

OMBUDSMAN BEST PRACTICES:

Enhancing Consumer Access through Coordination

Focus: Ombudsman and Aging I&R/A Programs

Prepared by the National Association of State Units on Aging

National Long-Term Care
Ombudsman Resource Center

January 2004

Supported by the U. S. Administration on Aging

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Introduction

Consumers often start with little or no knowledge of the long-term care system and need information about the options available, costs of services, how to pay for care and where to find the services needed in a desired area. Older persons and caregivers may not be aware of the differences between types of services or levels of care, such as nursing homes and assisted living. In today's environment of 800 numbers, newspaper advertisements and internet websites targeted to seniors and their families, consumers may call a variety of agencies and help lines for information about long-term care or assistance with a care-related problem. Helping consumers find the information and assistance they need in a timely manner is crucial to empowering them to make informed decisions about long-term care options. As an increasing number of consumers and caregivers search for home and community based and residential long-term care options, efforts to improve consumer access to this vital information at the local and state level becomes more critical.

A fundamental question is how do residents, families and other consumers access the long-term care ombudsman program for assistance with problems or to obtain information about the quality of care available in long-term care facilities?

Informing consumers of their rights and options is a fundamental responsibility of the long-term care ombudsman program. To accomplish this, ombudsman programs have traditionally focused on community education efforts such as disseminating brochures and other written information and making presentations to residents, families, and the public. In 1996, NASUA drafted a technical assistance paper, *Guidelines for Educational Services* (attached in Appendix A), highlighting the important connection between effective outreach and the successful performance of the ombudsman program's required responsibilities, including complaint handling, systemic advocacy and resident empowerment. The Guidelines recommended that the ombudsman program's **educational efforts should be resident-centered and focused, directed toward the needs of diverse and appropriate audiences, and ensure the program is visible and accessible.**

Aging information & referral/assistance (I&R/A) programs are the primary collectors and maintainers of extensive information databases on a wide array of aging services and are often the first point of contact consumers have when searching for long-term care assistance. Therefore I&R/As play a critical role in access to the ombudsman

program and other aging and long-term care services and programs. In many states, ombudsman and I&R/A programs have developed regular channels of communication, including sharing information and establishing referral protocols in order to better serve consumers' information needs.

The network of 2,500 state and local aging I&R/A programs and services across the country assist older persons and caregivers by identifying their needs and linking them to appropriate and available resources and services.

Ombudsman programs should also be aware of the newly developing 2-1-1 network as another potential access link to the program. As communities develop a "system" to coordinate and streamline access to the full range of information consumers need, a number of states have developed "2-1-1" as an approach to streamlining consumer access. The Federal Communications Commission (FCC) has designated 2-1-1 as the abbreviated dialing code for consumer access to community health and human services information. Consumers dialing 2-1-1 reach a "call center," which may be operated by an aging I&R/A.

A national goal has been set by the organizations involved in 2-1-1 to cover 50% of the population by 2005. As more states begin to use "2-1-1" ombudsman programs will want to ensure that information about, and linkage to, the program is addressed and that staff who initially handle calls for assistance understand when to make referrals to the ombudsman program. It is therefore important for ombudsman programs to be familiar with 2-1-1 systems. (See Appendix B for a discussion of 2-1-1 and how it works.)

Effective coordination between ombudsman programs and aging information and referral systems, as well as linkage to 2-1-1 activity in the state, will ensure the delivery of accurate information to consumers in a timely fashion. To effectively accomplish this requires attention to mutual information sharing and coordination.

Despite the program's recognition of the value of coordination with aging I&R/A programs, however, ombudsman programs must also consider the constraints related to confidentiality under which the program operates. The Older Americans Act, as amended, specifically prohibits disclosing the identity of complainants or residents who make a complaint unless:

- (i) *the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing;*
- (ii)(I) *the complainant or resident gives consent orally;*
and
- (II) *the consent is documented contemporaneously in a writing made by the a representative of the Office in accordance with such requirements as the State agency shall establish; or*
- (iii) *the disclosure is required by court order.¹*

¹ Older Americans Act, as amended, Sec. 712(d)(2)(B)(i) - (iii).

This paper focuses on how access to the ombudsman program can be enhanced through establishing relationships with I&R/A programs. The paper also builds on previous recommendations developed by NASUA for educating I&R/A programs about the ombudsman program and for strengthening communication and referral coordination between the two programs (see Appendix C), including:

- Establishing and maintaining regular communication between ombudsman and aging I&R/A programs;
- Sharing publications and program information;
- Discussing and deciding appropriate referral protocols;
- Inviting each other to training; and
- Coalition building to address particular consumer issues.

Guidance

The provision of information to residents of long-term care facilities and to consumers of long-term care services is an essential element of the ombudsman program and is fundamental to the program's primary responsibility to receive, investigate and resolve complaints. It is critical that residents and those concerned with their quality of care and quality of life have easy and reliable access to the ombudsman program in order to have their questions and concerns addressed. Specifically, the **Older Americans Act (OAA)** states that the Long-Term Care Ombudsman Program shall "*inform the residents about means of obtaining services...*" provided by the program, in order to register complaints and receive assistance to protect their health, safety, welfare and rights.²

In addition to the Older Americans Act, several other sources were consulted for this paper, including the 1995 Institute of Medicine report on the ombudsman program and "Vision 2010" developed by NASUA in 1998. In broad terms, both of these documents provide guidance to the ombudsman program related to the issue of consumer access to the program.

The report issued by the **Institute of Medicine (IoM)**, which conducted an evaluative study of the Long-Term Care Ombudsman Program in 1994 (funded by the Administration on Aging), viewed access to the ombudsman program in relation to the number of ombudsmen available to provide a meaningful presence in nursing homes (specifically, the IoM study committee recommended a ratio of one full-time ombudsman for every 2,000 long-term care beds (Recommendation 6.1)).³ The IoM report does not directly address the program's efforts to reach consumers through coordination with other

² Older Americans Act, as amended, Sec. 712(a)(3)(C).

³ Harris-Wehling, Jo, Feasley, Jill C., and Estes, Carroll L., editors; *Real People, Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act*; Institute of Medicine, 1995.

information sources such as I&R/A programs. However, the report recommended that each Office of the State Long-Term Care Ombudsman be required to include in its annual report, information and comments about *"the level of awareness of residents, their agents, and other parties regarding the ombudsman program, and the availability of ombudsmen to individual residents"* (Recommendation 5.6).

The growing number of older adults, the increasing ethnic and cultural diversity of the older population, and the complex assortment of programs and services available to seniors and their families and caregivers, coupled with the relatively flat funding of most Older Americans Act (OAA) programs, highlight the necessity for creating partnerships and linkages among programs that provide information and assistance to older persons. To encourage such efforts, NASUA developed "**Vision 2010**" (attached in Appendix D), which identifies key OAA programs (including the ombudsman program) and the types of information each provides. This document presents a vision of an integrated, seamless, and easily accessible system of information and assistance for seniors. Ombudsman programs are encouraged to become familiar with Vision 2010 and begin looking for possible ways to coordinate with other programs that provide information and assistance to older persons and their families, since such programs serve as gateways to the long-term care system in many states.

Sources

Beginning in May 2001, NASUA conducted a **survey of state long-term care ombudsman programs and state I&R/A programs** to find examples of coordination between the two programs. Separate emails containing identical questions were sent to both programs in each state. The questionnaire asked programs to check off a list of activities in which they were involved with the other program, including:

- Cross-training of ombudsman and aging I&R/A program staff and/or volunteers
- Joint skill-building or other joint training events
- Sharing resource databases
- Common intake/shared telephone numbers
- Co-location in the same agency/unit
- Joint referral processes
- Interagency/inter-program agreements.

Follow up calls were made to programs that reported any of the coordination activities listed above to gather additional information. This yielded examples from several programs, which are presented below in the Findings section.

A separate, more comprehensive survey of states' aging I&R/A programs conducted at about the same time by NASUA's National Aging Information & Referral Support Center yielded supplemental data helpful to this paper. Information from 38 surveys was reviewed. While the majority of survey respondents did not identify any

formal coordination efforts with the state ombudsman program, several mentioned that cross-training occurs at the local level and specified that I&R/A staff are invited to attend state ombudsman trainings.

Findings

The information in this section describes some of the coordination efforts between ombudsman and I&R/A programs in order to enhance consumers' access to information about long-term care and services for older adults and their families. Coordination between ombudsman programs and aging I&R/A programs may take place at the state or local level, and may be formalized or informal. Examples of coordination to improve consumer access identified in the survey include:

- ◆ **shared resources and intake lines**
- ◆ **referral systems**
- ◆ **cross-training/joint skill building**

Significant challenges are faced by rural states to effectively serve clients who are geographically isolated or dispersed over a large area. Coordination in rural areas is recognized by many of these programs as an essential practice for ensuring consumer access.

As noted in the sections below, while not necessary for good coordination, **colocation** of ombudsman and I&R/A programs in the same unit or agency can benefit both programs by making it logistically easier to conduct cross training of staff, share resources and intake lines, and manage referrals, in an informal manner.

Shared Resources and Intake Lines

A number of state and local ombudsman programs share a common intake telephone line or single point of entry system with I&R/A programs. Programs with these arrangements tend to be located in the same agency or unit at the state or local/regional level. This arrangement provides an efficient way to screen calls and coordinate referrals to better serve consumers looking for information and assistance about aging or long-term care services. Many of the states with these arrangements have found that shared location facilitates sharing resources and databases, such as lists of facilities and services. Examples of shared resources and intake lines include:

- Typical of many states, the **Alabama** ombudsman program periodically updates the I&R/A program on its publications and other information for consumers. Ombudsman and I&R/A programs are both housed in the Department of Senior Services at the state level, providing centralized information and assistance on aging services in Alabama. According to Marie Tomlin, Alabama State Ombudsman, this arrangement has enhanced information sharing between the

programs and made it easier for older consumers and their families to find the services and assistance they need.

- The **St. Louis (Missouri) Regional Ombudsman Program** receives I&R/A funds to handle long-term care questions as part of a regional information center that serves a four county area.
- **Montana** provides consumers with a single toll-free telephone number answered by the Advocacy Assistance Program (AAP), located in the Governor's Office, which handles all calls regarding seniors' issues. Callers are referred to the ombudsman program as appropriate. Persons answering the calls receive training and information about the ombudsman program.
- In **North Dakota**, the ombudsman and I&R/A programs share a toll-free telephone line, the Senior Information Line. This number is listed on nursing home posters as the number to call to contact the ombudsman program. Calls are answered by an intake coordinator with ombudsman training who routes each call to the appropriate program. Consumers requesting placement assistance (e.g., requests for lists of facilities and services available in the area or other basic information about long-term care) are handled by the intake coordinator. This approach to handling information requests frees up time for ombudsman staff to focus on higher priority tasks such as complaint handling.

Referral Systems

In an effort to effectively resolve complaints and protect the rights of older residents of long-term care facilities, ombudsman programs across the country have worked to develop relationships and referral protocols with regulatory agencies, Adult Protective Service units, Medicaid Fraud Control Units, law enforcement entities, and protection and advocacy agencies. Formalized agreements with these organizations tend to be developed at the state level.

However, referral systems do not always require a formal memorandum of understanding to work. Only one of the states responding to the survey uses a formal agreement to coordinate referrals between ombudsman and I&R/A programs. More typically, training and regular communication between the programs ensure that referrals are made as appropriate.

- In **Rhode Island** a referral process has been established between the ombudsman and I&R/A programs. If the I&R/A program receives a call concerning elder abuse or the quality of care in a nursing home, a referral is made to the ombudsman program so an ombudsman can respond to the situation. Likewise, if the ombudsman program becomes aware of a long-term care facility resident who may need a guardian, a referral is made to the Elder Information Specialist at the state agency on aging. This type of referral protocol has proved to be successful,

particularly since the ombudsman and I&R/A programs are not housed in the same agency.

Cross-Training and Joint Skill Building

Important first steps in coordination between the ombudsman and I&R/A programs include: initiating dialogue, sharing information about the programs, and inviting each other to training sessions. These efforts provide an opportunity to learn about and discuss what types of issues to refer back and forth between programs and when it is appropriate to do so.

Programs that are doing cross-training or sharing information at training events involving both the ombudsman and I&R/A programs report that such interactions may happen in a variety of ways and may occur:

- ◆ through informal discussion and information sharing sessions;
- ◆ on a regular or as-needed basis; and
- ◆ result in the development of specific training curricula.

The following examples highlight the methods of cross-training and joint skill building activities designed to promote program coordination and consumer access.

- In **Missouri**, the St. Louis Regional Ombudsman Program, which covers St. Louis and four surrounding counties, has developed an integrated approach to coordinating with the area's I&R/A programs. The ombudsman program receives a total of about \$4,000 per year from a combination of sources (area agencies on aging and United Way) to operate a regional information line for aging and long-term care services. According to the regional ombudsman, a portion of the funds from one of the area agencies on aging includes Family Caregivers' program money. Two information specialists who handle calls are trained as ombudsmen in order to facilitate effective referrals to the program when appropriate.

- In **Montana**, the state unit on aging, area agencies on aging, and the Montana Board of Housing have collaborated to conduct an annual joint training for staff and volunteers in the information/referral & assistance (I/R&A) program, state health insurance assistance program (SHIP), state ombudsman program and reverse annuity mortgages (RAM) program. Each spring, these four programs work in partnership to conduct a re-certification training session. Several training sites around the state are selected so staff from each program can attend with minimal travel time. The two-day training includes an update on issues relevant to each program. While each program designs its own certification process, they each involve the other three programs in the curriculum. All four programs incorporate the other programs into their spring update training as well. Training on the ombudsman program provided to the other three programs includes information about the program and a protocol for when issues should be referred to the ombudsman program. Training participants have stated that bringing the programs

together helps them understand the bigger picture. The ombudsman program also provides training to the staff of the Advocacy Assistance Program (AAP) operated by the Governor's Office (see page 6 for a description of the AAP).

According to the assistant state ombudsman, many I&R/A staff wear multiple hats and may be certified as ombudsmen and/or SHIP volunteers and/or housing counselors in the RAM program. This is essential since Montana is a very rural state with area agencies on aging covering geographically large areas (one AAA has 17 counties) with limited staff. This efficiency born out of necessity cuts down on "windshield" time where program staff must travel long distances between clients or towns. One benefit is that ombudsmen and I&R/A staff are equally familiar with the other program. The assistant state ombudsman, John McCrea, states that the "outcome of these relationships has proven to be cost effective at both the state and local levels" and "has resulted in strong coalitions" working to meet the needs of consumers.

- In **North Dakota**, staff of the State Agency on Aging's toll-free Senior Information Line are trained as ombudsmen. The ombudsman program provides quarterly training to staff. This shared line is listed on posters in nursing homes as the number for residents and families to call in order to contact the Ombudsman Program. In addition, under a 2002 Robert Wood Johnson Advanced Care Planning grant, regional meetings between ombudsmen and I&R/A staff are regularly convened.
- **Rhode Island.** The I&R/A program invites the state ombudsman to speak about the program as part of the training provided to volunteer elder information specialists and community guardianship volunteers.

Coordination Elements - Questions to Consider

Ensuring residents and their families and caregivers easy access to advocacy assistance and information about long-term care services requires coordination among agencies in the aging network. **A coordinated system links consumers with the information and assistance they need in a timely manner.** While *The Long-Term Care Ombudsman Program: Guidelines for Educational Services* (Appendix A) paper developed by NASUA points out some of the essential elements for educating consumers, the questions below are designed to stimulate ombudsman programs' consideration about how linkages can be established with other programs to improve access to the program and long-term care information by consumers:

- Has the program attempted to identify barriers to access and directed resources toward eliminating or minimizing those barriers?
- Has the program identified and contacted information networks at the state and/or local level, including I&R/A programs and emerging 2-1-1 systems, to ensure these

programs know about the ombudsman program and when to refer people to the program?

- ❑ Is the program working with the I&R/A program to develop cross-training?
- ❑ Have referral protocols been developed with aging I&R/A programs?
- ❑ At the state level, has the program explored the possibility of linking with a central, statewide consumer information line to handle initial calls to the program?

Although not addressed in the survey, obtaining consumer input is an increasingly important component for ombudsman programs seeking to evaluate the program's effectiveness. A recent Ombudsman Program Outcome Measures Project, coordinated by NASUA under the National Ombudsman Resource Center, included the use of consumer satisfaction surveys and focus groups to examine program quality. Examples of consumer satisfaction surveys can be obtained from the National Ombudsman Resource Center. Given the growing recognition of the importance of consumer input in evaluating program quality, ombudsman program managers may wish to consider the following question as well:

- ❑ Does the ombudsman program follow up with consumers to determine whether the information or assistance they received from the program met their needs and expectations?

Confidentiality issues should be considered by ombudsman programs when participating in shared intake lines. Therefore, ombudsman program managers may wish to consider the following question:

- ❑ How will the identities of residents and complainants be protected if the ombudsman program shares an intake line with another program?

Summary

Ombudsman programs have increasingly devoted resources to enhancing consumer access to the program and providing information and assistance to help consumers choose among long-term care options. This Best Practices paper has presented examples of how some ombudsman programs have developed relationships with aging I&R/A programs in order to enhance consumer access to the program --- highlighting the benefits of shared resources and intake lines, the development of referral protocols, and cross-training and joint skill building.

Resources

The following resources, included in the Appendices, may be helpful to ombudsman programs seeking to enhance consumer access through education and coordination.

- Appendix A: The Long-Term Care Ombudsman Program: Guidelines for Educational Services. Draft document (NASUA, 1996).
- Appendix B: 2-1-1 --- The Emerging Access System for Community Services. (NASUA, 2003).
- Appendix C: Long Term Care Ombudsman and I&R Programs: Teaming Up for Success, Virginia Dize, Information & Referral Report, Vol. 5, No. 1 (March 1996).
- Appendix D: Vision 2010: Towards a Comprehensive Aging Information Resource System for the 21st Century. (NASUA, 1998).

APPENDIX A

The Long-Term Care Ombudsman Program:
Guidelines for Educational Services
(NASUA, 1996)
draft

APPENDIX B

2-1-1 --- The Emerging Access System for Community Services
(NASUA, 2003)

2-1-1—THE EMERGING ACCESS SYSTEM FOR COMMUNITY SERVICES

➤ *What Is It? How Does It Work?*

On July 21, 2000 the Federal Communications Commission (FCC) designated 2-1-1 as the abbreviated dialing code for consumer access to community health and human services information. Citizens across the country have come to depend on “911” for accessing emergency police and fire services and “411” for directory assistance. Establishing “2-1-1” as the number for universal access to community services and resources was a logical next step.

The development of 2-1-1 provides an important opportunity for communities to develop a “*system*” to coordinate and streamline access to the full range of information resources, thus ensuring consumers get to the right source of assistance, while reducing their confusion, frustration, and stress. Consumers dialing 2-1-1 reach a “call center,” operated by a community-based I&R/A. The call center I&R specialist identifies the problem or need, decides the most suitable I&R/A service for that individual, and then proceeds to either implement the normal I&R process or routes the consumer to the most appropriate specialty I&R (i.e., aging, child care resource and referral) or special purpose I&R (i.e., crisis hotline, mental health helpline, abuse line) for assistance. In addition, for those who want to contribute to the community through volunteerism, donations or civic participation, 211 facilitates involvement in the community.

➤ *What Is Happening Nationally?*

The FCC provided for a review of the extensiveness of the use of 2-1-1 at the end of five years, reserving the right to recall the number if it was not “adequately deployed.” At the beginning of 2002 just 6% of Americans could access a 2-1-1 service. At the end of 2002, there were 57 operating 2-1-1 call centers in 20 states, serving 51 million people or 18% of the population. In addition to the pending threat of recall of this valuable social utility, the convergence of a number of activities and trends highlighted below has contributed to the momentum reflected in this growth.

There has been and continues to be an emphasis among government at the federal, state and local levels to enhance consumer access to programs and services while maximizing efficiency. Consequently, the public sector has taken a strong leadership role in many states—both in the design and planning, as well as in the financing of the system. The Centers for Medicare and Medicaid acknowledged that Medicaid funds could be utilized to support 2-1-1 as an access mechanism for low-income persons. Connecticut’s statewide 2-1-1 system clearly demonstrated its effectiveness in providing support and assistance to the state’s victims and their families in the aftermath of the terrorism attack in New York. Its success drew the attention of the U.S. Congress and contributed to the inclusion of 2-1-1 as an allowable cost under the *Public Health Security and Bioterrorism Act* signed into law in June, 2002.

Many state governments have made substantial commitment to 2-1-1. Some states have established statewide planning committees or task forces on 2-1-1 to ensure appropriate statewide planning and roll-out, including coverage of rural communities. In many areas, state government has been instrumental in financing 2-1-1 utilizing public funds from state general revenue, Federal Financial Participation, TANF, Social Service Block Grant, Maternal Child Health Block Grant, Mental Health and Substance Abuse, and Housing and Urban Development, to name a few. Some states are using 2-1-1 to fulfill federal or state legislative mandates, while other states are supporting 2-1-1 to fulfill administrative initiatives including E-government strategies.

Significant promotional and educational efforts have been underway for the last two years, as well. The Alliance of Information and Referral systems (AIRS) has established 2-1-1 Training Institutes to educate 2-1-1 providers at various levels of systems development. It has taken a strong leadership role in the use of telephony or Voice Over Internet Protocol (IP) technology. Importantly, AIRS also has the essential 2-1-1 quality assurance mechanisms in place—including operational standards, staff certification, and program accreditation. United Way of America has served as the ongoing liaison to the FCC and focused on developing a national communications strategy including a 2-1-1 logo. The National 2-1-1 Coalition, comprised of many national associations whose members are involved in the provision of I&R/A, has addressed the development of internal policy statements on 2-1-1 for the respective organizations and educating the members about how to get involved at the state or local level in 2-1-1 planning and development. With a grant from the Annie E. Casey Foundation, NASUA has focused on involving the public sector in supporting the development of 2-1-1 systems at the federal, state, and local levels. NASUA also convened and hosted for the National 2-1-1 Coalition the first *Washington Briefing* to familiarize federal officials, Congressional staff and national associations with 2-1-1. The Administration on Aging, a member of the Coalition, has taken a leadership role in facilitating the interest of other operating agencies within the U.S. Department of Health and Human Services in 2-1-1 and, among other activities, has sponsored national teleconferences for the Regional Offices. And last but not least, the widespread distribution of the Brookings Institution and The Urban Institute research brief, *Calling 211: Enhancing the Washington Region's Safety Net After 9/11*, lent ever further visibility and credibility to the development of 2-1-1 systems.

2-1-1 systems have evolved a variety of relationships with aging information and referral/assistance services. In some locations the aging I&R/A is serving as the 2-1-1 call center, such as in Texas where nine of the state's twenty-five call centers are or will be operated by aging I&R/As. The most common model, however, is one in which there is a memorandum of understanding between the AAA and the 2-1-1 call center on how aging-related calls are to be handled. These arrangements vary—ranging from routing all aging calls to the AAA's I&R/A to the 2-1-1 call center handling general informational calls but routing the caller to the AAA for more in-depth assistance; some MOUs are very general while others are highly detailed; and some AAA contract with the 2-1-1 for evening and weekend coverage.

It is important that long-term care ombudsmen, as well as other aging network professionals, be aware of the status of 2-1-1 in communities across the state. The ombudsman needs to understand the local 2-1-1 implementation model and the relationship of the 2-1-1 call center to the AAA and its I&R/A services in the area. Ombudsmen may wish to work with the AAA to determine the most suitable referral protocol to the ombudsman program within the context of the overall system of interface with the 2-1-1 call center. Among others, considerations may include routine complaints versus emergency abuse situations and regular business hours versus evening and weekend coverage.

Since the goal of the national organizations involved in 2-1-1 development is to achieve 50% coverage of the population by 2005, the current momentum for establishment of 2-1-1 is expected to continue. It is, therefore, incumbent on ombudsman to collaborate with the State Units on Aging and/or the Area Agencies on Aging to ensure that the emerging 2-1-1 system effectively serves older persons and their families seeking to access the ombudsman program.

APPENDIX C

Long Term Care Ombudsman and I&R Programs: Teaming Up for Success

Virginia Dize

Information & Referral Report, Vol. 5, No. 1 (March 1996)

LONG TERM CARE OMBUDSMAN AND I&R PROGRAMS: TEAMING UP FOR SUCCESS!

by Virginia Dize, Senior Program Associate
National Long Term Care Ombudsman Resource Center

You probably know that the Long Term Care Ombudsman (LTCO) Program investigates and resolves complaints about nursing homes and board and care. But did you know that Ombudsmen also provide information to older persons and their families when they're looking for long term care? Ombudsmen answer some of the same kinds of questions that come to *I&R/As*:

- How can I find a "good" nursing home?
- I'm looking for a facility that's more homelike than a nursing home. What's available in my community?
- Is financial help available to pay for long term care?
- How do I qualify for Medicaid?

Ombudsmen know a lot about long term care facilities. In addition to investigating complaints, Ombudsman volunteers make frequent visits to the homes in their jurisdiction to meet with residents. They can tell consumers whether there have been verified complaints against a particular home, and whether the licensing agency found any problems during their inspection. LTCOs usually have brochures or checklists which give consumers advice on what to look for when choosing a nursing home or another type of long term care facility. As a matter of fact, a recent article in *Consumer Reports*, August 1995 found Ombudsmen gave the "best advice" to those looking for nursing home care for an older relative.

What should *I&R/As* do to ensure that consumers who come to them for information about long term care get the best and most complete answer to their questions? Here are a few suggestions.

1. **Start a dialogue** with the Ombudsman. How does the L TCO handle consumer information requests? Make sure the L TCO knows about the *I&R/A*'s services.
2. **Publications.** Find out if the LTCO has brochures or checklists for consumers on choosing a nursing home or other long term care facility. Can the *I&R/A* get copies to give directly to consumers?
3. **Complaint information.** Find out what kind of information consumers can get from the LTCO about complaints made against particular long term care facilities.
4. **Referrals.** Decide when it is appropriate for the *I&R/A* to make a referral to the L TCO and when the Ombudsman should refer callers to the *I&R/A*. Agree on emergency procedures to handle situations in which abuse may be involved.

5. **Training.** Invite each other to training, especially on new issues such as assisted living, outcome measures, or information systems. Training also provides an opportunity for service updates on topics like residents' rights.

6. **Coalition building.** Join together in a coalition for elder rights to address a particular issue such as problems consumers have finding a nursing home that accepts Medicaid or the lack of alternatives to nursing home care in the community.

7. **Touch base** from time-to-time to make sure that both the LTCO and the I&R/A have up-to-date information about each other's resources.

APPENDIX D

Vision 2010:
Towards a Comprehensive Aging Information
Resource System for the 21st Century
(NASUA, 1998)

Vision 2010: Toward a Comprehensive Aging Information Resource System for the 21st Century

Introduction

Over the past twenty years, our society has witnessed a dramatic expansion in the scope and diversity of products, services, and technologies available to its citizens. This ever-growing market basket of options offers opportunity for selections responsive to the needs, interests, and preferences of individual consumers. Successful negotiation of this maze of choices, however, demands a more informed and empowered consumer.

Today, older Americans and their families face a complicated array of choices and decisions about their health care, income security, insurance, housing, financial management, and long term care. Changing benefits in public programs and an expansion of private sector services contribute to this confusing consumer climate. The following examples illustrate the circumstances confronting older adults and their families.

Health Care. Nowhere is the confusion more evident than in the area of health care. Older persons are increasingly faced with difficult choices in a number of areas, including employer insurance coverage, Medigap and other supplemental coverage, new options in Medicaid, and payment for prescription medications. Perhaps most notably, as the Medicare program progressively reshapes its benefits package, beneficiaries will need to weigh the value of traditional fee-for-service coverage against a bewildering array of new managed care options.

Economic Security. Evidence suggests that older Americans in the 21st century will have to become more involved in managing their retirement incomes and, consequently, will need sound advice.

Consumer fraud directed towards the elderly is a growing concern. The prospect for Social Security reform is likely, while at the same time, private and public pension plans are becoming more complex. In addition, many older persons will need or want to pursue options for continued employment.

Housing. For older adults, who share a universal desire to continue to live independently in their own homes, housing is another major concern. Accessing information about the broad array of housing options often requires multiple contacts. Subsidized housing can

be scarce. Those with greater means often struggle to understand the range of available independent, congregate, and supportive living options. Aggressive sales tactics in an increasingly competitive senior housing market leave many consumers overwhelmed.

Long Term Care. The prospect and high price tag of long term care concerns many older persons, especially those living on limited incomes. To help with the daily tasks of living, many older persons and their families need sound advice in evaluating the level of assistance required, options for receiving care in their home, community or institutional setting, and criteria for selecting quality care providers.

Assisted living is a burgeoning new option that is not as closely regulated as the nursing home industry. Older persons who can no longer live on their own, but are not frail enough to require a nursing home, need assistance and support in selecting appropriate care settings and services.

Whether planning for the future or actually confronting the imminent need for long term care, older consumers and their families need help in figuring out ways to finance and access care.

The Older Americans Act Information Network Today

The Older Americans Act (OAA) network is unique in its ability to educate and empower millions of older persons and their families. For over 35 years, it has worked hard to establish the substantial credibility it currently enjoys as a source of accurate, unbiased information and assistance. Since 1965, the aging network has developed a wide range of programs that provide information, counseling, education, and advocacy. Some of these include:

Information and Referral/Assistance. Often the first point of contact, the 2,500 state and local I&R/A services across the country screen consumers and caregivers and link them with available and suitable resources to meet their needs. Over 13 million direct calls for assistance are answered each year, with over 2 million additional older persons and family caregivers contacted through proactive outreach.

Eldercare Locator. This is a nation-wide toll-free directory service designed to link callers with the best source of information about programs, resources, and services in the community where the older person lives.

National Family Caregiver Support Program. Established under of the 2000 Amendments to the OAA, this program provides five categories of services to assist family members caring for older persons: information about services; assistance with accessing services; individual counseling, organization of support groups, and caregiver training; respite care; and supplemental services on a limited basis.

State Health Insurance Information, Counseling, and Assistance. This program responds to an array of private and public health insurance concerns. Professional and

volunteer counselors are available by phone and at various community sites such as senior centers, Social Security offices, and hospitals. On a national scale, the value of this program is evident in the over 5 million older persons it has served across the country.

Case Management. Professional case managers — who conduct initial assessments, develop care plans, and coordinate and monitor services — provide individualized counseling and assistance to older persons and their families on a variety of topics. In FY 1998, the OAA alone was responsible for bringing over 2.8 million hours of case management services to nearly 385,000 frail older persons.

State Long Term Care Ombudsman. Operated by State Agencies on Aging, this program investigates and resolves complaints related to residents of long term care facilities, educates residents and their families about rights and benefits, provides consultation to individuals, (most often about financing and selecting among long term care alternatives), and advocates for improvements in the care system.

Legal Services. This program offers education, advice, counseling, and legal intervention on a broad range of issues, such as public benefits, health care, financial exploitation, landlord-tenant problems, advance medical directives, and guardianship. It provides over 1 million hours of legal counseling and assistance each year. State legal hotlines add to these numbers.

Elder Abuse & Adult Protective Services.

Designed to educate communities on how to recognize and report abuse, neglect, and exploitation, these programs provide public education, training, toll-free reporting numbers, and skilled professionals who investigate, assess risk, and develop service plans for abused older adults and potential victims.

Nutrition Program. Providing nutritious meals, socialization, and health-related education and counseling, this program offers both congregate and home-delivered meals. The congregate program serves over 2 million older persons each year; and the home-delivered program serves another 1 million. Because these programs are in regular, often daily, contact with older persons, they are frequently the first place participants turn for assistance.

Senior Centers. The 6,000 + senior centers across the nation are often a community focal point for activities for older adults, offering educational programs covering a wide range of issues and linking older persons to other resources. As a result of regular contact, older persons often turn to the senior center for advice.

Pension Counseling Projects. These projects educate older workers and retirees about pension essentials and rights, help resolve pension problems and disputes, and link older persons to benefits and services for which they qualify.

Future Trends and Their Implications

We can identify today with a fair degree of reliability many significant characteristics of the environment in which tomorrow's consumer information and assistance programs will operate. Some key elements of this environment are explained below.

- **An escalating population of elders.**
From 35.3 million in 2000, the number will grow to 40 million in 2010 and to 53.3 million in 2020. These sheer numbers alone will severely strain and perhaps overload the capacity of current aging information programs. Assuming an increase in I&R/A contacts proportionate to population growth, by 2020 information and assistance calls could nearly double to 20 million requests each year.
- **A rise in the overall level of education of the elderly, yet many elders remain under-schooled.**
In 1994, 45% of Americans between the ages of 65 and 74, and 35% of those 75 and older, had at least one year of college education. Yet, almost five percent of the elderly had less than 5 years of schooling. While consumer information and assistance programs will need to be prepared to serve better educated consumers seeking more sophisticated information, they cannot overlook the importance of services and outreach to the less educated.
- **A more ethnically and culturally diverse population of older Americans.**
By 2020, approximately 22% of all elderly will belong to a minority group, up from 14% in 1990. Consumer information programs will not be able to ignore this demographic shift in the ethnic and racial composition of older Americans. Among other things, outreach strategies will have to be adapted to appeal to this diverse population. The number of elderly who have difficulty speaking English is likely to increase as younger immigrants continue to bring their elderly parents to this country and as immigrants already here continue to age. The multilingual capabilities and cultural sensitivities of many consumer information programs will have to be enhanced.
- **Increasing improvements in and expanded utilization of technology.**
Computerization of work functions will continue to grow, and the prevalence and use of personal computers at home will increase. To provide the most effective and efficient service, consumer information programs will need to improve their technological capabilities. They will also want to capitalize on the ability of the Internet to economically serve seniors and their families.
- **Stagnant growth of fiscal resources.**
The stagnation of fiscal resources for social services is illustrated by the funding of Title III of the Older Americans Act. The relative value of funding for Title III declined by slightly more than 50% between 1973 and 1995. To do more with less, consumer information programs will be forced to take advantage of the efficiencies of

technology. Limited funds from public sources may also stimulate them to seek partnerships with the private sector.

- **A greater diversity of choices and decisions facing seniors.** Medicare and other government benefit programs will continue to undergo modifications. In response to new ideas and opportunities to fill in gaps left by government, the private sector will continue to develop new services. The development of assisted living is a case in point. This increased diversity of choices will place an even greater decision-making burden on seniors and their families and make the consumer information programs all the more needed.

Policy and Program Challenges

The increasingly complex environment— for both consumers and information and assistance programs—suggests that the aging network faces a variety of challenges in successfully meeting the needs of the increasing numbers and diversity of the older population and their caregivers in the 21st century.

➤ TECHNOLOGY

An aging information resource system's ability to transform the large body of available information into knowledge inevitably relies on the use of computer databases and Internet technology.

Current trends suggest that the technological capacities of State and Area Agency on Aging information services are at widely different stages. Some states are well along in the development of computer systems that integrate client tracking, case management, I&R/A, and record-keeping functions or that link I&R programs and databases. Information programs in other places lag behind.

A major obstacle to disseminating information and new knowledge at any scale is the failure to adopt a common taxonomy of human services. Although the AIRS/Infoline Taxonomy of Human Services has been widely endorsed and promoted, its implementation is far from universal.

On-line services are a cost-effective way to convey basic consumer information to large numbers of people, especially long distance caregivers. Greater reliance on this mode of transmitting information will help free 21st century information providers to give attention to higher level assistance, such as counseling.

The Administration on Aging and most State Units on Aging have World Wide Web sites, and a growing number of the Area Agencies on Aging have gone on-line as well. The usefulness of the Web sites varies, but progress is being made in becoming more consumer friendly and rich in content.

Sophisticated information technology needed to facilitate one-stop shopping for consumers is readily available. Navigating through the landscape of sources of information requires considerable consumer knowledge. The Administration on Aging has taken the first step in facilitating consumer access by developing lists of Web sites for various aging topics with direct links to the sites, as well as making the Eldercare Locator

database available on-line. The challenge facing aging information and assistance programs is determining how to take full advantage of the technology.

➤ **FINANCIAL RESOURCES**

Financial investments in aging information resource systems have not kept pace with increasing knowledge. With the Internet's emergence as an information superhighway and the enormous growth in the older population, the demand for information is rising. In FY 1998, about \$79 million was spent on the I&R/A program — the point of consumer contact in the OAA network which has the most extensive reach.

Insufficient resources impede the goal of proactively meeting consumer needs for information. Twenty-first century aging information resource systems must have adequate funding to meet the new consumer demands that will be imposed.

➤ **HUMAN CAPITAL**

The effectiveness of an information resource system depends in large measure on an adequate level of staffing and on the capacities of both paid and volunteer staff. To empower consumers, as well as to serve as effective advocates, personnel must have advanced communication skills, technological expertise, and the ability to integrate and customize resource information.

Sufficient numbers and skill levels of personnel will be influenced by the degree of investment of financial resources in training and development, as well as by the increased professionalism of the information and assistance field. While the practice of certifying personnel and accrediting programs is in the early stages of acceptance, there are indications that these are effective methods for enhancing the capacity of the workforce and improving the quality of service.

➤ **DIVERSITY**

Mirroring the general population, the cultural and ethnic diversity of the 21st century's older population will be greater than ever before. By 2020, approximately 22 percent of all older persons will belong to a minority group, with Hispanics constituting the largest segment.

More than one million older adults currently report that they have difficulty with English, and this number is expected to continue to increase. In spite of the rise in the overall educational attainment of the older population, a small but significant portion lacks essential literacy skills. Special efforts will be needed to ensure access to emerging technologies and to educate consumers on how to use them to overcome social and geographic isolation.

The challenge in the foreseeable future is to discover and fully understand the diversity of needs of older persons and their families and then to ensure that those needs are met in a culturally competent and sensitive fashion.

➤ **QUALITY**

Enhancing the quality of information and assistance services requires a better understanding of what makes information appropriate and useful to older consumers and their families.

Public health disciplines have extensively studied patient education; however, with the exception of a few studies on the role of information in consumer selection of managed care, little applied research exists on consumer education principles and approaches for reaching older persons and their families. At the same time, research and the development of outcome measures for consumer education and empowerment remains to be done.

Recently, the Administration on Aging-funded National I&R Support Center adopted the Standards developed by the Alliance for Information and Referral Systems—the professional association for I&R personnel. The standards are intended to serve as a benchmark and guide against which aging I&R/As can assess the quality of their service. A few states have also established their own standards.

Enhancing the quality and fullness of information services in the 21st century will require re-examination of existing standards and modification in terms of appropriateness and applicability to both specific information programs and the comprehensive information resource system.

➤ **PARTNERSHIPS**

Public and private sector collaborations and partnerships can prove an effective way to partially compensate for continued level funding from the OAA and can enrich the content and capacity of an aging information resource system.

Aging network agencies have a long history of building partnerships with other public entities, private non-profits, and the business community. Applying this partnership expertise towards the full realization of an information resource system for the 21st century will be critical to success. Further, developing partnership guidelines that ensure open and equitable access for all older persons to the information resource system is essential.

➤ **KNOWLEDGE BUILDING**

Information and assistance services collect significant amounts of information about the needs, interests, priorities, and emerging problems of older persons and their families — information potentially useful to the broader aging network, as well as policymakers.

However, only a few State and Area Agencies on Aging currently have fully integrated the information available through all information and assistance programs.

The challenge and opportunity will be to effectively harness the capacity of the entire information resource system to generate data and information useful for planning, improving aging services, anticipating future problems, and training front line personnel. Information and assistance programs are well positioned to share best practice models and generate new knowledge valuable to professionals and policymakers.

The Vision

A fully integrated system linking the extraordinary breadth of consumer information available today is vital to empowering older Americans.

To ensure that consumers have access to all the information needed to make informed decisions, the Older Americans Act information system of the 21st century will have to re-conceptualize those information and assistance models that have driven them in the past.

Knowledge is accelerating at a remarkably fast pace. If we are truly going to encourage consumers to act more effectively in their own behalf, information resource systems will need to find ways to better harness and share the collective knowledge base that we have.

NASUA envisions that the Older Americans Act information and resource system will be easily and universally accessible, the best and most comprehensive source of information for older Americans, their families, and the public. This will be achieved by:

- ◆ **LEADERSHIP**—With the Older Americans Act network at the national, state and local levels taking a proactive role in responding to increases in demand for information and related services

- ◆ **COMPREHENSIVENESS**—So that the aging information resource system becomes, in essence, a one-stop shopping source for consumers.

- ◆ **RESPONSIVENESS**—To better serve the diverse population of older consumers and their families by attending to the wide range of special needs and interests they represent

- ◆ **INTEGRATION**—Establishing linkages with programs in aging, health and educational institutions, state and community service agencies, the federal government, and business to promote seamless information delivery

- ◆ **ADEQUATE FUNDING**—With increases commensurate to increasing needs and demands for services by a growing number of older persons and their families

- ◆ **SKILLED PERSONNEL**—Sufficient in number, to meet the anticipated number of requests for information and to provide counseling, decision-support, and advocacy assistance appropriate for empowering consumers

- ◆ **TECHNOLOGY**—To maximize communication and reach greater numbers of user audiences cost-effectively

- ◆ **MARKETING**—To ensure that older persons and their families across America have an understanding of and access to the information resource system

A Call-to-Action

NASUA calls upon the Aging Network to:

- ▶ Assume a strong leadership role in promoting the current Older Americans Act information and assistance programs as the essential foundation upon which to build a comprehensive and coordinated aging resource system to address the needs of older consumers and their family caregivers in the next century.

- ▶ Develop consensus among key national, state and local stakeholders on the vision for a national aging information resource system.

- ▶ Promote the vision with the full range of public and private organizations using the wide range of outreach and media resources available to the aging network.

- ▶ Advocate for legislative and/or regulatory policies that facilitate the development of the envisioned system.

- ▶ Establish as a state and local priority the development of such a system with the goal of achieving one-stop shopping for older consumers and their families.

- ▶ Develop multi-year strategic plans, including the identification of key design options, operational features, and transition issues for implementing such a system.

- ▶ Secure new resources and re-align existing funding to achieve a comprehensive and coordinated system.

- ▶ Enhance capabilities of aging information programs to meet the needs of racially, culturally, ethnically, and geographically diverse groups of older consumers and their families.

- ▶ Take full advantage of available technologies to maximize both information systems management and consumer access to information resources.

- ▶ Ensure an adequate complement of staff with the necessary general and specialized expertise and promote their continued development through regular and progressive levels of training.

The approach each state will take to achieve a comprehensive and coordinated system for consumer-centered information, education and assistance will vary according to its needs, current structures, and prevailing customs. NASUA recognizes the complexity of this undertaking and the need for partnerships among a wide and diverse group of agencies and organizations to advance the development of information resource systems. NASUA commits itself to this important partnership in meeting the challenges in developing national, state, and community strategies to address the information, education, counseling and assistance needs of older persons and their families in the 21st century.