Iowa Department on Aging

Office of the State Long-Term Care Ombudsman Annual Report 2009

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SUMMARY AND RECOMMENDATIONS

The Long-Term Care Ombudsman Program began as an innovative pilot project established in 1972 by the federal government. The program was soon made permanent and by 1978 the Older Americans Act mandated a State Long-Term Care Ombudsman Office in each state.

The Iowa Department on Aging State Long-Term Care Ombudsman program did not begin to grow until 1999. Today seven local long-term care ombudsmen provide services for more than 52,000 people living in long-term care facilities, including nursing homes, residential care facilities, elder group homes and assisted living. Each local ombudsman in Iowa has an average of 14 counties, 120 facilities and 7,490 people to serve. The national average of local ombudsmen to residents is one ombudsman to each 2,174 beds.

As advocates, ombudsmen investigate and work to resolve concerns brought forward by, or on behalf of, people who live in long-term care facilities. Ombudsmen promote self-advocacy through support, training and education.

During the past decade, Iowa's long-term care system has changed dramatically in how and where long-term care services are provided. The ability of the Iowa Department on Aging State Long-Term Care Ombudsman's office to protect people has not kept up with these changes. In 1998 the Iowa Department of Inspections and Appeals reported 429 nursing facilities and 159 residential care facilities. By 2008 the number of nursing facilities dropped to 409 and the number residential care facilities to 106. In addition there were 276 certified assisted living facilities in 2008. Home and community based services serve an increasing number of people yet ombudsman services are not available to consumers who live in independent housing and receive services.

Iowa currently has seven local ombudsmen throughout the state. This small but mighty force of local ombudsmen provides quick response time with cases being investigated within ten days and in many cases, within three days. 79% of complaints were partially or fully resolved in the past year. Local ombudsmen also provide information and assistance for callers including the general public, family or friends of residents and long term care providers. They also provide technical assistance to volunteers. In addition, ombudsmen assist with resident and family councils, and provide education for the community, volunteers and long-term care staff.

Long-term care ombudsmen are active participants when a facility closes. Local ombudsmen work to meet with each resident to allow him or her to have a choice in where they move. Local ombudsmen continue a presence in the facility from the time the closure is announced until the final day of business. A facility must continue to operate as normally as possible despite the pending closure, and the local ombudsman can spend time with residents and family members talking through details. The ombudsman also follows up with residents after they move to make certain all belongings were transferred and that the resident is settled in his or her new home.

Two to three follow up visits allow ombudsmen to track changes in the resident's condition and advocate for change if necessary.

2,300 Resident Advocate Volunteers visit with residents at least once per quarter and attempt to identify concerns. The volunteers work to identify and quickly resolve concerns. Support and training for volunteers remains limited due to the ratio of paid staff to volunteers.

The Iowa Department on Aging State Long-Term Care Ombudsman Program is vital to the health, safety, welfare and rights of people living in long-term care facilities. As local ombudsmen advocate for the people living in long-term care facilities they can affect change, and the need for other agency involvement diminishes as the quality of care and quality of life is vastly improved.

RECOMMENDATIONS

1. Increase the number of local long-term care ombudsmen in Iowa.
   The recommendation continues to be one long-term care ombudsman for each 2000 beds to meet the mandates in the Older Americans Act.

2. Pursue legislation to clarify the work being performed by the Iowa Department on Aging State Long-Term Care Ombudsman's office. Legislation should include duties of the state and local ombudsmen, definition of access to residents, tenants and records, penalties for interference and retaliation, and confidentiality.

3. Develop a Volunteer Long-Term Care Ombudsman Program to assist local ombudsmen with preliminary investigations and follow up. Volunteer ombudsmen would also provide routine monitoring of facilities to help meet the mandate in the Older Americans Act.

IOWA DEPARTMENT ON AGING
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN

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FACILITY INFORMATION

NURSING FACILITIES

Nursing Facilities are also called nursing homes, care centers or skilled care. These facilities provide 24 hour health-related care and/or rehabilitation for individuals who have chronic or acute health care needs. Care is provided by nurses and certified nursing assistants and medications are administered by nurses or certified nursing assistants with special training. According to the definition in Iowa Code chapter 135C, "nursing facilities do not engage primarily in providing treatment or care for mental illness or mental retardation."

RESIDENTIAL CARE FACILITIES

Residential Care Facilities provide room, board, and 24 hour personal assistance and supportive services. People who live in residential care facilities do not require the services of a registered or licensed practical nurse, except for emergencies. In Iowa, Residential Care Facilities are closing at an alarming rate. In many cases, those that remain open have changed from rural county homes to homes for younger people with mental health needs. People with mental health diagnoses are sometimes court ordered to residential care facilities instead of incarceration. Ombudsmen report that staff in these facilities does not appear to have special training to cope with the complexities of mental health diagnoses and there is concern that not all residents are getting necessary mental health services.

ELDER GROUP HOMES

An Elder Group Homes is defined as a single-family residence that is operated by a person who is providing room, board, and personal care. The home may also provide health-related services to three to five elders who are not related to the person providing the service, and it must be staffed by an on-site manager twenty-four hours per day, seven days per week. There are only seven Elder Group Homes in Iowa with most based in the southern half of the state.

ASSISTED LIVING

Assisted Living Programs in Iowa are certified by the Iowa Department of Inspections and Appeals (DIA). The Iowa Department of Inspections and Appeals defines assisted living as "a provision of housing with services, which may include but are not limited to health related care, personal care, and assistance with instrumental activities of daily living. During federal fiscal year 2009 two assisted living programs chose to decertify, or change to independent living with services. The Iowa Department on Aging State Long-Term Care Ombudsman's office worked closely with DIA to ensure the decertification process followed proper procedures and that tenants had access to accurate information. Challenges developed when a local ombudsman was denied private access to tenants. The Iowa Department on Aging (IDA) will begin the

process of writing rules that more clearly define the role of the ombudsman, access and put in place penalties for non compliance.

IOWA DEPARTMENT ON AGING
OFFICE OF THE STATE
LONG-TERM CARE OMBUDSMAN
FACT SHEET FFY 2008

This fact sheet contains information from the Administration on Aging (AoA) National Ombudsman Reporting System for Federal Fiscal Year 2008 Please note this information is not for the recently completed federal fiscal year so it will not match information included in this annual report. Federal reporting is one year behind so that statistics can be compiled on the national level.

- ✓ Iowa ranks 20/52 in the number of facilities and number of beds
- ✓ This represents 1.8% of all facilities and beds in the nation.

- ✓ Iowa now ranks 40/52 in the number of paid ombudsman per long-term care beds.
  - o 2008 National Ombudsman Reporting System shows one ombudsman per 6113 beds.
    - During FFY 2008 Iowa had 1 full time state ombudsman and 7 full time local ombudsmen. However due to resignations, for 9 months out of the year only 6 positions were filled.
    - The national average of paid full time is 25.
    - It is recommended that each state have 1 ombudsman per 2,000 beds.
    - Iowa would need 25 ombudsmen to meet that mandate, and the national average is 1 ombudsman to 2,200 beds.

- ✓ 30/52 in number of community education presentations given.

- ✓ Iowa ranks 3/52 in number of regulatory agency surveys in which an ombudsman participated.

- ✓ Local ombudsmen offer assistance to resident, tenant and family councils but the council system lacks coordination and strength in Iowa.

- ✓ Iowa ranks 26/52 in number of new complaints and 36/52 in the number of cases.

- ✓ Iowa is one of only 4 states that do not use certified volunteer ombudsmen.

- ✓ 17.84% of Iowa's complaints were due to discharges and evictions compared to the national average of 5.05%/

Source: 2008 Ombudsman Reporting System (ORT), US Administration on Aging

OLDER AMERICANS ACT

Duties of all long-term care ombudsmen are mandated by the Older Americans Act. Duties of the State Long-Term Care Ombudsman include the following tasks, by doing them either personally or designating the work to the local program.

A. *Identify, investigate, and resolve complaints that*
   - ❖ *are made by or on behalf of residents and*
     - ▪ *relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), or*
       - *providers, or representatives of providers, of long-term care services;*
       - *public agencies; or*
       - *health and social service agencies;*

B. *Provide services to assist the residents in protecting the health, safety, welfare and rights of the residents;*
C. *Inform the residents about means of obtaining services provided by providers or agencies described above;*
D. *Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;*
E. *Represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;*
F. *Provide administrative and technical assistance to regional long-term care ombudsmen;*
G. *Analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions,*
   a. *that pertain to the health, safety, welfare, and rights of the residents, and with respect to the adequacy of long term care facilities and services in the State;*
   b. *recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and*
   c. *facilitate public comment on the laws, regulations, policies, and actions;*
H. *Provide for training representatives of the Office*
   a. *promote the development of citizen organizations to participate in the program; and*
   b. *provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and*
I. *Carry out such other activities as the Commissioner determines to be appropriate.*

Table 1

PROGRAM ACTIVITIES

CATEGORY	FFY 09	FFY 08	FFY 07	FFY 06
Training for Ombudsmen/Volunteers	98	99	149	55
Technical Assistance for Ombudsmen/Volunteers	2318	2331	2668	713
Training for Facility Staff	55	43	29	28
Consultations to Facilities/Providers	552	609	770	362
Consultations to Individuals	850	961	1385	908
Resident Visitation-Non Complaint Related*	4*	5	422	146
Resident Visitation-Complaint Related	827	814	567	571
Participation in Facility Surveys	1185	1392	1016	63
Work with Resident Councils	22	27	3	0
Work with Family Councils	10	15	2	1
Community Education	57	104	26	9
Media Interviews	12	5	9	21
Monitoring Laws	1%	4%	4%	4%

*In past years, all non-complaint related visits have been reported, however the Administration on Aging has defined this activity as “the number of facilities receiving at least one visit per quarter, not in response to a complaint.” It is not the number of visits made. Iowa Department on Aging Local Long-Term Care Ombudsmen made 509 visits to facilities during the past year but only 4 of those visits meet the AoA definition.

PROGRAM ACTIVITIES OVERVIEW

In addition to working to resolve issues in long-term care facilities, local ombudsmen provide training, education and information to volunteers, residents and family council members.

Table 1 on the previous page shows program activities that must be reported to the Administration on Aging each year. The Iowa Department on Aging State Long-Term Care Ombudsman program continues to grow and change which makes it difficult to compare statistics from year to year.

Training for Ombudsmen/volunteers
Orientation for volunteers is conducted via telephone conference call. Each resident advocate is required to attend a 90 minute orientation which touches on the basics of advocacy and volunteering for this department.

During the 2009 annual volunteer training, information was presented on how to identify and investigate complaints. Volunteers gave the training very high marks with an average score of 4.7 on a 5 point scale. The program included the steps that should be followed during an investigation and how to work to resolve concerns.

Technical assistance for ombudsmen/volunteers
As local ombudsmen continue to present training each year volunteers are more comfortable calling for assistance and information. Providing assistance to over 2,300 volunteers continues to be very challenging with limited staff.

Training for facility staff
Staff training is not a priority for the local ombudsmen, but when time allows, resident rights inservices are presented. There are several different residents' rights inservices that are available to be used when training facility staff.

Consultations to facilities/providers
Local ombudsmen build working relationships with facility staff. Working as a team, the local ombudsman and facility staff try to quickly resolve concerns brought forth by, or on behalf of, people who live in long-term care facilities.

Consultations to individuals
Calls for assistance range from simple questions such as requesting a list of facilities in a certain geographical area, to more complicated questions such as: to determine the appropriate level or care, choosing a facility, or clarification of rules or regulations and resident rights.

Resident visitation-*non*-complaint related
Regular, non-complaint related visits to facilities can help residents and facilities by alerting staff to potential problems before they become actual complaints. Regular visits, as defined by the Administration on Aging, means visiting no less frequently than

quarterly. However, with each of the seven local ombudsmen responsible for approximately120 facilities with almost 7,490 beds this continues to be a limited activity. Additionally, Resident Advocate visits do not meet the AoA criteria because the orientation and training does not meet the standard for volunteer ombudsmen. With limited staff and resources increasing the orientation and training is not possible at this time.

Resident visitation-complaint related
Local ombudsmen work closely with residents, family members and staff to resolve each concern as quickly as possible. While the Iowa Department of Inspections and Appeals must determine actual rule violations based on a preponderance of evidence, the local ombudsmen act "because we have reason to believe, not because of a preponderance of evidence." Often complaints are the result of a misunderstanding or misperception of an event and the ombudsman role is to investigate and bring forth facts and a strategy for processes or communication. Local ombudsmen made 827 complaint related visits during the past year.

Participation in facility surveys
By advocating for the resident, local ombudsmen strive to work closely with long-term care administrators to identify and resolve resident concerns before a formal survey takes place, and may share information with surveyors during the survey process.

Work with resident councils and family councils
Iowa does not have a strong resident or family council system. When invited, local ombudsmen share information about this office and resident/tenant rights with council members. Local ombudsmen can also share information as new councils form to help establish a resident/tenant or family council that can effectively work with the administration of the facility to continually review and improve the quality of life and quality of care in the facility.

Community education
Understanding the different types of long-term care services available and what to expect from each is confusing and frightening to consumers. Sharing information about the ombudsman program with hospital discharge planners, health care providers, hospices, churches, senior centers and others alerts consumers that assistance is available if needed when trying to work through the maze of long-term care. The Iowa Department on Aging State Long-Term Care Ombudsman program is the only consumer advocate office devoted to older Iowans and long-term care.

TABLE 2

CASES AND COMPLAINTS

	FFY09	FFY08	FFY07	FFY06
Number of New Cases Opened	**924**	**889**	**698**	**749**
Number of New Complaints	**1878**	**2336**	**1687**	**1310**
Abuse, Gross Neglect, Exploitation	20	24	15	9
Access to Information	62	87	51	28
Admission, Transfer, Discharge, Eviction	287	281	224	202
Autonomy, Choice, Exercise of Rights, Privacy	378	449	327	228
Financial, Property Lost, Missing or Stolen	97	98	72	75
Care	307	392	353	301
Rehabilitation of Maintenance of Function	68	60	34	18
Restraints-Chemical or Physical	9	8	8	1
Activities and Social Services	61	103	55	52
Dietary	115	156	108	81
Environment	124	173	137	86
Policies, Procedures, Attitudes, Resources	52	86	34	32
Staffing	123	156	123	115
Certification/Licensing Agency	9	16	10	12
State Medicaid Agency	13	22	6	5
System/Others	153	221	105	62
Other than NF/RCF/ALP	0	4	25	3

CASES AND COMPLAINTS OVERVIEW

Cases opened during the past year increased approximately 4%. With two vacant positions for much of the year this was expected. Each case may have multiple complaints, but each problem, or complaint, will have only one code as set by the Administration on Aging. A decline in complaints can be attributed to two factors—the two open positions and the tremendous increase in involuntary discharge letters.

Abuse, Gross Neglect, Exploitation

The number of reports of abuse to this office has not significantly increased. Local ombudsmen do not investigate complaints of abuse, as all abuse complaints are forwarded to either the Iowa Department of Inspections and Appeals or the Iowa Department of Human Services.

Access to Information

Access to information complaints includes access to records, visitors, information on a resident's medical condition, treatment or medications. Topping the list is family or friends complaining about visiting restrictions. With proper documentation and legitimate reasons, a facility administrator can place certain restrictions on visitors. The ombudsman frequently reviews the information and monitors to make certain the plan is appropriate for the resident and is reviewed frequently.

Admission, Transfer, Discharge

Involuntary discharges have increased again by over 20% raising the number to 287 for FFY09. 17.83% of complaints received fit this complaint code definition compared to 5.05% nationally. People who do not conform to the behavior standards set by the facility are often given an involuntary discharge notice despite the fact that the staff does not have the training to help the resident be successful in his/her environment. Failure to properly assess new residents, especially those with dementia, and lack of patience as the new resident adjusts to life in a facility often triggers the involuntary discharge process.

Nursing homes especially use escalated behavior incidents as a reason to send a person to the hospital, and then refuse readmission. "Hospital dumping" continues to be a problem in Iowa as well as the rest of the nation.

Ombudsmen have also reported an increase of people with mental health diagnoses living in long-term care facilities which have contributed to the increase in involuntary discharges. Nursing homes are designed on a medical model to care for the older Iowans who need assistance with the activities of daily living, medications and supervision for safety reasons. The current long-term care system is not ready for this influx. Caring for people with mental health issues requires special staff training, possibly a different activity structure and creates a very different set of challenges. Mental health services are not routinely offered as a service in long-term care facilities which means not all people receive the help they need.

Failure to make payment to the facility also accounts for involuntary discharges. When a resident or their responsible party does not pay the bill, the facility has the right to issue an involuntary discharge. Often, these cases are referred to the Iowa Department of Human Services because the responsible party may be misusing the resident's funds. However these cases are rarely accepted by DHS because there is lack of evidence that the money is actually being misused. If a Power of Attorney fails to pay the bills and the Iowa Department of Human Services determines that financial abuse has occurred, many times the Power of Attorney remains in effect and the resident/tenant is discharged to that person's care. Once a person has been discharged out of a facility, the local ombudsman no longer has any authority to visit with the person and determine quality of care or quality of life.

Autonomy, Choice, Exercise Rights, Privacy

Local ombudsmen report that current long-term care residents/tenants are becoming more vocal about their individual wants, needs and desires. Residents and tenants are requesting more flexibility in scheduling activities, daily routines and personalized care plans.

Financial, Property Lost, Missing, or Stolen

As in previous years, the loss of hearing aids, dentures, grooming items such as electric razors and clothing usually happens when staff does not take the time to pay attention to details. More residents/tenants than ever have cell phones and personal computers and other electronic equipment that must be protected.

Care

Complaints regarding call light response time have decreased from the previous year for the first time since this information has been recorded. This 30% decrease is a tribute to the staff in long-term care facilities who are working to make certain resident needs are met.

Complaints regarding inadequate care plans, failure to follow care plans or physician orders have increased significantly by 60%. Residents/tenants and family members are asking more questions, demanding individualized care and they pay attention to physician orders and outcomes.

Rehabilitation of Maintenance of Function

Most of the complaints in this category center around assistive devices and equipment. Examples include residents/tenants who request electric mobility scooters or specialized wheelchairs.

Complaints related to restorative care, especially after an intensive Medicare therapy stay has also increased.

Restraints-Chemical or Physical

Iowa has the lowest use of restraints in the country. Often times, these complaints are received from a person diagnosed with mental illness who would like to eliminate some medications. Only eight complaints were received in this category during the past year.

Activities and Social Services

This category increased by 88% from FFY07 to FFY08 yet this year the complaints about activities has declined. It appears the complaints from last year were heard by the facility staff and many changes were made to facility activity and social service programs. Activities in units that care for people with dementia still tend to be lacking in substance and numbers, but all others areas have definitely improved.

Dietary

Imagine eating in the same restaurant three times a day, every day. The food would become repetitious and unappetizing. Many residents report that meals are prepackaged and not homemade, that all food tastes the same and in some cases, the food cannot even be identified, especially the meat. Some facilities have hired a chef instead of a cook, some use fresh fruits and vegetables from local farmers markets and some offer multiple substitutes. "A therapeutic diet does not work if it is not eaten" is a quote frequently used by the local ombudsmen. Preparing nutritious, appetizing meals is always better than using dietary supplements, and less costly. Many facilities are adopting open dining times with increased menu selections and alternatives.

Environment

Concerns in this category include heating, cooling, ventilation, water temperatures, cleanliness and housekeeping, equipment and building disrepair, infection control, laundry, odors and supplies such as linens.

Policies, Procedures, Attitudes, Resources

Complaints about staff attitudes are frequently heard in conjunction with not enough staff. Residents are told what to do, when to do it and not offered choices. Multiple complaints have been received where a resident has requested assistance only to be told there is not enough staff to manage the task or the request is not reasonable. Many times the primary caregiver is not considered a part of the facility care team which leads to family and resident anger or frustration.

Staffing

The majority of complaints in the category regard staff being unresponsive or unavailable. A staff member may go into a room, turn off the call light and not respond to the request and not return to the room. Lack of responsiveness is more prevalent than lack of staff. These can be difficult for an ombudsman to resolve unless an administrator takes these complaints seriously and works to improve customer service and care.

Certification/Licensing Agency

Most of the complaints in this category come when the Iowa Department of Inspections and Appeals does not substantiate a complaint submitted by a resident or family member. A resident complaint does not necessarily mean a rule has been violated. A simple example: a resident who wanted to go for a walk with her family who visited each evening and the facility would not allow it. While this is not a rule violation, it is a resident's right violation, thus the local ombudsman was able to resolve the situation quickly and to the satisfaction of the resident and her family.

State Medicaid Agency

The Medicaid application process is challenging, frustrating and long. When a resident is facing an involuntary discharge because Medicaid has been denied, a resident or family member may call this office for assistance. The local ombudsman can act as a mediator to connect with the income maintenance worker and then explain the situation to the resident or family member. Preventing an involuntary discharge because of a delay in the Medicaid process means there is a successful outcome for everyone.

System/Others

This office is receiving an increasing number of complaints that tie to family feuds. A resident can get caught in the middle when children do not agree on a plan of care, the payment source, and level of care or type of care being received. Local ombudsmen do not get involved in family disputes, but they do advocate in the best interests of the resident. Legal complaints are also on the rise which is attributed to the closing of the Office of Substitute Decision Maker. Ombudsmen receive complaints regarding court commitments, guardians, conservators and Power of Attorneys. These are often referred to other agencies such as the Legal Hotline for Older Iowans.

Other than NF/RCF/ALP/EGH

Occasionally a call comes from someone who lives in independent living or a level of care that does not fall under the jurisdiction of long-term care ombudsmen. When no other agency will assist the consumer there are times when a local ombudsmen will assist in analyzing information or connecting the caller with other resources. Despite the continued increase in home and community based service, ombudsman advocacy work has not expanded into that arena.

TABLE 3

RESIDENT ADVOCATE COMMITTEE COMPLAINTS

COMPLAINT CATEGORY	FFY 09	FFY 08	FFY 07	FFY 06
TOTAL	**1675**	**1707**	**1932**	**1668**
Abuse, Gross Neglect, Exploitation	2	5	11	5
Access to Information	34	24	14	19
Admission, Transfer, Discharge, Eviction	22	27	31	37
Autonomy, Choice, Exercise of Rights, Privacy	164	145	191	156
Financial, Property	42	39	65	64
Care	413	472	449	360
Rehabilitation or Maintenance of Function	84	65	67	96
Restraints-Chemical or Physical	2	3	3	4
Activities and Social Services	148	152	184	175
Dietary	282	291	317	285
Environment	385	399	482	331
Policies, Procedures, Attitudes, Resources	7	4	8	6
Staffing	85	72	98	113
Certification/Licensing Agency	5	1	7	7
State Medicaid Agency	0	0	0	4
System/Others	0	0	5	6
Other than NF/RCF	0	0	0	0

RESIDENT ADVOCATE COMMITTEE VOLUNTEER PROGRAM

Every licensed facility in Iowa is required by Code to have a Resident Advocate Committee. Administration of the program is conducted by the Iowa Department on Aging, with specific duties assigned to the Long-Term Care Ombudsman. The program began in 1971 and is unique to Iowa. Volunteers serve as an autonomous group within the facility. They are asked to represent each resident by spending at least 3 hours per month in the facility. The committee convenes on a quarterly basis to communicate with facility staff on ways to correct problems or implement suggestions for improvement.

The number of volunteers has decreased by one hundred during the past year. Recruiting volunteers has proven to be difficult in rural and urban areas alike.

Over the past two years, this office has made the beginner orientation mandatory for all new volunteers. The ninety minute orientation touches on the basics of the volunteer program and beginning advocacy skills. Along with the training manual and conversations with the local ombudsman, volunteers gain a basic understanding of resident rights and how to investigate and resolve complaints.

Resident Advocate Volunteers generally work on “surface level” complaints, or problems that can be seen. Examples include unappetizing food, environmental complaints or dirty bathrooms. Volunteers talk to staff to work to resolve the concerns as quickly as possible and then report their work at the committee meeting. The committee decides which concerns should be included on the report that is submitted to the administrator and this office.

Local ombudsmen maintain contact with the volunteers as needed. Volunteers contact the local ombudsmen to clarify the rules and guidelines that govern facilities, to obtain suggestions on how to handle a problem and often to refer a complaint. If a volunteer encounters a problem that may involve an in-depth investigation, they may call the local ombudsmen to investigate the problem further. Technical support is provided by this office such as supplying forms, manuals and brochures. A database is kept of all of the volunteers and is updated on a daily basis.

Because there is a small number of Local Long-Term Care Ombudsmen, the Resident Advocate Committees serve as a vital member of this team by making visits in their local communities. However, because of the lack of training and education that the committees receive, their time and efforts are not recognized on a national level by US Administration on Aging.