

Because of their regular presence in facilities, Ombudsmen have built a trust with residents. Therefore, more emphasis was placed on building strong Ombudsman engagement and involvement in MFP. The Ombudsman program made 446 referrals for residents to transition back into the community this past year.

## Barriers and Challenges

**Volunteerism:** Due to the lack of paid volunteer coordinators, the volunteer program has diminished in many areas of the state. The decrease in volunteers has also made an impact on the number of regular presence visits made by the program. Most of the Regional Ombudsmen have had to fill the role of the volunteer coordinator. Some programs have even gone so far as to eliminate volunteer ombudsman completely from their programs because they don't have the time to manage, recruit and train volunteers.

**Mental Health Services:** There is a lack of mental health services available for individuals who wish to live in the community, particularly for those who live in rural areas. Many young individuals with mental illnesses still reside in long-term care facilities due to lack of community mental health resources. Most of these individuals are not in a facility due to physical ailments, but need assistance managing their medication.

## Recommendations

System-wide changes to the mental health system must be made in order for true reform to take place. Until or unless services are available throughout Illinois,

individuals with mental illnesses will be inappropriately placed in long-term care facilities. Recommendations to assist with the transition from nursing home to community include building Supportive Living facilities specifically for individuals with mental illnesses with on-site mental health services and training in basic independent skills. This process would allow for individuals who have been institutionalized to better transition to a least restrictive environment. With the support of mental health services within the Supportive Living facility and after preparation for community living, the individual could then transfer to the community. However, continued mental health services must be made available after the transition back into the community.

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State of Illinois

Illinois Department on Aging



Illinois  
Long-Term Care  
Ombudsman Program

Annual Report FY 2015

Illinois Department  
on Aging



# Fiscal Year 2015

## *Annual Report*

In the early 1970's, reports of abuse, neglect, and poor care in long-term care facilities receiving federal dollars through the Medicare and Medicaid programs led to Congressional hearings and the development of an "Ombudsman" program.

By the 1980's, the Older Americans Act required all states to provide an Ombudsman Program serving residents of long-term care facilities. In 2003, responsibilities of the Illinois Long-Term Care Ombudsman Program were expanded to include advocacy for residents of assisted living facilities, shared housing, sheltered care and supportive living facilities.

Recent program expansion now makes it possible to bring Ombudsman advocacy services to consumers of Home and Community-Based Services. These services are essentially the same as previously provided to nursing home residents, but have been expanded to assist older adults and adults with disabilities between ages 18-59 who live in their own homes.

## Funding

In FY2015, the budget for the Ombudsman Program totaled \$4,667,534. The largest portion of funds supporting the program (45% or \$2,121,912) was from state sources (GRF and Long-Term Care Provider Fund). Federal funds made up 44% (\$2,061,980) which includes federal carryover while local funds made up the remaining 11% (\$483,642). The funding remained relatively steady compared to the previous year.

In addition, the Ombudsman Program received an additional \$275,000 in Money Follows the Person (MFP) funds.

Beginning in FY2014 and continuing into FY2015, the Long-Term Care Ombudsman Program expanded its services to include advocacy for seniors and persons with physical disabilities who live in the community and receive managed care services through the Medicare-Medicaid Alignment Initiative (MMAI) or who live in the community and receive Medicaid waiver services. Funding for this expansion came from three main sources: a federal grant through the Duals Demonstration Program, Long-Term Care Provider Fund monies, as well as Balancing Incentive Program (BIP) funds. The total expansion funding for FY2015 was \$1,867,241.

## Legislative Advocacy

The Office of the State Ombudsman worked closely with the Attorney General and others to pass legislation that allows residents of nursing homes to have electronic monitoring devices installed in their rooms if they so desire. Electronic devices may record audio and visual data and are the property of the resident.

## Statewide Plan

The Ombudsman Program's statewide plan focused on promotion of long-term care rebalancing and reform.

## Complaints and Consultations

The Ombudsman Program handled 8,454 complaints during FY15. Seventy-four percent of the verified complaints were fully or partially resolved to the satisfaction of the resident

involved in the case. There were 30,788 consultations handled by the Ombudsman program. The complexity of cases has substantially increased to include a growing number of financial exploitation, family dispute, legal and involuntary discharge complaints. The ombudsmen handled more than 1,000 cases relating to involuntary discharges. Fourteen percent of ombudsmen complaints were made against someone other than the facility. The majority of complaints were due to family conflict, financial exploitation, or legal issues.

## Regular Presence Visits

The Ombudsman program continued its push to be visible in Illinois long-term care facilities. Ombudsmen made 19,806 regular presence visits to long-term care facilities representing 99% of NFs visited on a quarterly basis in FY 2015.

## Long-Term Care Systems Rebalancing

Money Follows the Person: The Ombudsman program continued to receive funds to assist with education and referrals to help residents transition out of nursing homes and into less restrictive living arrangements through the Money Follows the Person Program (MFP). Illinois was awarded the MFP Demonstration Project in May of 2007 from the Federal Centers for Medicare and Medicaid Services (CMS). MFP supports states in creating systems and services to transition long-stay Medicaid-eligible persons residing in institutional settings to appropriate home and community based settings (HCBS).