

Expansion of Illinois' Long-Term Care Ombudsman Program: Home Care and Managed Care

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By:



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Executive Summary

Illinois' State Long-Term Care Ombudsman (SLTCO) Office commissioned this report to inform the expansion of the Illinois Long-Term Care Ombudsman Program (LTCOP) into the home care and managed care settings. Planning for the expansion began in 2012 and state legislation authorizing the expansion was signed into law August 2013. The SLTCO Office continues the expansion now through ongoing planning and program development.

Expanding into the home care and managed care settings represents a culture change for the LTCOP, which has, since 1975, focused on serving individuals living in institutional settings. Despite the change in where ombudsman services will be provided, the role of ombudsman remains the same: serving as an independent voice and advocating for individuals receiving long-term services and supports (LTSS).

At least 13 states, including Illinois, have enacted legislation authorizing the expansion of the LTCOP into the home care setting. Further, as Illinois and states across the country continue to implement Medicaid managed care programs that include LTSS, ombudsman will see a rise in the population of their clients covered in managed care settings.

The Illinois SLTCO Office's decision to expand the Program is timely and critical to ensuring that LTSS clients have a voice across the continuum of care: in institutional, home care and managed care settings. Initially born out of necessity to protect institutional residents from abuse and neglect, the expansion of the LTCOP will help to mitigate future incidents of this nature.

This expansion is not a simple matter of adding another category of target population and adding administrative oversight to the LTCOP. Illinois' SLTCO Office is forward thinking in its preparation for the expansion of the LTCOP into home care and managed care. In addition to commissioning this report, Illinois' SLTCO Office:

- Helped to pass legislation giving Illinois the authority for this expansion
- Applied for funding to serve enrollees of a major managed care demonstration project that will serve dually eligible Medicare and Medicaid beneficiaries
- Commissioned the National Ombudsman Resource Center to make recommendations that will improve the LTCOP benchmarking system and ensure continuous program quality improvement
- Contracted with the Consumer Voice to revise the LTCOP Standards and to develop a separate Policies and Procedures manual

This report provides a blue print for the Illinois SLTCO Office to design a comprehensive approach to expand the LTCOP. The findings of this report were determined through policy analysis, research, and interviews with key informants both in Illinois and across the country. Several critical areas to consider in the LTCOP expansion are addressed with accompanying recommendations to promote a successful expansion:

- The Current State and Regional Ombudsman Program Structure
- Stakeholder Engagement
- Staffing

- Training
- Education
- Funding
- Quality Assurances through Data
- Designing a Pilot Project

As the SLTCO Office expands the LTCOP into home care and managed care settings, partnerships within the LTCOP network and beyond are essential. Specifically, the following entities will be called upon to play a leadership role in supporting the expansion:

- DOA (Department on Aging), HFS (Healthcare and Family Services, DHS (Department of Human Services), DPH (Department of Public Health)
- AAA (Area Agencies on Aging)
- LTCOP PAs (Provider Agencies)
- RO (Regional Ombudsmen)
- LTSS stakeholders, including: care coordinators and service providers
- The Illinois Long-Term Care Council, the Illinois Ombudsman Advisory Board and the Illinois Association of Long-Term Care Ombudsman

While the ombudsman skill-set is the same for giving voice to a vulnerable population through education, advocacy and complaint resolution, the SLTCO must implement programmatic changes across the LTCOP. Recommendations for implementing programmatic changes are provided throughout this report and are also provided as an appendix for easy reference (see page 64, Appendix D: "Quick Reference to Report Recommendations").

The SLTCO should implement the following priority recommendations to ensure a successful expansion of the LTCOP:

1. Widely disseminate this report to stakeholders including: DOA, HFS, DHS, DPH, legislators, AAAs, PAs, RO, the Illinois Long-Term Care Council, and the Illinois Association of Long-Term Care Ombudsman.
2. Ensure that ombudsmen have the authority to access records in both the home care and managed care settings through written rules for Public Act 098-0380 by working with DOA legal staff. Investigate the authority of Ombudsmen to gain entry into homes of people who request Ombuds services, as well as ensuring that Ombudsmen are not mandated reporters
3. Identify and address potential conflicts of interest associated with the expansion within the current LTCOP structure at the DOA level, AAA level and PA level.
4. Update existing protocols and processes to reflect the expanded LTCOP structure including: PA designation process through competitive requests-for-proposal, and the LTCOP Standards, Policies and Procedures Manual.

5. Develop a stakeholder engagement plan, with support from the Illinois Long-Term Care Council, and disseminate to all stakeholders. The stakeholder engagement plan should include the SLTCO meeting with DOA, HFS, and DHS to differentiate the LTCOP from other related programs and services.
6. Address current SLTCO Office staffing inadequacy by hiring additional staff to support the expanded LTCOP.
7. Develop new systems of management within the SLTCO Office including: easily accessible answers to Frequently Asked Questions, build time into ongoing training to discuss LTCOP expansion, and offer regularly scheduled meetings for facilitated ombudsmen cases discussion.
8. Meet with DOA and HFS leadership to secure Medicaid Administrative Funds for eligible LTCOP services.
9. Explore additional state funding options with DOA, HFS and DPH leadership including: Civil Money Penalty funds and additional Nursing Home Bed Tax funds.
10. Update the current regional LTCOP benchmarking system to include specific home care and managed care goals.
11. Design and implement a pilot project that includes geographic variability of regional LTCOPs as pilot sites. The pilot project should be designed to standardize the statewide expanded LTCOP in the following areas: training, outreach and education, and definition for expanded ombudsman role.
12. Review full recommendations of this report, provided in Appendix D (page 64), and develop an implementation plan that extends beyond these priority recommendations.

Introduction

In response to problems found in nursing homes, the Long-Term Care Ombudsman Program (LTCOP) began as a series of state demonstration projects in the early 1970's. Following the success of these programs, in 1975 the federal Older Americans Act (OAA) authorized funding for a nationwide expansion of the nursing home ombudsman to operate through the Aging Services Network in all states, relying largely on volunteer ombudsman.¹ By the 1980's, all states were required to have a LTCOP, serving individuals in a range of institutionally-based long-term care (LTC) settings. For the purposes of this report any reference to LTC facilities, or institutional care, refers to skilled nursing facilities, assisted living facilities and supportive living facilities.²

Today, the LTCOP is part of each state's elder rights system envisioned by Title VII, Section 712 of the OAA.³ As an independent voice for individuals in LTC facilities, the LTCOP:

- Advocates on behalf of residents of LTC facilities
- Advocates for systems change in representing LTC facilities' residents' interest through administrative, legal and other remedies
- Provides information, consultation, and education to facilities, residents of facilities and their families, and other agencies in support of empowering residents and their caregivers to advocate on their own behalf⁴
- Analyzes, monitors, and recommends appropriate changes to Federal, State and local laws, regulations, and other government actions that pertain to the health, safety, welfare, and rights of residents with respect to the adequacy of LTC

Ombudsman are professional problem solvers and advocates, whose primary role is to investigate complaints from residents of long-term care facilities, and more recently, individuals living at home in the community. As dedicated advocates for the will of individuals they serve, ombudsmen are not mandated reporters, nor are they paid by the consumers they serve.

Nationally, over 9,000 volunteer and 1,000 professional ombudsmen handle complaints from LTC residents, which may include problems with service providers, frequency of service, or simply a lack of appropriate information.⁵ To deal with complaints effectively, ombudsmen draw on strong problem

¹ The National Long-Term Care Ombudsman Resource Center. "The Long-Term Care Ombudsman Program 1972-2009 - Program Milestones." Available online: <http://www.ltombudsman.org/about-ombudsmen/program-history>

² Note: Illinois LTCOP has previously expanded from serving only skilled nursing facility residents to also serving assisted living and supportive living facility residents; the current expansion to home care and managed care is a natural progression of the LTCOP's growth.

³ National Association of States United for Aging and Disabilities. (2011). "A Primer for State Aging Directors and Executive Staff: State Long-Term Care Ombudsman Program", p.8

⁴ NORC at the University of Chicago. (2013). "Final Report: Evaluation Study Design for Long-Term Care Ombudsman Programs under the Older Americans Act: Research Design Options." See page 9, available online: http://www.aoa.gov/aoaroot/program_results/docs/LTCOP%20Evaluation%20Study%20Design_01312013.pdf

⁵ Centers for Medicare and Medicaid Services, National Direct Service Workforce Resource Center (2013) "Best Practices for Home and Community-Based Ombudsmen" Available online: www.dswresourcecenter.org/tiki-download_file.php?fileId=567

solving skills, knowledge of the relevant rights and regulations, and effective relationships with consumers, service providers, and other agencies.

LTCOP Expansion to Home Care and Managed Care

Why Expand to Home Care?

An ongoing long-term care trend is the balancing of facility-based LTC with home and community-based services (HCBS). Since the passage of Medicaid, provision of LTC in facilities has been an entitlement, but consumer preference, strengthened in 1999 by the *Olmsted v L.C.* Supreme Court decision⁶ continues to push for LTC to be delivered through HCBS. In recognition of this trend, the 2006 reauthorization of the OAA extended the responsibilities of the aging network to encourage HCBS.⁷

The increased shift of providing care in institutional settings into receiving services in the home and community-based setting means that there will be more people with vulnerabilities who will receive services in their homes. The Illinois LTCOP has an opportunity to proactively develop and prepare for consumers being served in home care and managed care. When Illinois' LTCOP expands into the home care and managed care setting, the state has the opportunity to strengthen the homecare/managed care consumers' voice and to mitigate incidents of abuse and neglect.

Currently, 12 states have enacted legislation that codifies the role of ombudsmen as advocates for consumers residing at home or in the community.⁸ However, as yet there are few if any best practices for ombudsman work in home care. Illinois is following in these states' footsteps, building on their important work. It is important to note that the role of ombudsmen in the home care setting is not federally mandated, but Illinois recently passed a law enabling this expansion (see below for details about the recently passed legislation).

Why Expand to Managed Care?⁹

Illinois is currently transitioning a majority of its Medicaid population from a fee-for-service system to a managed care system as required by law.¹⁰ As a result, the State is implementing three major new managed care initiatives: the Integrated Care Program, the Innovations Project and the Medicare-

⁶ *Olmstead v. L. C.* - 527 U.S. 581. (1999). Available online:

<http://supreme.justia.com/cases/federal/us/527/581/case.html>

⁷ National Association of States United for Aging and Disabilities. (2011). "A Primer for State Aging Directors and Executive Staff: State Long-Term Care Ombudsman Program", p.2. Available online:

http://www.nasuad.org/documentation/nasuad_materials/NASUAD%20Ombudsman%20Report%20final.pdf

⁸ "Best Practices for Home and Community-Based Ombudsman." (2013). National Direct Service Workforce Resource Center, Center for Medicare and Medicaid Services. Available online: www.dswresourcecenter.org/tiki-download_file.php?fileId=567; D. Merrill. Personal communication, May 14, 2013.

⁹ Pavle, K., & Mitzen, P. (2013, July). "The Transition to Medicaid Managed Care in Illinois: An Opportunity for Long-Term Services and Supports Systems Change". Health & Medicine Policy Research Group. Available online:

<http://hmprg.org/assets/root/Long%20Term%20Care/2013/MLTSSReport.pdf>

¹⁰ Illinois public act 96-1501. Requires that 50% of Medicaid beneficiaries be covered by managed care by 2015. Available online: <http://www.ilga.gov/legislation/publicacts/96/096-1501.htm>

Medicaid Alignment Initiative (MMAI). There are other new managed care initiatives in planning stages, including the Accountable Care Entity model of managed care.¹¹

There are many major changes associated with the transition to managed care: how consumers will receive services through Medicaid, how their care will be coordinated, who will be reimbursing providers for care, and how consumers will access care. Consumers in the new managed care system will be faced with a new health care system to navigate.

The Illinois State Long-Term Care Ombudsman (SLTCO) Office will define the scope of how ombudsman will serve consumers, and how these ombudsman services will be funded in the managed care system. However, the Federal Centers for Medicare and Medicaid Services (CMS) recommends having an ombudsman to serve eligible consumers receiving managed care services, particularly in the context of the MMAI.¹² Illinois is one of the MMAI demonstration project sites, and the Illinois LTCOP recently applied for federal funding to provide ombudsman services for this demonstration project.¹³

The New Ombudsman Continuum of Advocacy Requires Culture Change

The role and problem-solving skill set of ombudsman in the home care and managed care settings is largely the same as it has been in the institutional setting; ombudsman will act as advocates giving consumers a voice in the system and ensure that long-term care systems are held accountable. In fact, at a national level the concept of a “continuum of advocacy” is used by the National Association of States United for Aging and Disabilities (NASUAD) to describe an ombudsman’s role across institutional, home care, and managed care settings. It is recognized that a major culture change will need to occur within state LTCOPs in order to accommodate this expansion of ombudsman responsibilities.

Illinois’ SLTCO Office is forward-thinking in its preparation for the expansion of the LTCOP into home care and managed care. In addition to commissioning this report that will serve as a blueprint for the expansion, as mentioned above, Illinois SLTCO Office recently applied for funding to serve enrollees of the MMAI, a major managed care demonstration project, and also helped to pass legislation giving Illinois the authority for this expansion. Finally, the SLTCO Office also commissioned the National Ombudsman Resource Center to analyze, compare, and make recommendations to improve the LTCOP’s current benchmarking system to ensure continuous program quality improvement.

Lastly, given the recent finding that Illinois scores an “F” (failing grade) and ranks 42 out of 51 states and Washington D.C. for nursing home care,¹⁴ it is critical to ensure that the LTCOP continues on an

¹¹ Illinois Department of Healthcare and Family Services. (2013). Accountable Care Entity (ACEs). Available online: <http://www2.illinois.gov/hfs/PublicInvolvement/cc/ACE/Pages/default.aspx>

¹² It is strongly recommended by NASUAD to adhere to CMS recommendations because usually when CMS recommends something it eventually becomes a requirement. Illinois Department on Aging “Adult Protection and Advocacy Conference”. August 1, 2013. Presentation: “The LTC Home Care & Managed Care Ombudsman – The New Face of the LTCOP”.

¹³ Administration for Community Living. (2013). “New funding to improve care coordination for Medicare-Medicaid enrollees.” Available online: http://www.acl.gov/NewsRoom/Press_Releases/archive_ACL/2013/2013_06_27.aspx

¹⁴ Families for Better Care. (2013). “Nursing Home Report Cards”. Available online: <http://nursinghomereportcards.com/2013/08/08/illinois-scores-f-ranks-42nd-in-nursing-home-care/>

aggressive path to improving its work in facilities, while also expanding its work to cover both home care and managed care. Despite the overall failing grade, the LTCOP did receive a strong score, a “B” for verified ombudsman complaints, among various other criteria in Illinois’ report card. Using verified ombudsman complaints as the ranking criteria, Illinois ranks 18th in the country.

Legislative Authority to Expand into Home Care and Managed Care

The expansion of the Ombudsman Program into the home care and managed care settings is not federally mandated. In 2006 the federal OAA language extended the Aging Network’s responsibilities generally to encourage HCBS. However, the Act’s language specific to the LTCOP remained the same.¹⁵ As a result, in order to give Illinois ombudsmen the requisite authority to work in the home care and managed care settings, state legislation is necessary.

Public Act 098-0380, an amendment to the Illinois Act on Aging, authorizes the expansion of the Ombudsman Program to include home care subject to appropriations. Public Act 098-0380 authorizes ombudsmen to “advocate on behalf of individuals residing in their homes or in community based settings, relating to matters which may adversely affect the health, safety, welfare, or rights of such individuals.”¹⁶

The next step in the process will be to write rules and regulations to govern the expansion. According to State LTCO in Ohio and Georgia and an Ombudsman expert at NASUAD,¹⁷ one of the most critical components of expanding into the home care setting is having authority to access records in both the home care and managed care settings.

Methodology

Health & Medicine Policy Research Group engaged in the following activities to develop this report:

- Performed a literature review that included both national and local research including:
 - Illinois state ombudsman legislation and program materials
 - Illinois regional ombudsman program materials
 - National and state reports on ombudsman programming
 - Federal Older Americans Act legislation
- Interviews with State Ombudsman and Ombudsman experts outside of Illinois:¹⁸
 - Deborah Merrill: Senior Policy Director, State LTC Ombudsman Resource Center Partner, National Association of States United for Aging and Disabilities

¹⁵ National Association of States United for Aging and Disabilities. (2011). “A Primer for State Aging Directors and Executive Staff: State Long-Term Care Ombudsman Program”, p.2. Available online:

http://www.nasuad.org/documentation/nasuad_materials/NASUAD%20Ombudsman%20Report%20final.pdf

¹⁶ Public Act 98-0380. Amendment to the Illinois Act on Aging (20 ILCS 105/4.04). Available online:

<http://www.ilga.gov/legislation/billstatus.asp?DocNum=1191&GAID=12&GA=98&DocTypeID=HB&LegID=71649&SessionID=85>

¹⁷ M. McNeil. Personal communication. June 20, 2013. B. Laubert. Personal communication. June 20, 2013. D. Merrill. Personal communication. May 14, 2013.

¹⁸ See Appendix B: Interviews for additional details

- Melanie S. McNeil, Esq.: Georgia State Long-Term Care Ombudsman
- Liang-Lin Chao: Georgia Ombudsman Services Coordinator
- Beverley Laubert: Ohio State Long-Term Care Ombudsman
- Grace Sweatt: Lead Training (on contract to) Illinois State Long-Term Care Ombudsman

- Interviews with Illinois' State Ombudsman and Regional Ombudsmen:¹⁹
 - Sally Petrone: Illinois State Long-Term Care Ombudsman
 - Tami Wacker: Regional Ombudsman, East Central Illinois Area Agency on Aging (Planning and Service Area, PSA, 5)
 - Audrey Thompson: Regional Ombudsman, City of Evanston Senior Services (PSA 13)
 - Cathy Weightman-Moore: Regional Ombudsman, Catholic Charities Long Term Care Ombudsman Program (PSA 1)

- Interviews with other Illinois government entities:
 - Paul Bennett (Senior Public Service Administrator, Colbert Consent Decree) and Lora McCurdy (Rebalancing Long-Term Care and Money Follows The Person Project Director): both of Illinois' Department of Healthcare and Family Services²⁰

Interviews with a National Ombudsman Expert

Currently serving as a Senior Policy Director and State Long-Term Care Ombudsman Resource Center Partner at NASUAD, Deborah Merrill brings a wealth of expertise and perspective to the LTCOP. Ms. Merrill's experience in Kansas state government includes serving as an Interim State Long-Term Care Ombudsman and a position with Kansas' State Medicaid Agency where she worked to coordinate Medicaid services with Medicaid home care waiver services. She also has experience at other levels of the Kansas LTCOP including working as Deputy State Long-Term Care Ombudsman, volunteer ombudsman coordinator, a regional ombudsman, and a volunteer ombudsman.

Ms. Merrill's variety of experience with not only a state LTCOP but also Medicaid and home care services makes her an ideal contact to help in the development of this report. Further, in her current position at NASUAD, she provides technical assistance to SLTCOs and State Units on Aging regarding the LTCOP. This position gives her a national perspective that not many other individuals possess.

Interviews with State-Long-Term Care Ombudsman in Georgia and Ohio

The authors chose to interview two states with two very different approaches and histories to their ombudsman programs: Georgia and Ohio. This was purposeful as no two Ombudsman Programs are the same. Analysis of a range of approaches to ombudsman programming was useful in helping the authors to think broadly about the best way to approach recommendations for Illinois' ombudsman program expansion to home care and managed care.

¹⁹ See Appendix B: Interviews for additional details

²⁰ Interviewing Paul Bennett and Lora McCurdy provided context for how Illinois ombudsman program could integrate with existing home- and community-based services offered through Medicaid.

Georgia more recently expanded their ombudsman program to include individuals receiving home and community-based services. The Georgia Ombudsman Program represents a very focused program as they only serve individuals through their home care program who are enrolled in Money Follows the Person (MFP) Program **and** enrolled in one of the state's Medicaid 1915 (c) waiver programs.²¹ Home Care Ombudsman is among the most frequently accessed services through Georgia's MFP Program; the number one service is equipment and supplies, the number two is household goods and Home Care Ombudsman is number three.

Georgia's ombudsman office chose 3 geographically diverse regional LTCOPs to pilot the expansion into home care before recently launching a statewide expansion in July 2013. The pilot program began in 2008 and served approximately 844 individuals in State Fiscal Year (SFY) 2011 and 819 individuals in SFY 2012. Georgia operates and licenses many personal care homes (an estimated 1,900) which gave the ombudsman who work in long-term care facilities experience in smaller, more community-based settings prior to the expansion into home care.

Ohio has a long history of serving individuals receiving home care services through their ombudsman program. In 1989 when Ohio developed their 1915(c) waiver program for older adults, the ombudsman office was involved from the beginning. This initiated the integration of the ombudsman program with the state's inception of Medicaid home and community-based services for older adults.

As a result of this integration, the Ohio ombudsman program has served individuals receiving home care services since the early 1990s; ombudsman services are fully integrated state-wide with other Aging Network services in addition to the Medicaid 1915(c) waiver home and community-based services. Ohio's Ombudsman Program responded an estimated 300 individuals' complaints in the home care setting in 2012.

Interviews with Illinois' State Long-Term Care Ombudsman and Regional Ombudsmen

Interviews with the SLTCO and regional ombudsmen (RO) were essential to understanding the current Illinois LTCOP and its readiness for expansion into home care and managed care. The RO selected were identified as leaders within Illinois' LTCOP and also represented geographic and provider agency diversity.

Tami Wacker, RO, represents a largely rural area of 16 counties and is housed within an Area Agency on Aging. Audrey Thompson, RO, represents an urban area outside of Chicago and is employed through a city government office. Lastly, Cathy Weightman-Moore, RO, serves a mixed rural/urban area and is housed within a community social services agency outside of the Aging Network.

²¹ The Georgia Ombudsman Program serves individuals in the home care setting if they are enrolled in MFP and enrolled in one of three Medicaid 1915(c) waiver programs that serve older adults and persons with disabilities. For details on Georgia's waiver programs see: Katz Policy Institute of Benjamin Rose. (2009). "Aging Strategic Alignment Project. State Profile for Georgia: Home- and Community-based Services for Older Adults and Adults with Physical Disabilities." Available online: <http://www.benrose.org/kpi/ASAP%20Report/GA-111609.pdf>

This Report

This report was commissioned by the Illinois Long-Term Care Ombudsman Program as a result of the changing health and long-term services and supports (LTSS) systems. In Illinois LTSS balancing efforts and the transition to a Medicaid managed care system are key drivers of the expansion of the State's Ombudsman Program. This report is intended as a blue-print for expansion of the Illinois Ombudsman Program into both the home care and managed care settings.

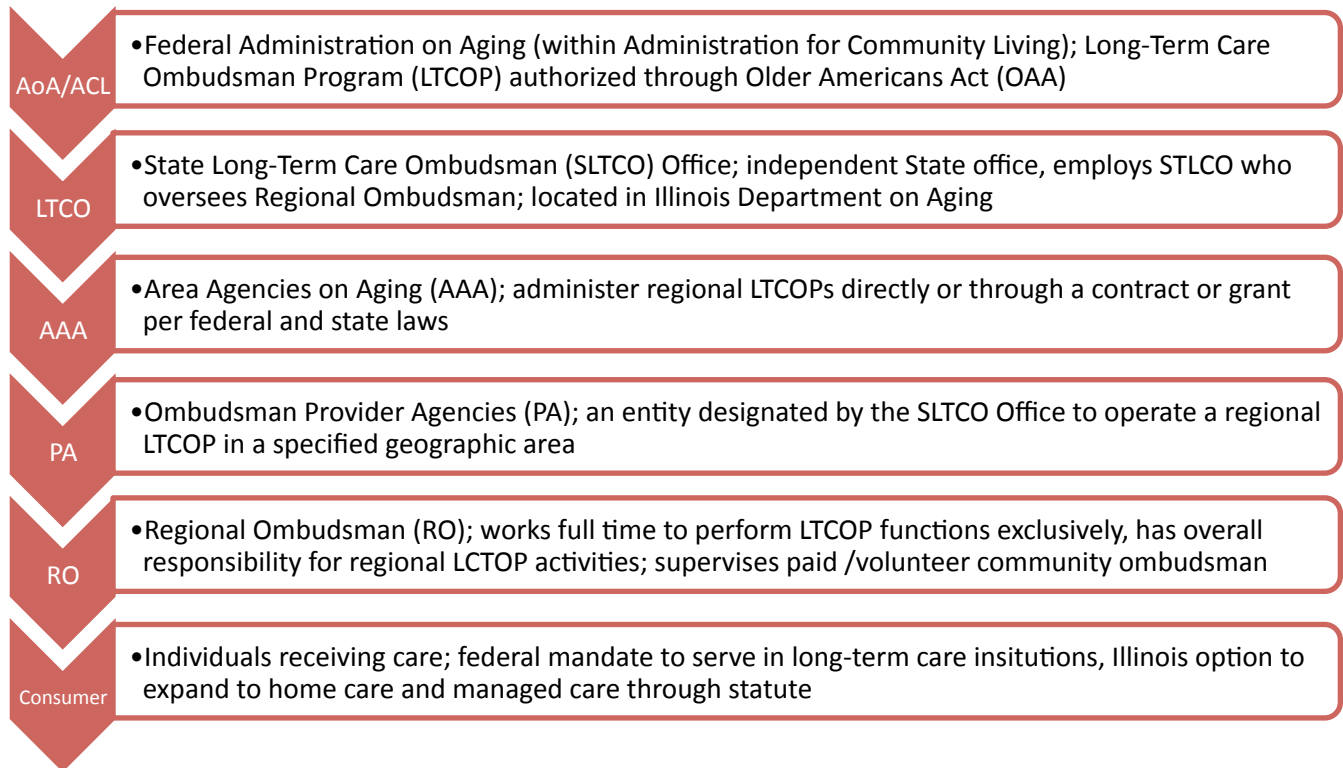
The report is broken into several main categories that are critical to examine and address as Illinois designs an expanded Ombudsman Program:

- Current State and Regional Ombudsman Program Structure (page 15)
- Stakeholder Engagement (page 25)
- Staffing (page 30)
- Training (page 35)
- Outreach and Education (page 41)
- Funding (page 45)
- Quality Assurances Through Data (page 49)
- Pilot Project (page 53)

Each category will include discussion of opportunities, challenges and recommendations. Opportunities are identified through existing resources, infrastructure, programs, and services. Challenges are identified where resources or infrastructure are lacking or where current infrastructure or programming could be strengthened.

Current State and Regional Ombudsman Program Structure in Illinois

An analysis of Illinois' existing State and Regional Ombudsman Program structure was essential to determine Illinois' capacity and readiness for expansion. Founded in 1973, Illinois' Ombudsman Program infrastructure has continuously evolved and includes a variety of complimentary components:



Federal Authority and Role for the LTCOP

Authorized by the Older Americans Act (OAA), the Federal Administration on Aging (AoA) administers the Long-Term Care Ombudsman Program (LTCOP) nationally. AoA includes an Office and Director of LTCOP to provide oversight of each state's LTCOP. The federal LTCOP Office includes the National Ombudsman Resource Center and the OAA authorizes technical assistance and training for state LTCOPs. While some funding for the State LTCOP comes from the federal government, additional funds also come from other federal, state, and local sources. Only long-term care institutional ombudsman are defined, mandated and funded by the Federal government.²²

²² Older Americans Act: Title VII, Chapter 2: Ombudsman Programs. Section 712(a)(1, 2). United States Public Law 109-365. Available online: http://www.aoa.gov/AOA_programs/OAA/oa full.asp# Toc153957794

State Authority and Role for the LTCOP

The Illinois Act on Aging authorizes the establishment of the LTCOP within the Department on Aging in accordance with the OAA. The LTCOP, as articulated in the Illinois Act on Aging, requires that the Office of the State Long-Term Care Ombudsman (SLTCO) include at least one full-time ombudsman and a system of regional long-term ombudsman programs. Each regional LTCOP is a representative of the SLTCO Office and must be designated by the SLTCO. The recent amendment to the Illinois Act on Aging, Public Act 098-0380, authorizes ombudsman to service clients in both the long-term care institutional and home care settings.²³

It is essential that the SLTCO Office ensure that the rules for Public Act 098-0380 are written in alignment with best practices for an expanded LTCOP by working with Department on Aging (DOA) legal staff. One critical best practice that should be included in the rules is ensuring that ombudsman have the authority to access records in both the home care and managed care settings.²⁴

Another essential document that governs the LTCOP is a comprehensive Illinois Long-Term Care Ombudsman Standards, Procedures and Practice Manual (Standards Manual) that details how the SLTCO Office should operationalize the LTCOP.²⁵ Developed in response to a 1990 lawsuit, the SLTCO Office developed the Standards Manual and Illinois Administrative rules to govern the LTCOP.²⁶

The SLTCO Office recently contracted with the Consumer Voice to revise the LTCOP Standards and to develop a separate Policies and Procedures manual.²⁷ Both of these activities are timely and will strengthen the standardization of the Illinois LTCOP as it expands into the home care and managed care settings.

State Long-Term Ombudsman Office

After the Federal LTCOP Office, the next step in administering the LTCOP is the State LTCO Office. In Illinois the State LTCO Office is located within the Illinois Department on Aging (DOA). Illinois' SLTCO Office staff leadership is a full-time SLTCO and a full-time Deputy STLCO. The SLTCO Office is also able to use administrative, legal, and operational supports within DOA. Illinois SLTCO Office provides technical assistance support, training, and oversight directly to the regional LTCOPS across the state as it relates to their ombudsman casework and program activities provided.

The State LTCOP Office is designed as an independent body, accountable only to the people the Program serves. It is imperative that the Office remains independent, i.e. without conflict of interest with other programs or services. Now that Illinois is expanding into the home care and managed care settings, the

²³ Public Act 98-0380. Amendment to the Illinois Act on Aging (20 ILCS 105/4.04). Available online: <http://www.ilga.gov/legislation/billstatus.asp?DocNum=1191&GAID=12&GA=98&DocTypeID=HB&LegID=71649&SessionID=85>

²⁴ M. McNeil. Personal communication. June 20, 2013. B. Laubert. Personal communication. June 20, 2013. D. Merrill. Personal communication. May 14, 2013.

²⁵ Illinois Long-Term Care Ombudsman Program. (2009). "Long Term Care Ombudsman Program Standards." Available online: <http://www.state.il.us/aging/2rules/ombuds/>

²⁶ Hoffman v. Otwell. (1990). Northern District of Illinois, East Division. Judge Marovich.

²⁷ S. Petrone. Personal communication. August 27, 2013.

LTCOP Office's location within DOA, Division of Home and Community Services, is a potential conflict of interest.

DOA is responsible for certifying home care providers through one of the state's Medicaid waiver programs²⁸ and for administering case management funds and programming. The SLTCO Office must adequately identify, address, and remedy these potential conflicts of interest. One way to protect the independence of the LTCOP is to move it from within the Division of Home and Community Services and make the SLTCO Office its own division in the DOA where it can act independently but continue to receive administrative support.

Area Agencies on Aging (AAAs) and Designation

The SLTCO shall designate provider agencies (see below for more information) to provide LTCOP services throughout Illinois. Upon designation, the AAA enters into a grant or contract with the provider agency for the provision of LTCOP services in the relevant service area. AAAs are responsible for administering "either directly or through contract or grant, Regional LTCOPs that meet and follow federal and state laws, administrative rules, the [LTCOP Standards and Procedures] manual and the requirements of the Elder Rights Section of the DOA Area Plan."²⁹

The process by which AAAs contract out services includes a competitive Request for Proposals (RFP) to interested PAs. PAs are designated as regional LTCOPs. The RFP designation application was developed by the SLTCO and is used by the AAAs. The application is reviewed and scored by the AAA and SLTCO with the final decision to designate made by the SLTCO Office.

This existing protocol is well integrated into the AAAs programming. Given that AAAs already have broad reach into home and community-based services (HCBS) and managed care, the current process of designating ombudsman PAs can easily accommodate an expanded definition for ombudsman target population. It is the responsibility of the SLTCO Office to update this RFP to reflect the newly expanded role of ombudsmen.

Provider Agencies (PAs)

PAs are designated by the SLTCO to house the regional LTCOP. In this role, PAs must assure that ombudsman services are provided in the service area designated through contract with the AAA, or DOA. All PAs are required to operate the regional LTCOP in accordance with Illinois' LTCOP Standards, Procedures and Practices Manual.³⁰

In two AAA regions the designated PA is the AAA: AAA 5 and AAA 13. In all other AAA regions, the designated PA is an entity outside of the AAA. Indeed, there is great diversity of PAs across the state,

²⁸ The Community Care Program is a 1915(c) Medicaid waiver program administered through the Illinois Department on Aging and provides home- and community-based services for older adults 60 years and older.

²⁹ Illinois Long-Term Care Ombudsman Standards, Procedures and Practice Manual. (2009). Chapter 300: Organization Standards and Responsibilities; 304: Area Agencies on Aging Responsibilities. Available online: <http://www.state.il.us/aging/2rules/ombuds/304.pdf>

³⁰ Illinois Long-Term Care Ombudsman Program. (2009). "Long Term Care Ombudsman Program Standards." Available online: <http://www.state.il.us/aging/2rules/ombuds/>

ranging from Care Coordination Units, to legal assistance providers, to non-profit organizations, to city government offices. PAs are already trusted members of the communities they serve, which will be extremely helpful in the expansion of the LTCOP into the home care and managed care settings. As existing community-based resources, consumers are already familiar with the PAs and recognize them as a resource.

For example, in Evanston, Illinois, the regional LTCOP is located within the City of Evanston's Commission on Aging. Since the Commission is a trusted community resource individuals in the community know how to reach the RO and trust both the Commission and RO.³¹ As a result, the Commission already serves a small number of individuals in the home care setting. When a call comes in regarding an issue in the home, the Evanston LTCOP is able to respond using her existing resource network, and works mostly telephonically.³²

In Bloomington, Illinois, the regional LTCOP is located within the East Central Illinois AAA (ECIAAA). As the AAA, ECIAAA is well known for offering a variety of aging programs and is regarded as a point of access to many different kinds of support. Just as in Evanston, in the 16-county region that ECIAAA serves, the regional LTCOP is a recognized resource. Also like the Evanston regional LTCOP, the ECIAAA regional LTCOP is already responding to complaints from a small number of individuals in the home care setting; ECIAAA also leverages their existing community resource expertise and works telephonically.³³

PA Challenges

One challenge within the current Illinois LTCOP structure that must be addressed in the expansion is potential conflicts of interest within the PAs. Historically, when the LTCOP only served individuals in facilities, having PAs that work in the field of community services was a natural, conflict-free, fit. However, given the expansion into home care, regional LTCOP may be in the position of working side-by-side with the people, community programs and services that consumers are complaining about.

Within the current LTCOP structure, and given that PAs are community organizations, it would be impossible to ensure that PAs are truly conflict free. However, it is the SLTCO's responsibility to ensure that the regional LTCOPs have identified potential conflicts of interest and remedied them to the greatest possible extent. This will mean introducing 'fire walls' that effectively separate the LTCOP from the PA's other programs.

Specific activities within the PAs to look for conflicts between with their regional LTCOPs include if PAs:³⁴

1. Are involved with any licensing/certifying of LTC providers (facility and home and community-based)
2. Serve as an association of any LTC-provider entities

³¹ A. Thompson. Personal communication, July 18, 2013.

³² Ibid.

³³ T. Wacker. Personal communication, July 11, 2013.

³⁴ Becky A. Kurtz, Director, Office of LTCO Programs, Administration on Aging. (July 18, 2013). "State Long-Term Care Ombudsman Programs NPRM: Region V and VII Briefing." PowerPoint presentation, see slides 26-28, available online: <http://www.ltombudsman.org/sites/default/files/norc/nalltco-briefing-on-ltco-nprm-july%202013.pdf>

3. Have ownership or investment interest or receive grants/donations from LTC providers
4. Have governing board members with ownership, investment or employment interest in LTC
5. Provide LTC services
6. Provide LTC care coordination or case management
7. Set reimbursement rates
8. Provide adult protective services
9. Are responsible for Medicaid eligibility determinations
10. Conduct pre-screening for LTC facilities
11. Make decisions regarding admission or discharge of LTC facilities
12. Provide guardianship, conservatorship or other fiduciary services for residents of LTC facilities or recipients of home care/managed care services

Another challenge associated with PAs is the lack of PA standardization. Each PA is a unique agency and this results in RO having varied job descriptions, PA protocols and procedures, and varied access to LTCOP administrative and budget activities. The PAs should change their agency-wide policies to be consistent and without conflict with the LTCOP policies. This challenge will be discussed further in the following section.

Regional Ombudsmen (RO)

RO serve as advocates for individuals in the long-term care setting. They identify, investigate and resolve complaints made by consumers, and provide services to protect the health, safety and welfare of consumers.³⁵

In Illinois, one of the greatest benefits of the current Illinois LTCOP design is that because the PAs are already located in local communities, RO are already members of the communities in which they work. As a result, many RO are already in support of expanding into the home care and managed care settings because they understand the need from experience.³⁶ (See discussion above under the heading Provider Agencies for additional details).

RO Challenges

There are several challenges for the RO within the current design of the Illinois LTCOP. One of the greatest challenges is that RO are not necessarily full-time ombudsman,³⁷ requiring that they set boundaries with their other work in order to protect their time.³⁸ Though all RO are designated as full-time in this role, with the exception of one RO who has approval from the SLTCO, in practice, with other job responsibilities outside of the LTCOP and more than one boss to answer to, ombudsman work may not always be the top priority. It is critical that RO are able to differentiate their roles from other PA programmatic responsibilities, and remain fully dedicated to the LTCOP.

³⁵ Older Americans Act: Title VII, Chapter 2: Ombudsman Programs. United States Public Law 109-365. Section 712(a)(5)(B). Available online: http://www.aoa.gov/AOA_programs/OAA/oa_full.asp#_Toc153957794

³⁶ C. Weightman-Moore. Personal communication, August 1, 2013. A. Thompson. Personal communication, July 18, 2013. T. Wacker. Personal communication, July 11, 2013.

³⁷ S. Petrone. Personal communication, July 15, 2013.

³⁸ A. Thompson. Personal communication, July 18, 2013.

Another challenge is that some RO are not asked to participate in the LTCOP budget process in their respective PAs by their supervisors and do not have access to the LTCOP budgeting process which makes program design and implementation difficult.³⁹ In the LTCOP, the SLTCO is responsible for monitoring and oversight of the RO cases and holds them accountable to their ombudsman work. If RO are not involved in the budgeting process, this can make it challenging to design and implement a regional program that will address and mitigate the needs of the target population for which they are being held accountable.

Both of these challenges potentially make expanding the Illinois LTCOP into the home care and managed care settings difficult. The LTCOP expansion represents a significant change and expansion of the RO responsibility and also represents a major culture change within the LTCOP itself. In order for the expansion to be successful, it is essential that RO are able to focus on the expansion and play an active role to help shape the new program. With competing job responsibilities and without access to their Program's budget, RO will be challenged to adequately commit to the expansion.

To promote standardization across Illinois RO, the SLTCO Office developed a set of policies and procedures designed as standards to govern the Program (Standards).⁴⁰ According to the Standards, "The provider agency shall provide a full-time RO, who:

- ...has no duties in the agency outside the scope of the LTCOP as defined in state and federal law;
- consults and participates in the development of an annual Regional LTCOP budget and annual services plan;
- works full-time to perform LTCOP functions exclusively..."⁴¹

In order to facilitate a successful expansion of Illinois' LTCOP into the home care and managed care settings, it is strongly recommended that the SLTCO Office enforce the Program's standard requirements for the AAAs and PAs, in order to ensure the highest quality of ombudsman services to consumers across all settings.

Lastly, PAs and RO should also consult and participate in the development of the every 3-year AAA Area Plan development and annual AAA Area Plan Amendment development as it relates to the Elder Rights section. The PA should ensure that the RO has input in this process as the Elder Rights section includes the LTCOP. In Ohio, the SLTCO requires RO to provide input into the AAA Area Plans.⁴²

³⁹ S. Petrone. Personal communication, July 15, 2013. T. Wacker. Personal communication, July 11, 2013.

⁴⁰ Illinois Long-Term Care Ombudsman Program. (2009). "Long Term Care Ombudsman Program Standards." Available online: <http://www.state.il.us/aging/2rules/ombuds/>

⁴¹ Illinois Long-Term Care Ombudsman Program. (2009). "Illinois Long-Term Care Ombudsman Standards, Procedures and Practice Manual 2009: Chapter 300: Organization Standards and Responsibilities. 305: Provider Agency Responsibilities." Available online, see part F: <http://www.state.il.us/aging/2rules/ombuds/305.pdf>

⁴² B. Laubert. Personal communication. August 28, 2013.

Formal Supports to the Illinois LTCOP

In addition to the actual LTCOP structure, there are other formal LTCOP supports that should play an active role in the Program's expansion. There are three supports in Illinois: the Illinois Long-Term Care Council, the Illinois LTCOP Advisory Board and the Illinois Association of Long-Term Care Ombudsman; and several additional national LTCOP supports.

Illinois Long-Term Care Council

The Illinois Long-Term Care Council (Council) is mandated by state law to "ensure that consumers over the age of 60 residing in facilities licensed or regulated under the Nursing Home Care Act, Skilled Nursing and Intermediate Care Facilities Code, Sheltered Care Facilities Code, and the Illinois Veterans' Homes Code receive high quality long-term care."⁴³

The Council is mandated to, among other activities:

- Make recommendations and comment on issues regarding the State's LTCOP to the Illinois Department on Aging (DOA);
- Advise DOA on quality of life and quality of care in the continuum of long-term care;
- Evaluate, comment and make recommendations on reports regarding the quality of life and quality of care in long-term care facilities and on the duties and responsibilities of the SLTCO Program

Per its legislative authority, the Council should advise DOA and be a source of support to the SLTCO Office; the Council should be engaged in developing an approach and design of the expanded LTCOP. The Council should play a role in evaluating the findings and prioritizing the recommendations of this report. The Council should also play a supportive role in the expansion and changes in LTCOP training and education materials.

Just as the LTCOP will undergo a culture change as part of the expansion, the Council will also change. In order to remain relevant and useful, the Council's legislative authority should be reviewed to ensure that the Council can continue to provide recommendations for the LTCOP outside of institutional locations and in home care and managed care settings.

Further, given the expansion of the LTCOP, the Council should consider adding new members to reflect these changes. New members should include representation from the Illinois Department of Healthcare and Family Services (HFS), the Aging and Disability Resource Centers (ADRC), managed care organizations, home and community-based service providers, and consumers.

See next section, Stakeholder Engagement on page 25, for further discussion and recommendations for how the Council can support the expansion through soliciting stakeholder input.

⁴³ The Illinois Long-Term Care Council, pursuant to the Illinois Act on Aging (20 ILCS 105/4.04a), is mandated to ensure that consumers ages 60 years and older receive high quality long-term care if residing in facilities licensed or regulated by the Nursing Home Care Act, Skilled Nursing and Intermediate Care Facilities Code, Sheltered Care Facilities and Illinois' Veterans Home Code. Available online: http://www.state.il.us/aging/1abuselegal/LTC/LTC_council.htm

The Illinois LTCOP Advisory Council

The Illinois LTCOP Advisory Council is a network that convenes quarterly to advise the SLTCO Office. It is chaired by the SLTCO and includes equal representation from PAs, AAAs and RO. The agendas include: review of RO progress toward benchmarks; reports from the Benchmark Workgroup; discussion of pending legislation; identification of new training needs; review of the annual LTCOP revised budget; and review of the RFP application for PAs from a state and regional perspective.

The Advisory Council will serve as a resource for the SLTCO Office and the RO during the development and implementation of the Program's expansion. As necessary, the Advisory Council should add relevant agenda items pertaining to the expansion in order to provide ongoing support in a timely manner. Specific agenda items that the Advisory Council should address include:

- Conflict of interest issues for the SLTCO Office and RO/PAs, including making recommendations for how to create firewalls to address conflicts of interest. Conflicts of interest should be addressed in the LTCOP RFP.
- Identification of relevant home care and managed care benchmarks.
- Discussion of training curriculum expansion and recommendations for the training expansion.
- Discussion of other ways the Advisory Council should be a resource to the SLTCO Office during the expansion.

The Illinois Association of Long-Term Care Ombudsman (IALTCO)

IALTCO is an existing entity for communication and support for RO. IALTCO was formed in 1990 as a way for the ombudsmen to fulfill the requirement in the Older Americans Act to monitor laws and regulations and to speak out about issues affecting residents, particularly to legislators. While the Association does not have formal legal status, they have by-laws and officers (President, Vice President, Secretary and Treasurer and 3 at-large positions).

IALTCO charges \$60 annually for each regional LTCOP entitling the RO to one vote. Community and volunteer ombudsmen are also allowed to join for a discounted rate. Through the Association, RO provide program advocacy with a collective voice. They meet twice a year and hold an annual retreat in which they identify concerns that are presented to the SLTCO with a request for response.⁴⁴

IALTCO works with the SLTCO to offer monthly webinars available to all RO to address current training needs. The Association also works on legislative agendas to promote issues in which they disagree with the SLTCO, or where the SLTCO does not have a legislative opinion. The Association should be used to support the LTCOP expansion into the home care and managed care settings by providing:

- Leadership and support of the LTCOP
- Expertise and advice to the SLTCO Office
- Recommendations on the development of management and training tool-kits for the PAs and RO

⁴⁴ T. Wacker (IALTCO President). Personal communication. August 20, 2013.

- Comments and recommendations regarding the development of policies and procedures, training curriculum, and conflict of interest/firewalls.

National Ombudsman Supports

Lastly, the Illinois LTCOP has access to a number of national organizations that can provide technical assistance and consultation regarding ways to ensure that the LTCOP structure is designed to accommodate an expansion into the home care and managed care settings. These organizations include:

- National Association of the State Ombudsman Programs
- National Ombudsman Resource Center
- Administration on Aging, National and Regional Offices
- National Association of States United for Aging and Disabilities
- National Association of Local Long Term Care Ombudsman

Current State and Regional Ombudsman Program Structure in Illinois: Recommendations

1. The SLTCO Office should ensure that ombudsmen have the authority to access records in both the home care and managed care settings through written rules for Public Act 098-0380 by working with Department on Aging (DOA) legal staff. The SLTCO Office should also investigate the authority of Ombudsmen to gain entry into homes of people who request Ombuds services, as well as ensuring that Ombudsmen are not mandated reporters
2. The SLTCO should be built the LTCOP expansion upon the existing community-based LTCOP structure by updating the competitive RFP solicitation to reflect the new expanded role of ombudsmen.
3. The SLTCO Office should identify, address, and remedy conflicts of interest through the LTCOP in order to remain independent:
 - SLTCO Office within the DOA: move the SLTCO Office from within the Division of Home and Community Services and make the SLTCO Office its own division in the DOA where it can act independently but receive administrative support.
 - Provider Agencies: introduce fire walls to effectively separate the LTCOP from other programs within PAs.
4. The SLTCO Office should enforce LTCOP Standards to ensure the success of the expansion of the Program. Specifically, the PAs should change their agency wide policies to be consistent and without conflict with the LTCOP policies including:
 - RO should be full-time ombudsmen with no duties outside of the LTCOP.
 - PAs and RO should consult and participate in the development of an annual Regional LTCOP budget and annual services plan and consult and participate in the development of the every 3-year AAA Area Plan development and annual AAA Area Plan Amendment development as it relates to the Elder Rights section.

5. The SLTCO Office should consult with national ombudsman experts who can provide technical assistance regarding ways to ensure that the LTCOP structure is designed to accommodate an expansion into the home care and managed care settings.
6. The SLTCO Office should collaborate with formal LTCOP supports in Illinois and nationally (see details above in-text):
 - The Illinois Long-Term Care Council
 - The Illinois LTCOP Advisory Council
 - The Illinois Association of Long-Term Care Ombudsman
 - National LTCOP Supports

Stakeholder Engagement

Stakeholder engagement is essential for ensuring a smooth transition into serving long-term care ombudsman program (LTCOP) consumers in the home care and managed care settings, and to ensure that LTCOP is not duplicating services already being provided by other entities. Stakeholder engagement is challenging in both the development/planning and ongoing implementation stages of any program. Also, balancing stakeholder engagement activities with other priorities can be difficult.

Commitment of time and to the importance of stakeholder engagement at the SLTCO Office level is essential. This refers to both the time it takes to solicit stakeholder input and to integrate stakeholder input into program design. In order for stakeholder engagement to be effective, it is recommended that the SLTCO Office develop an engagement plan that can be disseminated to all stakeholders. This plan should clearly articulate how it will engage stakeholders and explain how stakeholder input is used and if not, why not.

The stakeholder engagement plan should be designed to solicit feedback about how the LTCOP should expand into home care and managed care, but it should also engage stakeholders in discussions of how the LTCOP can retain its momentum to strengthen its role and impact on facilities. It is critical that stakeholders are engaged about how to promote the LTCOP in facilities while also expanding the work of the LTCOP to cover both home care and managed care.

By engaging stakeholders in the planning, development, and the implementation stages, the LTCOP will be stronger and more likely to receive support, rather than push-back, from stakeholders. The LTCOP must be prepared to coordinate with many new organizations at both the State/administrative level and regional/community level. See Appendix C, page 62: Important Stakeholder Groups for a list of the various stakeholder entities that the State Long-Term Care Ombudsman (SLTCO) Office should engage.

Although the SLTCO Office should seek stakeholder input in the development and implementation stages of the LTCOP expansion, it is important to note that ultimately it is the SLTCO Office's responsibility to make programmatic decisions. Utilization of all stakeholder input is at the discretion of the SLTCO Office. This section discusses the most critical stakeholder entities with which the SLTCO Office should engage.

Illinois Long-Term Care Council

The Illinois Long-Term Care Council (Council) is an existing entity that provides guidance and support to the LTCOP and offers a ready structure for soliciting stakeholder input (see discussion above on page 25). In 2011 and 2012, the Council has hosted a forum at the Illinois Governor's Conference on Aging intended to seek input on important LTCOP issues.

This coming December, 2013, the Council will not host a forum, but instead will present three sessions intended to both educate and to elicit stakeholder feedback on the LTCOP expansion to home care and managed care. The authors of this report have agreed to present and participate in the sessions. The sessions are:

1. "Moving Forward on a Home Care Ombudsman Program"—Summary of this report's findings on the current LTCOP and vision and the structure of a Home Care Ombudsman Program, presented by Health & Medicine Policy Research Group.
2. "LTCOP, the Aging and the Disability Communities: Working together"—Discussion of the relationships and differentiation of the roles that these three entities play in advocating for the rights of older adults and people with disabilities.
3. "Blast off! An Independent Illinois Ombudsman Program"—Presentation describing the launching an independent Office within DOA, its structure, and what it means to make it operational. Panelists include the Governor's Office, DOA and SLTCO Office.

In lieu of a forum at the Governor's Conference, the SLTCO and the Council must design and implement a plan to solicit testimony from the key stakeholders listed in Appendix C (page 62). This can include feedback received through the presentations at the Governor's Conference, but should also include regional forums as well. See below under the subsection "AAAs" (page 27) for details on how a regional solicitation of stakeholder engagement should be developed.

In the event that someone cannot be present to deliver oral testimony at any of these venues, written testimony should also be accepted and taken into account. A website form that allows stakeholders to submit feedback should be developed and announced at the Governor's Conference.

Illinois Department on Aging

Given the federal authority of the LTCOP to serve older adults and the State authority to house the SLTCO Office within the Department on Aging (DOA), it is recommended that the SLTCO Office solicit stakeholder feedback from DOA leadership about how the LTCOP will collaborate with and differentiate from aging programs, including:

- Adult Protective Services – Responsible for investigating abuse, neglect, and self-neglect cases; limited mandatory reporting of abuse.
- Aging and Disability Resource Center entities
 - Area Agencies on Aging (AAA) – Information and Assistance/Referral; Options Counseling
 - CCUs (Care Coordination Units) – case management
- Aging service providers in the community who are certified by DOA
- Budgeting and legal offices – responsible for ensuring adequate funding and legality of programs

Other Illinois State Departments

After meeting internally with DOA leadership, it is recommended that the SLTCO Office meet with other Illinois governmental agencies who play a role in home care and managed care. The same goal of meeting with DOA applies to meeting with other State departments: differentiating the LTCOP from other programs, and finding a way to collaborate in order to support both the LTCOP and the other programs. Key State departments to meet with include:

- Health Care and Family Services (HFS) staff who provide oversight over the following programs that will intersect with the LTCOP:
 - Money Follows the Person
 - The Colbert consent decree implementation
 - The Balancing Incentive Payment Program
 - The Medicare-Medicaid Alignment Initiative
 - The Medicaid program generally (see the section on Funding, page 45, below for additional discussion)
- Department of Human Services (DHS) staff who administer community-based programs through the following divisions:
 - Division of Rehabilitation Services
 - Division of Mental Health
- The Office of Illinois Attorney General

Area Agencies on Aging (AAAs)

Given the AAA's role in administering the current LTCOP either directly or through contract to a Provider Agency, AAAs are extremely important stakeholders with which to engage in the very beginning stages of planning for the expansion. As the requirements for ombudsmen change, AAAs will be responsible for ensuring that these responsibilities are built into contracts with PAs or are built into the programmatic structure of the AAAs. They will also be essential participants in identifying potential conflicts of interest and are accountable to the SLTCO for assuring that firewall protections are in place.

The inclusion of home care advocacy in the LTCOP can be a valuable compliment to the AAA's current set of community-based programs and services.⁴⁵ Engaging AAAs in discussion about how the LTCOP can be value-added to their current offerings of programs and services is a good way to increase stakeholder buy-in and engage the AAAs in how to strengthen the design of the LTCOP expansion. AAAs can be helpful in identifying benchmarks, differentiating the role of the LTCOP from other programs, developing and disseminating training about the role of the LTCO, as well as being a resource for developing the LTCOP expanded curriculum.

Further, AAAs can play a role in soliciting community-specific stakeholder feedback. The SLTCO Office can work with each of Illinois' AAAs to develop formal stakeholder engagement opportunities. These opportunities can range from inviting written feedback, hosting a meeting or set of meetings, or other methods of stakeholder engagement that AAAs have successfully used in the past.

⁴⁵ T. Wacker. Personal communication, July 11, 2013.

LTCOP Participation in Other Stakeholder Groups

In addition to the SLTCO Office soliciting input from stakeholders, it is also important for the SLTCO Office, or selected delegates like regional ombudsmen (RO), to participate on other stakeholder groups that relate to home care and managed care. The home care and managed care settings are constantly changing. By becoming involved with other stakeholder groups, the LTCOP can help to strengthen its own program and help to strengthen the long-term care (LTC) system more broadly through partnerships with other entities.

Two key stakeholder groups that are relevant and should be attended by the SLTCO Office include:

1. The Older Adult Services Advisory Committee (OASAC).⁴⁶ OASAC is a broad stakeholder group with a focus on balancing LTC services in favor of home and community-based services. OASAC has a diverse representation including community service providers, consumers, researchers, LTC facilities, and ombudsmen. There are currently two ombudsmen serving in OASAC positions: the SLTCO and an RO. The SLTCO and RO should ensure that appropriate LTCOP issues relating to the expansion are voiced at OASAC meetings.
2. Balancing Incentive Payment Program (BIP) Stakeholder Committee.⁴⁷ Illinois recently received a BIP award, which incentivizes LTC Medicaid expenditures in the home and community-based setting. Illinois BIP is designed to ensure a comprehensive and systematic approach to the development of a high-quality, affordable, and efficient home and community-based LTC system.

Stakeholder Engagement: Recommendations

1. The SLTCO Office should develop a stakeholder engagement plan that can be disseminated to all stakeholders. This plan should:
 - Clearly articulate how it will engage stakeholders and explain how stakeholder input is used and if not, why not.
 - Solicit feedback about how the LTCOP should expand into home care and managed care, but it should also engage stakeholders in discussions of how the LTCOP can retain its momentum to strengthen its role and impact on facilities.

⁴⁶ The Older Adult Services Act, enacted in 2004 (PA 093-1031), is the result of strong and persistent advocacy “to promote a transformation of Illinois’ comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home-based and community-based system...” Available online: <http://www.ilga.gov/legislation/publicacts/93/PDF/093-1031.pdf>

⁴⁷ The Balancing Incentive Payment Program is established by section 10202 of the Affordable Care Act and offers states an opportunity to strengthen their Medicaid HCBS infrastructure through an increased Medicaid federal matching rate for eligible Medicaid HCBS expenditures. In exchange for the increased match rate, states must make the following structural changes: (1) a no-wrong-door/single entry point system; (2) conflict-free case management; (3) unified assessment tool across LTSS populations. Available online: <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/11-010.pdf>

2. The SLTCO and the Illinois Long-Term Care Council should design and implement a plan to solicit testimony from key stakeholders. This can include receiving feedback during the Governor's Conference on Aging but should also include regional forums as well.
 - Statewide feedback should be solicited by developing a website form that allows stakeholders to submit written feedback; this website should be announced at the Governor's Conference.
 - Regional feedback should be solicited by requiring the AAAs to develop formal stakeholder engagement opportunities to inform the expansion.

3. The SLTCO Office should solicit stakeholder feedback from DOA leadership about how the LTCOP will collaborate with, differentiate from, and be conflict free regarding other aging programs, including:
 - Adult Protective Services
 - Aging and Disability Resource Center entities
 - Aging service providers in the community who are certified by DOA
 - Budgeting and legal offices
 - Legal services provided to the SLTCO Office and consumers

4. The SLTCO Office should meet with other Illinois governmental agencies that play a role in home care and managed care in order to differentiate the LTCOP from other programs and to find ways to collaborate in order to support both the LTCOP and the other programs. The departments and programs include:
 - Health Care and Family Services (HFS)
 - Department of Human Services (DHS)
 - The Office of Illinois Attorney General

5. The SLTCO Office should engage AAAs about how the LTCOP can be value-added to their current offerings of community-based programs and services. AAAs can be helpful in identifying benchmarks, differentiating the role of the LTCOP from other programs, developing and disseminating training about the role of the LTCO, as well as being a resource for developing the LTCOP expanded curriculum.

6. The SLTCO Office should participate on the following stakeholder committees to strengthen the Program through partnerships with other programs:
 - The Older Adult Services Advisory Committee (OASAC).
 - Balancing Incentive Payment Program (BIP) Stakeholder Committee

Staffing

As the Long-Term Care Ombudsman Program (LTCOP) expands, it is critical to ensure that both the State Long-Term Care Ombudsman (SLTCO) Office and the Regional Ombudsman (RO) Offices are adequately and appropriately staffed. Given the culture change of expanding ombudsman's roles to serving not only consumers living in institutional settings but also the home care and managed care setting, different skill sets will be important to cultivate throughout the LTCOP.

State Long-Term Care Ombudsman Office

The SLTCO Office is currently inadequately staffed to successfully expand into the home care and managed care settings.⁴⁸ Currently there are two full-time staff in the SLTCO Office: the SLTCO and the Deputy SLTCO. 20% administrative support and 50% legal support are provided to the SLTCO Office. Two additional part-time staff—the Ombudsman Specialist and lead LTCOP trainer—are supported through contractual relationships for activities such as training curriculum development, conducting training, providing technical assistance to the regional LTCOPs, data analysis, and compiling federal and state reports.

With the current staffing structure, the SLTCO Office does not have the capacity to adequately support the RO's who work in long term care facilities. The Office must respond in a timely manner to questions about federal and state legislation, LTCOP policies and procedures, and other general questions. In addition to fielding ongoing questions from RO, the SLTCO must also provide oversight and review of RO including data analysis of information from OmbudsManager (i.e. case review).

RO have voiced the urgent need for more support from the SLTCO regarding case investigation, case documentation, open cases, regular presence visits, and issue and legislative advocacy. RO have also explained that during the initial transition into home care and managed care it will be essential that they receive oversight and extra support beyond that which they are currently receiving from the SLTCO.

Another essential area to strengthen within the LTCOP through additional staff is standardizing the process of budgeting and reporting for RO Provider Agencies (PAs). The SLTCO Office reports that the process of staying current with the process of approving PA budgets, monitoring multiple funding and expenses, and providing appropriate oversight is an ongoing challenge.⁴⁹ This critical fiscal oversight should be built into the existing SLTCO Office through additional administrative fiscal support staff, or through the Illinois Department on Aging's (DOA) Fiscal Division.

Additional LTCOP Staff

The expansion into the home care and managed care settings will not be feasible for the SLTCO Office without hiring new staff. The ideal increase in SLTCO Office staff is prioritized as follows:

1. Increase the current 40% full-time technical assistance contract staff to two full-time "Ombudsman Specialists" who will provide technical assistance, monitor and analyze data, and conduct evaluations of the regional LTCOPs
2. Increase 20% administrative staff to one full-time administrative staff person

⁴⁸ S. Petrone. Personal communication. May 21, June 18, July 1, July 15, and August 16, 2013.

⁴⁹ S. Petrone. Personal communication. May 21, June 18, July 1, July 15, and August 16, 2013.

3. Increase 50% legal support staff to one full-time conflict-free legal support staff person
4. Hire a full-time trainer to replace the current contractual relationship structure that the LTCOP uses for training curriculum develop and implementation purposes

These recommended staffing increases would address the current LTCOP structural challenges that affect the SLTCO's current ability to adequately manage the LTCOP and RO. In designing and implementing the expansion of the LTCOP, the SLTCO Office should also hire additional staff specific to the expansion.

Home Care Ombudsman Staff Position

Per Illinois Public Act 098-0380, the LTCOP expansion into the home care setting is subject to appropriations, or funding. The SLTCO Office currently has the funds to hire a full-time staff person responsible for managing the home care setting expansion. At the time of the release of this report, the SLTCO had submitted a job description to the DOA Human Resources and is waiting for approval.

The home care ombudsman staff should be knowledgeable, or at least familiar, with home and community-based services (Older Americans Act, Medicaid, Medicare, other). Given the nature of the expansion, it would be ideal to hire staff with the following experience and/or skills:

- Project management
- Program design and implementation, including evaluation
- Relationship building skills in complex health or social service systems
- Regulatory and contract development
- Experience with vulnerable populations
- Experience leading a team through culture change

Managed Care Ombudsman Staff Position

In regards to ensuring adequate staffing and expertise for expanding into the managed care setting, the SLTCO Office recently submitted a proposal to the Administration for Community Living to provide ombudsman services for the new Medicare-Medicaid Alignment Initiative demonstration project sites.⁵⁰ If the SLTCO Office is awarded a grant for this project, two full-time staff will be hired to administer this grant. Majority of the funds from this grant will be used to support regional LTCOPs for time spent serving managed care consumers.

LTCOP Staff Management Systems

As the LTCOP expands, the SLTCO Office should introduce new systems of management in order to accommodate new staff and in anticipation of increased inquiries from regional LTCOPs. One system that the SLTCO Office should develop is a formal Frequently Asked Questions (FAQ) list that can be easily accessed and updated online. This will allow RO easy access to answers to every day questions, freeing up some of the SLTCO Office's time from answering repeat questions. Questions regarding long-term care facilities can already be aggregated.

⁵⁰ Administration for Community Living. (2013). "New funding to improve care coordination for Medicare-Medicaid enrollees." Available online: http://www.acl.gov/NewsRoom/Press_Releases/archive_ACL/2013/2013_06_27.aspx

The SLTCO Office should also require ongoing training programs to build in time to discuss the upcoming expansion and the accompanying changes associated with the expansion. Time should also be built into existing training during the initial transition stages to talk about the experience of the expansion.

Lastly, given the interest from RO and the experience from SLTCO in Georgia and Ohio, Illinois LTCOP should consider offering regularly scheduled meetings for ombudsmen to discuss cases in a facilitated manner. Case discussions offer a productive way for ombudsman to process the clinical aspect of their work and for the SLTCO Office to learn about areas where programmatic changes can be made to strengthen the program.

Regional Ombudsman

Appropriate and adequate staffing will be a challenge for the regional LTCOPs for several reasons. To begin, this is a new expansion in Illinois and it will take some adjustments to figure out the optimal staffing numbers and changes that should be made to caseloads. Further, across the country, only 12 states currently have expanded into the home care and/or managed care settings and in many states the target population and program structure vary widely. As a result, it is extremely difficult, if not impossible, to determine staffing ratios for an expanded LTCOP in Illinois without direct experience.

In Wisconsin's experience, one of the greatest challenges in offering ombudsman services for institutional, home care and managed care consumers is balancing the ombudsman work load for all three of these settings. In Wisconsin, both home care and managed care ombudsman cases, on average, take more time and are of higher complexity than institutional ombudsman cases.

In Ohio's experience, consumer awareness of the ombudsmen role in home care has been challenging because ombudsmen are more visible in nursing homes; thus Ohio continues to receive more nursing home complaints than home care complaints. For Ohio it has been difficult to interrupt this cycle and the SLTCO recommends a robust awareness campaign about the expanded LTCOP role.⁵¹ Taking the experiences of Ohio and Wisconsin into account, Illinois can expect that changes will be necessary in how regional ombudsman programs are staffed and how their respective case loads are managed.⁵²

These challenges—increased case loads, balancing of settings within caseloads—are to be expected and should be processed in an ongoing manner by both the RO and the SLTCO Office. The LTCOP staff management system recommendations above will help to address these challenges.

Volunteer Ombudsman

Nationally, volunteer ombudsman make up about 90% of the country's trained ombudsman.⁵³ However in Illinois, regional LTCOPs are not as reliant on volunteer ombudsman. The Illinois LTCOP appears not to rely heavily on volunteers as a result of historically low funding. Without adequate funding, it is challenging to effectively manage volunteers, making it necessary to rely on paid ombudsman.

⁵¹ B. Laubert. Personal communication. August 28, 2013.

⁵² D. Merrill. Personal communication. August 1, 2013.

⁵³ "Best Practices for Home and Community-Based Ombudsman." (2013). National Direct Service Workforce Resource Center, Center for Medicare and Medicaid Services. Available online: www.dswresourcecenter.org/tiki-download_file.php?fileId=567

In the context of expanding Illinois' LTCOP, neither Georgia nor Ohio currently use volunteers in the home care setting; though Ohio is in the planning stages of using volunteers in the home care setting. Illinois RO expressed reservations about having volunteers serve in the home care setting as well. NASUAD's national ombudsman expert shared the view that volunteers would be a challenge to use in the home care setting, chiefly due to concerns for the safety of the volunteer ombudsmen.⁵⁴

If the SLTCO Office is able to secure adequate funding to staff and develop a formal volunteer program, the regional LTCOPs should be open to allowing volunteers to serve individuals in home care and managed care settings. In fact, Illinois volunteer ombudsmen already work in institutional settings. If possible, ensuring continuity of care for an individual leaving a facility and transitioning to the home care setting would be ideal, and volunteer ombudsmen could fill this role.⁵⁵

However, it must be reiterated that only regional programs with sufficient funding to develop a volunteer infrastructure and management system should consider this option. Functioning volunteer programs require effective, ongoing oversight and management to be successful. Ohio's SLTCO referred to other programs that use volunteers as models to learn from, including: the Senior Health Insurance Program and Senior Companions.⁵⁶

Staffing: Recommendations

1. The expansion into the home care and managed care settings will not be feasible for the SLTCO Office without hiring new staff. The ideal increase in SLTCO Office staff is prioritized as follows:
 - Increase the current 40% full-time technical assistance contract staff to two full-time "Ombudsman Specialists" who will provide technical assistance, monitor and analyze data, and conduct evaluations of the regional LTCOPs
 - Increase 20% administrative staff to one full-time administrative staff person
 - Increase 50% legal support staff to one full-time conflict-free legal support staff person
 - Hire a full-time trainer to replace the current contractual relationship structure that the LTCOP uses for training curriculum develop and implementation purposes

2. The SLTCO Office should hire a full-time staff person responsible for the home care setting expansion. This person should be knowledgeable, or at least familiar, with home and community-based services (Older Americans Act, Medicaid, Medicare, other). Given the nature of the expansion, it would be ideal to hire staff with the following experience and/or skills:
 - Project management
 - Program design and implementation, including evaluation
 - Relationship building skills in complex health or social service systems
 - Regulatory and contract development
 - Experience with vulnerable populations
 - Experience leading a team through culture change

⁵⁴ D. Merrill. Personal communication, May 14, 2013. M. McNeil. Personal Communication. June 20, 2013. B. Laubert. Personal Communication. June 20, 2013.

⁵⁵ S. Petrone. Personal communication, July 1, 2013.

⁵⁶ B. Laubert. Personal communication. August 28, 2013.

3. If the SLTCO Office is awarded a grant to provide ombudsman services for the Medicare-Medicaid Alignment Initiative, two full-time staff should be hired to administer this grant. A majority of the grant funds will be used to support regional ombudsman for their time spent serving managed care consumers.
4. The SLTCO Office should introduce new systems of management in order to accommodate new staff and to address expected staffing challenges—increased case loads, balancing of settings within caseloads, and in anticipation of increased inquiries from regional LTCOPs including:
 - Develop a formal Frequently Asked Questions (FAQ) list that can be easily accessed and updated online. Questions regarding long-term care facilities can already be aggregated.
 - Require ongoing training programs to build in time to discuss the upcoming expansion and the accompanying changes associated with the expansion.
 - Offering regularly scheduled meetings for ombudsman to discuss cases in a facilitated manner.
5. Only regional programs with sufficient funding to develop a volunteer infrastructure and management system should use volunteer ombudsmen in the home care setting. The SLTCO Office should approve acceptable regional LTCOP volunteer programs. The SLTCO should learn from other programs that successfully use volunteers including: the Senior Health Insurance Program and Senior Companions.

Training

Training should be focused on advocacy for individuals. The Long-Term Care Ombudsman Program (LTCOP) is designed to give individuals a voice in systems of care regardless of setting.⁵⁷ State Long-Term Care Ombudsman (SLTCO) in both Ohio and Georgia and the National Association of States United for Aging and Disabilities' (NASUAD) Ombudsman expert each recommended that when in expanding into home care and managed care, all ombudsmen are to be trained on all settings: institutional care, home care and managed care.⁵⁸ The rationale behind training and employing ombudsmen in all three settings is that a consumer's needs may fall anywhere on the continuum of care, thus requiring a complimentary "continuum of advocacy" role for ombudsman.

Illinois' current LTCOP training is focused only on institutional care and as a result will need to be updated to include home care and managed care. The culture shift associated with moving ombudsman into home care and managed care settings is large, and the accompanying training development will be substantial.

Transitioning to an Expanded LTCOP Training Curriculum

Current ombudsmen will need to be trained on working in the home care and managed care settings before their roles and responsibilities expand. Future ombudsmen will be trained on working in all three settings: institutional, home care and managed care. The existing LTCOP training curriculum can be expanded to include home care and managed care. This will require a significant amount of work done through consultation with a LTCOP training curriculum expert.⁵⁹

As the LTCOP work evolves across settings, ongoing training should continue to be accomplished through a number of existing channels:⁶⁰

- SLTCO Office monthly webinars and conference calls
- Quarterly 2-day Regional Ombudsman (RO) in-person trainings
- The Illinois Association of Long-Term Care Ombudsman monthly webinars
- Illinois Department of Healthcare and Family Services Money Follows the Person, Telligen (Illinois' Medicare Quality Improvement Organization), and long-term care trade association webinars and trainings
- The annual Illinois Pioneer Summit
- The annual Illinois Department on Aging Adult Protection and Advocacy Conference
- The annual National Consumer Voice Conference

⁵⁷ D. Merrill. Personal communication, May 14, 2013.

⁵⁸ M. McNeil. Personal communication. June 20, 2013. B. Laubert. Personal communication. June 20, 2013. D. Merrill. Personal communication. May 14, 2013.

⁵⁹ Illinois currently works through consultation with training experts to update training protocols for LTCOP in the institutional setting. In the absence of having a full-time staff person in the SLTCO Office responsible for training, the SLTCO Office should continue to hire outside consultants for expanded training development purposes with expertise in home care and managed care, both regulatory and clinical.

⁶⁰ Note: the SLTCO Office covers many of the costs associated with travel, lodging and registration for RO for many of these training opportunities. S. Petrone. Personal communication. August 26, 2013.

Every ombudsman interviewed for this project stressed the importance of using specific examples in the training to illustrate the role of the ombudsman in the home care and managed care settings. This included using case examples and role-playing to better understand the work. Specific home care and managed care ombudsman cases should be included in both initial and ongoing training programs.

Home Care Training Components

There are many different home and community-based services available to consumers, including:

- Medicaid waiver programs
- Money Follows the Person
- Home health (with reimbursement from both Medicare and Medicaid)
- Older Americans Act Services
- Community-based programs
- Housing programs
- Adult Protective Services

A full review of potential programs and services that ombudsman may encounter in serving consumers is necessary in developing the expanded LTCOP training curriculum. Ombudsmen need to have a working knowledge of these programs and know how to contact individuals within these programs when necessary. The goal of the expanded LTCOP training is not to prepare ombudsman to provide these services or make referrals, but to prepare ombudsman to navigate the system in advocacy with and on behalf of the consumers they serve.

The STLCO in Ohio shared that the most common complaint experienced in the home care setting is regarding the consumer's case manager. The Illinois LTCOP training should include a component about effectively resolving case manager complaints and working effectively with case managers.

Safety and Working in the Home Care Setting

Serving individuals in their homes will not always require an ombudsman to visit an individual in their home. In fact, in the experience of Illinois' RO who are already serving consumers in the home care setting and ombudsman in other states, most of their work is done telephonically.⁶¹ However, in the case where ombudsman are required to enter someone's home, safety concerns are a priority.

The culture of working in someone's home is much different than working in an institutional setting. An individual's home is an intimate setting. One must be invited into someone's home; there is no mandate that an ombudsman has the right to enter as they do in the regulated setting of an institution. In someone's home an ombudsman may encounter a number of concerning things and unlike in an institution there is no manager or office to visit to voice your concerns.

Much of the safety concerns associated with working in the home setting can be addressed through appropriate training. The LTCOP does not need to develop their own home care safety curriculum from

⁶¹ T. Wacker. Personal communication. July 11, 2013. A. Thompson. Personal communication. July 18, 2013.

scratch. Many different home care providers already have developed these curriculums. The LTCOP should work with their existing network of AAAs and PAs and also other professional partners to determine if any existing training curriculum from current programs can be used to develop the ombudsman training components on home care safety.

Managed Care Training Components

Illinois is relatively new to managed care for seniors and persons with disabilities,⁶² the target population for home care and managed care ombudsman services. The managed care business model is much different than the fee-for-service (FFS) health system that Illinois has operated for the past several decades. It will be important to educate ombudsman on how managed care operates, and how it differs from FFS which will continue to be operational in many areas of the state.

It is also important for ombudsman to know about the various managed care initiatives in operation across the state. Current managed care initiatives in Illinois include the Integrated Care Program, the Innovations Project, and the Medicare-Medicaid Alignment Initiative. Each initiative includes different managed care organizations (MCOs), has a different geographic reach and will have unique contract requirements that govern the projects.

Specific training components should also include learning about the nature of the relationships between MCOs, providers and consumers. Another managed care training component should include understanding the existing grievance and appeal processes that exist within the individual MCOs and with the State Medicaid Agency. Wisconsin is a good resource for Illinois as their ombudsmen have been working with consumers in a managed care system for many years.⁶³

Existing Training Resources for Home Care and Managed Care

The expansion of the LTCOP training curriculum is an extremely important task that will not be without challenges as it adds a significant amount of new information to an already in-depth training. However, the Illinois LTCOP is not without readily available resources to help in designing, developing and implementing the new training curriculum. It is strongly recommended that Illinois build from existing training, using established experts and resources in the LTCOP and home and community-based settings. The following is a list of key resources.

The National Long-Term Care Ombudsman Resource Center (NORC)

NORC provides technical assistance, support and training to the LTCOPs across the country. Funded by the Administration on Aging and operated by the National Consumer Voice for Quality Long-Term Care and NASUAD, NORC is an excellent resource for consultation as Illinois develops an expanded LTCOP training curriculum.

⁶² Pavle, K., & Mitzen, P. (2013, July). "The Transition to Medicaid Managed Care in Illinois: An Opportunity for Long-Term Services and Supports Systems Change". Health & Medicine Policy Research Group. Available online: <http://hmprg.org/assets/root/Long%20Term%20Care/2013/MLTSSReport.pdf>

⁶³ D. Merrill. Personal communication. August 1, 2013.

NASUAD IQ

NASUAD offers a free, online education portal called the NASUAD IQ Online Learning Center (NASUAD IQ).⁶⁴ Courses focus on important areas in the fields of aging and disability services and are accompanied by a test at the end to ensure that participants are gaining knowledge through the courses. A certificate is produced after passing the courses and some modules offer social work continuing education units. The Illinois LTCOP may find some of these courses useful to include as part of their expanded training. Potential NASUAD IQ courses to consider include:

- Leveraging Options Under Medicare and Medicaid (overview of Medicare and Medicaid and trends in managed care and long-term care)
- Introduction to the Independent Living Movement
- Information and Referral/Assistance Services and the Aging Network (Social Work CEUs available)
- Developing Cultural Competence to Serve a Diverse Aging Population (Social Work CEUs available)
- Essential Components of the Aging Information and Referral/Assistance Process (Social Work CEUs available)
- Key Programs and Services for Older Adults (Social Work CEUs available)

Information and Assistance Training

A potentially useful resource may be the Alliance for Information and Referral Systems (AIRS). The home and community-based services system is very complex, with many different programs and services that ombudsman and consumers will be involved with. One way of strengthening the ombudsman training is to have ombudsman formally trained in information and referral systems. This would require adapting the AIRS training to meet the LTCOP's goals and needs.

This possibility should be discussed thoroughly with the Department on Aging and AAAs who are already aware of and involved with administering and providing information and assistance services in the community. Ombudsman should not be taking on the role of information and assistance counselors, but this skill-set will likely be useful in navigating the complex home and community-based system.

Other States' Training Modules for an Expanded LTCOP

Both SLTCO in Georgia and Ohio offered to share their training materials with Illinois as Illinois develops its expanded LTCOP training curriculum. Illinois LTCOP should use other states' training materials as a starting point in approaching the development of an expanding training curriculum. And as mentioned above, Wisconsin can be a good resource for training on managed care.

⁶⁴ NASUAD IQ Online Learning Center. (2013). Available online: <http://www.nasuadiq.org/>

Training: Recommendations

1. Ombudsman should be trained on all settings: institutional care, home care and managed care.
2. The existing LTCOP training curriculum can be expanded to include home care and managed care; the expanded curriculum does not have to be developed from a new template.
3. As the LTCOP work evolves across settings, ongoing training should be accomplished through existing channels (see in text details above).
4. Training should include specific examples to illustrate the role of the ombudsman in home care and managed care settings. This includes using case examples and role-playing. Specific home care and managed care ombudsman cases should be included in both initial and ongoing training programs.
5. A full review of programs and services that ombudsmen may encounter in serving consumers is necessary to develop the expanded LTCOP training curriculum. Ombudsmen need to have a working knowledge of these programs and know how to contact individuals within these programs when necessary.
6. The Illinois LTCOP training should include a component about effectively resolving Care Coordination Unit and Managed Care Organization case manager complaints and working effectively with all types of case managers.
7. Safety training should be a priority for ombudsmen working in home and community-based settings. The LTCOP should work with their existing network of AAAs and PAs and other professional partners to determine if any existing training curriculum from their current programs can be used to develop the ombudsman training components on home care safety.
8. Specific managed care training components should also include education about:
 - How a managed care system operates, and how it differs from FFS.
 - The nature of the relationships between MCOs, providers, and consumers.
 - The various managed care initiatives in operation across the state.
 - The existing grievance and appeal processes that exist within the individual MCOs and with the State Medicaid Agency.
9. The SLTCO Office should use the Wisconsin LTCOP as a resource when designing managed care training curriculum components because their ombudsman have been working with consumers in a managed care system for many years.

10. It is strongly recommended that Illinois build on the work of existing training experts and resources in the LTCOP and home and community-based settings, including:
- The National Long-Term Care Ombudsman Resource Center (NORC)
 - NASUAD IQ
 - Information and Assistance Training. The SLTCO Office should discuss this possibility thoroughly with the Department on Aging and AAAs who are already aware of and involved with administering and providing information and assistance services in the community.
 - Other States' Training Modules for an Expanded LTCOP

Outreach and Education

Outreach and education is important so that everyone in the health and social services system understands the role of the Long-Term Care Ombudsman Program (LTCOP), when to refer to an ombudsman, and how to contact an ombudsman. Education should be viewed as an ongoing priority: first as the Pilot Project is implemented and the statewide expansion is designed, and then during the implementation of the home and community-based LTCOP over time.

Education regarding the LTCOP expansion into home care and managed care will depend on the following important components of the LTCOP expansion design:

- Target Population: which consumers are targeted by the program? The target population for the expansion is addressed in the Pilot Project section of this report (see page 55).
- Funding Sources: addressed in the following section (see page 45)
- A formal explanation of who ombudsmen are and what role they serve in the health and social services system. This explanation will be developed as the pilot project unfolds.

Outreach and education should happen at both the State LTCO Office level and community-level. In order to reach the target population, this outreach and education will be necessary during both the pilot project and statewide expansion stages. Outreach and education materials should be tailored to different audiences:

- LTCOP network – Area Agencies on Aging (AAAs), Regional Ombudsmen (RO) programs and Provider Agencies (PAs). These LTCOP entities are trusted members of the community and will play a leadership role in outreach and education of the target population.
- State agencies and affiliated state entities – Formal state entities that administer and coordinate services for consumers who are eligible for ombudsman services. Education for formal state entities is especially important in the development and transition stages as various departments and programs find ways to collaborate and refer to the LTCOP.
- Consumer/Stakeholder – Individuals need to know when to contact the LTCOP. Education should be targeted both at individuals who may self-refer and to other stakeholders, including service providers, who work directly with consumers.
- Policy Makers – Policy makers need to be educated on the importance of the expanded role of RO as this affects their constituents. Policy makers play an important role in supporting the funding and structure of the program.

Lastly, the SLTCO Office should develop and disseminate a brochure that explains the rights of LTCOP consumers in home care and managed care programs. The SLTCO Office already disseminates a brochure articulating the rights of residents in long-term care facilities. The development and

dissemination of a home care/managed care consumer rights brochure is an important component to the LTCOP expansion.

Education of the LTCOP Network

Although there will be new training requirements for the AAAs, RO and PAs on the expanded LTCOP (see Training page 35), as LTCOP entities, AAAs, RO and PAs will also play a role in outreach and education of consumers and other stakeholders. As trusted community members, AAAs, RO and PAs are a good partner for the SLTCO to help explain to consumers, providers and other stakeholders the changes being made to the LTCOP and effectively reach the target population.

Education of State Entities

Another important group that will require education is state government entities that administer and coordinate services for consumers who are eligible for ombudsman services. At the macro level, state departments like the Departments on Aging (DOA), Healthcare and Family Services, and Human Services are important partners to educate because of their leadership in ensuring community-based services for Illinoisans in need. At the macro level, it is important that executive and management level staff understands the LTCOP and integrate the LTCOP into their set of referral services.

After the State Department level, entities that are contracted with to administer the community-based services and programs are the next critical stakeholders that require LTCOP education. These partners are Aging and Disability Resource Center (ADRC) entities, including:

- DOA Senior Helpline and other formal help lines
- AAAs,
- Care Coordination Units (CCUs),
- Senior Centers,
- Centers for Independent Living
- Any location where determination of eligibility and enrollment for community-based services is provided
 - In the aging community this is CCUs and in the disability community this is Department of Human Services staff

Education of Consumers and Other Stakeholder Groups

Consumers and other stakeholder groups, including service providers, should be educated on the expanded LTCOP design and how to contact a local ombudsman. Referral relationships with large and well-respected service providers and community-based organizations will be an important way for consumers to access regional LTCOPs. Specifically, the following stakeholder groups will be important to target for both initial and ongoing education about the expanded LTCOP program:

- Service Providers: including Community Care Program providers and home health providers
- Money Follows the Person coordinators
- Discharge planners from hospitals and skilled nursing facilities
- Care coordinators
 - Community-based

- Managed care

The majority of RO provide in-service style education sessions for staff of long-term care facilities.⁶⁵ This practice is a good example of how the education of various stakeholder groups could be handled at the community level.

It is also important to note that case managers or care coordinators are a particularly important group that will require education on the LTCOP. In Ohio, the most common complaints received from the LTCOP in the home care/managed care settings are in regards to care coordinators.⁶⁶ It is critical that care coordinators, their supervisors and the agencies/companies they work for are aware of the LTCOP as a resource to help settle complaints.⁶⁷

Education of Policy Makers

Policy makers need to be educated on the expanded role of LTCO's in home care/managed care. Constituents may complain about institutional, home care or managed care to their legislators. It is important that legislators are aware of the LTCOP and when to refer. State and local elected officials are thus potential referral sources and also potential sources of support.

Since the expansion legislation was recently passed by the legislature and signed by the Governor, the SLTCO Office should distribute this report to their offices. The SLTCO Office should inform policy makers about the expanded role of the RO and to keep them informed of the results of the pilot programs and timeframe for statewide roll out.

Challenges

In interviews with the Illinois State Long-Term Care Ombudsman (SLTCO) one major challenge was identified and must be addressed as the LTCOP is expanded: there is no budget for developing and disseminating educational documents and the current process for printing and distributing educational documents is not functioning.⁶⁸ Further, there is not a statewide promotional and marketing coordinator who ultimately should be responsible for getting the word out about the LTCOP to all stakeholders and the consumers they serve.

The importance of educating the various partners of the LTCOP discussed in this section is critical—without appropriately educating stakeholders throughout the health and social services system, the LTCOP will not be able to fulfill its mandate. A budget for developing and distributing education materials is essential for ensuring that education is a priority. Further, the current delay in processing the printing of requested documents for the LTCOP must be resolved. The SLTCO Office should build into the LTCOP a budget for outreach and education that includes staff time for outreach, printing and dissemination of materials.

⁶⁵ S. Petrone. Personal communication. August 26, 2013.

⁶⁶ M. McNeil. Personal Communication. June 20, 2013. B. Laubert. Personal Communication. June 20, 2013.

⁶⁷ In Ohio's experience, managed care organizations saw the LTCOP as a good resource to resolve complaints prior to filing an official grievance. B. Laubert. Personal Communication. June 20, 2013.

⁶⁸ S. Petrone. Personal communication. July 1, 2013.

Outreach and Education: Recommendations

1. Outreach and education should happen at both the State LTCO Office level and community-level. Outreach and education is necessary to reach the LTCOP target population; outreach and educational materials should be tailored to different audiences so they fully understand the role of the LTCOP and are able integrate LTCOP referrals into the following programs and services (details provided above in text above):
 - LTCOP network
 - State agencies and affiliated state entities
 - Consumer/Stakeholders
 - Policy Makers
2. The SLTCO Office should develop and broadly disseminate a brochure that explains the rights of LTCOP consumers in home care and managed care programs.
3. One way the SLTCO can educate stakeholders is by requiring RO to educate stakeholders in their communities. One example of stakeholder engagement already used in the LTCOP is providing in-service style education sessions.
4. The SLTCO Office should prioritize education of case managers and/or care coordinators as a result of the experience in Ohio where the most common complaints received from the LTCOP in the home care/managed care settings are in regards to care coordinators.
5. The SLTCO should distribute this report to Illinois legislators to inform policy makers about the expanded role of the RO and to keep them informed of the results of the pilot programs and timeframe for statewide roll out.
6. The SLTCO Office should build into the LTCOP a budget for outreach and education that includes staff time for outreach, printing and dissemination of materials.
7. The SLTCO Office must secure a budget for developing and distributing educational materials. Further, the SLTCO Office must resolve the current delay in processing the printing of requested documents for the LTCOP.

Funding

The Long-Term Care Ombudsman Program (LTCOP) is funded through federal (Older Americans Act), state, and other local funding streams.⁶⁹ Illinois' LTCOP has historically been underfunded, which resulted in challenges to adequately staff the regional LTCOPs.

With the expansion of the LTCOP to serving home care and managed care settings, the LTCOP will have to consider appropriate staffing levels (see previous section, page 30) and accompanying funding challenges. In fact, the recently passed Illinois Public Act 098-0380 states that “the Long-Term Care Ombudsman Program is also authorized, **subject to sufficient appropriations**, to advocate on behalf of individuals residing in their own homes or in community-based settings...”⁷⁰

This section identifies several new funding streams that the LTCOP is already exploring or should explore in order to adequately fund the Program's expansion.

Potential New LTCOP Funding

Medicaid Administrative Funds

On June 18, 2013, the Centers for Medicaid and Medicare Services (CMS) released an informational bulletin with the subject of “Medicaid Administrative Funding Availability for Long Term Care Ombudsman Program Expenditures.”⁷¹ The bulletin describes how LTCOP services can be valuable and beneficial to Medicaid enrollees, and as a result CMS has identified LTCOP services that may be eligible for federal Medicaid matching funds.

As a federal/state partnership, Medicaid expenditures made by the state for eligible services are matched by federal CMS: this is called the Federal Medical Assistance Percentage (FMAP).⁷² In Illinois, the FMAP for FY2013 is 50%, which means that for every \$1 Illinois spends on eligible Medicaid services, federal CMS contributes an additional \$1.

The bulletin lists out LTCOP activities that may directly benefit Medicaid enrollees and as a result qualify for Medicaid administrative funding. These activities include:

- “Information provided to potential enrollees regarding Medicaid eligibility and facilitation of the enrollment process.
- Identifying and referring individuals who may be eligible for and in need of Medicaid services.

⁶⁹ Administration on Aging. (2013). “Long-Term Care Ombudsman Program (OAA, Title VII, Chapter 2, Sections 711/712)”. Available online: http://www.aoa.gov/aoa_programs/elder_rights/Ombudsman/index.aspx

⁷⁰ [Emphasis added]. Illinois 98th General Assembly. Amendment to the Illinois Act on Aging (20 ILCS 105/4.04). See page 1 lines 12-15. Available online: <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=002001050K4.04>

⁷¹ Centers for Medicare and Medicaid Services. (2013). “Medicaid Administrative Funding Availability for Long Term Care Ombudsman Program Expenditures.” Available online: <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-06-18-2013.pdf>

⁷² Each state's FMAP is determined based upon the state's per capita personal income relative to the national average income. Kaiser Family Foundation. (2011). “An Overview of Changes in the Federal Medical Assistance Percentages (FMAPs) for Medicaid.” Available online: <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8210.pdf>

- Tracking and reporting to the Medicaid agency consumer requests for assistance in obtaining medical, dental, mental health, or long-term care (including home and community based) services that are covered by Medicaid.
- Providing ombudsman services to assist beneficiaries in transitioning from Medicare Part A coverage into the Medicaid nursing facility benefit or from private pay status into Medicaid funded nursing facility, home and community-based services, or other Medicaid service categories.
- Consultation and direct case advocacy to assist individuals participating in home and community-based waiver programs.
- Identifying Medicaid-eligible residents who want to transition out of nursing home facilities and then connecting them with the appropriate local contact agency or other services to assist them in returning to the community.
- Identifying and reporting suspected instances of Medicaid fraud to federal and state agencies for investigation and action.
- Other LTCO activities which are determined by the Secretary of DHHS to be necessary for proper and efficient administration of the Medicaid state plan.”

The bulletin also acknowledges that “...some states have expanded the populations served by the LTCOP to include individuals receiving long-term services and supports in their own homes or other settings, in addition to individual receiving care in nursing facilities.”

The Illinois SLTCO Office should strengthen their existing relationships with the State Medicaid Agency (the Department of Healthcare and Family Services) to ensure that any potential Medicaid matching funds for the LTCOP are capitalized upon. It is important to note that only services that are appropriately documented and shown to benefit the Medicaid program are eligible. For technical assistance, HFS can contact the regional CMS office for support.

Medicare-Medicaid Alignment Initiative (MMAI) Ombudsman Grant Funds

As mentioned elsewhere in this report (see pages 9-10), Illinois is one of the MMAI demonstration project sites, a major federal managed care demonstration project. The Illinois LTCOP recently applied for federal funding to provide ombudsman services for this demonstration project.⁷³ If the SLTCO Office is awarded a grant for this project, two full-time staff people will be hired to administer and assist with this grant. Funds from this grant will also be available to reimburse regional LTCOPs for time spent serving managed care consumers.

Other State Funding Options

The SLTCO Office should work with the Governor’s Office, Director of DOA, the Department of Healthcare and Family Services (HFS) and the Department of Public Health (DPH) to explore additional state funding options. Each of the potential funding opportunities described here requires the SLTCO

⁷³ Administration for Community Living. (2013). “New funding to improve care coordination for Medicare-Medicaid enrollees.” Available online: http://www.acl.gov/NewsRoom/Press_Releases/archive_ACL/2013/2013_06_27.aspx

Office to leverage the collective advocacy voice of educated stakeholders. In order to successfully advocate for these funding streams to go towards the LTCOP, the SLTCO Office must understand the constraints and potential synergy of these funds with the Program. These funding opportunities include:

- **Civil Money Penalty (CMP) Funds**⁷⁴ — Collected CMP funds may be used to support activities that benefit residents of nursing homes,⁷⁵ but may not be used for ongoing LTCOP support. Given recent findings that give Illinois' nursing homes' a failing grade,⁷⁶ CMP funds offer a funding source to target specific projects that will increase the quality of care/life of nursing home residents. In Ohio CMP funds have been used for consumer-centered projects including: Artifacts of Culture Change and hosting seminars for nursing homes on dining choices.⁷⁷

The SLTCO Office should meet with RO and DPH—which administers the CMP funds and regulates nursing homes—to decide how RO can have the greatest impact on 'distressed facilities' and the care provided to residents.

- **Nursing Home Bed Tax Funds**—Illinois Public Act 96-1530 authorized an increase in the nursing home bed tax that is collected in the Long-Term Care Provider Fund; Long-Term Care Provider funds are earmarked for the “enforcement of nursing home standards, support of the ombudsman program, and efforts to expand home and community-based services”.⁷⁸

The increase in bed tax funds helped the LTCOP to meet the suggested ratio of one full time paid ombudsman to every 2,000 licensed nursing home beds.⁷⁹ The SLTCO Office should review how the current Long-Term Care Provider funds are being used within the LTCOP. The SLTCO has an opportunity to strengthen the role of the LTCOP in order to improve nursing home quality of care/life.

The SLTCO Office should meet with HFS (which administers the provider funds) and DPH (which regulates nursing homes) to discuss potential ways for the SLTCO Office to play a leadership role in improving nursing home quality of care/life.

⁷⁴ Centers for Medicare and Medicaid Services. (December 16, 2011). “Memo: Use of federally Imposed Civil Money Penalty (CMP) Funds by States.” Available online:

http://www.ltombudsman.org/sites/default/files/norc/cmp-funds-by-state_0.pdf

⁷⁵ W. Bell. [Department of Public Health]. Personal communication. August 29, 2013.

Per Illinois Public Act 96-1372, 50% of CMP Funds which were formerly placed in an 'Equity in Long-Term Care Grant Fund' are now to be used for 'distressed facilities'. Rules have yet to be written.

⁷⁶ Families for Better Care. (2013). “Nursing Home Report Cards”. Available online:

<http://nursinghomereportcards.com/2013/08/08/illinois-scores-f-ranks-42nd-in-nursing-home-care/>

⁷⁷ B. Laubert. Personal communication. August 27, 2013.

⁷⁸ Illinois Public Act 96-1530. Available online: <http://ilga.gov/legislation/publicacts/96/PDF/096-1530.pdf>

⁷⁹ Centers for Medicare and Medicaid Services, National Direct Service Workforce Resource Center (2013) “Best Practices for Home and Community-Based Ombudsmen” Available online: www.dswresourcecenter.org/tiki-download_file.php?fileId=567

Funding: Recommendations

The SLTCO Office should explore the following funding sources to ensure that the LTCOP has adequate funding to meet its mandate in institutions as well as to expand into the home care and managed care settings:

1. Medicaid Administrative Funds
2. Medicare-Medicaid Alignment Initiative (MMAI) Ombudsman Grant Funds (SLTCO Office already submitted a proposal)
3. Other state funding options that the SLTCO should explore (see detailed recommendations in-text):
 - Civil Money Penalty Funds
 - Additional Nursing Home Bed Tax funds

Quality Assurances Through Data

Evaluating any long-term care ombudsman program (LTCOP) is a challenge: the LTCOP is complex and has many layers that make it difficult to develop a research design.⁸⁰ An evaluation of Illinois' LTCOP is beyond the scope of this report. However, expanding the Illinois LTCOP into home care and managed care will require the use of data based on experience.

Illinois' LTCOP should begin by defining and collecting basic data during the pilot phase of the expansion in order to: ensure the quality of the LTCOP; contribute to the ongoing development of the Program; learn about expanded LTCOP outcomes. This section discusses how current LTCOP components may be used in evaluating the expansion:

- The current Benchmarking System
- The data collection software currently used in Illinois: OmbudsManager

Also covered in this section will be a discussion of the importance of process-level and outcome-level data collection in the pilot project and how this should inform the overall program design of the expanded LTCOP, and the unique challenges in evaluating a LTCOP.

Benchmarking System

The current LTCOP uses a recently implemented benchmark system to standardize and evaluate regional ombudsmen (RO) activities and outcomes on a quarterly basis. Each Provider Agency (PA) works with the State Long-Term Care Ombudsman (SLTCO) Office to set achievable, community-specific benchmarks.

A Benchmark Workgroup that meets quarterly holds PAs and RO accountable to the benchmarks. This Workgroup consists of RO, representatives from the State LTCO Office and AAAs. Each PA/RO is evaluated on their ability to meet their set benchmarks.

For RO who do not meet their benchmarks, a strategic work plan is developed by the Workgroup. This plan is intended to support the RO to change their activities to meet benchmarks. If there is no follow-through on the work plan and benchmarks continue not to be met, the State LTCO Office has the authority to withhold funding from PAs for RO work. Therefore, benchmarks are a way to ensure that PAs are using funds for the LTCOP work appropriately.

⁸⁰ NORC at the University of Chicago. (2013). "Final Report: Evaluation Study Design for Long-Term Care Ombudsman Programs under the Older Americans Act: Research Design Options." Available online: http://www.aoa.gov/aoaroot/program_results/docs/LTCOP%20Evaluation%20Study%20Design_01312013.pdf

The benchmarks currently used are:

- Quarterly Regular Presence
- Consultations to Individuals
- Community Education
- Facility Staff In-services
- Face-to-Face with Resident Council Representatives
- Resident Council Meetings
- Money Follows the Person (MFP) Community Education
- MFP Consultations

This benchmarking system is an existing mechanism to hold RO accountable and can be expanded to include specific home care and/or managed care benchmark goals. Illinois' State LTCO Office proposes to contract with a consultant to update the current LTCOP benchmarks for FY2014. This update should include expanding the benchmarks to include home care and managed care.

OmbudsManager™

OmbudsManager is an ombudsman case management system that allows for easy navigation and data collection of ombudsman related activities.⁸¹ Illinois uses OmbudsManager to track all ombudsman activities. In interviews with RO and the STLCO, it is clear that OmbudsManager is a powerful tool that is easy to use.⁸²

OmbudsManager has the capacity to accommodate the activity/data collection of expanding the LTCOP into home care and managed care. Currently, the system has built-in activity codes that cover the expansion, including a code for: homecare, hospital/hospice, congregate housing; and services from outside provider. Additional activity codes may be programmed into the system as well.⁸³

As a result of Illinois' Ombudsman already being trained and familiar with OmbudsManager, utilizing and building off of this existing software platform is a logical step in the Program's expansion. Within the Illinois LTCO Office, the Ombudsman Specialist on contract is already familiar with OmbudsManager and providing technical support for RO. The SLTCO also has easy access to cases through OmbudsManager, allowing for easy communication between the State LTCO Office and its regional programs.

Process Data Collection for Continuous Quality Improvement

In both the Pilot Project and the statewide expansion, Illinois Ombudsmen should process cases for the purposes of understanding the experience of working in the new settings of home care and managed care. Processing cases in a structured way should inform ongoing program development and quality of services provided. Themes in cases are useful in determining where to focus initial and ongoing training.

⁸¹ OmbudsManager is a product of Harmony Information Systems, Inc. For more information: <http://www.harmonyis.com/products/ombudsmanager.php>

⁸² S. Petrone. Personal communication. July 1, 2013. T. Wacker. Personal communication. July 11, 2013. A. Thompson. Personal communication. July 18, 2013.

⁸³ Note: Activity codes may be added, but not complaint codes. S. Petrone. Personal communication. August 26, 2013.

Illinois' RO, SLTCO from Ohio and Georgia and a national ombudsman expert all shared the importance of processing cases. Sharing cases is an opportunity for ombudsmen to share their differing approaches to problem solving and advocacy, helping others to strengthen their ombudsman skill-set.

Case processing should occur on a regular schedule both in regional ombudsman programs and state-wide. Processing cases in a structured way should inform ongoing program development and quality of services provided. Themes in cases are useful in determining where to focus initial and ongoing training.

The Illinois Association of Long-Term Care Ombudsmen (IALTCO) should be a resource for facilitating case processing. IALTCO hosts a monthly training webinar/conference call for RO and there is potential for integrating a case-processing component to these webinars. See page 22 for additional details about IALTCO.

Ongoing Challenges for Outcome Data Collection in LTCOPs

The LTCOP is a challenging program to evaluate as a result of many different contextual factors that influence the RO relationships with consumers. Typical LTCOP goals, or desired outcomes, are improving quality of life and quality of care—these are challenging outcomes to observe and certainly difficult outcomes to determine cause and effect.⁸⁴ In other words, it is a challenge to research the LTCOP in order to conclude that as a result of ombudsman services a consumer has an improved quality of life or improved quality of care.

Despite the challenges to evaluate the outcomes of the LTCOP, the Illinois SLTCO Office should continue to standardize its program design and data collection through benchmarking and OmbudsManager. With a strong program and data collection design, working with a researcher to design an LTCOP evaluation will be much more likely to yield useful findings.

One important outcome is “complaint resolution”. Ohio describes complaint resolution as their best outcome measure.⁸⁵ Complaint resolution takes on both the perspective of the consumer and the ombudsman—do you feel that your/consumer’s complaint was resolved? Complaint resolution can be useful in updating training curriculums based on consumer and ombudsman feedback about ombudsmen performance and can be instructive for ombudsmen about how to determine when a complaint is resolved.

⁸⁴ NORC at the University of Chicago. (2013). “Final Report: Evaluation Study Design for Long-Term Care Ombudsman Programs under the Older Americans Act: Research Design Options.” See page 11, available online: http://www.aoa.gov/aoaroot/program_results/docs/LTCOP%20Evaluation%20Study%20Design_01312013.pdf

⁸⁵ B. Laubert. Personal communication. June 20, 2013.

Quality Assurances Through Data: Recommendations

1. Illinois' SLTCO Office should build upon the existing benchmarking system, expanding the current benchmarks to include specific home care and/or managed care benchmark goals.
2. Illinois' SLTCO Office should continue to use OmbudsManager as the central data collection software. OmbudsManager has the capacity to accommodate the activity/data collection of expanding the LTCOP into home care and managed care. RO should continue to train and hold themselves accountable for timely and consistent reporting.
3. Illinois ombudsmen should process cases for the purposes of understanding the experiences of working in the new settings of home care and managed care. The Illinois Association of Long-Term Care Ombudsmen (IALTCO) should be a resource for facilitating case processing through their monthly training webinars for RO.
4. The Illinois SLTCO Office should continue to standardize its program design and data collection through benchmarking and OmbudsManager so the LTCOP is adequately prepared for an evaluation.
5. Illinois SLTCO Office should collect 'complaint resolution' outcome data, when possible, from both the consumer and ombudsman perspective. Complaint resolution is a useful outcome for determining the success of the LTCOP.

Pilot Project (Considerations for Home Care and Managed Care Roll-out)

Eventually, the ombudsman program will expand statewide to serve home care and managed care individuals. In order to ensure the best program design based on Illinois' experience, the State Long-Term Care Ombudsman (SLTCO) Office should implement a pilot project in select diverse regional ombudsman programs. A pilot project offers the SLTCO Office the opportunity to pilot different target populations, different geographic locations, and to collect basic process data that will inform the statewide program development.

This pilot program, a staged approach to statewide implementation, mirrors the experience in Georgia. In Georgia's experience, the best criteria to use in selecting regional LTCOPs to pilot the expansion are:

- Selecting geographically diverse locations (rural, suburban, urban) that will be able to inform future state-wide expansion
- Selecting RO who have well-managed, strong programs and are in full support of expansion into the home care/managed care setting

Purpose of Pilot Project

The purpose of the pilot project is to develop a strong program design for the statewide expansion of the Ombudsman Program into the home care and managed care settings. Specifically, the pilot should have the following outcomes or goals:

- Develop policies and procedures for what Ombudsman will be required to do in the home care and managed care settings⁸⁶
- Clearly define the role of Ombudsman in the home care and managed care settings for purposes of outreach and education
- Determine what kinds of cases to expect (i.e. what are 'typical' cases) for outreach/education purposes and also to help articulate the role for Ombudsman in these settings
- Begin to learn about caseloads/staffing. Given the dramatic change in Ombudsman roles under the expansion, it will probably take a period of time to learn more about how to staff and manage varied caseloads, especially when considering that much of the home care/managed care work may be done telephonically. It is anticipated that the management of cases in the expanded LTCOP will be an ongoing process and vary by region.
- Identify training module topic areas based on experience and provide feedback to whomever is responsible from the State LTCO Office in building training curriculum
- Develop a job description for Ombudsman that encompasses home care, long-term care facilities, and managed care
- Identify potential conflicts of interest and overlap of roles

⁸⁶ Illinois' ROs interviewed for this report reiterated the importance of having policies and procedures prior to launching the state-wide roll-out of the LTCOP expansion. T. Wacker. Personal communication. July 11, 2013. A. Thompson. Personal communication. July 18, 2013.

Working with AAAs, PAs and RO to Develop the Pilot Project

Given the current structure of Illinois' Ombudsman Program, Area Agencies on Aging (AAA), Provider Agencies (PA) and Regional Ombudsmen (RO) must be engaged in the development of the pilot project design and selection of RO pilot project sites. The pilot project will be an additional activity for PAs, and from a programmatic and planning perspective several key elements must be discussed in the initial planning stages for the pilot:

1. Funding – will there be additional funds for the PAs to pilot the expanded program?⁸⁷
2. Timeline – when will the pilot project begin? How long will it last?
3. What exactly will PAs and RO be required to do in order to meet the outcomes and goals for the pilot project listed above?
4. What are the criteria for pilot sites in regards to conflict of interest considerations?

Further, it is critical to engage RO in the development and design of both the pilot project because of their on-the-ground experience in working with consumers and their experience working in diverse PA settings. As a result of Illinois' current LTCOP structure, it will be important to understand how the expanded program will operate in the different PAs. It is critical to pilot the program with RO who can play a leadership role in defining the parameters of the expansion and aid in dissemination.

Target Population for Pilot Project

Targeting home care ombudsman services is one of the greatest challenges for LTCOPs serving individuals in the home and community-based setting.⁸⁸ Based on interviews with other SLTCO, Illinois' SLTCO and RO, it is recommended that the initial pilot project target a wide range of consumers and be complaint driven. In the experience of several RO, their Ombudsman Program already serves individuals in the home care setting and they are currently using a broad definition for eligibility: any individual who needs assistance navigating the health or social services system.

This broad definition of eligibility for Ombudsman services includes all types of funding sources: Medicare, Medicaid, Older Americans Act, and other sources. Ohio's Ombudsman Program defines their work in this way, responding to any and all HCBS complaints, from consumers at any age, that require advocacy with or on behalf of the consumer; Ohio's Ombudsman currently respond to around 300 home care complaints annually.

⁸⁷ In interviews with Illinois RO, there was significant concern about ensuring sufficient funding for the pilot projects as this will be an added responsibility for the PAs and RO. A. Thompson. Personal Communication. July 18, 2013. T. Wacker. Personal communication. August 1, 2013. C. Weightman-Moore. Personal communication. August 1, 2013.

⁸⁸ D. Merrill. Personal communication, May 14, 2013.

For purposes of comparison, Georgia's Ombudsman Program only serves individuals in the home setting who are enrolled in MFP. In Illinois this would be a challenge because certain areas across the State are less affected by MFP than others. Further, this is not in alignment with the current culture of Illinois' Ombudsman Program where any complaint from a consumer is fielded, regardless of the funding source.

Data Collection for Pilot Project

The following data points should be collected by the RO program pilot project sites to inform the statewide LTCOP expansion:

- Number of cases referred to the Ombudsman Program from the home care and/or managed care setting
- Referral sources
- Time spent with an open case
 - Time spent working via telephone
 - Time spent in individual's homes
 - Other time spent (define)
- Activities used to resolve case (case notes)
- Major challenges experienced
- Resolution of complaints
 - Both in the Ombudsman and consumer's perspective
- Program satisfaction for consumers

In developing the design of the pilot project, it is critical that the SLTCO Office standardizes exactly which data points are collected. There may be additional data points beyond what is listed in this report. Further, the SLTCO Office must specify the time frame with which RO will be required to report on data points. It is important for data points and the timing of data collection to be standardized across Pilot Project sites to allow for accurate reporting and analysis of findings.

Also, during the formal Pilot Project, all RO should begin to track community-based complaints in OmbudsManager to help the SLTCO Office learn about the volume and type of complaints received before the official statewide expansion occurs. This will also be a way for RO to ease into the role of home care ombudsmen instead of waiting for the official statewide expansion.

Pilot Project: Recommendations

1. The SLTCO Office should choose regional LTCOPs for the Pilot Project based on the following criteria:
 - Geographically diverse locations (rural, suburban, urban) that will be able to inform future statewide expansion
 - Selecting RO who have well-managed, strong programs and are in full support of expansion into the home care/managed care setting
2. The SLTCO Office should clearly articulate the goals and intended outcomes of the pilot project prior to development and implementation. Suggested outcomes and goals include:

- Development of policies and procedures
 - Clearly defined role for ombudsmen in the home care and managed care settings
 - Definition of what types of cases are to be expected (i.e. 'typical' cases)
 - Learning about caseloads and staffing changes as a result of the expansion
 - Identifying training module topic areas for curriculum development
 - Develop a job description for the new expanded ombudsman role
 - Identify potential conflicts of interest
3. The SLTCO Office must address the following questions before launching the pilot program in collaboration with the AAAs, PAs and RO
 - Funding – will there be additional funds for the PAs to pilot the expanded program?
 - Timeline – when will the pilot project begin? How long will it last?
 - What exactly will PAs and RO be required to do in order to meet the outcomes and goals for the pilot project listed above?
 4. The Pilot Project should target a wide range of clients and be complaint driven. This is in alignment with the current LTCOP structure.
 5. The SLTCO should standardize which Pilot Project data points are collected and specify the time frame with which RO are required to report on the data points. Proposed data points for the Pilot Project sites are included in the body of the report above.
 6. During the formal Pilot Project, all RO—not only Pilot Project sites—should begin to track community-based complaints in OmbudsManager to help the SLTCO Office learn about the volume and type of complaints received before the official statewide expansion occurs.

Conclusion and Next Steps

Expansion of the long-term care ombudsman program (LTCOP) from serving consumers in long-term care facilities to including consumers in the home care and managed care settings is a major culture change for ombudsmen. This expansion is not a simple matter of adding another category of target population and adding administrative oversight to the LTCOP.

While the ombudsman skill-set is the same for giving voice to a vulnerable population through education, advocacy and complaint resolution, the State Long-Term Care Ombudsman (SLTCO) must implement programmatic changes across the LTCOP in the following areas: state and regional LTCOP structure, stakeholder engagement, staffing, training, outreach and education, funding, and quality assurances through data. Recommendations for implementing changes in each of these areas are provided throughout this report and are also provided as an appendix for easy reference (see page 64, Appendix D: "Quick Reference to Report Recommendations").

The SLTCO should continue to prepare for the expansion by implementing the following priorities listed below, each of which will require an implementation plan defining the work to be done and the staff and resources available to advise and or assist with the process. The SLTCO should implement the following priorities taken from the recommendations of this report:

1. Widely disseminate this report to stakeholders including: DOA, HFS, DHS, DPH, legislators, AAAs, PAs, RO, the Illinois Long-Term Care Council, and the Illinois Association of Long-Term Care Ombudsman.
2. Ensure that ombudsmen have the authority to access records in both the home care and managed care settings through written rules for Public Act 098-0380 by working with DOA legal staff.
3. Identify and address potential conflicts of interest associated with the expansion within the current LTCOP structure at the DOA level, AAA level and PA level.
4. Update existing protocols and processes to reflect the expanded LTCOP structure including: PA designation process through competitive requests-for-proposal, and the LTCOP Standards, Policies and Procedures Manual.
5. Develop a stakeholder engagement plan, with support from the Illinois Long-Term Care Council, and disseminate to all stakeholders. The stakeholder engagement plan should include the SLTCO meeting with DOA, HFS, and DHS to differentiate the LTCOP from other related programs and services.
6. Address current SLTCO Office staffing inadequacy by hiring additional staff to support the expanded LTCOP.

7. Develop new systems of management within the SLTCO Office including: easily accessible answers to Frequently Asked Questions, build time into ongoing training to discuss LTCOP expansion, and offer regularly scheduled meetings for facilitated ombudsmen cases discussion.
8. Meet with DOA and HFS leadership to secure Medicaid Administrative Funds for eligible LTCOP services.
9. Explore additional state funding options with DOA, HFS and DPH leadership including: Civil Money Penalty funds and additional Nursing Home Bed Tax funds.
10. Update the current regional LTCOP benchmarking system to include specific home care and managed care goals.
11. Design and implement a pilot project that includes geographic variability of regional LTCOPs as pilot sites. The pilot project should be designed to standardize the statewide expanded LTCOP in the following areas: training, outreach and education, and definition for expanded ombudsman role.
12. Review full recommendations of this report, provided in Appendix D (page 64), and develop an implementation plan that extends beyond these priority recommendations.

Appendix A: Acronyms and Abbreviations

- Administration for Community Living = ACL
- Administration on Aging = AoA
- Aging and Disability Resource Center = ADRC
- Area Agency on Aging = AAA
- Care Coordination Unit = CCU
- Center for Independent Living = CIL
- Centers for Medicare and Medicaid Services = CMS
- Civil Money Penalty Funds = CMP
- East Central Illinois AAA = ECIAAA
- Home and Community-Based Services = HCBS
- Illinois Department of Healthcare and Family Services = HFS
- Illinois Department of Public Health = DPH
- Illinois Department on Aging = DOA
- Long-Term Care = LTC
- Long-Term Care Ombudsman Program = LTCOP
- Long-Term Services and Supports = LTSS
- Managed Care Organization = MCO
- Medicare-Medicaid Alignment Initiative = MMAI
- Memorandum of Understanding (MOU)
- Money Follows the Person = MFP
- National Association of States United for Aging and Disabilities = NASUAD
- Older Adult Services Advisory Committee = OASAC
- Older Americans Act = OAA
- Planning and Service Areas = PSA
- Regional Ombuds-man/men = RO
- Request for Proposals = RFP
- State Long-Term Care Ombudsman = SLTCO

Appendix B: Interviews

Interview participants:

- Paul Bennett, Illinois Health Care and Family Services: Senior Public Service Administrator, Colbert Consent Decree
- Liang-Lin Chao, Georgia Ombudsman Services Coordinator
- Beverley Laubert, Ohio State Long-Term Care Ombudsman
- Lora McCurdy, Illinois Health Care and Family Services: Rebalancing Long-Term Care and Money Follows The Person Project Director
- Melanie McNeil, Georgia State Long-Term Care Ombudsman
- Deborah Merrill, National Association of States United for Aging and Disabilities
- Phyllis Mitzen, Health & Medicine Policy Research Group
- Jason Molony, Health & Medicine Policy Research Group (intern)
- Kristen Pavle, Health & Medicine Policy Research Group
- Sally Petrone, Illinois State Long-Term Care Ombudsman
- Grace Sweatt, Consultant: Illinois State Long-Term Care Ombudsman
- Audrey Thompson, Illinois Regional Ombudsman, Region 13
- Tami Wacker, Illinois Regional Ombudsman, Region 5
- Cathy Weightman-Moore, Illinois Regional Ombudsman, Region 1

May 14, 2013 – National Ombudsman

Expert

- Deborah Merrill
- Phyllis Mitzen
- Kristen Pavle

May 21, 2013 – Illinois SLTCO

- Phyllis Mitzen
- Kristen Pavle
- Sally Petrone

June 18, 2013 – Illinois SLTCO

- Phyllis Mitzen
- Kristen Pavle
- Sally Petrone

June 20, 2013 – Georgia SLTCO

- Liang-Lin Chao
- Jason Molony
- Melanie McNeil
- Phyllis Mitzen
- Kristen Pavle

June 20, 2013 – Ohio SLTCO

- Beverley Laubert
- Jason Molony
- Phyllis Mitzen
- Kristen Pavle

July 1, 2013 – Illinois SLTCO

- Jason Molony
- Phyllis Mitzen
- Kristen Pavle
- Sally Petrone

July 11, 2013 – Illinois' RO

- Jason Molony
- Phyllis Mitzen
- Kristen Pavle
- Tami Wacker

July 15, 2013 – Illinois SLTCO

- Phyllis Mitzen
- Kristen Pavle
- Sally Petrone

**July 16, 2013 – Illinois' Department of
Healthcare and Family Services**

- Paul Bennett
- Lora McCurdy
- Phyllis Mitzen
- Kristen Pavle

July 18, 2013 – Illinois RO

- Jason Molony
- Phyllis Mitzen
- Kristen Pavle
- Audrey Thompson

July 31, 2013 – SLTCO Consultant

- Jason Molony
- Phyllis Mitzen
- Kristen Pavle
- Grace Sweatt

August 1, 2013 – Illinois' RO

- Jason Molony
- Phyllis Mitzen
- Kristen Pavle
- Tami Wacker
- Cathy Weightman-Moore

**August 1, 2013 – National Ombudsman
Expert**

- Deborah Merrill
- Jason Molony
- Phyllis Mitzen
- Kristen Pavle

August 16, 2013 – State LTCO

- Phyllis Mitzen
- Kristen Pavle
- Sally Petrone

Appendix C: Important Stakeholder Groups

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- Consumers
- Ombudsman Entities
 - State Long-Term Care Ombudsman Office
 - Regional Ombudsmen
 - AAAs
 - Provider Agencies
- Advocacy Groups, including:
 - Illinois Citizens for Better Care
 - Equip for Equality
 - AARP
 - Jane Addams Senior Caucus
- Aging and Disability Networks
 - Illinois Department on Aging
 - Adult Protective Services
 - Illinois Department of Human Services
 - Division of Rehabilitation Services
 - Division of Mental Health Services
 - Aging and Disability Resource Centers
 - AAAs
 - Centers for Independent Living
 - Care Coordination Units (CCUs)
- State-level Committees
 - Illinois' Long-Term Care Council
 - Older Adult Services Advisory Committee⁸⁹ - legislatively mandated to advise DOA, DPH, DHS, HFS on promoting the transformation of Illinois LTC system to a predominately HCBS system

⁸⁹ The Older Adult Services Act, enacted in 2004 (PA 093-1031), is the result of strong and persistent advocacy “to promote a transformation of Illinois’ comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home-based and community-based system...” Available online: <http://www.ilga.gov/legislation/publicacts/93/PDF/093-1031.pdf>

- State Medicaid Agency: Illinois Department of Healthcare and Family Services
 - Money Follows the Person Program
 - State Balancing Incentive Payment Program
 - Consent Decrees

- Illinois Department of Public Health – licenses home health, home care and private duty nursing agencies; but not Medicaid waiver program agencies or personal care attendants.

- The Office of Illinois Attorney General

- Managed Care Organizations

Appendix D: Quick Reference to Report Recommendations

Current State and Regional Ombudsman Program Structure in Illinois: Recommendations

1. The SLTCO Office should ensure that ombudsmen have the authority to access records in both the home care and managed care settings through written rules for Public Act 098-0380 by working with Department on Aging (DOA) legal staff. The SLTCO Office should also investigate the authority of Ombudsmen to gain entry into homes of people who request Ombuds services, as well as ensuring that Ombudsmen are not mandated reporters.
2. The SLTCO should be built the LTCOP expansion upon the existing community-based LTCOP structure by updating the competitive RFP solicitation to reflect the new expanded role of ombudsmen.
3. The SLTCO Office should identify, address, and remedy conflicts of interest through the LTCOP in order to remain independent:
 - SLTCO Office within the DOA: move the SLTCO Office from within the Division of Home and Community Services and make the SLTCO Office its own division in the DOA where it can act independently but receive administrative support.
 - Provider Agencies: introduce fire walls to effectively separate the LTCOP from other programs within PAs.
4. The SLTCO Office should enforce LTCOP Standards to ensure the success of the expansion of the Program. Specifically, the PAs should change their agency wide policies to be consistent and without conflict with the LTCOP policies including:
 - RO should be full-time ombudsmen with no duties outside of the LTCOP.
 - PAs and RO should:
 - Consult and participate in the development of an annual Regional LTCOP budget and annual services plan.
 - Consult and participate in the development of the every 3-year AAA Area Plan development and annual AAA Area Plan Amendment development as it relates to the Elder Rights section.
5. The SLTCO Office should consult with national ombudsman experts who can provide technical assistance regarding ways to ensure that the LTCOP structure is designed to accommodate an expansion into the home care and managed care settings.

6. The SLTCO Office should collaborate with formal LTCOP supports in Illinois and nationally (see details above in-text):
 - The Illinois Long-Term Care Council
 - The Illinois LTCOP Advisory Council
 - The Illinois Association of Long-Term Care Ombudsman
 - National LTCOP Supports

Stakeholder Engagement: Recommendations

1. The SLTCO Office should develop a stakeholder engagement plan that can be disseminated to all stakeholders. This plan should:
 - Clearly articulate how it will engage stakeholders and explain how stakeholder input is used and if not, why not.
 - Solicit feedback about how the LTCOP should expand into home care and managed care, but it should also engage stakeholders in discussions of how the LTCOP can retain its momentum to strengthen its role and impact on facilities.
2. The SLTCO and the Illinois Long-Term Care Council should design and implement a plan to solicit testimony from key stakeholders. This can include receiving feedback during the Governor's Conference on Aging but should also include regional forums as well.
 - Statewide feedback should be solicited by developing a website form that allows stakeholders to submit written feedback; this website should be announced at the Governor's Conference.
 - Regional feedback should be solicited by requiring the AAAs to develop formal stakeholder engagement opportunities to inform the expansion.
3. The SLTCO Office should solicit stakeholder feedback from DOA leadership about how the LTCOP will collaborate with, differentiate from, and be conflict free regarding other aging programs, including:
 - Adult Protective Services
 - Aging and Disability Resource Center entities
 - Aging service providers in the community who are certified by DOA
 - Budgeting and legal offices
 - Legal services provided to the SLTCO Office and consumers
4. The SLTCO Office should meet with other Illinois governmental agencies that play a role in home care and managed care in order to differentiate the LTCOP from other programs and to find ways to collaborate in order to support both the LTCOP and the other programs. The departments and programs include:
 - Health Care and Family Services (HFS)
 - Department of Human Services (DHS)
 - The Office of Illinois Attorney General

5. The SLTCO Office should engage AAAs about how the LTCOP can be value-added to their current offerings of community-based programs and services. AAAs can be helpful in identifying benchmarks, differentiating the role of the LTCOP from other programs, developing and disseminating training about the role of the LTCO, as well as being a resource for developing the LTCOP expanded curriculum.
6. The SLTCO Office should participate on the following stakeholder committees to strengthen the Program through partnerships with other programs:
 - The Older Adult Services Advisory Committee (OASAC).
 - Balancing Incentive Payment Program (BIP) Stakeholder Committee

Staffing: Recommendations

1. The expansion into the home care and managed care settings will not be feasible for the SLTCO Office without hiring new staff. The ideal increase in SLTCO Office staff is prioritized as follows:
 - Increase the current 40% full-time technical assistance contract staff to two full-time “Ombudsman Specialists” who will provide technical assistance, monitor and analyze data, and conduct evaluations of the regional LTCOPs
 - Increase 20% administrative staff to one full-time administrative staff person
 - Increase 50% legal support staff to one full-time conflict-free legal support staff person
 - Hire a full-time trainer to replace the current contractual relationship structure that the LTCOP uses for training curriculum develop and implementation purposes
2. The SLTCO Office should hire a full-time staff person responsible for the home care setting expansion. This person should be knowledgeable, or at least familiar, with home and community-based services (Older Americans Act, Medicaid, Medicare, other). Given the nature of the expansion, it would be ideal to hire staff with the following experience and/or skills:
 - Project management
 - Program design and implementation, including evaluation
 - Relationship building skills in complex health or social service systems
 - Regulatory and contract development
 - Experience with vulnerable populations
 - Experience leading a team through culture change
3. If the SLTCO Office is awarded a grant to provide ombudsman services for the Medicare-Medicaid Alignment Initiative, two full-time staff should be hired to administer this grant. A majority of the grant funds will be used to support regional ombudsman for their time spent serving managed care consumers.

4. The SLTCO Office should introduce new systems of management in order to accommodate new staff and to address expected staffing challenges—increased case loads, balancing of settings within caseloads, and in anticipation of increased inquiries from regional LTCOPs including:
 - Develop a formal Frequently Asked Questions (FAQ) list that can be easily accessed and updated online. Questions regarding long-term care facilities can already be aggregated.
 - Require ongoing training programs to build in time to discuss the upcoming expansion and the accompanying changes associated with the expansion.
 - Offering regularly scheduled meetings for ombudsman to discuss cases in a facilitated manner.
5. Only regional programs with sufficient funding to develop a volunteer infrastructure and management system should use volunteer ombudsmen in the home care setting. The SLTCO Office should approve acceptable regional LTCOP volunteer programs. The SLTCO should learn from other programs that successfully use volunteers including: the Senior Health Insurance Program and Senior Companions.

Training: Recommendations

1. Ombudsman should be trained on all settings: institutional care, home care and managed care.
2. The existing LTCOP training curriculum can be expanded to include home care and managed care; the expanded curriculum does not have to be developed from a new template.
3. As the LTCOP work evolves across settings, ongoing training should be accomplished through existing channels (see in text details above).
4. Training should include specific examples to illustrate the role of the ombudsman in home care and managed care settings. This includes using case examples and role-playing. Specific home care and managed care ombudsman cases should be included in both initial and ongoing training programs.
5. A full review of programs and services that ombudsmen may encounter in serving consumers is necessary to develop the expanded LTCOP training curriculum. Ombudsmen need to have a working knowledge of these programs and know how to contact individuals within these programs when necessary.
6. The Illinois LTCOP training should include a component about effectively resolving Care Coordination Unit and Managed Care Organization case manager complaints and working effectively with all types of case managers.

7. Safety training should be a priority for ombudsmen working in home and community-based settings. The LTCOP should work with their existing network of AAAs and PAs and other professional partners to determine if any existing training curriculum from their current programs can be used to develop the ombudsman training components on home care safety.
8. Specific managed care training components should also include education about:
 - How a managed care system operates, and how it differs from FFS.
 - The nature of the relationships between MCOs, providers, and consumers.
 - The various managed care initiatives in operation across the state.
 - The existing grievance and appeal processes that exist within the individual MCOs and with the State Medicaid Agency.
9. The SLTCO Office should use the Wisconsin LTCOP as a resource when designing managed care training curriculum components because their ombudsman have been working with consumers in a managed care system for many years.
10. It is strongly recommended that Illinois build on the work of existing training experts and resources in the LTCOP and home and community-based settings, including:
 - The National Long-Term Care Ombudsman Resource Center (NORC)
 - NASUAD IQ
 - Information and Assistance Training. The SLTCO Office should discuss this possibility thoroughly with the Department on Aging and AAAs who are already aware of and involved with administering and providing information and assistance services in the community.
 - Other States' Training Modules for an Expanded LTCOP

Outreach and Education: Recommendations

1. Outreach and education should happen at both the State LTCO Office level and community-level. Outreach and education is necessary to reach the LTCOP target population; outreach and educational materials should be tailored to different audiences so they fully understand the role of the LTCOP and are able integrate LTCOP referrals into the following programs and services (details provided above in text above):
 - LTCOP network
 - State agencies and affiliated state entities
 - Consumer/Stakeholders
 - Policy Makers
2. The SLTCO Office should develop and broadly disseminate a brochure that explains the rights of LTCOP consumers in home care and managed care programs.

3. One way the SLTCO can educate stakeholders is by requiring RO to educate stakeholders in their communities. One example of stakeholder engagement already used in the LTCOP is providing in-service style education sessions.
4. The SLTCO Office should prioritize education of case managers and/or care coordinators as a result of the experience in Ohio where the most common complaints received from the LTCOP in the home care/managed care settings are in regards to care coordinators.
5. The SLTCO should distribute this report to Illinois legislators to inform policy makers about the expanded role of the RO and to keep them informed of the results of the pilot programs and timeframe for statewide roll out.
6. The SLTCO Office should build into the LTCOP a budget for outreach and education that includes staff time for outreach, printing and dissemination of materials.
7. The SLTCO Office must secure a budget for developing and distributing educational materials. Further, the SLTCO Office must resolve the current delay in processing the printing of requested documents for the LTCOP.

Funding: Recommendations

The SLTCO Office should explore the following funding sources to ensure that the LTCOP has adequate funding to meet its mandate in institutions as well as to expand into the home care and managed care settings:

1. Medicaid Administrative Funds
2. Medicare-Medicaid Alignment Initiative (MMAI) Ombudsman Grant Funds (SLTCO Office already submitted a proposal)
3. Other state funding options that the SLTCO should explore (see detailed recommendations in-text):
 - Civil Money Penalty Funds
 - Additional Nursing Home Bed Tax funds

Quality Assurances Through Data: Recommendations

1. Illinois' SLTCO Office should build upon the existing benchmarking system, expanding the current benchmarks to include specific home care and/or managed care benchmark goals.
2. Illinois' SLTCO Office should continue to use OmbudsManager as the central data collection software. OmbudsManager has the capacity to accommodate the activity/data collection of expanding the LTCOP into home care and managed care. RO should continue to train and hold themselves accountable for timely and consistent reporting.

3. Illinois ombudsmen should process cases for the purposes of understanding the experiences of working in the new settings of home care and managed care. The Illinois Association of Long-Term Care Ombudsmen (IALTCO) should be a resource for facilitating case processing through their monthly training webinars for RO.
4. The Illinois SLTCO Office should continue to standardize its program design and data collection through benchmarking and OmbudsManager so the LTCOP is adequately prepared for an evaluation.
5. Illinois SLTCO Office should collect 'complaint resolution' outcome data, when possible, from both the consumer and ombudsman perspective. Complaint resolution is a useful outcome for determining the success of the LTCOP.

Pilot Project: Recommendations

1. The SLTCO Office should choose regional LTCOPs for the Pilot Project based on the following criteria:
 - Geographically diverse locations (rural, suburban, urban) that will be able to inform future statewide expansion
 - Selecting RO who have well-managed, strong programs and are in full support of expansion into the home care/managed care setting
2. The SLTCO Office should clearly articulate the goals and intended outcomes of the pilot project prior to development and implementation. Suggested outcomes and goals include:
 - Development of policies and procedures
 - Clearly defined role for ombudsmen in the home care and managed care settings
 - Definition of what types of cases are to be expected (i.e. 'typical' cases)
 - Learning about caseloads and staffing changes as a result of the expansion
 - Identifying training module topic areas for curriculum development
 - Develop a job description for the new expanded ombudsman role
 - Identify potential conflicts of interest
3. The SLTCO Office must address the following questions before launching the pilot program in collaboration with the AAAs, PAs and RO
 - Funding – will there be additional funds for the PAs to pilot the expanded program?
 - Timeline – when will the pilot project begin? How long will it last?
 - What exactly will PAs and RO be required to do in order to meet the outcomes and goals for the pilot project listed above?
4. The Pilot Project should target a wide range of clients and be complaint driven. This is in alignment with the current LTCOP structure.

5. The SLTCO should standardize which Pilot Project data points are collected and specify the time frame with which RO are required to report on the data points. Proposed data points for the Pilot Project sites are included in the body of the report above.
6. During the formal Pilot Project, all RO—not only Pilot Project sites—should begin to track community-based complaints in OmbudsManager to help the SLTCO Office learn about the volume and type of complaints received before the official statewide expansion occurs.