

Virginia's Long-Term Care Ombudsman Program

Joint Commission on Health Care
Healthy Living/Health Services Subcommittee
September 1, 2009

Michele Chesser, PhD
Senior Health Policy Analyst

Carissa Holmes, JCHC Intern
Benjamin Evans, Research Assistant

Purpose of Study

- A study of Virginia's Long-Term Care Ombudsman Program (VLTCOP) was requested by AARP with cooperation from the program's state office.
 - Study should examine the role of the Long-Term Care Ombudsman Program in Virginia, determine whether state and federal mandates are being fulfilled, and examine the adequacy of program resources to meet current and future need for services.
 - 1 to 2 year study

History of the LTC Ombudsman Program

- LTC residents are, by nature, vulnerable to neglect, abuse and the erosion of dignity, choice, and self-determination through the violation of their civil, personal, and privacy rights.
 - These rights include those relating to health care, due process, choice and control in daily life, transfer and discharge, handling personal finances and freedom of association.

Source: National Center for State Long-Term Care Ombudsman Resources. Training Module 4.

3

History of the LTC Ombudsman Program

- Medicaid and Medicare first provided public money for long-term care in 1965.
- Resulted in rapid expansion of nursing homes with minimal regulation and oversight.
 - Increased number of cases of abuse, neglect, and substandard care
- 5 LTCOP pilots created in 1972
- National LTCOP formally created in 1978 under the Older Americans Act (OAA) to serve nursing home residents.
- In 1981, OAA expanded duties to include ALFs.

Source: "The Long-Term Care Ombudsman Program." Presentation by Virginia's State LTC Ombudsman.

4

Federal Mandates for the Program

- Identify, investigate, and resolve complaints of LTC facility residents
- Protect the health, safety, welfare and rights of residents
- Advocate for improvement in long-term care
- Provide information and consultation to residents and their families
- Publicize issues of importance to residents, families and the general public
- Monitor, analyze and comment on federal, state, and local policies affecting residential LTC facilities

Source: CRS Report for Congress. "Older Americans Act: Long-Term Care Ombudsman Program." Kirsten J. Colello. April 17, 2008.

5

Overview of Virginia's Long-Term Care Ombudsman Program

Mission

"Serve as [advocates] for older persons receiving long-term care services...[and to] provide older Virginians and their families the information, advocacy, complaint counseling, and assistance in resolving care problems. The program also represents the interests of long-term care consumers before state and federal government agencies and the General Assembly."

**Individual
Advocacy**



**Systems
Advocacy**

Source of Mission Statement: Virginia Association of Area Agencies on Aging. www.vaaaa.org/LTCOP/

6

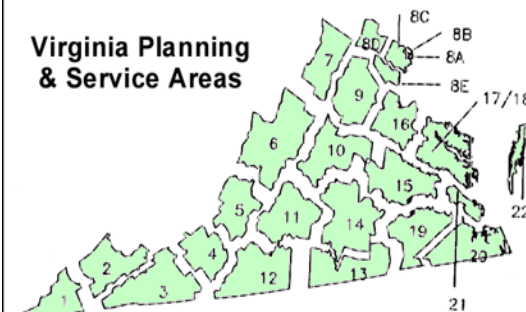
Overview of Virginia's Long-Term Care Ombudsman Program


- Ombudsman Activities
 - Investigate & resolve complaints
 - Provide consultation to facilities
 - Provide information & consultation to individuals
 - Make regular, non-complaint related facility visits
 - Provide input to assist regulatory agencies
 - Develop and work with resident and family councils
 - Educate community & work with media
 - Monitor, analyze, and comment on laws, regulations, and government policies
- In 1983, the Virginia General Assembly expanded the scope of the program to include individuals receiving community-based long-term care services provided by state and private agencies.

7

Overview of Virginia's Long-Term Care Ombudsman Program

- Headed by the Office of the State LTC Ombudsman
- 20 local ombudsman offices located in Area Agencies on Aging (AAAs)
- 31 local ombudsman staff
- 16 of 31 ombudsmen are full-time
- 109 volunteers





Evaluation of Virginia's Long-Term Care Ombudsman Program

9



Study Research Methods

- Literature review
- Analysis of state program records and data reported to the National Ombudsman Reporting System (NORS) Database
- Comparative analysis of Virginia's program with other state programs (NORS data)

10

Study Research Methods

- Survey of Staff & Volunteer Ombudsmen, Facility Administrators, and State Ombudsman
 - Online survey (with mail-out option for individuals without email accounts)
 - Survey Topics: organizational structure, staff and resource issues, fulfillment of program mandates, culture change initiatives, level of preparedness for systemic shift toward consumer-directed care and the increasing elderly population

11

Survey Information

Group Surveyed	# Surveyed	# Responded	Response Rate (%)
Staff Ombudsmen	31	23	74%
Volunteer Ombudsmen	88	45	51%
Facility Administrators	583	157	25%
Nursing Home Administrators	179*	38	19%
ALF/Other** Administrators	404*	119	28%

*For response rates only, 61 unidentified cases were divided among NH and ALF/Other categories according to the category's proportion of the administrator sample. (51 non-responses due to undeliverable email or opt-out, 10 responses).
 **Includes CCRCs (18) and NH/ALF combined facilities (12).

12

Survey Sample Demographics for Staff Ombudsmen, Volunteer Ombudsmen, and Facility Administrators

	Staff Ombudsmen	Volunteer Ombudsmen	Facility Administrators
Gender			
Male	8.7%	19.5%	28.7%
Female	91.3%	80.5%	71.3%
Average Age			
	52	66	50
Education			
Some High School	0.0%	0.0%	0.0%
HS Diploma/GED	0.0%	2.4%	4.0%
Some College	8.7%	21.4%	15.9%
College Degree	43.5%	16.7%	36.4%
Some Post-Grad.	8.7%	16.7%	14.6%
Graduate Degree	39.1%	42.9%	29.1%
Type of Position		Type of Facility	
Full-Time	60.9%		23.5% Nursing Home
Part-Time	39.1%		56.4% ALF
Ave. Hours/Week	22.4	5.3	8.1% NH/ALF Comb.
			12.1% CCRC
Work at AAA in another role?			
Yes	55.6%	12.2%	
No	44.4%	87.8%	

13

Key Elements of Program That Were Evaluated

- Program Funding
- Program Placement & Organizational Structure
- Program Staffing
- Fulfillment of Federal & State Mandates
- Perceptions of Program by Staff & Volunteer Ombudsmen and Facility Administrators
- Degree of Preparedness for Future Population and Systemic Changes

14

Program Funding

15

Long-Term Care Ombudsman Program Funding by Source for Selected States (2008)

State	Amount of Program Expenditures by Source				Percent of Program Funds by Source		
	Total Funding	Federal Funds Total	State Funds	Local Funds	Federal Total	State Funds	Local Funds
U.S.	\$86,363,495	\$49,914,563	\$29,550,973	\$6,897,959	57.8%	34.2%	8.0%
GA	\$2,967,428	\$1,337,593	\$1,228,230	\$401,605	45.1%	41.4%	13.5%
NC	\$2,945,785	\$2,503,917	\$189,300	\$252,568	85.0%	6.4%	8.6%
MD	\$2,507,059	\$728,646	\$1,523,673	\$254,740	29.1%	60.8%	10.2%
WA	\$2,108,961	\$890,516	\$921,000	\$297,445	42.2%	43.7%	14.1%
WI	\$1,931,733	\$836,533	\$1,095,200		43.3%	56.7%	
VA	\$1,902,739	\$990,974	\$386,845	\$524,920	52.1%	20.3%	27.6%
NJ	\$1,634,017	\$834,017	\$800,000		51.0%	49.0%	
MO	\$1,043,689	\$874,243	\$124,125	\$45,321	83.8%	11.9%	4.3%
TN	\$901,051	\$732,092	\$22,200	\$146,759	81.2%	2.5%	16.3%
IA	\$713,793	\$274,687	\$439,106		38.5%	61.5%	
IN	\$663,851	\$375,248	\$164,867	\$123,736	56.5%	24.8%	18.6%

Source: National Ombudsman Reporting System, 2008

16

Federal, State, and Local Funding for Local Ombudsman Offices (FY 2009)*

PSA	Federal Funding	State Funding	Local Funding	Total Funding
1	\$10,251	\$8,809	\$0	\$19,060
2	\$10,380	\$10,312	\$0	\$20,692
3	\$43,012	\$12,611	\$0	\$55,623
4	\$26,133	\$9,484	\$0	\$35,617
5	\$41,215	\$15,864	\$0	\$57,079
6	\$16,412	\$13,118	\$24,083	\$53,613
7	\$37,501	\$12,934	\$0	\$50,435
8A-8E	\$39,393	\$34,424	\$374,412	\$448,229
9	\$13,024	\$9,625	\$0	\$22,649
10	\$37,857	\$11,569	\$44,897	\$94,323
11	\$27,302	\$14,401	\$8,191	\$49,894
12	\$118,635	\$12,741	\$0	\$131,376
13	\$12,139	\$11,920	\$0	\$24,059
14	\$11,036	\$9,554	\$0	\$20,590
15	\$99,017	\$21,642	\$29,350	\$150,009
16	\$13,725	\$9,993	\$0	\$23,718
17/ 18/ 21	\$35,325	\$26,325	\$0	\$61,650
19	\$78,968	\$11,168	\$0	\$90,136
20	\$121,679	\$23,294	\$0	\$144,973
22	\$9,441	\$8,250	\$0	\$17,691
Total	\$323,445	\$282,645	\$480,933	\$1,571,416

Source: VDA *Does not include funding for the State Ombudsman Program office.

17

Program Funding

- Funding for Virginia's LTCOP has steadily increased over time.
- However, funding has not kept up with inflation and growing demands on the program due to:
 - Increasing elderly population
 - Broadened scope of the program to include community-based LTC services

18



Program Funding

- Percentage of total funds allocated to the State Ombudsman Office (relative to the local LTCOPs) has decreased over time.
 - 1995: 68% of total funds were allocated to the state office.
 - 2008: 21% of total funds were allocated to the state office.
 - Due to an intentional effort by VDA, V4A, and the state office to gradually shift funding as more local offices were developed and to direct additional funds to the local offices.
 - However, funding for the state office now appears to be too low to adequately fulfill all its mandates including supporting the work being done at the local level.
 - The state office provides guidance, information, staff ombudsman training, systems advocacy, data collection and analysis, etc.

19



Program Placement & Organizational Structure

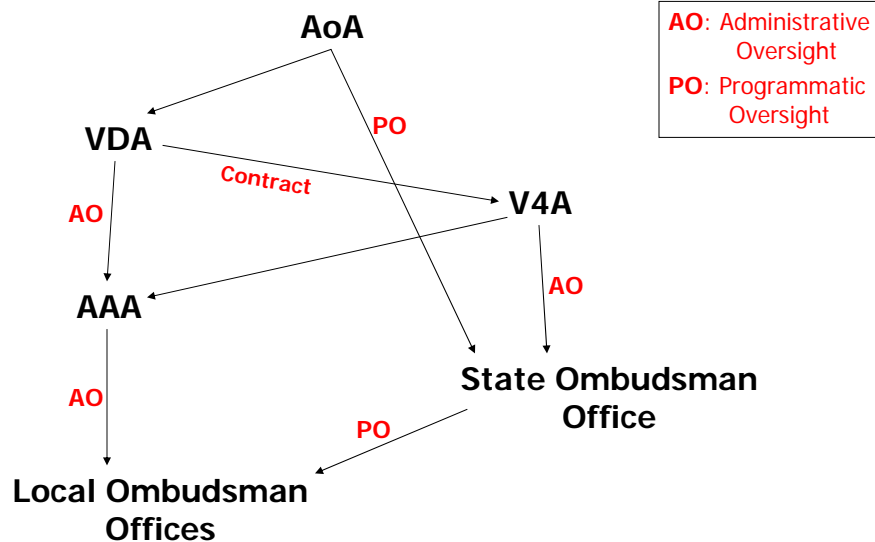
20

Program Placement & Organizational Structure

- In 1995, the General Assembly transferred the LTC Ombudsman Program from Virginia Department for the Aging (VDA) to the AAAs.
- The Virginia Association of Area Agencies on Aging (V4A) began operation of the State Long-Term Care Ombudsman Program under contract with VDA on July 1, 1995.

21

VLTCOP Configuration



22



Program Placement

- Benefits:
 - Connection and opportunities for collaboration with the Aging Network
 - Logical fit within the family of aging services
- Challenges:
 - Real or perceived conflicts of interest
 - “Non-fit” of ombudsman program vis-à-vis other AAA programs and services due to its broad scope
 - Bifurcation of local ombudsman’s accountability to the state ombudsman program vs. their local AAA
 - Under the Older Americans Act, the State Ombudsman Office is responsible for managing the statewide program; however, it lacks administrative control over resource allocation & other administrative decisions.

23



Program Staffing

24

Program Staffing

- Institute of Medicine Recommendations
 - 1 paid designated ombudsman FTE to 2000 beds
 - 1 full-time staff ombudsman to 40 volunteers
 - Each local office should have at least 1 full-time paid ombudsman (not FTE). Additional paid program staff may be part-time, but should have no duties conflicting with their role as ombudsmen.

Source: "The Long-Term Care Ombudsman Program: Rethinking and Retooling for the Future," pg. 39.

25

Number of Ombudsmen and LTC Beds per Planning & Service Area (FY 2010)

PSA	Staff Ombudsmen	Volunteer Ombudsmen	Total Beds	Beds / Staff Ombudsman	Beds / Ombudsman (staff+volunteer)
State	29	90	66,725	2,300	561
1	1	0	895	895	895
2	1	0	1,054	1,054	1,054
3	1	0	2,662	2,662	2,662
4	1	0	1,259	1,259	1,259
5	1	0	4,529	4,529	4,529
6	1	0	3,074	3,074	3,074
7	1	0	2,201	2,201	2,201
8A-8E	6	54	11,318	1,886	189
9	1	0	1,315	1,315	1,315
10	1	21	1,973	1,973	87
11	1	0	3,740	3,740	3,740
12	2	0	2,864	1,432	1,432
13	1	0	1,226	1,226	1,226
14	1	0	1,198	1,198	1,198
15	2	0	9,236	4,618	4,618
16	1	0	1,554	1,554	1,554
17/ 18/ 21	2	0	5,530	2,765	2,765
19	2	0	2,312	1,156	1,156
20	1	15	8,156	8,156	510
22	1	0	629	629	629

Source: Multiple sources compiled by State Ombudsman Program

26



Fulfillment of Federal Mandates

Individual Advocacy
Community Education
Systems Advocacy

27



Individual Advocacy

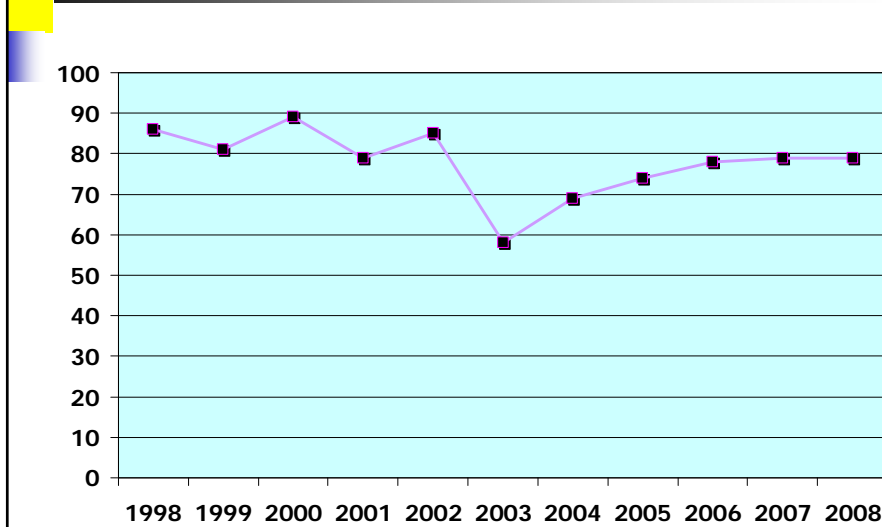
FY 2008

- 201 Non-Complaint Related Visits to Nursing Homes
- 196 Non-Complaint Related Visits to ALFs
- 13,456 Consultations with Individuals
- 1,372 Consultations with LTC Facility Staff
- 1,936 of 2,462 Complaints Investigated Were Resolved or Partially Resolved

Source: Virginia State Annual Ombudsman Report for Federal FY 2008.

28

Percentage of Complaints Resolved or Partially Resolved, 1998-2008



Source: Virginia State Long-Term Ombudsman Program Records

29

Percentage of Complaints for all Facilities by Type of Disposition (FY 2008)

	Total	Disposition						
		Requires government policy, regulatory change or legislation to resolve	Not resolved to the satisfaction of resident or complainant	Withdrawn by resident or complainant	Referred to other agency for resolution	No action needed or appropriate	Partially resolved but some problem remained	Resolved to satisfaction of resident or complainant
U.S. 2008	268,921	0.3%	6.1%	3.3%	6.9%	8.9%	16.9%	57.6%
MD	4,459	0.3%	5.2%	4.6%	18.6%	8.1%	11.7%	51.8%
IA	2,332	0.0%	22.2%	3.4%	6.2%	4.5%	23.2%	40.7%
TN	2,035	0.3%	2.1%	1.1%	8.8%	2.2%	14.5%	71.1%
VA	2,437	0.2%	9.6%	1.9%	5.4%	3.3%	21.9%	57.9%
WA	5,868	0.1%	8.6%	4.9%	12.7%	13.1%	16.0%	44.9%
IN	1,727	1.0%	5.7%	5.0%	5.3%	15.0%	23.7%	44.5%
GA	5,082	0.1%	5.4%	7.3%	1.0%	5.1%	16.0%	65.2%
WI	2,845	0.4%	6.1%	2.6%	8.2%	10.2%	25.3%	47.3%
NJ	7,471	0.1%	3.2%	1.8%	1.5%	0.8%	13.7%	79.0%
MO	5,991	0.0%	9.4%	5.9%	1.4%	5.1%	11.8%	66.5%
NC	3,398	0.1%	2.7%	5.2%	6.0%	11.6%	8.5%	66.1%

Source: National Ombudsman Reporting System, 2008

30

Percentage of Nursing Homes and ALFs Visited At Least Quarterly for Selected States (2008)

	# LTC beds per paid program staff	# Certified Volunteer Ombudsmen	% Nursing homes visited at least quarterly*	% ALFs visited at least quarterly*
U.S.	2,200	8,732	80%	46%
Georgia	1,169	5	96%	61%
Maryland	1,212		89%	33%
North Carolina	2,310	1,134	100%	100%
Virginia	2,410	87	73%	34%
Washington	2,438	249	81%	62%
Wisconsin	2,732	100	70%	8%
Indiana	3,674	33	36%	12%
New Jersey	4,052	168	43%	36%
Missouri	4,260	270	77%	41%
Tennessee	4,299	168	86%	60%
Iowa	6,442		1%	

*Numbers are for facilities visited not in response to a complaint.

*Percentages are based on local numbers reported and may slightly under-represent the actual number of facilities visited for some states.

Source: National Ombudsman Reporting System, 2008

31

Community Education

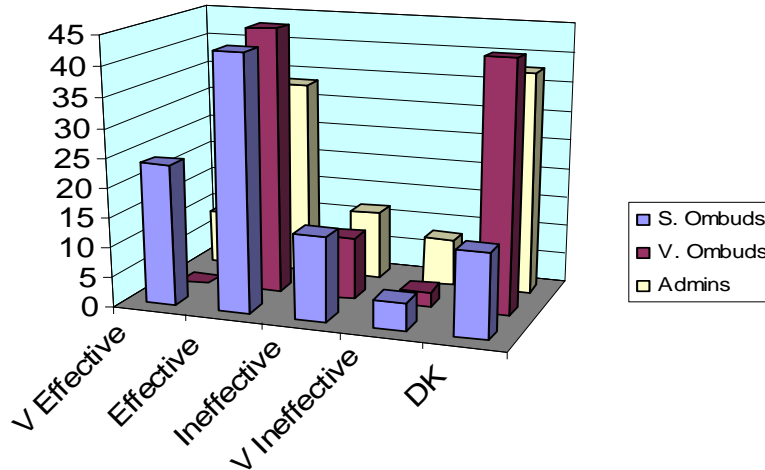
FY 2008

- 207 Community Education Events
- 36 Interviews or Discussions with Media
- 5 Press Releases
- Dissemination of information via the program's website

Source: Virginia State Annual Ombudsman Report for Federal FY 2008.

32

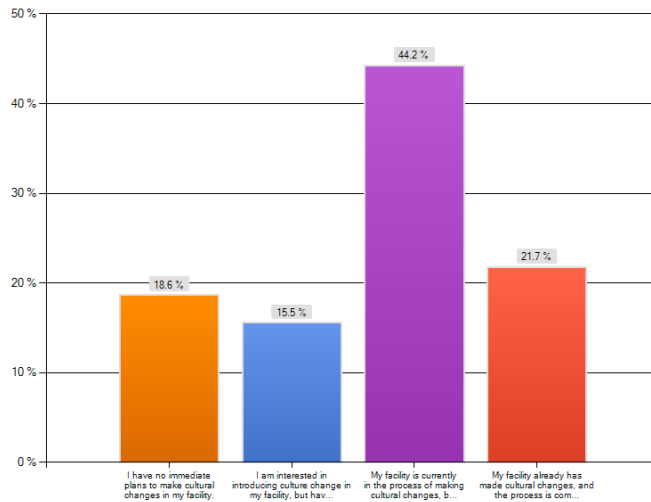
Survey Responses for Question:
How effective is VLTCOP in meeting the mandate of
community education?



Systems Advocacy

- Culture Change Initiatives
 - Culture Change Coalition received \$12,000 grant from the Virginia Center on Aging to hold 2008 statewide conference and follow up on training sessions for LTC facility administrators
 - Culture Change Coalition
 - The Office of the State Ombudsman has played a key role in the development and expansion of the coalition and continues to serve as a lead agency.

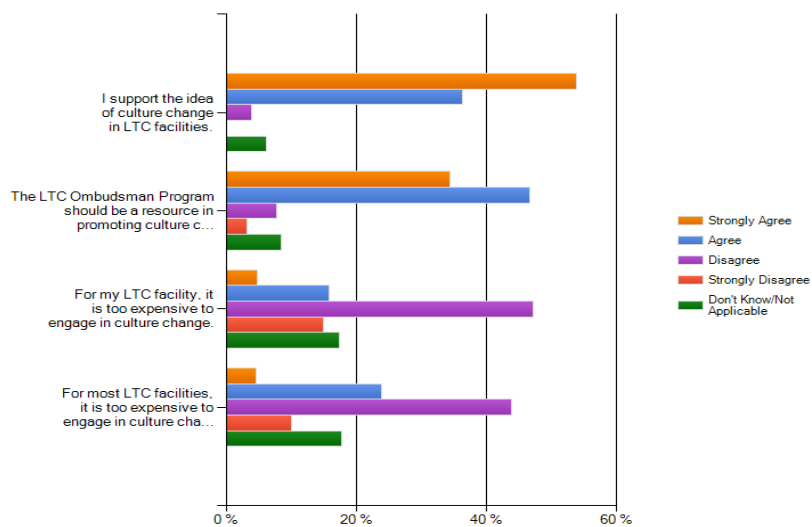
Survey Responses for Question:
Which of the following statements most accurately describes your facility



35

Culture Change

Facility Administrator responses for the following questions:

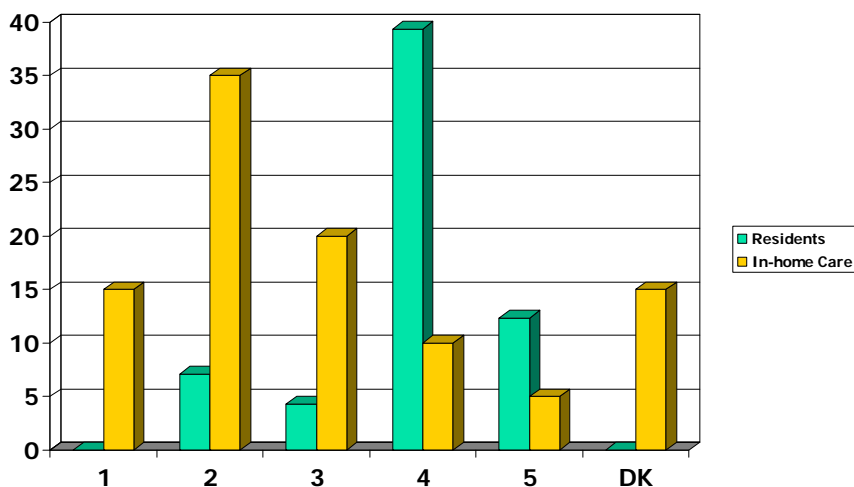


Fulfillment of State Mandate

- The program has very limited involvement with complaint handling in home/community-based care situations due to lack of resources for additional staff, training, and marketing of ombudsman services.
- As a result, little to no systemic advocacy in this area.
- Evaluation of the effectiveness of ombudsmen's work with individuals receiving LTC services in their home is not possible due to the small volume of home care complaints referred to the program.

37

Staff Ombudsman Responses to the Question:
How well does your local LTCOP meet the needs of residents/people receiving
in-home care (1=not at all; 5=exceptionally well)

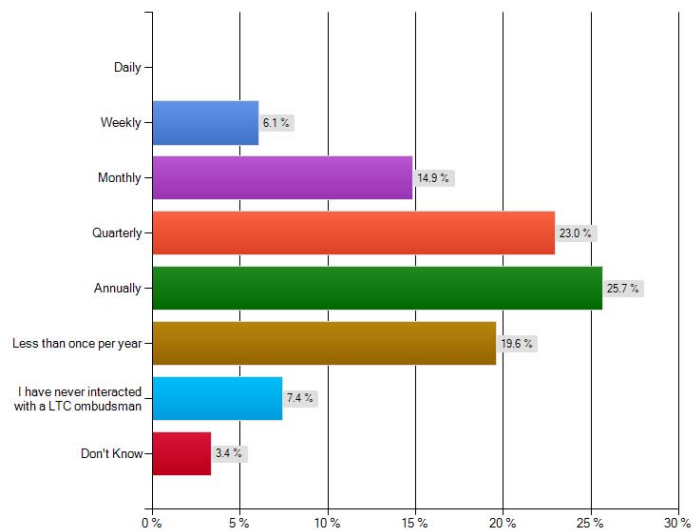


38

Facility Administrator & Ombudsman Perceptions of Program

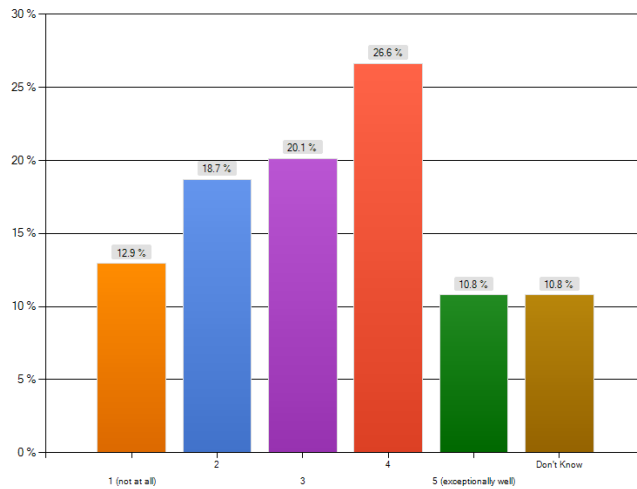
39

Administrator Survey Responses for Question:
How often do you interact with a LTC Ombudsman?



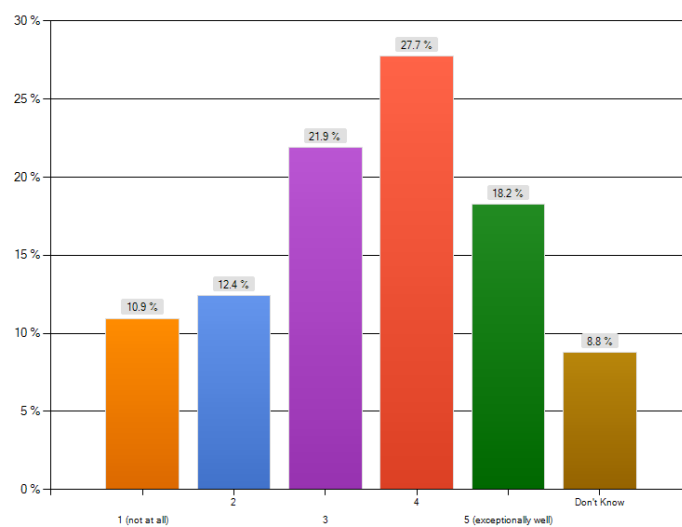
40

Administrator Survey Responses for Question:
How well do you think your local LTCOP promotes awareness of its services to residents in your facility?



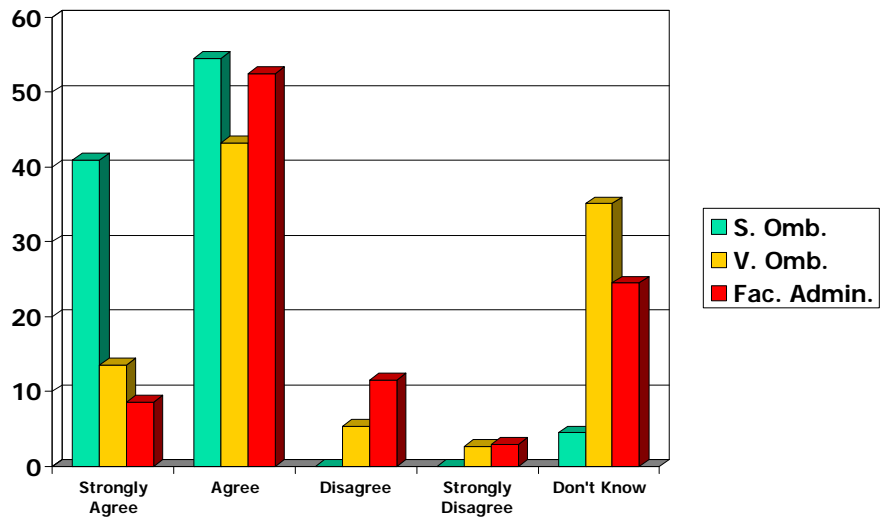
41

Administrator Survey Responses for Question:
How well do you think your local LTCOP meets the needs of residents in your facility?



42

Survey Responses for Question:
Overall, Virginia's LTCOP is effective



43

Preparedness for Future Population and Systemic Changes

44

Projected Percent of VA PSA Populations Aged 60+, 65+ and 85+ for 2010, 2020, 2030 and Projected Percent Growth of Populations Aged 65+ from 2000-2030

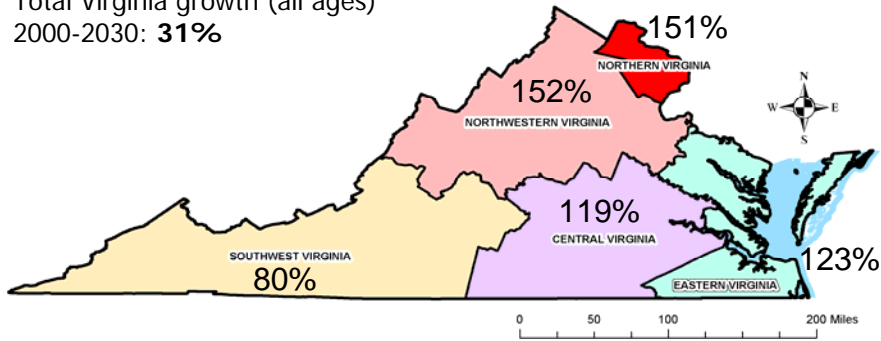
		Planning and Service Area (PSA)																					
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17*	19	20	22		
2010	% 60+	23	24	27	18	23	21	20	15	23	19	22	27	25	22	17	14	19	19	15	24		
	% 65+	16	17	20	12	16	15	14	9	16	13	16	19	18	16	12	9	14	13	11	18		
	% 85+	2	2	3	2	3	2	2	1	2	2	2	3	3	2	2	1	2	2	1	2		
2020	% 60+	27	30	28	20	27	24	24	19	25	22	25	28	25	22	17	14	19	19	15	24		
	% 65+	20	22	21	15	20	18	17	13	17	16	22	19	18	16	12	9	14	13	11	18		
	% 85+	3	3	3	2	3	3	2	1	1	2	2	3	3	2	2	1	2	2	1	2		
2030	% 60+	29	33	30	21	28	25	25	20	27	23	26	32	31	25	24	21	26	23	22	27		
	% 65+	23	27	24	16	23	20	19	15	21	18	20	26	25	20	18	16	21	18	17	22		
	% 85+	3	4	3	2	3	3	2	2	2	2	3	4	5	3	2	2	3	3	3	3		
65+ Growth 2000-2030 (%)	44	92	54	60	80	73	137	151	168	51	112	93	52	66	153	427	182	55	89	60			

Total Virginia 65+ Growth 2000-2030: 121%
Total Virginia Growth (All Ages) 2000-2030: 31%

Sources: Virginia Employment Commission. Growth projections from: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005. 45

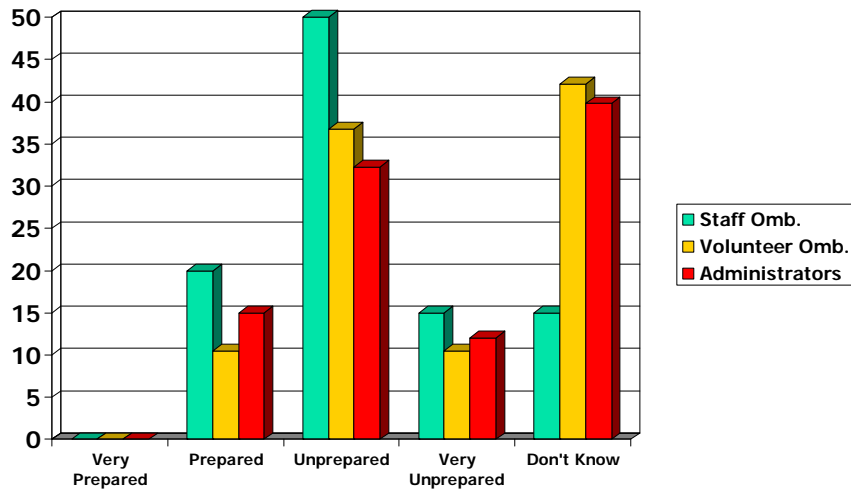
Projected Growth in Population Aged 65 years or older, 2000 - 2030

Total Virginia growth (all ages)
2000-2030: **31%**



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

Survey Responses for the Question:
 How prepared is VLTCOP for the increasing number of individuals
 needing LTC services due to the aging of the "baby boomers?"



47

Addressing the Growing Elderly Population & the Shift Toward Community-Based LTC

- Adequate provision of ombudsman services in the future will require:
 - Increasing staff and volunteer ombudsmen
 - Additional training for staff and volunteer ombudsmen on the complex issues involved in providing LTC services in the home and community
 - A public information campaign to educate individuals about broadened scope of the program
 - Reformatting the data collection system to include non-facility data
 - Increasing funding for the program
 - Maintaining services and support for the elderly in LTC facilities

48

Conclusion

- Overall, Virginia's LTC Ombudsman Program is performing well.
 - Performs a vital role in protecting the rights and safety of older residents and in improving the overall quality of care in LTC facilities
 - Meets federally mandated requirements
 - Is considered to be an effective program by LTC facility administrators and staff and volunteer ombudsmen
 - Is a strong and effective advocate for LTC culture change and other system-wide efforts to improve the provision of long-term care to the elderly

49

Conclusion

- However, the current level of resources allocated to the state office and the local offices appears to be inadequate to meet projected future demands on the program that will result from the growth in the elderly population and the state mandate to provide ombudsman services for individuals receiving community-based care.
- The placement and organizational structure of the program needs to be reexamined to determine whether the level of authority that the Office of the State Ombudsman Program has over local ombudsman offices is appropriate.
- The allocation within the program needs to be reexamined to ensure that the distribution corresponds with current programmatic needs.

50



Policy Options

Option 1: Take no action.

Option 2: Request by letter of the JCHC Chairman that VDA examine the need for additional state funding for the Office of the State Ombudsman and the local ombudsman offices.

51



Policy Options

Option 3: Introduce a budget amendment (language and funding) during the 2012 Session to increase the general funds appropriated for the LTC Ombudsman Program.

Option 4: Request by letter of the JCHC Chairman that VDA study whether the state ombudsman office should have greater administrative control over resource allocation & other administrative decisions.

52



Public Comments

- Written public comments on the proposed options may be submitted to JCHC by close of business on September 29, 2009. Comments may be submitted via:
 - E-mail: sreid@jchc.virginia.gov
 - Facsimile: 804/786-5538 or
 - Mail to: Joint Commission on Health Care
P.O. Box 1322
Richmond, Virginia 23218

- Comments will be summarized and presented during the JCHC meeting on October 7th.