

Department of Health and Human Services
**OFFICE OF
INSPECTOR GENERAL**

**EFFECTIVE OMBUDSMAN PROGRAMS
Six Case Studies**



Richard P. Kusserow
INSPECTOR GENERAL

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OFFICE OF INSPECTOR GENERAL

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This report was prepared under the direction of Thomas F. Tully, the Regional Inspector General for the Office of Evaluation and Inspections, and Alan S. Meyer, Deputy Regional Inspector General, Office of Evaluation and Inspections, Region II. Participating in this project were the following people:

Renee Schlesinger, *Project Leader*
Demetra Arapakos
Nancy Harrison
Raul Martynek

Alan S. Levine, *Headquarters*
Thomas Purvis, *Region IX*

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OEI-02-90-02122

EXECUTIVE SUMMARY

PURPOSE

The purpose of this report is to present case studies of the six State Ombudsman programs visited during the "Successful Ombudsman Programs" inspection (02-90-02120).

BACKGROUND

The State Long Term Care Ombudsman program was established under the Older Americans' Act in response to growing concern over the poor quality of care in nursing homes. The Act requires each State Unit on Aging to establish and operate, either directly or under contract, an ombudsman program.

The ombudsman is to be an advocate of the institutionalized elderly to ensure that they have a vigorous voice in their own treatment and care. Some ombudsman activities include investigating and resolving complaints on behalf of elderly residents of long term care facilities and providing information on long term care issues to residents, public agencies, legislatures and the community-at-large. Most ombudsman programs have volunteers in addition to paid staff who carry out many of these functions.

In October 1988, the Administration on Aging funded the formation of the National Center for State Long Term Care Ombudsman Resources to provide training, technical assistance and information exchange on long term care and ombudsmen issues to ombudsmen.

Prior Study

The case studies in this report result from a recent OIG study, entitled "Successful Ombudsman Programs" (OEI-02-90-02120), which reported the characteristics of successful long term care ombudsman programs. The study found these programs to be highly visible through the use of both paid staff and an extensive volunteer program. They visit facilities frequently, typically weekly. Additionally, they handle complaints expeditiously, are highly publicized, obtain adequate funding, and effectively recruit, train and retain volunteers. The study also found that ombudsmen want additional support: they would like the National Resource Center to get more involved in training, as well as become more active in circulating information about best practices. These case studies are examples of the type of information ombudsmen would like disseminated.

METHODOLOGY

The six State ombudsman programs visited are: California, Massachusetts, Michigan, Ohio, the District of Columbia and New Jersey. The team chose California, Massachusetts, Michigan and

Ohio because they received the most recommendations from other ombudsmen as having the best overall programs and were frequently so cited by experts in the field and in the literature review. We selected the District of Columbia and New Jersey, both also well regarded, primarily because of their unique features: New Jersey's independence and strong enforcement focus and the District of Columbia's contracts for ombudsman services with the American Association of Retired Persons (AARP) and strong legal support.

During the visits, the State ombudsman, sub-State program officials, directors of the State Units on Aging, advocacy groups and/or other experts in the field provided information on how the programs are structured, why they are effective and what makes them unique.

CASE STUDIES

California's program is notable for its size, dedication and training of paid and volunteer staff, strong enabling legislation, extensive publicity, and good relationships with the provider community and the State Unit on Aging.

The District of Columbia achieves success through frequent visitation, comprehensive enabling legislation, extensive legal support, and a strong volunteer component.

Massachusetts is effective because of its adequate funding, excellent communication and coordination, close relationship with the State Unit on Aging, good enabling legislation, strong volunteer program, and extensive publicity.

Michigan attributes its success to an intense commitment to reform, advocacy, and quality of care, a supportive political environment, excellent communication and program cohesiveness, effective complaint resolution, comprehensive education of residents and their families, innovative fund raising, and a good volunteer program.

New Jersey's outstanding features include its independent administrative location, powerful legislation, and adequate funding. The law enforcement, health care, and legal backgrounds of its staff are also noteworthy.

Ohio's effectiveness results from adequate funding, comprehensive volunteer training, strong influence on State legislation, effective enabling legislation, and readily available legal support.

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INTRODUCTION

PURPOSE

The purpose of this inspection is to present case studies of the six State Ombudsman programs visited onsite during the "Successful Ombudsman Programs" inspection (02-90-02120).

BACKGROUND

History

The State Long Term Care Ombudsman program was established under the Older American's Act (OAA) in response to growing concern over the poor quality of care in nursing homes. In 1972, the Administration on Aging (AoA) awarded seven States contracts to carry out long term care ombudsman demonstration projects. In 1975, amendments to the OAA authorized AoA to make grants for all States to have ombudsman projects. Further amendments in 1978 required each State Unit on Aging to establish and operate, either directly or under contract, an Ombudsman program. In 1981, the Ombudsman program was extended to board and care facilities.

Prior to FY 1987 the OAA required States to spend at least one percent of their supportive services allotment under Title III-B of the OAA or \$20,000, whichever was greater, to support statewide ombudsman activities. Based on amendments in 1987 States must in the future spend at least as much on the Ombudsman program as they did in FY 1987, as long as Federal allotments continue above FY 1987 levels.

Role of the Ombudsman

The ombudsman is an advocate for the institutionalized elderly to ensure that they have a vigorous voice in their own treatment and care. Some activities include investigating and resolving complaints on behalf of elderly residents of long term care facilities, informing residents of their legal rights and providing information on long term care issues to public agencies, legislatures and the community-at-large.

Most State ombudsman programs operate under the direct auspices of their State's Unit on Aging and have sub-State ombudsman programs. These are either managed directly by the State or are sponsored by a variety of organizations, including Area Agencies on Aging, other sub-State governmental units, citizen advocacy committees and private, non-profit organizations.

Most ombudsman programs also have volunteers who carry out a variety of functions, including making friendly visits to facilities, resolving complaints and informing the community about the program.

Prior Study

The case studies in this report result from a recent OIG study, entitled “Successful Ombudsman Programs” (OEI-02-90-02120), which reported the characteristics of successful long term care ombudsman programs. The study found these programs to be highly visible: through the use of both paid staff and an extensive volunteer program they visit facilities frequently, typically weekly. Additionally, they handle complaints expeditiously, are highly publicized, obtain adequate funding, and effectively recruit, train and retain volunteers. The study also found that ombudsmen want additional support: they would like the National Resource Center to get more involved in training, as well as become more active in circulating information about best practices. These case studies are examples of the type of information ombudsmen would like disseminated.

METHODOLOGY

The six State ombudsman programs visited are: California, Massachusetts, Michigan, Ohio, the District of Columbia and New Jersey. Their selection was based on three factors. First, the 52 State ombudsmen interviewed during the “Successful Ombudsman Programs” inspection named other State programs they believed to be the most successful. Second, other experts in the field, such as Congressional staffers and representatives from the National Resource Center cited outstanding programs. Finally, a literature review identified certain State programs with unique or outstanding features.

The team chose to visit California, Massachusetts, Michigan and Ohio because they received the most votes from other ombudsmen for having the best overall programs. Also, experts in the field and the literature review frequently cited these States as the most successful. The team selected the District of Columbia and New Jersey, both also well regarded, primarily because of their unique features. The New Jersey program is one of the few located in an independent State agency and has a strong enforcement focus. The District of Columbia contracts out all its ombudsman services to the American Association of Retired Persons (AARP) and has unusually strong legal support.

During the onsite visits the State ombudsman, sub-State program officials, directors of the State Units on Aging, advocacy groups and/or other experts in the field provided information on how the six programs are structured, why they are effective and what makes them unique. In all, the team conducted 28 interviews.

CASE STUDIES

CALIFORNIA

Key Features:

- *Size and dedication of paid and volunteer staff*
- *Staff training*
- *Strong enabling legislation*
- *Extensive publicity*
- *Good relationship with provider community*
- *Support from the State Unit on Aging*

Program Structure

At the State level, the California Ombudsman program is located within the California Department of Aging (CDA), an independent agency within the umbrella State Health and Welfare Agency. At the local level, the 34 substate ombudsman offices are contracted out through the Area Agencies on Aging (AAAs). Local programs are located in a variety of public and private agencies; some are freestanding and independent.

The California Ombudsman program serves residents of skilled nursing facilities, intermediate care facilities and residential facilities for the elderly and developmentally disabled. It oversees about 1,300 skilled nursing facilities, with nearly 122,000 beds, and 10,100 board and care facilities, with almost 139,000 beds.

Outstanding Features

With more than 110 paid staff and over 700 volunteers, California has one of the largest ombudsman programs in the country. The dedication of its paid staff and volunteers is consistently highlighted. According to the State ombudsman, “the ombudsman will hang in there and persevere for the patient. This is what gets cases resolved. The program attracts high quality people.” One ombudsman coordinator agrees: “the people in the program are the biggest success factor - they are involved because they care.” Staff throughout California often put in 60-80 hour weeks and go out on late night calls when necessary.

Staff and volunteer training is crucial. A mandatory 36-hour training program prepares volunteers to visit facilities and deal with complaints. Some local programs offer this training at community colleges which offer credit for the course. At smaller rural programs, the ombudsman coordinator will provide all the training directly. In addition to specialized training for volunteers, the State ombudsman offers semi-annual training and statewide conferences for managers and professional staff to keep updated on relevant issues.

A few local ombudsman programs are experimentally restructuring volunteer duties into various levels to help prevent the overload and burnout created when volunteers are expected to cover all areas. By doing so, program coordinators can allow volunteers to specialize in visits, conflict resolution, elder abuse cases, or community speaking; duties are now based on personal interests and special training.

Respondents repeatedly cite strong enabling legislation as an important factor. The California Immunity Law protects ombudsmen from being sued for actions they take during official duty, unless those actions are grossly negligent. Additionally, California's "Willful Interference Law" ensures access to facilities, the ability to talk to the patients and the right to review patient records.

The California Ombudsman program is also well known by the public. It has hired a public relations firm to publicize its program. Program visibility has been enhanced through public service announcements, commercials, posters, an 800 hotline and presentations to community groups and corporations. The program has recently produced two television commercials, one with California's first lady and the other, in Spanish, with a well known actor. Finally, information on the program must be posted in facilities and included in long term care admission agreements.

State policy in recent years has stressed the establishment of good relationships with facility owners and managers, in contrast to the confrontational pattern which allegedly existed in the early years of the program. Providers frequently ask ombudsmen to help resolve problems and disputes. Ombudsmen also offer training to providers on aging issues and community resources.

Support from the State Unit on Aging (SUA) strengthens the California program. It provides the ombudsman program with administrative assistance, legal representation and it supports strong enabling legislation. The SUA has also forged close links with the licensing and enforcement staff in the Department of Social and Health Services. The ombudsman program also has good working relationships with several other key State agencies such as adult protective services and licensure.

Contact Person: Sterling Boyer
California State Ombudsman
1600 K Street
Sacramento, CA 95814
(916) 323-6681

DISTRICT OF COLUMBIA

Key Features:

- *Frequent visitation*
- *Comprehensive enabling legislation*
- *Extensive legal support*
- *Strong volunteer component*

Program Structure

The District of Columbia's Long Term Care Ombudsman program was established in 1975 as part of the Office on Aging. In 1985 day-to-day responsibility was transferred to the Legal Counsel for the Elderly (LCE), a legal support component of the American Association of Retired Persons (AARP). This change enhances legal support services and avoids a conflict of interest since the District owns three nursing homes. Although the LCE is the designated ombudsman office, it contracts with three local social service agencies to provide "local" ombudsman services throughout the city. These agencies are members of the senior service network of the Office of Aging.

The total funding for the District's program is \$257,000, from a combination of Federal, District and AARP funds. Additionally, AARP provides a significant amount of additional in-kind and other support.

The District's ombudsman and the three ombudsmen who head the local contract programs are all lawyers. They represent approximately 5,000 residents in 287 licensed long term care facilities.

Outstanding Features

Frequent visitation is a key feature of this program. The three local ombudsman projects have performance standards in their contracts requiring each nursing home with over 150 beds to be visited weekly, while smaller ones should be visited bi-weekly. Typically the visits are even more frequent.

The District's enabling legislation is comprehensive. It allows the LCE to sue nursing homes or board and care facilities for violations of "residents rights" and bring lawsuits on behalf of incompetent residents. It also includes a protective transfer provision which gives residents the right to be notified and to have a hearing before being transferred within a facility or to another institution. Recently, when about 100 residents of a nursing home were being transferred due to an asbestos problem, the LCE threatened to sue over the way they were being transferred. The facility subsequently entered into an agreement which ensured that the residents' rights under the transfer law would be upheld.

District ombudsmen also have statutory authority to initiate receivership for facilities that are operating in a "sub-standard" manner. In 1989 the LCE was involved in three receivership cases. It intervened on behalf of the residents of one nursing home where mentally ill, indigent and frail patients were denied their \$55 monthly personal needs allowance. In addition, the District law gives the ombudsman subpoena authority to access records without a patient's consent.

As the District's program is operated by the LCE, it has immediate access to a staff of full-time, part-time and volunteer lawyers. According to one official, there are no political or bureaucratic barriers that other ombudsman programs might face where legal advice and assistance must be obtained through another State agency, such as the Attorney General's office. He credits the extent of legal resources available for allowing the ombudsman to sue to get the District to issue a nurse's aide training regulation and licensing regulations for nursing homes and board and care facilities.

Volunteers are recruited through the AARP which has 40,000 members in the District. One local official indicates that the District ombudsman has been very successful in "tapping into the AARP bank...AARP has had lots of experience managing volunteers..."

Volunteers are also recruited by word-of-mouth from other volunteers. According to an ombudsman official, volunteers recruited this way tend to work out better because they are more realistic about the job.

The District program has about 60 volunteers, not including lawyers. Volunteers visit facilities, receive complaints and sample food; they are not allowed, however, to conduct complaint investigations. To retain them, LCE has an annual volunteer "recognition" ceremony. Also, each contractor holds monthly volunteer meetings.

A policy manual developed by LCE requires that each staff member, including volunteers, receive training. The training is conducted by the three contractors on an ongoing basis. A large training session for any new large pool of volunteers, however, is conducted by the District ombudsman. In a recent report, the District ombudsman noted that "...training was provided to 50 ombudsman volunteers to enhance advocacy skills and support their activities in the nursing homes."

Contact Person: Anne Hart
District of Columbia State Ombudsman
Legal Council for the Elderly
1909 K Street, NW
Washington, DC 20049
(202) 833-6720

MASSACHUSETTS

Key Features:

- *Adequate funding*
- *Excellent communication and coordination*
- *Close relationship with the State Unit on Aging*
- *Good enabling legislation*
- *Strong volunteer program*
- *Extensive publicity*

Program Structure

The Massachusetts program began in 1973 as one of the first six pilot ombudsman programs in the country. It is responsible for the 732 long term care facility subject to licensure by the Department of Public Health, which includes nursing and rest homes. The Office of the State Ombudsman reports to the Executive Office of Elder Affairs (MA State Unit on Aging), a cabinet-level agency that reports directly to the Governor. The program consists of 236 volunteers and 94 paid staff members and has a budget of \$1.8 million, most of which comes from Title III.

Outstanding Features

Respondents frequently mention adequate funding as the main reason for their program's success. Compared to other States, their budget is enormous. Although they feel they could always use more money, they can afford to hire an adequate number of paid staff, thus giving the program statewide coverage and a regular presence in facilities.

Ombudsmen also cite excellent communication and coordination on all levels as contributing to success. Massachusetts has many mechanisms in place to assure that this occurs. For instance, the 27 local program directors attend monthly meetings to discuss their work, problems they have encountered, solutions and general aging issues. They also share a procedures manual which contains administrative procedures and outlines policies for staff supervision of volunteers. One respondent claims that this manual "keeps the group one cohesive team." Finally, the Office of the State ombudsman contributes substantially to program coordination through annual program assessments of how program directors are communicating with other agencies and how formal referrals are handled. These assessments also encourage yearly recruitment and training goals. Local ombudsmen feel they can always call the Office of the Ombudsman for information, advice or emotional support.

The close relationship and daily communication between the ombudsman program and the State Unit on Aging (SUA) support the program's success. The SUA considers the ombudsman program an integral part of its operation and supports the program's work in many ways. The SUA is committed to increasing funding for the ombudsman program; works with it on public policy issues; and offers it technical assistance. Ombudsman staff feel that their advocacy work

is strengthened by the SUA. One respondent states, "I can't imagine another State agency that would provide us with the platform to do the advocacy we do. We have nothing to do with licensing and certification agencies so we can take a stand against other agencies. No one has told me to curtail my advocacy efforts." The ombudsman has access to policy and regulatory development meetings because the SUA is a cabinet level agency. As an example of the close relationship between the ombudsman program and SUA the ombudsman was instrumental in getting legislation passed that required training for nurse's aides.

Their enabling legislation has been a great benefit to ombudsmen. It gives them immunity: if an ombudsman is acting in good faith, he or she cannot be sued. By law, the ombudsmen have 24-hour access to all facilities. While they have access to resident records without consent, this has never been practiced; ombudsmen feel it is appropriate to look at these records only with the agreement of the resident.

Massachusetts has developed an excellent volunteer program. Recruitment is done at the State and local levels by paid staff, other volunteers and through AARP mailings. The application for volunteers clearly outlines program policies and the program's expectations of volunteers. After recruitment, the new volunteers attend a comprehensive five-day State certification training and each are then assigned to a specific facility. Massachusetts has been able to retain many volunteers for more than 10 years because they believe treating volunteers the same as paid staff and respecting their opinions is the key to retaining them. The paid ombudsman staff encourages volunteers to come up with solutions to complaints in facilities.

The ombudsman program in Massachusetts is well publicized, using a combination of print, television, and radio media to recruit staff and educate residents and the community-at-large. Program directors conduct inservice training at local facilities and often speak about long term care issues at public gatherings. The program also recruits well-known people, including the Governor, to do public service announcements.

Contact Person: Shelia Martin
Supervisor State Operations
Executive Office of Elder Affairs
38 Chauncy Street
Boston, MA 02111
(617) 727-7750

MICHIGAN

Key Features:

- *Intense commitment to reform, advocacy, and quality of care*
- *Supportive political environment*
- *Excellent communication and program cohesiveness*
- *Effective complaint resolution*
- *Comprehensive education of residents and their families*
- *Innovative fund raising*
- *Good volunteer program*

Program Structure

The Michigan program has a contract with a United Way agency called Citizens for Better Care (CBC) to provide the activities of the State Ombudsman Office and 12 of the 14 local offices. The remaining two local offices work closely with the CBC. Michigan has a total of 22 full time equivalents and 70 volunteers to cover 400 nursing homes and 4300 board and care homes. These long term care facilities house a total of 85,000 beds.

The budget for Fiscal Year 1990 was \$805,000, a combination of Federal, State, local and United Way funds. Because United Way money is included, the ombudsmen are empowered to serve all residents in long term care facilities, not just the elderly.

Outstanding Features

Respondents highlight the program's intense commitment to reform, advocacy and quality of care. This mission of the program is recognized on all levels, both inside and outside the agency. Although years ago CBC representatives were considered "mavericks", today they are accepted and trusted as authorities on aging issues. One respondent reflects this change when she says, "Statewide there is no ombudsman you can't trust with a referral. Their bottom line is the client, and if that makes them unpopular, tough." Another agrees, "I haven't heard of a more proactive program than Michigan."

Ombudsmen feel that the supportive political environment also contributes to the program's success. The ombudsman office has a strong relationship with the State Unit on Aging (SUA), which has appointed a special liaison to facilitate communication with the program and provide technical assistance. Both sides agree that this open communication is essential.

Cohesiveness is another major strength. Respondents feel there is a sense of family, with one respondent describing the program as "twenty-two people acting as one." Another says there is a "spirit of trust and shared mission." This cohesiveness is a result of excellent communication and a shared philosophy of empowering the client. Ombudsmen are very focused in their

purpose: they serve the client as best as they possibly can. The client is consulted before any action is taken on a complaint and has the final word on how his or her case should proceed.

The State and local programs maintain excellent communication through newsletters, weekly mailings and constant contact. Information is shared systematically and everyone is included. This networking expands beyond the State: the Michigan State Ombudsman is very willing to share her expertise with other States: she plans to host a newly appointed ombudsman from another State in her home for a week so she can explain how Michigan's program operates.

The Michigan program has been effective in complaint resolution: its percentage of complaints resolved is relatively high (close to 80 percent). The program also enjoys a high level of client satisfaction. As soon as a complaint comes into the office, the ombudsman is very responsive and begins planning a course of action with the client.

The comprehensive education of residents and their families is another strength. Ombudsmen call this "family support." They speak to residents and their families in understandable terms about long term care issues to help them become sophisticated users of information needed to make life decisions. The CBC also sponsors workshops and conferences concerning such topics as health care issues, restraints, financing and Medicaid estate planning. The CBC also works closely with resident councils and hospital discharge planners.

The CBC feels that it exhibits best practices in fund raising by packaging its greatest strength: its knowledge about aging issues. As a United Way agency, CBC can charge hospitals, nursing homes, and other organizations for inservice training, mileage, and materials such as brochures. The CBC has an assistant secretary director as a full-time fund raiser who raises money through the sale of raffle tickets, sponsors "Bowling Bowls", and receives donations from direct mailings to foundations and CBC members.

Michigan's volunteers also contribute heavily to the program's effectiveness. Ombudsmen recruit by defining the job as difficult from the beginning. They promise the volunteers staff support, supervision, and backup and supply a comprehensive reference manual and good training materials. Michigan retains its volunteers by recognition in award ceremonies, conferences, holiday parties, and a monthly newsletter just for volunteers.

Contact Person: Hollis Turnham
Michigan State Ombudsman
Citizens for Better Care
1627 East Kalamazoo
Lansing, MI 48912-2701
(517) 482-1297

NEW JERSEY

Key Features:

- *Independent administrative location*
- *Powerful legislation*
- *Adequate funding*
- *Law enforcement, health care, and legal backgrounds of staff*

Program Structure

The New Jersey program is one of the few located in an independent State agency, the Office of the Ombudsman for the Institutionalized Elderly (OIE) and has a strong enforcement focus. It is entirely State funded, with a fluctuating annual budget of approximately \$1.1 million.

Most of OIE's 26 paid full-time staff members are professionals trained in the areas of law enforcement and health care, all located in the State office in Trenton. The office is comprised of a Public Affairs Unit, a Legal Department, an Investigations Department and an Administrative Unit. These components work together to fulfill the program's responsibilities of receiving, investigating, and resolving complaints on behalf of all institutionalized long term care patients, residents, and clients aged 60 or over. They also monitor the activities of State agencies relating to the institutionalized care of the elderly. New Jersey has approximately 700 long term care facilities, consisting of about 40,000 beds. These facilities include nursing homes, homes for the aged, residential health care facilities, rehabilitation hospitals, State veterans homes, class "C" boarding homes, State and county psychiatric hospitals, and regional developmental centers.

Outstanding Features

New Jersey's program is uncommon in many ways. The OIE's independent administrative location, powerful legislation, funding and strong enforcement philosophy have set it apart from the traditional model of an ombudsman program.

Although located in New Jersey's Department of Community Affairs for logistical purposes, OIE is independent by statute and exempt from control or supervision by any executive department of State government. The Governor appoints the Office of Ombudsman's chief executive and the OIE reports directly to the Governor and Legislature. Representatives from the ombudsman's office feel their autonomy allows them to act quickly and effectively. In fact, the office usually responds within 24 hours of receiving a complaint and even within minutes in some abuse cases. Many consider this a key to New Jersey's success. The OIE benefits from its location in other ways: it maintains a high profile and a certain amount of clout because of its close association with the Governor and State Legislature.

New Jersey's strong enabling legislation gives the ombudsman broad powers. The ombudsman has 24-hour access to any facility without prior notice. If he or she is denied access, the facility is stiffly fined. Also, the ombudsman has the ability to grant confidentiality and immunity to all

complainants and to issue subpoenas for documents or for individuals to testify on matters regarding a complaint, both of which are considered essential to a program that relies so heavily on investigation.

The OIE enjoys the benefit of relatively adequate funding and staffing. With a current annual budget of \$1.1 million, OIE is one of the best funded programs in the country. Yet, New Jersey does not use any federal funds: it relies only on State money. Since New Jersey has no local programs, all funds are expended at the State level in the Trenton office.

The OIE hires professionals with law enforcement, health care, or legal backgrounds because New Jersey, more than any other State, stresses enforcement. The OIE has performed "nighttime raids" with video cameras as part of its enforcement activities. In-house attorneys and a State ombudsman with a law degree are program strengths. The legal department is consulted regarding serious complaints, such as abuse, and those complaints with legal ramifications. The department also monitors judicial decisions, statutes, rules and regulations which involve the long term care industry, and works with the State Legislature to create new laws.

Contact Person: Harold George
New Jersey State Ombudsman
28 West State Street
Room 305 CN 808
Trenton, NJ 08625-0807
(609) 984-1811

OHIO

Key Features:

- *Adequate funding*
- *Comprehensive volunteer training*
- *Strong influence on State legislation*
- *Effective enabling legislation*
- *Available legal support*

Program Structure

The Office of the Long Term Care Ombudsman in Ohio is housed within the Ohio State Unit on Aging (SUA). The State ombudsman reports directly to the Director of the SUA, who in turn is a cabinet-level officer reporting directly to the Governor's office. There are 12 local ombudsman programs in Ohio: 7 are under the auspices of the Area Agency on Aging, while the remaining 5 are contracted out by the Area Agency on Aging.

The ombudsman program has legislative authority over nursing homes and home health care, and will soon be responsible for board and care homes. Ohio has 1,100 licensed nursing homes with 93,000 beds and 70 licensed board and care homes with 600 beds. New legislation soon to become effective will give the ombudsman authority to inspect and visit board and care homes in the same way as it currently does nursing homes. As of now, visits to board and care homes are limited to investigating complaints or at the invitation of the home owner. The ombudsman program is also involved in home health care through the investigation of complaints of any community-based long term care service.

The Ohio program has an annual budget of \$1.8 million from Federal, State and private sources, which allows for 50 full-time professional staff and over 200 volunteers at the local level.

Outstanding Features

Respondents cite adequate funding as one significant attribute. To enhance this funding Ohio imposes a three-dollar bed tax on facilities that goes to the ombudsman program and allows for a large well trained staff and volunteer group.

Volunteer training guidelines, set down in legislation, employ a tier approach, with training hours linked to areas of responsibility and continuing education requirements. For example, 10 hours of initial training and 6 hours of additional training per year are needed for a volunteer to perform outreach; 100 hours of initial training are needed for a volunteer to handle complex complaints and require 12 hours of additional training each year. These levels of training build a career ladder for the volunteers so that they will be more inclined to stay in the program.

The Ohio program is particularly effective because of the influential role the ombudsman plays in formulating State legislation on long term care issues. The ombudsman participates in making

policy on many interagency issues, such as the requirement for intermediate sanctions under the Omnibus Budget Reconciliation Act. People involved in State long term care issues feel that with the ombudsman's participation in the policy process, the impact of regulations on residents will be considered. They consider the ombudsman a tremendous resource in formulating policy and view their relationship with the ombudsman as a cooperative interaction. The ombudsman can also help articulate what needs to happen to State policy to protect patient's needs and rights. Further, because of the ombudsman's efforts in this area, the program is seen as starting to develop its own agenda, above and beyond its role as an advocate for the elderly.

Ohio benefits from recently amended enabling legislation. It provides for a detailed training program for staff and volunteers; protects the program by providing immunity beyond the provisions in the OAA; gives the ombudsman the right for injunctive relief to protect resident's rights; insures access to records; and clearly delineates the authority of the office. Ombudsmen are satisfied with the legislation and do not anticipate revisions in the foreseeable future.

Additional strengths of the Ohio program include: strong legal representation from the Attorney General's Office and private legal services; the presence of attorneys on the ombudsman's staff; and excellent support from, and access to, the SUA. The SUA advocates for the program at the State level, disseminates information about the program and provides administrative support.

Other reasons for success cited include the relative independence of the program, community support for the program, and a perception amongst nursing home providers and residents of the program's past effectiveness in resolving complaints, which makes them more likely to respond to the ombudsman's actions.

Contact Person: Roland Hornbostel
Ohio State Ombudsman
Dept. of Aging
50 West Broad Street, 8th Floor
Columbus, OH 43266-0501
(614) 466-9927