi-annually	8%
Annually	74%
Less than annually	1%
Other	9%
Never	5%

[a] Missing=23

Only nine percent of volunteer Ombudsmen reported that they receive a formal review; most reported that they receive informal feedback (37%) or none at all (54%). Among the latter, 31% had been in their role for less than a year (Exhibit 71).

Exhibit 71: Volunteer Ombudsman Receipt of Performance Reviews

Performance Reviews	Volunteer Ombudsmen N=680[a]
Yes, formal reviews	9%
Yes, ongoing informal feedback	37%
No	54%

[a] Missing=31

Ombudsmen's Perceptions of Resource Center Materials

State Ombudsmen and lead local Ombudsmen were asked whether Resource Center resources are sufficient to support their program in carrying out their responsibilities. Exhibit 72 shows that a majority of State Ombudsmen (76%) and lead local Ombudsmen (71%) found that these resources are sufficient. In addition, all State Ombudsmen (except one respondent who reported never needing to use the Resource Center) agreed that the Resource Center has been available when needed.

Exhibit 72: Sufficiency of Resources Provided by the Resource Center for Carrying Out Program Responsibilities

Resources are Sufficient	State Ombudsmen N=51[a]	Lead Local Ombudsmen N=185[b]
Yes	76%	71%
Somewhat	20%	N/A
No	0%	15%
Don't know	4%	14%

[a] Missing=1; [b] Missing=4

Local and volunteer Ombudsmen were asked a similar question about whether the Resource Center's resources were sufficient, but this question focused on whether the resources were sufficient for carrying out their individual work responsibilities. While 59% of local Ombudsmen reported that these resources were sufficient for carrying out their work, only 34% of volunteer Ombudsmen reported this was the case, with a majority of volunteer Ombudsmen (61%) reporting they did not know if these resources were sufficient for carrying out their work (Exhibit 73).

Exhibit 73: Sufficiency of Resources Provided by the Resource Center for Carrying Out Individual Ombudsman Work

Resources are Sufficient	Local Ombudsmen N=295[a]	Volunteer Ombudsmen N=676[b]
Yes	59%	34%
No	7%	4%
Don't know	34%	61%

[a] Missing=13; [b] Missing=35

While a majority of Ombudsmen found the Resource Center to be a useful source of information, State Ombudsmen reported difficulties navigating through the Resource Center's website and obtaining specific information. Some respondents noted instances where information provided by the Resource Center lacked specificity because these materials typically target the full range of Ombudsman programs. This issue may limit the applicability of resources for some states.

Ombudsmen's Ratings of Resources from National, State, and Local Entities

In addition to the Resource Center, several entities provide resources to enhance the skills, knowledge, and management capacity of Ombudsman program staff. Ombudsmen were asked to rate how helpful selected national, state, and local entities have been in this regard. State and local Ombudsmen reported that resources from most of these entities were either very helpful or somewhat helpful to them (Exhibit 74

and 75, respectively). State Ombudsmen most often rated resources from the Resource Center, Consumer Voice, and NASOP as "very helpful." Local Ombudsmen most often found resources from the Office of the SLTCO to be very helpful. A relatively high percentage of local Ombudsmen reported that they were unfamiliar with resources from their state or territorial unit on aging (SUA) and NALLTCO or that resources from these entities were not applicable to their positions.

Volunteer Ombudsmen reported that resources from state or local entities were more helpful than those from national entities (Exhibit 76). Volunteer Ombudsmen found resources from their local Ombudsman entity, Office of the SLTCO, and AAAs to be most helpful to their positions. Notably, a high percentage of volunteer Ombudsmen reported that they were unfamiliar with resources from NALLTCO and the Resource Center or that resources from these entities were not applicable to their roles.

Exhibit 74: Perceived Helpfulness of National, State, and Local Resources (State Ombudsmen)

Entities	Very helpful	Somewhat helpful	Not helpful	N	Not applicable
SUA	37%	49%	14%	51	1
NASOP	73%	27%	0%	52	0
Resource Center	87%	13%	0%	52	0
Consumer Voice	82%	18%	0%	50	0
NASUAD	10%	63%	27%	49	2
ACL – Central Office	32%	62%	6%	50	1
ACL – Regional Office	38%	48%	14%	50	1
Justice in Aging	52%	41%	7%	44	7
Support from other state agencies	35%	52%	13%	46	4

Exhibit 75: Perceived Helpfulness of National, State, and Local Resources (Local Ombudsmen)

Entities	Very helpful	Somewhat helpful	Not helpful	Not familiar with resource/Not applicable	N
AAA	34%	35%	13%	18%	459
SUA	10%	22%	16%	52%	422
Office of the SLTCO	58%	31%	6%	4%	469
NALLTCO	18%	29%	10%	42%	433
Resource Center	46%	38%	4%	13%	457
Resource Center website (ltcombudsman.org)	45%	36%	4%	15%	447

Exhibit 76: Perceived Helpfulness of National, State, and Local Resources (Volunteer Ombudsmen)

Entities	Very helpful	Somewhat helpful	Not helpful	Not familiar with resource/Not applicable	N
AAA	28%	20%	4%	47%	597
Local Ombudsman entity	61%	20%	1%	17%	610
Office of the SLTCO	32%	35%	6%	27%	591
NALLTCO	8%	14%	5%	72%	542
Resource Center	12%	18%	5%	65%	555
Resource Center website (ltcombudsman.org)	11%	18%	6%	66%	536

State Ombudsmen's Reports of Helpful Training and Technical Assistance Content

State Ombudsmen provided numerous examples of helpful training and technical assistance topics that have been made available through the Resource Center and ACL, or ones that have been developed by Ombudsman programs themselves. These examples often related to three topics: LTCOP requirements and regulations, systems advocacy, and resident care. Helpful information on LTCOP requirements and regulations included understanding requirements under the Final Rule and changes to the OAA and nursing home regulations; complying with the OAA's disclosure requirements; HIPAA; and changes in state regulations. Helpful topics related to systems advocacy included understanding the legislative process and working with legislators on bills that are relevant to long-term care; developing emergency preparedness plans; and fostering culture change and patient-centered care in facilities. Helpful resident care topics included techniques for interviewing and assisting individuals with developmental and other disabilities, working with suicidal residents, and issues related to abuse and neglect.

State Ombudsmen's Reports of Helpful Training and Technical Assistance Delivery Mechanisms

State Ombudsmen reported a number of helpful training and technical assistance delivery mechanisms. Many cited materials on the Resource Center's website, including webinars, technical assistance sheets, issue briefs, training modules that can be incorporated into state manuals, as well as information on an array of topics (e.g., evidence-based practices). State Ombudsmen also noted the value of the Annual SLTCO Training Conferences and Consumer Voice Conferences, as well as individualized technical assistance provided by Resource Center staff. ACL delivery mechanisms were also considered helpful, including one-on-one consultation and technical assistance, conference presentations, website materials, and webinars.

State Ombudsmen described peer learning as another important way that Ombudsmen access training and technical assistance. One example of a helpful form of peer learning was the Resource Center's practice of querying all State Ombudsmen to respond to state-specific requests. State Ombudsmen described ways that their Ombudsman programs develop peer learning opportunities, including having experienced Ombudsmen mentor new staff and volunteers, using group case-study sessions for staff to work through difficult issues, and posting training resources on YouTube to make them available to peers.

State Ombudsmen highlighted different strategies that other entities used to develop and deliver their training and technical assistance resources to Ombudsmen. They reported that LTCOPs use trainings developed by other state or local agencies, including APS, the State Division of Aging, the Aging and Disability Resource Center, the state Health Care Association, and the State Department of Public

Health. Some State Ombudsmen described providing training to partnering agencies such as the Forensic Special Initiatives Unit, state or local committees or task forces, and medical professionals (e.g., nurses, psychiatrists, pharmacists, etc.). State Ombudsmen also reported that some programs have worked with other organizations to develop joint trainings to support their staff. One example involved a joint training between the LTCOP and APS about abuse and neglect. Other State Ombudsmen reported working with partners to arrange trips to relevant state and local agencies or advocacy organizations.

Ombudsmen's Perceptions of their LTCOP Training and Support

Exhibit 77 shows that, among Ombudsmen who received orientation, training, or support when first hired, a majority of Ombudsmen at all levels indicated their orientation training was either "very effective" or "somewhat effective". Reports of effective training were highest among volunteer Ombudsmen and lowest among State Ombudsmen – 69% of volunteer Ombudsmen rated their training as very effective compared to 46% of local and 20% of State Ombudsmen. Additionally, 88% of volunteer Ombudsmen agreed that their training, ongoing support, and professional interactions fully prepared them to carry out their role. It should be noted, however, that State Ombudsmen's responsibilities are more expansive than those of local and volunteer Ombudsmen (some of whom only focus on facility visits). For this reason, training needs are also likely to be greater.

Exhibit 77: Ombudsmen's Perceived Effectiveness of their Orientation Training

Effectiveness of Orientation Training	State Ombudsmen N=50[a]	Local Ombudsmen N=492[b]	Volunteer Ombudsmen N=698[c]
Very effective	20%	46%	69%
Somewhat effective	50%	37%	26%
Neutral	16%	11%	3%
Somewhat ineffective	6%	5%	1%
Very ineffective	6%	2%	1%
Don't know	2%	<1%	<1%

[a] Not applicable=2; [b] Not applicable=5; [c] Missing=11, Not applicable=2

When asked to identify aspects of their training that have been most relevant to their job, local Ombudsmen most frequently reported mentoring or shadowing with experienced program staff and on-site or field training at facilities. Some local Ombudsmen also identified classroom training and self-study as helpful, including online training from the Resource Center. Topic areas that Ombudsmen reported to be particularly relevant to their role included training on laws and regulations for long-term care facilities and resident rights, program policies and guidelines, as well as complaint resolution and advocacy.

Ombudsmen were asked whether more training would have been helpful during orientation. As shown in Exhibit 78, a higher percentage of State Ombudsmen compared to local and volunteer Ombudsmen reported that it would have been helpful to have additional training at the time of orientation (51% vs 39% and 26%, respectively).

Exhibit 78: Ombudsmen's Perceptions of Whether Other Training Would Have Been Helpful during Orientation Period

Would other training have been helpful?	State Ombudsmen N=45[a]	Local Ombudsmen N=441[b]	Volunteer Ombudsmen N=672[c]
Yes	51%	39%	26%
No	49%	61%	74%

[a] Missing=7; [b] Missing=56; [c] Missing=39

Ombudsmen's Interest in Additional Training and Support

Ombudsmen who reported that additional training would have been helpful during their orientation period were asked to describe the types of additional training that would have been helpful to them. Ombudsmen at all levels most often reported that they would have liked more hands-on training such as mentorship or shadowing opportunities with more experienced program staff, site visits, internships, and hands-on facility-based case management training.

State, local, and volunteer Ombudsmen reported specific subject areas in which training at the time of orientation would have been helpful. These included: data and reporting practices and systems, finance and budgeting, regulations and laws, and specific issues related to long-term care, such as the differences between nursing homes and assisted living facilities, financial abuse, involuntary discharges, handling residents with behavioral or mental health conditions, assessing strengths and weaknesses of facilities, and policies related to Medicare, Medicaid and other insurance providers. Several local Ombudsmen reported that they would have liked more training on communication skills such as writing memos, speaking with residents, family members and/or guardians effectively and/or while handling complex cases, and conflict resolution and complaint handling skills. Another Ombudsman expressed an interest in learning about best practices from other Ombudsmen.

In interviews, State Ombudsmen also described several areas in which additional training and support would have been helpful. They expressed interest in receiving more training on NORS data entry, use of "home-grown" data entry systems, providing services for residents in home and community-based services (HCBS) settings and residents with behavioral health conditions, and working with legislators. State Ombudsmen also underscored the need for mentoring staff who serve as State Ombudsmen in an interim role. Peer-to-peer mentoring typically offered by NASOP is not provided to this group, yet interim State Ombudsmen may serve in this capacity for long periods of time.

Some lead local Ombudsmen highlighted the need for more training for Regional Ombudsmen, including program management and coordination (such as budgeting), and staff management and supervision. A number of these Ombudsmen said they received no additional training when they moved from being a local Ombudsmen to a supervisory position such as Regional or District Ombudsman.

The types of additional support that local and volunteer Ombudsmen would like from the Office of the SLTCO or from state or local program staff are shown in Exhibit 79. Local Ombudsmen most often reported wanting to have more professional development opportunities (44%). Similar percentages of local and volunteer Ombudsmen reported an interest in having more opportunities to discuss challenges with other Ombudsmen (36% and 32%, respectively). Twenty percent of local Ombudsmen and 18% of volunteer Ombudsmen indicated wanting more feedback on their performance and effectiveness. Those who reported an interest in more feedback tended to have had less frequent performance reviews, often

less than annually or not at all. Notably, 29% of local Ombudsmen and 37% of volunteer Ombudsmen did not indicate an interest in any of the training and support resources.

Exhibit 79: Ombudsmen's Interest in Additional Types of Training and Support

Type of Training and Support	Local Ombudsmen N=497	Volunteer Ombudsmen N=711
More information from State Ombudsman/program staff	17%	14%
More opportunities to discuss challenges with supervisor	21%	19%
More opportunities to discuss challenges with other Ombudsmen	36%	32%
More professional development opportunities	44%	N/A
More formal training	N/A	18%
More feedback on my performance and effectiveness	20%	18%
Did not select any of the above	29%	37%

Challenges to Providing Training and Support

State Ombudsmen commented on several challenges in providing training and technical assistance for staff. Some noted that funding limitations frequently impact their ability to provide the level of training they believe is needed for local and volunteer Ombudsmen. A related issue was the sense that limited funding results in over-reliance on webinars as opposed to face-to-face training, the latter being viewed a necessary aspect of a complete training curriculum. Geographic distance was another challenge. State Ombudsmen noted difficulties in providing training to local programs in rural areas due to the high cost of traveling long distances. The complexity associated with developing separate training curricula for staff working in different types of facilities (e.g. nursing homes vs. home and community-based service locations) was also noted as a practical challenge.

7.3.2. Data Collection and Reporting

Data Collection for National Reporting

The National Ombudsman Reporting System (NORS) is the administrative data collection system Ombudsman programs use to fulfill their annual Administration for Community Living's (ACL) reporting requirements. NORS data collection began in federal fiscal year (FFY) 1996, and it has supported LTCOP management at the local, state, and federal levels since that time. NORS data includes national and state-specific information on routine facility visits, complaint investigations, consultations, number of program full-time equivalent staff (FTEs), attendance at resident and family councils, community education, and systems advocacy. States are required to report aggregated data annually to the Administration on Aging (AoA) within ACL, and other stakeholders.

State-Specific Data Collection

In addition to NORS data, some states collect data to manage and improve their programs. These data largely fall under four major categories: program activities, outcome measures (e.g. resident satisfaction surveys), facility data, and resident data (e.g. payment source, data on veterans). Program activity data often include facility visits (including non-complaint visits), visits conducted by volunteers, volunteer work with resident and family councils, travel time of local staff and volunteers, volunteer recruitment, the number of facilities without an Ombudsman presence, managed care work, care plan attendance,

disaster response activities, and local partner engagement. Facility data often include discharge/transfer notices by facility and type, closures, survey citations, use of arbitration agreements, staffing, and facilities identified in need of "special focus" for reasons such as a negative Centers for Medicare & Medicaid Services (CMS) rating, or having no assigned volunteer.

State Ombudsmen highlighted other types of data that would be useful to them. These include information on specific program activities, staff time according to complaint type, and incoming discharge/transfer notices. Some Ombudsmen also reported an interest in data on trends in long-term care in their state, such as the needs of HCBS and long-term services and supports (LTSS) consumers, resident-on-resident abuse, and the high cost of low quality care (which could be used to quantify the cost savings generated by an Ombudsman intervention).

Data Reporting

ACL's annual reporting requirements draw on data from each statewide program's data collection system. State Ombudsmen were asked whether their statewide program's data system is adequate to meet ACL's annual reporting requirements. Seventy-five percent of State Ombudsmen reported that the system is adequate for this purpose (Exhibit 80).

Exhibit 80: Adequacy of Statewide Program's Data Collection System for Annual Reporting

Statewide Program's Data Collection System is Adequate	State Ombudsmen N=52
Yes	75%
Somewhat	17%
No	6%
Don't know	2%

Exhibit 81 shows the frequency with which local and volunteer Ombudsmen submit reports. While local Ombudsmen most often submit reports on a monthly basis (44%), this percentage is considerably lower than the 74% of volunteer Ombudsmen who reported submitting monthly reports. Additionally, a greater percentage of local versus volunteer Ombudsmen reported not being required to submit formal reports (26% of local vs. four percent of volunteer Ombudsmen). These findings should be interpreted with caution. Because respondents were not asked about submission of specific types of reports, local and volunteer Ombudsmen may have interpreted this question differently. Whereas volunteers may interpret reports to be the case notes from a facility visit, local Ombudsmen may be referring to reports to the Office of the SLTCO.

Exhibit 81: Frequency of Report Submission

Frequency	Local Ombudsmen N=493[a]	Volunteer Ombudsmen N=700[b]
Weekly	13%	9%
Monthly	44%	74%
Quarterly	10%	6%
Whenever an activity is carried out/completed	4%	6%
As needed/requested	1%	<1%
Other	3%	2%
Not required to submit formal reports	26%	4%

[a] Missing=4; [b] Missing=11

With respect to the level of ease involved in collecting data and submitting reports, Exhibit 82 demonstrates that volunteer Ombudsmen were more likely to rate these activities as easy compared to local Ombudsmen (39% vs. 24%, respectively).

Exhibit 82: Ease of Collecting Data and Submitting Reports

Level of Ease	Local Ombudsmen N=366[a]	Volunteer Ombudsmen N=672[b]
Easy	24%	39%
Somewhat easy	46%	42%
Somewhat difficult	23%	15%
Difficult	6%	4%

[a] Missing=4, Not applicable=127; [b] Missing=12, Not applicable=27

Program Use of Data

State and local Ombudsmen reported on the ways in which they use NORS data. Exhibit 83 shows that State Ombudsman reported that NORS data are most often used to identify issues of concern (77%), determining where to focus systems advocacy efforts (75%), and program improvement (67%).

Exhibit 83: Use of NORS Data

Use of NORS Data	State Ombudsmen N=52	Local Ombudsmen N=497
Program planning	56%	27%
Program improvement	67%	36%
Examining trends for determining systems advocacy issues to focus on	75%	36%
Identifying issues of concern	77%	42%
Identifying promising practices	17%	19%
Comparing program's performance to programs in other states	25%	20%
Advocacy purposes	63%	32%
Other	N/A	4%
Don't know	N/A	34%

State Ombudsmen reported that they regularly analyze NORS data to identify complaint patterns, gaps and problems in the service system, and to plan advocacy initiatives such as proposing legislation. Some reported sharing data with other entities, although these were generally limited to agencies that were part of the state's Department of Social Services. Several State Ombudsmen also reported conducting regular data reviews to identify differences in trends among regions, and others reported reviewing complaint data to identify trends and to establish goals based on these findings.

Challenges to Collecting Program Data

Despite the reported benefits of NORS, State Ombudsmen also identified challenges with this system. Several State Ombudsmen cited issues with how Ombudsman activities are reported, particularly the underreporting of facility visits. Because NORS only includes non-complaint driven visits that are made on a quarterly basis, facility visits that occur fewer than four times a year or in response to a complaint are not captured. Other shortcomings of the NORS system included lack of a consumer satisfaction measure, unnecessarily lengthy and burdensome codes, and incompatibility for documenting Ombudsmen activities in HCBS waiver programs. Some State Ombudsmen reported that these challenges, in addition to reports of inadequate NORS training, lead to inefficiencies and limited use of these data.

NORS has been modified several times since it was developed, and ACL recently proposed substantial changes to the system as part of an initiative to revise data collection in all OAA programs. The proposed changes to NORS were finalized and approved by the Office of Management and Budget (OMB) in April, 2018, and they will be implemented in October of 2019 (FFY 2020). ACL requested the NORS revision to enhance ACL's ability to understand and report on LTCOP operations, the implementation of regulatory requirements, and the experience of long-term care facility residents (Federal Register, Vol. 81, No. 152, p. 52438). The changes are intended to streamline reporting by states, increase the reliability and accuracy of the data, implement regulatory requirements, and increase ACL's ability to analyze state-level data. The changes to the NORS system will include key improvements to data reporting that address challenges reported by Ombudsmen. For example, in the new data collection, Ombudsman programs will report data on all facility visits, regardless of purpose or frequency. The revised NORS system will also have fewer data elements (e.g., complaint codes were reduced from 133 to 59 codes) and should therefore reduce the coding challenges that were described earlier in this report.

In addition to challenges with NORS, some Ombudsmen reported difficulties with their state data software systems. They indicated that the burden of data entry, coupled with insufficient time for detailed documentation, results in underreporting and data entry errors, especially among volunteers. These issues were described as an ongoing problem despite extensive training, and one that ultimately limits the ability to use the data for their intended purpose – program management and monitoring.

To supplement, or as an alternative to customized commercial data products, some programs have developed their own in-house data systems. Ombudsmen from these states reported that their in-house systems are more user-friendly, capture information that is of local importance, provide better information about complaint outcomes, and reduce costs.

7.4. Recommendations

- Greater support for local Ombudsmen is needed and can be provided with greater coordination with NASOP, NALLTCO, NASUAD, and n4a.
- States with volunteer Ombudsmen should ensure that their programs have staff with the time and expertise to provide volunteer management. To improve volunteer recruitment, training, and management, resources to support a dedicated volunteer coordinator at the state or local level should be considered.
- State Ombudsmen should actively support local and volunteer Ombudsmen's use of the Resource Center's training and technical materials.
- As part of building a statewide program, State Ombudsmen should provide additional training opportunities to local and volunteer Ombudsmen with respect to systems advocacy; data entry and data management; and various types of service settings (e.g., home-based, community-based) as well as residents (e.g., supporting residents with behavioral health needs).
    - Local and volunteer Ombudsmen should receive more hands-on training opportunities, such as job shadowing and formal mentorship from more experienced program staff.
- The Resource Center and State Ombudsmen should facilitate more opportunities for peer-to-peer learning, both online and in-person (e.g., facilitating group case study sessions at conferences).
    - Interim State Ombudsmen should receive training, including mentorship from NASOP and the Resource Center. As NORS is revised, ACL and the Resource Center should continue to address the challenges of collecting and reporting this data.
- ACL's Central Office and the Resource Center should help programs to develop and share solutions to problems that programs encountered in designing and using state data systems.
- To address State Ombudsmen's reported challenge of navigating the Resource Center's website, the Resource Center should explore ways to enhance this resource with a more user-friendly design to facilitate access to materials.

Appendix A: Acronyms

AAA	Area Agency on Aging
ACL	Administration for Community Living
ADRC	Aging and Disability Resource Center
AG	Office of the Attorney General
AHCA	American Health Care Association
AoA	Administration on Aging
APS	Adult Protective Services
ASPE	Office of the Assistant Secretary for Planning and Evaluation
Central Office	ACL's Office of Long-Term Care Ombudsman Programs
CMS	Centers for Medicare & Medicaid Services
COI	Conflict of interest
Consumer Voice	The National Consumer Voice for Quality Long-Term Care
DHHS	United States Department of Health and Human Services
DOJ	Department of Justice
Final Rule	State Long-Term Care Ombudsman Programs Final Rule
FTC	Federal Trade Commission
FTE	Full-time equivalent staff
FFY	Federal fiscal year
HCBS	Home and community-based services
IOM	Institute of Medicine
LSC	Legal Services Corporation
LSP	Local Service Provider
LTC	Long-term care
LTCOP	Long-Term Care Ombudsman program
LTSS	Long-term service and supports
MFP	Money Follows the Person
MOU	Memorandum of Understanding
n4a	National Association of Area Agencies on Aging
NALLTCO	National Association of Local Long-Term Care Ombudsmen
NDRN	National Disability Rights Network
NAPSA	National Adult Protective Services Association
NASOP	National Association of State Long-Term Care Ombudsmen Programs
NASUAD	National Association of States United for Aging and Disabilities
NORS	National Ombudsman Reporting System
OAA or the Act	Older Americans Act
Office or Office of the SLTCO	Office of the State Long-Term Care Ombudsman
P&A	Protection and advocacy systems
PSA	Planning service area
Regional Office	Office of Regional Operations
Resource Center	National Long-Term Care Ombudsman Resource Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SLTCO	State Long-Term Care Ombudsman
SLTCOP	State Long-Term Care Ombudsman Program
SMP	Senior Medicare Patrol
SUA	State or territorial unit on aging
TAG	Technical advisory group

Appendix B: Glossary of Terms

Aging network – The OAA established a national network of federal, state, and local agencies to plan and provide services that help older adults to live independently in their homes and communities. Collectively, this structure of agencies is referred to as the aging network. The national aging network is headed by the AoA and includes 56 SUAs, 622 AAAs, and over 260 Title VI Native American aging programs (AoA, 2019).

Area Agency on Aging (AAA) – AAAs are public or private nonprofit agencies designated by a state to address the needs and concerns of older persons at the regional and local levels. AAAs are primarily responsible for a geographic area (e.g. a planning and service area or PSA), that is either a city, a single county, or a multi-county district (ACL, 2019).

Board and care homes – Board and care homes and similar facilities include residential care facilities, adult congregate living facilities, assisted living facilities, foster care homes, and other adult care homes which provide room, board, and personal care services to a primarily older residential population.

Coordinating entities – Coordinating entities refer to agencies and organizations with which the LTCOP works to support their activities. The Final Rule requires that State Ombudsmen "shall lead state-level coordination, and support appropriate local Ombudsman entity coordination, between the Ombudsman program and other entities with responsibilities relevant to the health, safety, well-being or rights of residents of long-term care facilities" [45 CFR § 1324.13(h)(10)].

Home and community-based services (HCBS) – HCBS refers to types of person-centered care delivered to individuals with functional limitations who need assistance with everyday activities (such as getting dressed or bathing) in their home or community. HCBS are often designed to enable people to remain in their homes, rather than moving to a facility for care and generally fall into two categories – health services and human services. HCBS programs may offer a range of services from one or both types of services (CMS, 2019: https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/hcbs).

Lead local Ombudsmen – This term was developed for the purposes of data collection to distinguish local Ombudsmen who have program management responsibilities.

Long-term services and supports (LTSS) – LTSS encompasses the broad range of paid and unpaid medical and personal care assistance that people may need when they experience difficulty completing self-care tasks due to aging, chronic illness, or disability. Long-term services and supports include, but are not limited to, nursing facility care, adult daycare programs, home health aide services, personal care services, transportation, supported employment, and assistance provided by a family caregiver (Reaves & Musumeci, 2015).

National Association of Local Long-Term Care Ombudsmen (NALLTCO) – NALLTCO serves as an organization for local Ombudsmen to organize and provide a common voice to advocate and protect the rights of residents living in long-term care settings (NALLTCO, 2019).

National Association of State Long-Term Care Ombudsmen Programs (NASOP) – Formed in 1985, NASOP is a nonprofit organization that is composed of State Long-Term Care Ombudsmen representing their state programs. The organization serves to strengthen the Ombudsman program and enhance its

effectiveness to serve consumer and their families. This is accomplished by developing and implementing training programs for Ombudsmen, facilitating the sharing of information and best practices, and collaborating with consumer and advocacy organizations, as well as governmental bodies and health care providers (NASOP, 2019).

National Association of States United for Aging and Disabilities (NASUAD) – Founded in 1964, NASUAD is a nonprofit association representing the nation's 56 SUAs. Their mission is to design, improve, and sustain state systems delivering home and community-based services and supports for people who are older or have a disability, and their caregivers (NASUAD, 2019). In August of 2019, NASUAD changed its name to ADvancing States.

National Long-Term Care Ombudsman Resource Center (Resource Center) – The Resource Center provides support, technical assistance and training to the 53 State Long-Term Care Ombudsman Programs and their statewide networks of more than 500 local Ombudsman entities. Funded by ACL, the Center is operated by Consumer Voice, in cooperation with NASUAD. The Center's objectives are to enhance the skills, knowledge, and management capacity of programs to enable them to handle residents' complaints and represent resident interests in both individual and systems advocacy (Resource Center, 2019).

National Ombudsman Reporting System (NORS) – NORS is a set of data requirements that Ombudsman programs are required to collect and report annually to ACL. NORS is comprised of data on resident complaints and outcomes on complaints, Ombudsman program activities, and narrative data.

Nursing homes – Also referred to as nursing facilities, these homes are licensed by the state to offer residents personal care as well as skilled nursing care on a 24-hour/day basis. These include skilled nursing facilities. Services provided include nursing care, personal care, room and board, supervision, medication, therapies and rehabilitation (ASPE, n.d.).

Ombudsman – In the OAA and Final Rule, "Ombudsman" refers to the State Ombudsman. All other staff that perform the duties of the Office are "representatives of the Office." In practice, however, local staff and volunteers are typically referred to as Ombudsmen (and not representatives of the Office). For the purposes of this research, we refer to both the Ombudsman and representatives of the Office as Ombudsmen, unless otherwise noted.

Residential care communities/facilities – Similar to board and care homes, a residential care facility is a type of long-term care facility, regardless of setting, that provides at a minimum, room and board, around-the-clock on-site supervision, and help with personal care such as bathing and dressing or health-related services such as medication management. Facility types include but are not limited to: assisted living; board and care home; congregate care; enriched housing programs; homes for the aged; personal care homes; adult foster/ family homes and shared housing establishments that are licensed, registered, listed, certified, or otherwise regulated by a state (NORS OMB#0985-0005).

State or territorial units on aging (SUA) – State or territorial units on aging (SUAs) are designated state-level agencies that are responsible for developing and administering multi-year state plans that advocate for and provide assistance to older residents, their families, and in many states, for adults with physical disabilities. The SUA is the grantee of the federal funds designated for the LTCOP, and as a result, has certain responsibilities to the LTCOP (e.g. providing personnel supervision and management for the State Ombudsman and representatives of the Office who are employees of the SUA). (ACL, 2019).

Systems advocacy –The OAA describes systems advocacy as involving the following: representing interests of residents; seeking administrative, legal, or other remedies; analyzing, commenting on, and recommending changes to a system to benefit long-term care residents; and facilitating public comment on laws, regulations, policies, and actions (AoA, 2015).

The National Consumer Voice for Quality Long-Term Care (Consumer Voice) – The Consumer Voice is the leading national voice representing consumers in issues related to long-term care, helping to ensure that consumers are empowered to advocate for themselves. They are also a primary source of information and tools for consumers, families, caregivers, advocates, and Ombudsmen to help ensure quality care for individuals (Consumer Voice, 2019).

Appendix C: Long-Term Care Ombudsman Programs Final Rule

The Long-Term Care Ombudsman Programs Final Rule included provisions regarding:[27]

- Definitions (45 CFR §1324.1)
- The Office of the State LTC Ombudsman (45 CFR §1324.11)
- SLTCOP Policies and Procedures (45 CFR §1324.11(e))
- Functions and Responsibilities of the SLTCO (45 CFR §1324.13)
- State Agency Responsibilities Related to the SLTCOP (45 CFR §1324.15)
- Responsibilities of Agencies Hosting Local Ombudsman Entities (45 CFR §1324.17)
- Duties of the Representatives of the Office (45 CFR §1324.19)
- Conflicts of Interest (45 CFR §1324.21)

Each of these provisions is described below.

Definitions

The following definitions apply:

Immediate family: household member or a relative with whom there is a close personal or significant financial relationship (pertaining to conflicts of interest as used in Section 712 of the Act).

Office of the State Long-Term Care Ombudsman: the organizational unit in a State or territory which is headed by a State Long-Term Care Ombudsman.

Representatives of the Office of the State Long-Term Care Ombudsman: the employees or volunteers designated by the Ombudsman to fulfill the duties set forth in in § 1324.19(a), whether personnel supervision is provided by the Ombudsman or his or her designees or by an agency hosting a local Ombudsman entity designated by the Ombudsman pursuant to section 712(a)(5) of the Act.

Resident representative means any of the following:

- An individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;
- A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;
- Legal representative, as used in section 712 of the Act; or
- The court-appointed guardian or conservator of a resident.

[27] https://ltcombudsman.org/uploads/files/library/ltcop-regs-overview.pdf

- Nothing in this rule is intended to expand the scope of authority of any resident representative beyond that authority specifically authorized by the resident, State or Federal law, or a court of competent jurisdiction.

State Long-Term Care Ombudsman, or Ombudsman: the individual who heads the Office and is responsible to personally, or through representatives of the Office, fulfill the functions, responsibilities and duties set forth in §1324.13 and 1324.19.

State Long-Term Care Ombudsman program, Ombudsman program, or program: the program through which the functions and duties of the Office are carried out, consisting of the Ombudsman, the Office headed by the Ombudsman, and the representatives of the Office.

Willful interference: the actions or inactions taken by an individual in an attempt to intentionally prevent, interfere with, or attempt to impede the Ombudsman from performing any of the functions or responsibilities set forth in §1324.13, or the Ombudsman or a representative of the Office from performing any of the duties set forth in §1324.19.

The Office of the State Long-Term Care Ombudsman

The Final Rule, in accordance with the OAA requires the State agency to establish the Office, which is headed by a State Long-Term Care Ombudsman, and is a "distinct entity" that is "separately identifiable" in order to provide ease of access for residents and complainants and to effectively meet other statutory requirements of the Office. The State agency shall establish and operate the Office, and carry out the program, directly, or by contract or other arrangement with any public agency or nonprofit private organization. The Ombudsman is to serve on a full-time basis and shall meet minimum qualifications as described in the federal rule. The Final Rule does not limit the authority of the Ombudsman program to provide Ombudsman services to populations other than residents of long-term care facilities so long as the appropriations under the Act are utilized to serve residents of long-term care facilities, as authorized by the Act.

SLTCOP Policies and Procedures

The Ombudsman program regulations stipulate that the Ombudsman establish or recommend LTCOP policies and procedures. The development of policies and procedures must include consultation with the agencies hosting local Ombudsman entities and with representatives of the Office. Policies and procedures specify how the Ombudsman program is carried out in accordance with the Act and must address specific areas, including program administration; access to facilities, residents, and records; disclosure of files, records, and other information; conflicts of interest; systems advocacy; the designation process; a grievance process; and determinations of the Office. Significant requirements of policies and procedures[28] ensure:

- monitoring of local Ombudsman entities by the Ombudsman;

[28] Where the Ombudsman has the legal authority to do so, he or she shall establish policies and procedures, in consultation with the State agency, to carry out the Ombudsman program in accordance with the Act. Where State law does not provide the Ombudsman with legal authority to establish policies and procedures, the Ombudsman shall recommend policies and procedures to the State agency or other agency in which the Office is organizationally located, and such agency shall establish Ombudsman program policies and procedures.

- a description of the process by which the agencies hosting local Ombudsman entities will coordinate with the Ombudsman in the employment or appointment of representatives of the Office;
- standards of promptness for complaint responses;
- must clarify that the files, records, and information maintained by the Ombudsman program may be disclosed only at the discretion of the Ombudsman;
- must exclude the Ombudsman and representatives of the Office from abuse reporting requirements, including when such reporting would disclose identifying information of a complainant or resident without appropriate consent or court order;
- that the Office is required (and has sufficient authority) to carry out its statutory responsibilities, as the Office determines is appropriate, and regardless of State lobbying laws.

Policies and Procedures that Support the Independence of the Program

To support the independence of the Ombudsman program, the Final Rule set forth requirements with respect to policies and procedures related to systems advocacy activities. Policies and procedures must assure that the Office of the SLTCO is required, and has sufficient authority to analyze, comment on, and monitor the development and implementation of laws, regulations, policies, and actions pertaining to residents; and recommend any changes as the Office determines to be appropriate. The State Ombudsman and representatives of the Office must be excluded from state lobbying prohibitions that conflict with OAA provisions. Program policies and procedures can encourage and promote consultation with the State agency or other host agency in which the Office is organizationally located regarding positions or determinations of the Office of the SLTCO, but they must not require a right for the host agency to review or pre-approve positions or communications of the Office. The State Ombudsman must have the ability to make independent determinations and establish positions of the Office, without representing the positions of the State agency or other entity housing the Office. This independence relates to multiple areas, including the disclosure of information maintained by the Ombudsman program; recommendations to changes in laws, regulations, policies, and actions; and provision of information to public and private agencies, legislators, the media, and others as it relates to the problems and concerns of residents.

Functions and Responsibilities of the State Ombudsman

The State Ombudsman has responsibility for the leadership and management of the Office in coordination with the State agency and, where applicable, any other agency carrying out the Ombudsman program. The State Ombudsman is the head of a unified, statewide program, and is to establish or recommend policies, procedures, and standards for administration of the program, and require representatives of the Office to fulfill the duties of the program in accordance with LTCOP policies and procedures. The State Ombudsman is responsible for a wide range of activities associated with program management and operations, including:

- designation of local Ombudsman entities, and representatives of the Office;
- investigation of allegations of misconduct of representatives of the Office;
- training for certification and continuing education of the representatives of the Office;
- management of files, records, and other information;

- making determinations concerning disclosure of files, records, and other information maintained by the SLTCOP;
- determining the use of appropriated or other fiscal resources available for the operation of the Office, and approving allocations of Federal and State funds provided to local Ombudsman entities;
- independently developing and providing final approval of an annual report; and
- State-level coordination and support of local Ombudsman entity coordination with entities with responsibilities relevant to the health, safety, well-being, and rights of residents (e.g. AAAs, ADRCs, etc.).

State Agency Responsibilities Related to the SLTCOP

As a condition of receiving OAA funds, the SUA ("State agency") must fulfill certain responsibilities to the Ombudsman program, including ensuring the SLTCOP has sufficient authority and access to facilities, residents, and information needed; providing opportunities for training for the SLTCO and representatives of the Office; providing personnel supervision and management for the SLTCO and representatives of the Office who are employees of the SUA; monitoring (including fiscal) when the Office and/or local Ombudsman entity is located within another agency; integrating SLTCOP goals and objectives into the State plan; providing elder rights leadership; and requiring the coordination of SLTCOP services with activities of other Title VII programs and entities with responsibilities relevant to the health, safety, well-being, or rights of older adults.

The State Agency must ensure that mechanisms exist to prohibit and investigate allegations of interference, retaliation, and reprisals with respect to any resident, employee, or complainant, as well as against the SLTCO or representatives of the Office for performance of duties, and provide for appropriate sanctions. The State agency must ensure that legal counsel for the SLTCOP is adequate, available, and has competencies relevant to the legal needs of the program and of residents, and is without conflict of interest (as defined by the State ethical standards governing the legal profession) to provide consultation and representation for the SLTCO and representatives of the Office. Both the State agency and the SLTCO are responsible for identifying actual and potential conflicts and removing or remedying the conflicts identified.

Responsibilities of Agencies Hosting Local Ombudsman Entities

States with local Ombudsman entities may divide some responsibilities between the host agency and the Ombudsman. For example, the host agency may retain the authority over the personnel functions of the agency, such as hiring and firing. However, the Ombudsman must have responsibility for the programmatic functions of the Ombudsman program, including designation and de-designation of representatives of the Office.[29] The host agency shall not have personnel policies or practices that prohibit the representatives of the Office from performing the duties, or from adhering to the access, confidentiality and disclosure requirements of section 712 of the Act, as implemented through this rule and the policies and procedures of the Office.

[29] ACL Frequently Asked Questions (FAQ) https://www.acl.gov/node/762

Duties of the Representatives of the Office

In carrying out the duties of the Office, the Ombudsman may designate an employee or volunteer of the local Ombudsman entity as a representative of the Office. Representatives of the Office may also be designated employees or volunteers within the Office.

Representatives of the Office are required to investigate and resolve complaints; ensure regular and timely access to LTCOP services and response to complaints and requests for information; represent residents interests before governmental agencies; assure residents access to administrative, legal, and other remedies; analyze, comment on, and monitor the development of laws, regulations, policies, and actions, and recommend changes as appropriate; coordinate with and promote the development of citizen organizations; and promote and support resident and family councils.

Duties of representatives of the Office also have significant requirements with respect to complaint processing. Regardless of the complaint's source, the SLTCO and representatives of the Office serve the resident. Complaint investigations are intended to be resolved to residents' satisfaction and to promote their health, welfare, safety, and rights. The Final Rule further clarifies the need to obtain consent to take action on a complaint and outlines steps to take action when a resident cannot give consent. Information regarding a complaint may be shared with other agencies in order to substantiate facts for regulatory, protective services, law enforcement, or other purposes, insofar as the SLTCO or representatives adheres to disclosure rules. The SLTCO or representatives also shall not report cases of suspected abuse, neglect, or exploitation without the informed consent of the resident or the resident's representative.

Conflicts of Interest

The Final Rule stipulates that the State agency and the Ombudsman shall consider organizational and individual conflicts of interest that may impact the effectiveness and credibility of the work of the Office. Both parties are responsible for identifying actual and potential conflicts, and removing or remedying them.

Organizational conflicts of interest may include, but are not limited to, placement of the Office, or requiring that an Ombudsman or representative of the Office perform conflicting activities, in an organization that is responsible for other activities related to long-term care facilities such as licensing, surveying, or certifying long-term care facilities; setting reimbursement rates for long-term care facilities; or making decisions regarding admission or discharge of individuals to or from long-term care facilities; among others.

Additionally, the State agency must ensure that individuals involved in the designating, appointing, selecting or terminating of the Ombudsman are free from conflict. If conflicts are identified, the Ombudsman must describe the steps taken to remove or remedy the conflicts within the annual report submitted to the Assistant Secretary through NORS. Whether the Ombudsman program is organizationally placed within the State agency or carried out by contract with a public agency or nonprofit private organization, the State agency is required to establish a process for periodic review for conflicts, and criteria for approval of steps taken to remedy or remove conflicts. If a conflict cannot be remedied, the program must be moved and operated by another agency or organization without conflicts. The State Ombudsman holds the same responsibilities as it relates to the operation of local Ombudsman entities.

Individual conflicts of interest may exist if an Ombudsman, representatives of the Office, or members of their immediate family have direct involvement in the licensing or certification of a long-term care facility; have ownership, operational, or investment interest in an existing or proposed long-term care facility; are

or have been employed by, or participated 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; serves residents of a facility in which an immediate family member resides; or receives gifts, gratuities, or remuneration from a long-term care facility, its management, or the owner or operator.

The State agency or Ombudsman must establish and implement policies and procedures to ensure that no Ombudsman or representatives of the Office are required or permitted to hold positions or perform duties that would constitute a conflict of interest. Policies should include establishing a process for periodic review and identification of conflicts, and efforts to avoid appointing or designating individuals with conflicts, or otherwise removing or remedying conflicts.

Appendix D: Program Structure and Organizational Placement

Table A: Program Structure and Organizational Placement

States/ Territories	State Office Placement	State Structure	Local Ombudsman Entity Placement
Alabama	SUA	Decentralized	AAAs
Alaska	Independent state agency	Centralized	Central State Office
Arizona	SUA	Decentralized	AAAs and Inter-Tribal Council
Arkansas	SUA	Decentralized	AAAs
California	SUA	Decentralized	Mix of AAAs and independent agencies
Colorado	Nonprofit	Decentralized	AAAs
Connecticut	State government agency	Centralized	Central State Office
Delaware	State government agency	Centralized	Central State Office
District of Columbia	Nonprofit	Centralized	Central State Office
Florida	SUA	Centralized	Central State Office (oversees regions and districts)
Georgia	SUA	Decentralized	Mix of AAAs and other entities
Hawaii	SUA	Centralized	Central State Office
Idaho	SUA	Decentralized	AAAs
Illinois	SUA	Decentralized	Mix of AAAs and nonprofit entities
Indiana	State government agency	Decentralized	Mix of AAAs and other entities
Iowa	SUA	Centralized	Central State Office
Kansas	Independent State Agency	Centralized	Central State Office and other offices
Kentucky	Nonprofit	Decentralized	AAAs and Independent Living Centers
Louisiana	SUA	Decentralized	Mix of AAAs and independent agencies
Maine	Nonprofit	Centralized	Central State Office
Maryland	SUA	Decentralized	AAAs
Massachusetts	SUA	Decentralized	Mix of AAAs and independent agencies
Michigan	Nonprofit	Decentralized	Mix of AAAs and independent agencies
Minnesota	State government agency	Centralized	Central State Office, regional offices, home offices
Mississippi	SUA	Decentralized	Mix of AAAs and other entities
Missouri	SUA	Decentralized	Mix of AAAs and independent agencies
Montana	SUA	Decentralized	AAAs and Council of Governments
Nebraska	State government agency	Decentralized	AAAs
Nevada	SUA	Centralized	Central State Office (housed at regional/local level)
New Hampshire	State government agency	Centralized	Central State Office
New Jersey	State government agency	Centralized	Central State Office
New Mexico	SUA	Centralized	Central State Office and regional offices
New York	SUA	Decentralized	Mix of AAAs and independent agencies
North Carolina	SUA	Decentralized	AAAs
North Dakota	SUA	Centralized	Central State Office
Ohio	SUA	Decentralized	Mix of AAAs and independent agencies

States/ Territories	State Office Placement	State Structure	Local Ombudsman Entity Placement
Oklahoma	SUA	Decentralized	AAAs and Council of Governments
Oregon	Independent state agency	Centralized	Central State Office and offices across the state
Pennsylvania	SUA	Decentralized	Mix of AAAs and independent agencies
Rhode Island	Nonprofit	Centralized	Central State Office
South Carolina	SUA	Decentralized	Mix of AAAs and independent agencies
South Dakota	SUA	Centralized	Division field offices under Office of SLTCO
Tennessee	SUA	Decentralized	Mix of AAAs and independent agencies
Texas	SUA	Decentralized	Mix of AAAs and other entities
Utah	SUA	Decentralized	Mix of AAAs and other entities
Vermont	Nonprofit	Centralized	Central State Office (Legal Aid across the state)
Virginia	SUA	Decentralized	Mix of AAAs and independent agencies
Washington	Nonprofit	Decentralized	Mix of AAAs and independent agencies
West Virginia	SUA	Decentralized	Local offices under Legal Aid
Wisconsin	Independent state agency	Centralized	Central State Office
Wyoming	State government agency	Decentralized	Local offices under Wyoming Citizens, Inc.
Puerto Rico	SUA	Decentralized	Other
Guam	SUA	Centralized	Central State Office

Appendix E: Program Expenditures Data

Table B: Program Expenditures by Source – Federal, State, Local and Total Funds (FFY 2017)

State	Federal Funds	Federal Funds as % of total	State Funds	State Funds as % of total	Local Funds	Local Funds as % of total	Total Funds
50 States + DC & PR	$53,768,649	50.4%	$45,664,788	42.8%	$7,247,830	6.8%	$106,681,267
AK	$311,266	36.0%	$554,295	64.0%	-	-	$865,561
AL	$655,817	37.5%	$1,011,325	57.8%	$83,608	4.8%	$1,750,750
AR	$615,218	65.5%	$193,858	20.6%	$130,434	13.9%	$939,510
AZ	$676,021	46.6%	$773,766	53.4%	-	0.0%	$1,449,787
CA	$4,536,982	35.5%	$5,991,780	46.8%	$2,261,387	17.7%	$12,790,149
CO	$1,505,363	45.4%	$1,435,248	43.2%	$378,055	11.4%	$3,318,666
CT	$327,427	16.9%	$1,613,051	83.1%	-	-	$1,940,478
DC	$179,350	28.9%	$440,683	71.1%	-	-	$620,033
DE*	$303,158	62.1%	$185,340	37.9%	-	-	$488,498
FL	$1,585,688	55.2%	$1,284,788	44.8%	-	-	$2,870,476
GA	$1,347,333	50.2%	$1,257,134	46.9%	$78,269	2.9%	$2,682,736
HI*	$153,074	86.6%	$23,776	13.4%	-	-	$176,850
IA	$318,791	24.3%	$994,344	75.7%	-	-	$1,313,135
ID	$365,820	57.7%	$267,854	42.3%	-	-	$633,674
IL	$2,354,076	43.8%	$2,787,341	51.9%	$230,551	4.3%	$5,371,968
IN	$581,867	67.7%	$227,530	26.5%	$49,895	5.8%	$859,292
KS	$550,230	80.0%	$137,240	20.0%	-	-	$687,470
KY	$698,480	38.7%	$1,089,462	60.4%	$17,069	0.9%	$1,805,011
LA	$849,300	73.6%	$282,248	24.5%	$22,354	1.9%	$1,153,902
MA	$2,252,077	81.8%	$426,696	15.5%	$72,993	2.7%	$2,751,766
MD	$650,038	22.1%	$1,401,056	47.7%	$885,476	30.2%	$2,936,570
ME	$481,913	40.0%	$723,188	60.0%	-	-	$1,205,101
MI	$850,675	47.6%	$822,358	46.0%	$113,094	6.3%	$1,786,127
MN	$1,299,900	67.3%	$632,533	32.7%	-	-	$1,932,433
MO	$942,766	82.1%	$125,617	10.9%	$80,051	7.0%	$1,148,434
MS	$963,833	80.0%	$113,439	9.4%	$127,310	10.6%	$1,204,582
MT	$555,648	46.7%	$581,630	48.9%	$52,584	4.4%	$1,189,862
NC	$1,973,027	48.1%	$1,793,407	43.7%	$339,305	8.3%	$4,105,739
ND	$302,167	65.9%	$156,448	34.1%	-	-	$458,615
NE	$289,314	90.0%	$15,000	4.7%	$17,129	5.3%	$321,443
NH	$277,644	54.9%	$228,113	45.1%	-	-	$505,757
NJ	$1,118,309	40.9%	$1,615,083	59.1%	-	-	$2,733,392
NM	$444,411	77.5%	$129,328	22.5%	-	-	$573,739
NV	$643,861	47.7%	$706,132	52.3%	-	-	$1,349,993
NY	$2,639,092	67.7%	$1,190,000	30.5%	$68,553	1.8%	$3,897,645
OH	$6,042,439	72.3%	$1,955,826	23.4%	$363,615	4.3%	$8,361,880
OK	$836,306	52.0%	$701,761	43.6%	$69,854	4.3%	$1,607,921
OR	$264,954	19.5%	$1,095,198	80.5%	-	-	$1,360,152
PA	$1,808,630	33.8%	$3,448,243	64.4%	$98,130	1.8%	$5,355,003
PR	$336,501	100.0%		0.0%	-	-	$336,501

State	Federal Funds	Federal Funds as % of total	State Funds	State Funds as % of total	Local Funds	Local Funds as % of total	Total Funds
RI	$339,408	46.8%	$339,400	46.8%	$46,119	6.4%	$724,927
SC	$1,582,294	67.0%	$680,888	28.8%	$97,329	4.1%	$2,360,511
SD	$565,672	92.8%	$44,146	7.2%	-	-	$609,818
TN	$709,926	77.4%	$76,356	8.3%	$131,215	14.3%	$917,497
TX	$3,944,367	62.8%	$2,229,652	35.5%	$111,182	1.8%	$6,285,201
UT	$169,169	28.1%	$263,101	43.6%	$170,515	28.3%	$602,785
VA	$981,155	43.2%	$392,184	17.3%	$896,082	39.5%	$2,269,421
VT	$599,497	87.4%	$86,218	12.6%	-	-	$685,715
WA	$510,383	24.9%	$1,324,201	64.7%	$212,649	10.4%	$2,047,233
WI	$862,245	38.6%	$1,369,890	61.4%	-	-	$2,232,135
WV	$481,866	57.9%	$307,426	37.0%	$42,667	5.1%	$831,959
WY	$133,901	49.0%	$139,207	50.9%	$356	0.1%	$273,464

*2016 data

Table C: Program Data – Totals and by State/Territory

States/ Territories	# Paid Program Staff (FTE)	Total # of All Volunteers	# of Certified Volunteers	# of Other Volunteers	% of Nursing Homes visited quarterly[b]	% of Board and Care Homes visited quarterly[b]	# Nursing Home Total	# Board and Care Total	Total # Facilities	Total # of Complaints	# of Complaints per LTC Facility Bed	Ratio FTE to LTC Facility Beds
50 States + DC & PR	1,319.22	8,810	6,625	2,185	68.4%	30.2%	16,376	58,031	74,407	201,460	0.06	1:2,355
AK	5.0	39	39	0	27.8%	9.1%	18	638	656	508	0.11	1:921
AL	21.5	38	0	38	99.6%	86.5%	235	349	584	1,238	0.03	1:1,781
AR	15.0	235	231	4	83.0%	98.4%	229	186	415	1,437	0.04	1:2,261
AZ	19.8	61	61	0	99.3%	27.8%	147	2,105	2,252	3,930	0.07	1:2,751
CA	156.3	738	730	8	75.9%	42.7%	1,244	7,406	8,650	41,834	0.14	1:1,949
CO	39.5	22	22	0	100.0%	100.0%	234	674	908	4,368	0.10	1:1,113
CT	9.0	29	16	13	15.8%	0.4%	221	231	452	3,090	0.09	1:4,035
DC	7.0	60	60	0	94.4%	14.0%	18	121	139	529	0.13	1:594
DE[a]	5.0	20	20	0	100.0%	62.8%	48	78	126	604	0.08	1:1,471
FL	42.0	353	292	61	39.3%	22.0%	682	3,448	4,130	5,395	0.03	1:4,395
GA	43.3	52	13	39	84.4%	49.2%	371	2,533	2,904	4,511	0.06	1:1,851
HI*	2.0	10	10	0	30.6%	2.1%	49	1,687	1,736	215	0.02	1:6,494
IA	10.0	71	64	7	11.3%	0.2%	442	405	847	1,333	0.02	1:5,461
ID	10.0	49	49	0	100.0%	100.0%	79	276	355	1,001	0.06	1:1,550
IL	77.7	78	78	0	86.7%	90.9%	968	623	1,591	8,009	0.06	1:1,821
IN	15.5	26	13	13	55.1%	29.5%	554	319	873	1,253	0.02	1:5,065
KS	8.0	89	89	0	71.5%	6.0%	347	467	814	1,490	0.04	1:4,447
KY	32.6	286	65	221	93.7%	85.1%	316	194	510	6,662	0.19	1:1,052
LA	17.6	11	2	9	100.0%	89.8%	278	118	396	1,393	0.03	1:2,371
MA	30.3	291	291	0	99.3%	98.5%	413	68	481	4,707	0.09	1:1,651
MD	36.5	168	101	67	97.3%	51.4%	226	1,509	1,735	4,238	0.09	1:1,356
ME	13.7	41	41	0	100.0%	93.6%	100	251	351	1,824	0.13	1:1,064
MI	19.5	33	32	1	34.3%	0.0%	460	4,472	4,932	3,327	0.03	1:5,166
MN	17.0	57	57	0	66.0%	2.1%	371	6,336	6,707	2,402	0.02	1:6,814
MO	18.0	215	203	12	48.3%	41.9%	530	652	1,182	6,763	0.08	1:4,571
MS	17.0	0	0	0	99.1%	88.2%	211	195	406	1,807	0.07	1:1,566
MT	19.7	10	0	10	69.4%	67.7%	124	217	341	1,318	0.10	1:682
NC	38.5	948	948	0	87.1%	78.6%	420	1,250	1,670	4,350	0.05	1:2,318

States/ Territories	# Paid Program Staff (FTE)	Total # of All Volunteers	# of Certified Volunteers	# of Other Volunteers	% of Nursing Homes visited quarterly[b]	% of Board and Care Homes visited quarterly[b]	# Nursing Home Total	# Board and Care Total	Total # Facilities	Total # of Complaints	# of Complaints per LTC Facility Bed	Ratio FTE to LTC Facility Beds
ND	6.5	20	20	0	83.3%	78.9%	114	142	256	514	0.04	1:1,823
NE	7.5	49	49	0	46.5%	30.2%	226	288	514	890	0.03	1:3,906
NH	5.0	20	18	2	17.1%	2.0%	82	150	232	252	0.02	1:2,656
NJ	24.0	239	239	0	77.9%		384	521	905	5,631	0.07	1:3,236
NM	7.0	49	46	3	77.0%	25.1%	74	259	333	2,960	0.24	1:1,763
NV	12.5	13	8	5	95.0%	86.9%	60	505	565	2,807	0.18	1:1,229
NY	45.2	571	569	2	58.1%	30.6%	627	876	1,503	1,636	0.01	1:3,582
OH	88.5	235	235	0	45.0%	24.1%	983	1,652	2,635	9,470	0.06	1:1,750
OK	25.1	109	105	4	42.8%	20.0%	400	230	630	3,243	0.07	1:1,854
OR	10.5	176	160	16	54.4%	12.1%	136	2,005	2,141	4,429	0.10	1:4,312
PA	84.3	1,891	415	1,476	90.8%	61.2%	703	1,718	2,421	2,524	0.02	1:1,876
PR	11.0	3	0	3	100.0%	25.5%	9	825	834	2,755	0.16	1:1,542
RI	6.2	15	14	1	84.3%	78.5%	89	65	154	503	0.04	1:2,250
SC	26.1	78	78	0	79.1%	84.6%	268	479	747	7,367	0.17	1:1,615
SD	7.0	0	0	0	93.5%	38.9%	108	216	324	545	0.04	1:1,793
TN	13.5	234	200	34	85.2%	81.7%	324	371	695	2,617	0.05	1:4,243
TX	85.0	451	451	0	94.6%	93.8%	1,221	1,885	3,106	18,480	0.09	1:2,464
UT	9.2	18	10	8	61.0%	48.5%	105	229	334	1,795	0.10	1:2,007
VA	27.9	76	61	15	24.8%	23.0%	307	566	873	3,222	0.05	1:2,464
VT	6.6	10	8	2	97.4%	95.3%	39	129	168	500	0.08	1:992
WA	17.6	425	321	104	29.4%	14.0%	228	3,349	3,577	4,960	0.07	1:4,003
WI	31.0	98	91	7	17.3%	0.0%	393	4,402	4,795	3,681	0.04	1:3,075
WV	11.3	0	0	0	93.6%	4.4%	125	321	446	929	0.06	1:1,303
WY	4.0	0	0	0	97.2%	100.0%	36	40	76	214	0.04	1:1,190

[a] 2016 data

[b] Percentages are based on the local numbers reported and may slightly underrepresent the actual number of facilities visited for some states.

Table D: Program Data, Continued – Totals and by State/Territory

States/ Territories	# of Consultations to Facilities	# of Consultations to Individuals	# of Cases Closed/ Complainants	# of Community Education Sessions	# of Resident Council Meetings Attended	# of Family Council Meetings Attended	State - Estimated % of Total Paid Staff Time Spent on Laws, Regulations, Government Policies and Actions	Local - Estimated % of Total Paid Staff Time Spent on Laws, Regulations, Government Policies and Actions
50 States + DC & PR	127,068	402,030	128,091	10,170	21,211	1,788	N/A	N/A
AK	215	448	296	39	2	0	10.0%	0.0%
AL	1,207	2,232	738	286	120	40	35.0%	21.0%
AR	451	9,142	847	221	166	56	15.0%	10.0%
AZ	4,429	7,879	1,789	126	453	25	35.0%	10.0%
CA	16,404	68,948	33,559	617	3,233	214	20.0%	15.0%
CO	6,117	8,904	2,293	588	1,292	32	40.0%	15.0%
CT	231	400	1,756	48	184	3	50.0%	20.0%
DC	149	1,215	344	94	123	27	30.0%	0.0%
DE*	315	98	553	7	10	0	15.0%	0.0%
FL	4,284	11,188	2,455	153	358	43	27.0%	18.0%
GA	4,141	9,741	2,471	193	215	24	15.0%	13.0%
HI*	1,501	1,534	71	30	4	1	25.0%	0.0%
IA	1,314	2,003	783	50	136	4	20.0%	2.0%
ID	736	1,539	569	72	94	7	35.0%	5.0%
IL	3,162	22,952	5,286	439	1,237	32	18.0%	2.0%
IN	1,911	5,746	823	43	62	15	30.0%	10.0%
KS	876	1,216	1,233	37	136	2	30.0%	10.0%
KY	4,090	13,805	3,582	1,686	1,026	111	25.0%	6.0%
LA	500	584	929	143	332	150	25.0%	10.0%
MA	1,254	2,232	3,207	157	188	25	40.0%	25.0%
MD	3,742	8,270	1,889	290	639	78	40.0%	7.0%
ME	576	754	1,227	66	26	1	35.0%	0.0%
MI	1,619	4,268	1,537	233	319	78	25.0%	15.0%
MN	2,129	5,436	970	63	309	74	46.0%	20.0%
MO	1,010	3,999	4,843	50	142	12	10.0%	10.0%
MS	1,749	1,883	1,151	70	307	19	40.0%	20.0%
MT	2,114	2,350	735	110	565	9	13.0%	5.0%
NC	2,747	5,785	2,031	575	109	18	13.0%	1.0%

States/ Territories	# of Consultations to Facilities	# of Consultations to Individuals	# of Cases Closed/ Complainants	# of Community Education Sessions	# of Resident Council Meetings Attended	# of Family Council Meetings Attended	State - Estimated % of Total Paid Staff Time Spent on Laws, Regulations, Government Policies and Actions	Local - Estimated % of Total Paid Staff Time Spent on Laws, Regulations, Government Policies and Actions
ND	729	405	345	20	32	0	17.0%	3.0%
NE	642	1,495	683	15	69	5	30.0%	0.0%
NH	475	680	151	10	39	3	15.0%	0.0%
NJ	4,346	6,407	2,795	115	660	10	20.0%	0.0%
NM	720	894	1,906	10	11	4	15.0%	5.0%
NV	5,806	19,700	1,354	24	205	56	7.0%	0.0%
NY	2,993	43,768	885	240	2,541	274	15.0%	10.0%
OH	1,834	6,801	5,795	378	406	10	18.0%	2.0%
OK	678	1,998	1,957	170	39	6	40.0%	10.0%
OR	179	1,796	2,925	488	583	19	10.0%	0.0%
PA	3,821	14,307	1,401	947	1,516	31	30.0%	15.0%
PR	2,875	1,837	1,000	2	12	0	2.0%	0.0%
RI	3,594	783	339	31	4	4	27.0%	0.0%
SC	2,241	1,713	3,592	173	17	6	25.0%	5.0%
SD	551	233	376	20	79	1	40.0%	0.0%
TN	1,889	1,294	1,669	128	92	21	25.0%	10.0%
TX	5,029	21,789	14,535	201	1,015	107	35.0%	2.0%
UT	1,071	1,465	1,183	30	52	2	45.0%	5.0%
VA	1,636	11,417	2,106	196	471	64	65.0%	7.0%
VT	231	553	338	13	23	1	25.0%	5.0%
WA	11,390	47,063	2,865	153	662	42	55.0%	10.0%
WI	4,111	9,525	1,183	238	400	11	20.0%	15.0%
WV	1,010	1,251	546	34	457	11	5.0%	1.0%
WY	244	305	195	48	39	0	35.0%	0.0%

*2016 data
** The counts in the first six columns combines the state and local counts of each activity. These counts were combined to capture all activity, regardless of level, that occurred within each state.

Appendix F: Complaint Dispositions

Table E: Complaint Dispositions – All Facilities (Nursing Homes and Board and Care Homes)

States/ Territories	Requires government policy or regulatory change or legislative action to resolve	Withdrawn by resident or complainant	Referred to other agency for resolution30	No action needed or appropriate	Resolved to satisfaction of resident or complainant	Partially resolved but some problem remained	Resolved /Partially resolved to satisfaction of resident or complainant	Not resolved to the satisfaction of resident or complainant
50 States + DC & PR	0.2%	4.8%	3.9%	12.8%	58.0%	15.3%	73.3%	5.0%
AK	0.0%	1.2%	0.0%	0.0%	66.3%	31.5%	97.8%	1.0%
AL	4.7%	4.4%	9.1%	7.7%	57.6%	9.8%	67.4%	6.8%
AR	0.2%	0.9%	0.8%	9.5%	46.3%	19.7%	66.0%	22.5%
AZ	0.9%	1.4%	4.8%	7.2%	62.2%	17.7%	79.9%	5.8%
CA	0.1%	3.1%	1.9%	24.5%	51.4%	15.2%	66.6%	3.9%
CO	0.0%	9.4%	4.5%	4.9%	48.1%	25.7%	73.8%	7.3%
CT	0.0%	2.8%	11.1%	20.6%	37.7%	20.1%	57.9%	7.6%
DC	0.2%	2.3%	0.0%	0.2%	69.6%	25.0%	94.6%	2.6%
DE*	0.0%	0.3%	5.9%	7.1%	66.3%	18.3%	84.5%	2.2%
FL	0.1%	16.7%	2.1%	34.1%	38.4%	6.8%	45.2%	1.8%
GA	0.0%	8.4%	6.5%	15.0%	54.5%	12.0%	66.5%	3.6%
HI*	0.0%	8.8%	3.3%	19.1%	22.3%	35.8%	58.1%	10.7%
IA	0.0%	10.0%	2.8%	8.8%	43.8%	24.8%	68.7%	9.8%
ID	0.0%	6.5%	6.1%	16.0%	49.5%	17.1%	66.6%	4.8%
IL	0.2%	8.7%	5.3%	21.1%	48.3%	11.6%	59.9%	4.7%
IN	0.3%	5.8%	6.9%	25.0%	31.2%	24.3%	55.6%	6.5%
KS	0.0%	1.1%	2.6%	1.5%	65.5%	26.4%	91.9%	3.0%
KY	0.6%	1.4%	4.4%	2.7%	85.8%	3.8%	89.6%	1.4%
LA	0.0%	2.3%	11.1%	4.5%	78.6%	1.7%	80.3%	1.7%
MA	0.0%	6.8%	0.4%	19.1%	61.2%	8.4%	69.6%	4.0%
MD	0.0%	8.0%	4.7%	7.9%	42.8%	25.8%	68.6%	10.7%
ME	0.0%	3.1%	0.5%	0.0%	90.7%	4.5%	95.2%	1.2%
MI	0.1%	3.5%	10.2%	4.6%	56.3%	18.3%	74.6%	7.0%

[30] Note that the “Referred to other agency for resolution” variable combines three fields: Report of final disposition not obtained (3.9%); Other agency failed to act on complaint (0.2%); and Agency did not substantiate complaint (0.8%).

States/ Territories	Requires government policy or regulatory change or legislative action to resolve	Withdrawn by resident or complainant	Referred to other agency for resolution30	No action needed or appropriate	Resolved to satisfaction of resident or complainant	Partially resolved but some problem remained	Resolved /Partially resolved to satisfaction of resident or complainant	Not resolved to the satisfaction of resident or complainant
MN	0.5%	4.6%	5.8%	7.0%	44.3%	26.6%	70.9%	11.3%
MO	0.1%	4.6%	2.0%	13.2%	37.7%	36.8%	74.5%	5.6%
MS	0.1%	1.8%	5.9%	4.1%	75.6%	8.6%	84.3%	3.9%
MT	0.0%	3.8%	6.2%	8.6%	51.3%	16.5%	67.8%	13.6%
NC	0.1%	11.0%	8.0%	16.6%	55.8%	5.4%	61.2%	3.1%
ND	1.8%	7.7%	7.5%	4.3%	37.5%	24.9%	62.3%	16.4%
NE	0.3%	2.1%	0.7%	3.0%	51.0%	28.3%	79.3%	14.5%
NH	0.0%	3.6%	4.4%	4.0%	77.0%	10.3%	87.3%	0.8%
NJ	0.0%	2.1%	0.7%	0.7%	86.6%	8.7%	95.3%	1.2%
NM	0.0%	2.9%	5.0%	3.3%	44.1%	30.4%	74.5%	14.2%
NV	0.0%	0.3%	3.7%	15.4%	74.3%	4.3%	78.6%	2.0%
NY	0.1%	2.1%	1.7%	10.0%	58.9%	17.6%	76.5%	9.7%
OH	0.2%	10.6%	1.0%	11.2%	65.5%	9.9%	75.5%	1.5%
OK	0.0%	14.1%	0.3%	0.4%	52.0%	22.8%	74.9%	10.3%
OR	0.9%	8.5%	6.2%	18.3%	45.9%	13.3%	59.2%	6.9%
PA	0.0%	4.5%	4.1%	11.6%	57.3%	17.5%	74.9%	5.0%
PR	0.0%	0.8%	0.2%	5.8%	80.4%	0.4%	80.8%	12.5%
RI	0.0%	4.9%	16.4%	19.4%	40.3%	10.5%	50.8%	8.5%
SC	1.1%	3.2%	12.8%	2.5%	79.3%	0.6%	80.0%	0.5%
SD	0.0%	8.1%	6.2%	9.7%	47.2%	17.2%	64.4%	11.6%
TN	0.0%	1.9%	4.8%	9.3%	64.7%	17.1%	81.8%	2.2%
TX	0.0%	1.3%	1.0%	3.4%	75.7%	15.4%	91.1%	3.3%
UT	0.0%	3.5%	8.4%	13.0%	61.4%	11.0%	72.3%	2.7%
VA	0.0%	2.6%	2.6%	5.3%	54.7%	23.6%	78.3%	11.2%
VT	0.0%	7.1%	2.1%	0.9%	73.8%	13.4%	87.3%	2.6%
WA	0.1%	4.7%	7.6%	10.1%	55.0%	16.6%	71.6%	5.8%
WI	0.1%	3.0%	8.5%	10.9%	24.6%	41.4%	66.0%	11.4%
WV	0.3%	5.4%	2.7%	12.9%	58.0%	14.4%	72.5%	6.2%
WY	0.0%	6.6%	11.5%	4.4%	55.7%	17.5%	73.2%	4.4%

*2016 data

Table F: Complaint Dispositions – Nursing Homes

States/ Territories	Requires government policy or regulatory change or legislative action to resolve	Withdrawn by resident or complainant	Referred to other agency for resolution[31]	No action needed or appropriate	Resolved to satisfaction of resident or complainant	Partially resolved but some problem remained	Resolved/ Partially resolved to satisfaction of resident or complainant	Not resolved to the satisfaction of resident or complainant
50 States + DC & PR	0.1%	4.8%	3.4%	12.5%	58.7%	15.7%	74.4%	4.7%
AK	0.0%	3.1%	0.0%	0.0%	74.2%	21.5%	95.7%	1.2%
AL	4.3%	4.6%	8.3%	7.9%	57.9%	9.7%	67.6%	7.3%
AR	0.2%	0.9%	0.8%	9.2%	45.3%	19.7%	65.1%	23.8%
AZ	0.3%	1.4%	3.7%	6.3%	64.0%	19.3%	83.4%	4.8%
CA	0.1%	3.0%	1.5%	26.3%	51.9%	13.9%	65.8%	3.4%
CO	0.0%	11.3%	4.4%	5.1%	45.3%	27.2%	72.5%	6.6%
CT	0.0%	2.7%	11.1%	20.4%	37.9%	20.1%	58.1%	7.7%
DC	0.0%	3.7%	0.0%	0.4%	64.8%	28.5%	93.3%	2.6%
DE*	0.0%	0.0%	6.1%	7.3%	67.8%	16.5%	84.3%	2.3%
FL	0.0%	17.6%	1.4%	31.4%	39.6%	8.4%	48.0%	1.7%
GA	0.0%	8.5%	4.7%	13.4%	57.3%	12.4%	69.7%	3.6%
HI*	0.0%	11.6%	3.6%	18.8%	25.0%	33.0%	58.0%	8.0%
IA	0.0%	10.7%	2.5%	8.8%	45.0%	24.0%	69.0%	9.0%
ID	0.0%	5.3%	8.0%	16.5%	45.7%	19.5%	65.2%	5.0%
IL	0.2%	8.6%	5.3%	21.0%	48.9%	11.5%	60.3%	4.5%
IN	0.1%	5.2%	6.6%	27.8%	29.7%	24.3%	54.0%	6.3%
KS	0.0%	1.3%	2.5%	1.5%	65.7%	26.2%	91.9%	2.8%
KY	0.6%	1.3%	4.0%	2.2%	86.5%	3.9%	90.5%	1.4%
LA	0.0%	2.4%	11.1%	4.2%	78.8%	1.7%	80.5%	1.8%
MA	0.0%	6.7%	0.5%	19.0%	61.4%	8.4%	69.9%	4.0%
MD	0.0%	7.5%	3.2%	6.9%	44.4%	27.1%	71.6%	10.9%
ME	0.0%	3.0%	0.4%	0.0%	90.8%	4.8%	95.6%	1.1%
MI	0.1%	3.4%	9.3%	4.5%	58.1%	17.9%	76.0%	6.7%
MN	0.5%	4.5%	5.6%	7.0%	44.5%	26.1%	70.6%	11.9%
MO	0.1%	4.4%	1.9%	13.6%	38.0%	36.9%	74.9%	5.0%
MS	0.1%	1.9%	6.0%	3.8%	75.9%	8.4%	84.3%	3.9%

[31] Note that the "Referred to other agency for resolution" variable combines three fields: Report of final disposition not obtained (2.8%); Other agency failed to act on complaint (0.1%); and Agency did not substantiate complaint (0.6%).

States/ Territories	Requires government policy or regulatory change or legislative action to resolve	Withdrawn by resident or complainant	Referred to other agency for resolution[31]	No action needed or appropriate	Resolved to satisfaction of resident or complainant	Partially resolved but some problem remained	Resolved/ Partially resolved to satisfaction of resident or complainant	Not resolved to the satisfaction of resident or complainant
MT	0.0%	3.3%	5.0%	8.1%	50.7%	16.0%	66.7%	17.0%
NC	0.0%	10.2%	7.3%	14.4%	59.1%	5.9%	65.0%	3.2%
ND	0.0%	7.1%	6.9%	4.0%	42.3%	24.0%	66.3%	15.7%
NE	0.5%	1.7%	0.6%	3.2%	51.3%	28.7%	80.0%	13.9%
NH	0.0%	4.5%	5.1%	1.7%	78.5%	9.6%	88.1%	0.6%
NJ	0.0%	1.9%	0.7%	0.8%	87.2%	8.1%	95.3%	1.3%
NM	0.0%	3.1%	5.6%	3.2%	42.6%	30.7%	73.3%	14.8%
NV	0.0%	0.4%	0.7%	15.6%	75.9%	5.3%	81.3%	2.0%
NY	0.1%	2.1%	1.4%	10.8%	58.9%	17.2%	76.1%	9.6%
OH	0.1%	10.8%	0.9%	11.2%	65.7%	9.8%	75.5%	1.5%
OK	0.0%	14.6%	0.3%	0.4%	51.3%	23.3%	74.6%	10.0%
OR	0.4%	9.8%	6.8%	16.5%	47.7%	13.0%	60.7%	5.9%
PA	0.0%	5.3%	3.1%	12.0%	55.0%	19.7%	74.7%	4.9%
PR	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%
RI	0.0%	5.3%	15.1%	20.7%	39.9%	10.6%	50.5%	8.4%
SC	0.4%	4.0%	11.7%	2.8%	80.1%	0.5%	80.6%	0.5%
SD	0.0%	6.0%	7.5%	10.7%	47.6%	17.0%	64.6%	11.2%
TN	0.0%	1.6%	4.1%	8.9%	66.0%	17.5%	83.5%	1.9%
TX	0.0%	1.1%	0.9%	3.3%	75.2%	16.3%	91.5%	3.3%
UT	0.0%	4.3%	8.6%	12.7%	61.0%	11.0%	72.0%	2.3%
VA	0.0%	2.2%	2.6%	4.8%	56.1%	23.6%	79.7%	10.6%
VT	0.0%	4.9%	1.9%	1.0%	74.7%	14.3%	89.0%	3.2%
WA	0.0%	4.2%	6.1%	8.4%	58.6%	17.2%	75.8%	5.5%
WI	0.1%	2.8%	6.5%	11.2%	24.2%	45.3%	69.5%	9.8%
WV	0.1%	5.7%	2.1%	11.3%	59.9%	15.0%	74.9%	5.8%
WY	0.0%	6.7%	10.7%	4.0%	56.0%	18.0%	74.0%	4.7%

*2016 data

Table G: Complaint Dispositions – Board and Care Homes

States/ Territories	Requires government policy or regulatory change or legislative action to resolve	Withdrawn by resident or complainant	Referred to other agency for resolution[32]	No action needed or appropriate	Resolved to satisfaction of resident or complainant	Partially resolved but some problem remained	Resolved/ Partially resolved to satisfaction of resident or complainant	Not resolved to the satisfaction of resident or complainant
50 States + DC & PR	0.4%	4.9%	5.1%	13.7%	55.9%	14.4%	70.3%	5.7%
AK	0.0%	0.3%	0.0%	0.0%	62.3%	36.5%	98.8%	0.9%
AL	7.4%	2.7%	15.5%	6.1%	55.4%	10.1%	65.5%	2.7%
AR	0.0%	1.3%	1.3%	12.1%	54.4%	19.5%	73.8%	11.4%
AZ	1.5%	1.4%	5.9%	8.2%	60.2%	16.0%	76.3%	6.7%
CA	0.1%	3.3%	2.7%	20.8%	50.4%	17.9%	68.2%	4.9%
CO	0.0%	5.8%	4.7%	4.3%	53.6%	22.8%	76.4%	8.8%
CT	0.0%	3.7%	14.8%	35.2%	25.9%	20.4%	46.3%	0.0%
DC	0.6%	0.0%	0.0%	0.0%	77.6%	19.3%	96.9%	2.5%
DE*	0.0%	1.6%	4.8%	6.5%	59.7%	25.8%	85.5%	1.6%
FL	0.3%	15.9%	2.8%	36.7%	37.2%	5.2%	42.4%	1.9%
GA	0.0%	8.2%	11.5%	19.3%	46.8%	10.8%	57.6%	3.4%
HI*	0.0%	5.8%	2.9%	19.4%	19.4%	38.8%	58.3%	13.6%
IA	0.0%	6.6%	4.1%	8.7%	38.8%	28.5%	67.4%	13.2%
ID	0.0%	7.2%	5.2%	15.6%	51.5%	15.8%	67.3%	4.7%
IL	0.1%	9.4%	5.5%	21.7%	45.5%	12.0%	57.5%	5.9%
IN	1.8%	9.2%	8.6%	6.1%	41.7%	24.5%	66.3%	8.0%
KS	0.0%	0.0%	2.6%	1.5%	64.5%	27.2%	91.7%	4.2%
KY	0.6%	1.8%	6.9%	5.4%	80.8%	3.2%	84.0%	1.3%
LA	0.0%	0.0%	11.1%	13.3%	73.3%	2.2%	75.6%	0.0%
MA	0.7%	11.6%	0.0%	23.9%	52.9%	8.0%	60.9%	2.9%
MD	0.1%	10.1%	10.7%	11.8%	36.5%	21.0%	57.5%	9.9%
ME	0.0%	3.3%	0.6%	0.0%	90.6%	3.9%	94.5%	1.7%
MI	0.4%	4.3%	19.6%	5.3%	37.0%	22.8%	59.8%	10.7%
MN	0.6%	4.9%	6.3%	7.0%	43.9%	27.7%	71.6%	9.6%
MO	0.2%	7.1%	4.0%	7.5%	33.8%	34.4%	68.3%	12.9%

[32] Note that the "Referred to other agency for resolution" variable combines three fields: Report of final disposition not obtained (4.0%); Other agency failed to act on complaint (0.3%); and Agency did not substantiate complaint (0.8%).

States/ Territories	Requires government policy or regulatory change or legislative action to resolve	Withdrawn by resident or complainant	Referred to other agency for resolution[32]	No action needed or appropriate	Resolved to satisfaction of resident or complainant	Partially resolved but some problem remained	Resolved/ Partially resolved to satisfaction of resident or complainant	Not resolved to the satisfaction of resident or complainant
MS	0.0%	1.3%	4.5%	7.1%	72.7%	11.0%	83.8%	3.2%
MT	0.0%	4.6%	8.2%	9.5%	52.3%	17.3%	69.6%	8.0%
NC	0.3%	12.1%	9.1%	19.6%	51.2%	4.7%	56.0%	2.9%
ND	5.7%	8.9%	8.9%	5.1%	26.8%	26.8%	53.5%	17.8%
NE	0.0%	3.1%	0.8%	2.7%	50.2%	27.4%	77.6%	15.8%
NH	0.0%	1.3%	2.7%	9.3%	73.3%	12.0%	85.3%	1.3%
NJ	0.0%	2.8%	0.6%	0.5%	83.9%	11.4%	95.3%	0.9%
NM	0.0%	2.5%	3.9%	3.5%	47.3%	29.8%	77.0%	13.1%
NV	0.0%	0.2%	7.6%	15.1%	72.2%	3.0%	75.2%	2.0%
NY	0.0%	2.1%	3.7%	3.7%	59.2%	20.9%	80.1%	10.5%
OH	0.3%	9.9%	1.8%	11.2%	64.9%	10.3%	75.2%	1.7%
OK	0.0%	10.0%	0.6%	0.0%	58.2%	18.9%	77.1%	12.3%
OR	1.2%	7.7%	5.9%	19.4%	44.9%	13.5%	58.4%	7.5%
PA	0.0%	2.7%	6.5%	10.5%	62.7%	12.5%	75.2%	5.1%
PR	0.0%	0.8%	0.2%	5.8%	80.2%	0.4%	80.7%	12.5%
RI	0.0%	2.6%	23.1%	12.8%	42.3%	10.3%	52.6%	9.0%
SC	2.4%	1.7%	14.8%	1.9%	77.8%	0.9%	78.7%	0.5%
SD	0.0%	13.9%	2.8%	6.9%	45.8%	18.1%	63.9%	12.5%
TN	0.0%	2.9%	7.4%	10.8%	59.9%	15.6%	75.5%	3.4%
TX	0.0%	2.0%	1.4%	3.9%	78.0%	11.5%	89.4%	3.4%
UT	0.0%	2.2%	8.2%	13.6%	61.8%	10.9%	72.8%	3.3%
VA	0.0%	3.6%	2.7%	6.6%	50.8%	23.7%	74.4%	12.7%
VT	0.0%	12.9%	2.6%	0.9%	71.6%	11.2%	82.8%	0.9%
WA	0.1%	5.3%	9.5%	12.3%	50.7%	15.9%	66.6%	6.3%
WI	0.1%	3.3%	11.5%	10.6%	25.2%	35.6%	60.9%	13.7%
WV	1.6%	3.9%	6.2%	22.5%	46.5%	10.9%	57.4%	8.5%
WY	0.0%	6.1%	15.2%	6.1%	54.5%	15.2%	69.7%	3.0%

*2016 data