

Indiana Long-Term Care Ombudsman Program FFY21 Annual Report

Executive Summary

The last two years have been a bumpy ride for many Hoosiers because of the Covid-19 pandemic, but particularly so for long-term care residents. Regrettably, neither consistent facility infection control practices nor the availability of vaccines have proven a full-stop win against Covid-19 so residents might return to a complete restoration of the rights to which they are entitled.

It has been another busy year for the Long-Term Care Ombudsman Program (LTCOP). Ombudsmen were more or less totally restricted from face-to-face visitation with residents through the first six months (October 1, 2020 through March 2021) of this program year. Despite these limitations, they worked hard to ensure residents still had the right to access the LTCOP by visiting with residents through whatever means available. Once restrictions loosened, and making sure to follow facility policies, ombudsmen began making their way back to see residents, whether outside in a tent or on a Zoom call.

The Program has received over \$650,000 in CARES Act, CCRSA, and ARPA (Covid-related) funding. Certain guidelines govern the use of this additional money, and the State Ombudsman has been working to ensure it is used appropriately and ultimately for the benefit of long-term care residents. Due to several local ombudsman vacancies over the past year within the LTCOP, we have also spent time interviewing, hiring, and training four new ombudsmen, provided technical assistance on documentation and data entry in PeerPlace, the LTCOP software system, and participated in several state-level work groups.

Past issues with the LTCOP software system resulted in not being fully confident in our data until this year. But now for the first time, we have a full year of increasingly reliable program information, with which we can tell the story of Indiana's long-term care residents and how they're faring.

“Can’t say enough about the efforts and assistance rendered by this local Ombudsperson. All means and methods of assistance must be afforded and expanded to maintain this program. Received more valuable assistance in 40 odd minute conversation than in my three years of often futile search.”

We know numerical data provide important knowledge, but they are just one type of information. A number may tell us how many facilities currently are having Covid-19 outbreaks, but it cannot

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- *LTC Resident*
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express the lack of dignity a resident experiences when there are no staff available to come help him out of bed and to the bathroom. A number can demonstrate how many long-term care residents died too soon from Covid-19, but it cannot articulate the heartache a daughter feels as she waves goodbye and turns to leave her mother behind a set of secured doors in the nursing home memory care unit.

As you review the program information and data and charts on the next pages, please keep in mind that the numbers presented must be used with care, and their meaning should derive from what is happening in the lives of the people represented by the numbers.

LTC Ombudsman Program Year (FFY21) in Review

Federal regulations restricted in-person visitation in long-term care facilities beginning March 2020 because of the pandemic. Residents began regaining some visitation rights at the end of summer. But as Covid-19 cases began to rise again in early fall 2020, visitors were again restricted from entering facilities. During that time, the lack of contact with the outside world, especially family members and friends, resulted in multiple challenges for long-term care residents.

“Thanks so much for being a steering wheel during this challenging time. I appreciate you very much and your role is very vital to the lives of the families you serve. By far our fight is not over, but I will be the voice for my father and others alike. Again, Thank you!”

■ *Family member to a local Ombudsman*

Along with the physical illnesses and deaths Covid-19 brought to Indiana’s long-term care, the subsequent psychosocial and clinical consequences to its residents – social isolation, depression, and failure-to-thrive – became a global theme.

Ombudsmen were restricted from face-to-face visitation with residents through the first six months of the program year (10/1/20 through the end of March 2021).

Despite the restrictions, ombudsmen worked to ensure that residents still had the right to access the Long-Term Care Ombudsman Program (LTCOP) by responding to calls for assistance by whatever means was available to the resident – virtual Zoom calls, emails and text messaging on iPads or laptops, and phone calls, often with a resident using a sympathetic staff member’s phone.

Much of ombudsmen work this past year also focused on educating residents, family members, and facility staff on current regulations and guidance, and listening to residents tell their own stories of Covid-19 restrictions’ impact.

As the new Covid vaccine was introduced to LTC residents in late 2020, the Indiana State Department of Health (IDOH) deemed LTC Ombudsmen essential workers and permitted them to also receive Covid vaccines early in January 2021. Coming out of lockdown, local Ombudsmen began slowly making their way back into facilities, following facility policies, using Personal Protective Equipment (PPE) appropriately; some even submitting weekly to Covid testing to gain entrance to facilities. By March and April 2021, local ombudsmen were again back in facilities. However, as the Delta variant began showing up in facilities in summer 2021, many restrictions were again instituted and changed from facility to facility, based on the county’s positivity rate and new cases.

The LTCOP's state office staff stayed busy managing the Program, which received additional Covid-19 funding (CARES Act, CCRSA, ARPA). As we normally operate on a small budget, these "extra Covid" funds have been extremely beneficial for the Program, allowing us not only to purchase necessary PPE, but provide essential trainings for the ombudsmen, upgrade software and technology, and hire temporary contractors to complete long-needed projects that we otherwise would not be able to accomplish. In addition to training two new local ombudsmen and providing trainings/technical assistance to all ombudsmen throughout the second year of using a new LTCOP software program for documentation, the state office also provided consultations and referrals via telephone or email to residents, families, and facilities.

LTCOP Data Collection

The data the Ombudsman Program collects not only informs program management at the state level, but is submitted to our federal partners, the Administration for Community Living (ACL), each January for the previous federal fiscal year.

The federal data collection system was extensively revised in 2019, including the choice of complaint codes. That year was also the first full year Indiana's local ombudsmen used our new software documentation system, PeerPlace. We are continuing to monitor the local ombudsmen's data entry, provide 1:1 technical assistance as needed, and are planning future trainings focusing on properly coding complaints, and complaint verification and disposition (or resolution), and entry of activities especially for complaint-related visits.

Local Ombudsmen Activities

LTC ombudsmen throughout the state typically spend their days working on specific complaints face-to-face with residents in long-term care facilities. They also travel to visit nursing homes and licensed assisted living facilities in their areas to walk through the building (considered a "routine access" visit), introduce themselves to residents, or attend a care plan meeting with or on behalf of a resident.

In addition to also making complaint-related visits to facilities, ombudsmen provide trainings to facility staff, participate in facility surveys conducted by the Indiana Department of Health (IDOH), attend resident and family council meetings, and educate their communities while promoting the rights of residents living in facilities.

“Activities” are just one measure the LTCOP is required to track for federal reporting purposes. The table on the right demonstrates the type and number of activities Indiana’s LTC ombudsmen performed during FFY21, as compared with the previous year.

Along with other tasks Ombudsmen are obligated to perform as directed by the Older Americans Act, the number of requests for information and assistance received from individuals is considerable from year to year, as demonstrated in the chart above.

#Instances of Ombudsmen Activities

	FFY20	FFY21
Information and assistance to individuals	5,074	5,051
Information and assistance to facility staff	2,415	2,203
Complaint-related visits	211	797
Participation in facility surveys	303	538
Training for ombudsman staff/volunteers	171	226
Working with Resident Councils	38	142
Community education	48	88
Working with Family Councils	14	74
Training sessions for facility staff	7	29
Routine access	355	365

As lockdowns remained in place during the first quarter of FFY20 and into the next year, the LTCOP continued with visitation restrictions and worked from home for much of the year. Because of the visitation restrictions, we might expect similar instances of activities during each year; however, some of the increases we see during FFY21 may be due to additional training on the new software we have provided local ombudsmen on the appropriate coding of activities.

FFY21 Complaints

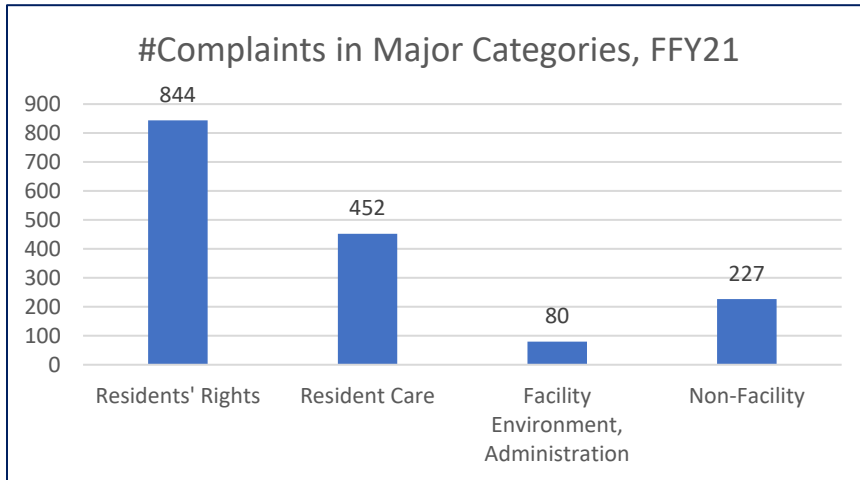
Indiana’s LTC Ombudsman Program received 1,603 complaints (1,326 verified) during FFY21, an increase of nearly 300 over the 1,321 total complaints received the previous year. Complaints are considered verified when most or all facts alleged by the complainant are likely to be true upon investigation.

Complaint verification is confirmation that most or all facts alleged by the complainant are likely to be true.

It is not surprising the number of complaints is somewhat higher this year. The increase is likely related to the loosening of facility restrictions placed on LTC residents during Fall 2020, and again beginning in the spring of 2021. During lockdown, additional “eyes, ears, and voices” typically provided by the ombudsmen and other outside visitors were simply not available in facilities. However, we must keep in mind that fear of retaliation is one of the most common reasons residents do not want to pursue a complaint and disclose their identity. Since residents live in the facility and rely on staff for their basic needs, this fear of retaliation is real and cannot be overemphasized.

FFY21 Complaints to the LTCOP

Tables on the next pages show the number of complaints received in each of four overall major complaint categories – 1) Residents’ Rights, 2) Resident Care, 3) Facility Environment and Administration, and 4) Non-Facility (complaints made regarding an outside agency). Categories and complaint codes were recently extensively revised by the Administration for Community Living/Administration on Aging, Office of Long-Term Care Ombudsman Programs, in 2019.



During FFY21, over half (52.6% or 844) of all complaints submitted to the LTCOP were regarding Residents’ Rights. There were 452 (28%) complaints received regarding Resident Care.

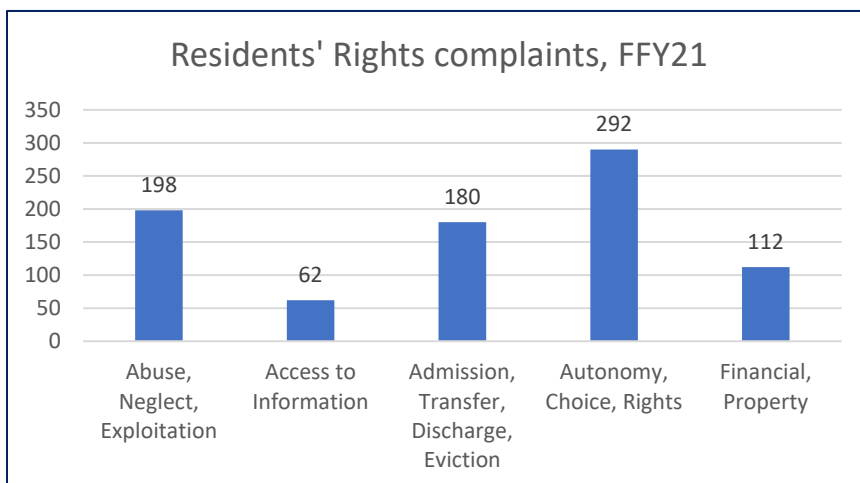
No less important, 80 (5% of all complaints) were regarding Facility Environment and Administration, and 227 complaints (14.19%) were

received regarding non-facility issues.

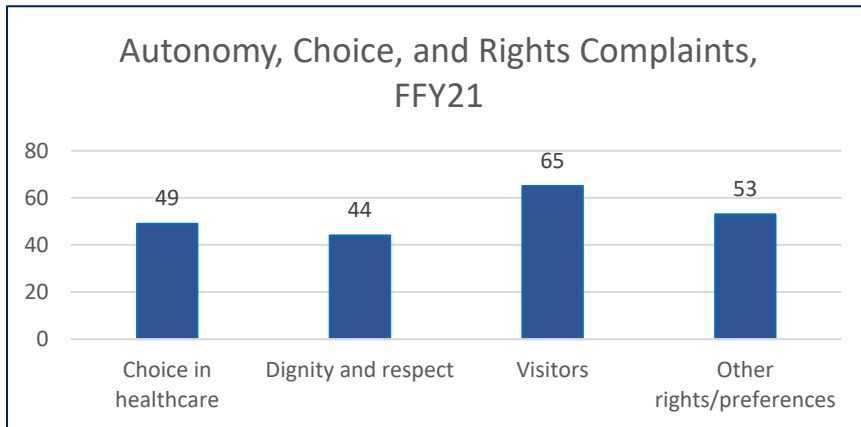
Please note these numbers may change as we review the data and work to correct errors in data entry for the LTCOP’s FFY21 federal report to ACL, which will be submitted January 2022.

Residents’ Rights

Residents’ Rights complaints include those regarding 1) abuse, neglect, and exploitation, 2) access to information, 3) admission, transfer, discharge, and/or eviction concerns, 4) autonomy, choice, and rights, and 5) financial/property issues. The table below represents the number of complaints received in each of those categories.



Over one-third (34.5%) of **Residents’ Rights** complaints were regarding Autonomy, Choice, and Rights. This category also includes complaints related to privacy (21), facility response to complaints (17), retaliation (10), living in a less restrictive setting (30), and resident or family councils (3).

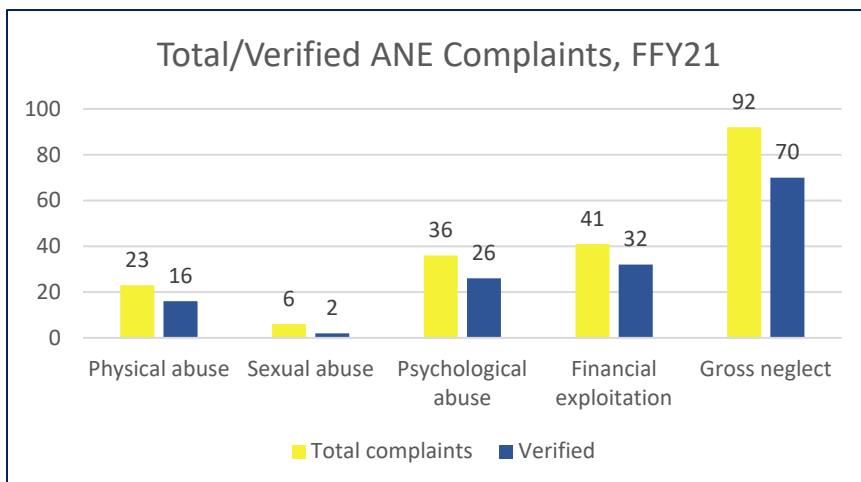


Drilling down further in the **Autonomy, Choice, and Rights** category, the number of complaints regarding visitors (65 of 290 complaints or 22.4%) were the highest, followed by “other rights or preferences.”

The recent change in federal complaint categories and codes combined several codes, so the “other rights and preferences” category now includes concerns such as residents’ smoking preferences, and restrictions on their ability to go out into the community and participate in community activities.

The number of complaints regarding visitors is not surprising, given that residents lived under some version of visitation restrictions for much of the past 18 months. Visitation ranged from complete facility lockdowns to outdoor visits, to inside visits with limited visitation times and limited visitation occurrences. There was no consistency among facilities, and residents, families, and even staff were confused about visitation. The right to have visitors is a basic right that was taken from residents during the pandemic.

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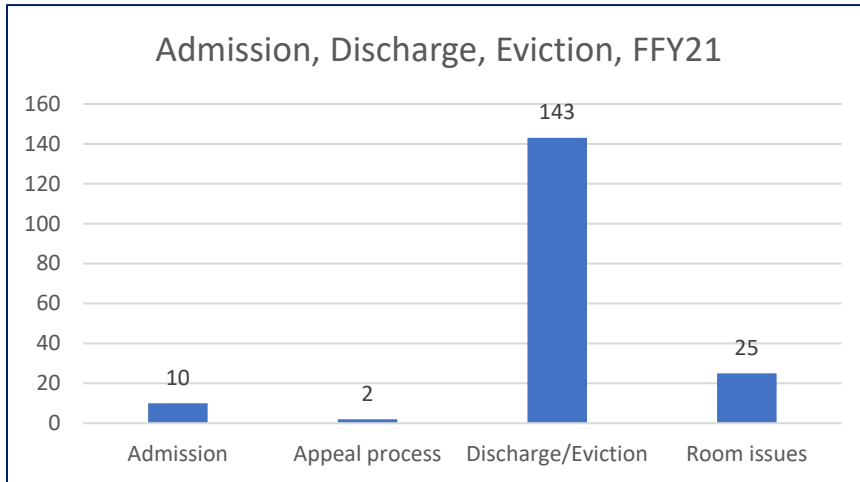


Nearly three-fourths (146 or 73.7%) of the 198 complaints regarding **Abuse, Neglect, and Exploitation** (ANE) were verified.

Out of the 146 verified complaints for ANE, almost half (70 or 48%) were related to gross neglect.

According to ACL, the definition of gross neglect is the failure to protect a resident from harm or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living or shelter, resulting in serious risk of compromised health and/or safety, relative to age, health status, and cultural norms.

Complaints regarding facility-initiated **transfers and discharges** continue to be one of the top complaints



Ombudsman programs receive nationwide.

Out of 180 complaints received in this category in Indiana, 143 (nearly 80%) were regarding discharges and/or evictions.

While these types of complaints can become complex and time-consuming for the ombudsmen, the threat of an unanticipated

transfer or discharge from a long-term care facility can be traumatic for residents and their family members.

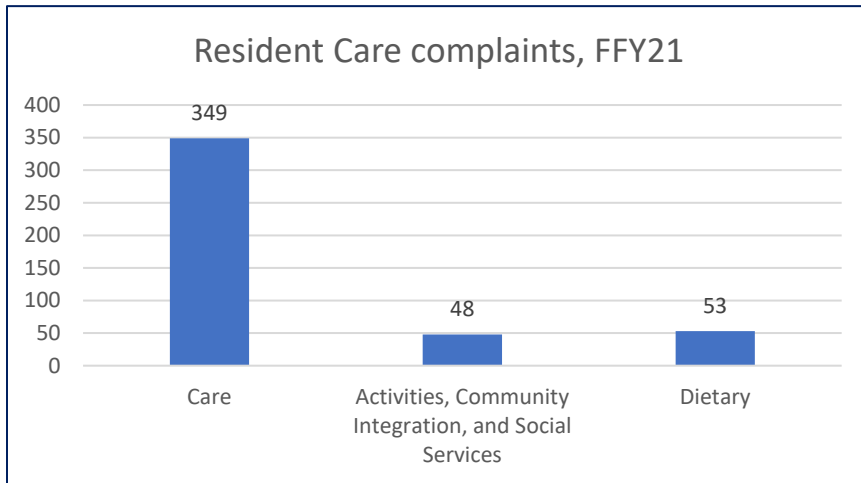
Complaints regarding **Access to Information** comprised 3.87% of all complaints received. Access to information includes 1) access to one's own information and records (41 or two-thirds of all Access to information complaints), 2) language or communication barriers (7), and willful interference (14).

Nearly 7% (112) of all complaints received were regarding **Financial, Property** (except for exploitation and involving facility staff). This category includes issues related to 1) billing and charges in which there were 53 complaints, and 2) personal property (59).

Resident Care

The LTCOP received 450 (just over 28% of all complaints) complaints regarding **Resident Care**.

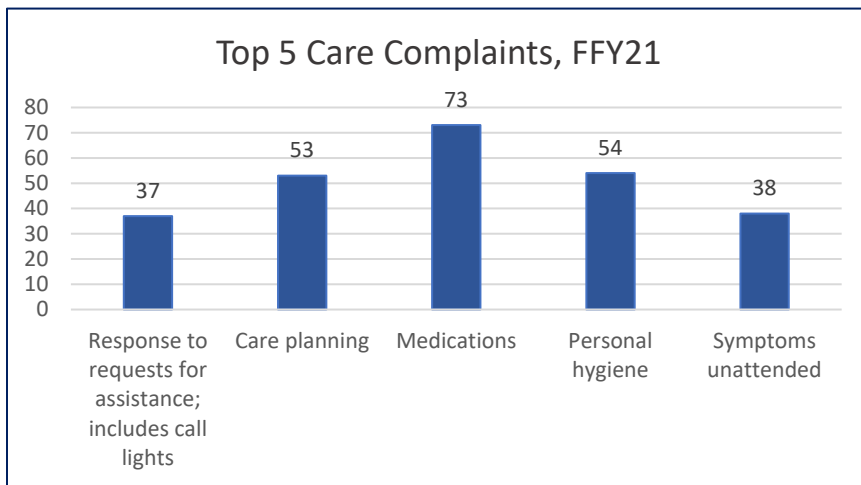
Complaints included concerns regarding care delivered by facilities (77% of all Resident Care complaints).



Activities, Community Integration, and Social Services included complaints about activities (10), transportation (9), conflict resolution (21), and social services (8).

Dietary complaints consisted of 33 regarding food service, dining and hydration (12), and therapeutic/special diets (8).

In the overall **Care** complaint category, most complaints received were regarding care itself.



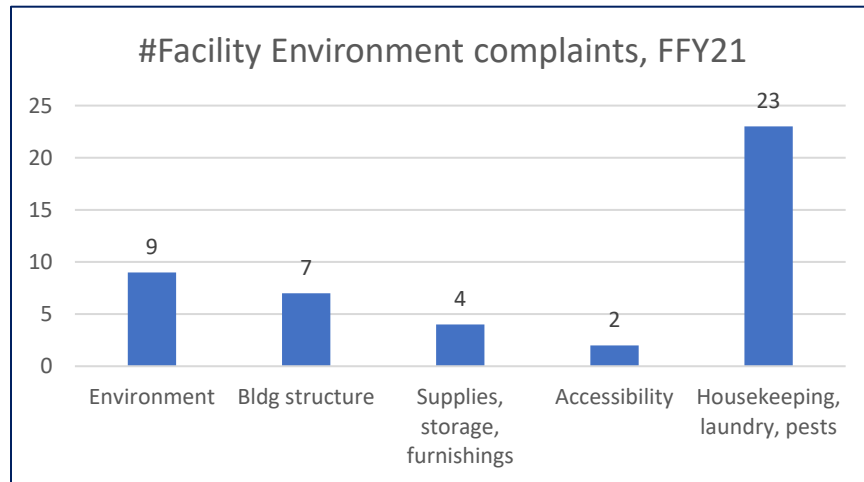
Complaints included those about medications, such as pain medications not being given timely, followed by issues with personal hygiene, care planning, symptoms being left unattended, and response to requests for assistance.

Other Care complaints received include those related to accidents and falls (12), access to health-related services (28), incontinence care (10), assistive devices or equipment (14), rehabilitation services (25), physical restraints (2), and chemical restraints (3).

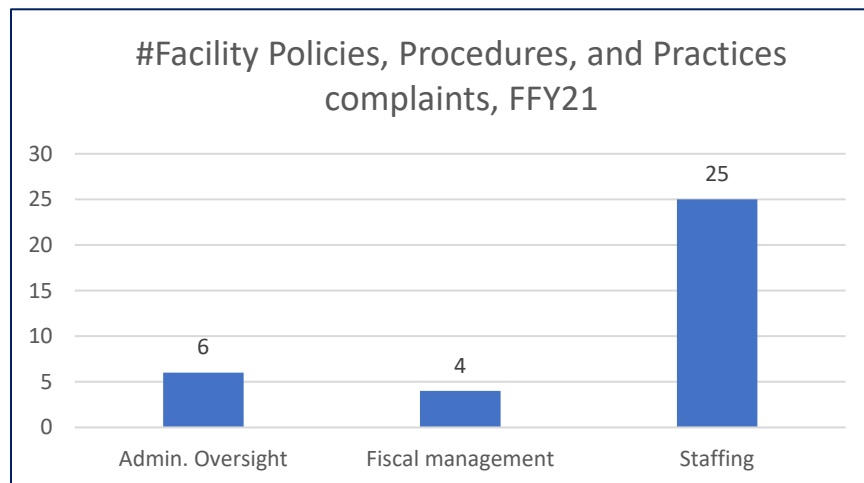
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Facility Environment, Administration

Complaints regarding the **facility environment** include room or water temperature and ventilation, the



building structure itself, supplies, storage and furnishings, accessibility, including the building and grounds, and housekeeping, laundry, pests. Examples range from bathroom sinks not working properly or a resident not receiving their clothes back from the laundry to a lack of available incontinence supplies.



Complaints regarding **Administration** typically pertain to issues with the facility's policies, procedures, and practices. Examples of complaints in this category could include lack of access to one's money, facility failing to communicate well with families during the pandemic, or the facility not having enough staff available to care for residents appropriately and according to their care plans.

While 25 staffing complaints (18 verified) may not seem like many, it's important to keep residents' fear of retaliation in mind. The LTCOP receives calls with a range of complaints, and staff shortages aren't necessarily identified as the cause by the complainant. Nevertheless, during an Ombudsman investigation, understaffing may be the root cause of the original complaint.

Staffing has been a problem in nursing homes for a long time, but it has been exacerbated by the pandemic. The table above demonstrates the number of complaints regarding staffing in Indiana's facilities. While numerous factors have contributed to this problem, one major cause is the lack of adequate minimum staffing standards at both the state and federal levels. Minimum standards ensure that staffing will not fall to a level that would be harmful to residents.

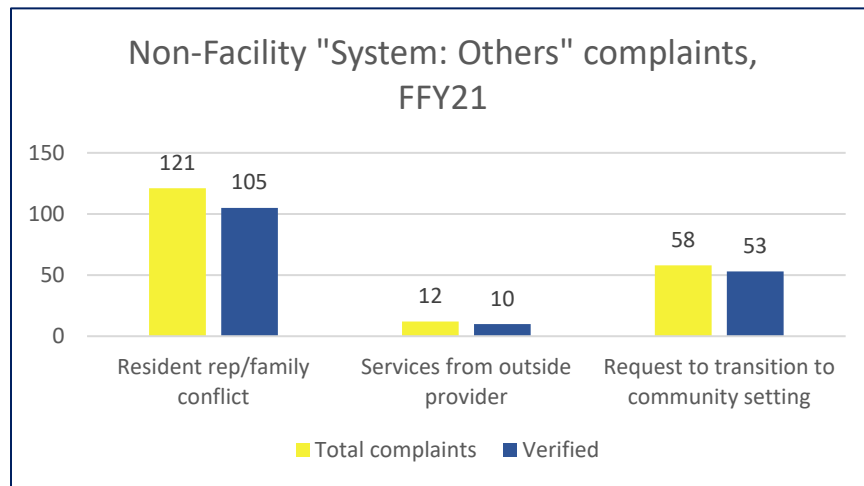
Twenty years after a Centers for Medicare & Medicaid Services (CMS) study found that at least 4.1 hours per resident day (HPRD) of direct care nursing staff and .66 hours HPRD of Registered Nurse (RN) staff time are needed *just to prevent poor outcomes*. Despite what is known about the relationship between

staffing levels and quality care, staffing standards in Indiana remain low. As of the 2nd quarter of 2021, Indiana’s Total Nurse staff time was 3.54 HPRD with .62 RN staff time.

Non-Facility Complaints

Non-Facility complaints include those made regarding an outside agency, and “System: Others” (non-facility) have to do with complaints made about the long-term care system outside the facility. The LTCOP received a total of 227 complaints in the Non-Facility categories.

During FFY21, the LTCOP received 36 Non-Facility complaints about the (state) regulatory system (3), Medicaid (20), Managed care (2), Medicare (7), private insurance (4), and none about Veterans Affairs.



The “System: Others” types of complaints made up nearly 12% of all complaints received during FFY21. The majority (121 of 191 or over 63%) of complaints received in this category were regarding conflict among resident representatives and family members.

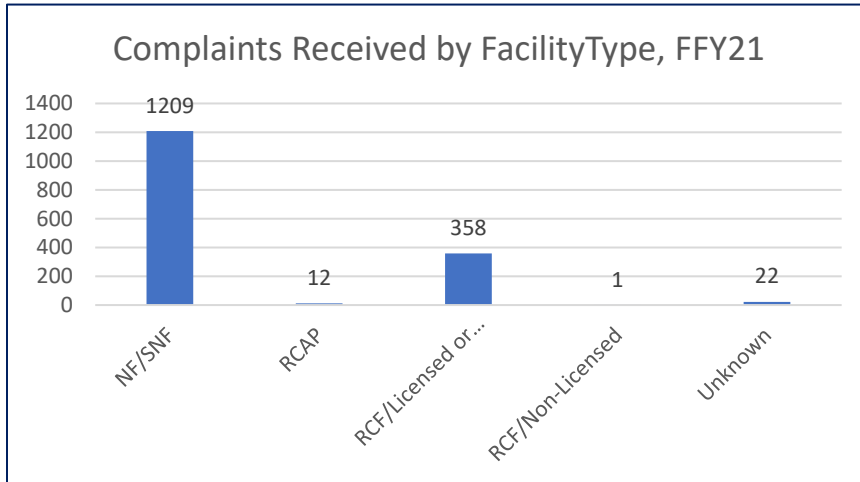
Family conflict complaints generally occur when a resident representative, or

family member interferes with the resident’s decision making and preferences related to health, welfare, safety, or rights but the interference does not rise to the level of abuse, gross neglect, or exploitation. Complaints regarding resident decision making such as guardianship, conservatorship, durable power of attorney/power of attorney, wills, and similar complaints are also considered family conflict complaints.

Family dynamics can play into these complaints and greatly impact outcomes. It is understandable – navigating the long-term care system can be overwhelming to residents’ families, particularly those who are new to long-term care while undergoing the stress of caring for a parent or other family member.

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Complaints by Facility Type



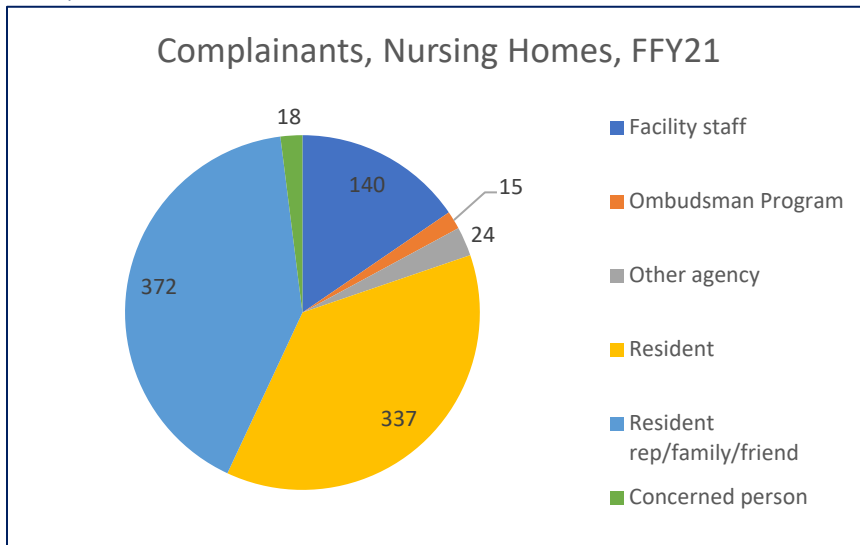
This table demonstrates the total number of complaints received from each type of facility in Indiana.

The LTCOP the greatest number of complaints from nursing home residents, followed by Residential Care Facilities or licensed assisted living facilities.

Twelve complaints were received regarding Residential

Care Assistance Program (RCAP) facilities, while one complaint came from an unlicensed facility. The 22 “unknown” facilities appear to be due to a lack of documentation/data entry. The State Office is continuing to provide trainings and monitoring on our software system for the local ombudsmen.

Complainants



The table on the left shows that most nursing home complaints come to the LTCOP from a resident’s legal representative or friend (372 or 41%), followed by the resident themselves (37%). Facility staff (15%) also call with complaints, as well as other agencies (3%), concerned persons (2%), and ombudsmen themselves (2%).

The majority of LTCOP complaints in a residential care facility originate from the resident (69%), followed by facility staff (18%), other agencies (5%), a concerned person (4%), ombudsman (2%), and legal representative or friend (just over 1%). That residential care facility residents filed complaints on their own behalf is not surprising because they are more independent, and many have their own phones and computers.

State Office Staffing

Calls to ombudsmen originate from residents, facility staff, family members and friends of residents, outside agency staff, local community members, and sometimes, the media. It's worth noting that the tone and length of phone calls to the State Office changed during the pandemic. And calls can address a variety of concerns ranging from residents' rights issues such as care or service problems, to residents being presented with an unanticipated notification from the facility they're being discharged soon.

According to VeraSmart phone records, which we began using to track incoming phone calls at the beginning of this fiscal year, State Office staff (the State Ombudsman and Deputy Director) fielded nearly 5,500 phone calls (approximately 450 per month, or 111 a week) during FFY21, from those requesting information and assistance.

Over the 12-month period ending 9/30/21, the LTCOP's Administrative Assistant referred 554 calls or voice mails, processed 9,084 emails/faxes from facilities and IDOH. When facilities issue a resident a Notice of Transfer/Discharge, they send the Office of the State Ombudsmen a copy. The LTCOP also receives monthly lists from facilities with residents who were transferred to the hospital because of Covid-19 or when a resident is discharged and sent home, as well as survey documents from IDOH. Notices and other documents are logged, filed, and attached to PeerPlace, our cloud-based documentation system.

Systems Advocacy

Indiana adds Essential Family Caregiver Legislation

While nursing home residents have the right to unrestricted visitation, part of the Centers for Medicare and Medicaid Services' (CMS) response early in the public health emergency was to prohibit nursing home visitation due to safety concerns. This shut out family and others who regularly support and assist residents. For months, many residents had no in-person access to visitors.

In May 2020, members of Indiana's Family and Social Services Administration (FSSA), including the LTC Ombudsman Program, IDOH, and the providers' associations began working on a program that recognized many family members are critical partners in the ongoing care and both physical and emotional support of persons living in long-term care facilities.

Recommendations for the new program included allowing residents to designate an "Essential Family Caregiver" (EFC) who provided regular care and assistance to the resident prior to the pandemic, to continue that vital care and support, particularly as many facilities were – and remain – short-staffed. In addition to providing hands-on assistance, family members designated as EFCs help ensure resident well-being and safety by being physically present in facilities to oversee their care, allowing them to monitor the delivery of services to their family member.

State LTCOP Office Receives Over 5,000 Phone Calls in a Year

Calls that require a referral to the local ombudsman or even another agency, may take only five minutes.

But calls providing information and assistance – listening, educating, and planning action to resolve concerns – to residents or family members can often last thirty minutes or longer. Follow-up calls can also add to the time spent on one complaint or incident of information and assistance.

“[T]he family I have been working with was [finally] able to have a compassionate care visit just this morning with the resident!”

- *Local LTC Ombudsman*
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Many of the workgroup’s recommendations were included in Senate Bill 202, an Essential Care Bill, which was introduced this past Indiana legislative session by Senators Rogers, Charbonneau, and Leising. The bill was signed by the Governor and became P.L. 142 on 4/29/21.

Nursing Facility Closure Team

Change is difficult, particularly when one is forced to move to a new location. This is particularly true for vulnerable nursing home residents, most of

whom already reluctantly left their homes to move into a long-term care facility and are now dependent on others for all aspects of their lives.

As nursing homes close for financial or other reasons, residents must be relocated to other facilities. Ombudsmen are involved in many sides of this issue, including educating residents on other options available to them, providing staff with information to make referrals to new facilities, and making sure quality care is maintained. When closures do occur, we want solid policies and practices in place that will help minimize the negative impact on residents.

In the spring of 2021, IDOH and the office of the State LTC Ombudsman received closure notices from a corporation with a chain of nursing homes, which was closing three of its facilities across the state. Guidance dictates that facilities must provide written notice to CMS, IDOH, the State and local Ombudsman, Adult Protective Services (APS), facility residents, and any legal representative of a resident sixty (60) days prior to the closure date. Facilities must also submit a closure plan to the state that ensures appropriate discharge and care planning for all residents, and that all residents receive proper transfer and discharge rights.

Residents’ response to the stress caused by a transfer or relocation may include depression, manifesting as agitation; increase in withdrawn behavior; self-care deficits; falls; and weight loss.

- *National Consumer Voice for Quality Long Term Care*

With this closure, the facility began transferring residents from each of the three originating facilities to other facilities prior to the closure date. IDOH and the State Ombudsman were unaware of these moves. Many residents and families were not provided choices on where to move nor choices for community-based options. At least two families were not informed where their loved ones were relocated and called the LTCOP after the closure since they could no longer reach facility staff. One of the closing facility’s actions resulted in citations from IDOH regarding resident rights.

To avoid occurrences such as this in the future, work began on creating a state Nursing Home Closure team in May 2021, with the State Ombudsman office and IDOH staff. Other FSSA staff are now members of the team, which meets weekly, and is prepared to advocate on residents’ behalf more fully if and when other facilities choose to close.

FFY2021 Program Successes

Indiana Legal Services Adds Ombudsman Team Lead

Since Indiana Legal Services (ILS) is the subcontractor for nine of Indiana's local ombudsmen programs in 8 planning and service areas, the SLTCO suggested to ILS that one of their most experienced ombudsmen be put in a supervisory position. Andrea Smothers, who also works as the local Ombudsman in Area 4, was promoted to ILS' Ombudsman Team Lead during the program year. In this position, she provides coordination with ILS technological services, mentors new ILS ombudsmen, and provides technical assistance for all ILS ombudsmen. The addition of this position alleviates a portion of the workload from the State Ombudsman office staff and provides consistent response and oversight by coordinating ILS ombudsmen under one supervisor.

LTCOP Develops Statewide Volunteer Program

The LTCOP is working to develop a statewide volunteer program to support and reinforce Indiana's corps of local ombudsmen. In early summer 2021, the SLTCO began meeting with IUPUI's O'Neill School of Public Environment and Affairs (SPEA).

Nationally, over 7,000 designated volunteer ombudsman work to greatly enhance long-term care resident access to the Ombudsman program's services.

Its faculty are experienced practitioners with real-world experience in nonprofit management, including the development of volunteer management programs. Working with a team that includes a faculty member project manager, a graduate student with experience in volunteer management who are overseen by a clinical assistant professor, IUPUI's deliverable will be a successful and sustainable statewide Ombudsman Volunteer Program for Indiana that will effectively integrate with the existing ombudsman program.

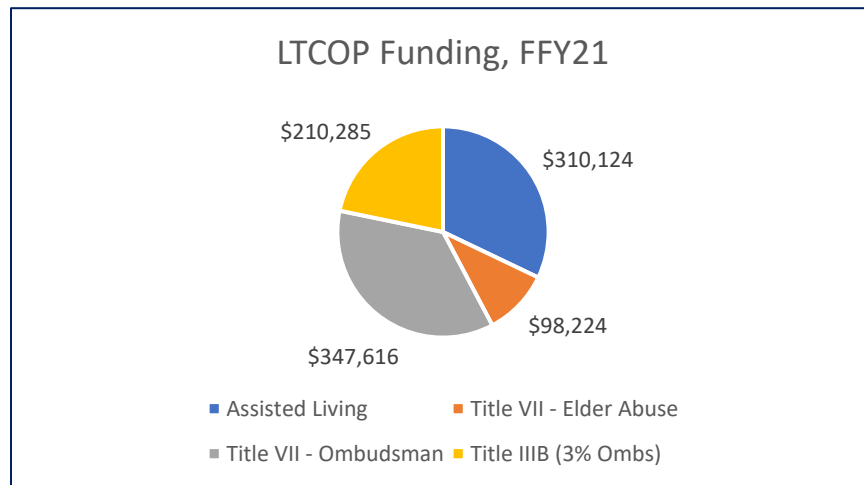
Mobilizing community resources and expanding capacity of the LTCOP through volunteers will help enhance our general profile, which can provide education on the Program to communities, in addition to providing more eyes and ears in long-term care facilities.

Newly Revised Ombudsman Training Manual Completed

The LTCOP hired consultant Jamie Freschi, former Illinois State Ombudsman and consultant to the National Ombudsman Resource Center, to update the LTCOP training manual to comply with ACL's directive September 2019 requiring updated training standards for LTC Ombudsmen. The project was completed 9/30/21 and is already in use for certifying new ombudsmen, continuing education for current ombudsmen, and for volunteers.

LTCOP Funding and Program Management

The LTCOP received a total of \$966,249 in program funding during FFY21 from the Centers for Medicare and Medicaid (CMS)/ACL in the form of federal grants, and from the state (Assisted Living), which is used



to provide Ombudsman services for residents in residential care facilities in Indiana. This amount does not include funding related to Covid-19.

LTCOP funding is allocated per the State Plan to the Area Agencies on Aging (AAAs), who then either hosts the LTCOP or subcontracts the Program to a nonprofit organization.

Covid-19 Funding

Funds expended from the CARES Act are to respond to the Coronavirus Emergency. Ombudsman programs are to use the funds to expand their virtual presence to residents and their families and continue to promote the health, safety welfare and rights of residents in the context of Covid-19.

During FFY20, the LTCOP received funding from the CARES Act (\$389,402), and in FFY21 (4/1/21), we also received Coronavirus Response and Relief Supplemental Act (CCRSA) funding for \$78,000, and from American Rescue Plan funding (ARP), an additional \$193,000, which must be spent by 9/30/24. The LTCOP has either spent or encumbered this additional funding on the following:

- Personal Protective Equipment (PPE) (during FFY2020) for local ombudsmen for their protection, and as required by facilities' policies for visitation. Funding is still available for PPE as needed.
- Updated technology for local ombudsmen (during FFY20); not all ombudsmen wanted to upgrade their computers/phones at the time the funding was received so it is still available to ensure ombudsmen have the equipment necessary to easily communicate with residents during emergencies.
- Hired a current certified part-time Ombudsman located in Area 16 (Vanderburgh county) as a temporary contractor to assist the State Office with calls. The initial contract (1/4/21 to 6/30/21) was extended to 9/30/21, during which time she provided information and assistance for a little over five percent of calls.
- Hired Fresch Consulting, owned by a former Illinois State Ombudsman and consultant to the National Ombudsman Resource Center, to update the LTCOP training manual to comply with ACL's directive September 2019 regarding updated training standards for LTC Ombudsmen.
- Local ombudsmen, the Deputy Director and the State Long-Term Care Ombudsman (SLTCO) attended the Consumer Voice virtual conference in Fall 2020.
- All program staff virtually attended the Pioneer Network Symposium virtually in March 2021.

- Nine local ombudsmen virtually attended a nationally known volunteer management consultant's Volunteer Management Fundamentals Course during April and May 2021 in anticipation of developing a statewide volunteer program.
- Working with PeerPlace developers to add elements to the software that will allow local ombudsmen to track mileage for travel to and from facilities and training/certification hours, and facilities' Infection Control and Emergency Preparedness. Developers are also working on developing a method for external referrals, allowing facilities to securely upload notices to the State Ombudsman to the software rather than relying upon emails and faxing.
- Began a partnership with the IUPUI O'Neill School of Public Environment and Affairs (SPEA) to design and develop a statewide volunteer management program for the LTCOP. The contract was signed in late November 2021.
- Hired a former certified ombudsman 9/16/21 as a temporary contractor/social media coordinator to provide consumer education with a newly created and maintained Facebook page (as of November 2021) and Twitter account (12/4/21). She is also charged with updating information on FSSA's LTCOP web pages.

Recommendations

There are many items on which we can spend the additional covid-related federal funding. These courses and manuals and temporary staff are all very useful – but what is also needed are additional permanent staff at the state level to help administer the statewide program.

The LTCOP's Deputy Director not only handles most incoming phone calls, but she monitors the local ombudsmen's documentation/data entry in PeerPlace and provides technical assistance to the ombudsmen. She also trains (virtually) newly hired ombudsmen (five new ombudsmen during this past year) and fills in for vacant ombudsman positions when those occur throughout the state (four vacancies this past year).

Guidance regarding this money is clear: this is not sustainable funding. We can hire temporary contractors, but our need is for degreed persons we can train and certify as ombudsmen at the State level and then keep them around for a while. In the meantime, we hope to use our Covid-19 funding to fill the following positions through Knowledge Services as temporary contractors:

- A staff ombudsman/Program Director to assist with call intake, trainings, regional supervision of local ombudsman, fill in for vacant ombudsman positions
- A staff Ombudsman/Program Director to assist with call intake, trainings, and specialize in Transfer/Discharge complaints and hearings, filling in for vacant ombudsman positions

The Year Ahead for the Ombudsman Program

The goal for the next year is to continue developing the foundations and infrastructure of the LTCOP and making it a strong advocacy program moving forward. There were several items on our to-do list that were not crossed off during the past year: putting together an LTCOP advisory council, promulgation of the Ombudsman Rule, and further education for facility staff and consumers. We've also been working with other FSSA agencies on managed Long-Term Services and Supports (mLTSS) and look forward to planning and implementing a Home and Community-Based (HCBS) Ombudsman program.

Appendix A

Overview/Program Structure

The primary purpose of the Long-Term Care Ombudsman Program (Ombudsman program) is to promote and protect rights guaranteed to long-term care residents under federal and state laws (CFR 45, §1321 and §1324, and IC 12-10-13). Under the federal Older Americans Act, every state is required to have an Ombudsman program that addresses complaints and advocates for improvements in the long-term care system.

Indiana’s Long-Term Care Ombudsmen advocate for residents of licensed long-term care facilities such as nursing homes, licensed assisted living facilities, and other licensed residential care facilities. Ombudsmen provide information about how to find a facility and what to do to improve the quality of care. They are trained to assist residents with complaints and resolve problems.

Ombudsmen are resident-directed, meaning that they act only upon permission of the resident. All Ombudsman program services are free and confidential. Other Ombudsmen responsibilities include:

“The Ombudsman...helped me resolve several key disputes I had with management...and their policies regarding residents in their facility [during COVID]. I would like also to express my support for your office and the services it provides. It is clearly indispensable...”

- LTC Resident

- Educating residents, their family and facility staff about residents’ rights, good care practices, and similar long-term services and supports;
- Ensuring residents have regular and timely access to ombudsman services;
- Providing technical support for the development of resident and family councils;
- Advocating for changes to improve residents’ quality of life and care;
- Providing information to the public regarding long-term care facilities and services, residents’ rights, and legislative and policy issues;
- Representing resident interests before governmental agencies; and
- Seeking legal, administrative and other remedies to protect residents.

Indiana’s LTC Ombudsman Program Structure

In accordance with the [CFR 45, Title 45, Part 1324.13](#), Indiana’s State Long Term Care Ombudsman (State Ombudsman), as head of the Office (the “State Office”), has responsibility for the leadership and management of the State Office in coordination with the Division of Aging, within the Family and Social Services Administration (FSSA). To comply with this federal law, Indiana’s State Ombudsman *certifies* representatives of the State Office, or “local” Ombudsmen, to carry out the responsibilities on behalf of the State Office throughout the state. Certification occurs only after a training period consisting of both independent and field study, as well as completing structured facility tours and shadowing experienced Ombudsmen.

Indiana’s LTCOP has a decentralized organizational structure, meaning the State Ombudsman and State Office staff are state employees, while local Ombudsmen are employed by local host agencies. The State

Ombudsman/Deputy Director (both certified ombudsmen) have programmatic oversight while the host agency has personnel oversight of the Ombudsmen.



As of September 30, 2021, Indiana’s LTCOP had 18 local certified ombudsmen, located within the state’s planning and service areas that correspond to the map of Area Agencies on Aging (AAAs).

One ombudsman in Area 16 retired in January 2021; the Area 14 ombudsman position became vacant April 1, 2021; two ombudsmen left Area 2 in August and the end of September 2021. Two people were hired during the summer for Areas 2 and 16 and are in training to become certified. Another was hired June 2021 and became certified 10/4/21.

Five of Indiana’s AAAs (Areas 1, 2, 5, 12, and 13) act as the host agency for Ombudsmen to provide services in their areas.

Eight AAAs (Areas 4, 6, 8, 9, 10, 11, 14, and 16) subcontract with Indiana Legal Services, Inc. (ILS), a non-profit law firm that provides

free civil legal assistance to eligible low-income Hoosiers. As of 9/30/21, ILS employed eight ombudsmen in its local offices located throughout the state.

Two AAAs (Areas 7 and 15) subcontracted with local Centers for Independent Living (CILs) to host their local Ombudsmen. Areas 3 and 16 had three local ombudsmen working in their own standalone nonprofit organizations that subcontract with the AAAs in those two areas.

Indiana is fortunate in that many of its local ombudsmen have been with the program several years. Most have a social services or paralegal background. Many have master’s degrees; one is an attorney. Their combined experience and expertise are what affords this program the ability to protect Hoosier long-term care residents’ rights, ranging from reasonably simple matters such as meal preferences to complex issues such as care planning concerns or involuntary discharges.

The Office of the State Long-Term Care Ombudsman is a programmatically independent advocacy service located within Indiana's Family and Social Services Administration. Points of view, opinions or positions of the Ombudsman do not necessarily represent the view, positions, or policy of the Indiana Family and Social Services Administration [45 CFR part 1324.11(e)(8)].

This annual report is compiled and distributed to meet federal and state law requirements.

Please direct any questions, comments, or discussion about the contents of the report or issues affecting the residents of long-term care facilities to the State Long-Term Care Ombudsman.

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