





Dear Long-Term Care Consumers and Supporters:

This report illustrates how representatives of the Office of the State Long-Term Care Ombudsman have helped consumers in the past year. I find its importance and greatest value, however, in being a guidepost to the future of the Office and future of advocacy.

The State of Ohio executed a Memorandum of Understanding with the federal government to demonstrate integration of benefits and services for individuals who are eligible for both Medicare and Medicaid. The ombudsman future is in demonstrating the role an independent advocate plays in assuring that consumers' experience with MyCare Ohio aligns with their preferences and needs and that services are of high quality.

We advocated for an increase in the Personal Needs Allowance for nursing home residents who receive Medicaid-covered services. The ombudsman future is in educating residents about the increase, reminding them of their right to make decisions about how their money is spent, and advocating for their right to receive a statement showing how their funds are used.

Ombudsman programs worked with nursing homes to implement person-centered care through strategies such as raising the resident voice in care planning, providing educational programs for nursing home staff and leadership on person-centered care practices, and facilitating integration of music into the lives of residents with dementia. The ombudsman future is in honing our work to focus on those strategies that have resulted in the greatest impact and diffusing innovation to more homes to benefit thousands more residents.

Engagement in HOME Choice has assisted hundreds of individuals to live in the community instead of nursing homes. The ombudsman future is in helping providers to hear home care consumer voices – advocating for implementation of a preference inventory when planning services, educating about the rights of consumers, and drawing attention to problems that interfere with quality in the consumer experience.

The State of Ohio executive and legislative branches labored together to establish long-term care policy that raises the bar on quality. The ombudsman future is to expect excellence and settle for nothing less than consumers deserve.

I look forward to an excellent future.

Best regards,

A handwritten signature in blue ink that reads "Beverley L. Laubert". The signature is written in a cursive, flowing style.

State Long-Term Care Ombudsman

### Nursing Home Quality

***Nursing Home Quality Incentives should be updated to encourage nursing homes to strive for higher levels of quality.***

In order to receive full Medicaid payment, nursing homes must achieve only 5 of 20 possible quality incentive points. In State Fiscal Year 2013, nursing homes averaged 13 quality points. Requiring achievement of above 14 points would continue to raise the bar of quality.

### Consumer Access

***Ombudsman representatives must be visible and accessible advocates in Ohio's restructured system of long-term care services and supports, especially home and community-based services.***

Nursing home and residential care facility regulations include communication points at which the home's staff must inform residents about the ombudsman program. For example, involuntary discharge notices must provide contact information for the ombudsman. However, notices terminating or denying home and community-based care do not include information about the ombudsman. Likewise, facilities must post information about the ombudsman in an accessible location so the Office should provide care managers with information that can be used by consumers to remind them of the ombudsman availability.

### Intermediate Remedies

***Remedies are needed for licensed residential care facilities to encourage sustained compliance.***

Current Ohio law allows for license revocation for residential care facilities that violate rules. A system of civil money penalties and suspension of admissions would provide intermediate tools to encourage homes to correct problems without more complex legal actions.

### Standardized Regulatory Reports

***Reports from inspections of adult care facilities should be standardized and produced in electronic formats for display on the Long-Term Care Consumer Guide.***

Data files transmitted to the Department of Aging from the Ohio Department of Health allow for timely display on the web site for consumers to review. Similar processes for homes serving 3-16 residents would enhance opportunities for consumer choice.

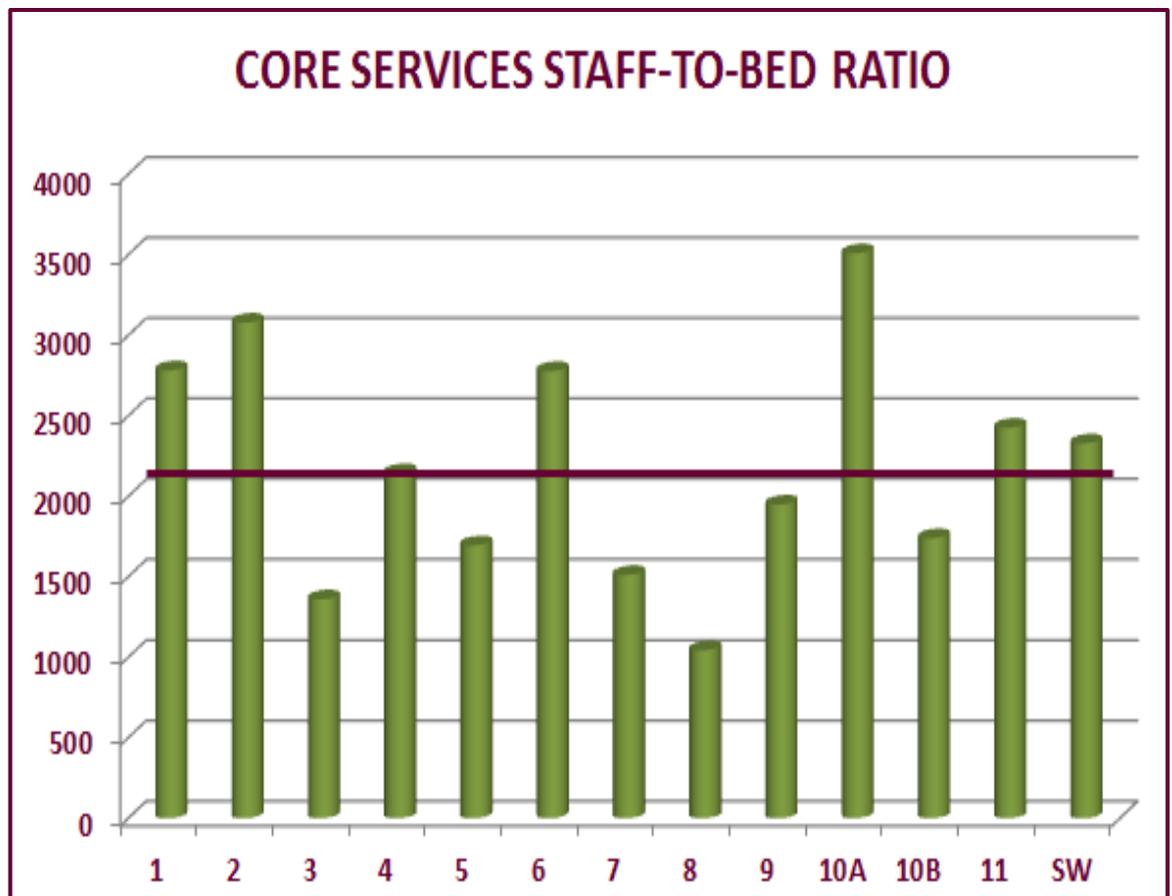


### MISSION & STRUCTURE

As mandated by the Older Americans Act and Ohio law, the mission of the Long-Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of home care consumers and residents of long-term care facilities with the goal of enhancing the quality of life and care of consumers.

The State Ombudsman designates 12 regional programs and certifies about 317 volunteers and 80 paid staff statewide as representatives of the Office.

Each regional program is required to maintain a staffing ratio of one paid, full-time-equivalent ombudsman to every two thousand long-term care facility beds. This is a minimal standard that does not take into consideration significant variances in resources or the provision of ombudsman services related to home and community-based services.



### OMBUDSMAN CORE SERVICES

Supplementing individual advocacy, ombudsmen **strive for system change** such as **promotion of person-centered care** and adoption of public policy that would improve quality in all long-term settings, including home.

Ombudsman core services and the percentage of total time reported on each service in FFY 2013 are reflected in the following diagram.



OMBUDSMAN CORE SERVICES

## ADVOCACY AND GENERAL INFORMATION

Ombudsmen are the voice of consumers on a variety of topics and activities. Representatives of the Office spent **41,597 hours providing advocacy services** in addition to complaint handling.

**Advocacy** takes many forms:

- reviewing, analyzing, commenting on, and monitoring the enforcement of laws and regulations;
- staying abreast of regulatory processes and sharing information gleaned from regular presence in long-term care facilities;
- training staff and volunteers to be more effective advocates; and
- recommending policy & advising the public, consumers, providers and policy makers on long-term care issues.

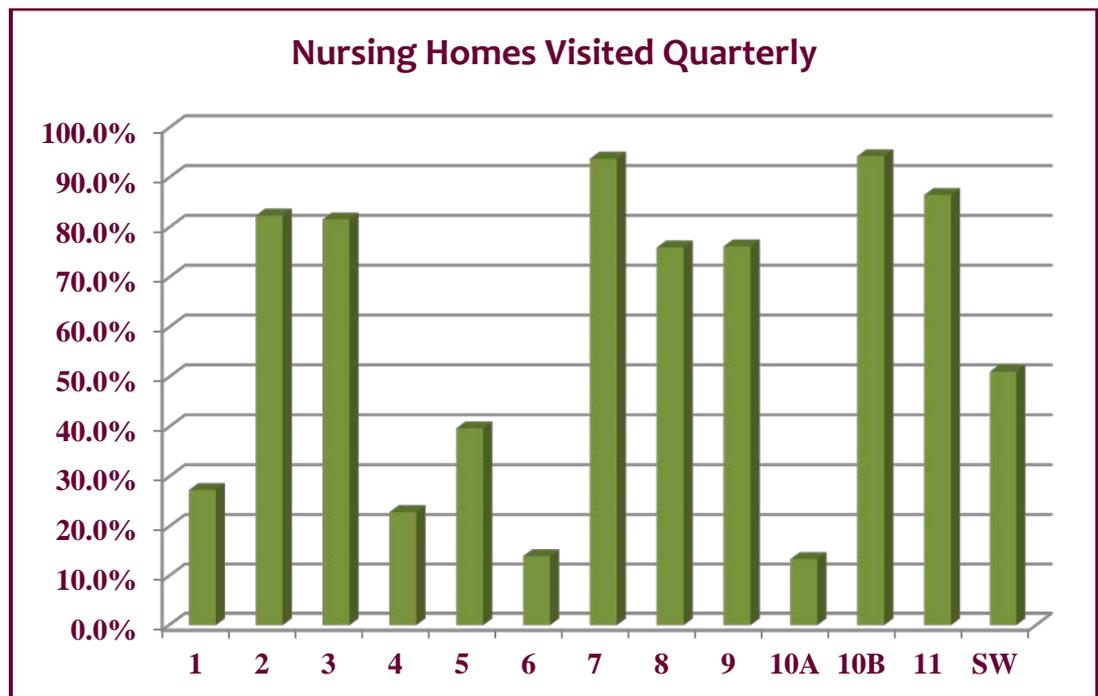


**Fran Savard, formerly of LeadingAge Ohio, Leasa Novak of KEPRO, and Erin Pettegrew of the State Ombudsman's Office represent the Ohio LANE (Local Area Network for Excellence) to help providers register for the Advancing Excellence in America's Nursing Homes campaign at the 2013 LeadingAge Annual Conference.**

### REGULAR PRESENCE

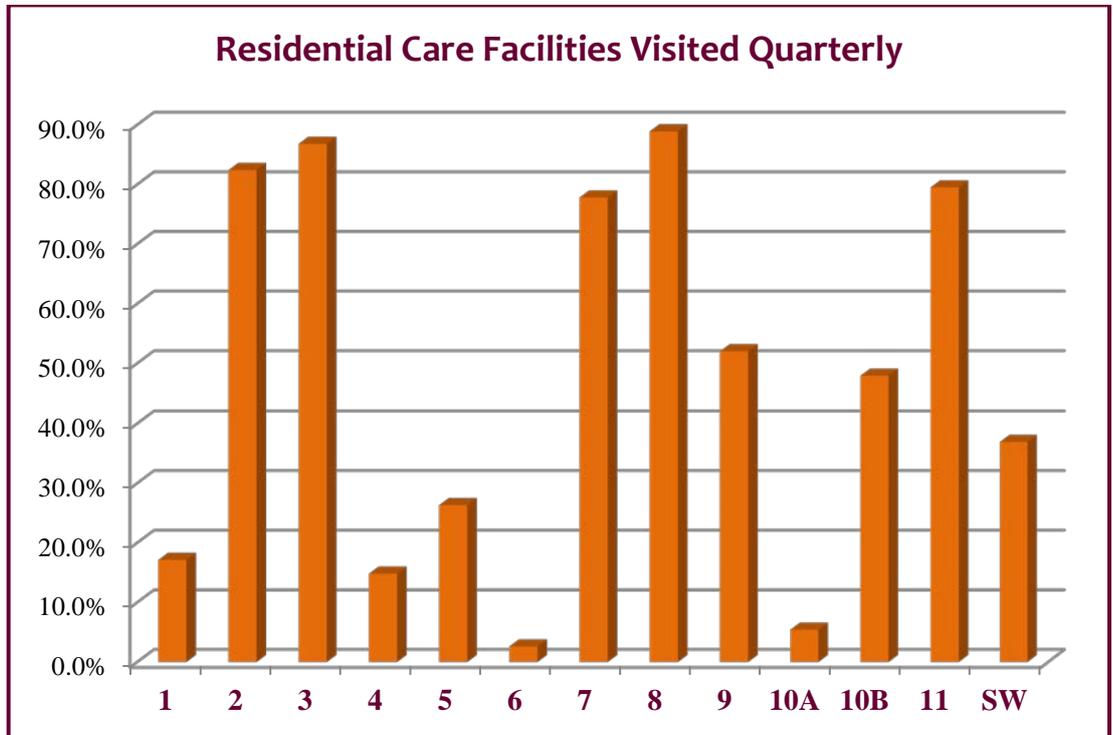
Ombudsmen provide valuable **consultation and prevention** when they have opportunities to communicate and collaborate with care providers and consumers. Ombudsman presence in facilities (i.e., nursing homes, adult care facilities, and residential care facilities) **provides consumers with essential access** to information and advocacy services and provides ombudsmen the opportunity to:

- educate consumers and providers about person-centered care
- identify and work to resolve problems related to the quality of care
- inform consumers of their rights and help them to expect excellence
- identify consumers who are ready to return to the community



### REGULAR PRESENCE CONTINUED

Regular presence, like all core ombudsman services, is impacted by the wide range of financial and human resources in each program and regional decisions about how those resources are allocated. Other factors such as staff turnover, volunteer engagement, and local funding also impact the ability of regional programs to create a regular presence in all long-term care facilities.



## HELPING CONSUMERS MAKE CHOICES

Helping people select quality long-term care services is an essential element of our core services. Selection assistance goes beyond choosing a provider for services; best practices ensure that the consumer’s needs are met where they choose to live in a person-centered manner and that the consumer is educated to “expect excellence” wherever they receive care.

The ombudsman program spent **524 hours assisting 909 consumers** in selecting long-term care services in FFY 2013.

This year saw the revitalization of the Long-Term Care Consumer Guide, our web site at [www.ltc.ohio.gov](http://www.ltc.ohio.gov). The site provides comparative information, such as regulatory compliance, satisfaction survey results and facility services and policies, about nursing homes, residential care facilities. This year, in partnership with the Ohio Department of Mental Health and Addiction Services, NAMI Ohio (National Alliance on Mental Illness), and the Ohio Department of Medicaid, information about adult care facilities and supportive services were added to the site.

**Ohio** Long-term Care Consumer Guide **Ohio.gov** State Agencies | Online Services

Home Assisted Living(RCF) Nursing Homes Supportive Living Residential Treatment Help

**Help in deciding if I or my loved one needs long term care?**  
 Long-term care helps meet health or personal needs and can be provided at home in the community, in supportive living facilities like adult care homes, in assisted living or in nursing homes. If you need help deciding whether your or an loved one needs assistance at home or in another setting, please contact your Area Agency on Aging for a free, personalized assessment:  
<http://aging.ohio.gov/resources/assessments>

**Information About**

- ▶ [Nursing Homes including short-term rehabilitation](#)
- ▶ [Assisted Living\(Residential Care\)](#)
- ▶ [Supportive living facilities for someone with disabilities including mental illness](#)
- ▶ [Residential Treatment Facilities](#)
- ▶ [Home- or Community-based services](#)

Please use the Consumer Guide to search for and compare nursing

## HELPING PEOPLE FIND NEW HOMES

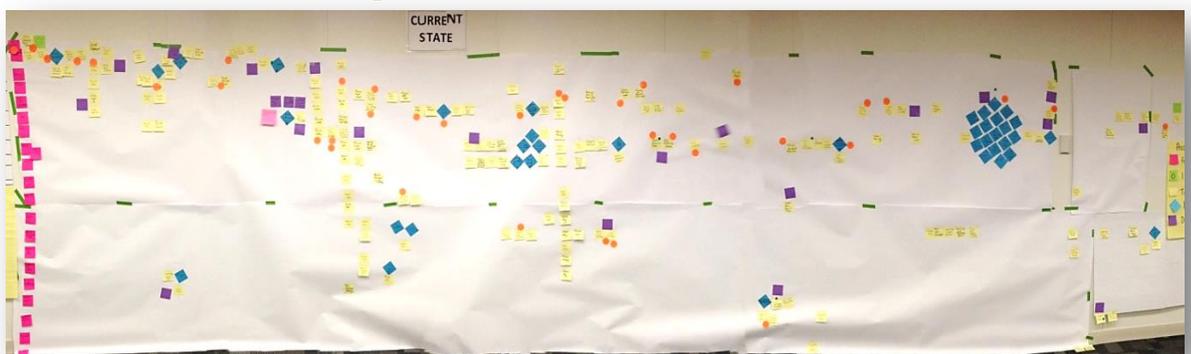
The State Long-Term Care Ombudsman's Office has taken on a new role in ensuring resident rights and choice in times that could be very unsettling. The Ohio Department of Job and Family Services (now Ohio Department of Medicaid) has the responsibility for relocation of residents in the unfortunate event of a nursing home's decertification from Medicare and/or Medicaid. Recognizing the important role of the ombudsmen in coordinating resident relocation in these situations, Medicaid delegated that role to the SLTCO.

The Office reached out to [LEAN Ohio](#) for assistance in improving the process through a week-long improvement process involving all of the relocation team players, including the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Developmental Disabilities, the Ohio Department of Medicaid, the Ohio Department of Health, and the Ohio Department of Aging. Just some of the improvements include:

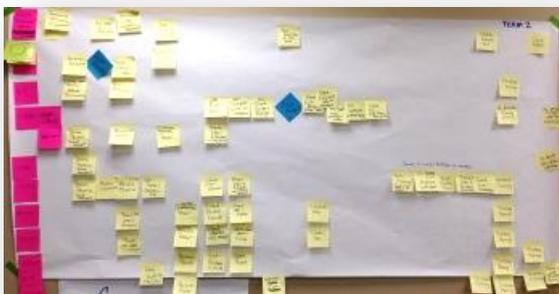
- Developed a standardized process that can be applied to any closure or termination;
- Inserted quality and choice into every resident's relocation decision;
- HOME Choice and other appropriate home- and community-based services assessments conducted at front of process making it more likely that residents in at-risk nursing homes will have opportunity to move to community;
- Process redesigned to ensure tasks are in the right hands (e.g., HOME Choice, Recovery Requires a Community) using program expertise rather than nursing home staff to facilitate community transitions.

LEAN Ohio published an [article](#) highlighting the excellent work the team accomplished and used the photo (below) to demonstrate the improvements. The first chart represents the process before applying LEAN principles of process improvements and the second chart represents the new process with hundreds of fewer steps.

### Current State Process Map



### New State Process Map



## HOME CHOICE



In FFY 2013, nine of our 12 regional programs provided optional ombudsman services in the form of transition coordination services to HOME Choice consumers in more than 400 cases. HOME Choice is funded by The Money Follows the Person Rebalancing Demonstration, a Centers for Medicare and Medicaid Services (CMS) grant program designed to help states provide more long-term care in home- and community-based care settings and less long-term care in institutional settings. Acting in the role of HOME Choice transition coordinator, the ombudsman helps the nursing home resident move back into a house or an apartment, providing assistance with areas such as locating housing, setting up a household and connecting the client with community services. New to HOME Choice in FFY 2013, the ombudsman stays connected with the client for the first 90 days after the move to the community to give the best possible opportunity for a successful transition. Also new to the demonstration this past year was the addition of a HOME Choice pre-transition case manager whose role is focused on discharge planning. Our ombudsman as transition coordinators worked well with these entities with the common goal of planning the best transitions for clients.

*Evelyn was a nursing home resident with cancer. The Ombudsman Transition Coordinator assisted her in returning home with her friend. A few days after being home, Evelyn's friend suddenly passed away. The ombudsman provided emotional support and assistance to Evelyn including help shopping for clothes to wear to her friend's funeral.*

*Without her friend, Evelyn had no assistance to get up and down the stairs to her apartment. The ombudsman helped her find an apartment without steps and advocated for the use of emergency transition funds to pay for the rent and deposit. Thanks to collaboration between the ombudsman, Evelyn, the family, and a local organization, Evelyn successfully moved to her new apartment.*

## PERSON-CENTERED CARE

"Culture change" is the common name given to the national movement for the transformation of long-term care services, based on person-centered values and practices where the voices of consumers and those working with them are honored. **Core person-centered values are choice, dignity, respect, self-determination and purposeful living.**

Culture change transformation supports the creation of both long and short-term living environments as well as community-based settings where both consumers and their caregivers are able to **express choice and practice self-determination in meaningful ways at every level of daily life.** Consumers should feel at home wherever they live. The Office of the State Long-Term Care Ombudsman works to influence and support person-centered care in all settings.

Transformation may require changes in organizational practices leading to better outcomes for consumers and direct care workers in a cost-effective way:

- Consistent assignment of staff
- Empowering direct-care workers
- 24-hour availability of food
- Meal choice
- Bathing choice
- Consumer and family satisfaction
- Personalization of living environment
- Elimination of overhead paging
- Meaningful life experiences

In FFY 2013, ombudsmen made over 4,000 contacts and spent over 8,000 hours promoting person-centered care. The Office also houses and supports the Ohio Person-Centered Care Coalition (PCCC). To learn more and get involved in PCCC activities including monthly educational webinars, go to [www.centeredcare.org](http://www.centeredcare.org).



OHIO PERSON-CENTERED  
CARE COALITION

Home
About Us
About Centered Care
News & Information

## Our Vision

*A long-term care environment where all individuals can experience meaning and purpose.*

**Learn More!**

## OMBUDSMAN PERSON-CENTERED STRATEGIES

In FFY 13, the Office supported projects dedicated to furthering person-centered care in nursing homes that was above and beyond existing person-centered care promotion. Regional programs designed their own strategies projects, and funds were awarded based on an evaluation by the State Ombudsman of those projects. The projects involved working with a select group of about 70 nursing homes to implement person-centered care through efforts such as intensive technical assistance and special focus teams comprised of nursing home residents, family members, staff (not limited to managerial staff) and ombudsmen.

Many of our regional programs planned training sessions for their selected providers with national person-centered care experts, and another program regularly gathered providers to share best practices and implementation tips. At the state level, we sponsored several training events including one with national dementia care expert Teepa Snow for all ombudsmen staff and volunteers. Ms. Snow discussed how to provide person-centered care to individuals living with dementia. Her training is focused on how caregivers can appreciate what is happening when someone has changes in cognition and abilities and to understand they can best meet the needs of the individual living with dementia by changing their attitudes and approach to care.



**Beverley Laubert, Bonnie K. Burman, Karen Schoeneman, Carol Scott, and Kaye Mason-Inoshita led a one day conference for providers to discuss national, state, and local efforts to promote person-centered care.**

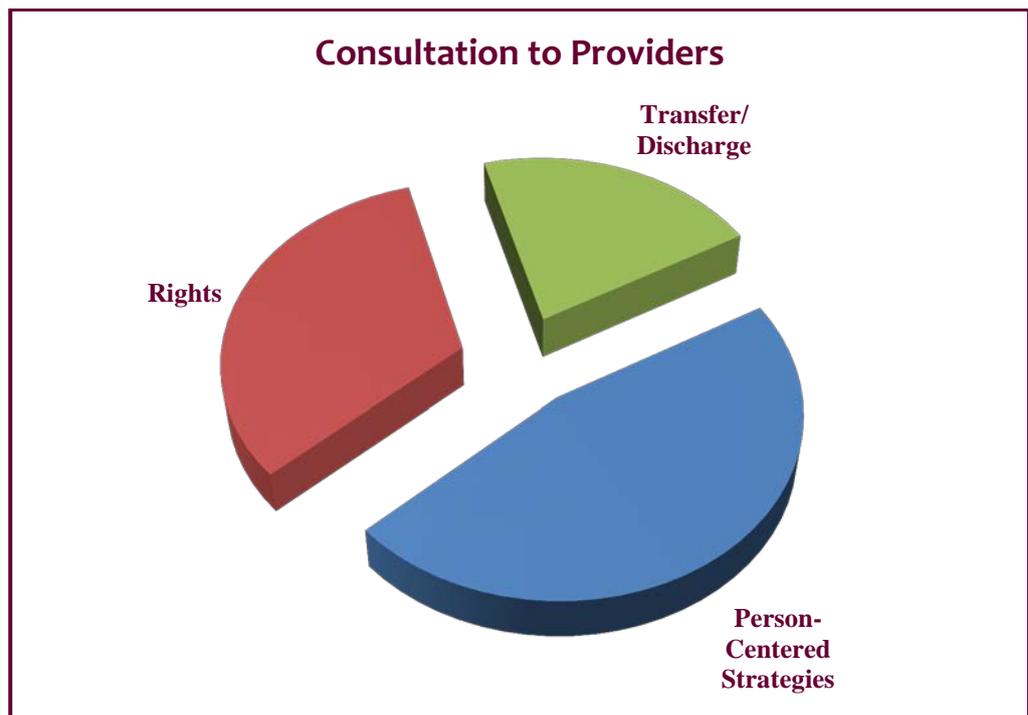
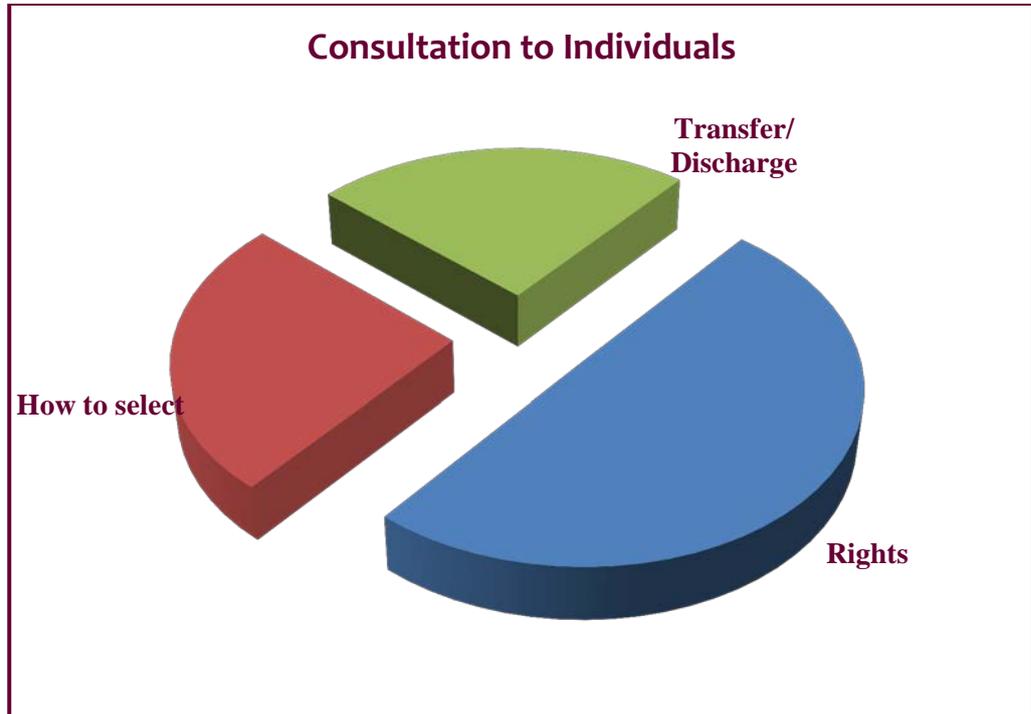
## MYCARE OHIO

The SLTCO began preparations to provide ombudsman services to the consumers in MyCare Ohio, the state's demonstration program to integrate Medicare and Medicaid benefits for more than 100,000 individuals living in 29 of Ohio's 88 counties, which is scheduled to start in spring 2014. The SLTCO's responsibility with the pilot is referenced in the Memorandum of Understanding (MOU) between the Centers of Medicare and Medicaid and the State of Ohio. In addition to advocating for nursing home residents and home- and community-based consumers and investigating related complaints, the Ombudsman will support independent systematic oversight for MyCare Ohio, with a focus on compliance with principles of community integration, independent living and person-centered care. As part of our involvement in MyCare Ohio, the SLTCO will also serve a new population, commonly referred to as the "community-well," who do not have long-term care and services supports needs. (As this was finalized after the completion of the MOU, this new population is not referenced in the related SLTCO section.)



**PROVIDING INFORMATION TO INDIVIDUALS & PROVIDERS**

Ombudsmen are a resource to providers and consult with them on varied topics related to the services they provide. In FFY 2013, ombudsmen consulted with providers 2,079 times and consulted with individuals 6,434 times. By helping providers improve services through proactive consultation, ombudsmen attempt to avert complaints that require a more reactive response.



## OMBUDSMAN QUALITY MEASURES

The Office of the State Long-Term Care Ombudsman uses Ombudsman Quality Measures (OQMs) as indicators of regional ombudsman program performance. Regional programs and State Office staff collaborated to identify indicators of quality ombudsman performance in a variety of areas.

Our ongoing focus on community involvement and consumer access through regular presence has increased the focus on **volunteer utilization**. Appropriate and effective volunteer activity is an indicator of quality program performance because volunteers are the entrance to the program for many consumers.

An increase in ombudsman associate (volunteer) engagement reflects an increase in associate time commitment as the total number of associates has remained steady at about 317. More information about the contribution of ombudsman associates is provided later in this report.

ACTIVITY	QUALITY INDICATOR	PERFORMANCE
Volunteer engagement	Hours spent assisting with complaints	1,906.4 hours, a decrease of 64.4 hours
Volunteer engagement	Percentage of intake completed by volunteers	7.4%, a decrease of 0.2%
Complaint resolution	Percentage of complaints resolved	75.4%, a decrease of 2.8%
Regular presence	Percentage of NHs visited quarterly	47.9%, an increase of 10.4%
Regular presence	Percentage of ACFs visited quarterly	19.6%, an increase of 5.4%
Regular presence	Percentage of RCFs visited quarterly	26.7%, an increase of 6.6%

Ombudsmen are working hard to **improve our presence in home and community-based services (HCBS)** to improve access for consumers but presence in HCBS is more challenging than in facility-based environments. Consumers receiving services in their own homes are more likely to develop close relationships with workers, feel more vulnerable and are more fearful of reprisal or having their services terminated if they complain. Additionally, providers are less familiar with the ombudsman program and are therefore less likely to refer consumers.

## OMBUDSMAN ASSOCIATES

Certified Ombudsman Associates volunteer their time and are critical to the program. Associates are the core of our presence in long-term care facilities providing information and access to residents.

**Associates completed 72.2% of all nursing home advocacy visits.**

**Associates completed 31.6% of all adult care facility visits.**

**Associates completed 48.6% of all residential care facility visits.**

**Associates were responsible for 72.1% of all work with resident councils.**

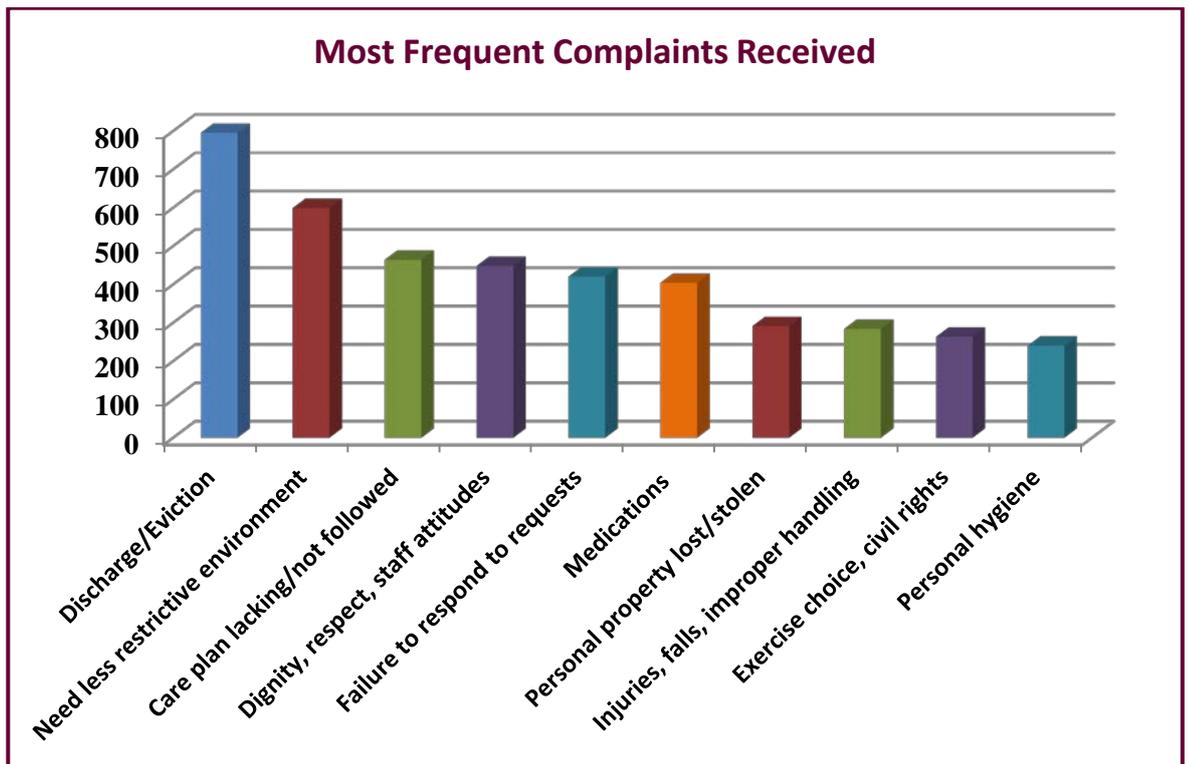
**Associates completed intake on 8% of cases received.**



## COMPLAINT RESOLUTION

**8,992 complaints were received** in FFY 2013, a slight decrease from the 9,149 complaints received the previous year. The ombudsman program works with consumers, providers, regulators, and others to resolve complaints about services. Empowerment of consumers is a priority; providing information and resources so a person is able to work through the system by him or herself respects the self-determination of individual consumers.

Ombudsmen **closed 8,992 complaints** and **verified 75.5%**, an increase of 1.3%. Ombudsmen **resolved or empowered consumers to resolve 83.9 of complaints**, an increase of 4.8%.



The Office works closely with other agencies such as regulatory and law enforcement agencies to resolve complaints. In 2013, **1.7% of complaints were referred to other agencies**. When ombudsmen are able to resolve complaints without regulatory intervention, we contribute to conservation of regulatory resources and reduction of the regulatory burden on providers.

Timely response leads to timely resolution. Ombudsmen respond to complaints alleging physical harm within one business day. In FFY 2013, **4.5% of complaints alleged physical harm, a decrease of 1.3%**. For all other complaints, the **average time between intake and initiating an investigation was 3.8 days**.

Ombudsmen attempt to resolve complaints quickly and then follow-up to ensure that the resolution remains effective. The average **length of time a case was open was 69.8 days, an increase of 2.3 days**. This excludes HOME Choice cases because of the complexity of returning to the community without an established living arrangement. The average length of time a HOME Choice transition coordination case was open was **177 days**, a decrease of 29 days from the previous year.

## GIVING CONSUMERS A VOICE IN LTC POLICY

The State Ombudsman participates in stakeholder discussions related to development of a restructured system where all consumers have access to their advocate. Supplementing individual advocacy, ombudsmen **strive for system change** such as **promotion of person-centered care** and passage of legislation that would improve quality in all long-term settings, including home and community-based services.



Chip Glass from the Ohio Department of Health, John McCarthy from the Ohio Department of Medicaid, and Pete VanRunkle from the Ohio Health Care Association participate in a meeting with the State Ombudsman and other stakeholders to discuss distinct part certification for nursing homes.



State LTC Ombudsmen were recognized at the Vermont Capitol during the 2013 State Ombudsman Annual Training Conference

## Code of Ethics for Long-Term Care Ombudsmen

The National Association of State Long-Term Care Ombudsman Programs

The ombudsman provides services with respect for human dignity and the individuality of the client, unrestricted by considerations of age, social or economic status, personal characteristics, or lifestyle choices.

The ombudsman respects and promotes the client's right to self-determination.

The ombudsman makes every reasonable effort to ascertain and act in accordance with the client's wishes.

The ombudsman acts to protect vulnerable individuals from abuse and neglect.

The ombudsman safeguards the client's right to privacy by protecting confidential information.

The ombudsman remains knowledgeable in areas relevant to the long-term care system, especially regulatory and legislative information, and long-term care service options.

The ombudsman acts in accordance with the standards and practices of the Long-Term Care Ombudsman Program, and with respect for the policies of the sponsoring organization.

The ombudsman will provide professional advocacy services unrestricted by his/her personal belief or opinion.

The ombudsman participates in efforts to promote a quality, long-term care system.

The ombudsman participates in efforts to maintain and promote the integrity of the Long-Term Care Ombudsman Program.

The ombudsman supports a strict conflict of interest standard that prohibits any financial interest in the delivery or provision of nursing home, board, and care services, or other long-term care services that are within their scope of involvement.

The ombudsman shall conduct himself/herself in a manner that will strengthen the statewide and national ombudsman network.

**BEVERLEY L. LAUBERT**

**State Long-Term Care Ombudsman**

**APRIL FLEMING**

**Ombudsman Regional Support Coordinator**

**ERIN J. PETTEGREW**

**Ombudsman Projects Coordinator**

**PATI PRESLEY**

**Ombudsman Information Specialist**

**LATOSHA M. SLAPPY**

**Ombudsman Education & Data Coordinator**

**HILARY A. STAI**

**Ombudsman Quality Improvement Coordinator**

**KARLA WARREN**

**Legal Services Developer, Ombudsman**

## OHIO'S REGIONAL LONG-TERM CARE OMBUDSMAN PROGRAMS

## Ohio's Regional Long-Term Care Ombudsman Programs

REGIONAL OMBUDSMAN PROGRAMS	COUNTIES SERVED	TELEPHONE NUMBERS
Cincinnati	Butler, Clermont, Clinton, Hamilton, Warren	800-488-6070 513-345-4160
Dayton	Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble, Shelby	800-395-8267 937-223-4613
Lima	Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, Van Wert	800-653-7778 419-222-0563
Toledo	Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams, Wood	800-542-1874 419-259-2891
Mansfield	Ashland, Crawford, Huron, Knox, Marion, Morrow, Richland, Seneca, Wyandot	800-860-5799 419-524-4144
Columbus	Delaware, Fairfield, Franklin, Fayette, Licking, Madison, Pickaway, Union	800-536-5891 614-857-1241
Portsmouth	Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto, Vinton	800-582-7277 740-355-3145
Marietta	Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry, Washington	800-331-2644 740-373-6400
Dover	Belmont, Carroll, Coshocton, Guernsey, Harrison Holmes, Jefferson, Muskingum, Tuscarawas	800-967-0615 330-364-3465
Cleveland	Cuyahoga, Geauga, Lake, Lorain, Medina	800-365-3112 216-696-2719
Uniontown	Portage, Stark, Summit, Wayne	800-421-7277 330-896-9172
Niles	Ashtabula, Trumbull, Columbiana, Mahoning	800-686-7367 330-505-2300