ANALYSIS OF THE LONG TERM CARE OMBUDSMAN PROGRAM

Program Analysis and Opportunities for Advocacy in Michigan

Area Agency on Aging 1-B

Advisory Council Ad Hoc Study Report

October 2023

Area Agency on Aging 1-B

Answers you can trust

Introduction and Committee Purpose

The Area Agency on Aging 1-B (AAA 1-B) was established in 1974 under a federal mandate of the Older Americans Act (OAA) and the state Older Michiganians Act to serve the needs of approximately 720,000 older adults who reside in the southeast Michigan counties of Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw. The AAA 1-B Advisory Council identifies needs and concerns of Region 1-B residents and identifies actions to address unmet needs. Each summer, the AAA 1-B Advisory Council establishes an ad hoc study committee to explore an issue of concern to older adults living in the region. In 2023, the Advisory Council chose to analyze Michigan's Long Term Care Ombudsman Program and conduct comparisons to other programs, identify unmet needs and opportunities to increase access to services, assess the state funding formula and service standard for the program, identify opportunities for improvement, and develop advocacy materials to support the expansion of the program.

The Long Term Care Ombudsmen are a neutral third party who work with residents of licensed long-term care facilities with the goal of improving care and quality for residents and advocating for the resident's wishes. The Long Term Care Ombudsman Program was established in 1972 in five states, including Michigan, and expanded nationwide through the Older Americans Act in 1978.[1] While Michigan was one of the first states to implement this program, there are currently only 20 designated paid ombudsmen, 3 of which are less than full-time, in Michigan who are responsible for serving all long-term care (LTC) facility residents.

The Committee assessed the health of the Long Term Care Ombudsman Program by using available data from the National Ombudsman Reporting System (NORS), conducting a review of relevant literature, holding discussions with Region 1-B Ombudsmen, and reviewing the information provided by the State Long Term Care Ombudsman. The Committee used this information to examine potential solutions to improve the quality of the program and produced advocacy materials targeted to other advocates interested in supporting the Ombudsman Program.

[1] Long-Term Care Ombudsman Program Milestones https://ltcombudsman.org/uploads/files/about/ltcop-milestones-to-2016.pdf

Acknowledgments

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Findings on the Long Term Care Ombudsman Program

Background

There are currently 53 State Long Term Care Ombudsman Programs including programs in Guam, Puerto Rico, and Washington D.C.[2] Ombudsmen are tasked with advocating on behalf of residents of licensed long-term care facilities which in Michigan includes Nursing Homes (NH), Homes for the Aged (HFA), and Adult Foster Care (AFC) homes. Ombudsmen promote a high quality of care and quality of life, explain resident rights to residents and families, empower residents to communicate concerns, assist residents in resolving their concerns, provide education on long-term care issues, promote the use of best practices, advocate for residents and their families, and inform systemic change through state and federal advocacy. There are both local and state Ombudsmen that staff the program in each state. Local Ombudsmen:

- Identify, investigate and resolve complaints made by residents of long-term care facilities and their families
- Educate consumers and long-term care providers about resident's rights and good care practices
- Ensure residents have regular and timely access to the Long Term Care Ombudsman
- Promote community involvement by offering volunteer opportunities
- Provide information to residents and the public on long-term care facilities and services, resident's rights, and legislative and policy issues
- Advocate for resident's rights
- Monitor and advocate for changes to laws, regulations, and policies
- Promote the development of citizen organizations, including family councils and resident councils
- Represent residents' interests before governmental agencies
- Report data such as number of facilities visited and the types of complaints handled and resolved[3]

[2] NORC Process Evaluation - https://acl.gov/sites/default/files/programs/2020-10/LTCOPProcessEvaluationFinalReport_2.pdf

[3] The National Long Term Care Ombudsman Resource Center - https://ltcombudsman.org/about/about-ombudsman

State Long Term Care Ombudsmen are responsible for statewide program administration, oversight of local Ombudsmen and volunteers, and collaboration with each state's unit on aging.[4] Local Ombudsmen respond to complaints at the facility level and will follow up with the state if local attempts to address the issue are not successful, or if an issue is particularly complex. All concerns reported by residents and their families are kept confidential by the Ombudsmen unless they are given permission to share.

Ombudsmen draw on multiple resources to carry out the core functions of the role by assisting individuals in long-term care settings. These resources include federal, state, and local funds, staff (paid and volunteer), legal counsel, partnerships, peer-to-peer support, training and technical assistance, administrative support, data systems, and information technology. Ombudsmen are guided by legislation and federal and state regulations. The resources each individual Ombudsman Program utilizes vary based on what is available and what is needed by the community. Given the wide variation of resources, Ombudsman Programs each perform different levels of individual advocacy, outreach and education, and systems advocacy. [5]

Long-Term Care Facility Definitions

Nursing Facility – Licensed institutions certified by the state to offer 24-hour medical and skilled nursing care, rehabilitation, or health-related services to individuals.

Adult Foster Care – Licensed residential settings that provide 24-hour personal care, protection, and supervision for individuals who are developmentally disabled, mentally ill, physically handicapped, or aged who cannot live alone but who do not need continuous nursing care. Licensed for no more than 20 adults.

Home for the Aged – Licensed institution certified by the state to provide 24-hour care to person who are age 55 or older. Licensed for 21 or more persons unless part of a licensed nursing home.

The Long Term Care Ombudsman (LTCO) Program is authorized under the Older Americans Act (OAA). Every state is required to have an Ombudsman Program to address complaints and advocate for improvements in the long-term care system. Ombudsmen are required by the OAA to investigate and resolve complaints, provide information to residents and their families on issues such as residents' rights, and advocate for systemic change to improve long-term care facility resident's care and quality of life.[6] Most local Ombudsmen throughout the country are

[4] NORC Process Evaluation - https://acl.gov/sites/default/files/programs/2020-10/LTCOPProcessEvaluationFinalReport_2.pdf

[5] Process Evaluation of the Long-Term Care Ombudsman Program (LTCOP) - https://acl.gov/sites/default/files/programs/2020-10/LTCOPProcessEvaluationFinalReport_2.pdf

[6] The National Long Term Care Ombudsman Resource Center - https://ltcombudsman.org/uploads/files/about/who-what-where-ltcop_2021_w2020data.pdf

funded through Area Agencies on Aging (AAAs) and utilize federal Older Americans Act, state, and local funding to operate the program. An advantage of this structure is that AAAs may supplement the resources of local Ombudsmen with other funding sources, such as Title III-B Supportive Service funding and in-kind contributions. AAAs are also familiar with long-term services and supports and Older Americans Act services, providing Ombudsmen with linkages with aging network partners.[7]

Residents of long-term care facilities are made aware of the program through various avenues such as mandated postings at nursing homes only, referrals from residents who have used the program, in resident's admission materials, through ombudsman visits to the facility, or through the Long Term Care Ombudsman Program website.

Status of the National Long Term Care Ombudsman Program

Facilities, Beds, and Complaints

Long Term Care Ombudsman Programs nationwide vary widely in many factors such as the number of Ombudsmen and volunteers per state and per program, the ratio of Ombudsmen to beds, and the financial support provided to the program from the state. According to NORS data, as of FY21 there are 425 local Ombudsman entities staffing 1,436 full-time positions nationwide. Including State Ombudsmen, the total of Ombudsmen throughout the U.S. equals 1,760. [8]

- Nationwide, Ombudsmen in FY21 visited nursing facilities and other long-term care facilities a total of 151,094 times.
- 22% of all nursing facilities and 8% of all long-term care facilities were visited quarterly by ombudsmen.
- Only 11 of the 53 Ombudsmen Programs reported visiting at least 50% of nursing facilities quarterly and none reported visiting all nursing facilities quarterly.
- Only 3 of the 53 Ombudsmen Programs reported visiting at least 50% of other long-term care facilities quarterly and none reported visiting all long-term care facilities quarterly. [9]
- Out of the 164,299 complaints reported in FY21, the top complaints that Ombudsmen received were related to:
    - care (45,131),
    - autonomy, choice, and rights (28,443)
    - abuse, gross neglect, exploitation (19,478), and

[7] LTCOP Evaluation Study Design - https://acl.gov/sites/default/files/programs/2016-11/LTCOP_Evaluation_Study_Design_01312013.pdf

[8] NORS Table A – Selected Information: State and Region - https://ltcombudsman.org/omb_support/nors/nors-data

[9] NORS Table A – Selected Information: State and Region - https://ltcombudsman.org/omb_support/nors/nors-data

- admission, transfer, discharge, eviction (14,205).

Complaints to the Ombudsmen can come from residents, family members, facility staff, other ombudsmen, resident councils, or any concerned person. Once a complaint has been received, the Ombudsmen will visit with the resident to discuss the concern, take direction from the resident as to investigation, and move to resolution but only with the resident's consent. In FY21, most complaints were from residents (33,807) with resident's representative, family, or friend following closely behind (31,841).[10]

Nationwide in FY21, local Ombudsman Programs oversaw 75,781 facilities, 21% of which were nursing homes, and a total of 3,212,412 long-term facility beds. In FY21, there were 164,299 complaints closed and 101,824 cases closed. Although Ombudsmen handle complaints from all licensed long-term care facilities, most complaints come from nursing home facilities. Out of the 164,299 complaints closed in FY21, 70% were from a nursing facility. This discrepancy in reports from nursing homes and other licensed long-term care facilities is likely due to nursing home requirements that there be posted information about the Ombudsman Program whereas many other long-term care facilities do not have the same requirement.

The ratio of Ombudsmen staff to facility beds varies between states. The recommended minimum Ombudsmen staff to bed ratio is 1 Ombudsman per every 2,000 beds. This ratio was established by the Institute of Medicine in 1995 during an evaluation of the Ombudsman Program. This ratio was to be used as a base indicator of a programs performance to determine if additional resources were needed.[11] The average ratio across all 53 programs in FY21 was 1:2,236 although this ratio varied largely from 1:377 in D.C. to 1:5,698 in Iowa. The greater the ratio, the more complaints each Ombudsmen must triage and resolve ultimately leading to a prioritization of responsibilities with complaints taking priority and other tasks, such as educational outreach and frequent site visits, not being completed.

Volunteers

Volunteers are crucial in assisting many programs in meeting their goal of proactively visiting facilities on a regular basis and are cited by many Ombudsmen as their most valuable resource. As Ombudsmen address individual client concerns, volunteers are often tasked with routine site visits to facilities. State Ombudsmen are tasked with training volunteer Ombudsmen, but

[10] NORS Annual Roll-Up Report - https://ltcombudsman.org/omb_support/nors/nors-data

[11] National Academies of Sciences, Engineering, and Medicine. 1995. Real People Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act. https://nap.nationalacademies.org/read/9059/chapter/1

volunteers work locally. In FY21, there were 4,291 volunteers but state totals varied widely with Alabama having 0 volunteers and North Carolina having 714.[12]

Funding

The amount of federal, state, and local funding provided to the Ombudsman Program varies by state and includes OAA funds, other federal funds, state funds, local funds, and other various sources. Total expenditures for the program in FY21 equaled $126,333,301 and varied between states from the least amount in Wyoming - $324,320 – to the highest amount in California - $11,454,443. According to FY21 data, the average expenditure per bed across all programs is $49.47 with the highest per bed spend being in DC ($241.52) and the lowest spend being in Nebraska ($14.80) In FY21, 42% of the Ombudsman Program funding came from the OAA whereas 43% of funding came from state funds. These two sources are the largest contributors to the program.[13]

Resources

At a systems level, Ombudsmen are also required to 1) represent residents' interests before governmental agencies and pursue administrative, legal, and other appropriate remedies; (2) analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions relating to the adequacy of long-term care facilities and services; (3) make recommendations regarding these laws, regulations, policies, and actions; and (4) facilitate public comment on the laws, regulations, policies, and actions that pertain to residents' health, safety, welfare, and rights.

- In FY21, 70 systems issues, including abuse and neglect, dietary, care, and other facility issues, were identified in nursing facilities, 52 in other long-term care settings, and 31 that were not specific to a setting.
- 88 Ombudsmen provided information to a public or private agency
- 66 Ombudsmen provided leadership or participated on a task force
- 64 Ombudsmen developed and disseminated information
- 54 Ombudsmen provided information to legislator or legislative staff

According to the 2019 NORC Process Evaluation, State and local Ombudsmen reported insufficient resources at various levels with 77% of State Ombudsmen and 74% of local Ombudsmen reporting that they had insufficient financial resources to meet all the program's mandates.

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[12] NORS Table A – Selected Information: State and Region - https://ltcombudsman.org/omb_support/nors/nors-data

[13] NORS Annual Roll-Up Report - https://ltcombudsman.org/omb_support/nors/nors-data

- 73% of State ombudsman and 63% of local ombudsman reported not having enough paid staff to meet the demands of the program
- 85% of State ombudsman and 79% of local ombudsman reported not having enough volunteers to meet the demands of the program
- 44% of State ombudsman and 71% of local ombudsman reported not having adequate legal counsel to meet the demands of the program

The lack of available resources contributed to the inability of both State and local Ombudsmen to carry out all duties of their job. Some of the most affected activities were volunteer recruitment and retention (69%), regular board and care visits (67%) resident and family council development and support (60%), and community education activities (565).[14]

Status of Michigan's Long Term Care Ombudsman Program

Facilities and Beds

According to most recent data from July 2023, Michigan has a total of 439 nursing homes with 45,753 beds, 334 licensed Homes for the Aged (HFA) with 25,552 beds, and 3,837 licensed Adult Foster Care (AFC) homes with 32,244 beds. This is a total of 4,610 homes with 103,549 beds that ombudsmen are responsible for serving. This puts the current state-wide ratio of ombudsmen to beds at 1:5,177.

The number of facility beds has also continued to rise throughout recent years. In FY19 there was a total of 101,386 beds and in FY21 there was a total of 102,991 beds meaning that the number of facility beds in Michigan has risen by 2,163 beds in just the last 3 years. While the number of beds has increased, ombudsman funding has not, leading to an even greater number of beds each ombudsman is responsible for. According to FY21 data, Michigan has about 22 full-time equivalent local and state Ombudsmen and 11 volunteers throughout the entire state putting the ratio of ombudsmen to beds using FY21 data at 1:4,517. The ratio is continuing to rise as beds increase and funding stays the same. Both most recent ratios are far above the recommended minimum 1:2,000 ratio which means there is greater strain on each Ombudsmen to properly serve long-term care facility residents.

Complaints

Ombudsmen throughout the state prioritize urgent complaints over tasks like volunteer recruitment and routine visits to facilities. Ombudsmen in Michigan receive more complaints from nursing facility residents than from other long-term care facilities; this is likely due to

[14] Process Evaluation of the Long-Term Care Ombudsman Program (LTCOP) - https://acl.gov/sites/default/files/programs/2020-10/LTCOPProcessEvaluationFinalReport_2.pdf

greater awareness among nursing facility residents about the program. While there is an interest in increasing outreach to AFC and HFA facilities, current staff do not have the capacity to conduct this outreach and respond to the anticipated increase in complaints.

In FY21, Ombudsmen in Michigan fielded 2,613 complaints, for an average of 0.61 complaints per long-term care facility. 90% of these complaints came from nursing facilities for an average of 5 complaints per facility. Ombudsmen visited all long-term care facilities (nursing homes, AFCs, and HFAs) a total of 523 times, 90% of visits were conducted in nursing homes, and visited 255 facilities, 85% of which were nursing home facilities, more than once. Ombudsmen were able to visit 9.9% of nursing facilities quarterly and did not visit any other licensed long-term care facilities quarterly. [15] The top complaints according to FY21 data reported by Michigan Ombudsman were involuntary discharge/eviction from a facility (298), failure to respond to requests for help (221), lack of dignity/staff treatment of residents (196), medication administration/mistakes (127), and requests for less restrictive settings (126). Ombudsmen are required to respond to a complaint within 2 working days for allegations of abuse, neglect, exploitation, or serious harm and 7 working days for all other complaints. Most of the complaints received came from the resident, resident representative, family, or friend, or a facility administrator or staff.

In FY21, 90% of complaints fielded by Michigan Ombudsman came from nursing facilities

Funding

The Ombudsman Program expenditures for FY22 in Michigan totaled $2,015,953. 57% of the total program expenditures were from Older Americans Act federal funds, 41% were from the state funds, and 2% were local millage funds. With 103,549 beds in Michigan, this equates to $19.47 per bed per year. Nationally, the average expenditure per bed in FY21 was $49.47 meaning in Michigan, the same resident of a long-term care facility would be receiving about $30 less than the average older adult in another state. Only 6 states have a lower ombudsman expenditure per bed than Michigan.[16]

[15] NORS Table A – Selected Information: State and Region - https://ltcombudsman.org/omb_support/nors/nors-data

[16] NORS Table A – Selected Information: State and Region - https://ltcombudsman.org/omb_support/nors/nors-data

Out of the 16 Area Agencies in Michigan, only 3 contract out ombudsman services to other partners in the community while 13 staff the program internally. Two of the regions are covered by a nearby Area Agency on Aging.

Region	Contracted or In-House
Detroit Area Agency on Aging (1A)	In-House
Area Agency on Aging 1-B (1B)	In-House
The Senior Alliance, Inc. (1C)	In-House
WellWise Services (2)	Contracted
Area Agency on Aging IIIA (3A)	In-House
CareWell Services Southwest (3B)	In-House
Branch-St.Joseph Area Agency on Aging (3C)	In-House through Region 3A
Region IV Area Agency on Aging (4)	In-House
Valley Area Agency on Aging (5)	In-House through Region 7
Tri-County Office on Aging (6)	Contracted
Region VII Area Agency on Aging (7)	In-House
Area Agency on Aging of Western Michigan (8)	In-House
Region 9 Area Agency on Aging (9)	Contracted
Area Agency on Aging of Northwest Michigan (10)	In-House
U.P. Area Agency on Aging UPCAP Services, Inc. (11)	In-House
Senior Resources of West Michigan (14)	In-House

Training

State Ombudsmen provide training to local Ombudsmen throughout the state and collect data from each of the programs which are reported federally. Local Ombudsmen currently receive a minimum of 36 hours of training and mentoring before beginning the position and includes remote mentoring for 3-4 months once beginning in the field as an ombudsman as well as ongoing case consultation. The ombudsman training includes:

- self-study, such as assigned readings, viewing MI Long Term Care Ombudsman modules, videos, and other materials of up to 7 hours,
- classroom instruction, including interactive discussion and exercises utilizing case examples for a minimum of 16-20 hours, and
- mentoring in the field with a Designated Ombudsman for a minimum of 10 hours.

Service Standard

The Michigan service standard for the ombudsman program state that all NH, AFC, and HFA should receive quarterly visits. With the number of facilities in the state, that would mean each ombudsman would need to visit roughly 4 facilities each day of the year, which is not manageable while staff are also responsible for resolving complaints. According to the State Ombudsman, this goal is not a requirement set at the federal level and therefore can be

changed. Properly staffing the Ombudsman Program would increase the availability for Ombudsmen to visit all types of homes on a more regular basis, but quarterly visits would be difficult to accomplish.

Regional Comparisons

Ombudsman Programs nationally are grouped into 10 regions. Michigan is included in Region 5 which also includes Illinois, Indiana, Minnesota, Ohio, and Wisconsin. In Region 5, Ohio had the most complaints closed in FY21 (9,813) whereas Michigan had 2,613, slightly higher than Indiana which had the fewest (1,459). Michigan has the highest number of facilities (4,748) with Indiana having the lowest (895). Looking just at the total of local and state ombudsmen, Michigan has a total of 22 full-time equivalent staff which is just above Indiana which has the fewest staff in Region 5 (21). Ohio has the most full-time equivalent staff (89), and Illinois closely follows (80). According to FY21 data, MI has the worst ratio of staff to beds with Illinois having the best ratio (1:1,799), Ohio (1:1,817), Wisconsin (1:2,705), Minnesota (1:2,996), and Indiana (1:3,872) following.

According to these data, Michigan has the greatest number of facilities and one of the fewest numbers of staff which ultimately further taxes individual ombudsmen and the program leading ombudsmen to have less, if any, time to accomplish all the tasks the program mandates. Total expenditures across all Region 5 programs varied with Ohio having the greatest with over $8 million and Illinois closely behind with $7 million. For comparison, Michigan is second to last with $2 million in program expenditures in FY21.

Regio	Complaints Closed (All Setting	Complaints: NF	Complaints: LTC Facilites	Number of NF's	Resident Capacity: NF	Number of LTC Facilities	Resident Capacity: LTC Facilities	Local Ombudsman Entities	Total staff (State+ Local)	Total Program Expenditures
IL	7,175	5,914	1,261	736	95,644	921	49,945	17	89	$7,408,502
IN	1,459	1,118	341	527	51,716	368	31,552	17	23	$1,247,169
MI	2,613	2,357	244	454	45,944	4,294	57,047	14	25	$2,155,362
MN	5,668	2,824	2,652	359	26,364	7,426	78,523	0	35	$3,489,043
OH	9,813	7,701	1,908	974	89,559	1,728	72,238	12	96	$8,826,574
WI	3,263	1,253	1,307	360	28,164	4,186	63,811	0	34	$2,598,431

Status of Region 1-B Long Term Care Ombudsman Program

Currently in Region 1-B, there are 103 Nursing homes and 1,006 licensed assisted living facilities including 895 Adult Foster Care homes and 111 Homes for the Aged for a total of 1,109 facilities that the three Ombudsmen in Region 1-B oversee. There are 28,337 facility beds in the region putting the ratio of Ombudsmen to beds at 1:9,446.

The wait time for Ombudsmen in Region 1-B to address complaints is on average 1-2 days. According to Region 1-B Ombudsman, the top complaints reported by residents are involuntary discharge/eviction from a facility, failure to respond to requests for help, lack of dignity/respect and staff treatment of residents, medication administration/mistakes, and requests for less restrictive settings.

The average ratio of ombudsmen to beds nationally in FY21 was 1:2,236, in Michigan was 1:4,517, and in Region 1-B was 1:9,446

The AAA 1-B ombudsmen report often receiving calls regarding care needs, staffing at facilities, medications, dietary concerns, and equipment. Examples include residents being discharged from nursing homes prior to it being a safe time to do so; residents not being able to return home due to facility declining to take them back leaving them stranded in hospitals, residents being of sound mind but not able to overturn guardianships put in place while incapacitated, and being denied visitation from their own advocates because facilities were not treating the resident within their rights (Appendix I).

The Region 1-B Ombudsman Program budget for FY23 totals $256,940. 61% of the total program expenditures are from Older Americans Act federal funds and 39% are from state funds. With 28,337 beds in Region 1-B, this equates to $9.07 per bed per year. Nationally, the average expenditure per bed in FY21 was $49.47 meaning in Region 1-B, the same resident of a long-term care facility would be receiving about $40.40 less than the average older adult in another state and about $10.40 less than the average long-term care facility resident in Michigan.

Funding Formula

Unlike other OAA funding, which is distributed to Area Agencies on Aging across Michigan through the Intrastate Funding Formula, Ombudsman funding is distributed through its own funding formula to all 16 Area Agencies on Aging in the state. Individual Area Agencies on Aging then either contract out the service to a local agency or in the case of the Area Agency on Aging 1-B, staffs the program internally. The current funding formula was approved in 1987 and since then, the formula factors and the data have not been updated. The current funding formula is 1xNursing Home Beds in region, 1xNursing Homes in region, .5xSq. Miles, 1xMedicaid Beds in region (Appendix I). Each region also receives a base funding of $5,000. The current formula does not include the number of HFA and AFC beds per region, although ombudsmen are tasked with serving that population, even further skewing the current distribution of funds. The Ombudsman Funding Formula in Michigan has also not been updated with current data since

1987 leading to a distribution of funding that does not correctly target the areas with the most need.

According to the current funding formula (Appendix II), AAA 1-B receives 17% of the funding even though Region 1-B currently has 27% of the long-term care facility beds in the state. This equates to less funding per person than in other areas of the state. Whereas the statewide ratio of ombudsman to beds is 1:5,177 according to FY23 data, the ratio in Region 1-B is 1:9,446 due to a lack of funding due to the outdated formula.

The Ombudsman Funding Formula is set and approved by the Commission on Services to the Aging and requires their support to make recommended changes.

Unmet Needs and Opportunities

Michigan's Ombudsman Program is falling behind most other states in the ratio of Ombudsmen staff to facility beds. According to FY21 data, Michigan ranks 51st out of 53 programs even though Michigan has the third highest number of facilities (4,748) and 8th highest number of beds (102,991). With only 22 full-time equivalent Ombudsmen, it is easy to see how staff are overwhelmed and unable to complete all tasks, including outreach, assigned to local ombudsmen.

In Michigan, it is mandated by the state that Ombudsmen visit all nursing facilities and long-term care facilities quarterly. To complete this mandate, it would mean each ombudsman would need to visit 4 facilities in a day, on top of triaging and closing complaints. Although additional staff would allow for more routine visits, the requirement is simply unrealistic and should be adjusted. The three ombudsmen in Region 1-B report not having the capacity to complete quarterly visits and other mandated tasks, such as education and outreach, on top of addressing complaints. The same sentiment is echoed from the State Long Term Care Ombudsman who hears similar complaints across the state.

Ombudsman across the state do not have the capacity to be more present in AFC and HFA homes. AFCs and HFAs are not required to adhere to the same standards as nursing homes and advertise the Ombudsman Program so residents may not be as aware of their residential right to Ombudsman services leading to fewer complaints. Ultimately, this means that residents of AFCs and HFAs likely are experiencing similar issues as nursing home residents but are unaware of the Ombudsman Program and not using the service to address concerns to the same level as nursing facility residents.

Region 1-B Ombudsmen hear from clients that the Ombudsman Program is the "best kept secret," which is unfortunate as outreach should be available to all long-term facility residents. A part of the ombudsman's job description is to coordinate and provide outreach to the

community. However, it is difficult to 1) find the capacity to engage in community outreach and 2) justify advertising for a program that is already having difficulty meeting the needs of their community and the requirements of their position. Staffing more Ombudsmen throughout the state would allow for more outreach to AFC and HFA residents.

The AAA 1-B Ombudsmen do their best to provide outreach to the community. They reported that they present the program, when time allows, to hospital Case Managers and Social Workers. With the healthcare system in a state of understaffing and high turnover rates, Region 1-B ombudsmen reported that they cannot keep up with providing knowledge to the staff at a rate that keeps with turnover. Case managers and Social Workers also work for the hospital, not the resident, meaning they may not always be advocating for the same purpose.

The Long Term Care Ombudsman volunteer program at the AAA 1-B, and throughout the state, has significant opportunities for growth. In the Ombudsman Program volunteers are trained by the State Long Term Care Ombudsmen and the oversight of volunteers is managed by the local Ombudsman Program staff. Finding capacity to provide training and support to volunteers, while carrying a very high bed count, is challenging for Ombudsmen. Volunteers are also limited in the type of support they can provide to residents. Volunteers can complete facility visits and investigate less complex complaints. If additional Ombudsmen were hired, one of the State Ombudsmen would be tasked with recruiting and training new volunteers. If the volunteer base was able to grow, this would assist local Ombudsmen by performing some of the Ombudsmen mandated tasks such as outreach to long-term care facilities and quarterly visits.

Additional resources allocated to the Long Term Care Ombudsman Program would allow participants of long-term care facilities to experience shorter, or no wait time for calls. Ombudsman could also participate in more community events and outreach such as providing facility staff more training on rights and abuse prevention. Residents would also have more time with the ombudsman and could address more concerns as opposed to the focus being on priority issues. With an increase in the number of ombudsmen, there would be more time for in-person visits to homes which would assist in building relationships and accountability with the facilities. There would also be more time to recruit and manage much needed volunteers leading to less of a chance of burn-out of ombudsmen from handling an unreasonable workload.

Policy Options and Recommended Advocacy Actions

The AAA 1-B has included increased support for the Long Term Care Ombudsman on the 2023-2024 legislative platform and the priority was also included on the Older Michiganian's Day platform in 2023. Moving forward, the AAA 1-B will continue to advocate for strengthening the program and work with other AAAs and organizations across the state to increase advocacy. Specific policy and advocacy recommendations include:

- **Secure statewide funding increase to add more Ombudsman staff.** Appropriating at least $3 million from the state to the Ombudsman Program would allow an additional 33 full-time equivalent positions to be hired throughout the state. Adding these new staff would allow the state to reach the recommended minimum 1:2,000 ratio of Ombudsmen to beds.
- **Conduct statewide efforts to increase Ombudsmen volunteers.** If additional funding is secured to hire more staff, one of the positions would be housed in the State Long Term Care Ombudsman office and the primary responsibility would be to recruit and retain volunteers across the state. Additional volunteers would assist Ombudsmen in completing other tasks outside of addressing complaints.
- **Update the Ombudsman Funding Formula factors.** The current funding formula does not include AFC or HFA beds although Ombudsmen are responsible for responding to complaints and issues from these participants along with nursing homes. Updating the formula to include these beds will make the formula better reflect the number of long-term care facility beds in each region. The Commission on Services to the Aging is responsible for approving and updating the Ombudsman Funding Formula.
- **Update the Ombudsman Funding Formula with current data.** The Ombudsman Funding Formula has not been updated with current data. Using data more than 30 years old does not properly reflect where residents are located throughout the state and is not representative of local needs. The AAA 1-B recommends that the funding formula not be updated with current data until increased funds are allocated to the Ombudsman Program to ensure that no region experiences a decrease in current funding. The AAA 1-B also supports a hold harmless provision to ensure no region receives less funding than is current. Moving forward, this formula should be updated on a regular basis. The Commission on Services to the Aging is responsible for approving and updating the Ombudsman Funding Formula.

- **Update the Ombudsman Service Standard to remove quarterly visit requirements.** The current state requirement to visit all long-term care facilities quarterly is not realistic. Updating the service standard to no longer require this would put less pressure on current Ombudsmen when they do not fulfill this requirement. MDHHS is currently reviewing service standards and AAA 1-B will participate in the review of the Ombudsman Service Standard to provide this recommendation.
- **Discuss the Ombudsman Program need with legislators.** The additional funding that must be appropriated to properly staff the Ombudsman Program would need to be appropriated in a state budget. It is crucial that legislators understand the ask and the need for at least an additional $3 million to support the program. Conversations with legislators are important to help move the ask forward.
- **Locate a legislative champion.** To secure additional funding for the Ombudsman Program in the budget, a legislative champion must be located who will advocate for the budget request to be included in the final budget.
- **Organize letter-writing campaigns.** The more legislators hear about the needs the better**.** Engaging other aging network providers and advocates in a letter-writing campaign to show legislators there is large support for additional funding to this program will be influential in getting the ask included in the final budget.
- **Collaborate with other interested groups in Ombudsman advocacy.** Including other interested groups in advocacy efforts will allow legislators to see the interest across the aging network and hear from different players who have different connections. Some of these groups include other Area Agencies on Aging as well as the Area Agencies on Aging Association of Michigan, AARP, Alzheimer's Association, the Michigan Senior Advisory Council, the Senior Advisory Council, and the Commission on Services to the Aging.
- **Establish or Engage with Local Elder Abuse Task Forces.** Elder Abuse Task Forces throughout the state have an interest in reducing elder abuse and often support the Ombudsman Program in their goal of addressing elder abuse and advocating for resident's rights. Establishing a local Elder Abuse Task Force, or engaging with already existing groups, would assist in supporting the Ombudsman Program through increased advocacy and addressing abuse before it occurs.
- **Engage with the Media.** Having a media presence to discuss the need for additional Ombudsman funding will allow other advocates who may not be aware of the need to become aware. They can then advocate with their legislators to address the issues within the program.

Advocacy Products

1) Toolkit for the Michigan Senior Advisory Council and other advocates to use for local advocacy
    a. One pager
    b. Data points pulled out into talking points
    c. Talking points
    d. Target committees or legislators
    e. Tools/Local Resources - MLTCOP
2) Advocacy letters to be sent to legislators
3) Script for calling legislators
4) One pager

Appendix I: Case Examples

Appendix II: OMB Formula

How Ombudsman Have Helped:
Readmission

- Residents with behavioral problems will often be sent to a hospital for psychiatric services and homes will refuse to take them back due to citations from state or not wishing to deal with challenging behaviors.
  - “A hospital medical director made a call to an Ombudsman after a home refused to take a resident back. The director stated that the resident had been stable for 2 weeks with no behavioral concerns after their medications were adjusted but the discharge was meeting resistance from the nursing home. With advocacy from staff, the nursing home was able to take the resident back. A follow up visit was made with the resident who expressed happiness to be ‘home’.”

Area Agency on Aging 1-B
Answers you can trust

How Ombudsman Have Helped:
Legal Assistance

- At times there are residents who are appointed a public guardian while in an incapacitated state while at a hospital because there were no family/friends to provide medical decision making. A resident can have a hard time terminating this appointment, even if their mentation returns to a normal state.
  - "A call was received from a resident who should have no longer needed a guardian. A legal assistance referral was made by the Ombudsman to have the resident represented in termination of the guardianship. It took a few months, but eventually it was terminated, and the resident was able to make medical and financial decisions independently again."

Area Agency on Aging 1-B
Answers you can trust

How Ombudsman Have Helped:
Visitors

- Restrictions from visitation identified by a guardian can be placed for all sorts of reasons (poor family dynamics, visitor disruption of other residents). Ombudsman will at times need to intervene on behalf of the resident.
  - "A call was received from a resident who stated that the public guardian stopped visitation for the resident's friend because the nursing home identified the friend to be disruptive due to care complaints brough forward by the friend. A visit was made to the home and the resident stated that many of the concerns that the friend pointed out were all true. The ombudsman called the guardian office about their role in addressing these concerns. A meeting was coordinated between resident, guardian and nursing home for problem resolution. The resident's friend is now able to visit them at any time."

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How Ombudsman Have Helped:
Common Call Types

- Care
  - showers, personal care, oral care, call light response time
- Staffing
  - attitudes and treatment of residents
- Medications
  - supplies, missed dosing, wrong meds given
- Dietary
  - food types, temperatures, availability of alternative meals
- Equipment
  - missing clothing or personal items

Area Agency on Aging 1-B
Answers you can trust

MEMORANDUM

STATE OF MICHIGAN

OFFICE OF SERVICES TO THE AGING

LANSING

Date: October 9,1987

To: Commission on Services to the Aging

From: Olivia P. Maynard, Director

Subject: Ombudsman Funding Formula

As you are aware, Public Act 35 of 1987, the State Long Term Care Ombudsman Act, states that the Commission on Services to the Aging shall establish a formula for funding the state and local or regional long term care ombudsman programs. This formula shall be based on square miles, number of nursing homes, the number of nursing home beds, and the percentage of nursing home residents receiving Medicaid within the geographic area to be served [Section 4(1)(O)].

Attached you will find a chart identifying these criteria by PSA. After reviewing the various options for weighing these criteria, I am recommending the following:

1 X Nursing Home Beds
1 X Nursing Home Beds in Region
1 X Medicaid Beds
.5 X Square Miles in Region
$5,000 Base

A chart on the following page shows the funding per region based on this formula.

Staff will be present to answer any questions you may have.

OPM/MJ/haw

Attachment

10/12/87

PROPOSED DISTRIBUTION
STATE OMBUDSMAN FUNDS

$562,500 Total State Appropriation, FY'88

Allocation of State Appropriation

State Ombudsman	62,500
OSA Administration	50,000
Sub-Total	450,000
AAA Administration	38,250
AAA Service $	411,750
Grand Total	$562,500

Region	Percentage of Service $	Base	All Other Factors	Allotment
1-A	12.07%	$ 5,000	$ 41,238	$ 46,238
1-B	17.16%	5,000	58,651	63,651
1-C	8.49%	5,000	29,013	34,013
2	3.40%	5,000	11,632	16,632
3	6.36%	5,000	21,747	26,747
4	3.28%	5,000	11,213	16,213
5	4.39%	5,000	14,989	19,989
6	3.45%	5,000	11,806	16,806
7	8.96%	5,000	30,634	35,634
8	9.36%	5,000	31,975	36,975
9	5.01%	5,000	17,110	22,110
10	4.31%	5,000	14,745	19,745
11	9.47%	5,000	32,351	37,351
14	4.29%	5,000	14,645	19,645
		$70,000	$341,750	$411,750

Proposed Formula

1 X NH Beds
1 X NH
.5 X Sq. Miles
1 X Medicaid Beds
$5,000 Base

3F1

	NH BEDS	%NH BEDS	NH	%NH	SQ.MILES	%SQ.MILES	MEDICAID		%MEDICAID	EQUAL WT.	2MED	.55Q	eq	2med	.55Q	base	.5base					
1A	6,721	13.58%	53	11.86%	200	0.35%	5,372	1A	16.62%	10.60%	11.81%	12.07%	43,655	48,614	49,684	10,000	32,791	42,791	5,000	41,238	46,238	12.07%
1B	10,644	21.50%	78	17.45%	3,921	6.90%	5,709	1B	17.67%	15.88%	16.24%	17.16%	65,383	66,855	70,665	10,000	46,638	56,638	5,000	58,651	63,651	17.16%
1C	5,636	11.38%	40	8.95%	405	0.71%	2,916	1C	9.02%	7.52%	7.82%	8.49%	30,953	32,193	34,985	10,000	23,070	33,070	5,000	29,013	34,013	8.49%
2	1,592	3.22%	15	3.36%	2,051	3.61%	1,143	2	3.54%	3.43%	3.45%	3.40%	14,121	14,210	14,015	10,000	9,250	19,250	5,000	11,632	16,632	3.40%
3	3,183	6.43%	30	6.71%	2,837	4.99%	2,144	3	6.63%	6.19%	6.28%	6.36%	25,496	25,861	26,201	10,000	17,293	27,293	5,000	21,747	26,747	6.36%
4	1,493	3.02%	15	3.36%	1,674	2.95%	1,176	4	3.64%	3.24%	3.32%	3.28%	13,337	13,667	13,519	10,000	8,916	18,916	5,000	11,213	16,213	3.28%
5	2,354	4.75%	20	4.47%	1,840	3.24%	1,455	5	4.50%	4.24%	4.29%	4.39%	17,468	17,683	18,059	10,000	11,919	21,919	5,000	14,989	19,989	4.39%
6	1,754	3.54%	15	3.36%	1,702	3.00%	1,194	6	3.69%	3.40%	3.46%	3.45%	13,988	14,233	14,225	10,000	9,388	19,388	5,000	11,806	16,806	3.45%
7	4,011	8.10%	44	9.84%	6,588	11.59%	2,466	7	7.63%	9.29%	8.96%	8.96%	38,262	36,894	36,909	10,000	24,359	34,359	5,000	30,634	35,634	8.96%
8	4,411	8.91%	44	9.84%	6,021	10.60%	2,810	8	8.70%	9.51%	9.35%	9.36%	39,163	38,491	38,525	10,000	25,426	35,426	5,000	31,975	36,975	9.36%
9	1,544	3.12%	21	4.70%	6,821	12.00%	1,197	9	3.70%	5.88%	5.45%	5.01%	24,216	22,423	20,615	10,000	13,605	23,605	5,000	17,110	22,110	5.01%
10	1,638	3.31%	18	4.03%	4,717	8.30%	1,168	10	3.61%	4.81%	4.57%	4.31%	19,817	18,830	17,765	10,000	11,725	21,725	5,000	14,745	19,745	4.31%
11	2,498	5.05%	33	7.38%	16,446	28.94%	2,014	11	6.23%	11.90%	10.77%	9.47%	49,002	44,334	38,978	10,000	25,725	35,725	5,000	32,351	37,351	9.47%
14	2,028	4.10%	21	4.70%	1,600	2.82%	1,350	14	4.80%	4.10%	4.24%	4.29%	18,889	17,461	17,645	10,000	11,646	21,646	5,000	14,645	19,645	4.29%
TOTAL	49,507		447		56,823		32,314	TOTAL					411,750	411,750	411,750	140,000	271,750	411,750	70,000	341,750	411,750	1