



MLTCOP

**MICHIGAN LONG TERM CARE
OMBUDSMAN PROGRAM**



Fiscal Year 2018

(Oct 1, 2017 – Sept 30, 2018)

Annual Report

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History and Legal Basis

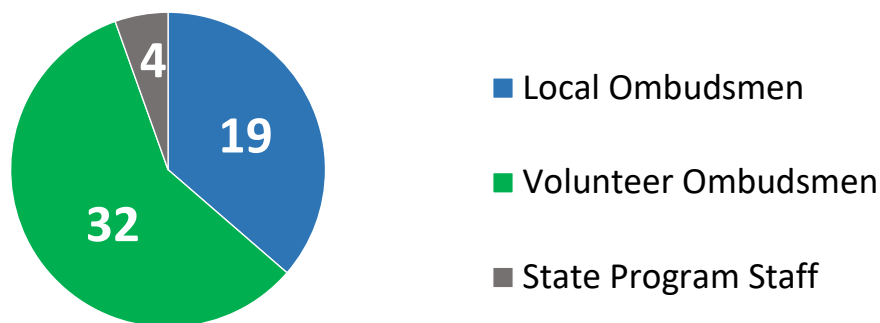
The federal Older American’s Act requires a Long Term Care Ombudsman Program (Program) to operate in each state (including the District of Columbia, Guam, and Puerto Rico) and each state to identify the State Unit on Aging. The Aging & Adult Services Agency (AASA) is Michigan's designated state unit on aging, formed under the Older Michiganians Act of 1981. AASA is responsible to ensure the Michigan Long Term Care Ombudsman Program meets federal compliance on an annual basis.

Program Structure

In Michigan, AASA contracts with the Michigan Advocacy Program (MAP) to house the State Long Term Care Ombudsman Program. The office is located within the Michigan Elder Justice Initiative (MEJI) in Lansing and is comprised of the State Long Term Care Ombudsman, two Assistant State Long Term Care Ombudsmen, and Legal Counsel.

The Older Michiganians Act of 1981[MCL 400.586(aa)] requires local ombudsman services to be funded through area agencies on aging (AAAs). Representatives of the Office (local ombudsmen) are housed in 9 AAAs with another 5 AAAs that subcontract with legal aid organizations to provide ombudsman services. These organizations serve as host agencies for the ombudsman program.

State and Local Program Staff



Program Purpose

The Michigan Long Term Care Ombudsman Program strives to improve the quality of care and quality of life for residents of **nursing homes, homes for the aged (HFA), and adult foster care homes (AFC)**. To accomplish this mission, the Program:

- Receives and attempts to resolve complaints made by, or on behalf of, residents in long term care facilities.
- Provides information to the public about issues facing long term care residents
- Works with long term care providers to resolve issues of common concern
- Provides education and consultation to residents, family members and the general community on a variety of long term care topics including resident rights, abuse prevention and ombudsman services
- Collects and reports data regarding the number of complaints handled as well as other program activities
- Facilitates community education on preventing abuse, neglect and financial exploitation of vulnerable adults
- Provides information to public agencies, legislators, and others on problems impacting the rights of residents, and makes recommendations for the resolution of issues identified
- Advocates at the state and federal level to ensure rules and regulations support residents' rights and quality of life

Local Ombudsmen

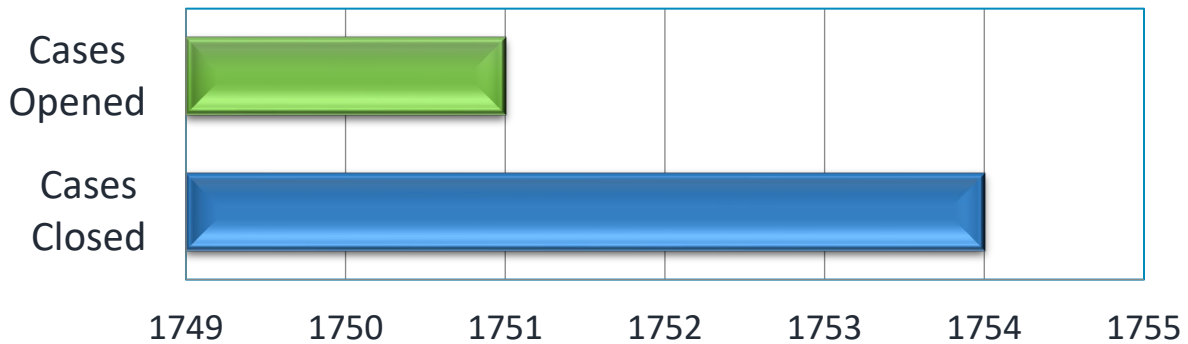
The Program has **19** local ombudsmen located throughout the state. Ombudsmen make frequent visits to facilities and work directly with residents to resolve their problems. Residents direct the work of the ombudsman and must give consent for the ombudsman to take any action on behalf of the resident. Ombudsmen collaborate with local service agencies to assist residents with issues like transitioning back to the community and legal representation.

Ombudsmen are advocates who empower and support residents by

- **Protecting** resident's rights
- **Promoting** dignity and choice
- **Meeting** privately with residents
- **Assisting** residents to identify and resolve concerns
- **Helping** residents to file complaints and appeals
- **Connecting** residents to legal and community resources
- **Clarifying** policies, rules and regulations
- **Providing** education on long term care
- **Encouraging** innovation and quality

Ombudsmen use the knowledge they gain during their complaint investigations, routine facility visits, and consultations with residents, family members and providers to help guide the Program's systemic advocacy at the state and national levels. This ensures proposed rules and regulations protect residents' rights and improve their quality of life in long term care settings. Ombudsmen also serve on numerous workgroups, committees and task forces related to long term care. They bring the resident's voice to the table.

Cases for FY18



In FY18, the Michigan Long Term Care Ombudsman Program opened 1,751 cases and closed 1,754 cases. Within the 1,754 closed cases, 3,693 individual complaints were investigated. Of these complaints, 92.4% originated in Nursing Homes and 7.6% originated in other long term care settings.

Most complaints are made by individuals receiving services or their friends or relatives. However, many providers contact the local ombudsman because they recognize the need for an independent advocate to make sure residents' concerns are heard and addressed. No matter who makes the complaint, the ombudsman tries to resolve the complaint to the satisfaction of the resident.

Complainants for FY18	Nursing Home	Adult Foster Care/ Home for the Aged	Other Settings	% of Total
Resident	631	25	5	38%
Relative/Friend of resident	424	63	4	28%
Non-relative Guardian or legal representative	18	2	0	1%
Ombudsman	138	7	1	8%
Facility staff	185	4	0	11%
Other Medical: physician/staff	18	3	0	1%
Representative from a Health or Social Service agency or program	65	6	1	4%
Unknown/Anonymous	127	6	3	8%
Other: Banker, Clergy, Law Enforcement, Public Officials	18	0	0	1%
Total	1624	116	14	

Categorical Breakdown of Facility Complaints Received by Ombudsman Program in FY18

Category	Type of Complaint	Number of Complaints	Total by Category
Resident Rights	Abuse, neglect and exploitation	82	1318
	Access to information by resident or resident representative	87	
	Admission, transfer, discharge, eviction	509	
	Autonomy, choice, preference, exercise of rights, privacy	489	
	Financial, property	151	
Resident Care	Care	881	1118
	Rehabilitation or Maintenance of Function	225	
	Restraints (physical or chemical)	12	
Quality of Life	Activities and Social Services	104	472
	Dietary	204	
	Environment	164	
Administration	Policies, Procedures, Attitudes, Resources	53	194
	Staffing	141	
Not Against Facility	Certification/Licensing Agency	12	569
	State Medicaid Agency	70	
	Systems/Other (including legal issues and less restrictive placement)	487	

Total Complaints for Long Term Care Facilities 3671

There were an additional 22 complaints received by the Program regarding services in settings other than long term care facilities like home care, hospitals, hospice, MI Choice Home and Community Based Services Waiver, and the Program For All-Inclusive Care for the Elderly (PACE).

Top Ten Complaints for FY18

Complaint Description	Complaints	% of Total
Discharge/Eviction – planning, notice, procedure, implementation, including abandonment	411	11%
Dignity, respect – staff attitudes	205	6%
Care - Failure to respond to requests for assistance	197	5%
Request for less restrictive placement	190	5%
Guardianship, conservatorship, power of attorney, wills	163	4%
Medications – administration, organization	138	4%
Personal hygiene (includes nail care and oral hygiene) and adequacy of dressing and grooming	121	3%
Exercise preference/choice and/or civil/religious rights, individuals’ right to smoke	99	3%
Care plan/resident assessment – inadequate, failure to follow plan or physician orders	97	3%
Therapies – physical, occupational, speech	95	3%

The top ten complaint topics have not varied considerably over the past 10 years. This tells us there is a need to continue our systemic advocacy on these issues that continue to negatively impact residents’ lives.

Complaint Resolution

Ombudsmen must verify the complaint by determining after conducting interviews, inspecting records, and making observations that the circumstances described in the complaint are generally accurate. In FY18, ombudsmen were able to verify over **88%** (3255) of the complaints received by the Program. Ombudsmen continue to investigate a complaint even if it cannot be verified.

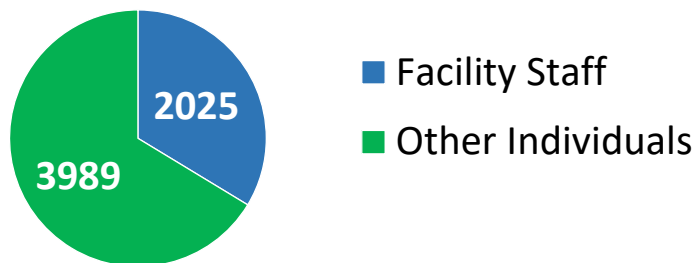
When closing a complaint, the ombudsman must determine the disposition of the complaint based on feedback from the resident or complainant.

Disposition Description	Complaints	% of Total
Government policy or regulatory changes or legislative action is required to resolve	1	Less than 1%
Not resolved to the satisfaction of the resident or complainant	276	7%
Withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	118	3%
Referred to another agency for resolution and		
1. Report of final disposition was not obtained	325	9%
2. Other agency failed to act on complaint	7	Less than 1%
3. Agency did not substantiate complaint	16	Less than 1%
No action was needed or appropriate	243	7%
Partially resolved but some problem remained	815	22%
Resolved to the satisfaction of the resident or complainant	1892	51%

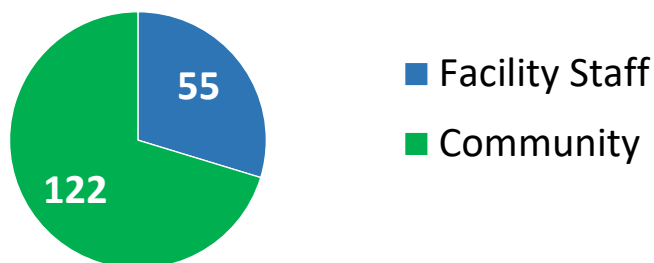
Other Program Activities

The Program provided consultation and training to residents, families, long term care facility staff, and the general public on a variety of long term care topics including regulatory requirements, resident rights, abuse prevention, and ombudsman services, all to promote quality of care and quality of life for residents. A significant amount of ombudsmen time is spent responding to questions and offering consultation and education. We are more than complaint resolvers!

Consultations

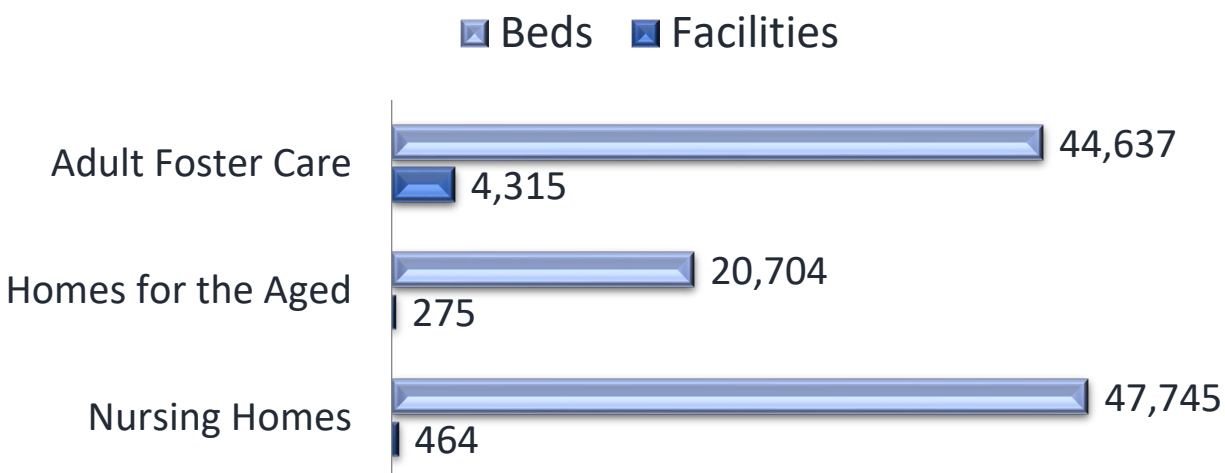


Trainings



Facilities in Michigan

The Program is responsible to provide advocacy services to those in licensed long term care settings. Michigan has 19 local ombudsman equaling 16.5 full-time equivalents (FTEs). The ratio of local ombudsmen-to-licensed beds in Michigan is **1:6,853**. The Institute of Medicine recommends that the ombudsman-to-bed ratio be at least one full-time paid ombudsman (FTE) for every 2,000 beds.



Facility Visits

Ombudsmen spend most of their days in nursing homes, adult foster care homes or homes for the aged, visiting with residents and following up on complaints, consulting with staff, and providing education. Ombudsmen become familiar with the facility characteristics and operations which is valuable information for those seeking placement and in resolving resident concerns.

Ombudsmen conduct routine visits to facilities and visit with at least 10% of the resident population to introduce them to the program, discuss any concerns they may have, and inform them of their rights. In FY18, Ombudsmen visited **155** facilities at least quarterly to conduct a routine visit. Ombudsmen made an additional **1,286** facility visits to investigate complaints, participate in resident and family council meetings, provide education to staff, and participate in nursing home surveys. In FY18, Ombudsmen participated in **614** nursing home surveys.

Resident & Family Councils in Nursing Homes

Resident and family councils provide residents and family members the opportunity as a group to work closely with the nursing home staff in order to voice concerns and offer suggestions. In FY18, local ombudsmen attended a total of **416** resident & family council meetings. Ombudsmen help nursing homes establish resident and family councils as well as give presentations on resident rights, ombudsman services, and other topics related to long term care. The Program hosts a statewide Family Council call twice a year to support families and foster open communication between communities on long term care topics and common concerns.

Volunteer Power!

The Program relies on volunteer ombudsmen to visit with long term care residents, discuss their concerns with them, and advocate for their rights. Each volunteer hour has an estimated value of \$24. Last year, Program volunteers provided over 8,562 hours of service valued at over \$205, 480.

The most valuable aspect of our ombudsmen volunteers is what they bring to residents each time they enter the facility. Often the ombudsmen volunteer may be the resident's only visitor or the person the resident trusts to listen to the resident's concerns. Volunteers help residents adjust to the new setting, answer questions, and often become that needed friendly visitor.

Many volunteer ombudsmen have been with the program for years and found this calling in retirement. Others joined our program through college internship opportunities and often stay with the program after graduation.

All volunteers receive ombudsmen volunteer training and mentoring with a local ombudsman. Ombudsmen agree that what they give, they get back ten-fold.

If this sounds interesting to you, consider donating a small portion of your time. Please call us at (517) 827-8040 or email MLTCOP@meji.org for more information.

Advocacy in Action

In FY18, the Program was involved in a number of advocacy activities.

- Protecting resident rights in the rewriting of the Michigan Nursing Facility Administrative Rules by serving on several workgroups and participating in stakeholder meetings
- Responding to involuntary discharge notices to offer assistance to residents and protecting a large number of residents from inappropriate facility-initiated discharges
- Commenting on proposed state and federal legislation impacting long term care residents
- Fighting the roll-back of federal nursing home regulations which would have negatively impacted residents' rights and needed protections
- Advocating and collaborating with the Medical Services Administration for clarification on the Medicaid Level of Care Determination tool including the exception and appeals processes
- Educating providers and the community on the new federal Nursing Facility regulations including notification to the ombudsman program of facility-initiated transfers and discharges
- Co-Chairing the Nursing Facility Closure Work Group with various state agency representatives to review processes to protect residents' rights and promote resident choice during relocation
- Chairing the Michigan Olmstead Coalition
- Collaborating with the Michigan Department of Licensing and Regulatory Affairs to update the state's involuntary discharge process to incorporate the new federal requirements for facility-initiated discharges

Highlights from FY18

Collaboration with the Crime Victims Legal Assistance Project for Elder Justice (CVLAP-Elder Justice) Program

The CVLAP-Elder Justice program provides free legal help to adults in Michigan age 55 and over who have suffered physical, emotional, or sexual abuse, neglect, or financial exploitation. Local ombudsmen refer cases involving involuntary discharge, level of care determination appeals and guardianship issues, with consent from the resident, to the CVLAP – Elder Justice Program. This collaboration has resulted in direct access to legal assistance and representation for appeals on very challenging issues.

Quality Improvement Program Launched

Long Term Care Ombudsman Programs are required under the federal regulations to operate a Quality Improvement Program. The Program launched its new QI program in August, 2018. Representatives from AAAs, AASA and local and state ombudsmen attended a full-day training focusing on the federal regulations and requirements of the long term care ombudsman program. In an effort to evaluate the Program, local ombudsmen provided feedback on many aspects of the Program including their specific needs. In FY19, the QI program will conduct on-site visits with all host agencies to review conflicts of interest, confidentiality requirements, and other program aspects with local ombudsmen and host agency staff. Standardized reporting to host agencies will also be developed in FY19.

Abuse Prevention Task Force

The Program identified a pattern of resident abuse in one chain of nursing homes and approached the corporate staff with ideas to address the issue. The state ombudsman staff provided abuse prevention training to all staff of 5 local nursing homes. Following the trainings, a task force was developed and facilitated by the Assistant State LTC Ombudsman. The task force meets monthly to identifying ways to reduce abuse through culture change approaches with a focus on resident-directed care.

A Message from the State Ombudsman

The Michigan Long Term Care Ombudsman Program transitioned to the Michigan Elder Justice Initiative in October 2016. I was honored to become the State Long Term Care Ombudsman in November 2016. Much of 2017 and 2018 were spent supporting local ombudsmen and learning the “ins and outs” of the Program.

The Program focused on nursing home facility-initiated discharges by establishing a notification process with the Michigan Department of Licensing and Regulatory Affairs. When a notice is issued to a nursing home resident, the state and nursing home notifies the Program which in turn notifies the local ombudsman. The local ombudsman is required to investigate the facility-initiated discharge and open a complaint. This quick notification ensures each resident has timely access to ombudsman support and services, if desired by the resident. The Program processed **379** discharge notices in FY18.

The Program updated a number of materials including posters, brochures, resident rights materials, fact sheets, and the Advance Directives booklet. The Program celebrated Residents’ Rights Month in October by providing door hangers to remind staff and visitors to respect the resident’s right to privacy by knocking before entering. The program also reproduced “The Ups and Downs of Living in a Nursing Home: My Experiences and Observations” written by a local nursing home resident.

In FY19, the program will continue to focus on:

- Involuntary discharges without proper notice
- Failure to readmit a resident from the hospital
- Guardianship
- Abuse Prevention
- Resident Rights
- Michigan Medicaid Level of Care Determination

I am grateful for our local ombudsmen and volunteers who give so much of themselves to support, provide a voice to, and advocate for residents of long term care facilities. Every day they make a difference in someone’s life and that is priceless!