

ELDER RIGHTS AND SPECIAL INITIATIVES SELF-ASSESSMENT
LONG-TERM CARE OMBUDSMAN PROGRAM
SFY 2020

REGION ____

DAAS CONTACT STAFF: Kathryn Lanier (919) 855-3429
Victor Orija (919) 855-3426

AAA RESPONSE PREPARED BY:

DATE COMPLETED:

FOR DAAS USE:

DATE RECEIVED:

RECEIVED BY:

DISTRIBUTED TO:

DATE DISTRIBUTED:

COMMENTS:

“In order to be eligible to receive an allotment under section 703 from funds appropriated under section 702 and made available to carry out this chapter, a State agency shall, in accordance with this chapter—(A) establish and operate an Office of the State Long Term Care Ombudsman; and (B) carry out through the Office a State Long Term Care Ombudsman Program.”
42 U.S.C. §3058g (a) (1)

“The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.”

42 U.S.C. 3058g (a) (5) (D)

I. Ombudsman Standards:

Note: All “No” responses require a brief narrative explanation.

- a. Each Regional Ombudsman complies with the Long-Term Care Ombudsman Program Policies and Procedures for timely documentation of required activities and complaint case work as outlined in the Long-Term Care Ombudsman Program Documentation and Information System requirements and instructions.
 Yes No
- b. The Annual Report narrative due the fourth quarter of each federal fiscal year was submitted by October 15.
 Yes No
- c. Signed Confidentiality Statements are on file for all currently designated staff providing direct administrative/clerical support to any certified Regional Ombudsman in the Regional LTC Ombudsman Program. Additionally, signed confidentiality statements are on file for designated ITS staff with access to a Regional Ombudsman’s electronic files.
 Yes No
- d. Each Regional Ombudsman completed the required 20 hours of ongoing certification training provided through Quarterly State Long-Term Care Ombudsman training sessions. The State Long-Term Care Ombudsman was notified in advance of a pending absence.
 Yes No
- e. The current legal counsel designated for the Regional LTC Ombudsman Program provides written assurance that there is no identified conflicts of interest that would prevent impartial legal advice and/or consultation to each Regional Ombudsman.
 Yes No
- f. Only certified Regional Ombudsmen access the Long-Term Care Ombudsman Program Documentation and Information System. Protected passwords are never shared. Note: In some regions, trained program administrative staff have restricted access to certain fields.
 Yes No

- g. There are no conflicts of interest that prohibit each Regional Ombudsman in performing mandated duties; specifically if there is no monetary interest in a facility, including recent previous employment, no relationship by blood or marriage and no immediate family member in a facility served by the Regional Ombudsman. _____Yes _____No
- h. Complaints received from personal friends or relatives are referred to 1) another Regional Ombudsman within the region, 2) the Office of the State Long-Term Care Ombudsman when there is only one Regional Ombudsman in a region, or 3) the appropriate regulatory agency in order to avoid a conflict of interest. _____Yes _____No
- i. Any organizational conflict of interest affecting a representative of the Office has been reported to the State Long-Term Care Ombudsman and an approved plan to remedy the conflict of interest is on file with the Office of the State Long-Term Care Ombudsman. _____Yes _____No
- j. Any conflict of interest affecting a Regional Ombudsman has been reported to the State Long-Term Care Ombudsman and an approved plan to remedy the conflict of interest is on file with the Office of the State Long-Term Care Ombudsman. _____Yes _____No
- k. Please list the funding sources and the number of hours supported by each funding source as indicated in the approved area agency on aging budget for **each** full time Regional Ombudsman position. Also include funding sources that support each part-time Regional Ombudsman position. Please indicate the full time equivalent (FTE) beside each position listed.
- l. List any secondary non-ombudsman agency duties including % of time assigned to a Regional Ombudsman in addition to their primary duties as a Regional Ombudsman. *Examples: Managing seasonal initiatives such as fan distribution, monitoring local subcontracts, or conducting in-home visits with AAA clients for any reason.*
- m. Submit timesheets for **June 2019, July 2019, October 2019** and **November 2019** for each Regional Ombudsman position currently budgeted **along with** the corresponding travel reimbursement forms for these months.
- n. Describe outreach or support strategies utilized by the Regional LTC Ombudsman Program to offer and/or provide direct support for the development of self-directed residents' councils and family councils within your region. List examples of documents available as verification. For example: attendance sheets and handouts provided.

- o. Please explain how confidentiality is protected for all sensitive or confidential information both received/sent by the Regional LTC Ombudsman Program via telephone, fax, email or other types of electronic communication.

- p. Outline strategies used by the Regional LTC Ombudsman Program to ensure residents in their service area have regular, timely access to the Regional LTC Ombudsman Program and timely responses to complaints or requests for assistance. (Internal practices or procedures.)

- q. Explain how the Regional Ombudsmen document timely responses to requests from the general public, families, and residents for information about long term care issues.

II. Complaint Management:

Regional LTC Ombudsmen are mandated to identify, investigate, and resolve complaints made by or on behalf of long-term care residents.

[42 U.S.C. §§ 3058g (5)(B)(iii)]
[G. S. 143B-181.19-.20}
[45 CFR §§1321 and 1324]

- 1. How does the Regional Ombudsman determine which Long-Term Care Ombudsman Program consent authorization form must be signed by the complainant for a specific complaint investigation?
 - a. Provide one example for each type of consent form used during the current program year that is on file in a hard copy Case Record. Explain circumstances in which verbal consent was/is used.

2. Each Regional Ombudsman assures that an in-person meeting with the resident occurs within 1-4 business days prior to taking any action on the complaints filed on the resident's behalf? ____ Yes ____ No
3. Each Regional Ombudsman assures that the appropriate consent form was explained and signed prior to
1) Revealing a resident's name, 2) opening a medical record or 3) participating in any meetings or discussions with facility staff related to complaints received. ____ Yes ____ No
4. Discuss a Regional Ombudsman's decision process for determining when a complaint is coded as:
- a. Resolved-
 - b. Partially Resolved-
 - c. Not verified-
 - d. Withdrawn-
 - e. Not Resolved-
5. When complaints are referred to a regulatory agency, is written follow up from that agency always requested? ____ Yes ____ No
- a. How do you follow up on the complaints in order to close the Case Record?
 - b. Is there documentation in the Case Record that this request was made and follow up has occurred?
6. Describe the Long-Term Care Ombudsman Program protocols or policies used by a Regional Ombudsman to access records during a complaint investigation when: [G.S. 143B-181.19]
- a. The resident demonstrates clear capacity to make wishes known, but there is a general guardian.
 - b. The resident's friend/family member filed the complaint with the Long-Term Care Ombudsman Program.
 - c. The resident is unable to consent and has no known legal representative.
7. Please indicate yes or no for the following Long-Term Care Ombudsman Program protocols. Each "No" requires a brief written explanation.

- a. The resident, to the extent s/he was capable, was always included in discussions about options and desired outcomes related to the complaints filed with the Regional Ombudsman. Yes No
- b. No resident's medical record or other protected health information was reviewed using the oral consent of a resident or legal representative. Yes No
- c. The resident/legal representative's written consent was obtained prior to a Regional Ombudsman involving a community advisory committee volunteer in a complaint investigation. Yes No
- d. The Regional Ombudsman provided the facility administrator or person in charge the opportunity to offer additional information related to a complaint and/or to take appropriate actions to resolve the complaint. This requirement was explained to the resident/legal representative as part of informal grievance resolution. Yes No
- e. Each Regional Ombudsman utilized the Long-Term Care Ombudsman Program's Case Record within the Ombudsman Program Documentation and Information System to record all information related to investigation of complaints filed with them. The appropriate consent form(s) are included in the hard copy Case Record in the Regional Ombudsman's locked file as required by the Long-Term Care Ombudsman Program Policies and Procedures. Yes No
- f. Each Regional Ombudsman has trained all current community advisory committee volunteers within their coverage area on the informal complaint resolution process, confidentiality requirements, use of consent forms, and the procedures for reporting abuse, neglect or exploitation. Yes No
- g. All complaints that were not able to be resolved by a Regional Ombudsman's interventions and good faith effort were referred to the appropriate licensure/regulatory agency. Yes No
- h. When concerns were observed during a facility visit, each Regional Ombudsman assumed the role of the complainant and addressed those concerns with facility administration while in the facility. Yes No

Give examples of general concerns addressed by the Regional Ombudsmen.

Was a Case Record opened for each example?

- i. Before closing a Case Record, each Regional Ombudsman documented that there was follow up with the complainant to discuss the outcomes of the complaint investigation process, including an explanation when a complaint could not be substantiated. _____Yes _____No

III. Community Advisory Committees:

- 1. Please describe the process by which the Regional LTC Ombudsman Program performs the following tasks:
(Attach additional sheets if necessary for response)
 - a. Makes initial contact with potential community advisory committee members, including providing training materials and scheduling training within three months.

 - b. Tracks completion of initial training for each newly appointed member.
Is the Attestation form on file? _____Yes _____No

 - c. Meets at least quarterly with each committee and ensures opportunities for ongoing training related to the performance of committee duties are available each quarter for the committee members.

 - d. Does the regional ombudsman obtain committee sign-in (meeting attendance) sheet? _____Yes _____No

 - e. Assists CAC's in completion of the required annual report which is to be distributed to county commissioners, departments of social services directors and the Office of the State Long-Term Care Ombudsman.

 - f. Provides ongoing consultation and support to the committee members.

 - g. Reviews each CAC member's documentation of the required 10 hours annual in-service education.

- 2. Updated information and hours/miles for current community advisory committee members was entered into the Ombudsman Program Documentation and Information System by the due dates of January 15, April 16, July 16 and October 15. _____Yes _____No

IV. Education/Elder Abuse Prevention:

The Elder Abuse Prevention funds are to be used to provide public education and outreach services to identify and prevent abuse, neglect, and exploitation of older individuals, provide for receipt of reports of abuse, neglect, and exploitation, and the referral of complaints of older individuals to law enforcement agencies, public protective service agencies, licensing and certification agencies, ombudsman programs or other protection and advocacy systems as appropriate [42 U.S.C. §§ 3058 (i)]

1. A percentage of the Elder Abuse Prevention funding is utilized to support the salary/benefits of one or more Regional Ombudsman positions. Yes No
 - a. When Elder Abuse Prevention funds are used as a percentage of a Regional Ombudsman's salary/benefits, how does the Regional Ombudsman track the percent of time charged to elder abuse prevention funds in terms of accomplished elder abuse activities?
 - b. Provide examples of typical outcomes. List achievements in comparison to the previous year..
2. Describe Regional LTC Ombudsman Program coordination efforts with local social services agencies and law enforcement agencies, if any, prior to developing elder abuse awareness and prevention initiatives for the program year.
3. Each Regional Ombudsman conducted and/or supported an elder abuse prevention workshop, community seminar, or a training session for long term care facility staff at least quarterly. Yes No
4. **Submit** a copy of the Elder Abuse Prevention funds' budget reflecting actual and planned expenditures for identified Elder Abuse Prevention activities from **July 1, 2019 through June 30, 2020** with this Self-Assessment Tool.
5. Each Regional Ombudsman verified with the Office of the State Long-Term Care Ombudsman that any proposed new elder abuse prevention activities were allowed under Title VII Subtitle A, Chapter 3 prior to implementation and expenditure of funds. Yes No
6. A paragraph in narrative format describing completed Elder Abuse Prevention activities including an overview of major Elder Abuse Prevention education and outreach initiatives was included in the Regional LTC Ombudsman Program Annual Report which was submitted by October 15. Yes No

7. Discuss the impact that current workloads have on each Regional Ombudsman's ability to carry out all Long-Term Care Ombudsman Program federal and state mandates.

8. List up to four (4) specific areas that the Regional LTC Ombudsman Program would like additional training provided by the Office of the State Long-Term Care Ombudsman.

To be signed/dated by each Regional LTC Ombudsman:

I/we certify that the responses shown to the above indicators are accurate in all material aspects, and sufficient documentation is available to support these responses. Specific documentation will be made available to the Division of Aging and Adult Services in a timely manner upon reasonable request by the Division.

1. Signature: _____

Title: _____ Date: _____

2. Signature: _____

Title: _____ Date: _____

3. Signature: _____

Title: _____ Date: _____

4. Signature: _____

Title: _____ Date: _____

5. Signature: _____

Title: _____ Date: _____

6. Signature: _____

Title: _____ Date: _____

7. AAA Director: _____

Title: _____ Date: _____