



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



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



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.
- Vocemail 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



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

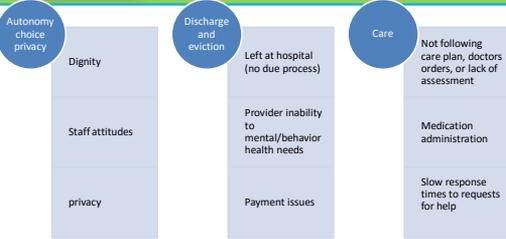


2014 Data

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



Common complaints





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



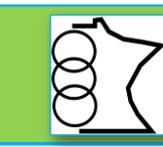
Policy Issues: Nursing Homes

- 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 through 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
