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February 10, 2011

Representative Don Roberts, Chair
Appropriations Subcommittee for
Health and Human Services
State Capitol Building
Helena MT 59620

Dear Chairman Roberts:

Representative Schmidt requested information on volunteer ombudsman programs during the Senior and Long Term Care Division overview. To provide the subcommittee members with information on this subject, we have attached an updated version of a summary report prepared previously for Representative Schmidt. This updated report discusses the current Montana program and provides information on the Washington and Idaho ombudsman programs. We have also summarized information that we have gathered from the Area Agencies on Aging and other items for your consideration if the legislature wishes to change or expand the volunteer ombudsman program in Montana.

I hope this information is helpful. Staff from the Senior and Long Term Care Division are available to respond to any further questions the subcommittee may have.

Sincerely,

Mary E. Dalton, Branch Manger
Medicaid and Health Services Branch

Attachment

cc: Subcommittee Members
Anna Whiting Sorrell
Jon Ebelt
Kelly Williams
Laurie Lamson

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**MONTANA OMBUDSMAN
PROGRAM AND VOLUNTEER
OMBUDSMAN PROGRAM
REPORT**

**SENIOR AND LONG TERM
CARE
OFFICE ON AGING
LONG TERM CARE
OMBUDSMAN
PO Box 4210
HELENA, MT 59624
February 8, 2011**

- The Long-term Care Ombudsman Program, a requirement of Title VII of the Older Americans Act (OAA), works on behalf of residents in long-term care facilities to resolve problems or complaints, protects resident's rights, provides information regarding long-term care services, and provides information to the public on long-term care facilities. The OAA requires every state unit on aging to establish an Office of the Long-Term Care Ombudsman.
 - In Montana, the State Ombudsman and Assistant State Ombudsman are located within the state unit on aging and are employees of DPHHS. Funding for the Assistant State Ombudsman position was added by the 2007 Legislature to expand Ombudsman services at the state level.
 - Currently 23 State Long Term Care Ombudsman programs are located within state units on aging, which is part of a larger state agency;
 - 15 State Ombudsman programs are within an independent state unit on aging;
 - 10 State Ombudsman programs (i.e. Washington) are outside state government (part of non-profit agencies); and
 - 5 programs are either independent state agencies or part of other state government agencies.
- The Montana State Unit on Aging (part of Senior and Long Term Care Division, DPHHS), contracts with the Area Agencies on Aging (AAA), to provide regional and local Ombudsman services in Montana. The Regional and/or Local Ombudsman visit each long-term care facility at least monthly; more frequently if there is a resident complaint. The Regional Ombudsman positions were created in response to a February 2003 MT Legislative Audit report which identified that Ombudsman services were not available on a monthly basis.
 - Local/Regional Ombudsman are employees of AAAs.
 - Regional Ombudsman are full time positions. Currently the AAAs have 8.5 FTEs who work full time at the regional/local level plus approximately 20 people filling Ombudsman duties part-time (range is from 5 hours per week to 20 hours per week)
 - All Ombudsman are cross-trained as Ombudsman, I/A and SHIP counselors.
 - Two of the ten AAA programs utilize volunteers within the Ombudsman program; however resources are very limited to provide the level of supervision and on-going training. Currently we have only 11 volunteers in our program. We also have two certified volunteer Ombudsman who have been with the program for many years.
- Long-term Care Facility Numbers: Total number of facilities: 319; total beds: 12481
 - 187 Assisted Living facilities (ALF)– with 3 new ALF facilities opening this summer
 - 87 Nursing Homes
 - 45 Critical Access Hospitals with swing beds (skilled nursing home beds)
- As required by AoA, the Ombudsman program tracks data in 128 different categories. The complaint categories range from resident rights; abuse and exploitation; admission, transfer, discharge and eviction; care issues, activities, dietary, environment, staffing etc. Last Federal Fiscal Year the

Ombudsman made 3898 visits to long-term care facilities; responded to 932 complaints; provided 1828 consultations to individuals and 1485 consultations to providers.

- The top three complaint trends over the past 5 years have changed from
 - 1) Food complaints, 2) response time to call light, and 3) lack of activities, to
 - 1) Discharge issues, 2) missing medication, 3) family conflict.The complexity in resolving these complaints has resulted in the need for more time, resources, education and expertise as well as more collaboration with other agencies (APS, law enforcement, Medicaid).
- 52 of the 56 counties have at least one long-term care facilities. MT has 49 of the 56 counties with a 'frontier' designation (therefore less than 6 people per square mile)
 - Increase since 2003 of 40+ Assisted Living and 20+ Critical Access Hospitals with swing beds in Montana.
 - Furthest distance traveled for one Ombudsman to complete a facility visit is 300 miles round trip.
 - MT Ombudsman traveled almost 300,000 miles last year – facility visits (non-complaint and complaint related).
- MT Ombudsman Program
 - FFY 2009 budget for the Montana Ombudsman program was \$800,475.
 - Local Ombudsman receive: 8 hour initial orientation; on-going mentoring by the Regional Ombudsman, 16 hours on-line completion of the MT Geriatric Education aging curriculum, 45 hours of training for Ombudsman certification; and yearly 8 hours on-going education.
 - Regional Ombudsman includes all of the above + an additional 15 hours of initial training; mentoring by the State Ombudsman office and yearly 16 hours of on-going education.
 - The Montana State Ombudsman and Assistant State Ombudsman provide on-going technical assistance to the regional and local Ombudsman and back-up Ombudsman services in the event of a vacancy, vacation or illness.

Brief Overview of the Washington Ombudsman Program

- The Washington State Ombudsman program is part of the Multi-Service Center, Inc., a large non-profit organization in Washington. The Multi-Service Center houses programs including energy assistance, emergency housing, clothing and other related services for vulnerable populations.
 - This non-profit agency has a yearly budget of over \$13 million; with over \$7.5 million in government grants and \$3.5 million in direct community support.
 - The Washington State Ombudsman program has a budget of over \$2 million.
- Washington has 1526 long term care facilities.
- The Washington State Ombudsman, Assistant State Ombudsman and administrative staff are hired by the Multi Service Center, Inc. The Multi-Service Center Inc. contracts with community action programs, legal services and AAAs to provide paid regional ombudsman and legal staff positions. Washington currently has 13 Regional Ombudsman and two assistant regional ombudsmen. The Regional Ombudsman screen, train and supervise over 400 volunteers who make routine visits to the long-term care facilities in Washington.

Overview of Idaho's Ombudsman Program and Volunteer Program

- Idaho's Ombudsman Program is divided into a State Program and Local Programs. There are six Area Agencies on Aging that each employ one full-time Local Ombudsman (one of the areas has 3 full-time Local Ombudsman based on the population of that area). (There are a total of 7 full-time Local Ombudsmen).

- Idaho began developing a model for a Volunteer Ombudsman Program about 3 years ago. The recruiting, training, and retention efforts and overall coordination of volunteers are handled at the local level. The AAA with the most developed program started about 3 years ago. That AAA hired a Vista Volunteer to coordinate their Ombudsman volunteer program.
- Last year, Idaho had 68 Volunteer Ombudsmen who provided 6698 hours of service – this included travel, training, meetings, and facility visits.
- Unlike Montana, Idaho has not yet developed Certification training for Local Ombudsmen or volunteers. They are in the process of developing the training; therefore, they do not have Certified Volunteer Ombudsmen. There is a waiver in their policies and procedures that allows for two levels of activities by volunteers, one allows for a volunteer to make unannounced visits to facilities (much like our Friendly Visitor program) and the next level allows for a volunteer to complete complaint investigations. All complaint investigations are directly supervised by the State Ombudsman. Idaho has developed a volunteer training manual that is based closely on the manual developed by Alaska.
- The hiring of volunteers is coordinated through the RSVP program in order to cover insurance for volunteers. There is some funding available to cover mileage, but most volunteers do not submit mileage claims.
- Two of the biggest challenges to the program include retention and training. So far, each AAA has about 10 volunteers consistently. Many volunteers are retired, have health issues, or are caregivers for someone else, so turnover is high as they come and go. One of the biggest barriers to training has been the ability to offer training frequently enough. The goal is to wait to have at least 4 volunteers before training is offered in order to maintain cost effectiveness. This can mean waiting months between trainings and some volunteers don't want to wait that long.
- Idaho does not receive additional funds to operate the volunteer program. In the last federal fiscal year, their budget was \$767,000 (this included \$37,752 in state funds). Idaho is similar to Montana in their bed count (14,000 beds for both assisted living facilities and nursing homes). They face many of the same obstacles as Montana in their frontier designation and long distances traveled to provide Ombudsman services.

Area Agency Feedback on a Volunteer Ombudsman Program

- Several Area Agencies worry that their Regional Ombudsman would not have enough time to coordinate a volunteer ombudsman program and supervise these staff.
- One Area Agency currently has 3 "volunteer" Ombudsman who have been with them for many years who receive a stipend. They are concerned that when they lose these three volunteers, they will not be able to recruit anyone else due to the fact that cases are too complicated anymore, they need to know Medicaid and Medicare and they need to have good communication and listening skills.
- The level of expertise required to handle some of the ombudsman cases is too complex for volunteers. Volunteers would not be able to take the place of paid workers who have training and experience in working with seniors on complex issues.
- Area Agency Directors discussed several years ago the use of volunteers as LTC Ombudsman and dismissed the idea as not realistic in Montana due to the long distances between facilities and the rural nature of the state. We do not have the population base of retired professionals in one area to recruit volunteers from.
- Additional cost and likely staff would be added to the Area Agencies to recruit and coordinate the volunteers, train and supervise the volunteers and there would be cost for mileage and per diem for volunteers, insurance coverage and other overhead costs that would need to be funded.

Items to be Considered if Changes Are Made to Volunteer Ombudsman Program

- Federal funds under Title VII are already allocated to the Area Agencies. Additional increase in Ombudsman programs would require additional general fund dollars or reallocation of federal funding by Area Agencies on Aging.
- Training and certification costs related to initial training and certification and recertification.
- Oversight and supervision responsibilities
- Reporting requirements and data management. Additional reporting requirements for increased Ombudsman will be necessary at the local level. Staff will need access to a computer to input data and report as is required at the federal level
- Turnover and recruitment costs
- Travel and Communication costs
- Background checks if required at local level
- Increase in insurance coverage costs
- Increased cost in mileage and per diem
- Increased supervision at local level