

**Obtaining Medicaid Funding For  
The Long Term Care Ombudsman Program:**

**The Experience Of Eight States**

Prepared by National Association of State Units on Aging

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Ombudsman Resource Center**

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### **About the Author**

Mark C. Miller, MEd, Elder Rights Program Associate and Ombudsman Center staff at NASUA, worked in the Ombudsman Program for 15 years. He has served as both a local Ombudsman and most recently as a State Long Term Care Ombudsman for eight and one-half years. Loretta Williams, Senior Program Associate, NASUA, reviewed the Medicaid requirements section of this paper and provided valuable information concerning Medicaid administrative activities.

NASUA is a private, nonprofit organization whose membership is comprised of the 57 state and territorial offices on aging.

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# **OBTAINING MEDICAID FUNDING FOR THE LONG TERM CARE OMBUDSMAN PROGRAM: THE EXPERIENCE OF EIGHT STATES**

## **Introduction**

Inadequate funding is often cited as one of the primary challenges facing the Long Term Care Ombudsman Program nationwide. As the challenges facing the program have grown, the program's resources have not always kept pace. The *FY 1998 Long Term Care Ombudsman Report*, compiled by the Administration on Aging, indicates that the program had relatively level funding from 1996 to 1998.<sup>1</sup> The welcome increase of \$1 million in federal funding for FY 2000 however still falls short of the program's needs.

Identifying new funding sources continues to be a major discussion topic at meetings of the National Association of State Long Term Care Ombudsman Programs (NASOP), held in conjunction with the annual National Ombudsman Training Conference. Since so many of the consumers served by the Ombudsman Program are Medicaid recipients, Ombudsmen have expressed strong interest in finding out how to tap into Medicaid as a source of support for the program.

Five programs have received Medicaid support for many years (Delaware, Maine, New Jersey, Oregon and Washington), but this information has not been widely shared. In the past three years, the South Carolina (1998), New Hampshire (1999) and Wisconsin (1999) Ombudsman Programs began receiving Medicaid funds.

One state -- Georgia -- received Medicaid funds through the state's Indigent Care Trust Fund (ICTF) until 1998. At that time, an equal amount of state funding was made available to the program as a substitute for the funds previously received from the ICTF.

Beginning in 2001, the Oklahoma Ombudsman Program will receive funds under a newly enacted "Quality Assurance Fee" to be collected from nursing homes based on 4% of their gross receipts. The funds collected by the state will be used as match for drawing down additional Medicaid funds. The Ombudsman Program will receive a portion of the total funding but the requirements for reporting and the amount of funds which will be provided have not yet been determined.

The intent of this paper is to provide basic information about those programs which are currently receiving Medicaid funding, including: the process by which programs document their service to Medicaid recipients; the amount of funding received or the percentage of their budget supported by Medicaid funds; which entities contract with the Medicaid Agency; and how the funds are used. Since some of these Ombudsman Programs have only been receiving Medicaid funds for a short time, their experience is limited. Therefore, we have not attempted to collect information on

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<sup>1</sup> FY 1998 is the most recent year for which national data is available.

particular problems associated with obtaining or retaining Medicaid funds, nor have we examined the possibility of using Medicaid funds to support such activities as resident council development or home care. Such issues are beyond the scope of this paper, but may need to be explored further in the future. We hope the information currently presented will foster interest and discussion between Ombudsmen and State Aging Directors so more states might utilize Medicaid as a source of funding for the program.

The experience of the eight state Ombudsman Programs that currently receive Medicaid funding -- Delaware, Maine, New Hampshire, New Jersey, Oregon, South Carolina, Washington and Wisconsin -- is briefly described. This information is based on interviews with State Ombudsmen and State Aging staff. Also included is a survey of *Sources of Funding Support for State Long Term Care Ombudsman Programs* conducted by NASUA at the request of the National Association of State Long Term Care Ombudsman Programs (NASOP) in the fall of 2000. A compilation of the survey responses is presented in Appendix A.

## **General requirements for obtaining Medicaid funds<sup>2</sup>**

State Medicaid Agencies may claim federal Medicaid funds for activities which further the "proper and efficient" administration of the state plan, that is, for expenses related to providing approved services to Medicaid-eligible recipients. Medicaid administrative activities include: **outreach activities** undertaken to identify and enroll Medicaid beneficiaries; **quality assurance**; **automated data systems**; and **hotlines** to provide recipients with information about services or to handle complaints.

Clearly, many Ombudsman Programs provide services to Medicaid recipients who reside in nursing facilities and other long term care facilities which may be considered appropriate for Medicaid administrative funds. The Ombudsman Program's primary responsibility to ensure long term care residents' quality of life and quality of care through complaint investigation and resolution, along with educational activities aimed at Medicaid fraud and abuse prevention, and presentations to nursing facility staff, residents, families, and the community concerning abuse and neglect identification, reporting and prevention, may all be considered activities which support the administration of the Medicaid state plan.

The state does not have to link specific activities to Medicaid eligible individuals in order to claim federal Medicaid funds. However, the state must calculate the administrative costs of a particular service, such as the Ombudsman Program, which can reasonably be attributed to Medicaid. In other words, the state must be able to estimate the percentage of all individuals served by the Ombudsman program who are Medicaid recipients accessing Medicaid services.

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<sup>2</sup> Summary information on Medicaid was provided by Loretta Williams, Senior Program Associate, National Association of State Units on Aging.

Clearly, more states may wish to explore this option to supplement their Ombudsman Program's funding, especially since the majority of the long term care facility residents the Program serves are likely to be Medicaid recipients. Nationally, 70% of nursing facility residents are Medicaid recipients.<sup>3</sup> Even when an Ombudsman is conducting complaint resolution activities for a nursing facility resident who is not a Medicaid beneficiary, often the resulting resolution benefits a larger group of residents, including those receiving Medicaid.

## **Points to consider**

As consumer and provider demand for Ombudsman services continues to increase, State Ombudsmen and State Aging Directors will need to explore additional funding options to support the program. Medicaid funds should be given serious consideration as a potential source of program support. However, Ombudsmen need to be mindful that while Medicaid can be a significant source of funding, obtaining these funds presents significant challenges.

Ombudsmen who want to obtain Medicaid funds to support their program should take the following issues into consideration.

- Before considering using Medicaid funds to support the Ombudsman Program, the state must first of all have sufficient non-federal funds that can be used to draw down federal Medicaid dollars.
- HCFA policy strongly suggests the necessity of obtaining prior HCFA approval for the formula the State Medicaid Agency will use to reimburse the Ombudsman Program.
- Although states are not required to link specific activities to Medicaid eligible individuals in order to obtain federal match, Ombudsman Programs that can document the connection between their activities and Medicaid recipients are in a better position to obtain Medicaid funds. The Ombudsman may need to agree to perform specific functions for Medicaid recipients (e.g., the New Jersey LTCOP investigates abuse, poor patient care and exploitation complaints; the Wisconsin LTCOP does direct client advocacy and makes presentations for nursing facility residents and staff).
- In states where the Ombudsman Program has obtained Medicaid funding an agreement has been negotiated with the Medicaid Agency by the State Unit on Aging or directly by the Long Term Care Ombudsman Program (i.e., Wisconsin).
- The agreement with the Medicaid Agency should specify: (1) the specific services the program will provide to Medicaid recipients; and (2) program reporting requirements.

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<sup>3</sup> From AAHSA, Nursing Home Statistical Year Book 1999, cited in Across the States: Profiles of Long Term Care Systems 2000, 4<sup>th</sup> Edition. AARP, 2000.

- The Ombudsman Program will need to develop a mechanism for tracking its services to Medicaid recipients in order to be able to report required information to the Medicaid Agency.
- The funds available from Medicaid may cover all or part of the costs the program incurs from serving Medicaid recipients.

## State Summaries

### Delaware

Contact: Tim Hoyle, State Ombudsman, (302) 577-4791; email: [thoyle@state.de.us](mailto:thoyle@state.de.us)

Delaware's Ombudsman Program has received Medicaid funding since 1990. A memorandum of understanding between the Division of Services for Aging and Adults with Physical Disabilities (the agency which operates the Ombudsman Program) and the Division of Social Services-Medicaid Agency, requires the State Long Term Care Ombudsman Program to:

- Provide services to residents of long-term care facilities (nursing homes and adult foster care);
- Determine costs of the Ombudsman Program payable by Medicaid using the approved methodology (approved by HCFA 8/28/90);
- Submit reimbursement statements to Medicaid by July 1<sup>st</sup> of each year;
- Maintain appropriate fiscal records; and
- Designate a staff person to serve as a liaison with the State Medicaid Agency.

The amount received by the Delaware Ombudsman Program varies from year-to-year, based primarily on the number of complaints handled for residents of nursing homes and adult foster care homes, who are Medicaid recipients. The percentage of Medicaid certified nursing home beds plus the percentage of Medicaid patients per "all bed days" in adult foster care is multiplied by the percentage of Ombudsman complaints from each of these types of facilities. The result is then halved to obtain the amount which will be reimbursed by Medicaid.

The program received \$28,837 in FY 1996, \$28,678 in FY 1997, and \$44,000 in FY 1998. The significant increase in FY 1998 was due to a technical change in the definition of an abuse case resulting in an increase in the number of cases handled. Since the Ombudsman Program no longer takes the lead on abuse, neglect and financial exploitation cases, the numbers have declined. The Ombudsman Program has used the Medicaid funds it has received for developing and enhancing its data collection efforts.

## **Maine**

**Contact:** Brenda Gallant, State Ombudsman, (207) 621-1079, email: [bgallant@maineombudsman.org](mailto:bgallant@maineombudsman.org); Shane Beckim, LTC Ombudsman Program, (207) 621-1079; email: [sbeckim@maineombudsman.org](mailto:sbeckim@maineombudsman.org)

Maine has been using Medicaid funds to support its Long-Term Care Ombudsman program for about five years (since 1995). The program serves thousands of long-term care residents each year, approximately 80% of whom are Medicaid recipients. The Maine Long Term Care Ombudsman Program (MLTCOP) annually negotiates an agreement with the Bureau of Elder and Adult Services (BEAS), which reimburses the program on a quarterly basis for the Medicaid consumers which the Ombudsman Program serves.

The total allowable costs for Medicaid reimbursement may change from year-to-year based on the terms of the agreement, and the elements used to determine the calculation (e.g., time spent on direct services such as complaint handling, and information and assistance). The amount obtained from this calculation is multiplied by the percent of Medicaid consumers served by the Program. Roughly half of that amount is then presented to BEAS, which pays one quarter of the agreed upon amount at the end of each quarter. The Ombudsman program prepares a quarterly report for BEAS identifying the number of Medicaid consumers served. Medicaid funding accounts for approximately 33% of the Ombudsman Program's budget in Maine.

## **New Hampshire**

**Contact:** Judith Griffin, State Ombudsman, (603) 271-4375, email: [jgriffin@dhhs.state.nh.us](mailto:jgriffin@dhhs.state.nh.us); Jim Fredyma, NH Dept. of Health and Human Services, (603) 271-4333; email: [jfredyma@dhhs.state.nh.us](mailto:jfredyma@dhhs.state.nh.us)

New Hampshire began receiving federal funds under Medicaid (Title XIX) for the Long Term Care Ombudsman Program in September 1999. Since the Long Term Care Ombudsman Program is located within the New Hampshire Department of Health and Human Services, the method of funds recovery is done quarterly through the Department's federally approved cost allocation plan. Costs applicable to the Ombudsman Program are claimed on the Title XIX expenditure report filed quarterly. The Ombudsman Program recovered \$148,000 from Title XIX in FFY 2000, representing about 27.6% of the total budget.

## **New Jersey**

**Contact:** William Isele, State Ombudsman, (609) 588-3614; email: [wisele@doh.state.nj.us](mailto:wisele@doh.state.nj.us)

The New Jersey Ombudsman Program has been utilizing Medicaid funds to supplement its budget since 1991. Through an interagency agreement between the State Medicaid Program and the State Unit on Aging, which houses the State Long Term Care

Ombudsman Program, the Ombudsman Program is reimbursed for the administrative costs of serving Medicaid residents in the state's nursing homes.

The agreement requires the Office of the Ombudsman to:

- Investigate complaints of suspected abuse, poor patient care or exploitation;
- Investigate complaints referred by the Medicaid Program regarding quality of care or issues about a facility's structure;
- Report to the Medicaid Agency all cases under investigation that involve Medicaid residents or Medicaid facilities; and
- Provide quarterly reports on the cost of providing advocacy services to Medicaid beneficiaries who are residents or clients of health care facilities.

In return, the Medicaid Program agrees to:

- Participate in on-site investigations initiated by the Ombudsman Program and provide information from Medicaid files relevant to the cases being investigated; and
- Submit claims for federal reimbursement for the cost of Ombudsman activities on behalf of Medicaid nursing home residents and assist the Ombudsman Program in maximizing federal reimbursement for the cost of allowable services.

The Ombudsman Office maintains records on the number of Medicaid residents the program serves through its complaint resolution activities. A field in the program's data base indicates whether a resident receives Medicaid or resides in a Medicaid licensed facility. The reimbursement rate is calculated by finding the percentage of Medicaid clients served out of the total number of cases handled each quarter. The program is reimbursed for that same percentage of its administrative costs.

Example: The Ombudsman Program handled 400 cases involving Medicaid recipients out of 750 total cases; therefore, 53% of the program's cases involved Medicaid recipients and the program receives reimbursement for 53% of its administrative costs.

## **Oregon**

**Contact: Meredith A. Cote, State Ombudsman, (503) 378-6533, email: [meredith.cote@state.or.us](mailto:meredith.cote@state.or.us);  
Pat Gillespie, (503) 945-5815; email: [pat.gillespie@state.or.us](mailto:pat.gillespie@state.or.us)**

The Oregon Ombudsman Program has been receiving Medicaid funding for more than 13 years (since 1987). In Oregon, there is a contract between the State Long Term Care Ombudsman Program (located in an independent state agency) and the State Unit on Aging, located in the Senior and Disabled Services Division. The Senior and Disabled Services Division also administers the Medicaid Program. Medicaid funds are made

available to the Ombudsman Program specifically to provide elder abuse protection and outreach services to Medicaid recipients in long term care facilities.

The Ombudsman Program is reimbursed through a 50/50 match of federal and state Medicaid funds for its administrative costs, based on the percentage of residents the Ombudsman Program serves who are Medicaid beneficiaries, including residents of both nursing facilities and adult foster homes. The Program documents the number of Medicaid recipients served, and reports this information to the State Medicaid Agency on an annual basis. The budget is recalculated once every two years as part of the state's biennium budget process.

### **South Carolina**

**Contact:** Jon Cook, State Ombudsman, (803) 898-2580; email: [cook@dhhs.state.sc.us](mailto:cook@dhhs.state.sc.us)

In 1998, the South Carolina Ombudsman Program began an effort to increase Ombudsman staffing levels up to an average of one Ombudsman for every 2,000 long term care beds (including both nursing homes and assisted living facilities) as recommended by the Institute of Medicine. With the goal of increased staffing in mind, the Ombudsman and the State Aging Director began an effort to obtain Medicaid funding to support the program. In South Carolina, the Medicaid Division and the State Unit on Aging (where the State Long Term Care Ombudsman Program is housed) are located within the same umbrella agency, facilitating the development of a partnership between Medicaid and the Ombudsman Program.

Since 80% of South Carolina's nursing home residents are Medicaid beneficiaries, the majority of consumers the Ombudsman Program serves are likely to be on Medicaid. The State Ombudsman determined the amount of funding it would take to bring the staffing levels up to the recommended standard, and submitted this amount for funding from Medicaid as the administrative cost of serving Medicaid beneficiaries.

The Ombudsman Program plans to continue billing Medicaid at the rate needed to supplement their federal Older Americans Act funding in order to maintain the staffing standard. The Ombudsman Program received nearly \$428,376 in Medicaid funds in FY 1999, making it possible for the Ombudsman Program to increase staffing to 13 full-time staff members, up from the previous 5 staff statewide.

### **Washington**

**Contact:** Kary Hyre, State Ombudsman, (253) 838-6810, email: [ltop@skemsc.com](mailto:ltop@skemsc.com); Kim Kelley, Program Manager, Aging & Adult Services Administration, (360) 725-2558; email: [kelleke@dshs.wa.gov](mailto:kelleke@dshs.wa.gov)

In Washington, the State Ombudsman Program is located in the Multi Service Center, a private non-profit agency. The State Unit on Aging oversees the process of obtaining Medicaid funding for the Ombudsman Program. The program first started

receiving Medicaid funding in 1995. The Ombudsman Program serves Medicaid residents living in three types of long term care settings - nursing homes, boarding homes (includes assisted living facilities), and adult family homes.

To determine the amount of Medicaid funding for the Ombudsman Program, a combination of Ombudsman data and state long term care data is used to estimate the number of Medicaid residents served by the program. Ombudsmen specifically track the number and type of facilities they visit and the number of residents in those facilities. The number of residents the Ombudsman Program serves each year is then multiplied by the percentage of Medicaid residents in that type of facility and then statewide. The resulting percentages are averaged to come up with the estimated percentage of Medicaid residents served by the program. The chart below illustrates how this formula works.

The data used to determine the percentage of Medicaid residents served by the Ombudsman Program includes:

- Annual Nursing Home Utilization Survey;
- Number of licensed boarding home and adult family home beds;
- Vacancy rate survey for adult family homes;
- Number of residents served by the Ombudsman on a monthly basis;
- Payment data to determine number of Medicaid clients in adult family homes and boarding homes.

| Facility Type                                   | # of Residents Served by Ombudsman | % of residents on Medicaid Statewide | Estimated # of Medicaid Residents Served by the LTCOP |
|---|------------------------------------|--------------------------------------|---|
| Nursing Homes                                   | 17,177                             | 64.52%                               | 11,083  |
| Boarding Homes                                  | 6564                               | 16.43%                               | 1,078   |
| Adult Family Homes                              | 1,536                              | 36.50%                               | 561   |
| <b>Total Residents</b>                          | <b>25,277</b>                      |                                      | <b>12,722</b>   |
| <b>Estimated % of Medicaid Residents Served</b> | <b>50.33%</b>                      |                                      |   |

Once the estimated percentage of Medicaid residents served has been determined, it is applied to the formula in the “federal match optimizer model,” which calculates the amount of Medicaid funds that can be used to support the Ombudsman Program. The calculation is based on:

- the total amount of funds available to the program (local, state, federal);
- the amount of non-federal funds available to match the Medicaid funds; and
- the percentage of Medicaid residents served by the program.

In the 1998-1999 program year, an estimated 53% of residents served by the Ombudsman program were on Medicaid and \$756,000 was available in non-federal funds for matching Medicaid funds, resulting in Medicaid contributing \$331,900. The total budget for the year was \$1.25 million. Most of the funds received from Medicaid are used to support regional Ombudsman Programs to investigate complaints, assist residents

to get the quality services to which they are entitled, and provide outreach and advocacy services.

### **Wisconsin**

**Contact: George Potaracke, State Ombudsman, (608) 266-9845; email: [george.potaracke@ltc.state.wi.us](mailto:george.potaracke@ltc.state.wi.us)**

The Wisconsin Long Term Care Ombudsman Program began receiving Medicaid funding in 1999. Funding is made available through an agreement between the Wisconsin Board on Aging and Long Term Care (the state agency where the Ombudsman Program is located) and the State Medicaid Agency. The funding helps cover the administrative costs of the program, including supervision and support services. The agreement requires the State Ombudsman to submit semi-annual reports on program activities involving Medicaid recipients in nursing homes. These reports include an estimate of hours of direct advocacy to clients and educational presentations to residents and nursing facility staff. The Medicaid funding provides the Wisconsin Long Term Care Ombudsman Program with approximately 25% of its annual budget of \$1.4 million (\$342,000 in current fiscal year 2001).

## Appendix A

# Sources of Funding Support for State Long Term Care Ombudsman Programs

## SURVEY 2000 RESULTS

*52 States responded to the survey: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NV, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY*

## FEDERAL FUNDING SOURCES

**Older Americans Act – Ombudsman-specific funds (52 states)**  
*(Includes earmarked funds in Titles III and/or VII)*

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NV, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY

**Older Americans Act – Elder Abuse-specific funds (28 states)**

AL, AZ, AR, CA, CO, GA, HI, ID, IA, KY, LA, ME, MD, MS, MO, NM, NY, NV, NC, OH, OK, OR, SC, SD, TX, UT, VA, WY

**Older Americans Act Title III – (not earmarked for Ombudsman Program) (41 states)**  
*(Includes OAA funds used to support the program at the State and/or AAA levels)*

AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, IA, KS, KY, MD, MA, MN, MS, MO, MT, NE, NM, NY, NV, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TX, VA, VT, WA (at state level), WV, WY

**Older Americans Act Title V (3 states)**

AZ (local/regional level), MA, WI

**Older Americans Act Title IV (1 state)**

MT

**Social Services Block Grant (SSBG) (2 states)**

MS, WI

**Operation Restore Trust (ORT) (5 states)**

CA, GA (ended 7/31/00), MO, NM, NY, OH (ended 7/00), WY

**SHIP Funds (1 state)**

WI

## **FEDERAL FUNDING SOURCES (CONT'D.)**

### **Medicaid Funds (9 states)**

GA (ended 6/30/00, replaced with 100% state funds), DE, ME, NH, NJ, OK (starting in FFY 2001), OR, SC, WA, WI

### **Victims of Crime Act (VOCA) Funds (3 states)**

GA (local program only), MO (one local program), OH (some local programs)

### **Other Federal Funds (1 state)**

WA - Community Services Block Grant

## **STATE FUNDING SOURCES**

### **Ombudsman-Specific Funds (33 states)**

AZ, AR, CA, DE, DC, FL, GA, HI, IL, IA, KS, LA, MD, MI, MN, MO, NJ, NM, NY, NV, NC, ND, OH, PA, RI, SC, SD, TX, UT, VA, VT, WA, WI

### **Long Term Care Bed Fee or Tax (4 states)**

ME, MN, OH, OK (beginning in 2001, to be used as Medicaid match)

### **Other State Funds – Please specify: (19 states)**

CO - Under Older Coloradans Act

CT - General Fund

GA - Portion of community based services funds for an array of aging services)

IN - Federal match

LA – matching funds for Title IIIB funds allocated to Ombudsman

ME - State appropriation

MD - Vulnerable Elder Protection Initiative funds which may be used to support the Ombudsman, SHIP or Guardianship programs

MA – Elder Service Corp. employment program (similar to Senior Aides)

MN - Grant from State Department of Corrections for support to nursing home resident crime victims

MS - Funds for aging programs, not earmarked for the Ombudsman Program but spread across all aging programs

MT - State match

NH – General Fund

ND - State funds designated for North Dakota Aging Services

OK – matching funds for OAA, and Tobacco Settlement Funds (2001)

OR – State General Fund

PA - Lottery

VA - State administrative funds

WA - Senior Citizens Services Act funds

WV

WY

## **STATE FUNDING SOURCES (CONT'D.)**

### **County/Local Funds (17 states)**

CA, CO, GA (local programs only), IL, KY, LA, MI, MN, MT, NY (limited) NC, OK (at some AAAs), PA, UT, VA, WA, WV

## **PRIVATE FUNDS**

### **United Way (14 states)**

CA, GA (local programs only), IL (some regional programs), IN, KY (in 2 of 15 districts - Bluegrass and Barren River), MI, MN, MO, OH (some local programs), OK (at one AAA), TN (in some programs), TX, VA, WA

### **Private Foundations/Grants (11 states)**

CA, GA (local programs only) , KY, LA, MI, NJ, OH (some local programs), RI, TX, WI, WA

### **Private Donations from Individuals (11 states)**

AZ, CA, GA (local programs only), KY, LA, ME (individuals and corporations), MN, MO, OH (some local programs), RI, VA

### **AARP (4 states)**

DC, GA (grant to local programs ended 12/31/99), WA, WI

### **Income from Sales of Products (6 states)**

CA, CO, GA (local programs do fund raisers for special projects and some charge costs of training events to professionals), MI, MO, WI

### **Other: (4 states)**

MA – Several local programs have been the recipients of bequests made by families or residents themselves

RI - Special events

TN - Additional funding from the Area Agency on Aging

WA (legal services)- Interest on Lawyers' Trust Account, Gonzaga University funds