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FINDINGS BRIEF:

Ombudsman Program
Coordination with
Aging and Disability
Resource Centers

Prepared for the National Ombudsman Resource Center



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National Long-Term Care Ombudsman Resource Center

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About the Author

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The National Association of State Units on Aging (NASUA) is a private, nonprofit organization whose membership is comprised of the 56 state and territorial offices on aging.

Table of Contents

Background1

Key Findings2

Factors Influencing Coordination4

Conclusions5

Appendices

A: Aging and Disability Resource Center Grantees7

B: New Hampshire: Referral Protocols between the ServiceLink Resource Centers,
Adult Protective Services and the Long-Term Care Ombudsman Program9

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FINDINGS BRIEF:

Ombudsman Program Coordination with Aging and Disability Resource Centers

In the spring of 2007, the National Association of State Units on Aging (NASUA) collected data about how ombudsman programs are coordinating with Aging and Disability Resource Centers (ADRCs) by asking state ombudsmen, in the 40 states and the District of Columbia with an ADRC grant, to respond to a short web-based questionnaire. Eighteen (18) state ombudsman programs responded to the questionnaire. This document presents key findings, provides examples of coordination between long-term care ombudsman programs and ADRCs and identifies some of the factors which may influence collaboration between the ombudsman program and ADRCs.

Background

Most older persons and people with disabilities want to stay in their own homes. Unfortunately, when they need help to do so, they often encounter difficulty finding information about home and community based services and supports.

Trying to negotiate the maze of agencies and eligibility requirements in order to access needed services can be frustrating. Without help, many people are unable to make informed choices, sometimes resulting in unnecessary nursing home placement.

The Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) collaborated to establish the Aging & Disability Resource Center (ADRC) Program. The ADRC assists individuals to make informed long-term care choices and “streamlines” access to long-term care services.

ADRCs have a strong consumer orientation, working to eliminate the complexity consumers face in a fragmented long-term care system that requires multiple calls to multiple agencies to find information and assistance. By integrating the information, eligibility determination and access functions generally provided by multiple agencies at the local level, the ADRC can offer a seamless “one-stop” location at the community level for

.....
ADRCs work to establish a trusted place in the community where people can find information about long-term care, counseling to understand their options, and access to needed services.
.....

information, counseling and access to long-term care services. ADRCs are an important component in federal and state efforts to rebalance the long-term care system by diverting persons away from the traditional institutional based services to home and community based options that allow people to remain in their homes and communities.

Nationally, 40 states, the District of Columbia and two territories operate 124 ADRCs.

Since 2003, AoA and CMS have awarded grants to 40 states, the District of Columbia and two territories to begin developing pilot ADRCs. As of July 2007, these grantees were operating 124 ADRCs serving 22 percent of the general United States population¹

(See Appendix A for a map of ADRC grantees). Services provided under an ADRC must target the elderly and at least one population of persons with disabilities (physical, developmental or mental illness), though the ultimate goal is to serve all persons with long-term care needs regardless of age or disability. To learn more go to the ADRC Technical Assistance Exchange www.adrc-tae.org for reports from grantee states, issue briefs, online discussions and other resources related to the ADRC initiative.

Key Findings

In the spring of 2007 NASUA collected data about ombudsman program coordination with ADRCs by asking state ombudsmen in the 40 states and the District of Columbia with ADRC grants, to respond to a short web-based questionnaire. Eighteen (18) state ombudsman programs responded. Supplemental information was gathered through follow-up calls and through participation in a series of focus groups conducted by NASUA, under a project for the National Center on Elder Abuse, examining effective linkages between elder rights programs and ADRCs. Several state ombudsmen participated in these focus groups.

Ombudsman Programs that Responded to the Questionnaire		
Alaska	Kentucky	New Jersey
California	Louisiana	New Mexico
Florida	Massachusetts	North Carolina
Georgia	Montana	Tennessee
Illinois	Nevada	Texas
Indiana	New Hampshire	Wisconsin

¹ *Aging and Disability Resource Center Successes 2007*. Aging and Disability Resource Center Technical Assistance Exchange; July 2007.

Findings revealed:

- 17 (94%) of the state ombudsmen responding (CA, FL, GA, IN, KY, LA, MA, MT, NV, NH, NJ, NM, NC, TN, TX, VT, WI) reported having a general knowledge of ADRCs and their mission
- 9 of the 18 (50%) state ombudsmen (FL, IN, MT, NV, NH, NJ, TN, VT, WI) reported that program staff have received training about ADRCs
- 13 (72%) of the state ombudsmen responding (FL, IN, GA, LA, MA, MT, NV, NH, NJ, NM, TX, VT, WI) reported that the program is working with ADRCs at the state and/or local level.

These ombudsman programs work collaboratively with ADRCs in a variety of ways, including:

- **Making referrals.** Six states (IN, GA, NV, NH, NM, TX) reported having worked out referral protocols between the long-term care ombudsman program and ADRC. For example:
 - The **Nevada** Ombudsman Program has developed an intake form for ADRCs to use to collect initial information when a consumer calls with a complaint or request for information concerning institutional based long-term care services. The ADRC faxes the forms to the ombudsman program for response.
 - **New Hampshire** has developed a written protocol for when the ServiceLink Resource Center (ADRC) should refer calls concerning abuse, neglect or exploitation to Adult Protective Services and the Long-Term Care Ombudsman Program. (See Appendix B for a copy of the protocol.)
 - In **Georgia**, where the ADRCs are being developed through the area agencies on aging, local ombudsman programs already familiar with Information & Referral (I&R) programs make referrals to the ADRCs when a call involves requests for information about home and community based services.
 - The **Louisiana** Ombudsman Program refers calls for assistance with housing and in-home services to the ADRC.
- **Conducting training and information exchange.** In six states (IN, MT, NV, NH, NM, WI), the ombudsman program and the ADRC have exchanged information and provided training on one another’s programs. Training has addressed appropriate referrals.

KEY FINDINGS

- ✓ State Ombudsmen know about ADRCs and their mission
- ✓ 50% of ombudsman programs have received training on ADRCs
- ✓ Ombudsman programs make referrals to ADRCs, exchange information, share intake lines and participate on ADRC advisory committees

- **Sharing intake lines.** In Jacksonville, **Florida**, The ADRC and ombudsman program are co-located in the area agency on aging and both programs share an intake line, originally established for the ombudsman program. Calls are triaged and referred to the appropriate program.
- **Participating on the ADRC advisory committee.** In four states (FL, IN, MT, VT), the ombudsman program at the state or local level serves on an advisory committee that provides guidance on implementing the ADRC. The **Ohio** State Ombudsman reported that local ombudsman programs are required to be included on the local ADRC advisory committees. This was a stipulation of the state's ADRC grant proposal. The Ohio State Long-Term Care Ombudsman sits on the state level ADRC advisory committee.

Some state ombudsmen have been involved from the early stages with their states' efforts to develop an ADRC. The Georgia State Long-Term Care Ombudsman, who sits on the state unit on aging management team, was actively involved in writing the ADRC grant application, while the Louisiana State Ombudsman wrote letters of support for the state's original grant application in 2002, and for the continuation application submitted by the state in 2006.

Factors Influencing Coordination

Discussions with state ombudsmen and ADRC coordinators revealed that the degree of coordination between the long-term care ombudsman program and ADRC could be influenced by a number of factors including, but not necessary limited to:

- **Statewideness.** Not all ADRC demonstration projects are statewide. Uneven development across the state means that not all ombudsman programs are aware of the ADRC or the jurisdictions they cover.
- **Opportunity to connect.** Ombudsman programs and ADRCs have not been on each other's radar screens and with a few exceptions, have not engaged in regular contacts for information sharing or referrals. Where the ombudsman program is represented on ADRC advisory committees, there is a greater likelihood that joint training and coordination will occur at the state and local level.
- **Location, location, location.** Co-location of the ADRC and ombudsman program, particularly at the local level has a positive impact on the amount of coordination that can take place in terms of referrals and information sharing. In Georgia, for example, both the ADRC and local ombudsman programs are housed in the area agencies on aging. This has made it easier for local ombudsman programs to learn about and coordinate with the ADRC staff.

Conclusions

It is important that the long-term care ombudsman program and Aging and Disability Resource Centers establish working relationships at the state and local levels. ADRCs are expected to be the consumer’s entry point for information about options and assistance with accessing needed long-term care services. Because ombudsman programs are well-established, they are often the first point of contact for persons needing information about long-term care, including home and community based service options for those who wish to remain in the community, and for those already in long-term care facilities who want to return to the community. This makes the ombudsman program a critical referral agent in nursing home diversion and transition efforts and an important link to the ADRC. Collaboration between the long-term care ombudsman program and the ADRC can help connect consumers with competent help to learn about the full array of long-term care service options and public benefits and to receive assistance with accessing needed services in their homes and communities or long-term care facilities.

To establish and maintain positive working relationships with Aging and Disability Resource Centers, ombudsman programs should consider the following action steps.

- **Introduce the ombudsman program.** Make contact with the ADRC project in your state or jurisdiction to provide information about the ombudsman program and its work on behalf of residents of long-term care facilities.
- **Establish a method for on-going communication.** Ask for a seat at the table for the ombudsman program on ADRC advisory or stakeholder committees. This is a good way to maintain communication and share important information about program activities. Regular meetings (e.g., monthly, quarterly, etc.) between the long-term ombudsman program and ADRC also provides an opportunity for keeping up on developments and for identifying options for collaboration.
- **Include information about (and presented by) the ADRC in training** or meetings with ombudsman program staff and volunteers. Invite the ADRC to statewide or regional ombudsman trainings or meetings.

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The partnerships and collaborations that will result from the [ADRC] project implementation will not only provide seniors and persons with disabilities better access to, and information about, the current service array, it will provide information to policy makers about gaps and barriers so that improvements can be made.

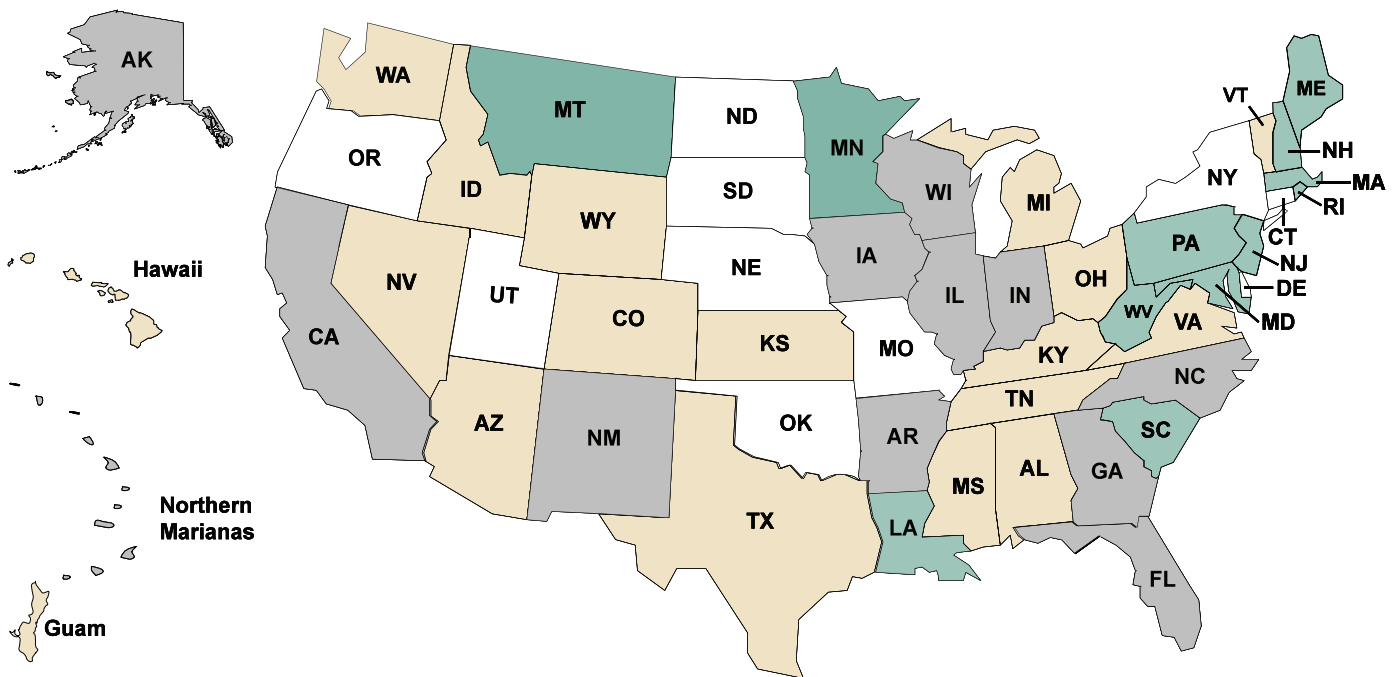
—Linda Sadden, State Ombudsman, Louisiana

.....

- **Talk with the ADRC coordinator** at the state level to determine how the programs can share information. Explain that the ombudsman program is a rich source of information about the quality of care provided in nursing homes, assisted living and other residential long-term care facilities, and the types of data that the programs shares with consumers about complaints and systemic issues.
- Discuss the types of issues and contacts that should be referred and **develop a mutual referral protocol**. This need not be formal, but having a general process on paper makes it easier to share with program staff.

APPENDIX A:

Aging and Disability Resource Center Grantees



FY 2003 ARDC Awardees

- Louisiana
- Maine
- Maryland
- Massachusetts
- Minnesota
- Montana
- New Hampshire
- New Jersey
- Pennsylvania
- Rhode Island
- South Carolina
- West Virginia

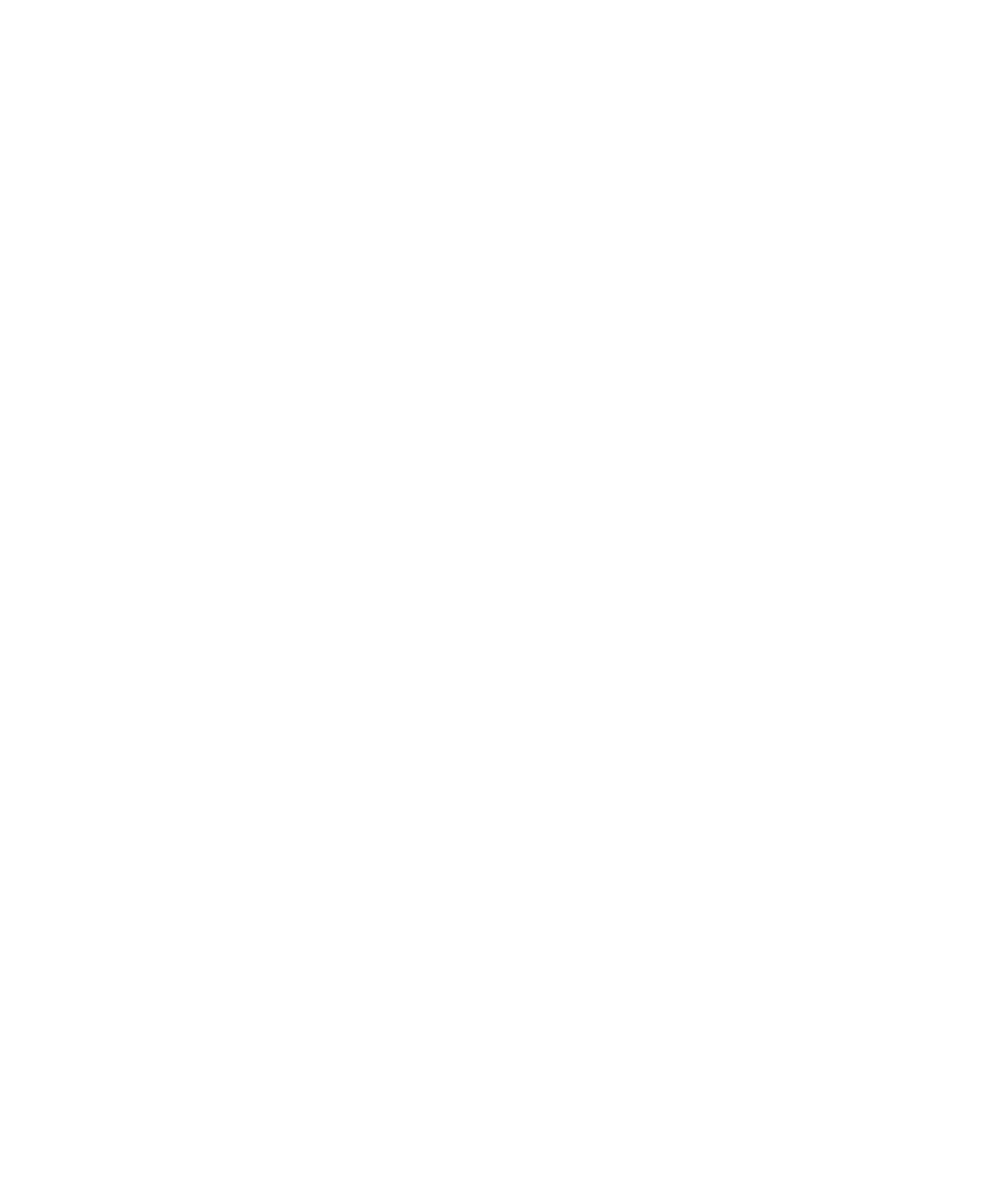
FY 2004 ARDC Awardees

- Alaska
- Arkansas
- California
- Florida
- Georgia
- Illinois
- Indiana
- Iowa
- New Mexico
- North Carolina
- Northern Marianas
- Wisconsin

FY 2005 ARDC Awardees

- Alabama
- Arizona
- Colorado
- DC
- Guam
- Hawaii
- Idaho
- Kansas
- Kentucky
- Michigan
- Mississippi
- Nevada
- Ohio
- Tennessee
- Texas
- Vermont
- Virginia
- Washington
- Wyoming

This information is taken from the United States Administration on Aging website www.aoa.gov.



APPENDIX B:

New Hampshire Referral Protocols between the ServiceLink Resource Centers, Adult Protective Services and the Long-Term Care Ombudsman Program

RE-DRAFTED 12\27\05

Protocols Regarding Relationships Between Adult Protective Social Workers (APSW) in the District Office, the Office of the Long-Term Care Ombudsman, the APS Unit in the Central Office and the ServiceLink Resource Centers

Protocols for referring a caller to the Resource Center to an AP Social Worker in the District Office or the AP Social Worker in the Central Unit, or the Office of the Long-Term Care Ombudsman

1. In general, when a call is received and it appears that there is an abuse, neglect, self-neglect or exploitation situation, the caller should be referred, i.e., told where else he/she should call. If the person appears to accept the phone number and it appears that he/she will make the call himself/herself, the recipient will tell the caller they will call APS and that they should expect a call from an APSW. If the abuse reporter indicates expressly that he/she will not call or can't, the SLRC staff should explain that they can make the call on the person's behalf and explain that if the person won't call himself or herself, that the SLRC staff person must by law report the allegation. If the SLRC staff person has any doubt that the reporter will make the call, the SLRC staff person will make the call.

If a SLRC staff person receives a call from a person and has a concern that there is an issue of self-neglect, the SLRC staff person must report this to the APS program and the call would go to the District Office (D.O.) APS unit.

Contact: Don Rabun, New Hampshire State Long-Term Care Ombudsman, 129 Pleasant Street, Concord, NH 03301-3857, (603) 271-4704. email: drabun@dhhs.state.nh.us.

2. The location of where the alleged abuse occurred determines where the SLRC staff should refer the call. If the location of the alleged abuse is a non-licensed, non-certified, domestic location, such as the alleged victim's own home/apt, a friend or family member's home or apartment, a boarding home, or any other independent living situation, the caller should be told to call the District Office APS unit. If the location of the alleged abuse is a nursing home facility, assisted living facility, residential care facility, adult day care center, group home for the developmentally disabled or mentally ill, or any other licensed and/or certified facility/setting, the caller should not contact the District Office APS unit. Instead, if the location of the alleged abuse is a nursing home facility, assisted living facility or a residential care facility, the caller should be told to contact the Office of the Long-Term Care Ombudsman. If the location of the alleged abuse is a group home for the developmentally or mentally ill, an adult day care center, or any other licensed and/or certified facility/setting, the caller should be told to contact the Central Adult Protective Services Unit.
3. The recipients of allegations of (a/n/s-n/ex) calls are obligated to protect the confidentiality of the reporter. Therefore, for the purposes of documentation, when the call is received, the SLRC staff may jot personal notes about the incident reported that must then be destroyed. The note in the contact file in the system can name the caller but can say nothing more about the referral other than a note that the call was referred to either the APS unit in the D.O., the Central APS unit, or the central Office of the Long-Term Care Ombudsman.
4. If an APSW calls a SLRC staff person seeking information on behalf of someone and it appears to be related to an abuse investigation, the SLRC staff person will not document the content of the call or the name of the person about whom the APSW is calling.
5. If the APSW calls a SLRC staff person seeking information on behalf of someone and it appears to be related to an abuse investigation and in the rare event that the allegation of abuse is about a SLRC staff person, the SLRC Resource Manager can take whatever steps he/she would normally take if an allegation of abuse by one of her staff was made. However, in handling the case and conducting her own investigation, she can at no time reveal that an APSW alerted her to the situation.
6. If a caller seeks assistance, such as chore services, and the SLRC staff have learned that the caller's income is less than \$900/month, the SLRC staff should alert the caller to the variety of resources available and also refer them to a D.O. APSW as they may qualify for SSBG-funded services; a lump sum up to \$500 can be used for services provided by, most often, an individual vendor, and include Chore, Emergency Support, and Respite. Adult In-Home Care is an additional SSBG service that is authorized by the APSW, but provided by an agency under contract with BEAS. If the caller is referred to see if he/she qualifies, the home visit and assessment for the SSBG services will be conducted by the APSW in the D.O. SLRC staff does not have the authority to assess and qualify someone

for SSBG-funded services. If the caller's income is above \$900, and a visit for a needs assessment is necessary, the SLRC SW would be the one to make the visit and the caller would not be referred to the APS unit in the D.O. Note: If an individual in need of services is an APS client, financial eligibility is waived, and the individual may receive the service (s) "without regard to income."

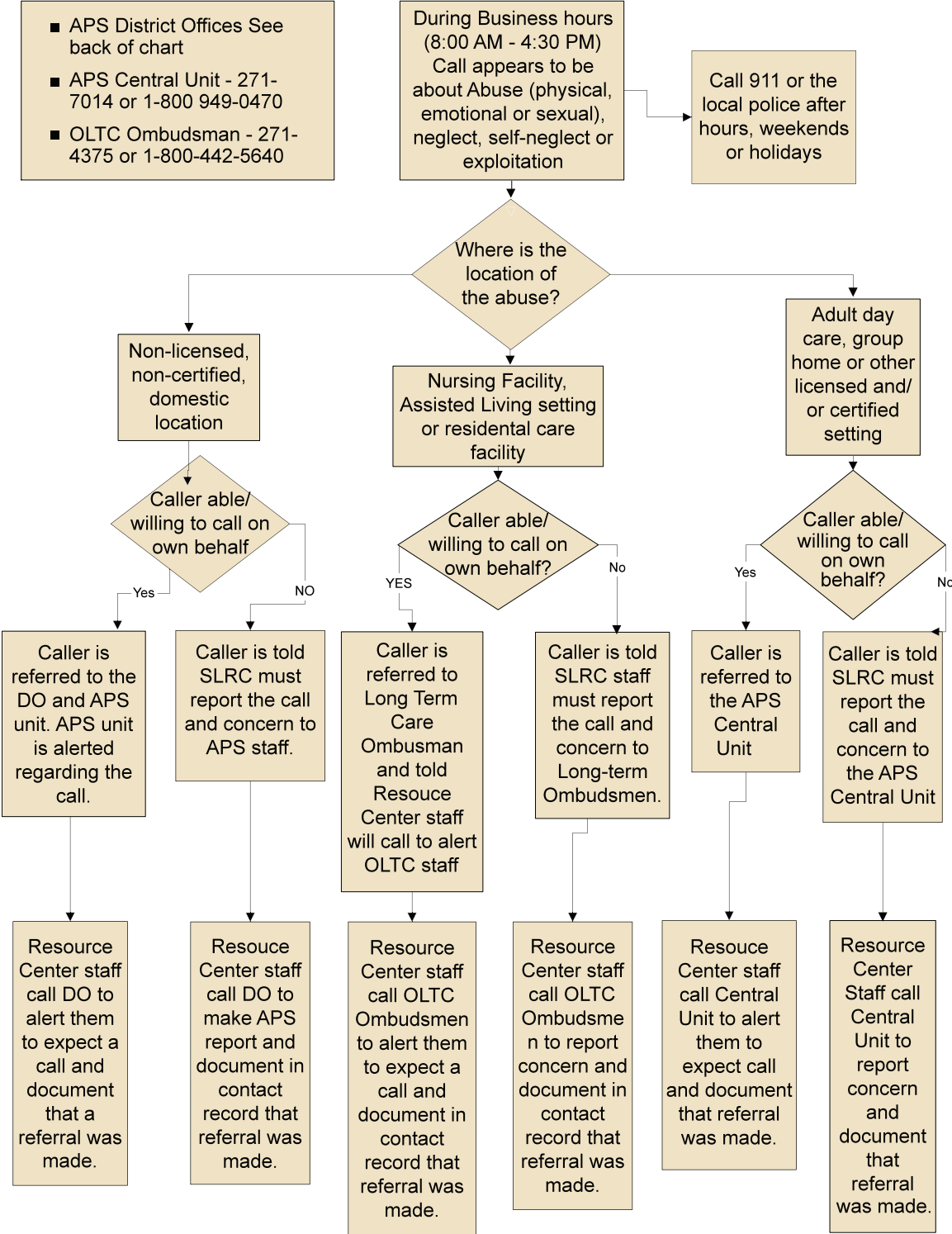
Examples I and II for a self-neglect referral to be made to APS

Example I—SLRC receives a call from someone (who is presumed to be incapacitated) that is looking for services and s/he begins to describe her/his situation and problems to the SLRC staff person. S/he makes statements such as, "I am having trouble paying my bills" or "I have received a disconnect notice from the electric company; "I am having trouble getting myself washed up" or "I am having accidents with my bladder/bowels and I don't know what to do; "I am not eating properly"; "I am not taking my prescribed medications"; "I am going to be evicted soon"; "There is cat/dog feces all over my floors"; etc. The SLRC person would ask the caller if s/he was willing to call BEAS and talk with a social worker about the above concerns. If s/he answers affirmatively SLRC would give the caller the district office number and ext. to call.

Example II—If s/he answers negatively and the SLRC staff person is able to do so (i.e. caller doesn't terminate the call) the SLRC would tell the caller that there were concerns about her/his well-being and that SLRC is mandated to make a report of self-neglect to the local DO. SLRC would also inform caller that this meant that a social worker from BEAS would be contacting her/him to schedule an appointment to come out and talk with her/him about these concerns and to see if BEAS could assist with remedying the situation.

Protocols for Relationship between Service Link Resource Center (SLRC) and Adult Protective Services (APS) Program - Updated 1/30/06

- APS District Offices See back of chart
- APS Central Unit - 271-7014 or 1-800 949-0470
- OLTC Ombudsman - 271-4375 or 1-800-442-5640





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