

addition, the lack of volunteer ombudsmen has continued to take its toll on the system. Without the support from volunteers, the ability to have regular visits diminishes and duties normally filled by the volunteers are assumed by the regional and local ombudsmen. There are some regions of the state that have eliminated their volunteer programs, due to a lack of resources, funding, training services or simply just not having volunteers to fill the spots. The lack of formal staff and volunteers is a growing problem.

Training continues to be a challenge. Not only is quality education for ombudsmen costly, time consuming and difficult to arrange, there is a need for training in multiple disciplines. As the program expands into home and managed care, there is a need for additional training in to prepare for the upcoming expansion. Training remains a critical issue to address before fully expanding the program.

## Benchmarks

In FY2013, Illinois reached or excelled in 7 out of 8 projected benchmarks for the Ombudsman Program. This means that 7 out of 8 measured benchmarks reached at least 98% of their annual projections. This includes everything from staffing, reaching the required number of visits to hours of outreach given in the community. Some of the highest producing benchmarks were the number of hours given back to the community in the form of education and outreach, which was over two and a half times as high as the projected number of hours. Another area of sharp improvement was the total number of hours spent consulting directly with individuals, totaling over 18,000 hours, 40% more than the projected amount. This means that our program was spending a greater amount of time directly meeting with and interacting with residents and clients. The only benchmark that fell below 98% of its projected amount was the benchmark for "Regular Presence" at nursing facilities, and that was due to a lack in staffing that is currently being addressed, this benchmark reached 86% of its annual projection.

## Recommendations

As ombudsmen have been working with residents and referring them to the MFP program, it continues to be evident that additional Transition

Coordinators are needed as well as a significant increase in funding for the mental health services in order to expedite the transitioning of residents with a mental illness out of institutional care. It is also apparent that those residents who are able to transition continue to need an advocate outside of the facility. The Office recommends the ombudsman role be expanded to provide advocacy in the community for people returning to their own homes.

The expansion should allow for ombudsmen to serve the Medicare-Medicaid Alignment Initiative (MMAI) population. On February 22, 2013, Centers for Medicare and Medicaid (CMS) and the State of Illinois entered into a Memorandum of Understanding (MOU), to begin the MMAI demonstration project to provide integrated benefits to Medicare-Medicaid enrollees in targeted geographic areas in Illinois. Beginning in calendar year 2014, MMAI will test an innovative payment and service delivery model to alleviate fragmentation and improve coordination of services for Medicare-Medicaid enrollees. Through the MOU, a substantial beneficiary benefit was added requiring the State of Illinois to create an independent ombudsman program that would assist MMAI enrollees in navigating the complexities of managed care and provide individual and systems level advocacy and be a voice to beneficiary concerns. The Office of the State Long Term Care Ombudsman Program should serve as the independent ombudsman program which will assist MMAI participants.

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**Illinois**  
**Long-Term Care**  
**Ombudsman Program**

**Annual Report FY 2013**

Illinois Department  
on Aging



# Fiscal Year 2013

## *Annual Report*

### Funding

In FY2013, the budget for the Ombudsman Program totaled \$4,422,488. The largest portion of funds supporting the program (46% or \$2,044,763) was from state sources (GRF and Long Term Care Provider Fund). Federal funds made up 44% (\$1,936,305) which includes federal carryover while local funds made up the remaining 10% (\$441,420). There was a substantial increase in state funding due the Long Term Care Provider Fund.

In addition, the Ombudsman Program received an additional \$275,000 in Money Follows the Person Program (MFP) funds. The Ombudsman Program did not receive a renewal grant of civil monetary penalty funds as it has for the past nine years.

### Legislative Advocacy

The largest piece of legislative advocacy in 2013 was Public Act 098-0380, which amended the Illinois Act on Aging to allow for the expansion of the Ombudsman Program from facility-based advocacy to community and managed care advocacy as well. The Office of the State Ombudsman has been diligently working to maintain the changes required under the 2010 Nursing Home Care Reform law. Many attempts were made to erode the language, however, most were defeated.

### Statewide Plan

In FY2013, Illinois set forth established baseline measures for certain activities. These activities included: routine visits to long term care facilities; consultation to individuals; participation with resident councils; community education sessions; facility inservices; and closed cases. Illinois met or exceeded benchmarks for all areas in FY2013 except in the routine visits and closed case numbers. The IL Ombudsman Program (LTCOP)

contracted with the National Ombudsman Resource Center (NORC) to conduct a limited comparison study of state LTCOP benchmark measures and to give recommendations for future continuous quality improvements. NORC recommended the LTCOP focus on quality improvement over three years in the following areas: quarterly visits to facilities, consultations to individuals, closed cases, and outcomes based customer satisfaction surveys.

### Complaints and Consultations

The Ombudsman Program handled 7,085 complaints during FY13. Seventy-seven percent of the verified complaints were fully or partially resolved to the satisfaction of the resident involved in the case. There were 25,185 consultations handled by the Ombudsman program. The complexity of cases has substantially increased, including a growing amount of financial exploitation, family disputes, legal issues, and involuntary discharges. The ombudsmen handled more than 600 cases relating to involuntary discharges. Nineteen percent of ombudsmen complaints were made against someone other than the facility. The majority of those included complaints due to family conflict; financial exploitation; and issues relating to legal/guardianship/power of attorney or wills.

### Facility Closures

There has been a considerable increase in nursing facility closures, many of which are a result of late Medicaid reimbursement payments, low reimbursement rates and for other financial reasons. The Ombudsman Program played a substantial role with facility closures across the state. Upon notification of a facility closure, ombudsmen respond by meeting with every resident in the facility to ensure the residents understand they are given a choice as to where they will move. In addition, the ombudsmen attend status meetings and work with other facilities for a smooth transition. Once relocation has occurred, ombudsmen provide follow-up to residents that have transferred to another long-term care facility. A major hurdle that ombudsmen face is that they do not have jurisdiction outside of long-term care facilities and are therefore limited in their ability to follow-up with residents who choose to return to the community.

### Regular Presence Visits

The Ombudsman program continued its push to be visible in Illinois long term care facilities. Ombudsmen made 18,607 regular presence visits to long-term care facilities representing 68% of NFs visited on a quarterly basis in FY 2013. Ombudsmen spent more time at troubled facilities and made more telephone contacts with residents instead of face to face visits, in an attempt to limit travel costs.

### Long-Term Care Systems Rebalancing

The Ombudsman program continued to receive funds to assist with education and referrals to help residents transition out of nursing facilities and into less restrictive living arrangements through - MFP. The statewide initiative was to promote the transition of residents to the community when appropriate. This was done through in-services with staff and volunteers informing them of the MFP program and informing residents about MFP questions, distributing materials to individuals, educating family councils and resident councils, and providing information during Community Education sessions were all strategies used to promote transitions. In addition, ombudsmen investigated complaints relating to the MFP process. In the Chicago area, promoting transitions included educating residents and facility staff members about the Community Reintegration and Colbert Consent Decree for disabled residents and residents under age 60 in nursing facilities. The Ombudsman Program made 483 MFP referrals in the past year.

### Barriers and Challenges

While 2013 has brought many successes, it has also had its share of challenges. These challenges differ by region, however. In Chicago, the largest challenge is the need for adequate staffing. The large urban population requires a substantial investment of well trained staff. This staff has been difficult to acquire, and the need for additional staff in the Chicago-land area is still present. In