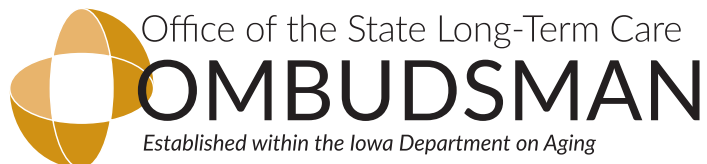
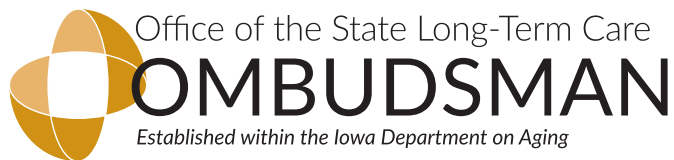


Annual Report 2016

Federal Fiscal Year 2016: Oct. 1, 2015 – Sept. 30, 2016



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January 27, 2017

The Honorable Terry E. Branstad

Members of the General Assembly

Dear Governor Branstad and Members of the General Assembly:

I am pleased to present this annual report of the Office of the State Long-Term Care Ombudsman for federal fiscal year 2016. This report is produced pursuant to Iowa Code 231.42, which requires that this Office annually report to the governor and general assembly on:

1. The activities of this Office; and
2. Recommendations for improving the health, safety, welfare and rights of residents and tenants of long-term care facilities, assisted living programs and elder group homes.

This report reflects the efforts of the Long-Term Care Ombudsmen by sharing program highlights and discussing issues encountered by the Office in carrying out its mandate to act as an advocate for the residents of long-term care facilities.

Respectfully submitted,

Deanna Clingan-Fischer, JD
State Long-Term Care Ombudsman

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Jennifer Nguyen-Vu and Shannon Snyder, AmeriCorps VISTA Members supporting the Volunteer Ombudsman Program

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Executive Summary

The Office of the State Long-Term Care Ombudsman (Office) serves as an advocate and resource for residents and tenants who receive services and supports while residing in Iowa's long-term care facilities, assisted living programs and elder group homes, as well as for Medicaid managed care members enrolled in one of the seven home and community-based services waiver programs.

In Federal Fiscal Year (FFY) 2016 (Oct. 1, 2015 – Sept. 30, 2016), the programs administered by the Office included the Long-Term Care Ombudsman Program, the Volunteer Ombudsman Program, the Managed Care Ombudsman Program and Involuntary Discharge Assistance. Activities of the Office can be categorized as Advocacy Efforts, Outreach Efforts and Administrative Efforts. The following is a summary of Long-Term Care Ombudsman Program activities completed during FFY 2016:

Advocacy Efforts

- Ensured residents' and tenants' voices were heard and their rights were maintained in the 406 assisted living programs, elder group homes and residential care facilities within the state;
- Visited the 23,280 beds (or people) within those 406 programs and facilities;
- Ensured residents' voices were heard and their rights were maintained in the 442 nursing facilities within the state;
- Visited the 30,929 beds (or people) within those 442 nursing facilities;
- Received 1,171 complaints made by or on behalf of residents and tenants;
- Opened 708 cases on behalf of residents and tenants;
- Served 17,332 residents and tenants;
- Provided 11,779 hours of advocacy services beyond complaint handling;
- Assisted residents and tenants impacted by 322 involuntary discharges/evictions and 13 facility closures;
- Advocated for passage of legislation;
- Advocated for and provided education about residents' and tenants' rights;
- Monitored proposed administrative rules; and
- Monitored proposed legislation and participated in the legislative process on issues that had the potential to impact the health, safety, welfare and rights of residents and tenants residing in Iowa's long-term care facilities.



*In 2016, the Office of the State Long-Term Care Ombudsman worked to **protect the rights of more than 54,000 Iowans** living in long-term care facilities across the state.*

FFY 2016 CASE SCENARIO:

A resident with capacity had signed a health care power of attorney and the named daughter was making decisions, even though the resident was still capable of making her own decisions. The Local Long-Term Care Ombudsman worked with the daughter to educate her about her role and the circumstances under which the power of attorney would become effective.



In 2016, the Office of the State Long-Term Care Ombudsman visited more than 13,000 Iowans living in long-term care facilities while investigating complaints.

Outreach Efforts

Provided a total of 13,906 program activities (11,779 hours of service), which included:

- Consulting with 848 facilities and 3,245 staff members;
- Consulting with 14,087 long-term care residents, tenants and family members;
- Making 696 complaint-related visits;
- Making 4,346 non-complaint-related visits;
- Visiting 2,962 residents and tenants on complaint-related issues;
- Providing education, training and technical assistance to 11,489 individuals, including volunteers, ombudsmen, facility staff, media and the community;
- Participating in 99 facility surveys;
- Assisting residents and their families through participation in and development of 100 resident and family council meetings;
- Collaborating with other organizations and serving on committees, task forces and work groups; and
- Partnering with Iowa's six Area Agencies on Aging to assist individuals transitioning from the community to a facility and from a facility back to the community.

Administrative Efforts

- Collaborated with aging and disability network partners at the federal and state level;
- Implemented a Civil Money Penalty grant to produce and distribute [educational materials](#);
- Developed internal communication tools to provide updates on issues, laws, rules and interpretative guidance;
- Created and disseminated multiple [informational guidebooks](#), [fact sheets and consumer checklists](#), including a [voter guide](#);
- Developed and disseminated 16 [e-newsletters](#) to facility administrators and directors to highlight the Long-Term Care Ombudsman Program and issues faced by long-term care residents/tenants;
- Issued press releases and provided follow-up discussion with media on relevant topics;
- Provided updates to the Iowa Commission on Aging and the Iowa Department on Aging (IDA);
- Continued developing the Managed Care Ombudsman Program; and
- Continued efforts on the Medicaid claiming process.



FFY 2016 CASE SCENARIO:

A Volunteer Ombudsman regularly monitored a facility that was changing ownership to ensure that residents had adequate food and that staffing levels were maintained to meet residents' needs.

*In 2016, the Volunteer Ombudsmen **provided 3,825 hours of service worth \$85,115** to Iowans living in 84 of the state's long-term care facilities.*

Volunteer Ombudsman Program Efforts

- Recruited, screened, trained and certified 17 new volunteers through six training sessions, resulting in 82 volunteers currently serving in 84 long-term care facilities;
- Served residents through 2,349 volunteer visits;
- Served residents through 3,825 volunteer hours;
- Contributed a total value of \$85,114.93 of in-kind hours to the state;
- Provided 35 on-site orientations for volunteers and administrators by the Local Long-Term Care Ombudsmen;
- Implemented policies to provide guidance to volunteers;
- Developed and disseminated 12 monthly e-newsletters to volunteers;
- Partnered with groups and organizations throughout Iowa to recruit volunteers, including the Iowa Commission on Volunteer Service, AmeriCorps VISTA, RSVP, AARP and statewide media;
- Conducted five statewide conference calls to provide training and support to volunteers;
- Utilized an online data entry system for volunteers;
- Facilitated peer-to-peer volunteer groups, volunteer recognition and refined training/continuing education opportunities for volunteers; and
- Became a member of the Board of Volunteer Managers of Central Iowa.

Managed Care Ombudsman Program Efforts

Since the April 1, 2016, launch of Medicaid Managed Care in Iowa, the Managed Care Ombudsman Program established within the Office of the State Long-Term Care Ombudsman has advocated on behalf of Medicaid managed care members who receive care in a health care facility, assisted living program or elder group home, or who are enrolled in one of Medicaid's seven home and community-based services (HCBS) waiver programs, which include:

- AIDS/HIV Waiver
- Brain Injury Waiver
- Children's Mental Health Waiver
- Elderly Waiver
- Health and Disability Waiver
- Intellectual Disability Waiver
- Physical Disability Waiver

Approximately 57,000 Medicaid managed care members in Iowa are included in this scope. In addition to advocating on behalf of members, the Managed Care Ombudsman Program also provides education and information regarding managed care plans, services, care and processes; guidance related to the formal grievance and appeals process; and complaint resolution for members needing assistance with resolving issues with their managed care organization or navigating the managed care system.

Since Iowa's transition to Managed Care began in April, 2016 through September 2016, Managed Care Ombudsmen:

- Received 1,185 contacts with consumers by telephone, email and mail;
- Made 130 referrals to seven agencies; The top three referrals were made to DHS, MCO, and LifeLong Links;
- Addressed concerns related to multiple categories (the top three consumer issues addressed were access to services/benefits, care planning and eligibility);
- Addressed a total number of 15 grievances, 31 appeals and two fair hearings;
- Maintained an average issue resolution rate of 89%;
- Provided multiple services for consumers (the top three services provided to members were investigation, advocacy and education and information);
- Established community partnerships and conducted outreach through 27 formal presentations, and development and distribution of Managed Care Ombudsman Program related materials including 11,633 brochures, 8,100 bookmarks and 1,570 member packets.



FFY 2016 CASE SCENARIO:

A Medicaid member's family contacted the Managed Care Ombudsman Program to request assistance in finding long-term care placement after the member suffered a heart attack and several strokes, resulting in paralysis from the neck down. The Managed Care Ombudsman worked successfully with the member's MCO to address the many challenges the member was experiencing in order to place him in the least restrictive care setting that met his needs and preferences.

Recommendations

Despite the positive efforts and outcomes listed, there are barriers that exist when attempting to protect the rights, health, safety, and welfare of persons residing in long-term care facilities and assisted living programs. The following issues are of particular concern and need to be addressed:

1

Quality Care and Treatment

In order to ensure residents and tenants residing in long-term care facilities receive care and services that enhance their quality of life, the Office recommends advocates and stakeholders work together to:

- *Guarantee that residents receive any specialized or specialized rehabilitative services as a result of the Pre-Admission Screening and Resident Review (PASRR) recommendations;*
- *Monitor facilities' implementation of the new regulations that require care and treatment to be provided in accordance with the resident's choice, developing a person-centered care plan and a comprehensive assessment;*
- *Monitor facility staffing practices to ensure that residents' personal needs and preferences are being met;*
- *Review staffing practices to ensure that sufficient staff, with appropriate competencies, is in place to meet the needs of the resident population; and*
- *Provide training opportunities to facility staff that address resident rights, dementia management and sexuality.*

2

Resident and Tenant Rights: Autonomy, Choice, Privacy and Exercise of Rights

In order to ensure residents and tenants residing in long-term care facilities are allowed to direct their care and have choice, privacy and the ability to exercise their rights, the Office recommends advocates and stakeholders work together to:

- *Educate residents on the new regulations that allow for greater focus on residents' individual needs/preferences and gives them increased control and choice;*
- *Promote self-determination of residents to live in an environment that supports choice;*
- *Monitor facilities' implementation of new regulations that require facilities to protect resident belongings from loss and theft, as well as review admission agreements to ensure this right is not waived;*
- *Involve residents in developing their plans of care and identifying their needs, strengths, goals, life history and preferences; and*
- *Educate consumers and facilities on a resident's right to designate a "resident representative" and the role of that individual.*

3

Resident and Tenant Rights: Admission, Transfer, Discharge and Eviction

In order to ensure residents and tenants residing in long-term care facilities understand their rights through the admission, discharge and transfer process, the Office recommends advocates and stakeholders work together to:

- *Educate residents on their rights regarding a transfer to another room;*
- *Provide education regarding the new regulations on improper discharges to hospitals and on appeal rights for involuntary discharges and transfers;*
- *Educate oversight and protective agencies about financial exploitation to protect residents and tenants from involuntary discharges and involuntary transfers due to a fiduciary's lack of action in applying for Medicaid assistance or a fiduciary's non-payment of nursing facility and assisted living program care expenses;*
- *Monitor and participate in residential care facility closures to provide residents with assistance to ensure a safe and secure transition from the residential care facility to the community; and*
- *Review trends regarding facilities denial of admission based on a resident's participation in Medicaid managed care.*

Issues to Watch

During Federal Fiscal Year 2017 (Oct. 1, 2016 – Sept. 30, 2017), some of the key issues the Office of the State Long-Term Care Ombudsman will continue to monitor closely include:

1. Implementation of the new nursing facility regulations and the impact on residents
2. Medicaid Managed care and the correlation between Medicaid as a payment source and non-admission to long-term care facilities
3. Pre-Admission Screening and Resident Review (PASRR) and the correlation between the need to provide specialized services and non-admission to long-term care facilities
4. Placement options for sex offenders and individuals with behavior issues
5. Implementation of the new dependent adult abuse assessment tool and its impact on residents
6. Decertification of Assisted Living Programs and the transition to independent, non-licensed living units
7. Mental health care treatment, supports and access to services through the mental health redesign and the effect on consumers
8. Discharges and transfers from long-term care facilities to hospitals to ensure protocols exist to honor due process rights
9. Implementation of all residents' and tenants' rights to ensure their voices are heard, respected and honored
10. Staffing levels that are sufficient to meet the needs of residents and tenants and the correlation of quality care

FFY 2016 CASE SCENARIO:

A Local Long-Term Care Ombudsman advocated on behalf of a resident who had three alarms in their room, including on the chair and bed, to have the alarms removed, as the resident complained of feeling restrained like a prisoner.

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Mission and Structure

Mission

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare and rights of individuals residing in long-term care by investigating complaints, seeking resolutions to problems and providing advocacy with the goal of enhancing quality of life and care.

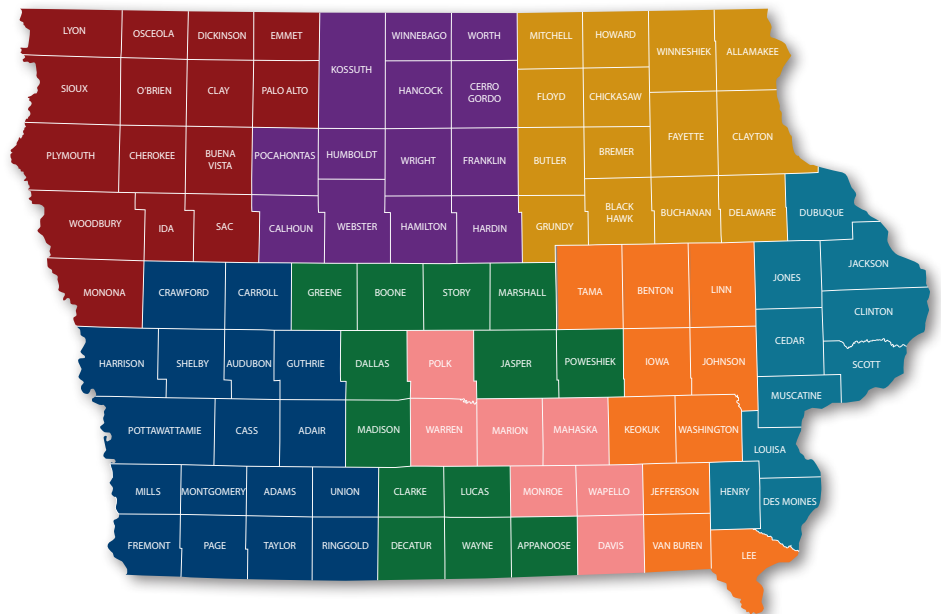
In 2015, the mission was expanded to also advocate for Medicaid managed care members who receive care in a health care facility, assisted living program or elder group home, or who are enrolled in one of the seven Medicaid waiver programs.



Structure

The Office of the State Long-Term Care Ombudsman consists of the state long-term care ombudsman; local long-term care ombudsmen; a volunteer coordinator; volunteers; AmeriCorps VISTA members; a project specialist; a discharge specialist; a policy coordinator; a program manager and ombudsmen under the Managed Care Ombudsman Program; and an administrative assistant.

To assist in fulfilling the long-term care ombudsman duties outlined by law, the Office has designated eight local long-term care ombudsmen to serve residents and tenants in specific areas of the state (see map). Additionally, a volunteer coordinator is dedicated to implementing a certified volunteer program to recruit, train and monitor certified volunteer long-term care ombudsmen. A discharge specialist assists residents and tenants who are being discharged or transferred from a facility. A program manager and two managed care ombudsmen advocate for the rights and needs of 57,000 Medicaid managed care members.



Long-Term Care Ombudsman Program Authority and Mandates

Authority

The Long-Term Care Ombudsman Program is authorized by the federal Older Americans Act¹ and the state Older Iowans Act². The Office of the State Long-Term Care Ombudsman operates as an independent entity within the Iowa Department on Aging and advocates for residents of nursing facilities and residential care facilities, as well as for tenants of assisted living programs and elder group homes.

Mandates

The functions of the Long-Term Care Ombudsman Program are to:

- Identify, investigate and resolve complaints made by or on behalf of residents or tenants that adversely affect their health, safety, welfare or rights;
- Make referrals to appropriate licensing, certifying and enforcement agencies to assure appropriate investigation of abuse complaints and corrective actions;
- Provide services to assist residents or tenants in protecting their health, safety, welfare and rights;
- Inform residents and tenants about means of obtaining services offered by providers or agencies;
- Ensure residents and tenants have regular and timely access to the services provided through the Office and that residents, tenants and complainants receive timely responses;
- Represent the interests of residents before governmental agencies and seek administrative, legal and other remedies to protect their health, safety, welfare and rights;
- Provide administrative and technical assistance to local and volunteer long-term care ombudsmen;
- Analyze, comment on and monitor the development and implementation of federal, state and local laws, regulations and other governmental policies and actions that pertain to the health, safety, welfare and rights of residents and tenants;
- Provide training for representatives of the Office, promote the development of citizen organizations to participate in the program and provide technical support for the development of resident and family councils to protect the well-being and rights of residents and tenants;

¹ Older Americans Act, 42 U.S. Code, Section 3058g

² Older Iowans Act, Iowa Code, Section 231.1



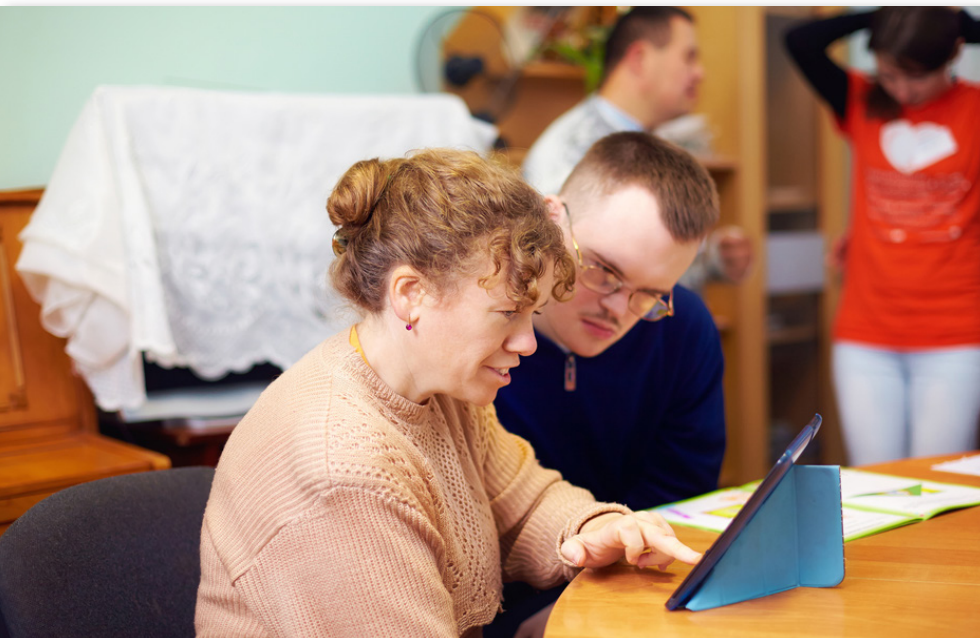
FFY 2016 CASE SCENARIO:

A female resident in a long-term care facility wanted to visit with a male resident, but their visits were being restricted by family members and facility staff. The Local Long-Term Care Ombudsman worked with the residents, their family members and the staff to educate them about the residents' right to associate and communicate privately with individuals of their choice, as well as their right to sexual expression.



FFY 2016 CASE SCENARIO:

A Local Long-Term Care Ombudsman (LLTCO) received a complaint from a resident that she was not included in the planning of her care. The LLTCO contacted the facility to set up a meeting to discuss the resident’s concerns. The LLTCO attended the meeting to advocate for the resident’s wishes and ensure her participation in care planning efforts.



- Establish and implement a statewide confidential uniform reporting system;
- Publicize the Office and provide information and education to consumers, the public and other agencies about the issues related to long-term care in Iowa;
- Annually report on the activities of the Office and make recommendations for improving the health, safety, welfare and rights of residents and tenants of long-term care facilities, assisted living programs and elder group homes;
- Participate in inquiries, meetings or studies that may lead to improvements in the health, safety, welfare and rights of residents and tenants;
- Recruit, train, educate, support and monitor volunteers associated with the Office;
- Coordinate ombudsman services with the protection and advocacy system for individuals with developmental disabilities and mental illness;
- Coordinate ombudsman services with the Older Americans Act legal assistance and elder abuse awareness and prevention programs;
- Coordinate services with state and local law enforcement agencies and courts of competent jurisdiction; and
- Ensure confidentiality and a program free of conflicts of interest.

Activities of the Office

The program activities of the Office of the State Long-Term Care Ombudsman are divided into the following categories: Advocacy; Cases and Complaints; Community Education; Consultation; Other; Resident and Family Councils; Resident and Tenant Visitation; Survey Participation; and Training and Technical Assistance. The efforts within each activity are discussed in more detail below.

Advocacy

The primary role of the Long-Term Care Ombudsman Program is advocacy – or serving as the voice for residents and tenants residing in long-term care settings.

Advocacy can include anything from speaking up for a single individual who is adversely impacted to working for systemic change to ensure that all individuals are treated with dignity and respect. Advocacy also can encompass reviewing and commenting on rules, regulations and laws; recommending policy changes when the health, safety, welfare or rights of residents and tenants are impacted; or educating residents, family, providers, policymakers and the general public on issues of concern to individuals residing in long-term care facilities, assisted living programs and elder group homes.

In Federal Fiscal Year 2016, the Office monitored proposed legislation and rules and provided 17 declarations, or comments, relating to proposed laws and rules that impacted residents and tenants residing in Iowa's long-term care facilities (see Appendix A).

Cases and Complaints

The Office is mandated to identify, investigate and resolve complaints made by or on behalf of residents or tenants of long-term care facilities that adversely affect their health, safety, welfare or rights.

A complaint is a concern brought to, or initiated by, the Long-Term Care Ombudsman for investigation and action on behalf of one or more residents/tenants (see Appendix B).

Each inquiry brought to, or initiated by, the Long-Term Care Ombudsman on behalf of a resident/tenant or group of residents/tenants that involves one or more complaints and requires investigation, strategy to resolve and follow-up is considered a case.

*In 2016, representatives of the Office provided **11,779 hours of advocacy** beyond complaint handling.*

*In 2016, representatives of the Office handled **1,171 new complaints and opened 708 new cases** on behalf of long-term care residents and tenants.*

Most Frequent Complaints Received by the Office of the State Long-Term Care Ombudsman (FFY 2016)

Complaint	# Received
Issues related to resident/tenant care	243
Issues related to autonomy, choice, exercise of rights, privacy	186
Issues related to admission, transfers, discharge and eviction	148
Issues related to the system and concerns apart from the facility	123
Issues related to the environment	77

Issues Addressed by the Office of the State Long-Term Care Ombudsman (by Complaint Category)

Complaint Category	Issues Addressed through this Category	
Admission, transfers, discharge and eviction	<ul style="list-style-type: none"> • Admission contract & procedures • Appeal process • Discharge/eviction – lack of planning or appropriate notice 	<ul style="list-style-type: none"> • Discrimination in admission • Refusal to readmit • Room changes or assignments
Autonomy, choice, exercise of rights, privacy	<ul style="list-style-type: none"> • Choice of personal physician, hospice or pharmacy • Confinement in facility • Dignity, respect – staff attitudes • Exercise choice and/or civil rights • Exercise right to refuse care 	<ul style="list-style-type: none"> • Language barriers • Participation in care planning • Privacy – telephone, mail, visitors and for couples • Response to complaints • Reprisal, retaliation
Environment/safety	<ul style="list-style-type: none"> • Air temperature/quality • Equipment/buildings • Furnishings • Housekeeping • Infection control 	<ul style="list-style-type: none"> • Laundry • Noise • Odors • Space for activities
Resident/tenant care	<ul style="list-style-type: none"> • Injuries or falls, improper handling • Failure to respond to requests • Concerns over personal hygiene, adequacy of dressing, grooming • Physician services • Pressure sores 	<ul style="list-style-type: none"> • Toileting, incontinent care • Inadequate care plan or failure to follow plan • Unattended symptoms, such as pain • Neglect of catheter or tubes • Failure to monitor wandering • Administration of medications
System/other	<ul style="list-style-type: none"> • Abuse, neglect, abandonment by non-staff • Bed shortage – placement • Family conflict • Financial exploitation by family or friends • Legal – guardianship, conservatorship, powers of attorney, wills • Medicare 	<ul style="list-style-type: none"> • Mental health/disabilities • Operating without a license • Problem with resident's physician • Protective services agency • Request for less restrictive placement • SSA, SSI, VA or other benefits



Community Education

The Long-Term Care Ombudsman Program presents relevant and timely information to the community on such topics as the role of the long-term care ombudsman; the rights of residents and tenants; how to advocate on behalf of or empower residents and tenants; and various subject matter topics, including powers of attorney, guardianship, conservatorship, visitation, voting rights, residents' right to sexual expression, admissions, discharges and evictions from long-term care facilities.

Consultation

The Long-Term Care Ombudsman's Office provides information and assistance to individuals, facilities and providers. A number of consultations conducted by the Office concerned residents' rights; the abuse, neglect or financial exploitation of a resident or tenant; the role of long-term care ombudsmen and ability to intervene; nursing facility and assisted living services and care issues; and involvement of family and friends. Consultation does not involve investigating or working to resolve a complaint.

Other

In an attempt to serve as a visible advocate, the Long-Term Care Ombudsman's Office participates in federal, state and local efforts to ensure the populations served by the Office are represented. Through these efforts, representatives of the Office work toward resolution of specific matters, evaluate systemic issues and share day-to-day concerns that adversely impact the health, safety, welfare or rights of residents, tenants and Medicaid managed care members.

Additionally, the Office meets with the following individuals and organizations to advocate on behalf of residents/tenants residing in Iowa's long-term care facilities:

- Older Iowans Legislature
- Iowa Department of Inspections and Appeals
- Disability Rights Iowa
- Iowa Department of Human Services
- Area Agencies on Aging
- Crisis/Closure Team
- Legal Assistance Developer and Title VII legal assistance providers, including the Legal Hotline for Older Iowans
- Facility administrators and program directors
- Administration for Community Living
- National Ombudsman Resource Center
- National Association of States United for Aging and Disabilities
- Iowa Medicaid Enterprise
- Managed Care Organizations: AmeriHealth Caritas, Amerigroup and UnitedHealthcare
- Consumer advocates

*In 2016, representatives of the Office **provided 87 community education sessions and 22 media interviews** about issues pertaining to long-term care.*

*In 2016, representatives of the Office **consulted with 14,087 residents/tenants and family members** about long-term care issues.*

*In 2016, representatives of the Office **consulted with 3,245 staff of long-term care facilities and assisted living programs** about long-term care issues.*

In addition to participating in meetings, committees and workgroups, effort has continued regarding the review and update of Iowa's Long-Term Care Ombudsman Program. Some of the efforts to fulfill this initiative include:

- Developing and implementing program protocols through policy memorandum that are sent to staff to share up-to-date information on laws, rules, regulations and issues of interest;
- Developing and implementing policies and procedures in relation to handling cases and complaints within nursing facilities, residential care facilities, assisted living programs and elder group homes to comply with new federal regulations;
- Developing and implementing policies and procedures in relation to the Volunteer Ombudsman Program and Managed Care Ombudsman Program;
- Developing and implementing policies and procedures in relation to the discharge specialist's role and responsibilities;
- Administering a listserv to share information from the Long-Term Care Ombudsman's Office to administrators of nursing facilities and residential care facilities, as well as to directors of assisted living programs and elder group homes;
- Administering a listserv to active Volunteer Ombudsman Program volunteers; and
- Developing press releases to inform and educate the general public on the efforts of the Office of the State Long-Term Care Ombudsman and bring attention to the Office as a resource for residents/tenants and their families.

FFY 2016 CASE SCENARIO:

The Discharge Specialist was able to assist a family in successfully appealing an involuntary discharge action that a facility had filed stating inability to manage the resident's behavior. The discharge specialist worked with the family to map out a strategy for the hearing showing that the behaviors of the resident were not beyond what any licensed nursing facility in the state of Iowa should be able to manage. The Administrative Law Judge (ALJ) reversed the facility's involuntary discharge determination and the resident was allowed to remain in the facility until alternative placement could be arranged.

Resident and Family Councils

The Long-Term Care Ombudsman's Office assists resident and family councils by attending meetings, upon request, and by providing technical assistance in the development and continuation of these councils. Resident and family councils are separate meetings that give residents and their families opportunities to reach out to similarly situated individuals to discuss issues, care needs, frustrations and personal experiences, as well as to receive support and encouragement.

*In 2016, representatives of the Office worked with **96 resident councils and 4 family councils** across the state.*

Resident and Tenant Visitation

The Long-Term Care Ombudsman's Office responds to inquiries, calls, e-mails and reported concerns by visiting with residents and tenants. These visits allow the local and volunteer long-term care ombudsmen to assess a situation, provide education and information and empower residents or tenants to take action, as well as to obtain additional information to pursue the concern as a complaint or case, if needed.

Survey Participation

The Long-Term Care Ombudsman's Office participates, as needed, in surveys conducted by the Department of Inspections and Appeals, which serves as the regulatory entity for long-term care facilities in Iowa to ensure their compliance with federal and state laws. The role of the Office is to provide comment; share concerns on behalf of residents, tenants, family members and volunteers; and ensure residents' and tenants' voices are heard. Participation by the Office may include pre-survey briefing or attending the resident group interview or exit interview.

Training and Technical Assistance

The Long-Term Care Ombudsman's Office provides education, training and technical assistance to ombudsmen, volunteers and facility/program staff. Training and education is needed to ensure staff and volunteers are eligible to maintain certifications and stay abreast of issues surrounding long-term care.

Technical assistance is provided to local long-term care ombudsmen, volunteer coordinators, the discharge specialist, managed care ombudsmen and volunteer ombudsmen to ensure the consistent and uniform interpretation and implementation of laws, rules and regulations statewide.

*In 2016, representatives of the Office **made 696 complaint-related visits and 4,346 non-complaint visits** to long-term care residents and tenants.*

*In 2016, representatives of the Office **participated in 99 facility surveys** throughout Iowa.*

*In 2016, the Office **provided 115 training sessions reaching 6,451 individuals and 5,038 technical assistance contacts** to long-term care ombudsmen and volunteers and **provided 30 training sessions** to facility staff.*



Recommendations

Despite the positive efforts and outcomes listed, there are barriers that exist when attempting to protect the rights, health, safety, and welfare of persons residing in long-term care. The following issues are of particular concern and need to be addressed:

1. Quality Care and Treatment

Ensure residents and tenants residing in long-term care facilities receive care and services that enhance their quality of life. This is a right, not a privilege, and quality should be the rule, not the exception.

Individuals residing in long-term care settings deserve quality of care and treatment. For this to occur, however, there must be sufficient and trained staff to deliver appropriate levels of care, to respond to requests for assistance in a timely fashion, and to competently attend to the needs of the residents or tenants.

Concerns over resident care and treatment continue to be the primary complaint that the Office of the State Long-Term Care Ombudsman receives.

Solutions:

- a) Guarantee that residents receive any specialized or specialized rehabilitative services as a result of the Pre-Admission Screening and Resident Review (PASRR) recommendations.
- b) Monitor facilities' implementation of the new regulations that require care and treatment to be provided in accordance with the resident's choice, developing a person-centered care plan and a comprehensive assessment.
- c) Monitor facility staffing practices to ensure that residents' personal needs and preferences are being met.
- d) Review staffing practices to ensure that sufficient staff, with appropriate competencies, is in place to meet the needs of the resident population.
- e) Provide training opportunities to facility staff that address resident rights, dementia management and sexuality.

*During this reporting period, **243 concerns** were brought forth regarding resident and tenant care and treatment.*

2. Resident and Tenant Rights: Autonomy, Choice, Privacy and Exercise of Rights

Ensure residents and tenants residing in long-term care facilities are allowed to direct their own care and have choice, privacy and the ability to exercise their rights. These rights are provided through law and guaranteed to each and every person that resides in a long-term care facility or assisted living program.

Too many times, individuals residing in long-term care are treated as if they cannot make a decision or voice an opinion about their needs. This means care happens to them, rather than with them. Residents and tenants do not lose their rights to make decisions simply because they move into a different environment. Some individuals are comfortable advocating for themselves, once given the tools to be an effective advocate, while others reach out to a local or volunteer long-term care ombudsman for assistance in ensuring their rights are protected.

Concerns over resident and tenant rights to autonomy, choice, privacy and exercise of rights continue to be the second largest category of complaints that the Office of the State Long-Term Care Ombudsman receives.

Solutions:

- a) Educate residents on the new regulations that allow for greater focus on residents' individual needs/preferences and gives them increased control and choice.
- b) Promote self-determination of residents to live in an environment that supports choice.
- c) Monitor facilities' implementation of new regulations that require facilities to protect resident belongings from loss and theft, as well as review admission agreements to ensure this right is not waived.
- d) Involve residents in developing their plans of care and identifying their needs, strengths, goals, life history and preferences.
- e) Educate consumers and facilities on a resident's right to designate a "resident representative" and the role of that individual.

*During this reporting period,
186 concerns were brought
forth regarding autonomy,
choice, privacy and rights.*

3. Resident and Tenant Rights: Admission, Transfer, Discharge and Eviction

Ensure residents and tenants residing in long-term care facilities understand their rights throughout the admission, discharge and transfer process.

An individual's realization that he or she will need to move from the environment known as home is an emotional journey that some residents and their families do, unfortunately, experience. Many do not know they have due process rights that require a facility or program to give notice, as well as the right to appeal the decision to discharge or transfer. In some cases, families are not informed of this right; they are simply told that the facility can no longer care for their family member and that he or she must be moved. Residents do, in fact, have choice and, at the very least, have the right to question any assessment or decision that impacts their right to residence.

Concerns over resident and tenant rights to admission, transfer, discharge and eviction continue to be the third largest category of complaints that the Office of the State Long-Term Care Ombudsman receives.

Solutions:

- a) Educate residents on their rights regarding a transfer to another room.
- b) Provide education regarding the new regulations on improper discharges to hospitals and on appeal rights for involuntary discharges and transfers.
- c) Educate oversight and protective agencies about financial exploitation to protect residents and tenants from involuntary discharges and involuntary transfers due to a fiduciary's lack of action in applying for Medicaid assistance or a fiduciary's non-payment of nursing facility and assisted living program care expenses.
- d) Monitor and participate in residential care facility closures to provide residents with assistance to ensure a safe and secure transition from the residential care facility to the community.
- e) Review trends regarding facilities denial of admission based on a resident's participation in Medicaid managed care.

*During this reporting period,
148 concerns were brought
forth regarding admission,
transfer, discharge and
eviction*

Issues to Watch

During Federal Fiscal Year 2017 (Oct. 1, 2016 – Sept. 30, 2017), some of the key issues the Office of the State Long-Term Care Ombudsman will continue to monitor closely include:

1

Implementation of the new nursing facility regulations and the impact on residents

2

Medicaid Managed care and the correlation between Medicaid as a payment source and non-admission to long-term care facilities

3

Pre-Admission Screening and Resident Review (PASRR) and the correlation between the need to provide specialized services and non-admission to long-term care facilities

4

Placement options for sex offenders and individuals with behavior issues

5

Implementation of the new dependent adult abuse assessment tool and its impact on residents

6

Decertification of Assisted Living Programs and the transition to independent, non-licensed living units

7

Mental health care treatment, supports, and access to services through the mental health redesign and the effect on consumers

8

Discharges and transfers from long-term care facilities to hospitals to ensure protocols exist to honor due process rights

9

Implementation of all residents' and tenants' rights to ensure their voices are heard, respected and honored

10

Staffing levels which are sufficient to meet the needs of residents and tenants and the correlation of quality care

Appendix A:

Legislative Declarations

Legislative Declarations (FFY 2016)

In FFY 2016, the Office monitored proposed bills and rules and provided the following 17 declarations, or comments, relating to proposed legislation that impacted residents and tenants residing in Iowa's long-term care facilities:

Bill	Topic	Explanations	Declaration
HF 2449	Administrative rulemaking	Requires a state agency to commence rulemaking in accordance with requirements contained in the bill	Undecided
HF 2103	Assisted living program meals	Licensure and inspection requirements for assisted living programs that prepare meals to be delivered off-site to another entity	Undecided
SF 2051	Iowa Death with Dignity Act	Permits a competent adult patient residing in Iowa, who is terminally ill with less than six months to live as verified by two physicians, to voluntarily request medication that will end the person's life	For
SSB 3066	Dementia education	Development and implementation of a public awareness campaign on Alzheimer's and other dementias, and providing an appropriation	For
HSB 566	Dementia training	Dementia-specific training, competency evaluations, and continuing education for certain persons providing dementia care and related services	For
SSB 3105	HIPAA	Provides a process for health care providers to allow a patient to designate and authorize a person to whom the patient's health care information may be disclosed	Undecided
HF 252	Hospital transition	Improved transitions from hospital discharge to a nursing facility	For
SSB 3113	MAAC membership	Adding the state long-term care ombudsman's office to the membership of the medical assistance advisory council	For
SF 2107	Medicaid	Medicaid program improvement, and including effective date and retroactive applicability provisions	For
SF 2213	Medicaid	Medicaid program improvement, and including effective date and retroactive applicability provisions	For
SF 2305	Medicaid	Medicaid program improvement, and including effective date and retroactive applicability provisions	For
SSB 3173	Medicaid	Medicaid program improvement, and including effective date and retroactive applicability provisions	For
HF 2040	Mental health advocate	Exercise of a mental health advocate's duties	Undecided
SF 2079	Prescriptions	Dispensing of additional quantities of a prescription within the limitations of the prescription	For
SSB 1093	Prescriptions	Prescription authority for certain psychologists	For
SF 474	Tax credit	Provides a nonrefundable caregiver tax credit against the individual income tax equal to \$500 for each applicable individual for whom a taxpayer is treated as being an eligible caregiver for the tax year	Undecided
SSB 1198	Vaccines	Permits hospitals and long-term care pharmacies to administer pneumococcal vaccines without a written order from a physician	For

Appendix B:

Complaints and Case Data

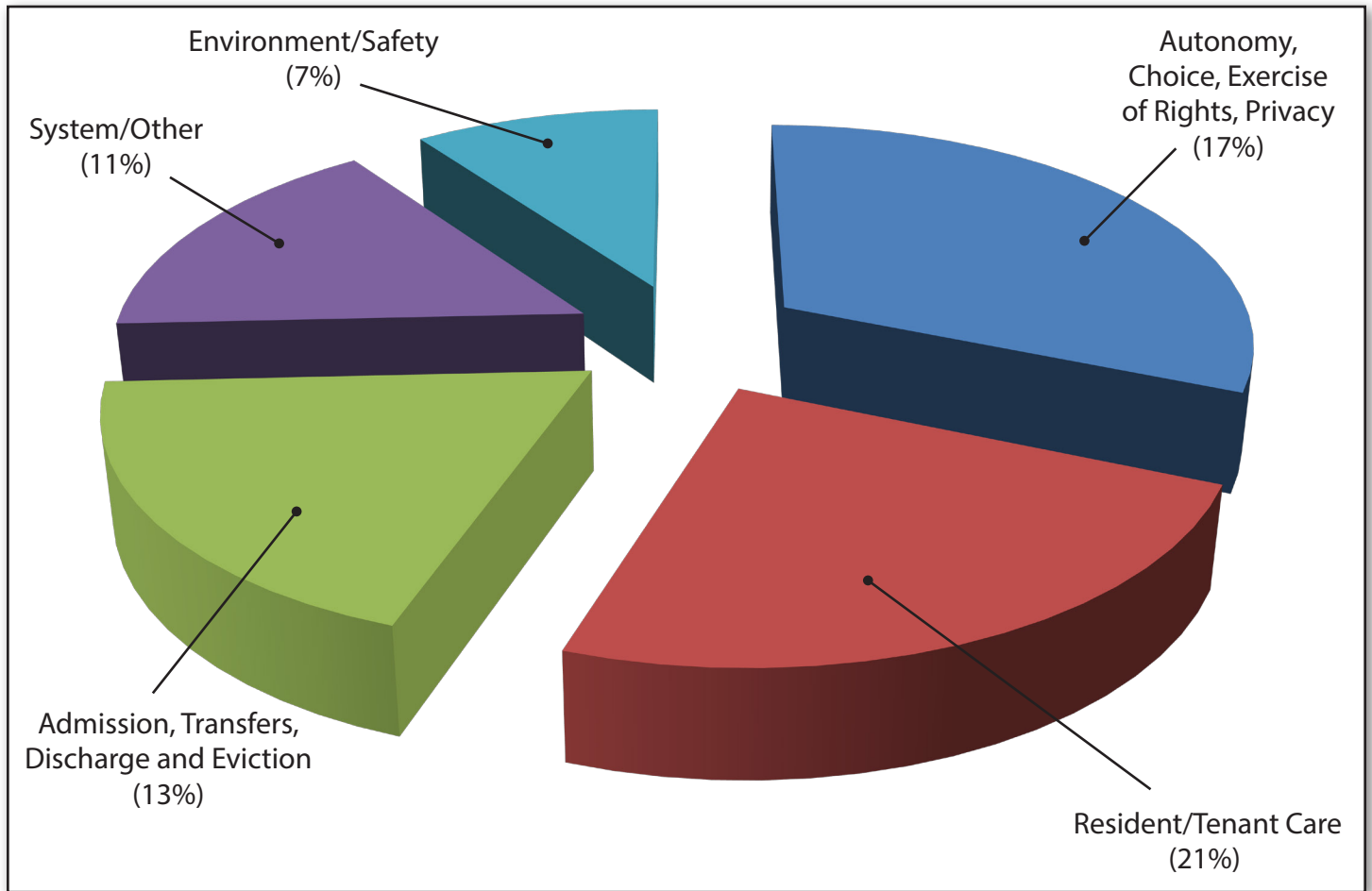
Complaints and Case Data (FFY 2016)

In FFY 2016, the Office investigated 1,171 new complaints that resulted in opening 708 new cases. Details pertaining to the types of complaints the Office received are reflected in the table below:

Complaint Category	Issues Addressed in this Complaint Category	# of Complaints Received in FFY 2016	% of Total Complaints Received in FFY 2016
Resident and Tenant Care	Injuries, response to requests for assistance, care plan/resident assessment, contracture, medications, personal hygiene, physician services, pressure sores, symptoms unattended, incontinent care, tubes, wandering	243	21%
Autonomy, Choice, Exercise of Rights, Privacy	Physician, pharmacy, hospice, other health care provider, confinement, treated with dignity & respect, smoking, refuse care, language barrier, participate in care plan, privacy to visitors/telephone/mail/couples/treatment/confidentiality, response to complaints/retaliation	186	17%
Admission, Transfer, Discharge, Eviction	Admission contract & procedure, appeal process, bed hold, discharge/eviction notice & procedure, discrimination due to disability, Medicaid status, room assignment	148	13%
System/Others	Abuse by family member/friend/guardian, bed shortage, facilities operating without a license, family conflict, legal, Medicare, mental health/developmental disabilities/PASRR, physician/assistant, protective service agency, SSA/SSI/VA/other health benefits/agencies, request for less restrictive placement	123	11%
Environment/Safety	Air temperature/quality, noise, housekeeping, equipment/buildings, furnishings, infection control, laundry, odors, space for activities/dining, supplies, ADA accessibility	77	7%
Dietary	Assistance in eating, hydration, food service, snacks, temperature, therapeutic diet, weight loss	75	6%
Financial, Property Lost, Missing or Stolen	Billing/charges, personal funds, personal property	74	6%
Rehabilitation or Maintenance of Function	Assistive devices, bowel/bladder training, dental & mental health services, ambulation, therapies, vision & hearing	68	5%
Activities and Social Services	Choice, community interaction, resident conflict, social services availability/appropriateness	41	3%
Staffing	Communication barrier, shortage of staff, staff training/turn-over/unresponsive, supervision, eating assistants	41	3%
Access to Information	Access to records, to visitors, information on services/benefits/medical/advance directives/rights	28	2%
Abuse, Gross Neglect, Exploitation	Physical, sexual, verbal, seclusion, financial and resident to resident willful deprivation	21	2%
Policies, Procedures, Attitudes, Resources	Abuse investigation/reporting, administrator unresponsive, grievance procedure, inappropriate or illegal policies, insufficient funds to operate, operator inadequately trained, offering inappropriate level of care, resident or family council interference	20	2%
State Medicaid Agency	Access to information application, denial of eligibility, non-covered services, personal needs allowance, services	18	2%
Certification/Licensing Agency	Access to information including survey, response to complaint, decertification/closure, sanction, survey process/ombudsman participation, transfer/eviction hearing	3	0%
Restraints – Chemical and Physical	Physical restraint and psychoactive drugs-assessment use, monitoring, evaluation	3	0%
Services Other than NF/RCF/ALP	Home care, hospital/hospice, congregate housing not providing care, services from outside provider	2	0%

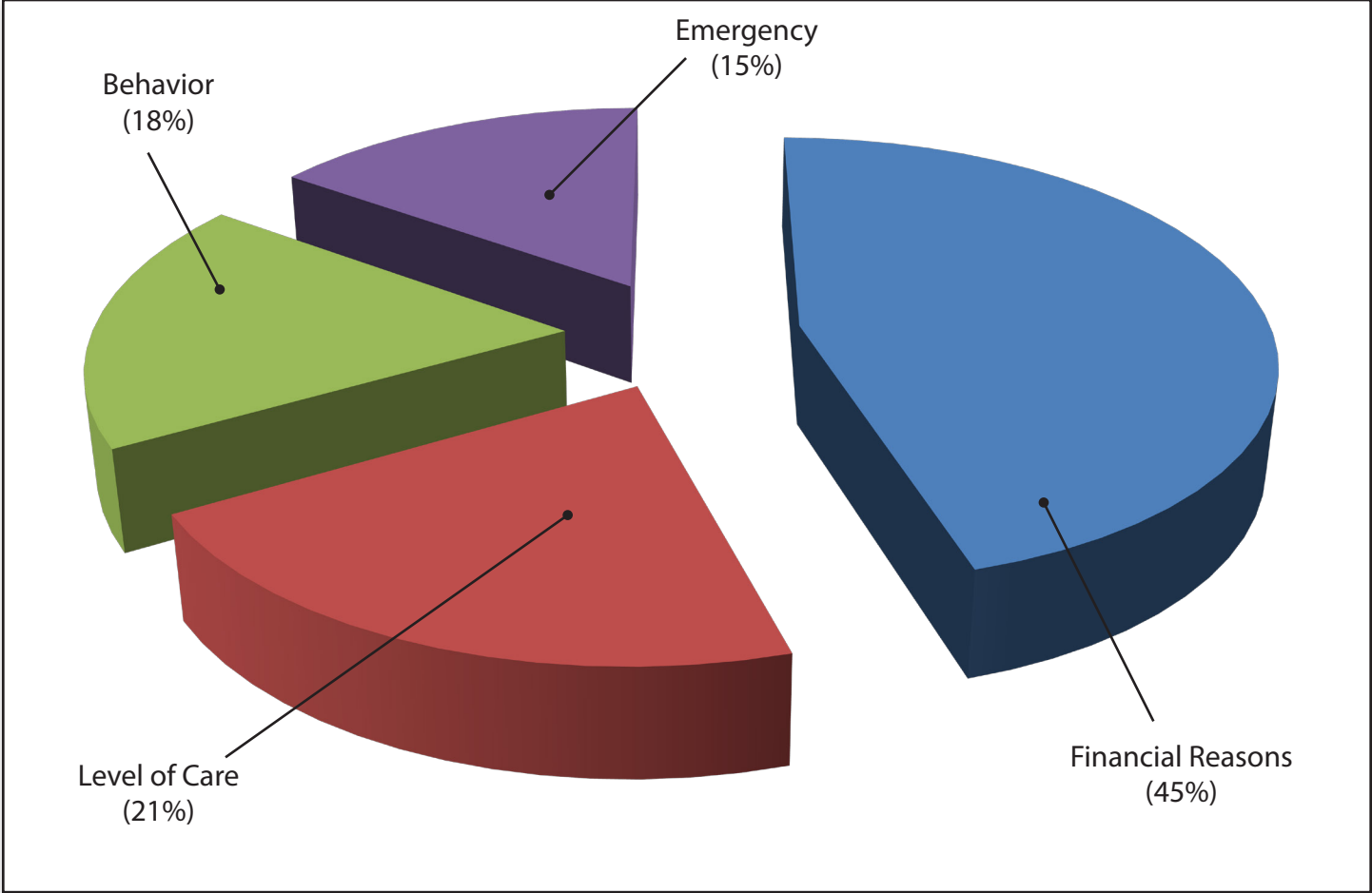
Top Five Complaints Received in FFY 2016 (by Complaint Category)

In FFY 2016, the Office investigated 1,171 new complaints. Most complaints fell into one of the top five Complaint Categories:



Involuntary Discharge Notices Responded to in FFY 2016 (by Reason)

In FFY 2016, the Office responded to 322 notices of discharge from across the state. The top four reasons given for involuntary discharge included the following:



Top Five Program Activities Completed in FFY 2016 (by Percentage of Time)

In FFY 2016, the Office provided 11,779 hours of advocacy beyond complaint handling. According to time spent, the following program activities were the top five to which the Office allocated its resources:

