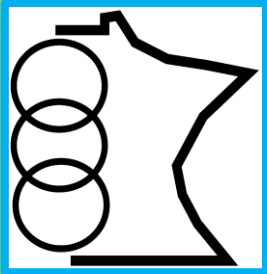


## Long-Term Care Ombudsman and Adult Protection: Who are They Anyway and How Do They Help?

Cheryl Hennen, State Ombudsman  
Natasha Merz, Deputy Ombudsman  
Presentation to MGS  
May 24, 2016

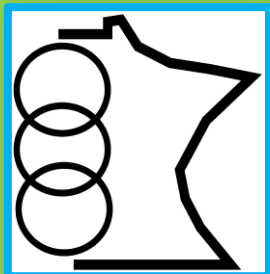
*A program of the Minnesota Board on Aging*





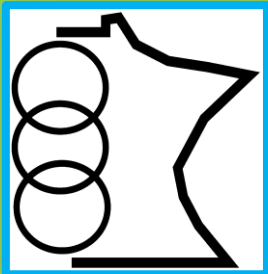
# Outline

- Background
- Role of the Ombudsman, generally
- How we work with Adult Protection
- Case examples
- Policy issues, if time



# Mission

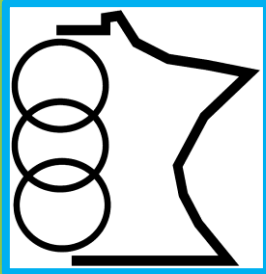
Office of Ombudsman for Long-Term Care (OOLTC) works to enhance the quality of life and quality of services for long-term care consumers through advocacy, education and empowerment.



# Vision

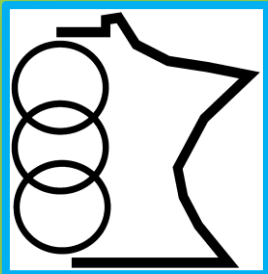
OOLTC envisions a time when *all* consumers receive high quality, affordable health and long-term care services to meet individual needs and preferences. Our vision ensures that consumers of long-term care will have:

- choices about where to live and where to receive care
- flexibility in choosing caregivers
- fair service costs to ensure choices
- rights, standards, and consumer protections
- individualized care and services tailored to meet individual needs, rather than service-provider needs.



## Funding & Structure

- A program of the Older Americans Act
  - 1978 amendment enshrined ombudsman program into statute
- Administered through the Minnesota Board on Aging since 1980
- Central office in St. Paul
- Regional Ombudsman offices throughout Minnesota

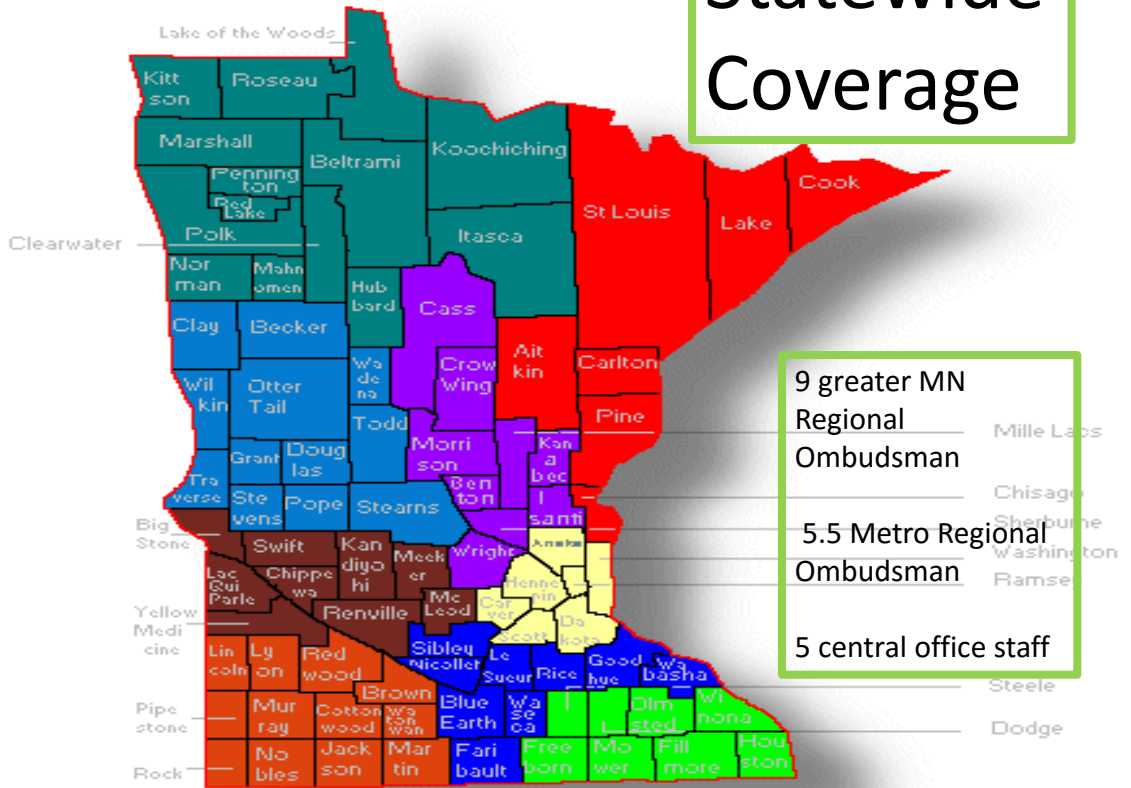


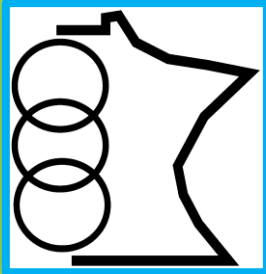
## **Role: Client Advocacy**

We serve consumers receiving services from:

Nursing homes and boarding care homes  
Licensed home care agencies, including assisted living and  
non-licensed personal care provider organizations  
Housing With Services establishments  
Certain Adult Foster Homes  
Ombudsman services are free

# Statewide Coverage





## We Work to Resolve Concerns

### **Long-Term Care Issues:**

Quality of care and services

Quality of life

Rights

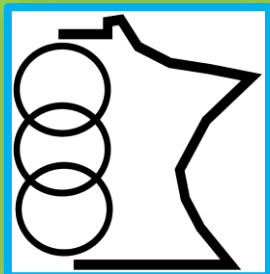
Access to services

Service termination

Discharge or eviction

Public benefits programs



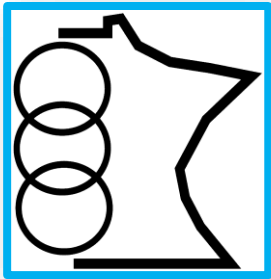


## **Contacting OOLTC**

**main intake 651-431-2555**

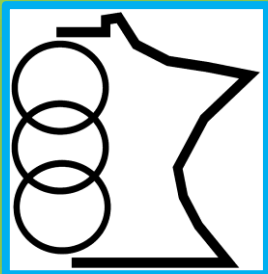
**1-800-657-3591**

**TTY, please call 711**



## How We Work





## Working With Adult Protection

→ Both entities charged with protecting and advocating for health safety and welfare of vulnerable adults; both essential to the adult protection system

→ Different sources of statutory authority-

-County Adult Protection: Minn. Stat. § 626.557 et. seq.

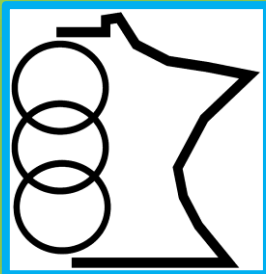
-Ombudsman: 42 U.S.C. § 3058g; Minn. § Stat. 256.9742

→ Different referral sources

→ Ombudsman takes direction from the client

→ Ombudsmen are not mandated reporters

→ Regional Ombudsman participate in many county-based vulnerable adult collaboratives across the state: multi-disciplinary case review of complex cases involving vulnerable adults



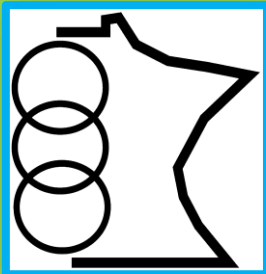
## Case Vignette

**Ms. Smith appointed her daughter to be her attorney-in-fact and her representative payee for Social Security funds shortly after moving into to Brookview Nursing Home.**

**Ms. Smith's daughter, Jane, is not paying the nursing home bill and not responding to calls from Brookview staff.**

**Over 6 months, Mrs. Smith's bill grew to \$30,000.**

**Brookview issued a notice of involuntary discharge, made a report to MAARC, and a referral to the Office of Ombudsman.**



## Case Vignette

### APS

- Investigates allegation of financial exploitation by daughter
- Takes or coordinates protective action if warranted
- Substantiates maltreatment (financial exploitation) if warranted
- Referral to local law enforcement to evaluate for criminal charges

### Ombudsman

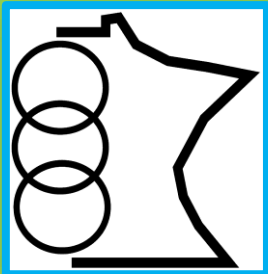
- Meets with client, obtains consent
- Appeals nursing home discharge
  - Make legal referrals
- Works with nursing home and resident to understand issues, processes: MA issues, discharge rights, options to resolve situation
- Tries to resolve discharge without hearing, if possible

### Facility Staff

- Provides notice of non payment to resident and rep payee (if appropriate)
- Works with resident to redirect income if possible, may engage ombudsman and APS
- Discharge planning
- MA hardship waiver application if APS finds financial exploitation
- Deals with recouping its losses when discharge issues is resolved

## A Day in the Life of an Ombudsman

- Phone call from angry family member that nursing home would not extend credit to loved one for facility beautician.
- meeting with Administrator to discuss plans to discharge a resident for non-payment; \$80,000 owed to facility.
- Hospital social worker requesting help finding placement for a level II sex offender in their hospital.
- Resident visit - family does not want their loved one to take morphine because it will "kill him." Resident is in local nursing home due to end stage cancer and advanced dementia. Facility staff feel it is abuse withhold pain medication.
- Voicemail from resident of housing with services/assisted living: "the food sucks"

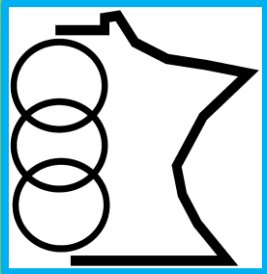


## Working with APS

“Whether the APS system investigates reports of maltreatment in congregate care settings, it is critically important that APS systems coordinate with agencies such as the Long-Term Care Ombudsman and state licensing and regulatory bodies that also play a role in safeguarding the health and welfare of their residents.”

-Draft Voluntary Consensus Guidelines For State  
Adult Protective Services Systems  
July 2015

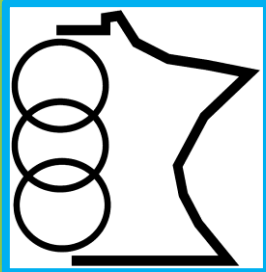
available at: [http://www.aoa.acl.gov/AoA\\_Programs/Elder\\_Rights/Guidelines/index.aspx](http://www.aoa.acl.gov/AoA_Programs/Elder_Rights/Guidelines/index.aspx)



## Who Contacts Us

Family/Friends	34%
Consumers	28%
Provider Staff	15%
Social Service Staff & Others	19%
Anonymous	4%





## Advocacy Issues

### **Rights - 43%**

Admission/discharge, autonomy, finances, access to information

### **Care/Services - 35%**

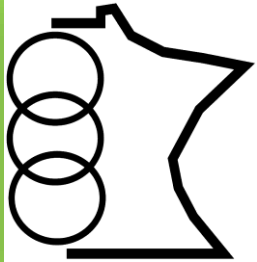
Direct care, staffing, abuse, rehab., restraints, policies/procedures

### **Factors Outside Facility/Agency - 13%**

Certification/licensing, Medicaid (MA), legal (POA, guardianship)

### **Quality of Life - 9%**

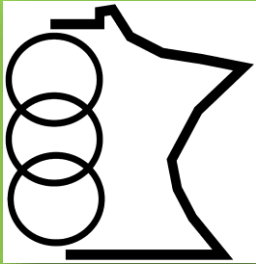
Environment, dietary, activities



## Volunteers

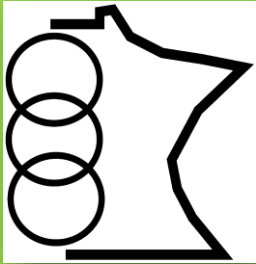
### Volunteer Corps

- 50 current assigned in NHs & HWS settings
- 30% serving over 10 years



## 2014 Data

- 2,572 consumer complaints,
- 3,657 Consultations to individuals
- 1,526 Consultations to providers



# Common complaints

Autonomy  
choice  
privacy

Dignity

Staff attitudes

privacy

Discharge  
and  
eviction

Left at hospital  
(no due process)

Provider inability  
to  
mental/behavior  
health needs

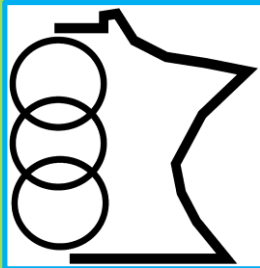
Payment issues

Care

Not following  
care plan, doctors  
orders, or lack of  
assessment

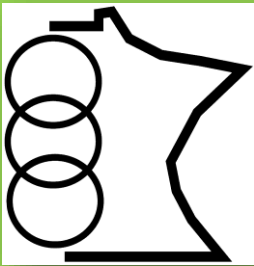
Medication  
administration

Slow response  
times to requests  
for help



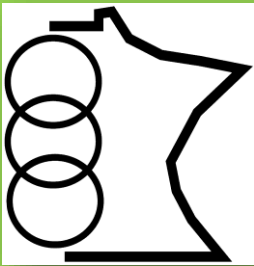
## Systemic Reform

- Collaboration with Minnesota Department of Health, Department of Human Services, provider organizations, other advocacy groups, adult protection collaboratives, etc.
- Focus on using client experience and casework to inform our systemic advocacy efforts
- Reports and studies



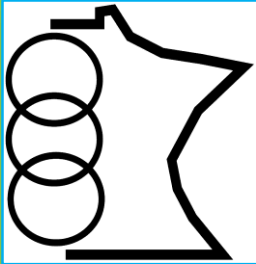
## Policy Issues: Nursing Homes

- Abuse and neglect – especially financial exploitation
- Refusal to readmit after hospitalization and other involuntary discharge issues
- Reduction in use of anti-psychotic medication for people with dementia
- Mental health services
- Family conflict
- Retaliation and fear to report
  - especially under-represented populations (e.g. people who are deaf/hard of hearing, people who are GLBT)



## **Policy Issues: Housing with Services and Assisted Living Services**

- Fees
- Memory care
- Serving people with mental health challenges
- Eviction
- Affordable housing
- Staff training, staffing levels
- Consumer expectations and protections



## Future Steps and Vision

- Emphasize efficiency to manage increasing complexity and increasing demand for our services
- Maintain presence in facilities though volunteer recruitment and development
- Provide training to assist families and providers to recognize signs of abuse and neglect, especially for people with dementia
- Increase consumers' understanding of their rights
- Focus on housing with services:
  - Increase consumer safeguards
  - Address fees
  - Increase coordination of home care and residential services in HWS settings