

**Review of the  
Colorado Long-Term Care Ombudsman Program**

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## Executive Summary

This Executive Summary gives a brief overview of some of the key findings and issues related to the Colorado Long-Term Care Ombudsman (LTCO) Program. More discussion and information is provided in the summary report that follows. A list of specific recommendations can be found at the end of the Executive Summary.

This study was commissioned by the Colorado Department of Human Services, Division of Aging and Adult Services, State Unit on Aging (SUA) to provide an examination of key aspects of the Colorado LTCO Program. Objectives were to review information on other states' LTCO Programs, collect and assess information on Colorado's LTCO Program, and to develop a report including recommendations based on this review. A total of 57 people (43 Coloradans & 14 individuals from outside the state) were included in discussions or interviews for this study including the members of the Colorado Commission on Aging (CCOA) and the Colorado Association of Area Agencies on Aging (C4A). Five states were selected for comparison to Colorado and for further examination: Washington, Wisconsin, Kansas, Arizona, and Georgia. The selection of these states was based largely on recommendations of experts in the field, as well as national ombudsman program data from the U.S. Administration on Aging (AoA). Some states were selected primarily because they showed similarities to Colorado in certain key statistics, for example, "total long-term care beds" or "paid program staff." An attempt was made to ensure a variety of placements (inside versus outside of state government), and organizational structures were included. The SUA Director and the State Long-Term Care Ombudsman in each state including Colorado were interviewed. Three national experts in program policy and/or research within long-term care were interviewed. In addition, an on-line survey of 29 local long-term care ombudsmen was completed. A significant amount of literature, including studies, policy reports, and rules and regulations were reviewed as part of this analysis.

This report contains information about (1) placement, structure, and administration of the LTCO Program, (2) state and local funding issues related to this program, (3) discussion of the systems advocacy role and the requirement for maximum program independence, and (4) characteristics of effectiveness and quality of a state's LTCO Program. Based on the interviews, discussions, the literature, the on-line survey, and a synthesis of all of this material, objective recommendations are offered to the Colorado SUA.

Placement, Structure, and Administration - As the result of a Colorado Legislative Council Report to the General Assembly, published in December of 1978, a request by the State Division of Services for the Aging to bring the Nursing Home Ombudsman Program in-house was denied by the state legislature. The resulting Joint Resolution (HB 55) expressed the sentiment that “it is necessary to have an autonomous ombudsman program, administered independently of the Division of Services for the Aging and the Department of Social Services.” The report stated that “A number of community and legal assistance organizations have opposed this transfer (i.e., to bring the program into state government) primarily because of an apparent conflict of interest in housing the nursing home ombudsman, which has filed lawsuits against nursing homes on behalf of residents, in the same department that has responsibility for certifying nursing homes for Medicaid.”

Thirty years have passed and many changes have taken place in state government and in programs and services for seniors. The specific conflict of interest of Medicaid certification taking place within the same department as the ombudsman program is no longer relevant. There is some potential for conflict of interest due to the location of the Colorado Division of State and Veterans Nursing Homes in the same Department as the SUA.

Colorado’s LTCO Program has worked quite well, though not perfectly, for two decades. During this time, it has been contracted outside of State government to an organization that is Colorado’s designated Protection and Advocacy (P&A) Agency – The Legal Center for People with Disabilities and Older People (The Legal Center). Relationship and partnership building is needed between the SUA and The Legal Center. For example, the contractor should welcome the SUA participation in the selection and performance evaluation of the LTC Ombudsman, as is the process in most other states. This has not occurred in the past and has resulted in years of difficulties according to representatives of the program throughout the state.

Any proposed changes to the placement of the Colorado LTCO Program should be examined over a considerable amount of time and include a broad range of stakeholders. It is a recommendation that the placement and structure of the LTCO Program should continue as is, outside of state government by a contract. Area Agencies on Aging (AAAs) should continue to administer the programs in 16 regions throughout the state.

Funding – State and Local Levels - A number of the recommendations in this report align with the current 2008 – 2011 State Plan on Aging prepared by the SUA. The recommendations to increase resources for both the State LTCO Program and the local programs fall under focus area one, page 39 of the State Plan on Aging, Increasing Organizational Capacity, Objective 1 – Seek additional funding. The section reads,

“(the) SUA will review service gaps and create action plans to address the gaps annually.” The LTCO Program must be included in this annual review and planning process.

Study findings suggest that the LTCO Program will continue to deal with significant growth in the number of complaints. The complexity of the situations ombudsmen must address is increasing. This will require new levels of sophisticated training.

Commitment to collecting the most critical data and information to document what the program is accomplishing will be necessary in the coming years. It is evident that additional resources are needed immediately at all levels of this program and especially in the State LTCO Program. Even the majority of local ombudsmen responding to the on-line survey say they believe additional resources are needed by the Office of the State LTC Ombudsman. Though there is sometimes funding carryover at the local level, it is not necessarily easy or feasible to expeditiously move these funds into the Office of the State LTC Ombudsman. The additional resources that are needed for the state and local ombudsman programs are reportedly “just to do the work they are expected to do under the federal and state laws and regulations.” The State LTC Ombudsman should be expected and encouraged to advocate for the resources needed at both the state and local levels.

The 2007 State Long-Term Care Ombudsman's Annual Report for the Colorado Legislature recommended that there be “increased financial resources for both the State and local ombudsman programs. Ombudsmen are the essential link for residents across multiple agencies and disciplines. They work directly with residents and their families to coordinate care and solve systemic problems. Additional funding would allow ombudsmen to spend more time on advocacy for systems change, more time with residents, and provide more training to overworked staff in facilities...” The real beneficiaries of increased funding for the LTC Ombudsman Program would seem to be Colorado's long-term care facility residents.

It is recommended that the allocation of Ombudsman Program dollars through the Division of Aging and Adult Services be retained. In Colorado, the AAAs are very protective of the Older Americans Act and Older Coloradans Fund monies allocated to their areas. Even in cases of significant carryover, which occurred this year for example, the local AAAs stated that their commissioners, directors, and local politicians would not relinquish the allotted funds. The State should include the State LTC Ombudsman in discussions of ombudsman program funding levels. The State should provide the State LTC Ombudsman with information annually about the proposed local ombudsman program funding by region.

Systems Advocacy and Independence – Every existing law, statute, policy paper, and program study that has been published pertaining to the LTCO Program in the United States is based on the premise that systems advocacy is a critical piece of the role of this program. Based on these formal laws and regulations, the literature, and input from experts, the State LTC Ombudsman must be able to speak freely with legislators, congresspersons, high-level staff in state and federal departments, and the media, with the goal of serving the best interests of those residing in long-term care facilities. In the best State LTCO programs, there are joint state ongoing discussions of legislative and regulatory perspectives and work plans between the SUA and the state LTC Ombudsman. The resources of the State can, and if appropriate should, assist the resources of the contractor in this important systems advocacy work.

Effectiveness and Quality – A number of studies have been completed at the national level examining what makes a great state LTCO Program. The National Association of State Units on Aging (NASUA, 2006), the Office of the Inspector General (OIG, 1991), Carroll Estes and colleagues (2004, 2001), and the Institute of Medicine (IOM, 1995) and others, have highlighted the characteristics that distinguish the best programs. Colorado definitely has many of these identified characteristics, and it can continue to build on them. The characteristics that can be enhanced include a synergy between the State Long-Term Care Ombudsman and the SUA Director, significant and unwavering support by the SUA for the work and resource needs of the LTCO Program, and a supportive political and social environment.

A direct correlation has been found (Estes et al., 2004) between overall ombudsman program funding and number of bed visits to effectiveness of the ombudsman program. A number of quality assurance methods are recommended by the NASUA/National Long-Term Care Resource Center (2003) including annual on-site monitoring, desk monitoring, consumer satisfaction surveys, formal evaluations, as well as other methods. Certain data considered important to the SUA were not readily available for this current study – at least in the most visible spots. Data on whether responses to complaints have been adequate and timely are not published in the annual report of the LTC Ombudsman, nor are they published in the national Ombudsman Reporting Systems data. This is an area that could receive some increased attention as timeliness and adequacy of complaint responses are key to program effectiveness.

The Colorado LTCO Program is at a significant turning point. The choice should be made to better understand the program's unique role within the overall scheme of long-term care services. Many see the role of the LTCO Program expanding over the coming years, such as to home and community based services. Increased support in several realms - financial, policy-related, and attitudinal - will be needed to assist the program to take its special place within the changing long-term care landscape. Terms being used nationally in reference to the LTCO Program include retooling, rethinking,

charting a new course, and modernizing. A number of people within Colorado and outside of Colorado encouraged us to seriously consider where this program should go in the future. Current model regulations proposed by the Federal Policy Committee of the National Association of State Long-Term Care Ombudsman Programs (NASOP), but not yet adopted by the AoA, suggest the program will need to “be (a) distinct and independent voice of residents of long-term care facilities, not a voice for State government.” Undoubtedly, this has been the intent for the program since its inception and inclusion in the Older Americans Act. Regardless of where the program is housed in Colorado, the factors that make for a great program, as identified in this report, should continue to be incorporated into future efforts.

## **LIST OF SPECIFIC STUDY RECOMMENDATIONS**

### **COLORADO LONG-TERM CARE OMBUDSMAN PROGRAM**

#### **A. PLACEMENT, STRUCTURE AND ADMINISTRATION**

1. Continue to contract the LTCO Program outside of state government. Though many states do it, a December 18, 2001 discussion draft memo to all State Ombudsmen issued by the AoA stated a State Agency on Aging “cannot serve as the State LTC Ombudsman.”
2. Follow the current procurement process for the LTCO Program unless after following recommendation three below, The Legal Center continues to be the only bidder. There is great benefit to contracting only with the State’s Protection and Advocacy (P&A) Agency, but given the State’s procurement rules, the rationale for maintaining the program specifically with the P&A Agency may not be appropriate. Procurement for the LTCO Program should not be limited only to the State’s P&A Agency at this time.
3. Solicit widely in January 2009 for Letters of Intent to bid on the LTCO Program contract for 2009-2011. If no Letters of Intent are received, other than from the current contractor, utilize a sole source contracting process. If more than one Letter of Intent is received, conduct a regular procurement process for the contract beginning July 1, 2009.
4. Synchronize the dates of this sole source or regular contract with the State Plan on Aging timeframe as soon as possible. The State should work towards having the next State LTCO Program contract cover the same time frame as the next State Plan on Aging (2012 – 2015).
5. Continue to have an experienced, high-level Program Specialist within the SUA to oversee contractual activities and serve as an liaison between the contractor and the SUA. The SUA Director needs to have real-time knowledge of what is happening in the State LTCO Program. Assignment of this task must be to someone who can and will directly communicate with the SUA Director. Recommend minimizing the layers through which information between contractor and State staff must travel.
6. Whenever there is a vacancy of the LTC Ombudsman position, the contractor must allow the State staff to participate in the recruitment and selection process in a meaningful, and mutually agreed upon, manner.



7. The performance management process for the State LTC Ombudsman should be a joint undertaking led by the contractor but involving input from the State and local Lead Ombudsmen and AAAs.
8. The SUA should consider giving authority to the State LTC Ombudsman to designate the local agencies that house the local programs. This would likely strengthen the relationship between the local ombudsmen and the State Ombudsman throughout the state. Colorado is one of only four states nationally that does not allow the State LTC Ombudsman to designate local ombudsman programs, which are AAAs or other entities in many other states (NASUA, January 2008). This is one of the potential program changes that should be discussed with stakeholders in the future.
9. Before making a significant change to the placement or structure of Colorado's LTCO Program take additional time and involve many stakeholders.

## **B. FUNDING – STATE AND LOCAL LEVELS**

1. Develop a joint strategy with the AAAs, local ombudsmen, Colorado Commission on Aging, the contractor, and State staff to increase resources for the local and State levels of the ombudsman program.
2. Program partners should jointly carry out a significant educational and advocacy effort throughout the state in order to promote the importance of adequately funding this program. This would inevitably involve some discussions with leaders who might disagree with additional funding for this service area versus OAA programs.
3. The State should consider requiring certain levels of funding for this specific program, at both the state and local levels, either through allocations or policy.
4. At the state level, increase the funding to the State LTC Ombudsman contract by \$53,000 for State Fiscal Year 2009-2010 from the current contract amount of approximately \$200,641 to \$253,641. This would allow additional State LTCO staff as well as additional legal assistance for the State Ombudsman staff.
5. Develop and implement an annual budget increase tied to an agreed-upon index, such as the Consumer Price Index (CPI) or other growth factor.

6. Allow the state contractor to determine specifically how to allocate the additional funding to the LTCO Program for integration with its fundraising efforts.
7. Retain the current allocation process for the LTCO Program within the SUA. However, include, as much as is appropriate and possible, the contractor in reviewing, assessing, and advocating for budget and funding modifications, if jointly agreed they are needed.
8. Support a joint initiative with local programs, the state contractor, CCOA, and senior advocates, to increase funding for the local ombudsman program in each region by an agreed-upon amount by the end of the current State Plan on Aging period (September 30, 2011).
9. With the SUA, the contractor, CCOA, and local programs develop an evaluation and planning process and conduct assessments regarding the adequacy and efficient utilization of local and state LTCO Program funding.

## **C. SYSTEMS ADVOCACY AND INDEPENDENCE**

1. The SUA should embrace the mandated systems and individual advocacy role of the State LTC Ombudsman. This strengthened support should be reflected in the CDHS website materials explaining what the program does, in other documents providing information about the Colorado LTC Ombudsman Program, as well as vocally and publicly when the opportunity arises.
2. Recommend specifically strengthening and clarifying of the definition of “Systems Advocacy” in the Colorado Ombudsman Policy and Procedure Manual. Current definitions in both the Federal Code and Title VII of the OAA include language that highlights the “systemic” aspects of the State LTC Ombudsman’s work including analyzing, commenting on, and monitoring the development of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and service.
3. In order to remedy any disadvantages related to where the program is housed and administered, whether out of or within state government, stakeholders must develop a meaningful joint systems advocacy process. This can be done, in part, by (1) increasing interactions and discussions around key advocacy issues, (2) creating an open and trusting atmosphere, and (3) staying constantly vigilant to any potential attempts to

interfere, intervene, or limit the ability of the State LTC Ombudsman to fulfill the complete scope of mandated responsibilities, particularly with regard to critical systems advocacy activities.

## **D. EFFECTIVENESS AND QUALITY**

1. Create a culture in which the LTCO Program is viewed as one coherent and connected statewide entity that happens to involve AAAs, local ombudsmen, a contract agency, and the SUA.
  - By increased and improved communications and relationships, promote mutual understanding of each other's roles, increase support for each other's segments of the statewide ombudsman program, and speak with a consistent, not necessarily identical, voice whenever possible to advocate for the benefit of the state's residents of long-term care facilities.
  - The SUA, contractor, AAAs, and the local ombudsmen should increase mutual consideration and respect for one another by jointly participating in regular meetings, trainings, and written communications that are timely, thoughtful, understandable, and mutually respectful.
  - Stakeholders, led by the SUA and including the contractor, should determine issues requiring joint discussion and/or problem-solving. These items should provide the basis for an annual statewide joint evaluation and planning process.
  - Increase opportunities for educating those who must understand the program for it to be effective. The SUA should invite the State LTC Ombudsman to key meetings with stakeholder and provide time on the agenda for discussion and input.
  - Regular participation of the State LTC Ombudsman is recommended at meetings such as APAC (Area Agency on Aging Policy Advisory Committee) and State-AAA training meetings. The goal would be to improve relationships, enhance trust, increase awareness of problems as well as promote positive aspects of the programs and accomplishments.
  - Continue to have the State LTC Ombudsman contractor conduct on-site assessments of half of the local ombudsman programs every other year – conducting a desk audit and self-assessment in

the alternate years. The revised on-site assessment tool is comprehensive and has been well received by AAAs and it should be modified, as needed.

2. State and State LTC Ombudsman should carefully assess all of the reporting and data collection requirements for the LTCO Program with the goal of reducing any unnecessary paperwork. For example, is data on the adequacy and timeliness of complaint responses regularly collected, reviewed, analyzed, and used to improve program procedures?
3. Stakeholders should attempt to reach agreement on the variety of issues discussed above (funding, training, hiring, performance evaluating, and reporting).
4. Create a statewide Advisory Council specifically focused on the LTCO Program with the goal of increasing communications between local programs on topics such as cross-region issues, training needs, and advice on advocacy activities.
5. Continue regular, perhaps quarterly, meetings with the SUA and contractor with the goal of identifying and resolving specific programmatic issues.
6. Increase the knowledge of and involvement of the Colorado Commission on Aging (CCOA) with the LTCO Program.
7. The SUA, the State LTC Ombudsman, contractor staff, local ombudsmen, and AAAs should agree upon criteria for effectiveness and methods of assessing effectiveness and quality, including data collection and reporting. Use the mission of the State LTCO Program as a guide for identifying mutually-desired outcomes and for determining whether the program is truly being effective. Deliberately incorporate input and feedback from the local level into this process.
8. The SUA and State LTC Ombudsman should work with AAAs to ensure the most current ombudsman program staffing standards, as recommended by the National Ombudsman Resource Center, NASUA, and the AoA, are met and maintained throughout the state.

## Methodology

In order to address the objectives of this review, a number of methods of data collection and analysis were undertaken. Numerous individual interviews were conducted in person and by phone. In addition, several interviews and discussions were conducted with groups, including the Colorado Commission on Aging (CCOA) and the Colorado Association of Area Agencies on Aging (See Appendix A).

National Experts - To understand and assess the LTCO Programs in states other than Colorado, existing and new information was synthesized. National experts, who were recommended and some of whom were already known, were interviewed by phone. E-mail exchanges of information also took place with each of them (See Appendix B). These experts represented the U.S. Administration on Aging (AoA), the National Association of State Units on Aging (NASUA), the National Ombudsman Resource Center (NORC), and National Citizens' Coalition for Nursing Home Reform (NCCNHR). One individual has been a national ombudsman program consultant for decades and has worked on several major national ombudsman program studies and reports. A list of questions was developed based on the study objectives and was utilized to guide the interviews (See Appendix G). These individuals sent documents, which were reviewed. Those documents are listed at the "Documents and Sources of Information" Section.

State Aging Directors and State LTC Ombudsmen – After careful review of the latest available data on all of the State LTCO Programs for FY2007, five states were selected for further in-depth research (See Appendices B, C, and D). National experts and people interviewed within Colorado made recommendations regarding which states to contact. The states selected include: Washington, Wisconsin, Kansas, Arizona, and Georgia. The guiding assumption was that states similar to Colorado could be examined carefully to assist with the Colorado program. Appendix D provides 16 tables that were created culling information from the AoA 2007 National Ombudsman Reporting System (NORS) data. There are virtually no states that stand out as being highly similar to Colorado with regard to more than a few of the critical characteristics of a State LTC Ombudsman Program, such as funding per bed, overall ombudsman staffing, and number of Area Agencies on Aging (See Appendix D). The main criteria for selection of the five states included: (1) were identified as outstanding programs by program experts (Georgia, Wisconsin, and Washington), (2) assured a variety of organizational structures, within and outside of state government, and/or (3) had some similarities in critical program features, such as:

- A similar number of long-term care beds (Kansas 34,292 – Colorado 34,575)

- A similar number of LTC facility beds per paid ombudsman program staff (Arizona 1,407 – Georgia 1,416 - Colorado 1,414)
- A similar number of paid ombudsman program staff (Wisconsin 24.0 FTE – Colorado 24.5 FTE – Washington 26.8 FTE)
- A similar number of (Washington 26.8 FTE – Colorado 24.5 FTE) designated local ombudsman programs (Washington 13 – Colorado 16)

In Colorado and each of these five selected states, the State Unit on Aging Director or designee and the State LTC Ombudsman were interviewed. Occasionally, other individuals were included in the interviews at the request of the interviewee. (See Appendix B).

Survey of Colorado Local Long-Term Care Ombudsmen - An on-line, confidential, eleven-question survey of local ombudsmen was undertaken through Survey Monkey. (See Appendix E). The survey was designed to elicit targeted and maximally relevant information for this study. An e-mail with a link to the survey tool was sent to AAA Directors who were asked to forward the information to the local ombudsmen. Twenty-nine (29) surveys were completed and submitted by 28 local ombudsman paid staff and one volunteer, representing at least 15 of 16 AAAs. (Two respondents did not wish to indicate their region). 15 were full-time ombudsmen (seven of these are lead ombudsmen for the region), six were county directors (four of these are lead ombudsmen for the region), six were part-time paid ombudsmen, and one was a volunteer ombudsman. According to the AoA final data for fiscal year 2007, Colorado has 24.5 paid FTEs (Full-Time Equivalents) working in the Ombudsman Program throughout the state. Therefore, it is believed that the vast majority of paid local LTC ombudsmen throughout the state responded to this survey. Responses to the qualitative open-ended survey questions can be found in Appendix F.

## Placement, Structure, and Administration

Early History of Colorado's LTCO Ombudsman Program - During the period of August 1975 to September of 1978, the Colorado LTCO Program was with the Legal Aid Society of Metropolitan Denver. It was brought into the SUA for a 16-month period from September 1978 to December of 1979. At this time, there was a legislative decision through a Footnote to the State's Long Bill to contract the program outside of state government. The 1978 Amendments to the Older Americans Act (OAA), at the federal level, instigated Colorado to undertake this change. The OAA then called for the combining of the LTCO Program with Legal Services. "The 1978 Amendments to the Older Americans Act elevated the Nursing Home Ombudsman Program to a statutory level... The statute *required* all state agencies on aging to establish an ombudsman program that would carry out (certain specified activities)" (Hunt, 2004). Some states chose to run the LTCO Program within state government. According to several national experts, the main reason many SUAs currently run their own LTCO Program is because that is where the original funding flowed, that is, from the federal government to the SUAs. Even though many states chose to place their LTCO Program within the SUA, Colorado chose to contract with a non-profit agency to administer the program.

Several of the interviewees that were involved in the state LTCO Program at the time the program was first outsourced stated the main reason the footnote was added to the state's 1979 Long Bill (placing the LTCO Program outside of state government) was to meet the requirements of the Older Americans Act. Drafters of the Colorado language wanted to be sure the LTCO Program was able to be free of conflicts of interest and interference with its required duties. The 1978 Colorado Legislative Council report echoes this intent.

Colorado's program, located in the state's Protection and Advocacy (P&A) Agency for the past 20 years, is highly respected by those in other states and at the federal level. The systemic advocacy responsibilities of the State LTCO are considered by many experts to be equally, if not more, important, than the programmatic and administrative work of the program. While only one quarter of LTCO Programs are located outside of their respective SUAs (Hunt 2004) national experts and some states with the LTCO Program in-house, relish the idea of one day moving the program to an outside agency. The original intent of the 1978 amendments to the OAA was to provide a national LTCO Program that was strong in both individual and systems advocacy (NORC website and Hunt 2002). The location of Colorado's LTCO Program within the state's P&A Agency adds credibility and a strong legal orientation to the program, which most stakeholders feel benefits the program and the ombudsmen throughout the state. By locating the program within the P&A Agency, with a culture of legal expertise, the legal support for the program is abundant and easily accessible. Contracting with another type of

agency on having the program within State government might limit ready access to legal advice.

Making a change to the location and structure of a state's LTCO Program is a significant undertaking involving many stakeholders and has implications for many. National and state-level experts strongly recommend that such a change be undertaken only after a careful assessment of the ramifications and effects on the entire system. These experts recommend the involvement of many stakeholders and spending an adequate period of time prior to implementing such a change.

The truly unique and perhaps even special nature of the LTCO Program and the role the State leaders of that program must play is evident. This is a program unlike any other. The demands are increasingly complex and political. The uniqueness of the LTCOP is a mixed blessing. On the one hand, it is extremely distinctive and differs from the other OAA programs. But, this leads to perceived and real conflicts and misunderstandings. Because of its requirement to be vocal, visible, independent, involved, out-front and outspoken, it "does not fit well in a bureaucratic agency or structure" (IOM Study 1995 and Hunt 2002).

Colorado's local ombudsman program structure, through the AAAs, is like the majority of local programs throughout the United States. The AoA (NORS 2007 data) says 60.3% are designated in the AAAs. There are some aspects of the LTCO Program that, when in place, appear to help the State-level program run better. Those states in which the LTC Ombudsman has involvement in the budget allocations to the local programs throughout the state have more direct control of LTCO Program. This is reported as a positive by states with this type of allocation process for the LTCO Program. Suggesting increased budgetary involvement by the State LTC Ombudsman is not meant to reflect a spirit of one agency relinquishing control to another but rather, to promote mutual planning and controlling, which is guided by the shared desire to have the most effective LTCO Program. Many states require the State LTC Ombudsman to designate which local agencies will house the Lead Ombudsmen and the regional ombudsman programs, as the Older Americans Act allows. In Colorado, the LTC Ombudsman certifies individual local ombudsmen but is not involved in the designation of local agencies that serve as the local ombudsman programs, because they are historically designated in the AAAs.

The majority of people felt strongly that the SUA should have meaningful involvement in the selection of the individuals who occupy the position of State LTC Ombudsman. This could apply to the other professional positions, for example, the assistant to the LTC Ombudsman position. The position of LTC Ombudsman must be filled by an outstanding, qualified person. Collins (2005) describes the Level 5 Leader, which is applicable to the person in the State Long Term Care Ombudsman position. Level 5



Leaders have an “extra dimension” that is critical. “They are ambitious first and foremost for the cause, for the company, for the work, not him or herself. And they have the will to do whatever is necessary to make good on the ambition for that cause.” The AAA Directors said they’d like to see a forward-thinking, understands-the-big-picture, policy-oriented, vocal, visible, passionate, and dedicated person in the role of LTC Ombudsman. There was considerable agreement that it should always be an open recruitment process.

The LTC Ombudsman must be free to develop relationships with other State Departments to do joint client or systems advocacy or just problem-solve. According to Collins (2005) “In executive leadership, the individual leader has enough concentrated power to simply make the right decisions...(while) legislative leadership relies more on persuasion, political currency, and shared interests to create the right conditions for the right decisions to happen.” The LTC Ombudsman must have both types of leadership abilities and must be allowed to exercise both types in order to follow the federal and State law.

There is nothing but real praise for the work of the new State LTC Ombudsman is doing. While not a requirement for the position, her attorney credentials are a plus. She is seen as responsive and willing to tackle hard issues and to speak up for her customers (facility residents, AAAs, local ombudsmen, State). She is seen as a relationship builder, which most report as being critical to a successful LTCO Program.

#### **PREFERENCE OF LOCAL OMBUDSMEN REGARDING LOCATION OF STATE LONG-TERM CARE OMBUDSMAN PROGRAM [Survey Question #5]**

Table 1 (below) shows the majority of local ombudsman respondents (62.1%), including 4 of 6 AAA Directors, expressed a preference for the maintenance of the current structure – with the Colorado LTCO Program remaining outside of state government and specifically contracted to The Legal Center, the state’s designated Protection and Advocacy (P&A) Agency. At the same time, approximately one-third of respondents (34.5%), including 2 of 6 AAA Directors, prefer the Program be housed within State government. 6.9% expressed a preference that the program be outside of the Division of Aging and Adult Services, but within CDHS. No respondent preferred that the program be in a department of state government outside of the Colorado Department of Human Services. No one expressed a preference for the program being moved to an outside general non-profit agency

Based on written comments from 11 (out of the 29) survey respondents (See Appendix F, Question #5) those who expressed a preference for keeping the LTCO Program within the state’s P&A Agency were focused on the need to have the program be as independent as possible, especially for systems and individual advocacy activities. In

the responses, local ombudsmen cited the need for the LTC Ombudsman to be impartial and felt an out-of-state-government program would keep real or perceived conflicts of interest to a minimum. Others, who do want to see the program moved to within state government, were just as adamant that problems might be improved by merging the LTCO Program into State Government. Comments centered on concerns about how LTC Ombudsman performance problems should be handled when hiring and supervision are done by the contractor rather than the State.

**TABLE 1. In your opinion, what is the best location for Colorado's State Long-Term Care Ombudsman Program? Choose only one response. Please describe your response in the Comment Box below.**

|   | <b>Response<br/>Percent</b> | <b>Response<br/>Count</b> |
|---|-----------------------------|---------------------------|
| 1. In State Government, Human Services Department, Within the SUA   | 13.8%                       | 4                         |
| 2. In State Government, Human Services Department, Outside the SUA, in the Elder Rights and APS Unit  | 13.8%                       | 4                         |
| 3. In State Human Services Department, outside Division of Aging & Adult Services   | 6.9%                        | 2                         |
| 4. In State Government, outside Human Services Department entirely  | 0.0%                        | 0                         |
| 5. Outside of State Government, in a General Non-Profit Agency  | 0.0%                        | 0                         |
| <b>6. Outside of State Government, in a Protection and Advocacy Agency (e.g., The Legal Center for People with Disabilities and Older People)</b> | <b>62.1%</b>                | <b>18</b>                 |
| 7. Other, please specify below in Comment Box   | 3.4%                        | 1                         |
| <b>Answered question</b>  |                             | <b>29</b>                 |

## CONFLICT OF INTEREST BETWEEN DUAL AAA DIRECTOR AND LEAD OMBUDSMAN ROLE [Survey Question #8]

Local ombudsmen were asked, “If you currently serve (or have in the past served) as both AAA Director and Lead Ombudsman, have you ever experienced a conflict of interest between these two roles? Please describe your answer below in the Comment Box.” As Table 2 below shows, the overwhelming majority (75.9%) reported they had not experienced this particular conflict. Seven individuals responded to this question. Of the seven individuals, five said “No”; one said “Don’t Know”; and one person responded that they had had a role conflict occur. Based on the written response of this one individual, the conflict occurred over having to manage other programs, including Adult Protective Services and the Single Entry Point at the same time. No additional details were provided by the respondent.

**Table 2. If you currently serve (or have in the past served) as both AAA Director and Lead Ombudsman, have you ever experienced a conflict of interest between these two roles? Please describe your answer below in the Comment Box.**

|                          | Response<br>Percent | Response<br>Count |
|--------------------------|---------------------|-------------------|
| 1. Yes                   | 3.4%                | 1                 |
| 2. No                    | 17.2%               | 5                 |
| 3. Don't Know            | 3.4%                | 1                 |
| <b>4. Not Applicable</b> | <b>75.9%</b>        | <b>22</b>         |
| 5. Other                 | 0.0%                | 0                 |
| <b>Answered question</b> |                     | <b>29</b>         |

## RECOMMENDATIONS REGARDING PLACEMENT, STUCTURE, AND ADMINISTRATION

It is recommended that the State maintain the current location of the State LTCO Program outside of state government. The evidence presented and available is not convincing enough to make a location change at this time. Possible cost savings alone is not a significant determining factor in a program as unique and visible as this one. If changes are seriously considered for the placement and/or operations of the state's LTCO Program in the future, take the needed time and involve many stakeholders.

If the program continues to be located outside of State government, as is being recommended, the Colorado LTCO Program needs to be hired jointly by the State and the contractor. The State Office should be able to openly and meaningfully discuss issues the local AAAs and ombudsmen are raising about the performance of the LTC Ombudsman, assuming documented evidence is provided. The contractor needs to realize the program is a mutual responsibility of the State and the contractor and should be responsive with corrective action planning in the case of actual documented performance issues. When local ombudsmen and or AAAs believe nothing is being done to address what they perceive as performance problems, they understandably question administration of the program. A key goal for all local and State and contractor staff in the LTCO Program should be to develop and maintain strong, trusting, and open communication and relationships.

It is recommended that the State consider a longer term contractual relationship, given what the State's procurement process allows, as The Legal Center is virtually the only agency that has responded to the Request for Proposals for the past 20 years for this program. Of course, if funds in this program continue to increase, it is possible another agency could step up and want to apply. Or, it is possible that the selected contractor might not meet contractual obligations in a given year. If either happens, the State needs options for addressing concerns related to procurement and contracting. A tremendous amount of time is spent every few years conducting a procurement process, typically with only one respondent. It is recommended that the contract cycle, at a minimum, coincide with the State Four-Year Plan on Aging process.

The original conflict of interest situation that existed in 1978 (Medicaid facility licensing within the same department formally known as Colorado Services for the Aging) no longer exists. However, another possible conflict of interest that does exist within the Colorado Department of Human Services is the housing of the Division of State and Veteran's Homes. This particular Division, while outside the SUA and Adult Protective Services Unit, is housed within CDHS. The State and Veterans Division operates six nursing homes located throughout Colorado. All six facilities are licensed by the Colorado Department of Public Health and Environment. Each facility offers skilled

nursing care and each facility is Medicaid certified. The definition of “Conflict of Interest” in the SUA Policy and Procedure Manual specific to the Ombudsman program is “interests that intrude upon, interfere with, threaten to negate, or give the appearance of interfering with or negating the ability of the Ombudsman Program or its staff and volunteers to advocate without compromise on behalf of residents of long-term care facilities”. If a conflict of interest does arise, this is an issue that should be discussed with stakeholders in a lengthier process in the future.

## Funding – State and Local Levels

In State Fiscal Year (SFY) 1988, the amount of federal OAA and State funds dedicated to the LTCO Program in the contract with the Legal Center for People with Disabilities (the agency's formal name at that time) was \$85,000. For SFY 2009, the contract amount from federal and state funds is \$200,641 for the LTCO Program. This increase over the 21-year period is approximately 136%, more than doubling the government funding for the program.

In terms of the real value of money, however, the Colorado LTCO Program funding has remained relatively flat over the last 20 years. \$85,000 in 1988 is equivalent to \$152,630 in 2008 according to the Bureau of Labor Statistics ([www.bls.gov](http://www.bls.gov)). The SFY 2008 governmental funding for the LTCO Program was \$189,450. The Colorado LTCO Program had the same level of funding (See Appendices H and I) from 2003 through 2007 at approximately \$164,000 average funding per year. During the 20 years that The Legal Center has contracted for this program, it reports contributing over \$500,000 total funds to maintain the State LTC Ombudsman and Legal Assistance Developer programs in addition to the federal and state monies. This equates to approximately \$25,000 per year on average.

The best source of information about what funds are needed to operate an effective LTCO Program would probably be the agency that has administered the program for the past two decades. There is no published definitive recommended funding level for LTCO Programs, primarily because they differ significantly from each other. However, one item almost everyone can agree with is that the funding level for any LTCO Ombudsman Program should not remain stagnant for a period of 5 years as it did recently in Colorado. At a minimum, the number of local ombudsmen has increased, the number of LTC facilities and beds has grown, and the number of requirements around reporting and training has increased. Using the U.S. Bureau of Labor Statistics CPI (Consumer Price Index) Inflation Calculator, the estimated 2003-funding amount of just under \$164,000 would have needed to increase to \$188,181 to purchase the same services and goods in 2008. The program was just over that level of funding, \$189,450, in SFY 2008.

It is recommended, primarily based on the additional staffing needs identified by the local ombudsmen, AAAs, and the contractor staff in interviews for this study, that additional funding be appropriated for the LTCO Program in the coming years. In addition, a February 2008 analysis and report prepared by The Legal Center (Appendix I), estimated a minimum of \$325,000 in federal and state funds is currently needed to operate both the LTCO and Legal Assistance Programs. Their analysis did not break

down the funding needs by program but gives an indication of additional funding needs as put forth by the long-time contractor for the LTCO Program.

Based on an analysis recently completed by the SUA staff, bringing the entire LTCO Program in-house (into the Colorado Department of Human Services) would save the program approximately \$109,000 annually (See Appendix J). This savings amount, based on the literature as well as the interview and survey input received in conducting this study, does not provide adequate rationale for moving the program into State government. The potential and highly probable loss of independence cannot be measured in dollars.

The State's program cost estimate includes one FTE for the State LTC Ombudsman position, which is required by federal and state law. It also includes a half-time clerical, administrative support or similar position. And it includes at least 40% of a high-level staff position's time, according to the analysis. Based on input from national experts, local ombudsmen, and AAA staff this staffing level for a state with 723 long-term care facilities, almost 35,000 beds, and 16 AAAs is low. The current contractor's staff, local ombudsmen, and AAA Directors believe the State program is understaffed at present given the scope of the position and the geography of Colorado.

Everyone interviewed and/or surveyed for this study, except one individual in another state, reported having inadequate funding and resources for the LTCO Program. This was true at both the State and local levels. Based on input from the November 2008 survey of local Colorado ombudsmen, almost every respondent indicated needing additional resources for this program. When asked to describe three improvements the Colorado LTCO Program could make almost every response was related to a need for increased funds and other resources. The next section of the report describes what additional funds would be used for. Perhaps one respondent summed it up best and represents the majority of stakeholders who provided input with the remark, "The needs of our elder community have expanded to the level that 'doing more with less' has reached its saturation point." Understanding that currently state government and government in general need to find cost-savings, this is not the time to allow this to happen in programs serving the vulnerable elder population.

This program requires and demands a substantive and well-supported ongoing educational feature. As legislators, department heads, agency directors, staff, and volunteers come and go the State LTC Ombudsman must continually educate professionals and the community on the LTCO Program. The main questions the AAAs have asked over the years regarding the contract with The Legal Center, is "What do they do there? Why should we advocate for more funds for the LTCO Program? What will they do with the additional funds?" The State should support openly and strongly the documented need for increased resources for the Colorado LTCO Program. The

SUA and other state staff should help the contractor agency and the LTC Ombudsman increase opportunities for educating those who must understand the program for it to be effective. The SUA can invite the LTC Ombudsman to key meetings with stakeholders, and make regular meeting spots for open discussion and input time between AAAs and state staff.

#### **ADDITIONAL OMBUDSMAN PROGRAM FUNDING DESIRED [Survey Question #6]**

Survey respondents were asked to provide the current funding level and the desired funding level for their local ombudsman programs in survey question #6. The actual question was, “What is the current annual funding level for your local LTCO Program compared to what you feel your program needs to function optimally?” The data received in response to this item was incomplete and therefore has been omitted from this report.

#### **USES FOR ADDITIONAL OMBUDSMAN PROGRAM FUNDING [Survey Question #7]**

An overall sense was expressed that there are inadequate funds, especially from Title VII (OAA) to meet the vast requirements in this program. If additional funds were available, the AAAs would use it to add staff, to create or grow a volunteer ombudsman program, provide additional training, enhance complaint follow-up activities, and improve the quality and scope of case documentation.

### **RECOMMENDATIONS REGARDING FUNDING – STATE AND LOCAL LEVELS**

Colorado’s Area Agencies on Aging were very involved in the 1998 formation of the Older Americans Coalition. One of the programs originally highlighted to receive additional funding was the LTCO Program. Additional Older Coloradans Fund (OCF) monies received were targeted to the local ombudsman programs then and have been targeted to the local level for the past decade. So for increasing funds to the regional ombudsman programs an option of utilizing new funds each year from the OCF has existed. Given this, as shown by the responses to the survey, the local level administrators (AAAs/Local Ombudsmen) feel the funds available are still inadequate to do what is required of them. Some of the required program activities are not being done adequately according to the survey responses of the local ombudsmen respondents. For example, if additional funds were made available AAAs would hire more paid ombudsmen staff to increase ombudsman presence in facilities and develop and grow for their volunteer program as increased paid staff would allow more time to recruit and train volunteers and coordinate their activities. Some regions would offer a stipend to volunteers for travel and/or parking, spend more time per complaint, and/or spend more



time developing relationships with facility administration. Regions reported they would conduct more than the minimally required number of visits to licensed facilities. Some locals' ombudsmen reported feeling unsatisfied the quality of the response to complaints. At times, some report, they only physically "set foot in" a facility so it can be counted as a required visit. Attending family and resident councils is often one of the last things a local ombudsman will have time for in a given reporting period. This information was collected via interviews and the survey. If the AAAs truly feels there is a serious deficit in funding for the Ombudsman program at the local level, so much so that it needs further attention, they should commit to a strategy to work toward increasing funding for this specific program.

The Colorado Older Americans Act network needs to come together through a series of focused, facilitated discussions under State leadership to focus specifically on addressing the issue of inadequate funding for the entire LTCO Program. Many AAAs reported being hesitant with regard to adding any "non-Ombudsman-specific" funds, such as Title III - Part B, to pay for the needs within the ombudsman program. The need for ombudsman work sometimes gets lower priority locally when people need a meal or a ride to the doctor. Viewing the state and local programs as one entity and using that increased strength and clout would be beneficial to advocacy efforts to increase local funding. The AAAs might be more willing to look at offering some Older Coloradans Funds in the future, if the education and advocacy efforts become truly joint endeavors. If the local ombudsmen and AAAs can experience working with the State LTC Ombudsman as real partners they will likely be more supportive than in the past. While The Legal Center and the LTC Ombudsman have historically participated in efforts to increase resources for the local level programs by participation in the Older Americans Coalition it is now time for regional programs to help advocate for increased resources for the State LTCO Program. But AAAs will need to see evidence of an effective and high quality LTCO Program. As a system, the Colorado LTCO Program needs to annually articulate its effectiveness and accomplishments to the General Assembly, and continue to jointly advocate for additional resources for this program.

## Systems Advocacy and Independence

2008 is considered by AoA and others to be the 30<sup>th</sup> anniversary of the State LTCO Programs throughout the country. In the 1978 amendments to the Older Americans Act, language was added that required every state to have a Long-Term Care Ombudsman Program and specifically defined ombudsman functions and responsibilities (National Long Term Care Ombudsman Resource Center website). In that year, the commissioner of the AoA announced a new program providing funding to the states for the Ombudsman and Legal Services (now called Legal Assistance) Programs. The 1978 amendments were intended to focus the program on both individual advocacy and systems advocacy.

The 1979 footnote to the Colorado Long Bill requiring the LTCO Program be outsourced was in response to a number of issues. As discussed earlier in this report, there were some long-term care-related licensing and monitoring responsibilities within the same department (Social Services) where the LTCO Program was housed for a 16-month period. This particular rationale (conflict of interest related to facility licensure) is not relevant today since the state departments have been restructured and this function is no longer with the same department as the LTCO Program. However, a second reason the footnote was added, according to several individuals involved and interviewed for this study was to meet the mandates set forth in The Older Americans Act amendments of 1978. These mandates included: “investigating and resolving long-term care facility residents’ complaints; promoting the development of citizens’ organizations and training volunteers; identifying significant problems by establishing a statewide reporting system for complaints and working to resolve these problems by bringing them to the attention of appropriate public agencies; monitoring the development and implementation of federal, state, and local long-term care laws and policies; gaining access to long-term care facilities and to residents’ records; and protecting the confidentiality of residents’ records, complainants’ identities, and ombudsman files” (Hunt 2004).

There was a strong feeling by two-thirds of those interviewed and surveyed that the LTCO Program should not be moved to within state government. National experts interviewed warned of the loss of independence and control that can happen in state government. They stated that there are very few highly effective systems advocacy activities in states where the State LTC Ombudsman is in state government. The position usually is placed way down in the organizational chart, and loses its visibility. The word “stifled” was repeated by some. One exception, Georgia, has a broken line on its organizational chart, from the State Director of Aging to the State Long-Term Care Ombudsman. The state director is a former State LTC Ombudsman. In several states with good programs the State Aging directors have served as State Ombudsmen and observers can see how that benefits the programs. Even when contracted out the

LTCO Program can be limited in its systemic advocacy activities but according to experts, this is highly unlikely. One federal employee reported seeing this happen only once to a significant degree.

Two of the key characteristics that would be strongly evident in an effective LTCO Program are (1) Effectiveness of Legislative Advocacy by LTC Ombudsman and (2) Visibility of LTC Ombudsman. The local ombudsmen that responded to the survey rated both these indicators somewhat questionably. Effectiveness of legislative advocacy by the State LTCO was an unknown for approximately one-third (31%) of the respondents. Another 24% rated the effectiveness of the LTC Ombudsman as average, below average, or poor. State LTC Ombudsman visibility was rated as “average” by more than one-third (34.5%) of the respondents, the largest individual response category for this survey item. To be fair, about half of the survey respondents rated LTC Ombudsman visibility as above average or outstanding. However, it is highly unlikely that the LTC Ombudsman could be even more visible and outspoken legislatively housed within state government. Several reports, including the Institute of Medicine’s (IOM) 1995 monograph, indicate that the nature of the LTCO Program itself is somewhat “antithetical to the hierarchical rules of government.... The imposition of a state’s chain-of-command rules on the ombudsman can significantly constrain his or her independence.”

While the program exists throughout the country both within and outside of state government, one national expert, with the AoA, stated, “... there are good, fully functioning programs in both settings, both being contracted out and within the SUA... what you have to be mindful of always are the kinds of political pressures that might restrict an ombudsman program from being able to do systemic advocacy.”

## **RECOMMENDATIONS REGARDING SYSTEMS ADVOCACY AND INDEPENDENCE**

A highly effective LTCO Program must be maximally independent based on decades of literature and actual experiences reported by experts and program staff. Based on actual experience in this state as well as in other states, over time it is possible that political forces could attempt to influence aspects of the LTCO Program operations and policies. Continuing with the program completely outside of state government would keep that possibility to a minimum. The current contractor has worked toward maintaining maximum program independence for decades. The original intent of Colorado’s ombudsman statute, as well as the original intent of the Older Americans Act, is for the program to achieve and maintain maximum independence. In fact, the state should consider strengthening the Colorado ombudsman statute and Policy & Procedures Manual language to include more heft for the systems advocacy requirements.

A quote from a long-time AoA national Program Specialist sums it up. In our interview, she described some of the things that State LTC Ombudsmen housed within state government have been told they could not do, based on her experience. These include: "Give testimony before a legislative committee, go to visit another agency in the executive branch of government to talk about policies ... (and they have been required) to go through the channels. See the thing is, what can happen and what does happen frequently within State government is, just like it does in the federal government, is that the ombudsman program is treated like any other program. And it's not given the kind of independence that they need in order to carry out the functions that are outlined in the Older Americans Act for them to do. And the functions that residents need them to do."

## Effectiveness and Quality

Important characteristics of the LTC Ombudsman, such as strong support for the program, inspired leadership, trusting relationships, and open communications, as well as adequate resources are far more important than where the State LTCO Program is located. Any organizational structure and location for the State LTCO Program can work when these other factors are securely in place. That is how ombudsman programs located within state government have been able to maintain adequate or even great programs. The numbers of facilities, the number of beds, the number of older people in the state, and the use of AAAs to run the program are not in and of themselves the critical criteria indicating whether a program will be most effective.

According to existing research and national experts, there is very little meaning to comparing one state to another for this type of program. What is more important, in the opinion of experts in the field, is to study the factors that make the best ombudsman programs great. As legislators change, State Aging Directors come and go, State Ombudsmen leave and new ones come on, and State department heads change over, the State LTC Ombudsman and State Unit on Aging (SUA) Directors must continually educate all interested parties and stakeholders.

Based on the interviews conducted for this study and on the relevant literature, the outstanding State LTCO Programs are considered effective, in large part, because they have certain key characteristics. Effective LTCO Programs allow for maximum and substantive program independence, have strong leadership by the State Aging Director, have strong and competent leadership by the person in the State LTCO position, and State and ombudsman program staff have a deep grasp of the unique characteristics of this program. There is a commitment to the ongoing development of a trusting, collegial, openly communicative relationship between the SUA Director and his/her staff and the State LTC Ombudsman and his/her staff.

While everyone interviewed agreed that accountability is expected and they want to participate in assuring accountability in the Colorado LTCO Program, there was widespread desire to find another way to focus these efforts now dedicated to data collection activities considered to be “of questionable value.” Collins, in his 2005 monograph “Good to Great and the Social Sectors” describes a great organization as “one that delivers superior performance and makes a distinctive impact over a long period of time.” In social sector organizations such as this one, “performance must be assessed relative to mission... the critical question is... How effectively do we deliver on our mission and make a distinctive impact relative to our resources?” And related to the data reporting issue Collins suggests, “It doesn’t matter whether you can quantify your

results. What matters is that you rigorously assemble evidence – qualitative or quantitative – to track your progress.”

## **RATING CRITICAL ELEMENTS OF THE LONG-TERM CARE OMBUDSMAN PROGRAM [Survey Question #2]**

An important piece of information was elicited by the question: “Please rate (1=outstanding... 5=poor, 6=don’t know) each of the following items based on your most recent direct experiences with the Colorado Ombudsman Program.” The items the survey requested information on were items identified by the SUA as being critical elements in assessing the current LTCO program structure and operations.

**TABLE 3. Please rate (1=outstanding... 5=poor) each of the following items based on your most recent direct experiences with the Colorado State LTC Ombudsman.**

|  | <b>1<br/>Outstanding</b> | <b>2 Above<br/>Average</b> | <b>3<br/>Average</b> | <b>4 Below<br/>Average</b> | <b>5 Poor</b> | <b>6 Don't Know</b> | <b>Response<br/>Count</b> |
|--|--------------------------|----------------------------|----------------------|----------------------------|---------------|---------------------|---------------------------|
| 1. Quality of technical assistance provided to local ombudsmen | 24.1%<br>(7)             | 44.8%<br>(13)              | 24.1%<br>(7)         | 3.4%<br>(1)                | 3.4%<br>(1)   | 0.0%<br>(0)         | 29                        |
| 2. Quality of training provided to local ombudsmen             | 13.8%<br>(4)             | 51.7%<br>(15)              | 24.1%<br>(7)         | 3.4%<br>(1)                | 6.9%<br>(2)   | 0.0%<br>(0)         | 29                        |
| 3. Quality of technical assistance provided to public          | 0.0%<br>(0)              | 41.4%<br>(12)              | 13.8%<br>(4)         | 6.9%<br>(2)                | 0.0%<br>(0)   | 37.9%<br>(11)       | 29                        |
| 4. Quality of training provided to public                      | 0.0%<br>(0)              | 31.0%<br>(9)               | 6.9%<br>(2)          | 13.8%<br>(4)               | 3.4%<br>(1)   | 44.8%<br>(13)       | 29                        |

**TABLE 3. Please rate (1=outstanding... 5=poor) each of the following items based on your most recent direct experiences with the Colorado State LTC Ombudsman.**

|  |               |               |               |              |             |              |    |
|--|---------------|---------------|---------------|--------------|-------------|--------------|----|
| 5. Quality of on-site assessment visits                    | 10.3%<br>(3)  | 41.4%<br>(12) | 20.7%<br>(6)  | 0.0%<br>(0)  | 0.0%<br>(0) | 27.6%<br>(8) | 29 |
| 6. Ability to develop and or facilitate community training | 3.4%<br>(1)   | 37.9%<br>(11) | 10.3%<br>(3)  | 17.2%<br>(5) | 0.0%<br>(0) | 31.0%<br>(9) | 29 |
| 7. Ability to develop and or facilitate facility training  | 6.9%<br>(2)   | 41.4%<br>(12) | 10.3%<br>(3)  | 6.9%<br>(2)  | 3.4%<br>(1) | 31.0%<br>(9) | 29 |
| 8. Effectiveness of legislative advocacy by State LTCO     | 24.1%<br>(7)  | 20.7%<br>(6)  | 13.8%<br>(4)  | 6.9%<br>(2)  | 3.4%<br>(1) | 31.0%<br>(9) | 29 |
| 9. Visibility of State LTCO                                | 27.6%<br>(8)  | 24.1%<br>(7)  | 34.5%<br>(10) | 3.4%<br>(1)  | 3.4%<br>(1) | 6.9%<br>(2)  | 29 |
| 10. Accessibility of State LTCO                            | 39.3%<br>(11) | 32.1%<br>(9)  | 17.9%<br>(5)  | 3.6%<br>(1)  | 3.6%<br>(1) | 3.6%<br>(1)  | 28 |
| 11. Leadership Style of State LTCO                         | 50.0%<br>(14) | 28.6%<br>(8)  | 14.3%<br>(4)  | 3.6%<br>(1)  | 3.6%<br>(1) | 0.0%<br>(0)  | 28 |
| 12. Quality and effectiveness of communication             | 42.9%<br>(12) | 28.6%<br>(8)  | 21.4%<br>(6)  | 3.6%<br>(1)  | 3.6%<br>(1) | 0.0%<br>(0)  | 28 |

**TABLE 3. Please rate (1=outstanding... 5=poor) each of the following items based on your most recent direct experiences with the Colorado State LTC Ombudsman.**

*answered question*

29

Many respondents indicated their most recent interactions were with the relatively new State LTC Ombudsman. Based on this survey, input at the October 27, 2008 meeting with the Colorado Association of Area Agencies on Aging, and other discussions the overall responses to the current LTC Ombudsman have been extremely positive, as the above Table 3 shows

### OUTSTANDING

The following elements were rated primarily (that is the largest number of respondents selected this rating) as outstanding by the local ombudsmen:

- Accessibility of State Long-Term Care Ombudsman (39.3%)
- Leadership style of State Long-Term Care Ombudsman (50.0%)
- Quality and effectiveness of communications (42.9%)

### ABOVE AVERAGE

The following elements were rated primarily as above average by the local ombudsmen:

- Quality of technical assistance provided to local ombudsmen (44.8%)
- Quality of training provided to local ombudsmen (51.7%)
- Quality of technical assistance provided to the public (41.4%)
- Quality of on-site assessment visits (41.4%)
- Ability to develop and/or facilitate community training (37.9%)
- Ability to develop and/or facilitate facility training (41.4%)

### AVERAGE

Approximately one-third (34.5% or 10 people) of survey respondents rated “Visibility of the State LTC Ombudsman” as average. Overall, however, 51.7% (15 people) of the



local ombudsmen rated LTC Ombudsman visibility as above average (24.1% or 7 people) or outstanding (27.6% or 8 people).

### DON'T KNOW

A couple of the program elements were rated as largely UNKNOWN to the survey respondents including:

- Quality of training provided to the public (44.8%)
- Effectiveness of legislative advocacy by State LTCO (31.0%)

Six survey respondents identified themselves as AAA directors. Four of the six AAA Directors are currently the Lead Ombudsmen for their regions. Four of the AAA Directors who responded to the survey rated "Leadership Style of the State LTCO" highly. AAA Directors rated primarily as "above average" a number of items including quality of technical assistance and training to local ombudsmen and ability to develop and/or facilitate community and facility training. Items being rated as "average" by the AAA Directors were quality of on-site assessment visits, visibility of the State LTCO, and quality and effectiveness of communications. Some of the low ratings were in response to the perceived performance of the previous State LTC Ombudsman, as stated by the respondents.

This is a period of transition from a LTC Ombudsman who had been in the position for 7 years. There is undoubtedly a mix of responses reflected in the survey related to the current as well as to the previous LTC Ombudsman. The data clearly show there are a number of areas the local ombudsmen consider strengths of the LTCO Program and of the individual within that position. These include technical assistance and training provided by the State LTC Ombudsman to them and to the facilities. Based on the comments local ombudsmen submitted in response to this question there is statewide approval and excitement with the new State LTC Ombudsman. Respondents like her leadership and accessibility and feel communications are effective. There was tremendous positivity expressed about her such as, "I have found [her] to be very accessible and knowledgeable. She is also very vocal and involved in broader issues that affect entire communities..." (See Appendix F, Questions #2, 3, 4 & 10 for this text).

There are areas of LTC Ombudsman responsibility that respondents clearly do not know much about. These have to do with the technical assistance and training provided by the State LTC Ombudsman for the public. There are significant questions about community trainings, facility trainings, as well as the effectiveness of legislative advocacy. Almost one-third of the respondents said they did not know what the quality of the on-site assessments was. This is probably due, in part, to the fact that only three

on-sites were completed last year and only four were completed in 2006. The new State LTCO will be conducting eight in her first year. The on-site assessment tool used by the LTC Ombudsman is also being refined this year.

#### **ASSISTANCE FROM THE LONG-TERM CARE OMBUDSMAN [Survey Question #4]**

As reflected in Table 4 below, local ombudsmen were asked if they had ever *not* received help needed from the LTC Ombudsman. While 27 individuals responded to this item, respondents could select more than one response. So, a total of 32 responses were registered to this survey item. Nineteen survey respondents (19 people) said this survey item was not applicable to them. Ten local ombudsmen said they had experienced such a situation; five people said it occurred due to concern with communication problems; four people were not confident in the State's assistance; and one person reported actually experiencing a conflict with the LTC Ombudsman. Written survey responses (See Appendix F, Question #4) suggest that there have been issues between the AAAs and the State LTC Ombudsman centered on responsiveness and communications. Specifically, a few survey respondents in their comments said at times when they needed assistance from the State LTC Ombudsman, scheduling or cell phone issues arose. They reported that a clear and timely connection could not be made at the time it was perceived to have been needed. A number of the remarks suggest that the problems are easing with the new ombudsman in place. It also appears that in the past, in a few instances at least, the LTC Ombudsman did *try* to assist but was unable to give an answer or response.

Survey responses indicate that local ombudsmen feel most of their recent technical assistance-related problems with the State LTC Ombudsman relate to being unable to connect due to technology, scheduling, or possibly lack of responsiveness at times of need. Almost two-thirds of respondents reported they do not have a problem with getting help from the LTC Ombudsman. Based on the input for this study, AAAs throughout the state report seeing significant recent improvement in this aspect of the LTC Ombudsman's work. It appears that there was a lot of dissatisfaction with how the program had been operated in the past.

**TABLE 4. Do you recall instances in which you could have used help from the Colorado State LTCO but did not get it? Why did you not receive help? Specify all applicable reasons below.\***

**Response  
Count**

**TABLE 4. Do you recall instances in which you could have used help from the Colorado State LTCO but did not get it? Why did you not receive help? Specify all applicable reasons below.\***

|   |   |
|---|---|
| 1. State LTCO said she could not assist   | 0   |
| 2. Local Ombudsmen were not confident in State's assistance                                     | 4   |
| 3. Concern with communications problems   | 5   |
| 4. Have experienced conflict with State Ombudsman   | 1   |
| 5. Local Ombudsmen did not even ask State for assistance  | 0   |
| 6. Other parties did not want State involved  | 0   |
| 7. Other  | 3   |
| 8. This question is not applicable to me  | 19  |
| <div> *Please note respondents could respond in more than one category to this question. </div> | <div> TOTAL<br/>RESPONSES TO<br/>THIS ITEM </div> |
|   | 32  |
| <i>Individuals who answered question</i>  | <b>27</b>   |
| <i>Individuals who skipped question</i>   | <b>2</b>  |

### **HIGH QUALITY TECHNICAL ASSISTANCE RECEIVED FROM LONG-TERM CARE OMBUDSMAN [Survey Question #3]**

Respondents were asked to, "Please briefly describe an example of when the State Long-Term Care Ombudsman provided you with high quality technical assistance (TA). What did you need assistance with and what TA was provided by the LTC Ombudsman?" Expressed was a wide array of opinions (See Appendix F, Question #3). Twenty-six (26) out of 29 survey respondent's submitted input to this question.

Areas in which high quality technical assistance has been received from the LTC Ombudsman by AAAs and local ombudsmen includes OmbudsManager data system, on hiring of local ombudsmen, documentation, and on a myriad of other issues. Several survey respondents' detailed situations in which the current LTC Ombudsman went above and beyond, for example providing intensive assistance by phone while at an out-of-town conference. Other specific topics of TA focused on how to enter Medicaid application problems into OmbudsManager, dealing with ombudsman ethical issues, and financial exploitation. The State LTC Ombudsman's status and experience as an attorney is seen as a tremendous plus and respondents described how this legal knowledge assisted in resolving various problem situations involving guardianship, Power of Attorney, and other legal issues.

### **RECOMMENDATIONS FOR IMPROVING COLORADO'S OMBUDSMAN PROGRAM [Survey Question #9]**

In response to the item, "What would be your top three recommendations for making the State LTCO Program better in Colorado?" local ombudsmen offered a variety of input. See Appendix F, Question #9 to read the responses provided. Most responses centered on providing more funding, resources, training, education, public awareness, advocacy, technical assistance for regional program development, coordination of this program with other OAA programs, visibility, ability of LTC Ombudsman to travel to rural and outlying areas, state ombudsman staff, local ombudsman staff, sharing of best practices across the state, enhancements to training and certification processes, effective and timely communications, focus on culture change, and streamlining.

The six AAA Directors who identified themselves in this survey had a variety of input. One AAA Director suggested having control of the program, including funding, outside of the SUA, but within CDHS, creation of a truly statewide program, with statewide visibility, and more involvement by statewide stakeholders in the hiring and control of the State LTC Ombudsman. Another AAA Director suggested a review of the entire program for streamlining, better consultation and TA for the SUA, and increased visibility and fund raising. A third AAA Director stressed increased autonomy for the State LTC Ombudsman, a clarification of the roles and responsibilities of the State LTC Ombudsman versus State staff, and independence of the State LTC Ombudsman to advocate for increases in funding. Another AAA Director called for increased training for volunteer and staff ombudsmen on complaint investigation and conflict resolution, increased systemic advocacy that would address corporations with substandard facilities, and Medicaid reimbursement issues on behalf of long-term care facility residents. One AAA Director suggested improvements in the coordination and inclusiveness of this program with other OAA programs, more linked advocacy and education, and more interaction between AAAs and the LTC Ombudsman at APAC and AAA meetings. And finally, a AAA Director made a call for significantly increased

statewide advocacy, legislative advocacy, and assisting regions with program development.

There is obviously a high correlation between funding levels and program effectiveness regardless of the human services program being discussed. There is a tremendous amount of concern by AAAs and local ombudsmen that there is not enough funding for the other “core” programs such home-delivered meals, transportation, and in-home services. Therefore, though the additional Older Coloradans Fund monies have allowed many regions to increase dollars in the local ombudsman programs, according to those who manage and work in those programs, the right level of funding has not yet been attained. The LTCO Program, while seeing increases in funding over the past 20 years, has not yet reached the level where its “vision” and “mission” can be readily accomplished.

#### **ADDITIONAL INPUT PROVIDED BY LOCAL OMBUDSMEN [Survey Question #10]**

In response to the item, “Please provide any additional input you would like to be considered in this survey” four local ombudsmen submitted comments. Two of the four reiterated their extremely high regard for the new State LTC Ombudsman. These two respondents highlighted the tremendous change the new State LTC Ombudsman has visibly implemented in just a few months on the job. They expressed optimism for the coming era of the Colorado Ombudsman Program under this type of strong and competent leadership. There was acknowledgement that the local level agencies have managed to grow their programs to some degree and now it is time to grow the program at the State level.

One local ombudsman expressed frustration over the lack of ability on the part of the ombudsmen to actually correct some situations without the involvement of the Colorado Department of Health and Environment (CDPHE). Facility administrators know that CDPHE is understaffed and will often take considerable time to address a situation, and use this knowledge to stall necessary change. The residents are certainly the biggest losers in this scenario.

#### **RECOMMENDATIONS REGARDING EFFECTIVENESS AND QUALITY**

Wherever the program is located, in or out of State government, the Colorado LTCO Program needs to increase its communication to the public. It needs to communicate a bit more effectively, what is being done in the legislative advocacy arena. Additional resources or seeking new low cost avenues for disseminating information will be needed to expand activities in these areas.

Program partners, that is the SUA, the contract agency, AAAs, and local ombudsmen, should commit to an ongoing, substantive, deliberate and meaningful communication

process. The goal should be to get everyone involved in providing the LTCO Program to consider the program as connected and to jointly agree to work toward increasing effectiveness and resources for the program. The development of a professionally close, trusting, and collaborative relationship should be another critical goal of this improved communications effort.

Individuals working at the local level in the ombudsman program can report they've had a communications or other problem with the LTC Ombudsman, but must provide documentation. The LTC Ombudsman and State staff should determine the existence and extent of the reported issue(s) throughout the state. A circular feedback process should be conducted at least, annually in which meaningful input is received from the various entities involved with the ombudsman program (State staff, Contractor/LTC Ombudsman, AAAs) about each other. The State LTC Ombudsman would get important feedback from the State and AAAs in this type of process.

An annual LTCO Program evaluation and joint strategic planning process should be developed that includes the AAAs and local ombudsmen and perhaps even others. The approach should focus on how the program partners can create the most effective LTCO Program for the state's long-term care facility residents. It should be a systemic, circular, ongoing evaluation process given the visibility and stature of the program. All aspects of the program should be examined including, for example, each reporting requirement and the process of conducting joint systems advocacy. Program partners should jointly agree on how the program will show evidence of "accountability".

Consideration should be given to creating a new statewide advisory group focused solely on the LTCO Program. Some of the nation's best programs have such an advisory body. If this is not feasible for some reason, the Colorado Commission on Aging members' understanding of, and input into, the program should be substantively increased.

Recommend continuing quarterly or monthly meetings between State staff and contractor staff. Meetings should focus on issue identification, problem solving, strategizing, relationship-building, trust-building, and building of joint legislative agendas (where there may be acknowledged differences). The goal is simply to have more substantive, quality interaction focused on the LTCO Program. A recommendation is for the State LTC Ombudsman to attend all APAC meetings. The intent would not be to simply provide an update but rather, to identify mutual issues of concern, joint problem solving, and development of increased understanding of each other's roles, strengths, and constraints. The State AAA training meetings should be considered as one more opportunity for AAAs, local ombudsmen, contractor, and State staff to develop trust and mutually committed relationships. Another recommendation is that well before the state's draft budget is due for the coming year, identify what accomplishments have

been jointly reached and agree upon mutual efforts for the coming year. This effort should be linked to State priorities, AoA priorities, and include locally-identified priorities.

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## APPENDIX A

### List of Study Interview Participants in Colorado

| <b>Names</b>           | <b>Position or Reason Interviewed</b>   | <b>Date of Interview</b> | <b>Type of interview</b> |
|------------------------|---|--------------------------|--------------------------|
| Jeanette Hensley       | Director of Colorado Department of Human Services, Division of Aging and Adult Services   | 9-26-08                  | In-person                |
| Peggy Rogers           | Manager, Colorado Department of Human Services, Division of Aging and Adult Services, Adult Protective Services Unit            | 10-3-08                  | In-person                |
| Mary Anne Harvey       | Executive Director, The Legal Center  | 10-6-08                  | Group in-person          |
| Shelley Hitt           | Current (Since May 2008) Colorado Long-Term Care (LTC) Ombudsman  | 10-6-08                  | Group in-person          |
| Mary Catherine Rabbitt | Current Colorado Legal Assistance Developer for the Elderly   | 10-6-08                  | Group in-person          |
| Sharon McKay           | Current Assistant LTC Ombudsman   | 10-6-08                  | Group in-person          |
| Steve Evans            | Program Specialist, Colorado Department of Human Services, Division of Aging and Adult Services, Adult Protective Services Unit | 10-6-08                  | In-person                |
| Percy Devine           | Regional Director, U.S. Administration on Aging (AoA)   | 10-7-08                  | Via phone conference     |
| Susan Raymond          | Program Specialist, AoA   | 10-7-08                  | Via phone conference     |

| <b>Names</b>   | <b>Position or Reason Interviewed</b>  | <b>Date of Interview</b> | <b>Type of interview</b>                   |
|--|--|--------------------------|--|
| Patricia Tunnell   | Former Assistant Colorado LTC Ombudsman and Colorado LTC Ombudsman   | 10-10-08                 | In-person                                  |
| William Hanna  | Director of the Office of Policy & Legislative Initiatives Colorado Department of Human Services; former State Unit on Aging Director; former lobbyist for The Legal Center. | 10-12-08                 | In-person                                  |
| Rena Kuberski  | Adult Protective Services Supervisor, Jefferson County   | 10-22-08                 | In-person                                  |
| Todd Coffey  | Manager, Colorado Department of Human Services, Division of Aging and Adult Services, State Unit on Aging  | 10-24-08                 | In-person                                  |
| Ginny Fraser   | Former Colorado LTC Ombudsman  | 10-25-08                 | Phone                                      |
| Colorado Association of Area Agencies on Aging (C4A) present<br><br>Jean Hammes<br>Dave Norman<br>Virginia Jimenez<br>Celestino Santistevan<br>Stephen Holland<br>Jean Behr<br>Sherry Leach<br>Eva Jewell<br>Sandra Baker<br>Margaret Long<br>Guy Dutra-Silveira | Planning and Service (PSA) Represented<br><br>12<br>11<br>7<br>6<br>13<br>14<br>3B<br>2B<br>1<br>2A<br>4   | 10-27-08                 | In-person as part of quarterly C4A meeting |

| <b>Names</b>   | <b>Position or Reason Interviewed</b>  | <b>Date of Interview</b> | <b>Type of interview</b>          |
|--|--|--------------------------|-----------------------------------|
| Peggy Spaulding  | Compliance Specialist, Colorado Department of Human Services, Division of Aging and Adult Services, State Unit on Aging  | 11-12-08                 | Phone                             |
| <p>Colorado Commission on Aging (CCOA) Members present</p> <p>Sheila Casey<br/>Maureen Robinson<br/>Steve Bender<br/>Barb Martig<br/>Linda Sanden<br/>Russ DenBraber<br/>Gretchen Cerveney<br/>Frank Lay<br/>Vivian Stovall<br/>Karyn Leible<br/>Debera Stewart<br/>Jerry Wathen<br/>Mark Shelton<br/>Karl Aguilera<br/>Rep. Tom Massey</p> <p>State staff Jeanette Hensley and Jamie Malone were also present</p> | <p>Congressional District Represented</p> <p>Chair, D-D3<br/>Vice Chair, D-D6<br/>Past Chair, D-D5<br/>Legis. Chair, R-R-D2<br/>R-D5<br/>R-D6<br/>R-D7<br/>D-D7<br/>D-D1<br/>D-D2<br/>R-D3<br/>R-D4<br/>D-D4<br/>At-large<br/>R-Representative</p> | 11-14-08                 | In-person as part of CCOA meeting |
| Jan Meyers   | Former Colorado Legal Assistance Developer and Colorado LTC Ombudsman  | 11-21-08                 | Phone                             |

## APPENDIX B

### Individuals Interviewed From Outside Colorado

| WASHINGTON   |  |
|--|--|
| <b>Kathy Leitch (Nov 5)</b><br><b>[WA State LTCOP is located in Community Action Agency]</b><br>Assistant Secretary<br>WA Aging and Disability Services<br>Dept. of Social and Health Services<br>640 Woodland Square Loop SE<br>P.O. Box 45600<br>Olympia WA 98504-5600<br><a href="mailto:leitckj@dshs.wa.gov">leitckj@dshs.wa.gov</a><br>(360) 725-2260   | <b>Louise Ryan (Oct 20)</b><br><b>[WA State LTCOP is located in Community Action Agency]</b><br>State Long Term Care Ombudsman<br>Multi-Service Center<br>State LTC Ombudsman Program<br>1200 South 336 <sup>th</sup> Street<br>P.O. Box 23699<br>Federal Way WA 98093-0699<br><a href="mailto:louiser@multi-servicecenter.com">louiser@multi-servicecenter.com</a><br>(800) 422-1384    |
| WISCONSIN  |  |
| <b>Donna McDowell (Nov 20)</b><br><b>[WI State LTCOP is located in State Gov't – a Board]</b><br>Director, Bureau of Aging and Disability Resources<br>Division of Long Term Care<br>Dept. of Health and Family Services<br>One West Wilson Street, Room 450<br>P.O. Box 7851<br>Madison WI 53707-7851<br><a href="mailto:Donna.McDowell@dhs.wisconsin.gov">Donna.McDowell@dhs.wisconsin.gov</a><br>(608) 266-7803 | <b>Heather Bruemmer (Nov 10)</b><br><b>[WI State LTCOP is located in State Gov't – a Board]</b><br>State Long-Term Care Ombudsman<br>State of Wisconsin<br>Wisconsin Board on Aging & Long Term Care<br>1402 Pankratz Street, Suite 111<br>Madison WI 53704-4001<br><a href="mailto:Heather.bruemmer@wisconsin.gov">Heather.bruemmer@wisconsin.gov</a><br>(608) 246-7014                 |
| KANSAS   |  |
| <b>Kathy Greenlee (Nov 25)</b><br><b>[KS State LTCOP is located within State Government in the Dept. of Administration – SLTCO is appointed by gov'r &amp; authorized by Senate]</b><br>Secretary, __ Dept. on Aging<br>New England Building<br>503 S. Kansas Ave.<br>Topeka __ 66603-3404<br><a href="mailto:Kathy.Greenlee@aging.state.ks.us">Kathy.Greenlee@aging.state.ks.us</a><br>(785) 296-5222             | <b>Gilbert Cruz (Nov 10)</b><br><b>[KS State LTCOP is located within State Government in the Dept. of Administration – SLTCO is appointed by gov'r &amp; authorized by Senate]</b><br>State LTCO<br>Office of the State LTC Ombudsman<br>900 S W Jackson Street<br>Suite 1041<br>Topeka __ 66612<br><a href="mailto:Gilbert.cruz@da.ks.gov">Gilbert.cruz@da.ks.gov</a><br>(877) 662-8362 |

| ARIZONA   |  |
|---|--|
| <b>Rex Critchfield &amp; Lynn Larson (Nov 13)</b><br><b>[AZ SLTCOP is located in State Government, in SUA, in Umbrella Agency]</b><br>Assistant Director<br>AZ Aging and Adult Administration<br>Department of Economic Security<br>1789 W. Jefferson, No. 950A<br>Phoenix AZ 85007<br><a href="mailto:rcritchfield@azdes.gov">rcritchfield@azdes.gov</a><br>(602) 542-6324   | <b>Jan Cardoza (Nov 12)</b><br><b>[AZ SLTCOP is located in State Government, in SUA, in Umbrella Agency]</b><br>State LTCO<br>AZ Div. of Aging & Adult Services<br>1789 West Jefferson 2SW 950A<br>Phoenix AZ 85007<br><a href="mailto:jcardoza@azdes.gov">jcardoza@azdes.gov</a><br>(602) 542-6454  |
| GEORGIA   |  |
| <b>Maria Greene (Nov 4)</b><br><b>[GA State LTCOP is located in Outside SUA, but in umbrella agency that houses SUA]</b><br>Director, Georgia Division for Aging Services<br>2 Peachtree St., NW, Suite 9-270<br>Atlanta GA 30303-3142<br><a href="mailto:magreene@dhr.state.ga.us">magreene@dhr.state.ga.us</a><br>(404) 657-5252  | <b>Becky Kurtz (Oct 28)</b><br><b>[GA State LTCOP is located in Outside SUA, but in umbrella agency that houses SUA]</b><br>State Long Term Care Ombudsman<br>Office of the State LTCO<br>2 Peachtree St., NW, 9 <sup>th</sup> Floor<br>Atlanta GA 30303-3142<br><a href="mailto:bakurtz@dhr.state.ga.us">bakurtz@dhr.state.ga.us</a><br>(888) 454-5826  |
| NATIONAL EXPERTS  |  |
| <b>Sue Wheaton (Oct 9)</b><br>U.S. Administration on Aging<br>(202) 357-3587<br><a href="mailto:sue.wheaton@aoa.hhs.gov">sue.wheaton@aoa.hhs.gov</a><br>Washington D.C.<br><br><b>Jessica Barker (Oct 9)</b><br>Policy Analyst<br>State LTC Ombudsman Resource Center,<br>National Association of State Units on Aging (NASUA)<br>(202) 898-2578<br><a href="mailto:jbarker@nasua.org">jbarker@nasua.org</a><br>Washington D.C. | <b>Jim Kautz (Nov 7)</b><br>204 Weatherstone Pkwy<br>Marietta GA 30068<br><a href="mailto:jrkautz@earthlink.net">jrkautz@earthlink.net</a><br>770-321-9826<br><br>Was State Ombudsman in Louisiana for 5 years, did research with Ruth Huber et al on LTCOs, worked with Bill Benson and Sara Hunt on an extensive plan for the Florida LTCOP and is working with Bill and Sara again on a project for the MD LTCOP. Was a contract writer on the IOM report and the Bader conference. |

## APPENDIX C

### State Long-Term Care Ombudsman Programs Location and Structure of Programs Selected for Interviews

| STATE      | In State Government          |                        |  |                    | Outside State Government |                              |                         |       |
|------------|------------------------------|------------------------|--|--------------------|--------------------------|------------------------------|-------------------------|-------|
|            | In State Unit on Aging (SUA) |                        | Outside State Unit on Aging (SUA)                    |                    |                          |                              |                         |       |
|            | Independent SUA              | SUA in umbrella agency | Outside SUA but in umbrella agency that includes SUA | Other state agency | Legal Services Agency    | Independent Ombudsman Agency | Citizen Advocacy Agency | Other |
| COLORADO   |                              |                        |  |                    |                          |                              |                         | X     |
| WASHINGTON |                              |                        |  |                    |                          |                              |                         | X     |
| GEORGIA    |                              |                        | X  |                    |                          |                              |                         |       |
| ARIZONA    |                              | X                      |  |                    |                          |                              |                         |       |
| WISCONSIN  |                              |                        |  | X                  |                          |                              |                         |       |
| KANSAS     |                              |                        | X  |                    |                          | *                            |                         |       |

#### OTHER

Colorado – Protection and Advocacy Agency

Washington – Community Action Agency

\* Where KS was originally placed by NLTCORC/NASUA – KS officials list as outside SUA in umbrella agency.

## APPENDIX D

### Comparison of States on Key Characteristics Related to Long-Term Care Ombudsman Programs, NORS FFY 2007

*[Note: Each table in Appendix D includes states that are similar to Colorado – slightly higher or lower - on a particular variable. That is why each table includes different sets of states. No state(s) matches Colorado on many or all variables in these tables.]*

| State Population Age 65+ |                |
|--------------------------|----------------|
| <b>SOUTH CAROLINA</b>    | <b>573,098</b> |
| <b>KENTUCKY</b>          | <b>549,504</b> |
| <b>PUERTO RICO</b>       | <b>522,899</b> |
| <b>LOUISIANA</b>         | <b>522,334</b> |
| <b>COLORADO</b>          | <b>492,685</b> |
| <b>OREGON</b>            | <b>488,936</b> |
| <b>OKLAHOMA</b>          | <b>480,140</b> |
| <b>CONNECTICUT</b>       | <b>472,284</b> |
| <b>IOWA</b>              | <b>438,448</b> |

| State Level LTCO Paid Program Staff (FTEs) |            |
|--|------------|
| <b>VERMONT</b>                             | <b>2.0</b> |
| <b>LOUISIANA</b>                           | <b>2.0</b> |
| <b>KANSAS</b>                              | <b>2.0</b> |
| <b>ILLINOIS</b>                            | <b>2.0</b> |
| <b>NEW MEXICO</b>                          | <b>1.5</b> |
| <b>COLORADO</b>                            | <b>1.5</b> |
| <b>ALABAMA</b>                             | <b>1.0</b> |
| <b>ARKANSAS</b>                            | <b>1.0</b> |
| <b>ARIZONA</b>                             | <b>1.0</b> |
| <b>CONNECTICUT</b>                         | <b>1.0</b> |
| <b>IOWA</b>                                | <b>1.0</b> |
| <b>IDAHO</b>                               | <b>1.0</b> |
| <b>MARYLAND</b>                            | <b>1.0</b> |
| <b>MISSISSIPPI</b>                         | <b>1.0</b> |
| <b>MONTANA</b>                             | <b>1.0</b> |
| <b>NORTH DAKOTA</b>                        | <b>1.0</b> |
| <b>SOUTH DAKOTA</b>                        | <b>1.0</b> |
| <b>TENNESSEE</b>                           | <b>1.0</b> |
| <b>WEST VIRGINIA</b>                       | <b>1.0</b> |
| <b>WYOMING</b>                             | <b>1.0</b> |

| <b>Local Ombudsman Entities</b> |           |
|---------------------------------|-----------|
| <b>INDIANA</b>                  | <b>17</b> |
| <b>NORTH CAROLINA</b>           | <b>17</b> |
| <b>FLORIDA</b>                  | <b>17</b> |
| <b>ILLINOIS</b>                 | <b>16</b> |
| <b>COLORADO</b>                 | <b>16</b> |
| <b>KENTUCKY</b>                 | <b>15</b> |
| <b>ALABAMA</b>                  | <b>13</b> |
| <b>GEORGIA</b>                  | <b>13</b> |
| <b>MINNESOTA</b>                | <b>13</b> |
| <b>WASHINGTON</b>               | <b>13</b> |

| <b>Total Paid Program Staff (FTEs)</b> |             |
|--|-------------|
| <b>WASHINGTON</b>                      | <b>26.8</b> |
| <b>VIRGINIA</b>                        | <b>26.7</b> |
| <b>LOUISIANA</b>                       | <b>26.0</b> |
| <b>SOUTH CAROLINA</b>                  | <b>26.0</b> |
| <b>COLORADO</b>                        | <b>24.5</b> |
| <b>WISCONSIN</b>                       | <b>24.0</b> |
| <b>NEW JERSEY</b>                      | <b>22.0</b> |
| <b>ALABAMA</b>                         | <b>20.3</b> |
| <b>MICHIGAN</b>                        | <b>20.2</b> |

| <b>Total Certified Volunteer Ombudsmen</b> |            |
|--|------------|
| <b>VIRGINIA</b>                            | <b>101</b> |
| <b>NEBRASKA</b>                            | <b>99</b>  |
| <b>CONNECTICUT</b>                         | <b>84</b>  |
| <b>NORTH DAKOTA</b>                        | <b>70</b>  |
| <b>COLORADO</b>                            | <b>67</b>  |
| <b>PENNSYLVANIA</b>                        | <b>66</b>  |
| <b>MAINE</b>                               | <b>60</b>  |
| <b>ARIZONA</b>                             | <b>59</b>  |
| <b>DELAWARE</b>                            | <b>44</b>  |



| Area Agencies on Aging |           |
|------------------------|-----------|
| <b>VIRGINIA</b>        | <b>20</b> |
| <b>MASSACHUSETTS</b>   | <b>18</b> |
| <b>NORTH CAROLINA</b>  | <b>17</b> |
| <b>MARYLAND</b>        | <b>16</b> |
| <b>COLORADO</b>        | <b>16</b> |
| <b>ALABAMA</b>         | <b>12</b> |
| <b>OKLAHOMA</b>        | <b>11</b> |
| <b>UTAH</b>            | <b>11</b> |

| People Age 65+ Per Bed |             |
|------------------------|-------------|
| <b>NEW HAMPSHIRE</b>   | <b>14.5</b> |
| <b>VERMONT</b>         | <b>14.5</b> |
| <b>WYOMING</b>         | <b>14.4</b> |
| <b>INDIANA</b>         | <b>14.4</b> |
| <b>VIRGINIA</b>        | <b>14.3</b> |
| <b>COLORADO</b>        | <b>14.2</b> |
| <b>SOUTH CAROLINA</b>  | <b>14.1</b> |
| <b>MARYLAND</b>        | <b>13.9</b> |
| <b>CALIFORNIA</b>      | <b>13.8</b> |
| <b>TEXAS</b>           | <b>13.8</b> |

| Nursing Facilities   |            |
|----------------------|------------|
| <b>ALABAMA</b>       | <b>235</b> |
| <b>MARYLAND</b>      | <b>234</b> |
| <b>ARKANSAS</b>      | <b>232</b> |
| <b>NEBRASKA</b>      | <b>231</b> |
| <b>COLORADO</b>      | <b>219</b> |
| <b>MISSISSIPPI</b>   | <b>210</b> |
| <b>OREGON</b>        | <b>142</b> |
| <b>MONTANA</b>       | <b>136</b> |
| <b>WEST VIRGINIA</b> | <b>136</b> |
| <b>ARIZONA</b>       | <b>136</b> |

| <b>Nursing Facility Beds</b> |               |
|------------------------------|---------------|
| <b>ARKANSAS</b>              | <b>25,353</b> |
| <b>KANSAS</b>                | <b>23,946</b> |
| <b>WASHINGTON</b>            | <b>23,047</b> |
| <b>SOUTH CAROLINA</b>        | <b>21,428</b> |
| <b>COLORADO</b>              | <b>20,342</b> |
| <b>MISSISSIPPI</b>           | <b>19,215</b> |
| <b>NEBRASKA</b>              | <b>17,010</b> |
| <b>ARIZONA</b>               | <b>15,812</b> |
| <b>OREGON</b>                | <b>12,495</b> |

| <b>*Board &amp; Care (and similar) Facilities</b> |            |
|---|------------|
| <b>VIRGINIA</b>                                   | <b>583</b> |
| <b>NEW JERSEY</b>                                 | <b>563</b> |
| <b>WEST VIRGINIA</b>                              | <b>555</b> |
| <b>ALASKA</b>                                     | <b>548</b> |
| <b>NEVADA</b>                                     | <b>530</b> |
| <b>COLORADO</b>                                   | <b>504</b> |
| <b>HAWAII</b>                                     | <b>453</b> |
| <b>IOWA</b>                                       | <b>372</b> |
| <b>ALABAMA</b>                                    | <b>347</b> |
| <b>ILLINOIS</b>                                   | <b>336</b> |
| <b>TENNESSEE</b>                                  | <b>325</b> |

\*Includes only those covered by the LTCOP.

| <b>Board &amp; Care Beds</b> |               |
|------------------------------|---------------|
| <b>MARYLAND</b>              | <b>19,076</b> |
| <b>IOWA</b>                  | <b>16,498</b> |
| <b>TENNESSEE</b>             | <b>14,714</b> |
| <b>PUERTO RICO</b>           | <b>14,542</b> |
| <b>COLORADO</b>              | <b>14,233</b> |
| <b>OKLAHOMA</b>              | <b>10,677</b> |
| <b>KANSAS</b>                | <b>10,346</b> |
| <b>NEBRASKA</b>              | <b>10,063</b> |
| <b>ALABAMA</b>               | <b>10,049</b> |

| <b>Total LTC Beds</b> |               |
|-----------------------|---------------|
| <b>LOUISIANA</b>      | <b>39,238</b> |
| <b>CONNECTICUT</b>    | <b>38,208</b> |
| <b>ALABAMA</b>        | <b>37,242</b> |
| <b>KENTUCKY</b>       | <b>34,905</b> |
| <b>COLORADO</b>       | <b>34,575</b> |
| <b>KANSAS</b>         | <b>34,292</b> |
| <b>ARKANSAS</b>       | <b>32,017</b> |
| <b>NEBRASKA</b>       | <b>27,073</b> |
| <b>MISSISSIPPI</b>    | <b>24,509</b> |

| <b>Total Program Expenditures</b> |                  |
|-----------------------------------|------------------|
| <b>MARYLAND</b>                   | <b>2,707,894</b> |
| <b>NEW YORK</b>                   | <b>2,707,018</b> |
| <b>NORTH CAROLINA</b>             | <b>2,594,392</b> |
| <b>MASSACHUSETTS</b>              | <b>2,340,600</b> |
| <b>COLORADO</b>                   | <b>2,047,814</b> |
| <b>VIRGINIA</b>                   | <b>1,892,484</b> |
| <b>OKLAHOMA</b>                   | <b>1,701,879</b> |
| <b>NEW JERSEY</b>                 | <b>1,647,414</b> |
| <b>MINNESOTA</b>                  | <b>1,646,204</b> |

| <b>Number of LTC Facility Beds per Paid Program Staff (FTEs)</b> |              |
|--|--------------|
| <b>CALIFORNIA</b>  | <b>1,502</b> |
| <b>OKLAHOMA</b>  | <b>1,499</b> |
| <b>MASSACHUSETTS</b>   | <b>1,448</b> |
| <b>GEORGIA</b>   | <b>1,416</b> |
| <b>COLORADO</b>  | <b>1,414</b> |
| <b>ARIZONA</b>   | <b>1,407</b> |
| <b>MISSISSIPPI</b>   | <b>1,362</b> |
| <b>WEST VIRGINIA</b>   | <b>1,325</b> |
| <b>NEW MEXICO</b>  | <b>1,313</b> |

| <b>Number of Certified Volunteers per LTC Facility Bed</b> |               |
|--|---------------|
| <b>DC</b>  | <b>.00277</b> |
| <b>ILLINOIS</b>  | <b>.00230</b> |
| <b>CONNECTICUT</b>   | <b>.00220</b> |
| <b>NEW JERSEY</b>  | <b>.00216</b> |
| <b>COLORADO</b>  | <b>.00194</b> |
| <b>VIRGINIA</b>  | <b>.00159</b> |
| <b>RHODE ISLAND</b>  | <b>.00156</b> |
| <b>NEW HAMPSHIRE</b>                                       | <b>.00149</b> |
| <b>ARIZONA</b>   | <b>.00140</b> |

| <b>Total Expenditures per LTC Facility Bed</b> |                |
|--|----------------|
| <b>RHODE ISLAND</b>                            | <b>\$64.19</b> |
| <b>WYOMING</b>                                 | <b>\$64.01</b> |
| <b>DELAWARE</b>                                | <b>\$63.04</b> |
| <b>COLORADO</b>                                | <b>\$59.23</b> |
| <b>MONTANA</b>                                 | <b>\$57.72</b> |
| <b>MARYLAND</b>                                | <b>\$56.74</b> |
| <b>NEW HAMPSHIRE</b>                           | <b>\$50.80</b> |

# APPENDIX E

## Blank Survey Form

| Survey of Local Long-Term Care Ombudsmen in Colorado   |                             |
|--|-----------------------------|
| <b>1. Survey of Local Long-Term Care Ombudsmen in Colorado</b>   |                             |
| <p>The purpose of this short survey of local long-term care ombudsmen in Colorado is to get input regarding the effectiveness of the current State LTCO Program based on its location outside of Colorado State Government. All survey results will be kept confidential and no individual respondent will be identifiable. Please answer all questions and return the survey by Friday, November 7th at NOON. Thank you in advance for your assistance! S.D. Bozinovski</p> |                             |
| <p><b>1. Select each of the responses below that applies to you. You can select more than one item.</b></p>  |                             |
| <input type="checkbox"/>   | AAA Director                |
| <input type="checkbox"/>   | Lead Ombudsman              |
| <input type="checkbox"/>   | Full-time LTCO              |
| <input type="checkbox"/>   | Part-Time LTCO              |
| <input type="checkbox"/>   | Very Experienced LTCO       |
| <input type="checkbox"/>   | Moderately Experienced LTCO |
| <input type="checkbox"/>   | Less Experienced LTCO       |
| <input type="checkbox"/>   | New LTCO                    |
| <input type="checkbox"/>   | Paid LTCO                   |
| <input type="checkbox"/>   | Volunteer LTCO              |
| <p>Comments</p>  |                             |
| <div></div>  |                             |

## Survey of Local Long-Term Care Ombudsmen in Colorado

2. Please rate (1=outstanding... 5=poor) each of the following items based on your most recent direct experiences with the Colorado State LTC Ombudsman.

|  | 1 Outstanding         | 2 Above Average       | 3 Average             | 4 Below Average       | 5 Poor                | 6 Don't Know          |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Quality of technical assistance provided to local ombudsmen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Quality of training provided to local ombudsmen             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Quality of technical assistance provided to public          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Quality of training provided to public                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Quality of on-site assessment visits                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Ability to develop and or facilitate community training     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Ability to develop and or facilitate facility training      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Effectiveness of legislative advocacy by State LTCO         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Visibility of State LTCO                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Accessibility of State LTCO                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Leadership Style of State LTCO                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Quality and effectiveness of communications                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments

3. Please briefly describe an example of when the State Long-Term Care Ombudsman provided you with high quality technical assistance (TA). What did you need assistance with and what TA was provided by the SLTCO?

### Survey of Local Long-Term Care Ombudsmen in Colorado

4. Do you recall instances in which you could have used help from the Colorado State LTCO but did not get it? Why did you not receive help? Specify all applicable reasons below.

- ☐ 1. State LTCO said she could not assist
- ☐ 2. Local Ombudsmen were not confident in State's assistance
- ☐ 3. Concern with communications problems
- ☐ 4. Have experienced conflict with State Ombudsman
- ☐ 5. Local Ombudsmen did not even ask State for assistance
- ☐ 6. Other parties did not want State involved
- ☐ 7. Other
- ☐ 8. This question is not applicable to me

Comment

5. In your opinion, what is the best location for Colorado's State Long-Term Care Ombudsman Program? Choose only one response. Please describe your response in the Comment Box below.

- ☐ 1. In State Government, Human Services Department, Within the SUA (Todd Coffey manages this unit).
- ☐ 2. In State Government, Human Services Department, Outside the SUA, in the Elder Rights and APS Unit (Peggy Rogers manages this unit).
- ☐ 3. In State Human Services Department, outside Division of Aging & Adult Services
- ☐ 4. In State Government, outside Human Services Department entirely
- ☐ 5. Outside of State Government, in a General Non-Profit Agency
- ☐ 6. Outside of State Government, in a Protection and Advocacy Agency (e.g., The Legal Center for People with Disabilities and Older People)
- ☐ 7. Other, please specify below in Comment Box

Comment

### Survey of Local Long-Term Care Ombudsmen in Colorado

6. What is the current annual funding level for your local LTCO Program compared to what you feel your program needs to function optimally? [Approximate figures are acceptable.]

Current Annual Funding Amount:   
Additional Annual Funding Needed:

7. If your local LTCO Program received these additional funds, what would you do with them?

8. If you currently serve (or have in the past served) as both AAA Director and Lead Ombudsman, have you ever experienced a conflict of interest between these two roles? Please describe your answer below in the Comment Box.

- ☐ 1. Yes  
☐ 2. No  
☐ 3. Don't Know  
☐ 4. Not Applicable  
☐ 5. Other

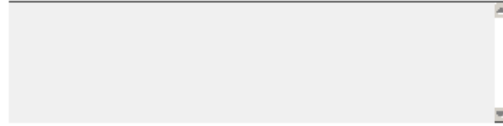
Describe your response.

9. What would be your top 3 recommendations for making the State LTCO Program better in Colorado?



## Survey of Local Long-Term Care Ombudsmen in Colorado

10. Please provide any additional input you would like to be considered in this survey.



11. Please specify what Area Agency on Aging region you are in.

- ☐ Region 1 - Northeastern CO
- ☐ Region 2A - Larimer
- ☐ Region 2B - Weld
- ☐ Region 3A - DRCOG
- ☐ Region 3B - Boulder
- ☐ Region 4 - Pikes Peak
- ☐ Region 5 - East Central COG
- ☐ Region 6 - Lower Arkansas Valley
- ☐ Region 7 - Pueblo
- ☐ Region 8 - South Central CO Seniors, Inc.
- ☐ Region 9 - San Juan Basin
- ☐ Region 10 - Western
- ☐ Region 11 - Associate Governments of Northwest CO
- ☐ Region 12 - Northwest COG
- ☐ Region 13 - Upper Arkansas Area COG
- ☐ Region 14 - South Central COG

## APPENDIX F

### Text From Comment Boxes & Open-Ended Questions in Survey

#### Question # 2

Please rate (1=outstanding... 5=poor) each of the following items based on your most recent direct experiences with the Colorado State LTC Ombudsman.

| Comment Text   |
|--|
| 1. The current state long care ombudsman has not been on the job long enough for me to be able to judge many of these questions. The disruption in service during the job transition after PT left was difficult.  |
| 2. SH is quite good and just needs time to implement some changes and plans.   |
| 3. The majority of my comments apply to the former state ombudsman.  |
| 4. The above answers are based on SH as the State Long Term Care Ombudsman and do not reflect on the program/position before SH became the State Long Term Care Ombudsman.   |
| 5. I have found SH to be very accessible and knowledgeable. She is also very vocal and involved in broader issues that affect entire communities, such as the current IMD/ACF situation that could have a tremendous impact in the metro area and other local communities. |
| 6. The current State Ombudsman has only been in place for 4 months. In my view, I have not had enough experience with the State Ombudsman to provide an accurate assessment.   |
| 7. Response time is extremely lacking by the State LTCO; Rules changing with no notice.  |
| 8. As a volunteer, I do not work directly with the state office, but receive information from our local Ombudsman office located in our county. My sense is that our county ombudsmen receive very timely information and share it with the volunteers, when needed.       |
| 9. I've not had an on-site assessment. I've not had experience with training provided to the public or the facilities from the State LTCO. The training in our Region is done by me.   |
| 10. These answers apply to our current State Ombudsman!  |
| 11. SH is doing well in her very recent appointment as the State LTCO. I am confident she will have a larger role in legislation where that office has not done what my expectations have been in regards to legislative advocacy.   |

### Question #3

**Please briefly describe an example of when the State Long-Term Care Ombudsman provided you with high quality technical assistance (TA). What did you need assistance with and what TA was provided by the SLTCO?**

|     | Comment Text   |
|-----|--|
| 1.  | Training on Ombudsmanager that was very helpful. She also forwards good info from various sources.   |
| 2.  | I have had several questions regarding guardianships and POA's which the State LTCO has provided me with help on.  |
| 3.  | There are many examples. I appreciate how thorough SH is and if she does not have the answer, she will research to find it.  |
| 4.  | SLTCO participated in hiring process of new regional Ombudsman   |
| 5.  | The Ombudsmanager training.  |
| 6.  | At meetings and conferences, SH is quite accessible and willing to answer questions. I specifically remember guidance from PT about how to enter discussions with facilities about Medicaid application problems into Ombudsmanager and that was helpful.  |
| 7.  | Documentation training.  |
| 8.  | The ombudsmen in our office have worked very effectively with the current state ombudsman she is especially helpful in understanding nursing home regulations and how to use them in advocacy efforts.   |
| 9.  | provided example during C4A mtg  |
| 10. | SH was able to provide assistance with a legal issue that our program had to deal with earlier this year in regards to a law suit involving one of our facilities.   |
| 11. | The SLTCO has not provided me with high quality technical assistance. Also is very poor about answering e-mails.   |
| 12. | I have one facility that has been harassed by a utility company for over a year and the utility company has threatened to turn off utilities. The facility was paid up to date and was going to make payments on the \$31,000 security deposit that they had just received a bill for, but the utilities company wanted the \$31,000 that day the bill was received and refused to accept payments. The Utility company came out that morning and turned off the natural gas. The SLTCO was back east at a conference and called me offering suggestions, told me what some of my options were as Ombudsman and she notified other State agencies, 36 residents were in jeopardy and there were no open nursing home beds in the Valley. Police were notified and a lawyer. The lawyer took over and the gas was turned back on, the utilities company is accepting monthly payments and are more cooperative and the residents were fine. |
| 13. | when first hired, I attended a training on Ombudsmanager   |
| 14. | I needed to call SH after talking with a wife of a resident at one of my facilities. The wife was an attorney and because I was not, told me I did not know the definition of "confidentiality". The wife wanted documentation of my visits which is confidential. I referred the wife to SH for clarification of my job and the regulations around it. I also called SH to let her know why I made the referral. SH was supportive as this wife was very abrasive and at times, insulting. SH was more than happy to take this issue and work with this wife.   |
| 15. | ALR's are looking at being identified as IMD's. Current State Ombudsman has been very involved in this process and has been an excellent advocate for those residents who may be affected.   |
| 16. | The State Ombudsman and I discuss systemic issues on a regular basis, in some cases I'm looking for technical assistance. She has been willing to research an issue and find an answer when needed.  |
| 17. | The SLTCO has been active in the brief time that she has been in place in issues involving financial exploitation of elders and ethical issues facing long term care ombudsman.  |
| 18. | None since PT left.  |

19. I have not yet had an opportunity to request technical assistance from the SLTCO.
20. See answer to question 2.
21. Upon a visit to the area, needed assistance was needed with complex eviction removal from a facility and another resident was told to look for another place due to getting better and not needing all the NH assistance. The doctor requested resident to remain in facility while the LTCO reported that many residents remain in facilities after rehab when a Physician deems necessary to remain in facility to remain stable.
22. While researching state statues re volunteers in Adult Day programs the SLTCO was helpful in directing the local program to the appropriate source.
23. I've had assistance from the SLTCO to get information regarding personal needs money and how to attempt to get the amount raised.
24. We had a possible conflict of interest come up and the State LTCO reviewed the policy and was able to give us insight.
25. There have been several occasions that SH has assisted me in cases. I respect her input and recommendations. She is a very strong support to our local program.
26. A resident died as result of being left in a wheel chair unattended. The TA by the state was excellent and rewarding.

#### Question #4

**Do you recall instances in which you could have used help from the Colorado State LTCO but did not get it? Why did you not receive help? Specify all applicable reasons below.**

| Comment Text  |
|---|
| 1. It is difficult to coordinate calls with the state ombudsman when I am out in the field. I need to take a day off if I need to get a question answered before moving on. My cell service in this area is spotty and her schedule requires frequent call backs. |
| 2. This response relates to the former state ombudsman, the ombudsmen in my office seem to be more willing to involve the new state ombudsman in situations now.  |
| 3. No instances   |
| 4. State ombudsman did attempt to help but never could find the answer then never   |
| 5. Not with current state Ombudsman. But this has been an issue with the past State Ombudsman.  |
| 6. My answer is no to the first question so the rest do not apply.  |
| 7. Please see comment above.  |
| 8. No response in a timely manner from State LTCO.  |
| 9. Both state and local were unable to connect with cell phone issues   |
| 10. The state unit (PR) has sent (10/30) out a memo stating....Please note that the State Ombudsman may not provide coverage at any time in the event of a local ombudsman's absence. Hopefully we never experience an emergency and need help.                   |
| 11. With our new State Ombudsman I am very comfortable asking for assistance. I have always asked for her help and advice.  |

## Question # 5

**In your opinion, what is the best location for Colorado's State Long-Term Care Ombudsman Program? Choose only one response. Please describe your response in the Comment Box below.**

|     | Comment Text  |
|-----|---|
| 1.  | There appears to be conflict between the ombudsman program and the APS program at times. APS feels their programs have more governmental authority than the ombudsman program. If these two programs were married it might make things less difficult. The ombudsman program in my area is treated like an unwanted step child-- Refusal to provide me with needed information about a mutual client citing Hippa violations etc. Conflict has arisen about the different emphasis in the programs. I advocate for what the resident wants. They advocate for what is believed to be in the resident's best interest. They are unwilling to understand that I work on a different authority and work diligently for the residents. This makes me a stumbling block for them. I serve on the APS teams for two counties, but I will be resigning due to this attitude. |
| 2.  | To fulfill the advocacy aspect of our position, ombudsman needs to be an independent as possible so they can keep their focus on advocating for seniors.  |
| 3.  | The priority preference is that the State LTC Ombudsman program be moved back to within the SUA. Retaining the current State LTC Ombudsman (SH) would be the second priority preference. As to whether it be a contracted provider outside of State Government or be a program within the SUA unsure what the preference would be.  |
| 4.  | I question why the State Ombudsman is housed in The Legal Center. The Legal Center hires the State Ombudsman but if and when there is a concern about the performance of the State Ombudsman The Legal Center is unavailable. It makes more sense for the State Ombudsman to be under the SUA for oversight, accountability etc.  |
| 5.  | I feel strongly that the State LTCO should not be housed with state government because it creates a conflict of interest.   |
| 6.  | It would be important to keep the State Ombudsman position separate from "Government" as I feel it would be a conflict of interest and that if the State Ombudsman position was housed within Government there could not be effective advocacy by the State Ombudsman.  |
| 7.  | I feel very strongly that the State Ombudsman position needs to be outside of State government in order to be impartial and to be an effective advocate.  |
| 8.  | Not sure, since I do not work directly with state programs, only county.  |
| 9.  | I believe the Legal Center has the potential to develop the program beyond any capability the state processes.  |
| 10. | I don't like the idea that the Legal Center makes employment decisions. Especially since we had problems with our previous Ombudsman it was never clear who we should go to. Since the Legal Center doesn't really oversee the program but it does. And the State oversees it but has no authority over hiring and firing. Very confusing and not helpful for local ombudsman.  |
| 11. | The only place I believe would NOT be good is under PR. I don't care for her understanding of the program or how APS is run in this state. I honestly would quit if this were to happen.  |

## Question # 7

**If your local LTCO Program received these additional funds, what would you do with them?**

| Comment Text   |
|--|
| 1. It would always help to be able to spend more time with residents.  |
| 2. The local program operates on a contract basis where the lead ombudsman carries the contract for the program and needs to meet all expenses out of this contract. It makes it difficult to maintain an office, pay for training and travel while trying to provide a salary for one person who is on call 24 / 7. I am unable to find health insurance to cover myself due to pre-existing conditions without being in a group. More money in the program would allow me to hire regional ombudsman who could do more training and provide greater advocacy for the residents. The underfunding of this program makes me realize that the elderly in LTC are at the mercy of the corporations who own the facilities. The administrators are all paid around 100,000 to keep resident complaints down and profits up. The disparity between my wage and the administrators' wages make it a true David and Goliath situation. With more rocks and sling shots we could do a better job. |
| 3. Depending on the amount, we would explore the possibility of hiring an additional Ombudsman.  |
| 4. Recruit, train additional volunteer Ombudsman   |
| 5. Hire a new ALR staff person.  |
| 6. Additional funds could be used to get more ombudsmen into the community, working in facilities and answering questions for the general public.  |
| 7. I am new and I am not familiar with this area.  |
| 8. Hire two additional staff ombudsmen, purchase technology to help ombudsmen work more efficiently in the field, support the volunteer program with expanded training opportunities and paid mileage.   |
| 9. Be able to expand volunteer Ombudsman program and offer more trainings. Also be able to provide small stipends for volunteer ombudsmen.   |
| 10. A good use of additional funding would be the development of a viable Volunteer Ombudsman Program. We currently have volunteer ombudsmen but we cannot handle more than 4-5 volunteers due to the time commitment of the two paid ombudsmen for training, oversight etc. With more funding, our program could sustain a volunteer coordinator and the volunteer program could grow. The use of volunteers is invaluable and a good use of dollars in relationship to work accomplished, visibility to the community and residents, education and potential advocacy for residents and their families.  |
| 11. The needs of our elder community have expanded to the level that "doing more with less" has reached its saturation point.  |
| 13. 1. Increase Ombudsman paid hours 2. Add to budget for ombudsman travel and take advantage of trainings that are offered in the Denver area that is over 4 hours away. 3. Add to budget so a stipend can be offered to a volunteer ombudsman for time and mileage. 4. Also if possible use some of the funding to help nursing home residents that are Medicaid only and need glasses and dental work done and don't qualify for other programs and grants.   |
| 14. Create a volunteer program, create training program for community and residents  |
| 15. I don't know this information.   |
| 16. Our program could still use additional staff to ensure compliance with such aspects of complaint investigations like follow-up, compliance with documentation requirements, and attendance at more resident and family council meetings and increased training to facility staff and the community in general.   |
| 17. I am not provided this information   |
| 18. Not sure.  |
| 19. Don't know   |
| 20. As a volunteer, I am not aware of funding issues.  |

21. Additional training. Provide Medical benefits to LTCO and increase in hours.
22. Title VII dollars are insufficient to administer either the Ombudsman program or Elder Abuse Prevention program. I believe the legal center is in a better position to independently advocate funding. The division & the state unit are constrained by political and conflicting direction.
23. Additional fulltime staff. This money should come from Title VII.
24. Not sure what it would take but it would be helpful to increase funding for an additional half time person. Going by what I have heard as a national standard 1 ombudsman for every 1000 beds we would need an additional half time ombudsman.
25. Provide for back-up for local Ombudsmen
26. Hire more staff and develop standardized training base upon evidence based programming.
27. Hire a full time ombudsman manage volunteers etc., outside of AAA.



## Question # 8

**If you currently serve (or have in the past served) as both AAA Director and Lead Ombudsman, have you ever experienced a conflict of interest between these two roles? Please describe your answer below in the Comment Box.**

| Comment Text   |
|--|
| <ol style="list-style-type: none"> <li>1. I have not experienced a conflict of interest. Though I anticipate there might be one in the future. I believe that the state ombudsman program's budget needs to be increased. I think the office could use a full time administrative staff person, and a training specialist. If there is not an effort to find new dollars, an increase for the state ombudsman would likely come from current dollars and would reduce the money that goes to the Area Agencies on Aging.</li> <li>2. I have to manage other programs, i.e., adult protective, SEP and believe they conflict</li> </ol> |

## Question # 9

**What would be your top 3 recommendations for making the State LTCO Program better in Colorado?**

| Comment Text  |
|---|
| <ol style="list-style-type: none"> <li>1. More community education and awareness programs. More time to spend on visits w/residents. Be able to attend more training ourselves.</li> <li>2. 1. More funding 2. More staff 3. More ability to sanction facilities</li> <li>3. I think that they are on the right track.</li> <li>4. 1) More advocacy on state wide basis 2) More advocacy with State Legislature 3) More TA with regional program development</li> <li>5. More money, more education to public/community on program, and more support from the state.</li> <li>6. More resources to respond to the growing number of LTC residents</li> <li>7. Improving resources for training. Keeping State LTCO Program separate from government.</li> <li>8. 1. Improve training for local ombudsmen and volunteers statewide especially in the area of complaint investigation and conflict resolution 2. Improve statewide systemic advocacy for nursing home and assisted living residents in our state. Advocacy that would address corporations that have a number of poor performing facilities in the state or that would deal with reimbursement changes made in Medicaid that would negatively impact residents.</li> <li>9. More coordination and inclusion of this program with the other OAA programs More linked advocacy and education - unsure why there is a separate annual report prepared for LTC Omb services rather than perhaps a more inclusive annual report on all aging services. Have the State LTCO Program attend in APAC or the SUA/AAA Training Meetings</li> <li>10. 1. More frequent formal education and training opportunities made available to local ombudsmen from the state ombudsman. 2. Guidance from the State Ombudsman or sharing opportunities between local programs on local systems, volunteer programs, i.e. how do the various programs track visits, conduct education and trainings to facilities, manage Ombudsmanager and paperwork etc. 3. Revising the training and certification of new ombudsmen and the continuing education requirements for recertification of current ombudsmen.</li> <li>11. 1) Be more people orientated 2) Be less on the defensive when being asked a question, or a comment is made 3) Stop taking pot shots at certain ombudsmen</li> <li>12. 1. More Funding 2. More Staff 3. More Visibility</li> <li>13. Allowing for more travel to visit rural areas in Colorado.</li> </ol> |

14. More funding is always needed, another full-time ombudsman.
15. 1. The State LTCO is an advocate and should not be under the supervision of DHS or SUA. The state LTCO may have to advocate for issues that SUA and DHS do not agree with or she may have to go up against those entities. I feel the position should be outside of the state government all together to prevent any conflict of interest. 2. If number one is not possible, then I suggest that it is very clear in the contract that she is an advocate and that advocating for changes at the state level that are in the expressed interest of the residents and local programs will not jeopardize her position or employment to reduce any conflict of interest. 3. The State LTCO should not be housed with the state government at any time.
16. increasing awareness of how state ombudsman can assist local ombudsman funding to assist with resources to make state ombudsman more visible and aware of what issues are keeping it separated from government
17. I think there needs to be additional funding for the State Ombudsman Program and with that, the hiring of additional staff. The State Ombudsman position is stretched so thin with the demands of technical assistance, training, membership on various committees and the most important role of advocacy. If there is more staff I would then recommend the State Ombudsman conduct more and better training for Ombudsmen throughout the state.
18. 1. increase communication among LTCO programs across the state. 2. focus on culture change
19. Training, Response, Communication
20. Unknown at this time.
21. don't know
22. 1. Increasing awareness of the Ombudsman Program; many residents and families do not know of the program's programs and assistance. 2. Increasing funding so that more facilities could be visited. 3. More funding for paid, full-time staff, less reliance on volunteers.
23. Have training in different counties every six months.
24. Autonomy from the state unit. Clarify roles and responsibilities with the state unit. Independently advocate for increased funding
25. None.
26. There have been great improvements already. I think that it would be nice to see the quarterly trainings and meetings return. It was a great way to network with other ombudsman. More training opportunities are helpful. Even just staffing cases as a group would be helpful for both veteran ombudsman and new ombudsman. Of course ongoing Ombudsmanager Training will be helpful. As far as making the State LTCO Program better, I can't answer that at this point since SH is so new and there are already many positive changes.
27. 1, review of function for streamlining 2, better TA and consultation for SUA 3, Increase visibility, fund raising activity
28. Better coordination throughout the regions. More money. Standardized training Do away with the emphasis on advocacy for 60 + as we are serving many young folks now.
29. Control out of SUA, money, visibility in the state and state wide hired ombudsman and control.

## Question # 10

Please provide any additional input you would like to be considered in this survey.

| Comment Text   |
|--|
| <ol style="list-style-type: none"><li>1. The State Health Department survey team needs to communicate better with the ombudsman in the field to keep better tabs on facilities. Often they are short staffed and cannot investigate complaints as timely as needed. Things can get very bad before the state health department makes their rounds. I, as an ombudsman, bring concerns to facility administration, but they realize that my only recourse is to file a complaint with the health department which may take weeks to be investigated.</li><li>2. I am encouraged with the direction the new state ombudsman has taken the program. The local ombudsmen programs are growing to meet the demands in their areas and now the state program needs to grow to meet the demands of a growing local system and an increasing resident population.</li><li>3. I think the current State Ombudsman has done a remarkable job in a very short period of time in determining the needs of Ombudsmen throughout the state, learning the different policies and procedures and culture of long-term care and not only being an advocate for residents, but also an advocate for the local Ombudsmen Programs. I would like to stress again that I think it would be very negative for the program to move under State government.</li><li>4. I'm not answering #11 (survey item #11 indicates which AAA region respondent is from) due to possible reprisal.</li></ol> |

## APPENDIX G

### Two Sample Interview Question Guides

Questions for \_\_\_\_\_, State LTC Ombudsman of \_\_\_\_\_ – Date

1. How long have you been with the \_\_\_ State LTCO Program?
2. **PROGRAM STRUCTURE** - How is the \_\_\_ SLTCOP structured? Within or outside of SUA and why?
3. What is your expert opinion on where the State LTCOPs should be located? Within or outside of SUA and why?
4. What, in your view, are the **benefits/drawbacks** of having the SUA directly run the State Omb Program? *[how are actual or potential conflict of interest situations avoided and or addressed, communications & coordination between SUA, State Omb, and Local Ombs, independence, ability to conduct legislative advocacy, etc.]*
5. What, in your view, are the **benefits/drawbacks** of having the State Omb Program outside of the SUA? What about in a different state office from the SUA?
6. Are you aware of other state models that you really like and what are they and why do you like them?
7. Whatever your SLTCOP structure is, what methods have you used, if any, to remedy and problems associated with your structure?
8. **POSITIVE ASPECTS** - In your opinion, what are the best features of the current \_\_\_ LTCO Program?
9. **PROBLEM ASPECTS** - What aspects of the program are not working? Why do you think they are currently problematic?
10. What are the biggest complaints you hear about the \_\_\_ LTCO Program and from whom? What do you think of those complaints and how have they been addressed?
11. What do you worry about the most with regard to this program?

12. **FUNDING** - Has the \_\_\_ SLTCOP been adequately funded over the years? What is your opinion on what the funding levels should be? What can't you do because of lack of funds, if anything?
13. **OVERSIGHT & MONITORING OF STATE LTCOP** – How is oversight/monitoring of the work of the \_\_\_ SLTCO done? Any issues?
14. **OVERSIGHT & MONITORING OF LOCAL OMB PROGRAMS** – How is oversight/monitoring of the local programs done? Any issues? Any AAA Directors acting also as Lead Ombudsmen and are there any related issues? Are local programs able to do what they are supposed to *[training, attend resident councils, develop volunteers, develop relationships with facilities, responsiveness to complaints, adequate number and quality of site visits, etc.]*?
15. **LEGAL SUPPORT** – How does your State provide legal support to the OMB Program and State Omb? How effective/adequate/timely is it?

## Questions for Colorado AAA Directors - October 27, 2008

1. How many of you were ombudsmen before you became AAA Director?
2. How many of you currently serve both as Lead Ombudsman and AAA Director?
3. How many of you feel you know less about the Ombudsman Program than about the other OAA programs you oversee?
4. How many of you feel this is the program that is your strongest in terms of depth of understanding?
5. Describe specifically your most recent interaction with the CO State LTCO?
6. Looking back over the last two years – what services or assistance have you received from the CO State LTCO?
7. In what ways did the assistance meet your needs or not meet your needs? When something the CO State LTCO did didn't meet your needs or expectations, what did you do? Did you speak with anyone about it and if yes, who did you speak to and what was the result?
8. What are examples of things you could have used assistance from the CO State LTCO for, but didn't ask? Why?
9. What are examples of things you asked the CO State LTCO for help with, but she was unable to help and why do you think she was unable to help?
10. In your opinion, what are the best features of the current Colorado LTCO Program?
11. When a local Lead Ombudsman discusses the CO State LTCO Program with the AAA Directors, what kinds of topics are typically discussed?
12. In your opinion, what aspects of the program are not working? Have they ever worked before? Why do you think they are currently problematic?
13. What is your expert opinion on where the CO State LTCO Program should be located? Within SUA, Outside the State system completely, Other State Department?
14. What, in your view, would be the **specific benefits** of having the **State APS Unit** directly run the State Ombudsman Program in CO?
15. What, in your view, would be the **specific drawbacks** of having the **State APS Unit** directly run the State Ombudsman Program in CO?

16. What, in your view, would be the **specific benefits** of having a **different State Department outside of the SUA** directly run the State Ombudsman Program in CO?
17. What, in your view, would be the **specific drawbacks** of having a **different State Department** outside of the SUA directly run the State Ombudsman Program in CO?
18. What, in your view, would be the **specific benefits** of **continuing to have an outside contract agency** directly run the State Ombudsman Program in CO?
19. What, in your view, would be the **specific drawbacks** of **continuing to have an outside contract agency** directly run the State Ombudsman Program in CO?
20. Are you aware of SLTCOP models in other states that you really like? What are they and why do you like them?
21. When AAA Directors discuss the CO State LTCO Program with the SUA, what issues/topics does the dialogue center around?
22. What are the biggest complaints you hear about the CO LTCO Program and from whom? What do you think of those complaints and how have they been addressed?
23. Do you see any issues/problems with the State's monitoring of work of the SLTCOP contract agency (The Legal Center) and staff? Are there any issues related to the contractor's (The Legal Center) monitoring of the local Ombudsman programs?
24. Why have AAAs and Local Ombudsmen negatively criticized the CO SLTCOP for decades? What aspects are you unhappy with and can they be fixed and how?
25. What is your opinion on what the funding levels should be for the CO State LTCO Program? What aspects of the program have historically been, and currently are, inadequately funded in CO?
26. If you could see the ideal State LTCO Program here in 5 years, what would it look like?
27. What do you worry about the most with regard to the future of this program?
28. Is there anything else you think I should be aware of or take into account as I carry out this study?

## APPENDIX H

### Annual Funding State Long-Term Care Ombudsman Program - Contract with The Legal Center for People with Disabilities and Older People

| PERIOD | STATE LTC OMBUDSMAN PROGRAM FUNDING<br>(Does not include local funds)  |
|--------|--|
| 1988   | <b>\$85,000 total funding</b><br><br>All Title 3B  |
| 1989   | <b>\$120,000 total Part B funding</b><br><br>Funding increased, in part, due to reallocated Part B funds available |
| 1990   | <b>\$120,000 total Part B funding</b>  |
| 1991   | <b>\$123,973 total funding</b><br><br>\$100,000 Part B funding<br>\$23,973 Title 3B, Part OMB funding              |
| 1992   | <b>\$123,973 total funding</b>   |
| 1993   | <b>\$123,973 total funding</b><br><br>\$100,000 Part B funding<br>\$23,973 Title VII, Part OMB                     |
| 1994   | <b>\$123,973 total funding</b>   |
| 1995   | <b>\$130,000 total funding</b><br><br>\$6,027 Additional Title VII OMB funds allotted to contract                  |
| 1996   | <b>\$123,973 total funding</b>   |
| 1997   | n/a  |
| 1998   | n/a  |



| PERIOD             | STATE LTC OMBUDSMAN PROGRAM FUNDING |   |
|--------------------|-------------------------------------|---|
| 1999               | n/a                                 |   |
| 2000               | n/a                                 |   |
| 2001               | n/a                                 |   |
| 10/1/01 – 12/31/02 | n/a (15 months)                     |   |
| 1/1/03 – 6/30/04   | \$162,960 (12 months)               | [\$244,452 (18 months)]   |
| SFY 2005           | \$171,446                           | <i>Average annual government funding for the Colorado LTCO Program was approximately \$164,000 between 2003 and 2008.</i> |
| SFY 2006           | \$160,831                           |   |
| SFY 2007           | \$160,000                           |   |
| SFY 2008           | \$189,450                           |   |
| SFY 2009           | \$200,641                           |   |

**Notes:**

1. Local funds are not included.
2. Numbers through 1995 were initially gathered by Sue Bozinovski, Program Specialist, Aging and Adult Services, 2/14/96.
3. Post 1995 figures compiled by CDHS staff.

## APPENDIX I

### History of Funding

*[Note: This document – Appendix I - was prepared by The Legal Center and includes information and data on the Legal Assistance Developer Program in addition to the State LTCOP.]*



### Colorado Long-Term Care Ombudsman Program Legal Assistance Developer for the Elderly

February 2008

### History of Funding

The Legal Center has administered the Colorado Long-Term Care Ombudsman Program and the Legal Assistance Developer Program since 1988. The contract funding for the programs remained essentially flat until 2002. During contract years 1993-1996 the contract funding was \$163,973. In 1997 and 1998 there was an increase to \$176,027. From 1999 to 2001, the level of funding available for the contract was \$170,000 per year. In 2002, \$40,000 was added to the contract but was not available subsequently. During the 2002 legislative session, the Department of Human Services requested an additional \$130,000 for the program to bring the total funding to \$300,000. In the process, a line item was created for the Ombudsman Program in the Long Bill and an appropriation of \$50,271 in general funds was approved by the General Assembly.

From 2003 until 2007, the funding for the contract was \$222,031. In the Fall of 2007, the Department of Human Services issued a Request for Proposals proposing the same level of funding for FY2008 – FY2013. The Legal Center expressed concern over the flat funding for subsequent years. Although The Legal Center was the only bidder, the Department canceled the RFP and decided to extend The Legal Center's existing contract which expires June 30, 2008.

**The Office of State Planning and Budgeting has recommended to the Joint Budget Committee that \$15,000 be added to The Legal Center's contract in FY2009.** While we are pleased with this result, additional resources are needed for these programs.

Prior to 2002, the contract funding allowed for a full time long-term care ombudsman, a full time assistant long-term care ombudsman and a full time legal assistance developer. The contract has not covered cost of living increases experienced by the program nor raises for the staff.

Consequently, instead of 3 FTE's staff reduced to 2.25 FTE's. Work load continued to increase.

Even with the reduced staff time, it was necessary for The Legal Center to seek additional outside support for these programs. Rose Community Foundation helped fund these services for three years, beginning in 1999. Their Board has a policy of not funding a fourth year. In 2002, they approved an unprecedented fourth year of funding because the State increased the funding to the programs. Since 1993, we have received smaller and briefer commitments of charitable funding from the Schramm Foundation, the Herman Horwich Trust, the American Bar Association, the Anschutz Family Foundation, the Colorado Bar Foundation, the Bonfils Stanton Foundation, the Phillips Foundation, the Price Foundation, Burt Foundation and Public Service Company. This funding is not assured year to year and foundations rarely choose to make multiple year grants. Even with charitable assistance and an increase in state funding, we have not been able to retain the original staffing levels.

Members of our Board of Directors have expressed concern over the need for The Legal Center to devote our precious resources to raise funds to maintain these programs when foundation grants are not renewed, especially when the level of support from the State has not increased in the past five years despite our repeated requests. The Board has an expectation that our programs will be able to operate effectively within the resources available from the primary funding sources. The real need for the contract is a total of \$325,000 with an annual cost of living increase built in to staff the programs adequately and adjust salaries. This would allow us to staff the program with a full-time Ombudsman, a full-time Ombudsman Assistant, and a full-time Legal Assistance Developer. The Legal Center would continue to provide additional clerical and administrative support.

The Colorado Long-term Care Ombudsman Program, authorized by federal and state law, investigates and resolves complaints made by or on behalf of older individuals who are residents of long-term care facilities. The program consists of the State office based at The Legal Center. The Ombudsman Program coordinates a network of sixteen local programs that operate within or in conjunction with sixteen regional Area Agencies on Aging. The Legal Center's State program is funded separately from each local program.

There are now 219 nursing homes with 20,342 beds and 504 assisted living residences with 14,233 beds in Colorado. There are 150 local paid and volunteer ombudsmen certified by the State Ombudsman (in 1988, there were 40). The number of complaints has risen for the entire network to more than 9,500 in 2007 compared to 7,883 in 1994. As a result there is an increased need for training local ombudsmen as well as a need for local resources to support them.

Because residents are frailer and their needs are more complex, the level of technical assistance needed from The Legal Center is more complex.

**The Legal Assistance Developer for the Elderly** at The Legal Center helps develop free legal services for people age 60 and above in Colorado. This program is authorized under the Older Americans Act. A key role of the program is to coordinate and assist legal programs that are funded through Title III of the Older Americans Act. There are 16 local Title III legal programs in Colorado providing free legal assistance to over 2,700 people each year in conjunction with their local Area Agency on Aging. The Legal Center keeps these programs updated on legal issues affecting older people including changes of laws, regulations and policies. Frequent changes in rules and policies are making it difficult for legal providers to remain current. We provide technical assistance to the providers and direct assistance to older people needing rights information or referrals.

**Financial Support Provided by The Legal Center to  
Colorado State Long-Term Care Ombudsman Program  
1993-2007**

| Legal Center Fiscal Year | Charitable funds raised and used for Older Americans Programs | Contributions used from The Legal Center Annual Fund or other Unrestricted Resources to meet Older Americans Program deficit at Fiscal Year End | Income from sale of publications, workshop fees and miscellaneous income used to support Older Americans Program | Total Additional Resources Used to Support the Older Americans Programs |
|--------------------------|---|---|--|---|
| 1993                     | \$ 1,000  | \$ 21,724   | \$ 17,281  | \$ 40,005   |
| 1994                     | 10,000  | 22,892  | 965  | 33,857  |
| 1995                     |   | 21,518  | 1,089  | 22,607  |
| 1996                     | 350   | 31,265  | 1,171  | 32,786  |
| 1997                     | 10  | 12,032  | 1,090  | 13,132  |
| 1998                     | 17,085  | 4,920   | 2,250  | 24,255  |
| 1999                     | 24,640  |   | 8,277  | 32,917  |
| 2000                     | 40,790  |   | 7,834  | 48,624  |
| 2001                     | 47,683  | 16,114  | 1,036  | 64,833  |
| 2002                     | 39,537  |   | 4,097  | 43,634  |
| 2003                     | 30,565  | 13,338  | 3,123  | 47,026  |
| 2004                     | 19,430  |   | 7,025  | 26,455  |
| 2005                     | 21,338  |   | 1,825  | 23,163  |
| 2006                     | 21,706  | 200   | 3,900  | 25,806  |
| 2007                     | 20,417  |   | 3,930  | 24,347  |
| <b>Total</b>             | <b>\$294,551</b>  | <b>\$144,003</b>  | <b>\$64,893</b>  | <b>\$503,447</b>  |

## APPENDIX J

### Colorado Division of Aging and Adult Services Cost Estimate with State Long-Term Care Ombudsman In-House

#### State Costs

(based on a General Professional IV pay grade)

|                               | <b>Ombudsman (1 FTE)</b> | <b>Admin Assist (0.5 FTE)</b> | <b>Assistant Ombudsman</b>  |
|-------------------------------|--------------------------|-------------------------------|---|
| <b>Wages</b>                  | \$56,964                 | \$17,310                      |   |
| <b>Benefits</b>               | \$6,608                  | \$2,008                       | This would be absorbed by SE's position in place of current contract management duties. |
| <b>Overhead</b>               | \$1,623                  | \$493                         |   |
| <b>Operating &amp; Travel</b> | \$12,950                 | \$475                         |   |
| <b>Subtotal</b>               | \$78,145                 | \$20,286                      |   |
| <b>Total Cost for Program</b> | <b>\$98,431</b>          |                               |   |

#### Legal Center Costs

(based on contract budget completed by The Legal Center)

|                               | <b>Ombudsman</b> | <b>Admin Support</b> | <b>Assistant Ombudsman</b> |
|-------------------------------|------------------|----------------------|----------------------------|
| <b>Wages</b>                  | \$55,000         | \$39,402             | \$36,000                   |
| <b>Benefits</b>               | \$13,735         |                      | \$13,734                   |
| <b>Overhead</b>               | \$16,370         |                      | \$16,370                   |
| <b>Operating &amp; Travel</b> | \$12,080         |                      | \$4,615                    |
| <b>Subtotal</b>               | \$97,185         | \$39,402             | \$70,719                   |
| <b>Total Cost for Program</b> | <b>\$207,306</b> |                      |                            |
| <b>Difference in Cost</b>     | <b>\$108,875</b> |                      |                            |

## **Documents and Sources of Information**

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***Colorado Long-Term Care Ombudsman Program History, 1975-1988***, Fraser, V.

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