



# Ombudsman Programs in a Changing Landscape

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# Presenters

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# Landscape analogy and the LTC Ombudsman Program

- We should plant Ombudsman gardens in every state: Congress
  - Via the Older Americans Act
- Landscape Architect : ACL/AoA
  - Implements the gardens via OAA grants to states
  - Designs a level field: LTCO Rule
  - Develops a blueprint: LTCO Evaluation
- Binoculars: National Ombudsman Reporting System (NORS)
  - So we can see what the gardens are producing.
- Landscapers: SUAs and State LTCOs
  - Implement the blueprint.
- Gardener: National Ombudsman Resource
  - Provide the watering, fertilizer (resources and technical assistance).



# Landscape analogy and the LTC Ombudsman Program (continued)

## Duals Demo Ombudsman Program:

- CMS tells demonstration states to plant a new garden!
  - or an expanded one in some states (e.g., Ohio)



# The Changing LTSS Landscape

- Population needing LTSS – both individuals who are aging, individuals with disabilities – is growing rapidly
- Nursing homes tend to have more short-stay and high-acuity residents
- Rapid growth of assisted living/residential care
- Consumers are demanding home and community-based services
- Managed care organizations are changing delivery systems
- Technology is changing what is possible. . .and expected
- States are changing their state-funded LTSS systems (including through Medicaid)

# Federal Impact on Changing LTSS Landscape

Federal government is implementing changes that impact:

- States,
- Providers,
- Grantees,
- Beneficiary supports systems
  - Including ombudsman programs
- Beneficiaries/consumers



# Examples of Federal Impact

- Affordable Care Act (health care broadly, as well as LTSS), including:
  - Various incentives for HCBS “re-balancing”
  - Duals Demonstration Projects (not limited to LTSS)
- CMS Rules
  - HCBS Settings Rule
    - Requires the “qualities” of HCBS
  - Medicaid managed care rule (not limited to LTSS)
    - Requires “beneficiary support systems”
  - Anticipated final rule for nursing facility requirements (proposed was published in 2015)
    - Will change beneficiary rights and protections



# Examples of Federal Impact on Changing LTSS Landscape (continued)

ACL activities related to the LTC Ombudsman program:

- State LTC Ombudsman Rule
- “NORS Next”
- Evaluation





# What's NOT changing – at least 2 things:

## 1. What it means to be an “ombudsman.”

- Whether or not a long-term care ombudsman
- Provides an informal complaint resolution service with these “essential characteristics:”
  - independence,
  - impartiality in conducting inquiries and investigations, and
  - confidentiality.

“Essential Characteristics” standards adopted by the American Bar Association (2004)

## 2. Need for LTSS (and health care) beneficiary supports



# Ombudsman Programs in a Changing Landscape

Presented by Susan Jenkins, Director of the Office of Performance and Evaluation,  
Administration for Community Living

August 31, 2016



# Overview

- Evaluation as a blue print
- What evaluation can do for Ombudsmen and the Long Term Care Ombudsman Program (LTCOP)
- ACL's approach to the LTCOP Evaluation
  - Design
  - Process Evaluation
  - Special Study

# Why Evaluation Matters

- We do not have enough resources to do everything
- We need to use the resources we have wisely
- We want to know that what we are doing is improving lives

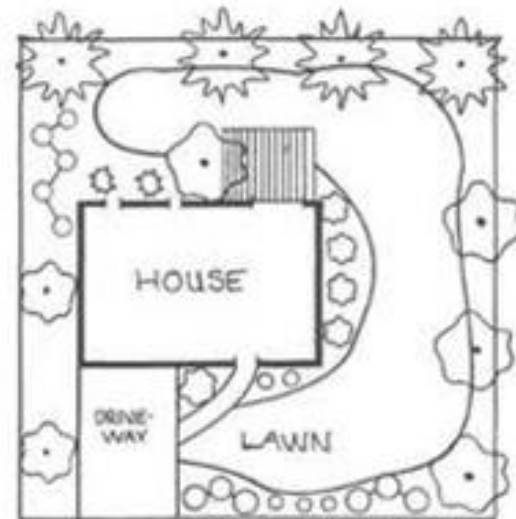


# Why Evaluation Matters

- (1) understanding how the program or policy addresses a problem of interest
- (2) Inform improvements to program or policy design or management,
- (3) support/change resource allocations,
- (4) Identify promising practices or lessons learned
- (5) improve quality of program or policy assessment.

# Evaluation as a planning tool

- Program evaluation is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies and programs, particularly about their effectiveness and efficiency.
- It tell us what a program :
  - Needs (Resources)
  - Does (Activities)
  - Achieves (Outcomes)





# Two Types of Evaluation

- Process Evaluation focuses on the program's operations, implementation, and service delivery
- Outcome Evaluation focuses on the effectiveness of the program and its outcomes



# Process Evaluation Questions

1. How is the LTCOP structured and how does it operate at the local, State, and Federal levels including who the program serves, how it is staffed, and what data are collected about activities and outcomes?
2. How do LTCOPs use existing resources to resolve problems of individual residents and to bring about changes at the facility and governmental (local, State, and Federal) levels that will improve the quality of services available/provided?
3. With whom do LTCOPs partner, and how do LTCOPs work with partner programs?
4. How does the LTCOP provide feedback on successful practices and areas for improvement?

# What evaluation can do for Ombudsmen and the Long Term Care Ombudsman Program

The LTCOP has three primary legislative mandates.

1. Advocate for residents of long-term care facilities
2. Advocate for systemic change by representing residents' interests
3. Outreach and education by providing information and consultation to residents and their families and collaborating with other agencies

# What evaluation can do for Ombudsmen and the Long Term Care Ombudsman Program

Some outcomes of advocating for residents of long-term care facilities

- Increased residents' awareness of their rights
- Increased access to needed services
- Improved prevention of problems experienced by residents
- Increased resident confidence in raising issues related to their rights and quality of life
- Improved quality of care received

# What evaluation can do for Ombudsmen and the Long Term Care Ombudsman Program

Some outcomes of advocating for systemic change

- Increased provider knowledge of residents' rights
- Increased provision of resources to support person-centered care in facilities
- Increased coalition/stakeholder involvement
- Reductions in repeat violations in facilities
- Increased quality of care provided to residents

# What evaluation can do for Ombudsmen and the Long Term Care Ombudsman Program

Some outcomes related to outreach and education

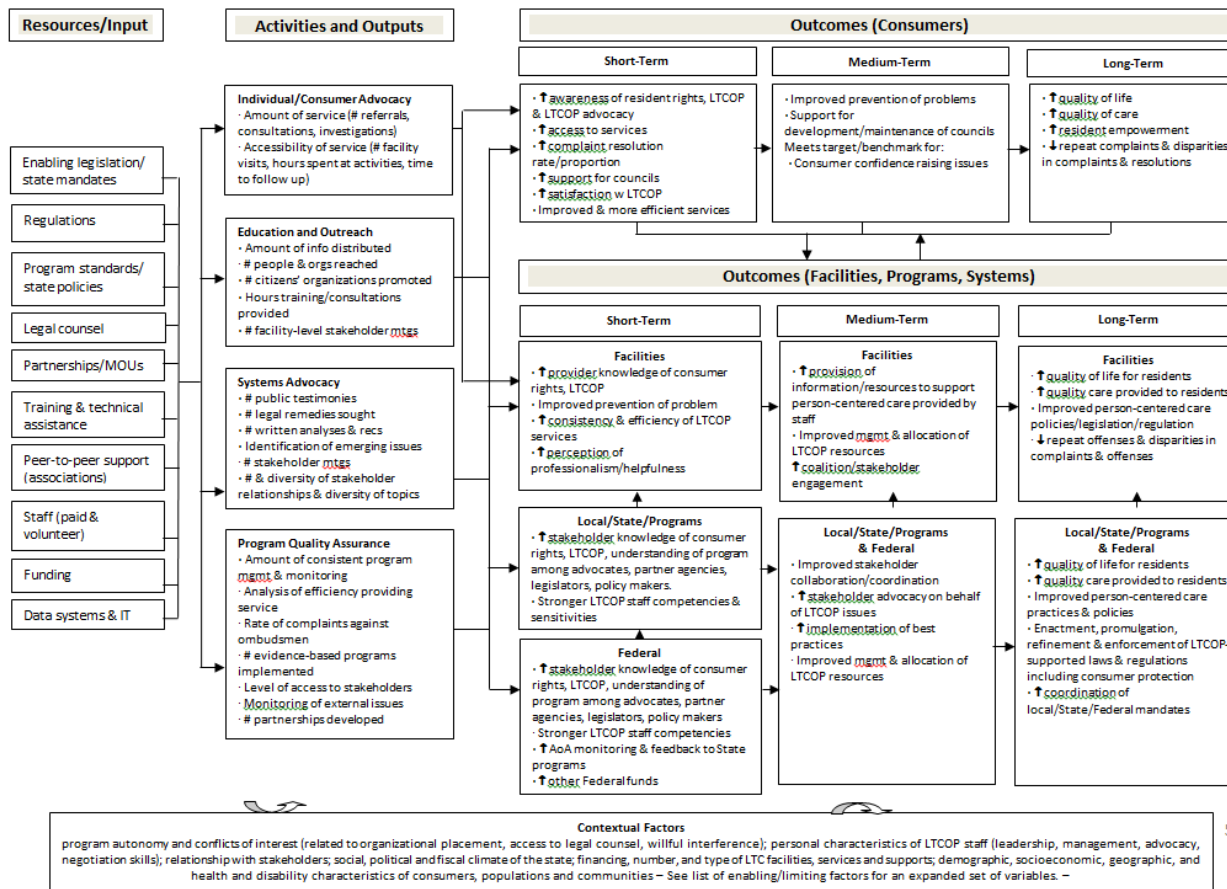
- Increased knowledge of residents' rights among residents, facility staff, and other stakeholders
- Increased perception of Ombudsman professionalism
- Increased stakeholder advocacy on behalf of Ombudsman issues
- Increased implementation of best practices



# Blue Print of the LTCOP

## Long-Term Care Ombudsman Program Overarching Logic Model

December 12, 2012



# The LTCOP Evaluation: Design Challenges

- Complexity of the Program and its Relationship to Measuring Outcomes
- Decentralization and Diversity of Program Implementation
- Full-coverage and the Problem of Comparison Groups
- Hybrid Nature of the Program
- Reliance on Trained Volunteers

# The LTCOP Evaluation: Special Study

## The LTCOP

- Operates under a very different landscape now than it operated during its last comprehensive evaluation 20 years ago
- Faces more intense challenges of an aging population in greater need of care, competition for resources, and a changing long-term care system with greater consumer options in residential care settings, allowing more older adults to “age in place,” leading to greater use of home and community-based services.

# The LTCOP Evaluation: Special Study

- What are important, defining changes of the LTSS landscape currently and in the foreseeable future?
- How is the LTCOP preparing for, addressing, or struggling with these features?
  - For those addressing the changes, what is working and why are they using the identified approaches?
  - For those not addressing the changes, what barriers are they facing?
- What are the implications of these changes and the ways that the LTCOP is adapting or not adapting?
  - Policy implications
  - Advocacy implications
  - Legal implications

# Timeline

Activity	Timeframe
Apply for federal clearance to collect data	June 2016
Interview federal staff, national stakeholders, and state staff	Late Fall 2016
Survey Local staff and volunteers	Winter 2017
Draft final report and special report	Summer 2017
Final reports	September 2017

# Summary

For more information about the evaluation contact

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# State LTC Ombudsman Rule

## Goals:

- Long-term care facility residents in every state receive person-centered problem resolution and advocacy.
- States maintain flexibility in program structure:
  - Centralized vs. de-centralized
  - Within State Unit on Aging, other state agency, or contracted to non-profit
- Published in Feb 2015; effective July 2016
- Currently ACL Regional Offices are providing TA to each state to support implementation
- 45 CFR Part 1324

# NORS Next

## “NORS Next”

- Proposed changes to the National Ombudsman Reporting System
- Published in Federal Register: August 8.  
<https://www.federalregister.gov/articles/2016/08/08/2016-18736/agency-information-collection-activities-proposed-collection-comment-request-state-annual-long-term>
- Public comment period ends: October 7.

## Goals:

- Streamline reporting by states,
- Increase reliability and accuracy of the data,
- Implement regulatory requirements, and
- Increase ACL’s ability to analyze the data that states provide.



# The National **Long-Term Care** **Ombudsman** Resource Center

## *Ombudsman Programs in a Changing Landscape*

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### Impact of LTCOP Rule Implementation

Amity Overall-Laib, Director, NORC  
2016 HCBS Conference

# What is NORC?

- **Funded by the Administration on Aging (three year grant)**
- **Operated by the National Consumer Voice for Quality Long-Term Care (Consumer Voice) in cooperation with the National Association of States United for Aging and Disabilities (NASUAD)**
- **Provides support, technical assistance and training for state long-term care ombudsman programs and their program representatives:**
  - Information, consultation, and referral for Ombudsman programs
  - Training and resources for state ombudsman programs and program representatives
  - Promotes awareness of the role of the Ombudsman program
  - Works to improve ombudsman skills, knowledge, and effectiveness in both program management and advocacy

# LTCOP Rule: Why?

- **Congressional inquiries**
  - Institute of Medicine Report (1995)- structural conflicts and inconsistent implementation are barriers to effectiveness
- **Call for program consistency and federal guidance**
  - NASOP Standards of Practice, Code of Ethics, Bader Report
- **Research**
- **Media attention**



THE LONG-TERM CARE  
OMBUDSMAN PROGRAM:  
**RETHINKING AND  
RETOOLING**  
FOR THE FUTURE  
**NASOP RETREAT**

EFFECTIVENESS OF THE  
STATE LONG TERM CARE OMBUDSMAN PROGRAMS

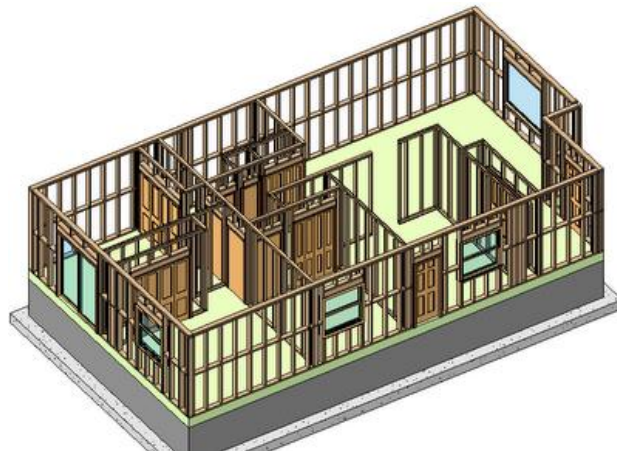
**KHN**  
KAISER HEALTH NEWS

Long-Term Care Ombudsmen  
Face Challenges To Independence

# LTCOP Rule Implementation:

## How are States Responding?

- Older Americans Act (OAA) is the foundation of the program.
  - State differences in the interpretation of the OAA, and limited federal guidance, resulted in some variation of organizational structure and operation.
  - Some states are making significant structural changes to their program, others are making more modest changes.



# LTCOP Rule Implementation:

## How are States Responding?



### Structural Changes

- Change, or create, state laws or regulations (e.g., systems advocacy).
- Relocate the Office due to organizational conflicts of interest.
- Change reporting process for Ombudsman (e.g., direct supervisor).
- Ensure program representatives do not have conflicting duties (e.g., Adult Protective Services casework).
- Confirm Ombudsman is head of the Office (e.g., designation of representatives, personnel management vs. programmatic oversight).

### Remodeling

- Develop, or revise, policies and procedures and/or training to match program practices (e.g., resident consent, disclosure, abuse investigations).
- Create separate complaint intake lines and/or procedures to maintain complainant confidentiality and ensure appropriate disclosure of program information.
- Establish Memoranda of Understanding (MOUs) between program and other agencies regarding roles, responsibilities, collaboration.



# LTCOP Rule:

## NORC Resources, Support, and Technical Assistance (TA)

### Resources and Support

- AoA/ACL Resources (FAQs)
- NORC Resources
  - Issue Briefs
  - Charts/Worksheets
  - TA Responses
- State Ombudsman Programs Policies and Procedures
- State Ombudsman Programs Resources Regarding the Rule

### Frequent TA Requests

- Conflicts of interest
- Responsibilities of agencies hosting local Ombudsman entities (LOEs)
- Systems advocacy
- Designation/de-designation (representatives and LOEs)
- Monitoring of host agencies

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# The National Long-Term Care Ombudsman Resource Center

## Contact us

[www.ltcombudsman.org](http://www.ltcombudsman.org)  
[ombudcenter@theconsumervoice.org](mailto:ombudcenter@theconsumervoice.org)

## Connect with us



The National LTC Ombudsman Resource Center



@LTCombudcenter

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# Financial Alignment Initiative and the Ombudsman Program

Office of Duals Demonstration Ombudsman  
Technical Assistance Program



# What is the Financial Alignment Initiative?

- Partnership between CMS and select states
- Goal: improve care for dual eligible individuals and better align the financing of Medicare and Medicaid.
- States must ensure that beneficiaries have access to person-centered assistance in resolving problems related to the demonstration.

# Duals Demo Ombudsman TA Program

- Interagency Agreement between Centers for Medicare & Medicaid Services and the Administration for Community Living (ACL)
- ACL provides technical assistance to states developing ombudsman programs under the Financial Alignment Initiative
- 12 demonstration ombudsman programs

# Operational Models for Ombudsman Programs

- States have flexibility in developing their demonstration ombudsman program.
  - States leveraging LTC Ombudsman Program -IL, OH, SC, VA
  - States using contracted organizations - CA, CO, MA, NY, RI, MI
  - States using existing ombudsman programs - TX, WA
- Regardless of model, all programs receiving federal funding must meet requirements in the CMS [Funding Opportunity Announcement](#).

# Duals Demonstration Ombudsman Data

- From 2014 to 2015 five operational programs
  - Served 21,122 beneficiaries
  - Identified benefit/access and enrollment/disenrollment as the most commonly reported complaint categories
  - Reached more than 31,000 individuals through outreach and educational events.
- Data obtained from demonstration ombudsman programs crucial in delivery system reforms



# ACL Role in Medicaid Managed Care Rule

- Rule requires states to develop and implement a “Beneficiary Support System” for potential enrollees and enrollees of LTSS.
- Lessons learned from ombudsman programs, SHIPs, and ADRCs
- ACL is working with key stakeholders to develop further guidance.



# Ombudsman

**Expect Excellence in Your Care**

## MyCare Ohio Ombudsman Demonstration

Teresa Teeple

Ombudsman Systems Liaison/ MyCare Ohio  
Ombudsman Demonstration Coordinator

# Mission

- As mandated by the federal Older Americans Act and Ohio law, the mission of the Long-Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of home care consumers and residents of long-term care facilities with the goal of enhancing the quality of life and care of consumers.

# Our Philosophy of Involvement

- Managed care is here to stay
  - Relationship building
  - Learn new systems during demo
  - Influence and inform systems change
- Program is positioned well for opportunity
- Many of these beneficiaries are already our clients
- You are an ombudsman first (training, ethics, certification/designation, etc.)

# Authority

- Older Americans Act
- Ohio State Law enhancement
- 3 way contract

# Structure of the Office

- State office
- 12 regional ombudsman programs
  - Variety of structures (AAAs, stand alone, etc.)
  - 6 involved in the demonstration
- SLTCO designation and certification of representatives of the Office
- Roughly 84 paid staff and 245 volunteers

# MyCare Overview

- Goal: integrated care
- Seven geographic regions covering 29 counties, 93,000 beneficiaries\*
- MCOs: Aetna, Buckeye (Centene), CareSource, Molina and UnitedHealth Care
- Beneficiaries must be dually eligible and 18+ (some exceptions)





# What's the same and what's different?

- Population
- Consumer complaints and inquiries
  - 1,153 complaints (939 from consumer or family/friend)
  - 794 inquiries
  - New: out of network providers, opt in/out issues
  - Hearing **more** about DME, in home services, care management, transportation
- (Some) new partners, (some) new conversations

# What's the same and what's different?

- Systems issues
  - Person-centered care/planning and care management processes, prior authorizations, provider reimbursement, etc.
- Opportunities to communicate
  - Quarterly plan meetings
  - Member advisory committee meetings
  - Medicaid hosted

# Program Lessons Learned

- Marketing/communication strategies
- Adapting and evolving at regional level
- Face to face visitation (“MyCare isn’t phone care”)
- Training/technical assistance for regional programs
- Reference materials: provider agreement, three way contract, member handbooks, plan policies/procedures, internal appeal/grievance processes, managed care rule



Questions?