

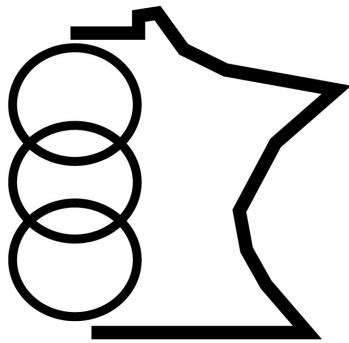


Office of Ombudsman for Long-Term Care

Enhancing quality of life and quality of care

2020 Annual Report

Highlights of the Activities of the
Office of Ombudsman for Long-Term Care
during Federal Fiscal Year (FFY) 2020:
October 1, 2019 — September 30, 2020



**Office of
Ombudsman for
Long-Term Care**

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Dear Citizens of Minnesota,

Amazing people live in long-term care communities. They are our parents, spouses, siblings, relatives, and friends. The Federal Older Americans Act (OAA) mandates people have access to Ombudsman for Long-Term Care advocacy services on a regular basis; this a vital resident right enshrined in federal and state law.

The impact of COVID-19 over the past year on people living in long-term care settings is a tragedy. Nearly 94 percent of the state's COVID-19 deaths have been people over the age of 60. Approximately 64 percent were people living in long-term care settings.

On March 17th, 2020, I made the difficult decision to discontinue in-person presence of regional ombudsman and certified volunteer ombudsman. Staff worked daily to provide resident advocacy through virtual visitation such as phone, e-mail, or other electronic communications. Less than one year later regional staff returned to in-person presence upholding proper protections to mitigate spread of COVID-19.

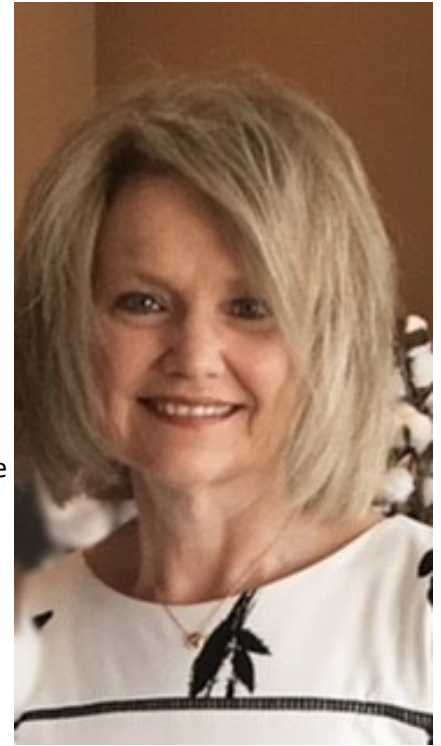
Early into the pandemic, guidance issued from federal and state regulators of long-term care settings placed restrictions on visitation. Interpretations of the guidance revealed narrow application of "end of life" definition literally to the last 24-48 hours of life resulting in many people dying alone. A major systemic problem emerged which many people labeled as the "Pandemic of Isolation." The Office worked collaboratively with the Minnesota Department of Health (MDH), provider organizations, and other consumer advocacy groups to promote the expansion of visits.

In spite of difficult challenges due to COVID-19 the Ombudsman staff resolved over 5800 complaints, this up from 4009 complaints in 2019 and completed over 18,000 activities. Activities such as working with resident and family councils and providing information and consultation to individuals.

The passing of the Elder Care and Vulnerable Adult Protection Act in 2019 allowed the Ombudsman Office to add staff fulfilling my commitment to invest in all Minnesota communities. During this past year, the Office added seven paid regional ombudsman, this an increase from 16 staff to 23. An important provision of this law is the creation of licensure for assisted living facilities in Minnesota. Staff of the Office worked collaboratively drafting rules resulting in strong protections of resident rights.

In the history of humanity there has never been a time when choosing to lead is so important. We are faced with another year of uncertainty but there is hope, there is noted improvement. As we continue to protect ourselves from COVID-19 by wearing masks, social distancing and being vaccinated, I see hope. But even as vaccinations begin and case counts slowly recede, the pandemic is not over yet.

Change does indeed occur, positive change is and will continue to happen. As we come out of a turbulent 2020 I continue to believe we all have opportunities to influence and inspire positive change by listening actively to each other, respecting each other, and working together in meaningful ways that reflect the positive change we all wish to see in Minnesota. I serve as State Long-Term Care Ombudsman with appreciation and gratitude.



Cheryl Keenan

Introduction to the OOLTC

Office of Ombudsman for Long-Term Care (OOLTC) Basics

Who can get help from the OOLTC?

- Residents from 362 licensed nursing homes with 27,177 beds statewide including five Minnesota Veterans Homes
- 84,548 Minnesotans residing in 7,476 adult care homes, such as board and care, housing with services, assisted living, customized living, or adult foster care
- Adults receiving licensed home care services in their own homes
- Medicare beneficiaries with hospital access or discharge concerns

Where does the OOLTC derive its authority?

Ombudsmen have authority to do their work from many sources:

- Final Rule 45 CFR Parts 1321 and 1324 State Long-Term Care Ombudsman Program
- 42 U.S.C. § 3058g, Older Americans Act (OAA) Ombudsman Program
- Minn. Stat. § 256.9742, Minnesota ombudsman statute
- Minnesota Board on Aging
- Administration for Community Living/ Administration on Aging for Ombudsman program compliance

Ombudsmen have the right to request records on residents' behalf with resident consent, investigate complaints, and enter LTC facilities without appointments.

How does the OOLTC help?

By providing information and consultation about:

- Consumer rights
- Service options
- Facility regulations

Investigating and resolving complaints about:

- Quality of care or services
- Quality of life
- Rights violations
- Access to services
- Service termination
- Discharge or eviction
- Public benefit programs
- Working with service providers to promote a culture of person-directed living
- Identifying issues and advocating for change

*The work of the Office of
Ombudsman for Long-Term Care is
provided free-of-charge to
Minnesotans statewide.*

Funding and Structure of the OOLTC

Funding Facts about the OOLTC

INDEPENDENT

The OOLTC must be an independent entity according to the federal Older Americans Act. The OOLTC is administratively housed in the Minnesota Department of Human Services but is an independent entity.

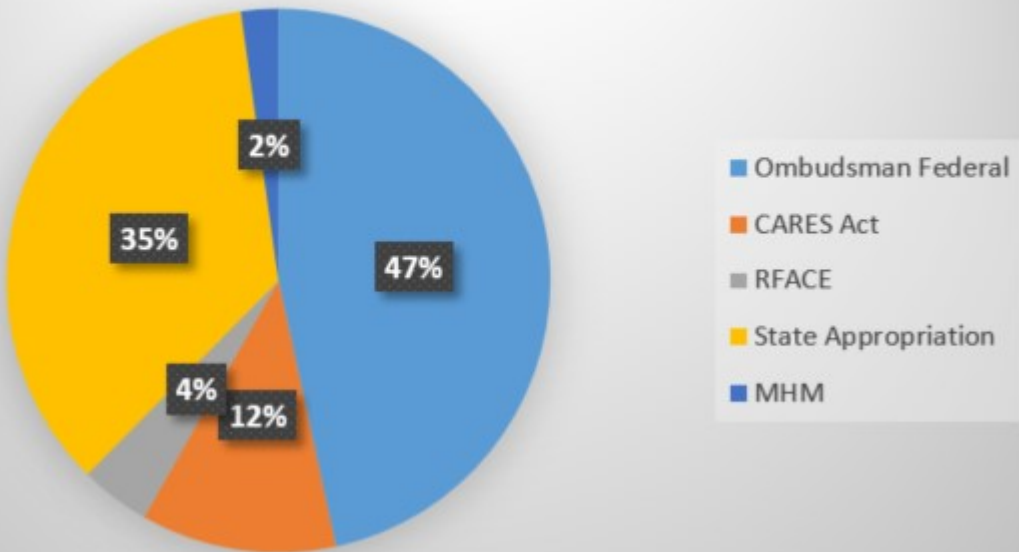
MBA

The Minnesota Board on Aging (MBA) is designated the State Unit on Aging. The OOLTC has been a program of the MBA since 1980.

SLTCO

Cheryl Hennen has been designated as the State Long-Term Care Ombudsman (SLTCO) since 2014. Ms. Hennen is responsible for directing the work of the office as well as representing LTC consumers at the state and national level.

OOLTC Funding Sources



2020 Federal Fiscal Year (FFY) Statistics

By the Numbers: October 1, 2019 — September 30, 2020

5830 COMPLAINTS RESOLVED

Complaint: A concern brought to the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare, or rights of a resident. One or more complaints constitute a case.

2019 Complaints = 4009

2018 Complaints = 4264

2017 Complaints = 3318

2016 Complaints = 2928

2015 Complaints = 1949

2557 CASES CLOSED

2477 cases were opened and 2557 cases were closed in the program year.

Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.

2019 Closed Cases = 1472

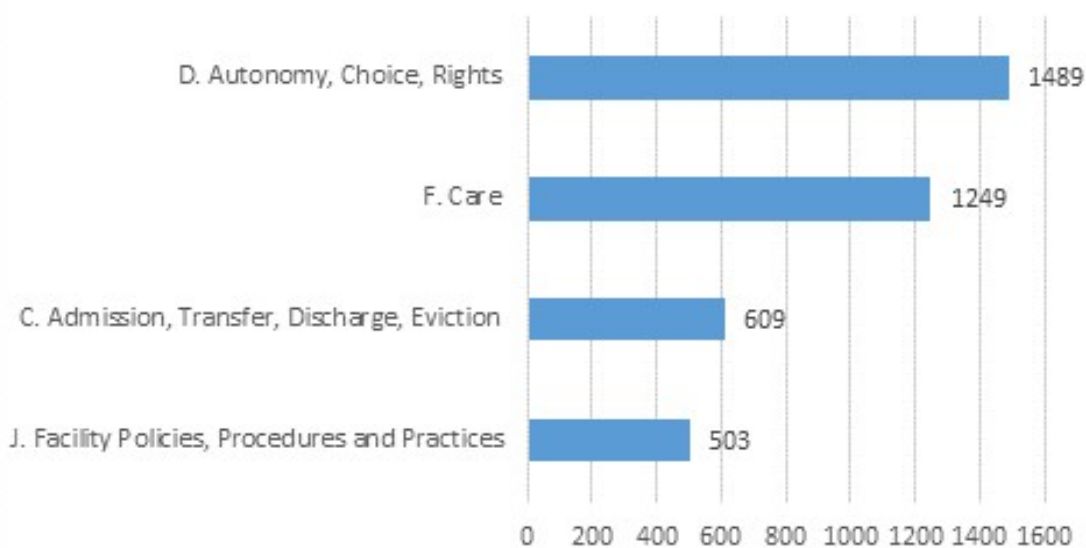
2018 Closed Cases = 1467

2017 Closed Cases = 1359

2016 Closed Cases = 1155

2015 Closed Cases = 1152

4 Highest Complaint Categories



Strong Focus on Data Entry

The OOLTC Completed 18,000+ Activities in FFY20.

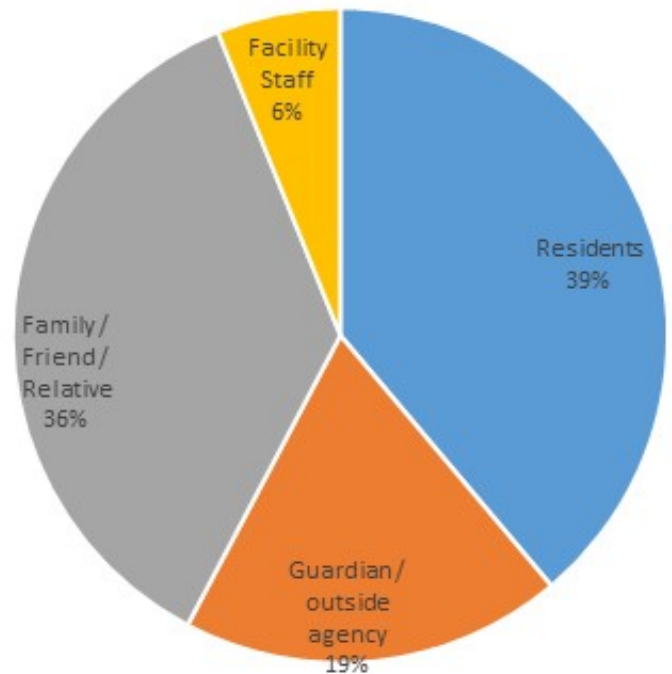
Complaint investigation and consultations are primary activities

Information and consultation to individuals: 7348 activities as part of cases

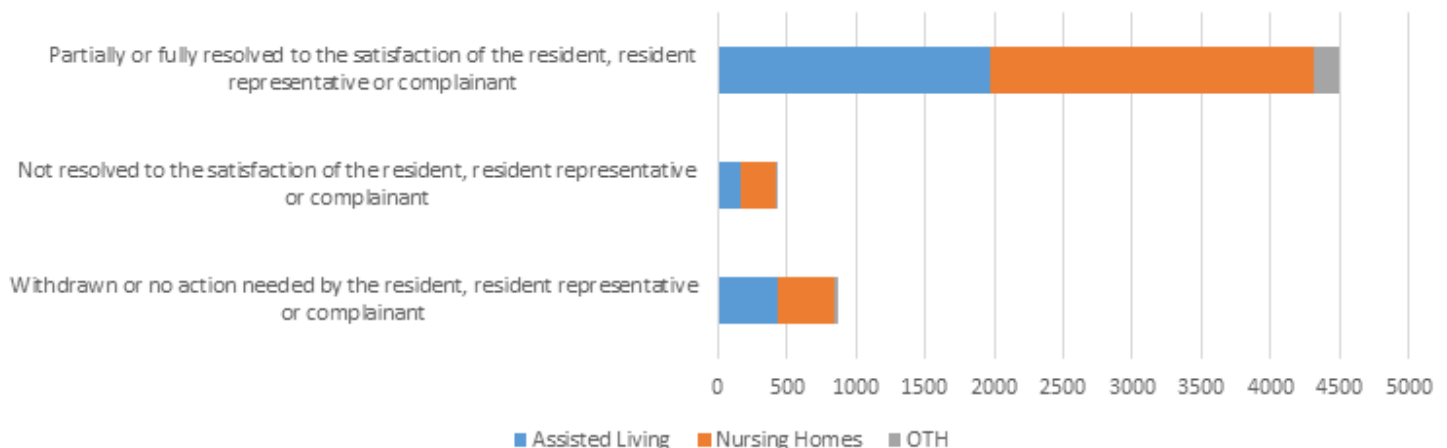
Non-case activities: 11,383 which include:

- Consultation to facilities (providing information and technical assistance, often by telephone): 2966 separate activities
- Participation in facility surveys: 736 surveys
- Work with Resident and Family Councils: 217 meetings/contacts
- Non-complaint visits to residents: 1154 visits
- Community education: 49 sessions
- Trainings for facility staff: 83 sessions
- Training sessions for ombudsman staff and volunteers: 129 sessions

WHO CONTACTS THE OOLTC?



Complaint Resolution Success



COVID-19 Pandemic

LTC Residents and the OOLTC at the Center of the Pandemic

There is no way to express how traumatic COVID-19 was for both long-term care (LTC) residents, their families, facility staff, and for the members of the OOLTC. LTC residents were largely confined to their individual rooms with no group dining or other activities offered. LTC residents also were oftentimes prevented from leaving the facility and were subject to quarantine upon return if they did go. The volume of calls to the OOLTC regarding loneliness and isolation were unprecedented.

The entire business model of the OOLTC had to change on March 13, 2020. Regional Ombudsmen (ROs) served residents from a distance rather than at their bedside/roomside.

Ombudsmen are mandated by federal statute to maintain a “regular presence” in long-term care facilities. This regular presence is normally achieved by quarterly in-person visits to each of the 360 nursing facilities around the state. As COVID-19 continued through the spring of 2020, it became clear that OOLTC staff would not be able to maintain a regular presence due to infection control protocols.

A telephone outreach plan was designed as a way to try to keep in touch with residents and facility staff as a creative way to maintain valuable relationships. There is a federal statute that clarifies the right of ombudsman to get resident contact information. ROs were all encouraged to contact the social worker or other staff member of their nursing homes. The goal of the phone calls was two-fold; 1) have a conversation about their residents’ COVID-19 experience and offer support from the OOLTC even from a distance; and 2) request lists of residents and their representatives so that ROs could reach out directly to residents.

The outreach calls to residents and facilities were a successful attempt to maintain a regular presence. Many ROs were able to talk to staff at facilities they served to offer assistance and support. ROs who requested resident lists were able to reach out to residents and offer services and supports directly to them as well. Outreach calls do not replace the ideal goal of stepping foot into every facility but they were a good solution to try to maintain that contact with residents and staff.

October 1, 2019-March 1, 2020	March 6, 2020	March 13, 2020
Business as usual at the OOLTC. ROs traveled to see residents at their homes for complaint visits and regular presence.	First confirmed COVID-19 case in MN (not LTC resident).	CMS Issued Memo QSO-20-14-NH. This memo closed nursing homes to visitation, ended group dining and activities, and largely kept residents in their rooms to prevent COVID-19 spread. MDH quickly issued parallel guidance for assisted livings.

Notable Dates Throughout FFY 20

Communication was Key

The COVID-19 pandemic evolved rapidly. The OOLTC needed to communicate and coordinate with multiple stakeholders.

- OOLTC staff needed to be trained on the changing CMS/MDH guidance and how best to interpret them.
- OOLTC staff also needed to quickly be equipped to work from home and understand agency procedures for teleworking.
- LTC providers needed to be informed of efforts of the OOLTC related to virtual visits and other efforts to stay connected to consumers.
- OOLTC communicated regularly with MDH staff to talk about cases or other areas of concern and to give advice on ways that guidance could be more person-centered.
- OOLTC informed the Minnesota Board on Aging and the Governor’s office with a series of two-page briefings throughout the second half of 2020. These focused largely on the struggles LTC residents were having with strict visitation restrictions and increased isolation and trauma.

New Tool to Help Stabilize Resident Housing: Governor Walz’s Executive Orders

Nursing home and assisted living residents were threatened with eviction and discharge even during the COVID-19 pandemic. Governor Walz issued a series of executive orders meant to stabilize housing and prevent evictions during the pandemic including long-term care settings.

For a variety of reasons, there were still facilities who wanted to evict or discharge residents. ROs used their advocacy skills to help people stay in their homes. The executive order was a tool that ROs could use to educate facilities that, for the most part, evictions were not allowed.

The ROs also worked with a handful of clients to file complaints with the Minnesota Attorney General’s office when facility staff persisted in moving forward with evictions or involuntary discharges. Assistant Attorneys General were able to use the enforcement power of the Attorney General’s office to step in and prevent evictions for several residents when other advocacy tools were exhausted.

March 17, 2020

Cheryl Hennen, SLTCO, made decision to shift all OOLTC work to virtual (phone or video visits) and to equip all staff to work from home offices.

July 10, 2020

MDH issued new Essential Care Guidance and more open visitation guidance follows in August.

Late September 2020

OOLTC developed a policy to direct ROs to return to work in facilities starting with window visits and outdoor visits. PPE and training were provided and staff began returning to in-person visits outdoors.

Resident Reunited with Husband

Case Highlight #1 - COVID-19 Restrictions Isolated Residents

A regional ombudsman (RO) received a call from family member concerned about the psychological and physical decline of their mother since nursing home visitation restrictions were put in place due to COVID-19. The daughter reported that Mom and Dad have been married for almost 60 years and have never been apart. The resident lives with late-stage dementia and her husband visited every day for about 12 hours a day before COVID-19.

The RO talked to the resident's husband who was very worried for his spouse as he was the calming force in the resident's life and he dearly wanted to be with her to help her. The husband asked the RO to help to allow him to visit his wife indoors at the nursing home. He related that his wife did experience "behaviors" related to her dementia such as crying out and at times getting confused and scratching staff. Further, the husband stated his wife was more alert and coherent before COVID-19.

The facility staff confirmed to the RO that the resident had declined significantly since the visitation restrictions. The resident lost more than 10 pounds, was not eating, and refused to bathe. The resident was confused, scared, and did not have the capacity to understand visitation restrictions. The resident increasingly lashed out to staff. The facility stated the resident's decline was a direct result of the restrictions on visitation. Staff stated that the resident was "distant" and "we are losing her." The facility has not been allowing any visits for situations other than end-of-life visits. The RO asked the staff about the possibility of having compassionate care visits as allowed by CMS and MDH guidance. After checking with MN Department of Health (MDH) and updating the resident's care plan to indicate her decline in function was a direct result of the visitation restrictions, the facility informed the RO and family that they were approving compassionate care visits.

The resident's husband was now allowed to come to the facility to be with his wife provided he wear proper personal protective equipment (PPE). According to the facility staff, the resident remarkably improved after the first visit. The resident agreed to shower for the first time in days, ate meals and "had a smile from ear to ear all day." According to her husband, the resident's mood was immediately lifted and she was taking care of herself physically and mentally. The RO called the husband to check-in early one morning before he went to see his wife. The husband stated he had to "pack a lunch so he could go have a date with his wife [in the facility]." He stated no one knows how to care for her like he does. He was extremely grateful for the assistance from the RO and that he was able to be with his wife again as he had been for so many years.

VISITATION

3395 activities were related to visitation concerns

COVID-19

1541 activities were infection control concerns in facilities

COVID-19 Cases Covered a Range of Issues

Infection Control, Visitation, and Transfer Questions were Frequent

A range of COVID-19-related questions were received by the OOLTC. Here were some examples:

- A resident called upset that residents and staff were not being tested for COVID-19.
- A resident was concerned that COVID-19 was spreading through their facility.
- A resident was not allowed to have visitors even though he was receiving hospice services.
- The resident was suffering from loneliness and isolation which worsened his mental health symptoms.
- The facility was cancelling the client's services and would not allow outside providers.
- The facility was no longer allowing window visits with family for any reason.
- A husband and wife called when they were separated and sent to different hospitals for COVID-19 treatment and they wanted to be together.
- A resident was declining and the family did not feel that video visits were sufficient support.

Case Highlight #2: OOLTC Helped Client Return to Assisted Living.

COVID-19 was a big part of casework but many other cases occurred in FFY20.

A resident's sister called the OOLTC for help after her 87-year-old brother was denied the right to return to his assisted living following a hospitalization and a rehab stay in the nursing home. The sister explained that while the resident was living in the assisted living he was sucking on candy, fell asleep, and aspirated. He required acute care at a hospital and received rehabilitation services at a nursing home. His assisted living housing manager stated the reason for not allowing him to return was concerns about how to provide services with his swallowing problems. However, he had a lifelong history of swallowing issues. This was not a change of condition. All the resident wanted to do was return to his assisted living home.

The RO communicated with the resident to get consent to work on the case. Then the RO had many calls to the nursing facility where he was temporarily residing for rehab as well as the assisted living that was his permanent home. The resident had an assessment when he was in the hospital that recommended he eat a special diet. The RO helped the client obtain an order from his longtime community doctor that outlined the client's swallowing history and the risk and benefit involved of letting him make his own choices about what to eat. The resident had accepted the risk of eating a regular diet for many years, including over three years at this assisted living. The RO negotiated with the rehab facility to transition him back to solid foods. After three meals safely eating solid foods, the resident happily returned to his assisted living. He was careful with what he eats and enjoyed a regular diet at his apartment in the assisted living building. The RO helped this resident make informed choices about his life including his diet and his choice of residence.

OOLTC Staff Expanded in FFY20

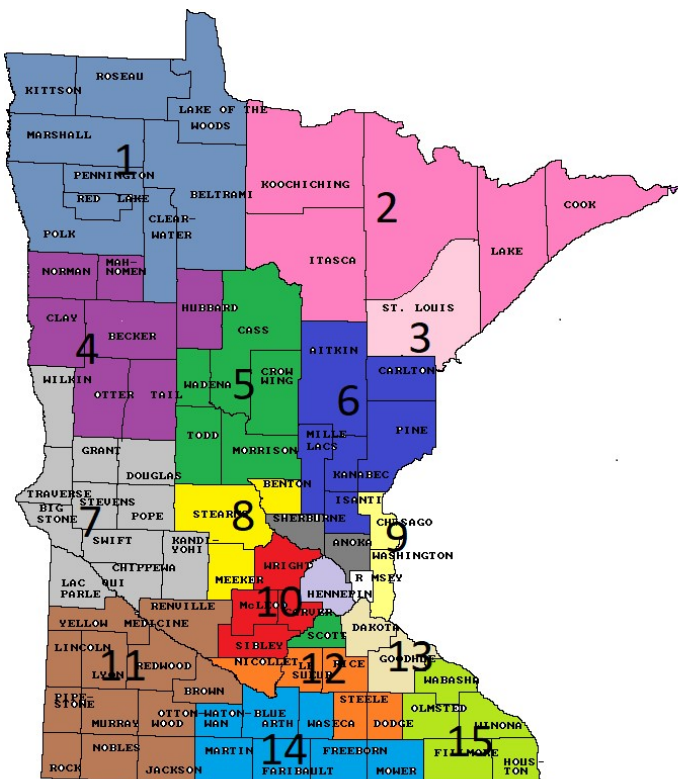
Staffing Update

The Elder Care and Vulnerable Adult Act of 2019 provided significant funding for new positions in the OOLTC. That Act paid for the addition of 9 regional ombudsmen (ROs) which moved the office from 16 to 25 ROs. 7 ROs were added throughout the year. As of September 30, 2020, there were 23 ROs on staff. The critical goal of adding additional ROs has been met with average bedcounts for each RO dropping from about 9000 to closer to 4500 per RO which nears a national goal. Hiring was more difficult due to a state hiring freeze during COVID-19 but adding staff was an important effort for the OOLTC.

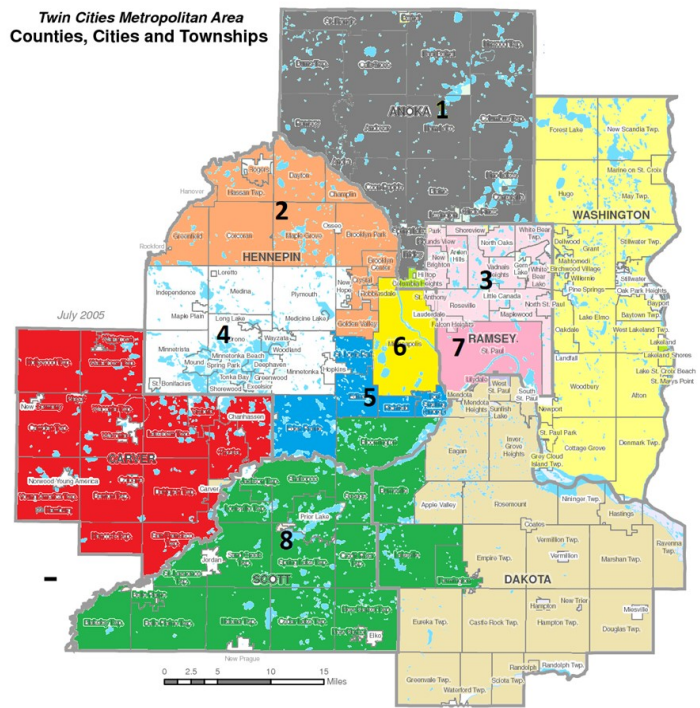
The Act funded the addition of another ombudsman supervisor. Aisha Elmquist moved from Policy Specialist to Deputy Ombudsman in December 2019. Seven additional staff members are yet to be hired in FFY21.

The decision was made to fund a position to focus on RFACE work. RFACE stands for “Resident and Family Council Education.” This work is woven into the responsibilities of all of the ROs to attend and support resident councils but now the office has a dedicated staff member for this effort. The OOLTC was able to continue its partnership with the Moving Home Minnesota program to fund a staff member to present self-advocacy tools to nursing home resident council members. Both of these resident council support roles had to adjust their approach due to the distance work required during COVID-19.

September 2020: 15 ROs in Greater MN and 8 Metro ROs



Twin Cities Metropolitan Area
Counties, Cities and Townships



OOLTC Staff Directory as of September 30, 2020

	Central Office Staff	
Cheryl Hennen State Long-Term Care Ombudsman	Genevieve Gaboriault Deputy Ombudsman	Aisha Elmquist Deputy Ombudsman
Dana Manteufel Volunteer Coordinator	Sally Richter* Data Analyst	Patty Odlaug Intake Specialist
Sam Chacon* Office Administrator	Ann Holme RFACE Specialist	Tiffany Carlson Self-Advocacy Specialist
Vacancy Ombudsman-Specialist Legislative	Vacancy Ombudsman-Specialist	
	Regional Ombudsman Staff	
Heather Anderson Northwest MN	Maisie Blaine Northeast MN	Jane Brink Central MN
Amanda Caillier* Northwest MN	Dave Christianson South Central MN	Patricia Dominguez-Mejia* North Metro
Lori Goetz Southeast Metro	Meegan Wiese* South Central MN	Sylvia Hasara Southwest MN
Tammy Hollingsworth* West Metro	Jamie Kunst South Central MN	Kab Nras Lee* East Metro
Jason Mekalson* West Central MN	Kristen Rice Southwest Metro	Parichay Rudina* Northwest Metro
Sally Schoephoerster Central Metro	Emma Shepard Northeast MN	Gloria Smith* Central Metro
Brian Stamschror Southeast MN	Dan Tupy North Central MN	Kiessa Webster* Central MN
Paula Wieczorek Central Metro	Jane Wolff Southwest Metro	

- Indicates OOLTC staff who joined the OOLTC during the FFY20.

Volunteers Assisted Residents in Many Ways

Certified Ombudsman Volunteers Serve Statewide

The Certified Ombudsman Volunteer (COV) program is a service of the Office of Ombudsman for Long-Term Care. Certified Ombudsman Volunteers complete extensive training to build a foundation that prepares COVs to advocate, empower, and educate consumers of long-term care services and supports. COVs extend the reach of Regional Ombudsmen (ROs) by building trusting relationships with residents and providing a regular presence in assigned facilities. COV visits make a real difference in the lives of those living in nursing homes and assisted living facilities.

After extensive training and shadowing, COVs are assigned to one facility near their home. They make regular visits to their assigned facility for a minimum of 6 hours every month. COVs ensure that the rights of residents are being honored. They receive, investigate, and resolve concerns made by residents with assistance from ROs. COVs educate residents about their rights, OOLTC services, and support residents by attending resident and family council meetings.



33 COVs
provided
advocacy
services



1,116 hours
were
generously
donated

COVs
spanned 20
counties
and 10
regions

Certified Ombudsman Volunteer (COV) Updates

COVID-19 Response

The COV Program was suspended in March 2020. No in-person visits were allowed starting in March due to COVID-19. As visits are the hallmark of the COV program, this was a big change. In September 2020, the program took steps to reactivate the COVs in new ways. These steps included COVs taking a COVID-19 training and meeting with ROs virtually to be trained to begin making outreach phone calls to residents and attend council meetings virtually. Most COVs restarted their volunteer work in October 2020.

Education

COVs participate in 12 hours of training every year. Training covers topics such as residents' rights, complaint processing, confidentiality, and privacy. This year, COVs also went through Electronic Monitoring training. The training was presented by OOLTC staff and educated COVs on upcoming changes due to the 2019 Elder Care and Vulnerable Adult Protection Act being passed.

Volunteer Highlight

A COV went to visit a resident who recently had surgery. The resident was interested in soon leaving the facility to move into an apartment. The resident asked the COV about the Moving Home Minnesota program and the COV was able to connect the resident with the Regional Ombudsman who was able to assist the resident to return home.

Certified Ombudsman Volunteers

Andrea Hepola	Ed Colon	Kathy Graft	Ruth Steffensen
Audrey Wiita	Edith Hoyum	Kathy Nornes	Sue Halverson
Barb Risken	Elizabeth Spohr	Larry Clausen	Tom Oven
Barb Spears	Fed Simon	Myrna Yenter	
Betty Johnson	Gary Hennen	Pam Maurelli	
Betty Clark	Gloria Alexander	Pat Loban	
Cathy Burt	Jane Kill	Pat Westman	
Charlotte Hanson	Jo Hennen	Pat McCormick	
Christine Marcotte	Joan Nephew	Ronna Locketz	
Dorothy Chizek	Joy Mesia	Rose Hansmeyer	

Legislative Advocacy

Legislative Efforts Made Positive Change for LTC Consumers

In 2019, the Minnesota Legislature passed the Elder Care and Vulnerable Adult Protection Act, a sweeping new law that will positively affect the well-being of long-term care clients. The OOLTC played an integral role in creating this new law. A signature component of the law was the creation of a licensure system for assisted living facilities in Minnesota. Not only were favorable regulations added to protect residents in assisted living settings but critical funding increases to OOLTC were also passed as part of the legislation. OOLTC continued to work on potential legislative improvements to the Act as well as advocated for strong consumer protections in assisted living licensure rules which were authorized under the Act. Amidst this intense period of growth and change, OOLTC continued to provide individual advocacy efforts to long-term care residents throughout Minnesota. These and other major initiatives are highlighted below.

Assisted Living Rulemaking Update

Under the Elder Care and Vulnerable Adult Protection Act of 2019, the Minnesota Department of Health was authorized to conduct rulemaking. Minnesota Statutes, section 144G.09, subdivision 3, authorized rulemaking on 13 separate topics including consumer protections around staffing, terminations of housing and services, planned closures, assessments, training, emergency preparedness, and disclosures.

OOLTC was a stakeholder on an Assisted Living Rulemaking Advisory Committee. Members included OOLTC, long-term care provider organizations, legal services, nonprofit agencies, the Ombudsman for Mental Health & Developmental Disabilities, and the University of Minnesota School of Public Health. OOLTC provided critical and essential commentary on the draft rules by calling for strong protections of the rights of residents in Minnesota's assisted living facilities.

As one example, one of the most significant areas where OOLTC has focused during the rulemaking process has been the importance of strong termination protections, including appropriate planning for discharges. Terminations are consistent-

ly one of the top complaints that OOLTC receives each year. Under the current assisted living framework, there are numerous inadequate protections for terminations of housing and services, including no guarantee of a safe and appropriate discharge. OOLTC advocated for termination and discharge rules where residents of assisted living would be more likely to retain their housing and, if a move were necessary, the facility would ensure an orderly and safe transition of the resident to a safe and appropriate provider.

DELAY AVOIDED

Another issue garnering significant attention during this reporting year was whether implementation of the new assisted living licensure, which was slated to take effect on August 1, 2021, would be delayed by one year. The Minnesota Department of Health initially sought a one-year delay because of the COVID-19 pandemic. Key stakeholders negotiated over the summer to see if a delay could occur while allowing certain resident protections to take effect in August of 2021 but were unsuccessful in reaching a deal. No further delay is being sought and licensure will begin on August 1, 2021.

Electronic Monitoring Law in Place

On January 1, 2020, the new electronic monitoring law took effect, Minnesota Statutes, section 144.6502. The law applies to residents of nursing homes, boarding care homes, and assisted livings.

Under this law, facilities must allow a resident or resident representative to engage in electronic monitoring of the resident's room. Electronic monitoring is defined as the placement and use of an electronic monitoring device by a resident in the resident's room or private living unit in accordance with the law. Prior to the enactment of this law, some facilities had language in their standard contracts prohibiting residents from placing electronic monitoring devices in their private living units. Under the new law, residents must inform facilities that they are placing the device in their room by filling out a written notification and consent form and providing a copy of the form to the facility.

If a resident fears retaliation or meets some other specific conditions, the resident has 14 days to send the form to OOLTC before informing the facility. OOLTC receives and stores these forms. Upon request of the resident and/or the resident representative the OOLTC will assist with electronic monitoring or retaliation concerns and also will serve as a resource regarding any questions during the 14-day time period and beyond.

The OOLTC advocated strongly for the Elder Care and Vulnerable Adult Act of 2019 which was a major victory for LTC consumers in MN.

Future Law Changes

Next Steps for Assisted Living

The Elder Care and Vulnerable Adult Protection Act of 2019 included a number of components that will be critical to residents' rights and protections when assisted living licensure takes place in August of 2021:

1. The licensing of assisted living directors;
2. Prohibition of retaliation by the facility against residents and their family members for making a complaint or asserting their rights;
3. Pre-termination meetings with the facility prior to the facility initiating termination of a resident's housing and/or services;
4. Residents having the right to appeal a facility-initiated termination of their housing and/or services;
5. The facility providing a coordinated transfer of the resident to a safe and appropriate service provider when the resident's housing or services are terminated;
6. The facility being required to provide the resident a written notice of the assisted living bill of rights before initiating services to the resident;
7. Residents having the right to actively participate in the planning, modification, and evaluation of their care and services;
8. Residents having the right to make and receive a timely response to a complaint or inquiry, without limitation;
9. Residents having the right to organize and participate in resident councils; and
10. Residents having the right to participate in family councils formed by families or residents.

Strategic Plan

The OOLTC Looks Ahead to the Future

The decision was made in early fall 2019 to dedicate staff time and effort into creating a new strategic plan. OOLTC engaged consultants from Management Analysis and Development to design a process to get maximum input from the OOLTC staff. Most of the December 2020 quarterly ombudsman training was dedicated to the effort. All of the employees working for the OOLTC at that time met at the Veterans Service Office near the Capitol to spend time together examining the programs strengths, weaknesses, and opportunities. Consultants led the group through an analysis of barriers facing the OOLTC. Ideas were generated for how to improve services. From a wall of ideas, the group worked together to identify five strategic directions for the OOLTC. The directions were further honed with goals and target dates. Over the next three years, the OOLTC is committed to working on five strategic directions.

No one knew when this planning process was occurring that COVID-19 would change all of the work of the OOLTC. Staff have been able to continue the work brought forward through the strategic plan. Staff came together to create three working groups to help move this work forward. One group met temporarily in the spring and summer of 2020 to assist with refreshing the mission, vision, and shared goals for the OOLTC. Two other groups are standing committees that meet at least monthly. One is the Equity and Inclusion Committee that addresses the achievable items identified in the strategic planning process and has stepped forward to look at broader equity issues facing OOLTC staff and LTC consumers. The OOLTC is a program committed to diversity and anti-racism. The other group is a Newsletter committee which creates a monthly newsletter by and for the staff and Certified Ombudsman Volunteers as a resource to share news and training announcements and a place to celebrate birthdays, work anniversaries, and other events along with office updates and topic reviews.

OOLTC leadership and staff are committed to advance the strategic directions listed here.

OOLTC's 5 Strategic Directions for 2020-2023

1. Define our culture — building on what we do well and maintaining it through change
2. Strengthen and develop partnerships through trust and understanding
3. Fill gaps in technology, resources, positions, and processes
4. Develop and implement a legislative advocacy agenda
5. Incorporate Equity and Inclusion in our work

Refreshed Mission, Vision, and Values

The OOLTC as part of the Strategic Planning effort refreshed the Office's mission statement and vision statement as well as created a Shared Values Statement.

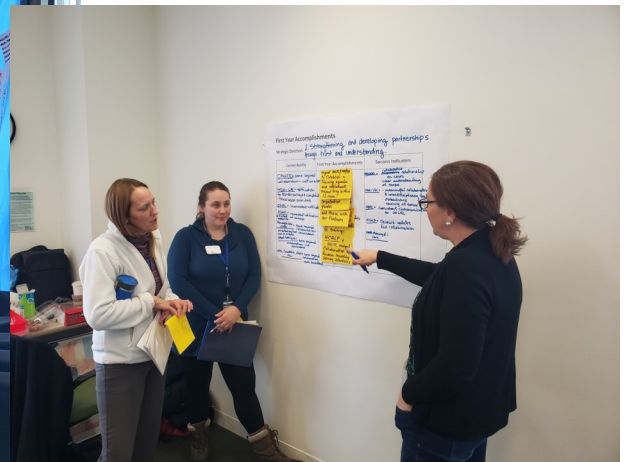
OOLTC Vision Statement: All Minnesotans seeking or receiving long-term care services and supports have a high quality of life and high quality of care with a person-centered focus. The OOLTC empowers and advocates alongside residents and individuals to help them achieve their best life. The OOLTC is a leading voice to influence public policy to systemically improve long-term care in Minnesota.

OOLTC Shared Values Statement: We are committed to ensuring accountability to the following values:

*Advocacy *Anti-ageism *Anti-racism *Collaboration *Dignity *Diversity
*Empathy *Empowerment *Equity *Inclusivity *Integrity *Person-centeredness



These photos were taken during the OOLTC strategic planning sessions in December 2019.



OOLTC Mission Statement:

To empower, educate, and advocate alongside Minnesotans who are receiving long-term care services and supports to ensure their rights are upheld.

OOLTC at the Capitol

Ombudsmen Went to the Capitol on March 11, 2020

The concept of an “OOLTC Day at the Capitol” was developed as part of the strategic plan. The OOLTC office traditionally gathers for in-person trainings three or four times a year. Known as “quarterly trainings,” these are a time to come together for three days as a group and train together as well as enjoy fellowship with the team. The last quarterly training that was held in-person prior to COVID-19 was in March 2020. At that training, the middle day was devoted to sending the entire staff to the Capitol to attend a hearing.

Cheryl Hennen testified about the OOLTC before the Senate Committee on Family Care and Aging. Two ROs, Sally Schoephoerster and Dan Tupy, testified about the OOLTC’s work and gave examples of casework. After the committee hearing, the OOLTC staff met with state Senators who share an interest in the success of the OOLTC program. Senators Abeler, Hoffman, and Housley posed for a picture taken by one of our staff. After the hearing, meeting rooms were scheduled within the Capitol with guest trainers for the rest of the day. Staff were able to meet in this beautiful setting which serves as a reminder of the OOLTC’s connection to the government while at the same time the OOLTC are consumer advocates.



Long-Term Care Advocacy—Next Steps

LTC Improvements Occurred but Barriers Remain

Last year in the OOLTC Annual Report, several barriers to the long-term care system were identified. In October 2019, no one could have imagined that COVID-19 would have such a devastating impact on the lives of long-term care residents. But COVID-19 has become the overarching concern for long-term care settings in Minnesota and around the country. Responding to resident and family calls and complaints due to COVID-19 had to be the focus of OOLTC staff time during the past year. Even still, the barriers to the long-term care system identified in last year's annual report remain as concerns. Here is a brief summary with notes of where some progress was made:

- 1) Assisted Living Licensure is a large transition. Questions remain as to what the accompanying Assisted Living rules will look like. What will this transition to licensure mean for residents? How are providers and residents learning about the transition and getting prepared? Will some residents have to move or find different providers? The OOLTC has been a strong voice of consumers throughout this process but many questions remain as to the effect on people we support.
- 2) Residents would benefit from more education about their rights as LTC residents. OOLTC staff energy in both the newly-focused RFACE position and the continued MHM Self-Advocacy position are working in this area.
- 3) Access to long-term care is a concern. There are still disparities in access to assisted living, home care, and nursing home services. There is increased focus on looking at these issues from an equity lens.
- 4) Residents consistently share concerns about quality of care. Infection control and staffing levels were major concerns during COVID-19 and these continue to be a focus of concern for the OOLTC.
- 5) There are not enough legal resources for clients who need legal help. OOLTC is working closely with the Legal Assistance Developer hired by the Minnesota Board on Aging to help improve legal referral sources.
- 6) More funding is necessary to continue to improve access for individuals requesting assistance from the OOLTC. The OOLTC is working diligently to meet the needs of LTC recipients but more OOLTC staffing may be needed to provide the high quality of service for everyone aging into long-term care services.

COVID-19 is the big unknown. It is the biggest barrier to the OOLTC returning to its normal presence to support residents. At the time of this report, it is unknown how long OOLTC will continue to work from home. OOLTC staff have the authority to enter long-term care facilities but visitation is limited. Residents and families continue to call with questions about how visitation will change once everyone is vaccinated. Balancing residents' rights and safety with the COVID-19 restrictions remains the biggest concern for LTC residents and for the OOLTC at the time of this report.

The staff of the OOLTC will continue to advocate for residents in LTC facilities throughout the struggles of the COVID-19 pandemic and into the future.

Office of Ombudsman for Long-Term Care

A Program of the Minnesota Board on Aging

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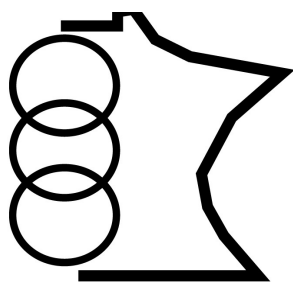
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**Office of
Ombudsman for
Long-Term Care**

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