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**SELF-EVALUATION
and
CONTINUOUS QUALITY IMPROVEMENT
TOOL**

FOR STATE LONG-TERM CARE OMBUDSMAN PROGRAMS

**Developed by
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ABOUT THE DOCUMENT

One of the many extraordinary characteristics of ombudsmen nationwide is their constant desire to improve the advocacy services they provide to residents of long-term care facilities. For years ombudsmen have wanted a tool to assess their own programs so they can identify both their strengths and the areas where they need to make changes. The self-evaluation tool found in this document stems from this ombudsman desire for excellence.

In 2002, the National Association of State Long-Term Care Ombudsman Programs (NASOP) held a retreat at which ombudsmen and others from around the country recommended the development of a tool to measure ombudsman program effectiveness. Following the retreat, NASOP requested that such an instrument be created by the National Ombudsman Resource Center.

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A Message from the U.S. Administration on Aging

PLEASE NOTE:

This document is for the State Long-Term Care Ombudsman Program and other program representatives to use in identifying strengths and weaknesses in the statewide ombudsman program infrastructure and operations for program planning and development purposes. It is a comprehensive listing of all areas of ombudsman work; and few, if any, states will fully meet all of the indicators listed. Therefore, it should be used only to identify areas in which improvements (including increased resources) are needed, not to evaluate the program or the performance of individual ombudsmen.

Sue Wheaton
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Office of Consumer Choice and Protection, U.S. AoA
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A SELF-EVALUATION AND CONTINUOUS QUALITY IMPROVEMENT TOOL FOR STATE LONG-TERM CARE OMBUDSMAN PROGRAMS

OVERVIEW

The goal of this instrument is to provide State Long-Term Care Ombudsmen (SLTCO) with a tool for assessing their own statewide program. The instrument serves two purposes. First, it identifies the components and elements within that component (indicators) that must be present in order to have a strong, effective ombudsman program. These elements are considered to be exemplary practices that programs should strive to achieve. Second, the instrument allows the State Long-Term Care Ombudsman to assess, using a rating scale from 1 to 5, whether each element is in place, and if so, how successfully and consistently the element is operationalized.

This self-evaluation tool is designed to give each State Ombudsman knowledge about what his or her program is doing well and where it needs to be improved. There is no “passing score,” nor any “national average” since the rating results are not intended to be compared from one state to another. The tool’s objective is to provide constructive and useful information, and to guide State Ombudsmen in managing and strengthening their programs.

Please direct feedback and experiences with this Tool to the National Ombudsman Resource Center.

DIRECTIONS

The tool consists of 13 global components: Program Access; Program Management; Complaint Handling; Education/Information and Assistance; Training; Systems Advocacy; Program Integrity; Conflict of Interest; Confidentiality; Legal Resources; Fiscal Resources; Relationships with Agencies/Entities/Individuals/Citizen Groups/Others; and Accountability. For each component, SLTCOs can find the applicable Older Americans Act (OAA) provisions in the section entitled “OAA Mandates.” In addition, SLTCOs will find a listing of documents that support the importance of these components in Appendix 1.

Each of the components is a stand-alone section. State Ombudsmen can evaluate all 13 components at once, or limit their evaluation to one or more components at a time. The components are all of equal weight and are not presented in any order of priority.

The components are evaluated through the indicators. Ratings for the indicators are on a scale from 1-5, with “1” meaning “never” and “5” meaning “always.” Additional guidance on how to define the 1-5 ratings is provided in Appendix 2. State Ombudsmen should select the number that best describes their program when rating an indicator for a particular component. In cases where the State Ombudsman feels that the indicator as it applies to his or her program is better answered with a “yes” or “no,” circle “1” for “no” and “5” for “yes.” The indicators are all of equal weight and are not presented in any order of priority.

There are indicators that fit into several components. When this is the case, the indicator has been placed in what has been determined to be its “primary” component. However, when the same indicator also applies to another component, it has been listed in the second component under “Additional points to consider.” In this way, State Ombudsmen will only rate their program once for any one indicator, but are reminded that they need to think about the same indicator as it applies to other components. This underscores the interrelationship between components and the necessity of thinking “multi-dimensionally.”

At the end of each component, there are sections entitled “Notes/General Comments,” “Areas of Difficulty,” and “Plans for Improvement/Recommendations.” These sections are designed to help State Ombudsmen analyze the aspects of their program that they can improve and develop a concrete plan for making those improvements.

WAYS IN WHICH THE TOOL CAN BE USED

There are a variety of ways in which State Ombudsmen can work with this tool. Some possible approaches are listed below.

- The State Ombudsman can complete the entire tool by him or herself for the statewide program.
- The State Ombudsman can select one component at a time to assess and work on.
- The State Ombudsman, local ombudsmen and any other member of the program can work as a team to complete the entire tool or just one section at a time.
- A new State Ombudsman can review the tool as a starting point in learning about the key dimensions of the ombudsman program.
- A new State Ombudsman can work through the tool with his or her mentor.

There is no “right” or “wrong” way to work with the rating results. One approach might be to select a component and then target for improvement all the indicators within that component that are rated as a “1” or “2.” The program could then work to raise the ratings

to at least a “3” for all indicators. Once that has been accomplished, the program could choose to select another component and repeat the process, or it could decide that it wanted to achieve a rating of at least “4” in all indicators before working on another component.

DEFINITIONS

Long-term care facility: Any facility that meets the definition set forth by the Older Americans Act Section 102 (32).

Specifically, the term “long-term care facility” means-

- (A) Any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i-3(a));
- (B) Any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a));
- (C) For purposes of sections 307(a)(9) and 712, a board and care facility; and
- (D) Any other adult care home similar to a facility or institution described in subparagraphs (A) through (C).

Note:

- Under Section 102 (18) the term “board and care facility” means an institution regulated by a State pursuant to section 1616(e) of the Social Security Act.
- Assisted living facilities are included under Section 102 (32)(d) according to AoA policy interpretation.

Long-Term Care Ombudsman: (also referred to as LTCO or ombudsman) An individual, paid or volunteer, who has (A) met training and any additional requirements set by the State Long-Term Care Ombudsman and (B) been designated by the State Long-Term Care Ombudsman to carry out the duties identified in the Older Americans Act, Section 712(a)(5)(B).

Long-Term Care Ombudsman Assistant: (also referred to as ombudsman assistant) An individual, paid or volunteer, who carries out one or more duties identified in the Older Americans Act, Section 712(a)(5)(B), but who does not handle complaints.

Response time: The amount of time between the receipt of a case and the first action taken to investigate the case, i.e. when the first visit, phone call, etc. is made.

State Long-Term Care Ombudsman: (also referred to as SLTCO or State Ombudsman) The individual who heads up the Office of the State Long-Term Care Ombudsman and who has the duties identified in the Older Americans Act, Section 712(a)(3) or his/her designee when permitted under state law, rule or policy.

I. PROGRAM ACCESS

OLDER AMERICANS ACT (OAA) MANDATE – OAA § 712 (a)(3)(C)(D); 712(a)(5)(B);(ii); 712(b)(1)(A)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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A. Contacting the Program

1.	There is an easy, affordable way for people to contact the long-term care ombudsman program (LTCOP) that includes an 800 number for both in-state and out-of-state calls.	1	2	3	4	5
2.	There is a system for answering phone calls that: <ul style="list-style-type: none"> • Identifies the program • Is easy to use • Is understandable • Connects the caller to the right person • Accommodates TDD calls • Is in appropriate languages 	1	2	3	4	5
3.	When the ombudsman is unavailable during regular business hours, the answering system allows the caller to leave a message and provides a number to call if immediate ombudsman assistance is needed.	1	2	3	4	5
4.	At night, on weekends, and on holidays, the answering system allows the caller to leave a message and provides referral information.	1	2	3	4	5
5.	Messages are checked daily during work days.	1	2	3	4	5
6.	Callers receive a prompt, timely response to their call within an established time frame. (This does not mean that the program must respond to calls 24 hours a day, for instance through the use of a beeper.)	1	2	3	4	5
7.	The program has a website that is informative, up-to-date, easy to use and tells viewers how to contact the program.	1	2	3	4	5

8. The National Ombudsman Resource Center (NORC) is notified of any change in state or local ombudsman contact information so that consumers calling the NORC receive accurate information regarding how to contact appropriate ombudsman representatives.	1	2	3	4	5
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B. Program Materials

<p>9. Brochures explaining the program:</p> <ul style="list-style-type: none"> • Have been developed • Are easy to read • Use language that is understandable • Are widely disseminated in nursing homes, among referral sources, and in the community (AAAs, senior centers, public libraries, hospitals, etc.) • Are up-to-date with accurate ombudsman contact information • Are in appropriate languages • Are in accessible formats (e.g. Braille, audiotape) 	1	2	3	4	5
<p>10. Posters explaining the program:</p> <ul style="list-style-type: none"> • Have been developed • Are formatted in a way that is easy to read • Use language that is understandable • Convey the meaning of what the ombudsman is • Are widely disseminated • Are posted in every facility • Are up-to-date with accurate ombudsman information 	1	2	3	4	5
11. The program has a logo that specifically identifies the ombudsman program.	1	2	3	4	5
12. The program has stationery that specifically identifies the ombudsman program.	1	2	3	4	5
13. Ombudsmen and ombudsman assistants wear large print name tags while visiting facilities that identify them as being with the ombudsman program.	1	2	3	4	5
14. Ombudsmen and ombudsman assistants have large print business cards that identify them as being with the ombudsman program.	1	2	3	4	5

C. Knowledge of the Ombudsman Program by Others

15.	Residents/families/the public know about the ombudsman program, what it does and how to contact the ombudsman program.	1	2	3	4	5
16.	Long-term care facility administrators and key long-term care facility staff understand the role of the ombudsman program and make appropriate referrals and inquiries to the program.	1	2	3	4	5
17.	State and local referral systems/networks know about and understand the program and its role, and make appropriate referrals. (Systems/networks include area agencies on aging, senior centers, organizations such as AARP, the Alzheimer's Association, hospital discharge planners, pre-admission screeners, etc.)	1	2	3	4	5
18.	State licensing and certification agency staff, including the complaint handling unit and surveyors, understand the program, its scope and its role, and make appropriate referrals.	1	2	3	4	5

D. Direct Resident Access to the Program

19.	100% of all long-term care facilities are visited at least quarterly (NOTE: a visit includes contact with residents, not just with the administrator or facility staff and involves listening to and observing residents).	1	2	3	4	5
20.	The visitation rate takes into consideration at least the following factors: any problems present in the facility; the facility size and the characteristics of the residents in the facility.	1	2	3	4	5
21.	Visits to residents are unannounced and at varied times.	1	2	3	4	5
22.	Ombudsmen and ombudsman assistants have appropriate access to long-term care facilities and residents.	1	2	3	4	5

E. Outreach and Education About the Program

23.	The program uses multiple venues for promoting and educating the public about the program (television, radio, local newspapers, letters to the editor, ombudsman visits, presentations, websites, booths at state/county fairs, etc.).	1	2	3	4	5
24.	The ombudsman program trains all LTCOs and ombudsman assistants to promote the program.	1	2	3	4	5

25. Ombudsmen and ombudsman assistants within the state explain the program in a uniform manner and provide the same consistent description of the program.	1	2	3	4	5
26. The program has a one-page fact sheet presenting its accomplishments.	1	2	3	4	5
27. Ombudsmen educate state legislators and federal Congressmen about the program and how it can help their constituents.	1	2	3	4	5
28. Ombudsmen educate the media about the program and long-term care issues.	1	2	3	4	5
29. The State Unit on Aging Director and staff are informed about the ombudsman program, including what it does and its accomplishments.	1	2	3	4	5
30. The agency director and supervisory staff of any designated local ombudsman entity are informed about the ombudsman program, including what it does and its accomplishments.	1	2	3	4	5
31. Ombudsmen establish themselves as a resource on long-term care issues with legislators, the media, the public, and others.	1	2	3	4	5
32. The program initiates opportunities in the community and at the state level to educate others about its services (e.g. at trainings, presentations, or discussions organized by other organizations/agencies; at service clubs or meetings of religious organizations, etc.).	1	2	3	4	5

TOTAL FOR PROGRAM ACCESS: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

➤ **Notes/General Comments about Program Access:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

II. PROGRAM MANAGEMENT

OLDER AMERICANS ACT (OAA) MANDATE – OAA § 712 (a)(1)(2)(3); 712(a)(5)(A)(B)(C)(D); 712(b); 712(c); 712(d); 712(f)(4); 712(h)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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A. General

1.	The mission and vision of the program are well-defined.	1	2	3	4	5
2.	Each person in the program can clearly articulate its mission and vision.	1	2	3	4	5
3.	The focus of all ombudsman program efforts is on how program actions will benefit residents.	1	2	3	4	5
4.	The role and parameters of the LTCO, including what the LTCO does and does not do, are well-defined.	1	2	3	4	5
5.	The SLTCO, LTCOs and ombudsman assistants have a clear understanding of the structure of the statewide program; the duties and responsibilities at all levels of the program; and where they fit in the structure.	1	2	3	4	5
6.	There are job descriptions for the SLTCO, LTCOs, ombudsman assistants, program administrative staff and any other individuals working with the ombudsman program that incorporate and do not conflict with the duties mandated by the Older Americans Act (OAA).	1	2	3	4	5
7.	There are clear lines of authority and accountability within the program (e.g. local ombudsmen are directly responsible to the SLTCO for performance of all ombudsman-related duties).	1	2	3	4	5
8.	Ombudsman program standards require that 100% of all long-term care facilities are visited at least quarterly.	1	2	3	4	5
9.	The same written forms (e.g. case record forms, case documentation notes) are used statewide by everyone within the program. There are clear instructions on how these forms are to be completed.	1	2	3	4	5
10.	The statewide program is unified, cohesive and integrated. All ombudsmen and ombudsman assistants	1	2	3	4	5

	view themselves as part of a statewide program which functions as a team.					
11.	There is strong, ongoing two-way communication - including the dissemination of written information - between the Office of the State Ombudsman and local ombudsmen, as well as between local ombudsmen throughout the state.	1	2	3	4	5
12.	The Office of the State Ombudsman provides local programs with timely and prompt technical assistance.	1	2	3	4	5
13.	The Office of the State Ombudsman provides local programs with the support and resources they need to do all aspects of their job.	1	2	3	4	5
14.	LTCOs physically come together (for meetings, trainings, networking, etc.) at least quarterly.	1	2	3	4	5

B. Program Evaluation

15.	There is regular, periodic evaluation of the state and local programs.	1	2	3	4	5
16.	The evaluation in point #15 includes, but is not limited to, use of the self-evaluation tool developed by the National Ombudsman Resource Center.	1	2	3	4	5
17.	All local programs are periodically evaluated by the SLTCO. (This evaluation does not preclude other individuals, such as the local ombudsman, from also conducting an evaluation.)	1	2	3	4	5
18.	The evaluation process includes customer satisfaction surveys.	1	2	3	4	5
19.	The evaluation process includes input from a range of program stakeholders (e.g. residents, families, area agencies on aging, etc.)	1	2	3	4	5
20.	Evaluation by the SLTCO of a local program includes an onsite visit.	1	2	3	4	5

Additional Points to Consider:

- Obtaining feedback on program performance from advisory board - See XIII, #1.

C. Action Plan

21.	The state and local ombudsman programs have at least a biennial action plan that includes specific, measurable and scheduled objectives for each area of ombudsman program function required by the OAA.	1	2	3	4	5
22.	The data obtained from program evaluation are used to develop the action plan.	1	2	3	4	5

23. There is an established procedure for determining whether the objectives for the state and local ombudsman program plans have been achieved and what measures are taken when the objectives are not met.	1	2	3	4	5
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D. Policies and Procedures

24. Written statewide policies and procedures are developed, implemented and enforced consistently throughout the state.	1	2	3	4	5
25. Written ombudsman program policies and procedures include at least the following: <ul style="list-style-type: none"> • Conflict of interest • Designation, maintaining and/or renewing designation, and de-designation of LTCOs and entities • Approving and withdrawing approval of ombudsman assistants • Roles and responsibilities of individuals and entities within the program • Complaint processing • Confidentiality and disclosure • Ombudsman access to resident records • Ombudsman program duties other than complaint handling • Volunteers • Monitoring local ombudsman programs • Ombudsman program records • Legal counsel for the program • Responding to and addressing dissatisfaction or complaints regarding the program or any individual in the program 	1	2	3	4	5

E. Role and Position of State Long-Term Care Ombudsman (SLTCO)

26. The SLTCO is full-time and has no non-ombudsman job responsibilities.	1	2	3	4	5
27. The SLTCO adheres to the Ombudsman Code of Ethics.	1	2	3	4	5
28. The SLTCO directs the statewide ombudsman program.	1	2	3	4	5
29. The SLTCO has full authority and accountability for all aspects of the LTCOP at all levels within the state.	1	2	3	4	5

30. The SLTCO is responsible for leadership.	1	2	3	4	5
31. The SLTCO designates and de-designates LTCOs and local ombudsman programs/entities.	1	2	3	4	5
32. The SLTCO sets and maintains program policies, procedures, and standards.	1	2	3	4	5
33. The SLTCO manages and makes decisions about the use of the program's fiscal resources.	1	2	3	4	5
34. The SLTCO supervises the ombudsman-related work of LTCOs (e.g. complaint handling, other ombudsman activities). This does not necessarily include personnel management functions.	1	2	3	4	5
35. The SLTCO guides day-to-day program operations.	1	2	3	4	5
36. The SLTCO evaluates the statewide LTCOP performance.	1	2	3	4	5
37. The SLTCO directs the training of LTCOs and ombudsman assistants.	1	2	3	4	5
38. The SLTCO participates in the hiring and firing of ombudsmen.	1	2	3	4	5
39. The SLTCO directs statewide advocacy efforts.	1	2	3	4	5
40. The SLTCO controls the type and content of information disseminated by the program (ex. press releases, annual reports, information sheets, etc.).	1	2	3	4	5
41. The SLTCO maintains the confidentiality of program data and information at all levels.	1	2	3	4	5
42. The SLTCO maintains a statewide reporting system.	1	2	3	4	5
43. The SLTCO prepares and distributes the LTCOP annual report.	1	2	3	4	5
44. The SLTCO maintains ombudsman program case records (through local entities if such entities exist).	1	2	3	4	5
45. The SLTCO coordinates with statewide and national advocacy organizations involved in long-term care issues.	1	2	3	4	5
46. The SLTCO makes any decisions regarding the disclosure of ombudsman program records.	1	2	3	4	5
47. The SLTCO provides technical assistance, consultation, and resources related to the operation of the ombudsman program to local ombudsmen and others.	1	2	3	4	5
48. The SLTCO coordinates LTCO services with other agencies/entities/individuals/citizens' groups/others.	1	2	3	4	5
49. The SLTCO provides information and assistance regarding long-term care issues and the LTCOP to the general public, residents, community organizations, and other agencies.	1	2	3	4	5
50. The SLTCO fosters the growth and development of ombudsmen so they can assume leadership roles within the program.	1	2	3	4	5

F. Local Ombudsman Programs (Entities)

51. Each local entity is a non-profit, tax-exempt organization.	1	2	3	4	5
52. Each local entity provides at least the following services: <ul style="list-style-type: none"> • Complaint handling • Education/information and assistance • Resident visits • Systems advocacy 	1	2	3	4	5
53. There is an appeal system in place for local ombudsman entities whose designation is revoked by the SLTCO.	1	2	3	4	5

Additional Points to Consider:

- Written policies/procedures for designation and de-designation of a local ombudsman entity – See II, #25.
- SLTCO responsibility for designation/de-designation – See II, #31.
- Conflict of interest re: head of an entity – See VIII, #1.
- Conflict of interest re: board members of agency housing the local ombudsman entity – See VIII, #6.
- Development of action plan – See II, #21-22.
- Confidentiality of records, files – See IX, #4-7.
- Minimal staffing levels – See II, #67-71.
- Access to program – See I.
- Submission of data to SLTCO – See II, #101.
- Advisory board for local entity – See XIII, #1.
- Monitoring and evaluation of local entity – See II, #15-20.

G. Staffing

1. General

54. Any one working with the ombudsman program is free of unremedied conflict of interest and adheres to ombudsman confidentiality requirements and procedures.	1	2	3	4	5
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2. Long-Term Care Ombudsmen (LTCO)

55. The program has established minimum qualifications for all LTCOs.	1	2	3	4	5
56. LTCOs adhere to the Ombudsman Code of Ethics.	1	2	3	4	5
57. LTCOs possess characteristics of a good advocate (e.g. commitment, communications skills, persuasion skills, analytical abilities).	1	2	3	4	5
58. LTCOs are knowledgeable about long-term care residents, long-term care facilities and their management, long-term care services, and the federal and state laws/regulations governing long-term care facilities and related issues.	1	2	3	4	5
59. There is regular, periodic evaluation of each LTCO as part of maintaining/renewing LTCO designation.	1	2	3	4	5
60. All LTCOs are provided with some type of formal identification (e.g. a photo id).	1	2	3	4	5
61. There is an appeal procedure for LTCOs whose designation is revoked by the SLTCO.	1	2	3	4	5
62. Long-term care facility administration in the service area is notified when a LTCO is designated or de-designated..	1	2	3	4	5

Additional Points to Consider:

- Written policies/procedures for the designation and de-designation of a LTCO – See II, #25.
- SLTCO responsibility for designation/de-designation – See II, #31.
- Conflict of interest – See VIII, #5.
- Training requirements – See V, #8-16; 25-28.

3. Ombudsman Assistants

63. All ombudsman assistants who visit with residents in long-term care facilities meet requirements set by the SLTCO and are approved by the SLTCO.	1	2	3	4	5
64. Ombudsman assistants who do not visit residents meet all requirements set by the LTCO overseeing the local program and are approved by that LTCO.	1	2	3	4	5
65. There is a clear process for approving and withdrawing the approval of any ombudsman assistant.	1	2	3	4	5
66. Long-term care facility administration is notified when an ombudsman assistant who visits residents in its facility is approved or when approval is withdrawn.	1	2	3	4	5

Additional Points to Consider:

- Written policies/procedures for the approval/withdrawal of approval of an ombudsman assistant – See II, #25.
- Conflict of interest – See VIII, #5.
- Training requirements – See V, #19-24; 30-33.

4. Staffing Levels

67. There is adequate staff to carry out all ombudsman program functions defined by the OAA.	1	2	3	4	5
68. The statewide program has a minimum staffing ratio of 1 LTCO FTE to 2000 beds. This ratio includes only those individuals within the program who investigate complaints.	1	2	3	4	5
69. Each local ombudsman program has a minimum staffing ratio of 1 LTCO FTE to 2000 beds. This ratio includes only those individuals within the program who investigate complaints.	1	2	3	4	5
70. Each local program has at least one staff person who works full-time as a LTCO.	1	2	3	4	5
71. Each local ombudsman program has a minimum staffing ratio of 1 FTE volunteer/coordinator to 20 volunteers.	1	2	3	4	5
72. There is a back-up system in place to provide ombudsman services when the LTCO is unavailable.	1	2	3	4	5
73. Salaries and benefits are adequate to attract and retain qualified staff.	1	2	3	4	5
74. State and local ombudsmen assess turnover rates of both paid staff and volunteers and make adjustments to improve retention.	1	2	3	4	5

H. Volunteer Management

1. General

75. The program has a volunteer program in place that includes volunteers who handle complaints.	1	2	3	4	5
76. The program uses volunteers in a variety of different capacities.	1	2	3	4	5
77. The role of the volunteer is clearly defined.	1	2	3	4	5
78. The expectations of the volunteer are clearly outlined (e.g. attendance at meetings, trainings, frequency of	1	2	3	4	5

resident visitations, etc.).					
79. Volunteers are matched with jobs that correspond to their skills, interests and abilities.	1	2	3	4	5

2. Recruitment and Training

80. There is a systematic process for recruiting volunteers.	1	2	3	4	5
81. Individuals who have expressed interest in becoming a volunteer receive a response that is prompt enough to maintain their interest in volunteering.	1	2	3	4	5
82. The recruitment process taps into groups and organizations with which the program and volunteers already have personal and professional connections (e.g. AARP, churches).	1	2	3	4	5
83. Criteria for selecting volunteers are well-defined.	1	2	3	4	5

Additional Points to Consider:

- Initial training for volunteers who are LTCO – See V, #8-16.
- Ongoing training for volunteers who are LTCO – See V, #25-28.
- Ongoing training for volunteers who are ombudsman assistants – See V, #30-33.

3. Supervision and Support

84. There is a well-defined structure in place for the supervision of volunteers.	1	2	3	4	5
85. The volunteer supervisor/coordinator of a local ombudsman entity is a LTCO or has served as a LTCO for at least 2 years.	1	2	3	4	5
86. The volunteer coordinator/supervisor (of a local ombudsman entity or of the statewide program) is strongly supportive of the use of volunteers in the ombudsman program and respectful of the volunteer role.	1	2	3	4	5
87. Volunteers receive support, assistance, and guidance in a timely manner.	1	2	3	4	5
88. There is a system for checking in with volunteers on a regular basis to see how they are doing.	1	2	3	4	5
89. Volunteers have the opportunity to network with other volunteers on a regular basis.	1	2	3	4	5
90. The volunteer supervisor/coordinator, SLTCO or experienced LTCO accompanies the volunteer on a facility visit at least once a year.	1	2	3	4	5

Additional Points to Consider:

- Ratio of FTE LTCO to volunteers – See II, #71.
- Confidentiality requirements – See IX.

4. Recognition

91. Volunteers are recognized and honored publicly.	1	2	3	4	5
92. Volunteers are valued by paid staff and viewed as a critical part of the ombudsman team.	1	2	3	4	5

5. Treatment of Staff

93. All individuals working with the ombudsman program (both paid and volunteer) treat each other with dignity and respect.	1	2	3	4	5
94. All individuals working with the ombudsman program (both paid and volunteer) feel valued, important, empowered and part of a team.	1	2	3	4	5
95. All individuals working with the ombudsman program (both paid and volunteer) have input into ombudsman program policy, training and decisions affecting the program.	1	2	3	4	5
96. All individuals working with the ombudsman program (both paid and volunteer) feel comfortable voicing concerns, grievances and problems.	1	2	3	4	5

I. Information Management

97. The data collected by the program are complete, reliable, consistent and easy to use.	1	2	3	4	5
98. The program has adequate software and hardware at both the state and local levels to handle its data system.	1	2	3	4	5
99. The program has a statewide policy regarding the provision of complaint data, facility information, and	1	2	3	4	5

other information to consumers and providers regarding long-term care facilities that is consistent with the OAA.					
100. The SLTCO audits program data on a regular basis.	1	2	3	4	5
101. All LTCOs and ombudsman assistants submit reports to the SLTCO in a timely manner.	1	2	3	4	5
102. The data collected by the program are used for: <ul style="list-style-type: none"> • Program management, including training • Systems advocacy • Generation of internal and external reports (e.g. reports for AoA, funders) 	1	2	3	4	5
103. Ombudsman complaint data are analyzed for purposes of quality assurance to determine: <ul style="list-style-type: none"> • Timeliness of initial response • How long it takes for a case to be closed • Whether the program is reaching residents (as evidenced by the source of complaints) • Whether ombudsmen are working for resolution or referring complaints • Patterns of complaints from facilities • Types of cases that are most difficult to resolve • Types of cases that are not being resolved • Types of complaints that the program is able to resolve most effectively • Whether the best resolution strategy is used 	1	2	3	4	5

Additional Points to Consider:

- Confidentiality of data – See IX, #5.
- Confidentiality of ombudsman program records – See IX, #7.

TOTAL FOR <i>PROGRAM MANAGEMENT</i> (1) _____ (2) _____ (3) _____ (4) _____ (5) _____
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➤ **Notes/General Comments about Program Management:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

III. COMPLAINT HANDLING

OLDER AMERICANS ACT (OAA) MANDATE – OAA § 712 (a)(3)(A)(D)(E); 712(a)(5)(B)(ii)(iii)(iv); 712(b)(1)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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A. Scope

1. The type of complaint work conducted by the program is consistent with the role of a resident advocate and is distinct and separate from the duties of other entities such as the regulatory agency, adult protective services or the nursing facility.	1	2	3	4	5
2. There are clear policies consistent with the OAA mandates regarding if and when ombudsmen and ombudsman assistants who visit residents report suspected abuse or neglect.	1	2	3	4	5
3. Ombudsmen are given clear guidance and training about how to handle the following situations: <ul style="list-style-type: none"> • The resident is unable to give consent and has no representative • The resident is unable to give consent and the resident’s representative is acting in a way that is negatively affecting the resident • The ombudsman has generated the complaint and needs to determine how to best advocate for a resident • The ombudsman has witnessed or suspects abuse, and the resident does not want the ombudsman to take any action • The ombudsman has witnessed or suspects abuse, and the resident is unable to give consent 	1	2	3	4	5

B. Complaint Prioritization and Response Times

(See “Definitions” section for explanation of the term “response time”)

<p>4. The program has established policies and procedures for complaint prioritization and response times that require at least the following standards:</p> <p>Priority: 1 Type of complaint:</p> <ul style="list-style-type: none"> Abuse or gross neglect, and the ombudsman has reason to believe that a resident may be at risk Actual or threatened transfer/discharge from a facility, and the ombudsman has reason to believe the transfer/discharge will occur immediately Action requiring a time-certain action <p>Response time: Within the next working day</p> <p>Priority: 2 Type of complaint:</p> <ul style="list-style-type: none"> Abuse or gross neglect, and the ombudsman has no reason to believe that a resident is at risk <p>Response time: Within 3 working days</p> <p>Priority: 3 Type of complaint:</p> <ul style="list-style-type: none"> Actual or threatened transfer/discharge from a facility, and the ombudsman has no reason to believe that the transfer/discharge will occur immediately <p>Response time: Whichever occurs first:</p> <ul style="list-style-type: none"> 5 working days Last day of bed hold period if resident is hospitalized Last day for filing a transfer/discharge appeal <p>Priority: 4 Type of complaint:</p> <ul style="list-style-type: none"> Other types of complaints 	1	2	3	4	5
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Response time: Within 7 working days					
5. The complaint prioritization and response time standards are uniformly implemented throughout the statewide program.	1	2	3	4	5

C. Resident-Centered Focus

6. Ombudsmen consult and work with the resident/resident's representative at every stage of the complaint handling process, including: <ul style="list-style-type: none"> • Communicating with the resident/resident's representatives to determine his/her perception of the problem and wishes when beginning an investigation • Obtaining consent in accordance with established program policies. • Developing a plan of action with the resident/resident's representative • Keeping the resident/resident's representative apprised • Checking with the resident/resident's representative throughout the process to determine if the resident/resident's representative still wishes to proceed. 	1	2	3	4	5
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D. Empowerment

7. Ombudsmen empower and educate the resident and/or complainant to advocate on his or her own behalf, or with ombudsman assistance, if needed.	1	2	3	4	5
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E. Investigation

8. Ombudsmen use the investigative process to: <ul style="list-style-type: none"> • Validate the complaint • Determine the resident's perception and wishes • Determine what problem must be addressed to resolve the complaint/issue • Develop ideas for resolving the complaint/issue/problem 	1	2	3	4	5
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9.	Ombudsmen investigate complaints in accordance with the essential characteristic of impartiality set forth by the American Bar Association Standards for Establishment and Operation of Ombuds Offices. ¹	1	2	3	4	5
10.	The program has clear policies, consistent with the OAA, governing how ombudsmen obtain and document the resident's or the resident's representative's consent (as well as the complainant's consent) to handle a complaint.	1	2	3	4	5
11.	Ombudsmen only examine residents' records when the information is essential to complaint investigation and/or complaint resolution and only with consent as mandated by the OAA.	1	2	3	4	5
12.	Ombudsmen have appropriate access to residents' records and to any other documents to which they are entitled under the OAA during the course of their investigation.	1	2	3	4	5
13.	The program has clear policies and provides training to ombudsmen on: <ul style="list-style-type: none"> • Assessing the credibility of information from residents and families • Determining the type and amount of evidence needed in complaint handling • Determining the validity of a complaint 	1	2	3	4	5
14.	Ombudsmen inform the resident/resident's representative and/or complainant of their investigation findings.	1	2	3	4	5

Additional Points to Consider:

- Policies and procedures for ombudsman access to resident records – See II, #25.

F. Resolution

15.	Ombudsmen use a variety of approaches to resolve complaints (e.g. negotiation, promoting self-advocacy, mediation, education).	1	2	3	4	5
16.	The complaint resolution rate meets or exceeds a baseline set by the SLTCO.	1	2	3	4	5

¹ Impartiality in Conducting Inquiries and Investigations. The ombuds conducts inquiries and investigations in an impartial manner, free from initial bias and conflicts of interest. Impartiality does not preclude the ombuds from developing an interest in securing changes that are deemed necessary as a result of the process, nor from otherwise being an advocate on behalf of a designated constituency. The ombuds may become an advocate within the entity for change where the process demonstrates a need for it.

G. Follow-up, Referral and Case Closing

17. Ombudsmen follow-up with the resident/resident's representative and/or complainant regarding his or her satisfaction with the complaint outcome before closing a case.	1	2	3	4	5
18. There are policies and procedures outlining when and how a complaint is referred to another agency for handling.	1	2	3	4	5
19. Ombudsmen follow-up on complaints referred to another agency.	1	2	3	4	5

H. Documentation

20. Accurate, objective and complete documentation and case notes are maintained for each case handled by the ombudsman program.	1	2	3	4	5
21. The SLTCO audits/reviews the documentation maintained by ombudsmen on a regular, periodic basis.	1	2	3	4	5
22. Complaints are coded and recorded on ombudsman reporting forms in accordance with the National Ombudsman Reporting System (NORS).	1	2	3	4	5

Additional Points to Consider:

- Training on documentation – See V, #10, 27.

I. Other

23. When appropriate, ombudsmen and ombudsman assistants generate complaints based on their own observations and knowledge of situations that affect or that could negatively affect residents.	1	2	3	4	5
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Additional Points to Consider:

- Independence in complaint work – See VII, #2.
- Confidentiality – See IX.

TOTAL FOR *COMPLAINT HANDLING*: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

➤ **Notes/General Comments about Complaint Handling:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

IV. EDUCATION/INFORMATION AND ASSISTANCE

OLDER AMERICANS ACT (OAA) MANDATE – OAA § 712 (a)(3)(B)(C); 712 (a)(3)(G)(iii); 712(a)(3)(H)(iii); 712(a)(5)(B)(i)(ii); 712(a)(5)(B)(v)(II); 712(a)(5)(B)(vi); 712(h)(3)(A)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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A. Written Materials

1. The program has easy to understand, written information available to educate residents, families, and the public on a wide range of nursing home issues and advocacy topics (e.g. abuse, neglect, restraints, transfers/discharges; selecting a nursing home, what quality nursing home care looks like).	1	2	3	4	5
2. The program makes its educational material readily available to the public.	1	2	3	4	5
3. Ombudsmen and/or ombudsman assistants distribute written information about residents’ rights to residents in all long-term care facilities.	1	2	3	4	5

B. Information and Assistance

4. The program educates and empowers consumers to advocate for themselves by providing one-on-one technical assistance.	1	2	3	4	5
5. The program responds to requests for information and assistance within 2 working days.	1	2	3	4	5
6. The program promotes the development and strengthening of resident and family councils in each long-term care facility.	1	2	3	4	5
7. The program provides technical assistance and support to residents and families in developing or strengthening a resident or family council.	1	2	3	4	5

8.	The program provides information and technical assistance to long-term care facility staff.	1	2	3	4	5
9.	Residents and their families are aware of the rights that residents have in a long-term care facility.	1	2	3	4	5
10.	The program provides prospective residents, their families and others with guidance and information about selecting a long-term care facility.	1	2	3	4	5
11.	The program shares best practice information with long-term care facility providers.	1	2	3	4	5

C. Presentations/Trainings

12.	The program provides presentations to residents on their rights.	1	2	3	4	5
13.	The program provides community educational sessions to consumer groups, advocacy groups and the public.	1	2	3	4	5
14.	The program seeks opportunities to educate consumer groups, advocacy groups and the public about residents' rights, long-term care and issues affecting residents.	1	2	3	4	5
15.	The program provides presentations to resident and family councils.	1	2	3	4	5
16.	The program provides inservice trainings to long-term care facility staff on residents' rights and other issues impacting residents.	1	2	3	4	5

D. Other

17.	The program uses a variety of ways to educate residents, families, citizens' groups, legislators, and others about residents' rights and other long-term care topics (e.g, posters, press releases, brochures, radio, tv).	1	2	3	4	5
18.	The program has a system in place for informing residents and their families about changes in residents' rights or in laws, regulations or policies affecting residents.	1	2	3	4	5

TOTAL FOR EDUCATION/INFORMATION AND ASSISTANCE: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____
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➤ **Notes/General Comments about Education/Information and Assistance:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

V. TRAINING

OLDER AMERICANS ACT (OAA) MANDATE – OAA §712(a)(3)(H)(i); 712(a)(5)(C)(iv); 712(h)(4)(5)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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A. General

1. Training is consistent with state requirements and OAA requirements.	1	2	3	4	5
2. All training emanates from defined ombudsman program values.	1	2	3	4	5
3. All individuals working with the ombudsman program receive training in a timely manner after assuming their positions.	1	2	3	4	5
4. Training of all LTCOs is directed by the SLTCO.	1	2	3	4	5
5. Training content is appropriate for adult learners (e.g. content is immediately relevant and applicable to trainee's work).	1	2	3	4	5
6. Training methodology is appropriate for adult learners and includes at least some of the following approaches: <ul style="list-style-type: none"> • Web-based tools (such as manuals, questions and answers, core competencies) • A written program training manual that is easy to read and contains reference and resource material • Case studies, videos, role play, practice-based simulation (e.g. mock interviews), modeling, job shadowing, feedback mechanisms (e.g. video replay, instructor critique) • Facility visits, mentoring and internships under the guidance of the LTCOP • Observation of the regulatory survey process • Conference calls 	1	2	3	4	5
7. The program regularly reviews and evaluates its training to ensure internal consistency and compliance with the OAA.	1	2	3	4	5

B. Initial Training

1. Long-Term Care Ombudsmen

8. The number of hours of initial training for LTCOs is at least equal to the number of hours contained within the training curriculum developed by the National Ombudsman Resource Center.	1	2	3	4	5
9. All new LTCOs complete at least the training curriculum developed by the National Ombudsman Resource Center.	1	2	3	4	5
<p>10. Initial training topics are in accordance with the training curriculum developed by the National Ombudsman Resource Center and include at least the following:</p> <ul style="list-style-type: none"> • Introduction to the LTCOP: national and state history; role and responsibilities of ombudsmen (including the ombudsman role in systems advocacy); ombudsman program philosophy, values, ethics (resident-directed and resident-centered focus); conflict of interest • Long-term care residents: characteristics (including introduction to mental health issues, Alzheimer’s Disease, other dementias); adjustments to facility life; need for resident autonomy and empowerment • The aging process: normal, age-related changes; typical illnesses and medical conditions of residents; medications • Long-term care facilities: classification of facilities; ownership; typical administrative structure and personnel • The regulatory system: requirements for licensure and for certification; roles of various agencies; monitoring or surveying; enforcement • Long-term care financing: Medicare; Medicaid; long-term care insurance; other types of long-term care payment • Residents’ rights: reluctance of residents to exercise their rights; understanding the meaning of resident rights; implications for residents, families, providers, and ombudsmen; resident and family councils; legal decision-making mechanisms • The problem-solving process: communication; confidentiality; LTCO role in receiving and resolving complaints; investigation; resolution; “Precedence Protocol for Advocacy” established by Dr. Wayne 	1	2	3	4	5

<ul style="list-style-type: none"> • Nelson; ethical issues; access to residents; access to records; referrals to other agencies; reporting • State structure of the LTCOP: who reports to whom; whom to contact when assistance is needed; when and how to make referrals within the program • Documentation of cases, complaints and other activities; the National Ombudsman Reporting Systems • Resources and when ombudsmen need to contact them 					
11. New ombudsmen are paired with a mentor who is an experienced ombudsman both during and for up to a year following their certification. The mentor accompanies the new ombudsman on at least one resident visit before the ombudsman visits on his or her own and is then available to the new ombudsmen for ongoing consultation and guidance.	1	2	3	4	5
12. There is an application-based “formal” evaluation to assess whether an individual has the skills and knowledge necessary to be designated as a LTCO. (“Application-based” means that the individual is evaluated in a way that requires that s/he apply what has been learned to real-life scenarios.)	1	2	3	4	5
13. New ombudsmen are oriented to the facility or facilities to which they are assigned and long-term care facility administration is notified about the new ombudsman prior to the ombudsman’s first visit.	1	2	3	4	5
14. There is a means of assessing how well new ombudsmen are doing within the first 6 months.	1	2	3	4	5
15. Local ombudsmen receive training in management and supervisory functions; media relations; volunteer management; public education; and program promotion <i>if their job includes these duties</i> .	1	2	3	4	5
16. Ombudsmen receive formal recognition upon completing initial training (e.g. a certificate, a certification card).	1	2	3	4	5

2. State Long-Term Care Ombudsman

17. The SLTCO receives initial training. Topics to be covered include: <ul style="list-style-type: none"> • Topics identified in V, #10. • Supervisory and management skills, including program funding • Media relations • Volunteer management • Public education • Program promotion 	1	2	3	4	5
18. The SLTCO participates in a mentoring program with another state ombudsman.	1	2	3	4	5

3. Ombudsman Assistants

19.	The initial training for ombudsman assistants who visit residents is set by the SLTCO.	1	2	3	4	5
20.	Ombudsman assistants who visit residents receive initial training prior to beginning work.	1	2	3	4	5
21.	Ombudsman assistants who visit residents receive some type of recognition upon completing initial training (e.g. a certificate, a certification card).	1	2	3	4	5
22.	New ombudsman assistants who visit residents are oriented to the facility or facilities to which they are assigned, and long-term care facility administration is notified about the new ombudsman assistant prior to the ombudsman assistant's first visit.	1	2	3	4	5
23.	Initial training for ombudsman assistants who do not visit residents is set by the LTCO overseeing the local ombudsman program and includes any requirements set by the SLTCO.	1	2	3	4	5
24.	The training for ombudsman assistants who do not visit residents is commensurate with their duties.	1	2	3	4	5

C. Ongoing In-Service Training

1. Long-Term Care Ombudsmen

25.	The number of hours of required ongoing in-service training for LTCOs is set by the SLTCO.	1	2	3	4	5
26.	Ongoing training for local ombudsmen is based on the following criteria: <ul style="list-style-type: none"> • Identification of need (of residents, of ombudsmen, etc.) • Analysis of program data • Analysis of technical assistance questions received in the state office • Latest trends and developments • Need to revisit topics that have not been covered recently 	1	2	3	4	5
27.	Ongoing in-service training includes at least the following topics: (Note: each of these topics does not need to be included every year. However, LTCOs should receive training in these topics at some point after their initial designation.) <ul style="list-style-type: none"> • Advanced systems advocacy 	1	2	3	4	5

<ul style="list-style-type: none"> • Protocols for ombudsman work/roles • Using laws/regulations as tools to help residents • Understanding the mental health needs of residents • Working with residents with Alzheimer’s Disease, other dementias, and other physical/mental conditions that affect resident decision-making capacity • Periodic refreshing and refining of LTCO skills • Periodic revisiting of the basics of ombudsman ethics, values and ombudsman program philosophy • Documenting cases, complaints and other activities 	
28. Ongoing training includes both training sessions limited to ombudsmen only, as well as workshops and conferences sponsored by and held for groups outside the ombudsman network.	1 2 3 4 5

2. State Long-Term Care Ombudsman

29. The SLTCO receives ongoing in-service training by participating in: <ul style="list-style-type: none"> • National training events such as the annual National Ombudsman Training Conference • Training presented by the National Ombudsman Resource Center • Other national or state-level training related to long-term care, aging, and/or advocacy-related topics 	1 2 3 4 5
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3. Ombudsman Assistants

30. Ombudsman assistants who visit residents receive ongoing training on an annual basis.	1 2 3 4 5
31. The number of hours of ongoing training for ombudsman assistants who visit residents is determined by the SLTCO.	1 2 3 4 5
32. Ombudsman assistants who do not visit residents receive ongoing training commensurate with their duties and needs.	1 2 3 4 5
33. The number of hours of ongoing training for ombudsman assistants who do not visit residents is set by the LTCO who oversees the local program.	1 2 3 4 5

D. Other

34. At least once a year a training conference is held that physically brings together all LTCOs, ombudsman assistants and any other individuals in the ombudsman program.	1	2	3	4	5
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TOTAL FOR TRAINING: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

➤ **Notes/General Comments about Training:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

VI. SYSTEMS ADVOCACY

OLDER AMERICANS ACT (OAA) MANDATE – OAA §712 (a)(3)(E)(G); 712 (a)(5)(B)(iv)(v); 712(h)(1)(D)(E)(F); 712(h)(2)(3)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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A. General

1. The program promotes systems change to address the quality of life and quality of care of long-term care residents.	1	2	3	4	5
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Additional Points to Consider:

- Direction of statewide advocacy efforts by SLTCO – See II., #39.

B. Development of Advocacy Agenda

2. The program works together as a whole to address at least one systems advocacy goal that affects residents throughout the state.	1	2	3	4	5
3. The state and local programs each develop an identifiable systems advocacy agenda.	1	2	3	4	5
4. Both the state and local programs have a system in place for selecting their systems advocacy agenda.	1	2	3	4	5
5. Both the state and local programs base their systems advocacy on ombudsman program data and have documentation to support their positions.	1	2	3	4	5
6. The program has a database that enables the local and statewide program to identify systemic issues in a	1	2	3	4	5

timely manner.	
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Additional Points to Consider:

- Role of advisory board in advocacy – See XIII, #1.

C. Implementation of Advocacy Agenda

<p>7. The SLTCO and LTCOs carry out their systems advocacy agenda in at least the following ways:</p> <ul style="list-style-type: none"> • Working for legislative, regulatory or administrative changes to improve the health, safety, welfare and rights of residents • Contacting legislators and policy makers • Contacting the media • Disseminating information about policy/legislative issues affecting residents • Educating legislators, policy makers, governmental agencies, the media, residents, their families and the public regarding the impact of laws, regulations, policies, and/or practices on long-term care residents (e.g. through written materials, presentations, etc.) • Making public recommendations regarding issues affecting residents • Facilitating public comment about facility policies at the individual facility level and about public policies at the regional, state, and/or national level • Disseminating ombudsman program public reports • Holding and/or participating in public forums or hearings 	1	2	3	4	5
<p>8. The program is unencumbered in carrying out its advocacy agenda and in responsibly representing the concerns and interests of long-term care residents.</p>	1	2	3	4	5
<p>9. The program is permitted to take a stance on behalf of residents that is contrary to the position of its host agency.</p>	1	2	3	4	5
<p>10. The ombudsman program initiates and participates in coalitions and task forces at both the state and local levels to address long-term care issues affecting residents.</p>	1	2	3	4	5

D. Education About Advocacy Agenda

11. The program educates residents, their families, citizens' groups and the public about, and involves them in, its systems advocacy agenda.	1	2	3	4	5
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TOTAL FOR *SYSTEMS ADVOCACY*: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

➤ **Notes/General Comments about Systems Advocacy:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

VII. PROGRAM INTEGRITY

OLDER AMERICANS ACT (OAA) MANDATE – OAA §712(a)(1)(A); (a)(3)(E)(G); (a)(5)(B)(iv)(v); (h)(1)(D)(E)(F); (h)(2); (h)(3)(i)(ii); OAA §712(a)(4)(B); (a)(5)(C)(ii); (f); (j)(1)(3)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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1. The SLTCO, LTCOs, ombudsman assistants and any individual working with the ombudsman program are housed in an entity of government (state or local) or agency outside government in which they are free to:	1	2	3	4	5
<ul style="list-style-type: none"> • Represent the interests of residents before governmental agencies, legislative committees, individual legislators and other individuals, groups or entities • Communicate directly with directors of government entities, legislators, policy makers and the media about issues affecting residents • Provide uncensored public testimony that reflects the views of the ombudsman program 					
2. The program vigorously pursues all reasonable courses of action that are in the best interests of residents.	1	2	3	4	5
3. The operation of the statewide program is in accordance with the essential characteristic of independence set forth by the American Bar Association Standards for Establishment and Operation of Ombuds Offices. ²	1	2	3	4	5

² Independence. The ombuds is and appears to be free from interference in the legitimate performance of duties and independent from control, limitation, or a penalty imposed for retaliatory purposes by an official of the appointing entity or by a person who may be the subject of a complaint or inquiry. In assessing whether an ombuds is independent in structure, function, and appearance, the following factors are important: whether anyone subject to the ombuds's jurisdiction or anyone directly responsible for a person under the ombuds's jurisdiction (a) can control or limit the ombuds's performance of assigned duties or (b) can, for retaliatory purposes, (1) eliminate the office, (2) remove the ombuds, or (3) reduce the budget or resources of the office.

Additional Points to Consider:

- Independence in implementing advocacy agenda – See VI, #7-9.
- Role of SLTCO – See II, #28-49.
- Program logo – See I, #11.
- Program stationery – See I, #12.

TOTAL FOR *PROGRAM INTEGRITY*: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

➤ **Notes/General Comments about Program Integrity:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

VIII. CONFLICT OF INTEREST

OLDER AMERICANS ACT (OAA) MANDATE – OAA §712(a)(4)(B); 712(a)(5)(C)(ii); 712(f); 712(g)(1)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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1.	<p>The SLTCO, LTCOs, ombudsman assistants and any individual working with the ombudsman program are housed in an entity of government (state or local) or agency outside government whose head is free of responsibilities for any of the following:</p> <ul style="list-style-type: none"> • Licensure, certification, registration, or accreditation of long-term care facilities • Reimbursement rate settings for long-term care facilities • Medicaid eligibility determination • Decisions regarding admission of elderly individuals to long-term care facilities • Guardianship services • Management or ownership of a long-term care facility 	1	2	3	4	5
2.	<p>The SLTCO, LTCOs, ombudsman assistants and any individual working with the ombudsman program are housed in an entity of government (state or local) or agency outside government in which they are not subject to the control of any agency of State Government or any State Official that also directly supervises the licensing and certification of long-term care facilities, owns or operates such facilities, or provides long-term care services in a long-term care facility.</p>	1	2	3	4	5
3.	<p>The ombudsman program functions independently of:</p> <ul style="list-style-type: none"> • Any adult protective services program or unit impacting clients or potential clients of the ombudsman program • Any long-term care case management service impacting clients or potential clients of the ombudsman program • Any program that provides long-term care services in a long-term care facility 	1	2	3	4	5

<p>4. The individual and the members of the immediate family of the individual who designates or removes the SLTCO are not officials or employees of an agency which directly licenses or certifies long-term care facilities, administers long-term care facilities or provides long-term care services in a long-term care facility.</p>	1	2	3	4	5
<p>5. The individuals identified below are free of the following conflicts of interest:</p> <p>a. The SLTCO, LTCOs, ombudsman assistants, and any individual working with the ombudsman program or the members of their immediate family:</p> <ul style="list-style-type: none"> • Have no direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care services • Have no ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service³ • Are not employed by, or participating in the management of, a long-term care facility • Do not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility • Do not provide services to residents of a facility or another facility within the corporation if the individual has been an employee of that long-term care facility within the previous year • Do not provide services to residents of a facility that belongs to a long-term care facility trade association if the individual has been an employee of that trade association within the previous year • Do not stand to gain financially through an action or potential action brought on behalf of individuals the ombudsman services, including but not limited to selling services or products to residents or to long-term care facilities • Do not serve as a resident’s agent, medical decision-maker or surrogate; the sole witness for Do Not Resuscitate (DNR) orders or other medical directives (except to serve in such capacity for a family member or another with whom the ombudsman has a close personal relationship originating outside of the role as ombudsman); or as a member of a facility’s ethics committee • Are not directly supervised by, do not provide supervision for, or do not provide services on behalf of a program with conflicting responsibility. Conflicting responsibility includes, but is not limited to, 	1	2	3	4	5

³ Ownership of shares in a mutual fund or other publicly traded pooled investment fund whose assets may include publicly traded securities of long-term care facilities or service organizations shall not generally constitute a conflict of interest, unless the investments of such fund are limited to such facilities and/or service organizations, or such investments normally form a large percentage of such fund.

<p>an agency which directly administers or supervises the administration of the licensing and certification of long-term care facilities; controls access to a facility (e.g., pre-admission screening); adult protective services programs or program units which develop and carry out care plans for, provide involuntary services to, are authorized to take temporary custody of, or serve as guardians, conservators or legal representatives for any clients (except to serve in such capacity for a family member or another with whom the ombudsman has a close personal relationship originating outside of the role as ombudsman.)</p> <p>b. LTCOs and ombudsman assistants do not provide services to residents of a long-term care facility in which they have an immediate family member residing.</p>	
<p>6. Board members of an agency that houses a local ombudsman entity do not serve in any decision-making, policy-setting or program operation capacity relative to the ombudsman program if they have the following conflicts of interest:</p> <ul style="list-style-type: none"> • Current direct involvement in the licensing or certification of a long-term care facility or a provider of a long-term care service • Current employment in, contractual arrangement with, or participation in the management of a long-term care facility • A current financial interest in a long-term care facility or a long-term care service • Current membership in a trade association of long-term care facilities 	<p>1 2 3 4 5</p>
<p>7. In cases where the ombudsman program is contracted to another agency or organization, the individual who oversees the contract is not involved in licensing, certifying or administering long-term care facilities.</p>	<p>1 2 3 4 5</p>
<p>8. In cases where the ombudsman program is responsible under state law or policy for home care complaints, the SLTCO, LTCOs, ombudsman assistants and any individual working with the ombudsman program are housed in an entity of government (state or local) or agency outside government whose head is free of responsibilities for any of the following:</p> <ul style="list-style-type: none"> • Provision of long-term care services, including Medicaid waiver programs • Long-term care case management • Reimbursement rate settings for home care services 	<p>1 2 3 4 5</p>
<p>9. The attorney that provides legal counsel to the ombudsman program does not advise or represent other agencies or interests that have an actual or potential conflict of interest with residents' interests or ombudsman duties.</p>	<p>1 2 3 4 5</p>
<p>10. The program has established policies and procedures for identifying any actual or potential conflicts of interest and determining whether these conflicts can be sufficiently remedied. A conflict can be</p>	<p>1 2 3 4 5</p>

sufficiently remedied only where the existence of the conflict does not interfere with any duties of the ombudsman program and where the conflict is not likely to alter the perception of the program as an independent advocate for residents.	
11. The SLTCO is responsible for determining whether appropriate actions can be taken to sufficiently remedy a conflict of interest.	1 2 3 4 5

Additional Points to Consider:

- Written policies and procedures for conflict of interest – See II, #25.

TOTAL FOR CONFLICT OF INTEREST: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

➤ **Notes/General Comments about Conflict of Interest:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

IX. CONFIDENTIALITY

OLDER AMERICANS ACT (OAA) MANDATE – OAA §712 (a)(5)(D)(iii); 712(d)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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1.	The program only discloses the identity of a resident or a complainant under the conditions mandated by the OAA.	1	2	3	4	5
2.	LTCOs and ombudsman assistants explain the parameters of confidentiality to the resident and/or complainant and maintain those parameters.	1	2	3	4	5
3.	The SLTCO, LTCOs and ombudsman assistants assure that meetings with residents and/or complainants are conducted in a private location.	1	2	3	4	5
4.	All communication relating to a complaint remains confidential and is handled only by individuals working within the ombudsman program.	1	2	3	4	5
5.	All data, including those in electronic format, maintained by the long-term care ombudsman program, remain confidential. Disclosure is permitted only in accordance with the requirements of the OAA.	1	2	3	4	5
6.	All ombudsman program records, both paper and electronic, are confidential and maintained in secure files.	1	2	3	4	5
7.	Only individuals working with the ombudsman program have access to ombudsman program files.	1	2	3	4	5

Additional Points to Consider:

- SLTCO responsibility for confidentiality – See II, #41.
- Written policies and procedures regarding confidentiality – See II, #25.

TOTAL FOR CONFIDENTIALITY: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

➤ **Notes/General Comments about Confidentiality:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

X. LEGAL RESOURCES

OLDER AMERICANS ACT (OAA) MANDATE – OAA §712(g); 712(i)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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1. The program has adequate legal support for its advocacy responsibilities and for program management functions, e.g. obtaining legal opinions, letters of demand/inquiry to send to facilities and/or Health Dept; training; preparing ombudsmen to respond to depositions or to participate in hearings when the ombudsman is not the subject of the legal action; etc., as well as guidance in developing policies or in taking de-designation actions.	1	2	3	4	5
2. Legal representation is provided to any individual working with the ombudsman program against whom suit or other legal action is brought or threatened in connection with the performance of the official duties of the program.	1	2	3	4	5
3. Legal assistance and counsel is readily available to the SLTCO and LTCOs to assist with both individual and systems advocacy.	1	2	3	4	5
4. Legal counsel and representation is provided in connection with all litigation, controversies and legal matters to which the program may be a party or in which its rights and interests may be involved and in all proceedings or actions which may be brought by or against it before any court or administrative agency.	1	2	3	4	5
5. The program directly employs, contracts or otherwise has a formal agreement with an attorney who has relevant experience and expertise.	1	2	3	4	5
6. There are written policies outlining the duties and obligations of legal counsel for the program.	1	2	3	4	5
7. Training, support and/or guidance is provided to LTCOs who represent residents in involuntary transfer/discharge hearings.	1	2	3	4	5

Additional Points to Consider:

- Conflict of interest of legal counsel – See VIII, #9.

TOTAL FOR *LEGAL RESOURCES*: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

➤ **Notes/General Comments about Legal Resources:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

XI. FISCAL RESOURCES

OLDER AMERICANS ACT (OAA) MANDATE – OAA §304(d)(1)(B); §306(a)(9); §321(d); §705(a)(4)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
------------	-------------	----------------	-------------	-------------

	1	2	3	4	5
1. Funding of the program is sufficient to support the work of the program.	1	2	3	4	5
2. The state annually expends on its statewide ombudsman program an amount which is no less than it expended in Title III and Title VII, Chapter 2 (Ombudsman) funds in FY 2000 (or for the year specified in the most recent reauthorization of the Act).	1	2	3	4	5
3. The state expends 100% of its Title VII ombudsman funds on direct costs of the LTCOP as the program is defined in the OAA.	1	2	3	4	5
4. Each area agency expends on activities of the ombudsman program no less than the total amount of Title III funds received under Section (d)(1)(D) and expended by the area agency in carrying out the ombudsman program under Title III in FY 2000 (or for the year specified in the most recent reauthorization of the Act).	1	2	3	4	5
5. Title VII ombudsman program funds are not used to supplant, replace or substitute for any other federal, state or local funding expended pursuant to federal, state or local funding laws that were in effect on or before 11/12/00.	1	2	3	4	5
6. Title VII ombudsman program funds are not used for the administration of the state plan or used in the calculation of funds available for state plan administration or for cost-allocation purposes.	1	2	3	4	5
7. The program maximizes fiscal resources (e.g. tapping into other OAA funds such as elder abuse prevention, family caregiver dollars; teaming up with another organization that might be able to cover expenses when there is an issue and a message that the ombudsman program supports and where the program would receive recognition; advocating for increased Title III funding for local ombudsman entities, etc.).	1	2	3	4	5

8.	The LTCOP fiscal resources that are designated by federal and state authorities are expended solely on the ombudsman program.	1	2	3	4	5
9.	OAA funds are used exclusively for OAA delineated responsibilities and not for state mandates that go beyond the scope of the OAA.	1	2	3	4	5
10.	Direct ombudsman services are not limited by excessive administrative fees or charges assessed by contracting or host agencies.	1	2	3	4	5
11.	Assessments of reasonable administrative fees or charges are approved by the SLTCO.	1	2	3	4	5
12.	The formula used for distributing funds to local programs is based on how best to serve residents in each area and reflects factors such as bed number and geographic distances between facilities.	1	2	3	4	5
13.	The formula is periodically reviewed to determine its effectiveness and revised accordingly.	1	2	3	4	5
14.	The funding for the program is broadly based (e.g. includes both government and nongovernment funds).	1	2	3	4	5
15.	The program at both the state and local levels continually seeks additional funding from a variety of diverse sources (e.g. civil monetary penalties, Medicaid, foundations, donations, the legislature, etc.).	1	2	3	4	5
16.	The program has established a mechanism for accepting tax-deductible donations.	1	2	3	4	5
17.	Local ombudsmen housed within a designated ombudsman entity have control over or input into the program's budget at the local level and make decisions about the use of the program's fiscal resources.	1	2	3	4	5

Additional points to consider:

- Role of SLTCO with fiscal resources – See II, #33.

<p>TOTAL FOR FISCAL RESOURCES: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____</p>

➤ **Notes/General Comments about Fiscal Resources:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

XII. RELATIONSHIPS WITH AGENCIES/ENTITIES/ INDIVIDUALS/CITIZENS' GROUPS /OTHERS

OLDER AMERICANS ACT (OAA) MANDATE – OAA §712(a)(3)(H)(ii); 712(h)(6)(7)(8)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
------------	-------------	----------------	-------------	-------------

1. The program develops and maintains relationships with a wide range of agencies, individuals and entities outside of the ombudsman program (e.g. the licensing and certification agency; adult protective services; Medicaid Fraud Control Unit; legislators; the media; etc).	1	2	3	4	5
2. The program and the agencies/organizations with which it interacts have a clear understanding of each other's roles, responsibilities, capabilities and limitations.	1	2	3	4	5
3. The program responds to referrals and requests for assistance from organizations/agencies in a timely manner.	1	2	3	4	5
4. The program has a memorandum of understanding with the licensing and certification agency, and any other agency or entity which also investigates complaints in long-term care facilities.	1	2	3	4	5
5. The ombudsman program conducts joint trainings with, provides training to, and receives training from the state licensing and certification agency and any other agency or entity which also investigates complaints in long-term care facilities.	1	2	3	4	5
6. The program has developed a system for sharing ombudsman information about nursing facilities with surveyors.	1	2	3	4	5
7. The program initiates and/or participates in consumer or other advocacy groups.	1	2	3	4	5
8. The program builds alliances with citizens' groups and works with them in the following ways: <ul style="list-style-type: none"> • Shares information • Provides knowledge and expertise 	1	2	3	4	5

<ul style="list-style-type: none"> • Assists in analyzing policy issues • Disseminates information about citizens' groups to residents, families and the public • Jointly advocates for legislation that will benefit residents 	
<p>9. Ombudsmen develop and maintain a professional working relationship with providers and long-term care facility trade associations.</p>	<p>1 2 3 4 5</p>

TOTAL FOR *RELATIONSHIPS WITH OTHERS*: (1) _____ (2) _____ (3) _____ (4) _____
(5) _____

➤ **Notes/General Comments about *Relationships with Others*:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

XIII. ACCOUNTABILITY

OLDER AMERICANS ACT (OAA) MANDATE – OAA §712(e)

INDICATORS

Rate your program according to the following scale:

1 Never	2 Seldom	3 Sometimes	4 Mostly	5 Always
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<p>1. The statewide and local programs have an advisory board whose role is to:</p> <ul style="list-style-type: none"> • Provide advice regarding the planning and operation of the program (NOTE: the advisory board does not make decisions for or otherwise serve as a governing body of the program) • Assist in the planning and implementing of the program’s advocacy agenda • Provide feedback /input on program performance upon request of the program • Provide advice on any issues brought to it by the SLTCO or local ombudsmen • Assist in special projects 	1	2	3	4	5
<p>2. The advisory board is made up of a majority of long-term care consumers/advocates.</p>	1	2	3	4	5

TOTAL FOR ACCOUNTABILITY: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

➤ **Notes/General Comments about Accountability:**

➤ **Areas of Difficulty:**

For each indicator that you rated as “1” or “2,” identify: (1) the reasons why you are having difficulty with this indicator; (2) the factors affecting this indicator over which you have control; and (3) the factors affecting this indicator over which you have no control.

➤ **Plans for Improvement/Recommendations:**

For each indicator you target for improvement, identify your specific goal, actions steps, and time frames.

APPENDIX 1

SUPPORTING REFERENCES

GENERAL REFERENCES

Below is a list of documents that support the importance of the components and indicators found in the “Self-Evaluation And Continuous Quality Improvement Tool For State Long-Term Care Ombudsman Programs.” Please note that this list is not exhaustive. For information about how to obtain any of these documents, contact the National Ombudsman Resource Center.

Administration on Aging letter to A.E. Pooser. March 22, 1993.

Administration on Aging letter to Lea Nordlicht Shedd, Esq. and Judith Hoberman, Esq. November 8, 1996.

Administration on Aging letter to Mark A. Haverland. March 12, 2003.

Administration on Aging letter to Sue Ward. August 28, 1998.

Administration on Aging letter to Virginia Fraser. March 3, 1998.

Best Practice Notes on Delivery of Legal Assistance to Older Persons. The Center for Social Gerontology, Inc. November 1998.

Effectiveness of the State Long Term Care Ombudsman Programs. A Report for the Henry J. Kaiser Family Foundations. Estes, C.L., Zulman, D.M., Goldberg, S.C., Ogawa, D.D. June 2001.

Frequently Asked Questions and Answers About The Long-Term Care Ombudsman Program Under the Older Americans Act, as Amended in 2000. U.S. Department of Health and Human Services, Administration on Aging. Updated August 2003.

The Long-Term Care Ombudsman Program: Rethinking and Retooling for the Future. Proceedings and Recommendations. National Association of State Long-Term Care Ombudsman Programs. April 2003.

The Older Americans Act: Access to and Utilization of the Ombudsman Program. GAO/PEMD-92-21. Washington, D.C.: GAO, 1992b.

Program Instruction (AoA-PI-81-8). U.S. Department of Health & Human Services, Administration on Aging. January 19, 1981.

Program Instruction (AoA-PI-94-02). U.S. Department of Health & Human Services, Administration on Aging. April 5, 1994.

Program Instruction (AoA-PI-95-10). U.S. Department of Health & Human Services, Administration on Aging. September 29, 1995.

Real People, Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act. Institute of Medicine (IOM). Harris-Wehling, J., Feasley, J.C., Estes, C.L. Washington, D.C. Division of Health Care Services, Institute of Medicine, 1995.

Report (Ombuds Offices). American Bar Association, Section of Administrative Law and Regulatory Practice.

Standards for the Establishment and Operation of Ombuds Offices. American Bar Association, Section of Administrative Law and Regulatory Practice.

What's It All About? Ombudsman Program Primer for State Aging Directors and Executive Staff. National Long-Term Care Ombudsman Resource Center. January 1996.

SPECIFIC REFERENCES

Sections from the general reference documents that highlight the importance of a *specific* component in the “Self-Evaluation and Continuous Quality Improvement Tool For State Long-Term Care Ombudsman Programs” are listed below. Note that this list of references is not exhaustive.

Program Access

Real People, Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act. Institute of Medicine (IOM). Harris-Wehling, J., Feasley, J.C., Estes, C.L. Washington, D.C. Division of Health Care Services, Institute of Medicine, 1995. p. 141-142.
Program Management

◆ Role of State Long-Term Care Ombudsman; Designation of Local Ombudsman and Entities

Administration on Aging letter to Lea Nordlicht Shedd, Esq. and Judith Hoberman, Esq. November 8, 1996. pp. 1-4.

Real People, Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act. Institute of Medicine (IOM). Harris-Wehling, J., Feasley, J.C., Estes, C.L. Washington, D.C. Division of Health Care Services, Institute of Medicine, 1995. pp. 111, 200.

◆ Staffing

Real People, Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act. Institute of Medicine (IOM). Harris-Wehling, J., Feasley, J.C., Estes, C.L. Washington, D.C. Division of Health Care Services, Institute of Medicine, 1995. p. 194.

◆ Volunteers

Real People, Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act. Institute of Medicine (IOM). Harris-Wehling, J., Feasley, J.C., Estes, C.L. Washington, D.C. Division of Health Care Services, Institute of Medicine, 1995. pp. 141, 146-147.

Complaint Investigation

Program Instruction (AoA-PI-81-8). U.S. Department of Health & Human Services, Administration on Aging. January 19, 1981.

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APPENDIX 2

ADDITIONAL GUIDANCE ON INDICATOR RATINGS

State Ombudsmen are instructed to rate each indicator on a scale from 1-5. While some State Ombudsmen work well with a system that simply defines the ratings as “never,” “seldom,” “sometimes,” “mostly” and “always,” others prefer more detailed definitions of the ratings. Additional clarification and guidance for working with the ratings are therefore outlined below.

- 1 = No aspects of this component are in place; or
We do not do this well at all; or
This outcome has not been achieved at all.

- 2 = Very few aspects of this component are in place; or
We rarely do this well; or
This outcome is rarely achieved throughout our program

- 3 = Some aspects of this component are in place throughout our entire state; or
We sometimes do this well; or
This outcome is sometimes achieved throughout our program.

- 4 = Many, but not all, elements of this component are in place throughout our entire state; or
We do this well most of the time; or
We achieve this outcome most of the time throughout our program.

- 5 = All elements of this component are in place throughout our entire state; or
We do this very well all the time; or
We consistently achieve this outcome throughout our program.