

**CHAPTER 400: LONG-TERM CARE OMBUDSMAN PROGRAM SERVICE
DELIVERY POLICIES & PROCEDURES**

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401: Program Service Components

- A. The Long-Term Care Ombudsman Program service components are:
 - 1. identification, investigation and resolution of complaints on behalf of residents;
 - 2. routine visits in long-term care facilities;
 - 3. information and assistance and community education;
 - 4. issue advocacy;
 - 5. resident and family councils support and development.
- B. All Regional Programs must provide and document the provision of each of these service components.
- C. The Regional Program Annual Services Plan shall set forth the service activities for each fiscal year and shall meet or exceed any benchmark measures set by the Office.
- D. The activities of the designated Regional Programs shall be evaluated by the Office on a regular basis as outlined in Section 408 of this Manual.
- E. The Home Care Ombudsman service components are:
 - 1. identification, investigation and resolution of complaints on behalf of participants;
 - 2. response to inquiries;
 - 3. community education;
 - 4. issue advocacy; and
 - 5. stakeholder meetings attendance.
- F. All Home Care Ombudsmen must provide and document the provision of each of these service components.
- G. The Deputy State Home Care Ombudsman shall set forth the service activities for each fiscal year and Home Care Ombudsmen shall meet or exceed any benchmark measures set by the Office.
- H. The activities of the Home Care Ombudsmen shall be evaluated by the Deputy State Home Care Ombudsman on a monthly basis.

402: Investigative Services

- A. Every Regional Program shall receive, investigate and resolve complaints made by or on behalf of residents relating to actions, inactions, or decisions of providers, or their representatives, of long-term care services, of public agencies, or of social service agencies, which may adversely affect the health, safety, welfare or rights of such residents. Whenever questions arise regarding appropriate Program practice that is not addressed in this Manual, the Office should be contacted for guidance.

- B. The Home Care Ombudsman Program shall receive, investigate and resolve complaints made by or on behalf of participants which may adversely affect the health, safety, welfare or rights of such participants.

403: Regular Presence in Long-Term Care Facilities

- A. The Regional Program shall provide a regular presence in long-term care facilities.
 - 1. A visit for the purpose of investigating a complaint, working with the resident or family council, presenting an in-service for facility staff, participating in an annual survey or any other Program related reason may be made simultaneously with a routine visit to maximize efficient use of time, resources and opportunities to address resident problems and concerns.
 - 2. Except for planned training for facility staff or scheduled meetings, visits to facilities shall be unannounced and staggered so that facilities have no basis to predict the timing of the visit.
 - 3. At a minimum, the Regional Program shall conduct a routine visit at each facility at least once per quarter. The covered facility types include:
 - a) skilled nursing
 - b) intermediate care
 - c) sheltered care
 - d) assisted living and shared housing
 - f) supportive living
 - g) intermediate care for the developmentally disabled
 - h) specialized mental health rehabilitation facilities
 - i) medically complex for the developmentally disabled (if they house residents age 18 or over).
- B. Ombudsmen shall keep a record of dates, times and actions taken during visits to facilities and document observations after each facility visit in accordance with this Manual.
- C. The Regional Program shall ensure residents have regular and timely access to Ombudsmen.
 - 1. Ombudsmen presence in facilities should be as frequent as possible but at a minimum, once a quarter.
 - 2. Ombudsmen presence shall be increased in facilities with:
 - a) a history of serious frequent complaints;
 - b) a change in ownership or administration if this change raises concerns about facility operations;

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- c) imposition of a serious state or federal sanction or plan of correction;
 - d) a pending bankruptcy; or
 - e) an imminent closure.
 3. Ombudsman presence shall be increased at the request of the Office or for any reason necessary to protect residents' interests as determined by the Regional Ombudsman.
 - D. Ombudsmen shall attempt to meet with the facility administrator for the initial visit to any facility to:
 1. introduce themselves and the Ombudsman Program and;
 2. determine who shall act as the appropriate contact person(s) for the facility when complaints arise.
 - E. Upon entering the facility, the Ombudsman shall:
 1. wear their identification badge at all times;
 2. sign in when required and may notify the administrator or other staff of their arrival;
 3. have unescorted access to all areas of the facility;
 4. ask for and receive a resident roster when needed;
 5. not be required to provide information to facility staff regarding the purpose of the visit. Doing so is a breach of confidentiality.
 - F. At a minimum, a routine visit shall include:
 1. walking through all public areas of the facility;
 2. contacting or attempting contact with the resident council president or other resident council member for an update since the last visit;
 3. confirming the Program posters are appropriately displayed; and
 4. making contact with individual residents.
 - G. Ombudsmen shall closely observe all appropriate aspects of the facility, including but limited to:
 1. common areas, including functionality, cleanliness and odors;
 2. care provision, including resident cleanliness and comfort;
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3. activities provided according to activities calendar;
 4. meal provision and posting of menus and;
 5. availability of the most recent Illinois Department of Public Health facility survey.
- H. The Ombudsman shall knock, await permission before entering a resident's room, and identify themselves as an Ombudsman or resident advocate.
- I. If a resident's room is not suitable for private communication, or such communication infringes on the rights of roommates, the Ombudsman shall seek an appropriate private place for a meeting.
- J. If a resident refuses to communicate with the Ombudsman, the Ombudsman shall honor the resident's wishes and respectfully discontinue the communication.
- K. Ombudsmen shall maintain confidentiality with individual residents, groups of residents, family, and/or staff.
- L. Ombudsmen shall provide residents, families and staff with the Ombudsman Program Brochures.
- M. Ombudsmen shall explain the purpose of the Program and introduce themselves to active members of the residents' advisory council and attempt to see residents who have been admitted since the last Ombudsman visit.
- N. Ombudsmen shall not:
1. provide any type of care to residents;
 2. provide transportation to residents;
 3. make purchases on behalf of residents or facility staff;
 4. provide or accept money, food, drinks, gifts, gratuities, or any other consideration to or from residents or facility staff; nor
 5. become involved in facility staff's internal disputes that do not affect resident care or quality of life.

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- O. Ombudsmen shall confirm that facilities post the Program poster as required under Title 89 IL Admin Code 270.115. Posters shall be prominently displayed:
1. in each wing on each floor of the facility;
 2. in each of the facility's activity rooms; and
 3. at the main entrance/exit of the facility.
 4. The poster shall be prominently displayed in the facility in a place accessible to the residents and the public. The poster shall not be obscured in any manner by any other material. Each poster shall be placed with the bottom of the poster approximately 42 inches from the level of the floor.
 5. If a majority of residents speak a language other than English, then a majority of the posters shall be in that language if they are available from the Department.
 6. The poster shall include the address and phone number of the Office and the Regional Program.

404: Information and Assistance, Inquiries, Community Education and Training for Facility Staff

A. Information and Assistance

1. The Program shall provide information and assistance regarding long-term care issues and the needs and rights of residents.
2. The Program shall promptly respond to requests for information; however, responses should not take more than five business days when practicable.

B. Inquiries

1. The Home Care Ombudsman Program shall provide information regarding the needs and rights of participants of HCBS waivers and managed care organizations.
2. The Home Care Ombudsman Program shall promptly respond to requests for information; however, responses should not take more than five (5) business days when practicable.

C. Community Education

1. The Program shall provide general presentations to community members, stakeholders, universities, state agencies, places of worship, or advocacy groups, etc. per Office requirements
2. Ombudsmen shall participate in community and health fairs and similar gatherings where the Ombudsman has a display and hand-outs and is available to provide information to the attendees.
3. Community Education can be web-based or on-line and must have a way to count the number of individuals who completed the session.
4. Newsletters, blogs and other forms of media do not constitute community education for the purposes of federal reporting.

D. Training for Facility Staff

1. The Program shall provide training to long-term care facility staff in-person, web-based, or on-line per Office requirements.
2. If the training is conducted via web-based or on-line, the Ombudsman must have a way to count the number of individuals who completed a training session for the purposes of federal reporting.

405: Issue Advocacy

- A. The Program shall assure that the interests of residents and participants are represented to governmental agencies and policymakers.
- B. Issue advocacy activities performed by Ombudsmen shall be consistent with the positions of the Office.
- C. Issue advocacy activities may include:
 - 1. informing advocacy groups, governmental agencies and policymakers regarding the impact of laws, policies, or practices on residents and participants;
 - 2. advocating for modification of laws, regulations, and other governmental policies and actions pertaining to the rights and well-being of residents and participants;
 - 3. facilitating the ability of residents, participants, resident and family councils, and the public to comment on such laws, regulations, policies, and actions;
 - 4. developing or participating in committees or workgroups to study long-term care issues;
 - 5. presenting to and participating in public hearings related to long-term care issues; and
 - 6. educating other aging service providers, advocacy groups, and the public on specific long-term care issues and policies.
- D. The Program may address resident and participant complaints through issue advocacy when:
 - 1. there are no statutory or regulatory remedies;
 - 2. many residents or participants share a similar complaint or are affected by a similar policy or practice; or
 - 3. other strategies to reach resolution with particular facilities or agencies have been unsuccessful.
- E. The Regional Programs may consider joint efforts with AAAs, provider agencies, advisory councils, resident councils, family councils or other advocacy organizations. The Regional Program may attempt to involve residents, participants and families in issue advocacy.

F. The Office shall:

1. when possible, inform the Director, or his or her designee, of plans to engage in the issue advocacy activity in advance and as reasonable, provide written testimonies;
2. represent the interests of residents and participants before government agencies and seek administrative, legal and other remedies to protect the health, safety, welfare and rights of the residents and participants;
3. review, and if necessary, comment on any existing and proposed laws, regulations and other government policies and actions that pertain to the rights and well-being of residents and participants;
4. facilitate public comment on laws, policies and actions;
5. link Regional Programs and advocacy groups with mutual concerns or issues;
6. coordinate issue advocacy activities within the Program;
7. develop and implement advocacy priorities and strategies;
8. identify and meet, to the extent possible, resources and training needs of Ombudsmen and others related to issue advocacy; and
9. provide training and technical assistance to AAAs, provider agencies and others in the aging and disability network regarding the Office's role in issue advocacy and the issue advocacy priorities as determined by the Office and Regional Programs.

406: Resident and Family Councils

- A. The Program shall provide technical support to resident and family councils. The Program shall respond to questions and provide literature and assistance relating to resident and family councils.
- B. Program involvement and assistance in council activities may include helping with the development of new councils and informing the leadership and/or membership of resident and family councils about:
 - 1. the purpose of the Program;
 - 2. the Program's availability to assist resident and family councils; and
 - 3. the topics the Program is prepared to present if requested.
- C. Ombudsmen shall make every effort to be present at resident and family council meetings, when invited.
- D. The Office shall provide technical assistance to Regional Programs to promote the development of resident and family councils.

407: The Regional Program Annual Services Plan

- A. The Office shall create the Regional Program Annual Services Plan document format.
- B. AAAs are required to provide comments to the Office regarding the Regional Program Annual Services Plan within fifteen (15) days of receipt of the Plan.
- C. The Office shall review and issue final approval of the Regional Program Annual Services Plan within forty-five (45) calendar days of receipt when practicable. If changes must be made to a Regional Program Annual Services Plan, the Office shall provide assistance to the Regional Ombudsman to develop an acceptable plan. The Office shall notify the Regional Program and AAA of the approval of the Plan.

408: Monitoring and Evaluation of the Program

- A. The Regional Ombudsman shall complete and submit a mid-year Annual Services Plan Progress Report to the Office no later than April 15th. The report shall be submitted on a form prepared by the Office.
- B. The Office shall review, at least quarterly, the activities and complaint data of the statewide Program and each Regional Program, together with the Regional Program Annual Services Plan and Program benchmarks to evaluate Program performance.
- C. The Office shall make periodic site visits at least once every three (3) years or more often if needed to monitor the Regional Program's performance and provide technical assistance and support to Regional Programs as deemed necessary by the Office. This evaluation shall include review of the Regional Program's budget.
- D. The Office shall submit an Annual Report on March 1st of each year or as soon thereafter as is practicable to the Assistant Secretary of the U.S. Department of Health and Human Services, the Governor, the General Assembly, the Director of the Illinois Department on Aging, the Director of the Illinois Department of Public Health, the Director of the Illinois Department of Healthcare and Family Services, other appropriate governmental entities, and the general public.
- E. The Annual Report shall include the following:
 - 1. a description of activities carried out by the Office in the year for which the report is prepared;
 - 2. an analysis of the data collected under Section 507;
 - 3. an evaluation of the problems experienced by, and the complaints made by or on behalf of, residents;
 - 4. recommendations for policy, regulatory, or legislative changes to improve quality of care and life of residents;
 - 5. an analysis of the success of the Program; and
 - 6. a summary of identified barriers that prevent the optimal operation of the Program.
- F. The Office shall analyze activity and complaint data to determine Program trends and performance for planning purposes.
- G. The Office shall submit a quarterly progress report to the Director.
- H. For purposes of state monitoring of the Ombudsman Program, the Department shall adhere to [45 CFR §1321.11] as now or hereafter amended.