



The Long-Term Care Ombudsman Program: Opportunities for Services for American Indians

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Overview

- Understand the services provided by States' Long-Term Care Ombudsman Programs
 - Understand how these services can be accessed (on and off tribal lands)
 - Explore opportunities for Ombudsman Programs to increase or improve culturally competent ombudsman services to American Indians living in long-term care facilities
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Some questions for dialogue:

- Do you have unmet needs for your tribal members who live in long-term care facilities?
- Do your tribal members who live in long-term care facilities currently have access to long-term care ombudsman services?
- Do you have suggestions for how ACL/AoA can support development of culturally competent services to tribal members who live in long-term care facilities?

Long-Term Care Ombudsman Programs seek resolution of problems and advocate for the rights of residents of long-term care facilities.

The goal?

Enhancing the quality of life and care of residents.



Long-Term Care Facilities

(as defined by the Older Americans Act)

- nursing facilities,
- board and care homes (i.e. personal care homes, adult family homes),
- assisted living facilities, and
- similar adult care facilities.

-ACL understands that many older adults prefer receiving long-term services and supports in their homes.

-OAA does not authorize ombudsman services for people in their own private homes; but 12 states and Washington, DC have expanded program authority and funding to serve these individuals.

Staff and volunteers

- Each state has one State Long-Term Care Ombudsman
- The State LTC Ombudsman has the authority to designate representatives
- Representatives may be staff or volunteers (and are often called “ombudsmen”)
- Nationally, there are:
 - 1185 FTE staff ombudsmen
 - 9,065 certified ombudsmen volunteers
 - 3,320 other volunteers

Source: Administration on Aging, FFY 2011

Example of LTCO services: complaint resolution

- Problem-solve with resident if rights are violated:
 - improper eviction from the facility
- Assist resident to get needed services:
 - access to physical therapy,
 - access to a translator
 - assure that care plan meets resident needs and goals
 - Example: resident chooses to return to tribal land at end of life

Example of services – routine visits

- Provide residents with access to ombudsman services by being present in the facility;
- Provide confidential, trusted listening and support;
- Tribal ombudsman can additionally help tribal members in facilities off tribal lands with:
 - cultural connection to tribe;
 - language translation.



Example of other services:

- Support to facility-based resident and family councils;
- Information and consultation to residents and family/friends (e.g., paying for long-term care, how to wisely choose a facility, understanding the rights of a resident);
- Consultation to the facility – help the facility understand resident rights;
- Systems advocacy (working on laws, policies, etc.) impacting residents;
- A tribal ombudsman can:
 - provide cultural competency training to facility staff
 - provide cultural competency training to other ombudsmen



How do I access an ombudsman to help an individual tribal member?

- Most facilities are required to post ombudsman contact information
- The National Ombudsman Resource Center (funded by ACL/AoA) has contact information for every State LTC Ombudsman and local entities: www.ltcombudsman.org or 202.332.2275 (phone)

How can our tribe explore creating or expanding tribal LTC ombudsman services?

- Explore with your State LTC Ombudsman or State Unit on Aging
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State LTC Ombudsman Location

In State Unit on Aging (36 states; 2 territories)

In Independent SUA:

Alabama, Florida, Idaho, Illinois, Louisiana, Maryland, Massachusetts, Michigan, Ohio, Pennsylvania, Puerto Rico, South Dakota, Tennessee, New Mexico, West Virginia

In (or attached to) SUA inside umbrella agency:

Arizona, Arkansas, Connecticut, Guam, Hawaii, Indiana, Kentucky, Mississippi, Missouri, Montana, Nebraska, Nevada, New York, North Carolina, North Dakota, Oklahoma, South Carolina, Texas, Utah

Quasi-independent office reporting to SUA director: California, Georgia, Iowa, Minnesota

Elsewhere in state government (7 states)

Alaska, Delaware, Kansas, New Hampshire, New Jersey, Oregon, Wisconsin

In non-profit advocacy agency (7 states; DC)

District of Columbia, Colorado, Maine, Rhode Island, Vermont, Virginia, Washington, Wyoming

Facilities on tribal lands

- Any Medicaid and/or Medicare-certified nursing facility is required to provide residents with access to an ombudsman
 - A CMS (Center for Medicare and Medicaid Services) requirement
 - At least one tribal facility has been cited recently because residents did not have access to ombudsman services
- Regardless of CMS requirement, ACL would like to work with tribes to assure that tribal members have access to culturally competent ombudsman services



Current Funding

- States support their LTC Ombudsman Programs through:
 - Federal -- Older Americans Act funds (Title III, Title VII) and other -- funds (58%)
 - State funds (36%)
 - Local funds (6%)
- Extent to which these funds are available to tribes depends on tribal relationship to State.
- Title VI
 - Tribes may use Title VI funds for ombudsman services, the services are to be “substantially in compliance” with provisions of Title III (Section 614(a)(9) of OAA).



The Long-Term Care Ombudsman Program . . .

“serves a vital public purpose. Every year the Long-Term Care Ombudsman Program helps many thousands of individual residents ...[and] the program can justly claim to have improved the system of long-term care services.”

Institute of Medicine, 1995



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