

# 2009

## Annual Report

Enhancing the quality of life and the quality of services for consumers of long-term care through advocacy, education and empowerment



Ombudsman for Long-Term Care

*A service of the Minnesota Board on Aging*

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## How to Contact an Ombudsman

Call the state office at:

1(800) 657-3591 (toll free) to get in touch with the ombudsman who serves your area.

Write the state office at

P.O. Box 64971

St. Paul, MN 55164-0971,

Send a fax to (651) 431-7452 and your message will be delivered to the ombudsman who serves your area.

Consult with an ombudsman or volunteer advocate when he or she visits your facility.

# Letter from the State Ombudsman

Dear Friends,

Thank you for working with us to ensure dignity for people who live in:

- Nursing homes
- Veterans homes
- Assisted Living settings
- Board and Care settings
- Foster homes
- Their own homes with home care

As a public advocacy office, we have the responsibility to provide:

- A regular presence to PREVENT problems or to identify and resolve problems early;
- A means to help consumers and caregivers RESOLVE disputes informally with the provider; and
- Education to ENABLE consumers and caregivers to become self-advocates for quality care.

Although we reached almost 29,000 people in 2009 through visits, dispute resolution, and education, we know there are many people who still do not know about us. There are

- over 32,000 beds in the nursing homes
- almost 59,000 units in assisted living settings
- almost 28,000 people receiving home care using state dollars, and
- almost 749,000 Medicare beneficiaries who may need assistance with hospital access or discharge questions.

The future presents us with more challenges than ever. While we will continue to be creative in meeting them, at the same time we will continue to press for more funding to support the growing need for ombudsman services. We need to have a presence in assisted living settings in the same way we have had one in nursing homes for the past thirty years. We need to provide more outreach to people living in their own homes. And we need to reach out and listen to communities from all cultures to hear about their needs, needs which may not be the same as those who have used the nursing homes in the past decades.

As baby boomers age, as long-term-care services move from a few hundred nursing homes to thousands of scattered assisted living settings and services in people's homes – we need to assure everyone the quality care, dignity and respect they deserve and an advocate's voice that demands these for them when they cannot. The Ombudsman Office is that voice.

Sincerely,



Debra A. Holtz  
State Ombudsman for Long-Term Care  
Minnesota Board on Aging

# Services with a Purpose

The mission of the Office of Ombudsman for Long-Term Care is to enhance the quality of life and the quality of services for long-term care consumers through advocacy, education and empowerment. The Office promotes person-directed living which respects individual values and preferences and preserves individual rights.

Ombudsmen investigate complaints, work to resolve individual concerns, and identify problems and advocate for changes to address them. Ombudsmen promote self-advocacy and the development of problem solving skills through education and training for consumers, their families and caregivers, providers and the community.

There is no fee or charge for Ombudsman services.

## ***Who we serve***

### **Any resident of a long term care facility:**

In 2009, there were 382 nursing facilities, with 32,982 active beds and 19 board and care facilities with 1,246 active beds.

### **Any person who receives home care services:**

The Minnesota Department of Human Services reported that more than 28,100 people received home care services utilizing state dollars in 2009. Many of those individuals lived in a private home. Many others received these services in a housing with services/assisted living setting or in an adult foster care home. In 2009, 1373 housing-with-services settings - with the capacity to serve almost 59,000 tenants - were registered with the Minnesota Department of Health.

It is unknown how many Minnesotans paid privately (using no state dollars) for home care services received either in their private home or in a housing with services setting.

### **Any Medicare beneficiary with certain hospital complaints:**

Over 749,000 Minnesotans were enrolled in Medicare hospital insurance as of July 2009. Beneficiaries sometimes seek assistance with concerns regarding hospital access, denial of inpatient or outpatient services, or premature discharge.

## ***Advocacy experts***

As independent consumer advocates, regional ombudsmen and volunteers work with consumers, their families and caregivers, providers, and public agencies to ensure the health, safety, welfare and rights of consumers of long-term care services.

The Office works for reform in the health care and social services delivery systems through changes in state and federal law and administrative policy.

## ***Professional activities***

Ombudsmen serve as advocates for:

- Residents of nursing homes and board and care homes
- Residents of other adult care homes (i.e., housing with services, assisted living, customized living, residential hospice and foster care)
- Persons requesting or receiving home care services
- Medicare beneficiaries with hospital access or discharge concerns

Ombudsmen provide information and consultation services about:

- Service options
- Consumer rights
- Regulations that apply to long-term care facilities, home and community-based settings, and home care services

Ombudsmen investigate and work to resolve individual complaints relating to:

- Quality of care or services
- Quality of life
- Rights violations
- Access to services
- Service termination
- Discharge or eviction
- Public benefits programs

Ombudsmen work with service providers to promote a culture of person-directed living.

Ombudsmen identify systemic issues and advocate for change.

*See page 7 for a breakout of the concerns ombudsmen investigate most often*

# Meeting Real Needs

## *Community presence*

Ombudsman staff and volunteers work diligently to provide a consistent community presence in residential facilities to improve the quality of long-term care.

Volunteers arrange one-on-one visits with residents and concerned family members. Staff and volunteers support family and resident councils as they strive to improve quality of life and quality of care for long-term care consumers. In addition, Ombudsman staff serve as a resource to facilities and their communities for training and education.

In 2009, ombudsmen and volunteers devoted more than 6,350 hours to outreach, which affected more than 26,000 residents, family, staff and community members.

*Examples include:*

**Resident visits:** More than 15,200 visits to residents were made in order to understand resident needs and support their autonomy.

**Community education:** 100 educational presentations were given on topics including abuse prevention, individualized care, resident rights and quality of life.

**Work with resident and family councils:** Ombudsmen and volunteers attended 479 council meetings to provide education and support.

**Training and consultation with facilities:** Ombudsmen provided 93 sessions customized to address special needs identified by facility staff and consulted with facilities about care and rights issues on 1,253 occasions.

## *Information and consultation*

Ombudsman staff provide information to individuals on a number of topics related to long-term care, as well as advice on ways to independently resolve problems. More than 2,500 consumers, family members and others received information or consultation services in 2009.

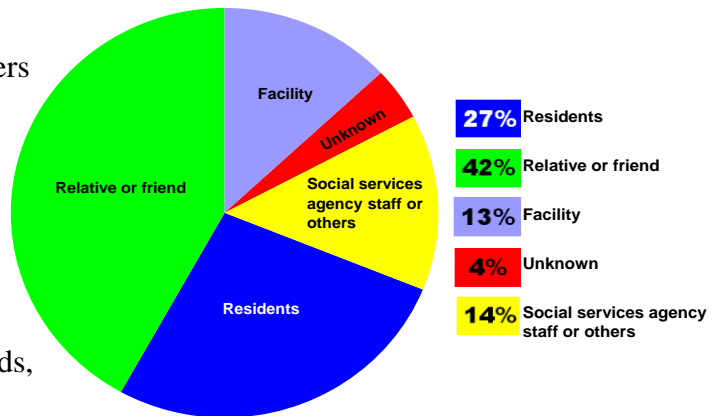
Data reported is based on the Federal Fiscal Year covering 10/1/08-9/30/09.

# Action and Support

## Complaints

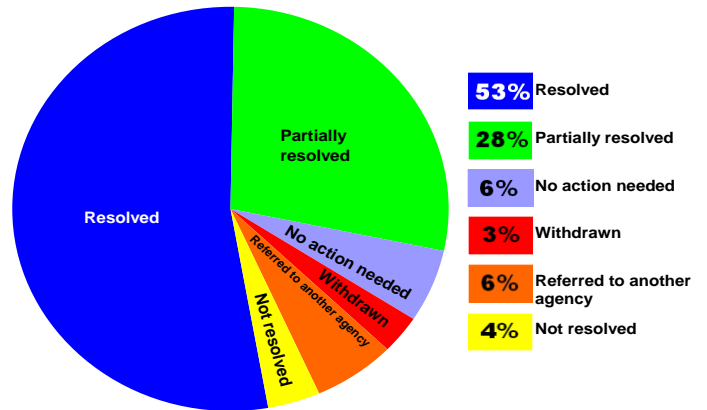
In 2009, Ombudsman staff and volunteers handled more than 2,700 complaints.

93 percent of all complaints related to residential facilities such as nursing homes (72 percent) and other facilities (21 percent), while 7 percent of complaints related to hospital discharge and home care issues outside a long-term care setting. Complaints were received from residents, relatives or friends, facility staff and others.



## Outcome of Complaints

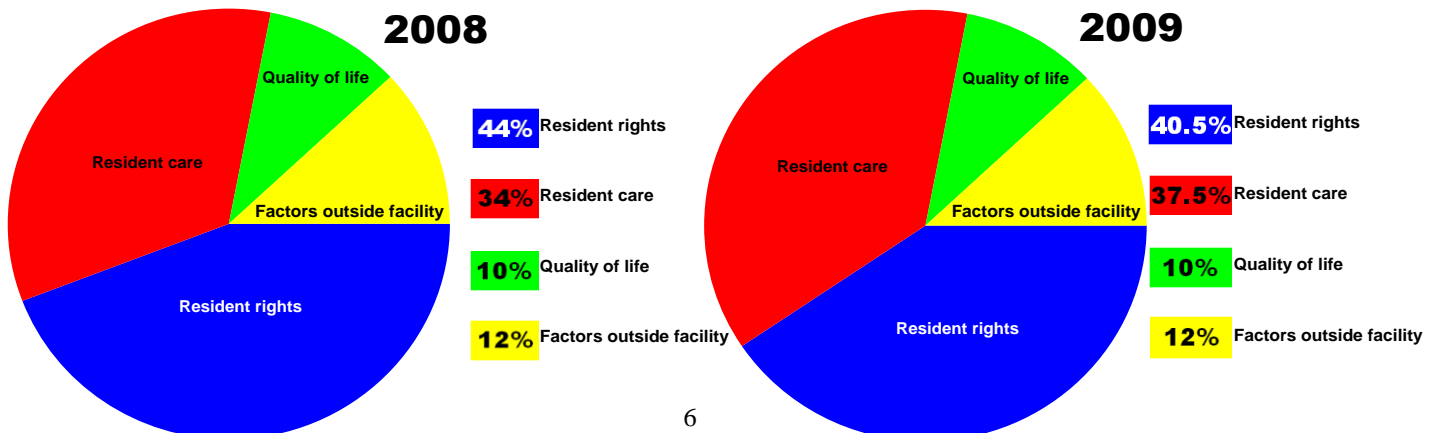
81 percent of all complaints were resolved or partially resolved.



## Consumer Concerns

The highest percentage of complaints has usually been in categories related to resident rights rather than resident care. In 2009, concerns related to resident rights dropped from 44% in 2008 to 40.5%. Concerns related to resident care increased by 3.5%. Complaints related to quality of life remained constant at 10%.

Complaints related to factors outside the facility remained constant at 12%. Almost 29% (a 2% increase from 2008) of the complaints in this category involved concerns that guardians, conservators, or persons holding health care power of attorney were trying to improperly limit the rights and choices of the consumer. Complaints involving family conflicts and interference increased from 20% in 2008 to 25% in 2009, while complaints involving requests for less restrictive placement fell from 26% in 2008 to 18% in 2009.



## ***Categories of Concern Regarding Residential Facilities***

### **Resident Rights – 40.5%**

In 2009, 29% of the complaints about resident rights related to involuntary discharge, eviction or room transfers while 46% of complaints related to autonomy, which includes issues of dignity, respect, choice and privacy. Complaints about refusal to admit or to readmit after transfer to a hospital continued as residents with complex care needs encountered difficulty finding nursing homes or other residential facilities willing to meet, or continue to meet, their care needs. Access to information complaints relate to difficulty obtaining records or information about their medical care or treatment, rights, benefits and services.

	Admission/Discharge	Autonomy	Finances	Access to Information
Nursing Facilities	223	356	132	52
Other Facilities	77	118	48	17
<b>Total</b>	<b>300</b>	<b>474</b>	<b>180</b>	<b>69</b>

### **Resident Care – 37.5%**

This category relates to the direct, hands-on care provided to residents. A review of the data shows that quality of care remained the largest area of concern with inadequate assessment and care planning representing the most complaints followed closely by medication issues. However, issues which may relate to a shortage of staff, such as the failure to answer call lights or respond to requests for assistance, and inattention to personal and dental hygiene, were also frequently cited.

	Care	Staffing	Abuse	Rehab	Restraints	Policies
Nursing Facilities	424	73	58	109	16	60
Other Facilities	102	24	18	25	3	33
<b>Total</b>	<b>526</b>	<b>97</b>	<b>76</b>	<b>134</b>	<b>19</b>	<b>93</b>

### **Quality of Life - 10%**

Consumer concerns about environment, food and meaningful activity represent ongoing challenges to the quality of life in residential settings. The activities complaints also include complaints about the availability and appropriateness of social services.

	Environment	Dietary	Activities
Nursing Facilities	53	89	71
Other Facilities	10	19	16
<b>Total</b>	<b>63</b>	<b>108</b>	<b>87</b>

### **Factors Outside Facility – 12%**

The certification complaints in this category relate to the certification and licensing agency. The state complaints relate to the state Medicaid agency. The systems complaints are primarily those involving family conflicts and complaints about guardians, conservators, and powers of attorney.

	Certification	State	System
Nursing Facilities	8	32	206
Other Facilities	0	19	45
<b>Total</b>	<b>8</b>	<b>51</b>	<b>251</b>

# Advocacy on Key Long-Term Care Issues

Under state and federal law, ombudsmen have a duty to monitor how laws, rules, regulations and policies affect consumers of long-term care services, and recommend change. In 2009, the Ombudsman Office brought the voice of consumer experience to a number of key issues:

## ***Abuse, Neglect and Financial Exploitation***

The abuse, neglect and financial exploitation of vulnerable adults is a major issue. Substantiated cases of Minnesota nursing home and assisted living staff abusing residents in their care have continued to make headlines. Financial exploitation, usually by family members, is one of the main causes of involuntary discharges of nursing home residents. The Ombudsman Office continued its involvement in stakeholder groups which are addressing ways to increase awareness of these issues and how to report suspected abuse, neglect or financial exploitation and looking at how to change our state laws to deter perpetrators:

### **Vulnerable Adults Justice Project**

Minnesota's Vulnerable Adults Act became law in 1980 and was last updated in 1995. A group of 50 organizations came together to look at bringing the law into line with contemporary practices. This multi-faceted project grew out of the initial efforts of that group. The Project has initiated an Elder Abuse Public Awareness Campaign which has developed posters and pocket guides on elder abuse prevention. Key information included in these tools is the warning signs of possible abuse and contact information to report any suspected abuse, publicizing the availability of the state ombudsman offices as a contact for early confidential discussion on suspected abuse, neglect or financial exploitation. They were made available free of charge to "points of contact" throughout the state after February 1, 2009. The Project also sponsored legislation in 2009 to strengthen the Vulnerable Adults Act to protect vulnerable adults from all forms of abuse and neglect, including specific guidance for action to prevent and respond to financial exploitation of vulnerable adults; establish an "endangered person alert" to mobilize public response to missing vulnerable adults (adapted from the "Amber Alert" response system); simplify the reporting system to improve consistency throughout the state as to when and how reports are made and put a greater focus on adults who are isolated in the community and vulnerable to maltreatment. This legislation passed unanimously in May 2009 and was signed by the governor immediately after.

## ***Strengthening Protections for Wards and Protected Persons***

Many of the complaints our Office receives have to do with restriction of rights placed on them by their guardians or potential misuse of their money and property by guardians or conservators. The Minnesota state legislature mandated the Minnesota Supreme Court to study the guardian and conservatorship statutes and prepare a report for the 2009 session. While that group did make recommendations to the legislature, several organizations

involved, including our Office, proposed statutory changes in 2009 that were passed and signed into law. The new language:

- centralizes registration by 2013 of all guardians and conservators in Minnesota, providing information to the courts regarding active guardians, and making public data available to families and interested members of the public.
- cumulates individual rights currently scattered throughout the guardianship statute into a Bill of Rights easily accessible to wards, protected persons, families and others.
- enables wards and protected persons to petition for court review of violations of their rights and for other relief in addition to termination or modification of the guardianship.
- requires timely filing of annual reports, with copies of notices and reports provided not only to wards and protected persons, but to involved family members and other interested persons.
- clarifies the role of the ward or protected person's attorney when the attorney is also representing the interests of the guardian or conservator in a concurrent proceeding.

### ***Consumer Choice in Long-Term Care Services***

Minnesotans continually tell the Ombudsman Office and legislators that they want more choice regarding where and how they will receive long-term care services when they need them. The Ombudsman Office was involved in several work groups and panels charged with finding the answers as to how long-term care services can be offered in more home and community-based settings rather than nursing homes:

#### **Long-Term Care Study**

The Minnesota State Legislature mandated a study of how the state can most effectively assist persons age 65 and older in selecting long-term care services that meet their needs, reflect their preferences and enable them to maintain financial self-sufficiency as long as possible. The study includes surveys of consumers and providers of housing with services, assisted living and in-home services and an evaluation of what role the long-term care consultation program does or could play in helping consumers to evaluate their options. Ombudsman staff sat on the stakeholder group which helped to develop the survey tool and Ombudsman program activity information is used as secondary data in the final report. The final report called Helping Older Adults Select and Purchase Long Term Care was given to the state legislature in March 2009.

#### **Home Care Regulatory Framework**

The state legislature also mandated the commissioner of health adopt rules to improve the regulation of home care providers to include provisions to assure, to the extent possible, the health, safety and well-being and appropriate treatment of persons who receive home care services and to evaluate, monitor and license home care providers. This workgroup (attended by our state ombudsman and ombudsman specialist) is extended into 2010. However, the commissioner of health is recommending to the 2010 state legislature

stronger enforcement mechanisms due in part by suggestions from the work group. The ombudsmen continue to attend subgroup meetings expected to continue into mid 2010.

### **Home Care Advisory Work Group**

The Minnesota Department of Human Services formed an Advisory Work Group in 2008 to make recommendations for changes across Medicaid state plan home care services, including skilled and private duty nursing, PCA services and home health aide and therapy services. The recommendations of this advisory task force, along with several subgroups, enabled the commissioner of human services to pass significant home care improvements at the 2009 state legislative session.

After the passage of these improvements, the Ombudsman Office continues to work with Department staff in implementing the consumer safeguards. Improvements include a new PCA Assessment and Service Plan tool, identifies how time for PCA services is determined, requires supervision of PCA services by a qualified professional and prohibits a PCA provider from also controlling the PCA consumer's housing (a key issue brought to the attention of the MN DHS by the Ombudsman Office two years ago.)

### **Home and Community-Based Services Expert Panel**

The Ombudsman Office is also represented on an expert panel formed by the Minnesota Department of Human Services to assist in developing a State Profile of Minnesota's system of long-term care support services to persons of all ages and disabilities, with the goal of assessing, measuring and further improving the balance toward home and community-based services (HCBS) and consumer choice and identifying strategies for simplifying and improving the HCBS system.

### **Live Well At Home (Nursing Home Diversion)**

An initiative of the Minnesota Board on Aging with funding from the Robert Wood Johnson Foundation, this pilot program offered in several Minnesota counties attempts to support high-risk older adults so they can continue to live at home. The adults targeted are those not eligible for Medicaid. By supporting them at home, the goal is to prevent or delay participation in Medicaid. Among the resources used is a Rapid Screening Tool. This tool has seven key questions aimed at determining the level of risk that could prompt the person to move into a nursing home. The supportive services include service planners and coaches to locate in-home and community services. This program uses Minnesota's existing network of Area Agencies on Aging and social service programs to support adults identified as being at risk. The Ombudsman Office has been involved in developing the Rapid Screen Tool and the Live Well At Home website expected to be launched in early 2010.

### **Emergency Relocation for Home Care Consumers**

This is an informal network of various stakeholders concerned about some situations in which home care consumers (mainly Medicaid PCA consumers) were forced to move out of their housing because their PCA provider was also their landlord. The PCA providers, also functioning as a landlords, were being investigated by state agencies and thus impacting their ability to provide services. The passage of a state Medicaid home care

statute in 2009 improves this consumer problem (the law now prohibits certain PCA services from being given by a PCA provider who is also the landlord or controller of the consumer's housing.) However, some issues remain so the Ombudsman Office continues to participate in this workgroup.

### **Return to the Community**

In 2009, the Minnesota state legislature approved an initiative to enable consumers who expressed a desire to return to the community at the time of admission, to transition back to the community using home and community-based services after a stay in a nursing facility. The legislation facilitates help to move home from a nursing home those who fit a targeted profile based on research done by the Centers on Aging at the Universities of Indiana and Minnesota. The target profile includes people who are low need, want to return to home/community or who have a supportive caregiver and have been in the nursing home 90 days. The intervention involves assessment, care planning, service coordination, placement and ongoing monitoring of care in the community. It is person-centered and engages the nursing home staff as support for an effective transition. It is coordinated with Minnesota's Aging and Disabilities Resource Center (ADRC), Senior LinkAge Line®, Disability Linkage Line and MinnesotaHelp.info®. Implementation is expected in March 2010. The Ombudsman Office is part of an external stakeholder work group looking at developing protocols and practices that build on best practices around transitioning people to the community; developing service management protocols that assure the supports needed to keep people at home; and coordinating work with the Community Living Initiative that develops home and community-based services necessary to lessen the risks that can trigger a nursing home stay. Such risks include injurious falls and caregiver burnout.

### **Nursing Home Relocation Study**

The Minnesota Department of Human Services Office of Equal Opportunity paid for an Executive Pathways Intern who completed a study for the Ombudsman Office which looked at the obstacles the 87 Minnesota counties believe they face when trying to provide residents of nursing homes who are age 65 or older with services to help them leave the nursing home and find appropriate housing, care and services in a less restrictive setting. Under current Minnesota law, nursing home residents under age 65 must be given an opportunity, annually, to utilize county services to move out of a nursing home but residents who are 65 or older must proactively request those services. Currently the information gathered by the intern and the conclusions of the study are being utilized by the Return to Community initiative referenced above.

### ***Nursing Home Quality Improvement***

Quality of care and quality of life concerns remain as the major issues addressed by the Ombudsman Office. The Office was involved in a number of stakeholder groups whose goals were to improve the quality of care and quality of life for residents of the state's nursing homes:

### **Nursing Facility Performance-based Incentive Payments**

In 2006, the Minnesota Legislature established the Nursing Facility Performance-Based Incentive Payment Program (PIPP). Under this program, Minnesota nursing facilities are given the opportunity to apply for incentive payments which are time-limited rate adjustments through the Minnesota Department of Human Services. All Medicaid-certified nursing facilities may submit a proposal or join in a collaborative proposal involving multiple facilities. Facilities can request incentive payment up to 5% of operating rate per diem for 1-3 years. The amount of incentive payment is based on scope and complexity of the project. State share funding of 6.3 million for this initiative is ongoing. Proposal requirements include efforts in identifying key elements of successful quality of care improvements, encourage innovation, foster collaboration, and establish a business case for investment in better quality from the perspective of key stakeholders and primarily consumers. One hundred and fifty-eight Minnesota nursing facilities are currently implementing 45 PIPP projects.

Major projects include: clinical quality; fall reduction, pain management, and wound care; organizational change; person-centered care and culture change; technology; safe patient handling; improved call systems and environmental modifications. An analysis of performance data indicated that of the 20 projects in the first round of proposals 8 facilities met all established goals, 10 facilities met one or more goals, one facility suspended its project before completion, and one facility met no goals. In 2009 the Ombudsman Office representative was a member of the review committee. The Ombudsman Office representative specifically reviewed 15 of the 92 proposals submitted and provided recommendation to the full committee regarding all proposals received.

### **Exceptions to the Nursing Home Moratorium Review Project**

The Minnesota legislature authorizes additional medical assistance expenditures for exceptions to the moratorium on the number of nursing home beds in the state. In 2009 the Ombudsman Office representative was a member of the review committee for Moratorium Requests. The Minnesota Department of Health may grant exceptions to nursing home projects that meet certain criteria. The criteria remains consistent to include: promoting equitable access to long-term care services, reducing the number of nursing home beds in locations throughout the state where supply is high or increasing the number of nursing home beds in areas where supply is low, and improving conditions that affect the health and safety of residents. The extent to which the applicant demonstrates the delivery of quality care is an overarching criterion.

The Ombudsman Office representative specifically reviewed five of the 15 proposals submitted and provided recommendations to the full committee regarding all proposals received. Total proposal funding requested was \$196,598,905.00. Total funds allocated for approved requests were \$1,468,649.00. No funding was authorized by the legislature for additional medical assistance expenditures for exceptions to the moratorium in the new fiscal year.

### **Nursing Home Survey Quality Improvement**

The Office continued its involvement in the Minnesota commissioner of health's Long-Term Care Issues Committee which provides a forum for stakeholders to discuss and advise the commissioner on issues relating to improving the nursing home survey process. The Office remains part of a stakeholder group planning and providing joint training to surveyors, nursing home employees, consumer advocates, residents and families on revised clinical guidance and investigative protocols. In 2009, those trainings included F309 Quality of Care: Pain Management and End of Life Issues and changes to surveyor guidance for several tags related to Quality of Life and Environment.

### ***Culture Change***

Changing the culture of Minnesota's nursing homes to one of person-centered, person-directed service and care delivery is a continual focus of the Office. The number of complaints received decreases as nursing homes adopt consistent assignment and staff retention goals. The Office continued to participate in stakeholder groups promoting culture change and gave presentations to provider organizations and other groups which focused on aspects of culture change:

### **Minnesota Culture Change Coalition**

The Coalition's vision is to collectively foster a person-centered and directed model of care in Minnesota that offers individuals who live and work in long-term care settings supportive communities that uphold individual dignity and respect and enable choice and self-determination. The Coalition's collaborative work is designed to support, supplement, and foster culture change in nursing homes on a broader scale than could be achieved through any one of the group's individual efforts. The emphasis is on learning and sharing across traditional stakeholder boundaries. The Coalition sponsored a half-day education summit titled Regulation and Culture Change: 2.0 held on October 24, 2008. It was attended by all the state licensing and certification surveyors, many nursing home staff, all long-term care ombudsmen and other advocates and paid for with civil money penalty monies. Barbara Frank of B & F Consulting facilitated. Two regional ombudsmen with our Office, presented a Power of Labels exercise, the goal of which is to create a deeper understanding of how "labels" can affect residents' self-esteem and dignity, as well as caregivers' perceptions of the resident.

### **Culture Change Presentations**

Regional ombudsmen conducted workshops designed to promote resident autonomy and to empower residents. Sessions titled *Do More Than Look at Me...Involve Me*, demonstrating easy to implement "resident empowering" projects, and *Do More Than Admit Me...Help Me Make This My Home* were given at the Care Providers of Minnesota Annual Convention in November 2008 and at the Aging Services of Minnesota Institute in February 2009. *Do More Than Admit Me...Help Me Make This My Home* was also presented at the Age and Disability Odyssey held by the Minnesota Board on Aging and the Department of Human Services, Aging and Adult Services and Disability Services Divisions in August 2009.

In addition, regional ombudsmen continued to work with their assigned nursing homes to encourage person-directed models of care to include consistent staffing.

### ***Resident and Family Council Development and Education***

The development and education of resident and family councils in nursing homes and boarding care homes has long been an issue in Minnesota. State statute provides for an annual surcharge of \$5 on every nursing home and boarding care home bed to be appropriated to the Minnesota Board on Aging to provide a statewide grant to an independent, nonprofit, consumer-sponsored agency to provide educational services to these councils. This grant is administered by the Ombudsman Office.

The grantee must provide education and information to councils about care in the nursing home or boarding care home; resident rights and responsibilities; resident and family council organization and maintenance; laws and rules that apply to homes and residents; human relations; and resident/family self-help methods to increase quality of care and quality of life in a nursing home or boarding care home.

In 2009, a grant of \$170,000 (with a local match of approximately \$20,101) was awarded to the ElderCare Rights Alliance (ECRA) to educate councils on promoting individualized care for residents; educating consumers about culture change initiatives to improve quality of care and life; building skills for advocacy through council action to resolve problems; educating family councils to participate in the survey process; and recognizing and preventing abuse, neglect and exploitation.

ECRA developed several tip sheets and educational manuals. Manuals include Family Council Basics 101, Family Council Development, The Resource to Effective Nursing Home Councils guidebook and Council Development and Facilitation Skills. In addition, they provided training to 184 resident council participants and 324 family council participants; 447 instances of direct council consulting and assistance; and training to 114 council advisors and to 1791 other professionals, including the nursing home surveyors, facility staff, ombudsmen and ombudsman volunteers.

The current state statute does not allow for monies collected for council education in nursing facilities to be used to provide similar education in housing with services settings. The Ombudsman Office remains interested in pursuing legislation which will encourage the formation of tenant and family councils in these settings and provide similar funding for council education.

# Funding

The work of the Office of the Ombudsman for Long-Term Care is funded by two primary sources: the federal government and the state of Minnesota.

## Specific uses for funds include:

- **Older Americans Act:** This federal appropriation supports ombudsman services *to residents in long-term care facilities such as nursing homes and board and care homes*. Federal appropriations become available on October 1 each year.
- **Minnesota General Fund:** State funds are earmarked to assist *Medicare beneficiaries* and people using *home care services*. The dollars are made available on July 1 each year. The last legislative increase in the state base appropriation occurred in 1998.

## 2009 Funding

Older Americans Act:	\$ 1,206,838
Minnesota General Fund:	<u>\$ 339,000</u>
	<b>\$ 1,545,838</b>

# Volunteers

Volunteers provide an enormous value to the Ombudsman program and to all those whose lives they touch. In September 2007, the Ombudsman program began a pilot project which trained 24 volunteers to be certified as volunteer associates who can assist regional ombudsmen with casework in assigned facilities. Thank you to all of our volunteers in 2009:

Gloria Alexander  
Brian Anderson  
Charles Anderson  
Sam Aspley  
Laird H. Barber  
June Eleanor Barrett \*  
Eleanor Bates  
Hansina Bendell  
Doris Benson  
Leonard Braun \*  
Pamela Brehm  
John F. Brown \*  
Craig Burton  
Jane Chan  
Dorothy Chizek  
Gloria Cory \*  
Marie Crawford \*  
JoAnne Dansdill  
Bernard Edmonds  
Sandy Finch  
Shirley Formo  
Jamie Fort  
John Frederickson \*  
Mariam Frenier  
Kay Gendron  
Mary Grundwald  
Lily Mae Gullickson  
Bette Gysland  
Dorothy Harsh  
Jill Hatfield  
Carol Hoff  
Phyllis Hoskins

Edith Hoyum  
Loren Hoyum \*  
Marion Jacobson  
Judy Liffengren \*  
Deb Lindamood  
Carl Lindell  
Faith Lindell  
Donald Matakis \*  
Barbara McGinnis \*  
Lois Meiners \*  
Wilbur Meiners  
Betty Merritt  
Joy Mesia  
Louise Michaelson  
Eleanor Michelson  
Marvin Michelson  
Patti Miller  
Athos Monti  
Bob Morken  
Deanna Morken  
Meredith Morneau \*  
Kathryn Morrison  
Michele Murphy \*  
Sonja Olmanson \*  
Carolyn Olson  
Karen Ommen  
Diane Opp \*  
Martha Palm  
Michael Palm  
Betty Peppel \*  
Colleen Press  
Geraldine Rasmussen

Eunice Redfield  
Mel Reinke  
Barbara Risken \*  
Christa Rivers  
Judith Rivkin \*  
Mary Ann Scharf  
Darrell Schuetze  
Elsa Skartvedt  
James Sowles  
Lois Sowles  
Susan Spaeth \*  
Kay Telford  
Dick Toenyan  
Lu Toenyan  
Lois Tyrrell  
Jean VanGerpen  
Curt Volz  
Marilyn Wahl  
Katherine Weaver  
Irene Weis \*  
Pat Westman  
Audrey Wiita  
Tim Willenbring  
Ed Worms \*  
Tom Zolik

# Structure

**The Minnesota Board on Aging** operates the Office of Ombudsman for Long-Term Care. The Board provides leadership on issues affecting older Minnesotans and is comprised of 25 citizens appointed by the governor.

**The Office of Ombudsman for Long-Term Care** (formerly the Office of Ombudsman for Older Minnesotans) was established in statute by the Minnesota legislature in 1987. Ombudsman services began in Minnesota in 1978 under the auspices of the Older Americans Act, which assured greater stability and coordination of services on a statewide basis.

The Minnesota legislature has since expanded the scope of client services to include people who use home care services and Medicare beneficiaries with certain hospital complaints.

The Office of Ombudsman for Long-Term Care is a consumer-centered advocacy service. The individual consumer of long-term care services is always the primary focus of ombudsman services. Consumers anywhere in Minnesota can reach an ombudsman by calling the toll-free complaint line at 1(800) 657-3591.

The program utilizes regional ombudsmen located throughout Minnesota, in addition to the state office staff located in St. Paul. A dedicated corps of volunteer ombudsmen partner with regional ombudsmen to provide services to residents in long-term care facilities. Each regional ombudsman is required to earn 60 hours of continuing education per year. Each volunteer ombudsman is required to earn 12 hours of continuing education per year.

# Minnesota Board on Aging

The Minnesota Board on Aging allocates federal Older American Act funds for many services for people who are elderly, including the Office of Ombudsman for Long-Term Care. The Board acts as a leader and policy advisor throughout Minnesota on issues that impact seniors. The Board also serves as the governing body for the Office of Ombudsman for Long-Term Care.

The Minnesota Board on Aging is composed of 25 governor-appointed members. Board members include:

**Kathleen Harrington, Chair**  
Edina

**Susan Humphers-Ginther**  
Moorhead

**Heidi Michaels**  
Andover

**Sharon Bring**  
Strandquist

**Dick Jackson**  
Princeton

**Ken Moritz**  
Minneapolis

**RD Brown**  
St. Paul

**Larry Juhl**  
New London

**Beth Nelson**  
Battle Lake

**Jayne Clairmont**  
Edina

**Tracy Keibler**  
Eden Prairie

**Chrisanne Pieper**  
Rochester

**Jayne Hager Dee**  
Northfield

**Michael Klatt**  
Belle Plaine

**Mary Jane Thompson**  
St. Paul

**Terry Dempsey**  
New Ulm

**Mary Koep**  
Brainerd

**Donald Tomsche**  
Little Canada

**Dean Fenner**  
White Bear Lake

**Susan Kratzke**  
Mankato

**Ellie Vollmer**  
Perham

**Joseph Grant**  
Duluth

**Grace Lee**  
Minneapolis

**Jean Wood**  
Executive Director

The Minnesota Board on Aging  
1 (800) 882-6262 or (651) 431-2500  
[www.mnaging.org](http://www.mnaging.org)

# Office of Ombudsman for Long-Term Care

## STATE OFFICE STAFF

<b>Deb Holtz</b>	<b>State Ombudsman</b>
<b>Maria Michlin</b>	<b>Deputy Ombudsman</b>
<b>Sherilyn Moe</b>	<b>Ombudsman Specialist</b>
<b>Cheryl Hennen</b>	<b>Ombudsman Specialist</b>
<b>Michael Blom</b>	<b>Office Administrator</b>

## REGIONAL OMBUDSMEN

<b>Jane Brink</b>	<b>Mary Brown*</b>	<b>Jim Dostal</b>
<b>Lori Goetz</b>	<b>Virida Hall</b>	<b>Sylvia Hasara</b>
<b>Ann Holme</b>	<b>Cory Jones</b>	<b>Natasha Merz*</b>
<b>Jean Patzner Mueller</b>	<b>Sandra Newbauer</b>	<b>Sally Schoephoerster*</b>
<b>Darlene Weber **</b>	<b>Wendy Weidner</b>	<b>Paula Wieczorek</b>

**\* part-time**

**\*\* retired January 2009**