

**CHAPTER 400: LONG-TERM CARE OMBUDSMAN PROGRAM SERVICE  
DELIVERY STANDARDS**

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**401: Program Service Components**

- A. The Long-Term Care Ombudsman service components are:
  - a. identify, investigate and resolve complaints on behalf of residents and participants;
  - b. regular presence in long-term care facilities;
  - c. consultation and community education;
  - d. issue advocacy;
  - e. support the development of resident and family councils;
- B. All Regional Programs must provide and document the provision of each of these service components.
- C. The Regional Program Annual Services Plan shall set forth the service activities for each fiscal year.
- D. The activities of the designated regional programs shall be evaluated by the Office on a regular basis as outlined in Section 408 of this Manual.

**402: Investigative Services**

- A. Every Regional Program shall receive, investigate and resolve complaints made by or on behalf of: participants of medical assistance waivers; participants of MCOs serving people with disabilities and older adults; and residents of long-term care facilities relating to actions, inactions, or decisions of providers, or their representatives, of long-term care services, of public agencies, or of social service agencies, which may adversely affect the health, safety, welfare, or rights of such residents. Whenever questions arise regarding appropriate Program practice that is not addressed in this Manual, the Office should be contacted for guidance.
  
- B. Each Regional Program may respond to complaints initiated by or on behalf of long-term care facility residents who are under the age of 60 where such action:
  - 1. will benefit older individuals who are residents of that long-term care facility generally, or be the only viable avenue of assistance available to the complainant; and
  - 2. will not significantly diminish the Regional Program's efforts on behalf of older individuals.
  
- C. Regional Programs shall receive, investigate and resolve complaints made by or on behalf of participants of medical assistance waivers and managed care organizations which may adversely affect the health, safety, welfare, or rights of such participants.

**403: Regular Presence in Long-Term Care Facilities**

- A. The Regional Program shall provide a regular presence in long-term care facilities.
1. A visit for the purpose of investigating a complaint, working with the resident or family council, presenting an in-service for facility staff, participating in an annual survey or any other Program related reason may be made simultaneously with a routine visit to maximize efficient use of time, resources, and opportunities to address resident problems and concerns.
  2. Except for planned in-services for facility staff or meetings, visits to facilities shall be unannounced and staggered so that facilities have no basis to predict the timing of the visit.
  3. At a minimum the Regional Program shall visit each facility as follows:
    - a. skilled nursing – one time per quarter;
    - b. intermediate care – one time per quarter;
    - c. sheltered care – one time per quarter
    - d. assisted living – one time per quarter;
    - e. shared housing – one time per quarter;
    - f. supportive living – one time per quarter; and,
    - g. intermediate care for the developmentally disabled– one time per year.
- B. The Regional Program shall observe the condition of residents
1. Ombudsmen shall document observations after each facility visit in accordance with this Policies and Procedures Manual.
- C. Ombudsmen shall introduce himself and explain the Program and its services to residents, and, when possible, family members and staff during all visits to facilities.
1. Ombudsmen shall confirm that facilities post the Program poster, as required under Title 89 ILL Admin Code 270.115. Posters shall be prominently displayed:
    - a. In each wing on each floor of the facility,
    - b. In each of the facility's activity rooms, and
    - c. At the main entrance/exit of the facility.

2. The poster shall be prominently displayed in the facility in a place accessible to the residents and the public. The poster shall not be obscured in any manner by any other material. Each poster shall be placed with the bottom of the poster approximately 42 inches from the level of the floor.
  3. If a majority of residents speak a language other than English, then a majority of the posters shall be in that language if they are available from the Department.
  4. The poster shall include the address and phone number of the Office and the Regional Program.
  5. Ombudsmen shall provide residents, families and staff with the "You Have a Voice" Program Brochure.
  6. Ombudsmen shall explain the purpose of the Program and introduce themselves to residents and in particular, active members of the resident's advisory council and attempt to see residents who have been admitted since the last Ombudsman visit.
- D. The Regional Program shall ensure residents have regular and timely access to Ombudsmen.
1. Ombudsmen presence in facilities should be as frequent as possible but at a minimum-once a quarter.
  2. Ombudsmen presence shall be increased in facilities with a history of serious or frequent complaints; a change in ownership or administration raising concerns about facility operations; imposition of a serious state or federal sanction or plan of correction; a pending bankruptcy; or an imminent closure. In addition, visits shall be increased at the request of the Office or for any reason necessary to protect residents' interests as determined by the Regional Ombudsman.

**404: Consultation, Inquiries and Community Education**

A. Consultations

1. The Program shall provide information and consultation regarding long-term care issues and the needs and rights of long-term care facility residents.
2. The Program shall promptly respond to requests for information; however, responses should not take more than five working days.

B. Inquiries

1. The Program shall provide information regarding the needs and rights of participants of medical assistance waivers and managed care organizations.
2. The Program shall promptly respond to requests for information; however, responses should not take more than five working days.

C. Community Education and Educational In-Services to Facilities

1. The Program may provide community education programs and educational in-services.

**405: Issue Advocacy**

- A. The Program shall assure that the interests of residents and participants are represented at governmental agencies and policy-makers.
- B. Issues advocacy activities may include:
  - 1. informing advocacy groups, governmental agencies, and policy-makers regarding the impact of laws, policies, or practices on long-term care facility residents and participants of medical assistance waivers and managed care organizations;
  - 2. advocating for modification of laws, regulations, and other governmental policies and actions, pertaining to the rights and well-being of residents and participants;
  - 3. facilitating the ability of participants, residents, resident and family councils, and the public to comment on such laws, regulations, policies, and actions;
  - 4. developing or participating in committees or workgroups to study long-term care issues;
  - 5. presenting to and participating in public hearings related to long-term care issues; and
  - 6. educating other aging service providers, advocacy groups, and the public on specific long-term care issues and policies.
- C. The Program may address resident and participant complaints through issue advocacy when:
  - 1. there are no statutory or regulatory remedies.
  - 2. many residents or participants share a similar complaint or are affected by a similar policy or practice; or
  - 3. other strategies to reach resolution with particular facilities or agencies have been unsuccessful.
- D. Regional Programs shall have the authority to choose which issue advocacy strategies to pursue. The Regional Programs may consider joint efforts with AAAs, provider agencies, advisory councils, resident councils, family councils, other advocacy organizations. The Regional

Program shall attempt to involve, participants, residents and families in issue advocacy.

E. The Office shall:

1. inform the Director, or his designee, of plans to engage in the issue advocacy activity in advance and when possible, provide written testimonies.
2. represent the interests of residents and participants before government agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents and participants;
3. review, and if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of residents and participants;
4. facilitate the ability of the public to comment on the laws, policies, and actions;
  - a. link Regional Programs and advocacy groups with mutual concerns or issues;
  - b. coordinate issue advocacy activities within the Program;
  - c. develop and implement advocacy priorities and strategies;
  - d. provide a clearinghouse on state and national long-term care issues;
  - e. identify and meet, to the extent possible, resources and training needs of Ombudsmen and others related to issue advocacy; and
  - f. provide training and technical assistance to AAAs, provider agencies and others in the aging and disability network regarding the Office's role in issue advocacy and the issue advocacy priorities as determined by the Office and Regional Programs.

**406: Resident and Family Councils**

- A. The Program shall provide technical support to resident and family councils in long-term care facilities. The Program shall respond to phone calls, provide literature and assistance relating to resident and family councils in long-term care facilities.
- B. Program involvement and assistance in council activities may include informing the leadership and/or membership of resident and family councils about:
  - 1. the purpose of the Program
  - 2. the Program's availability to assist resident and family councils; and
  - 3. the topics the Program is prepared to present if requested.
- C. The Office shall provide technical assistance to Regional Programs to promote the development of resident and family councils.

**407: The Regional Program Annual Services Plan**

- A. The Office shall create the Regional Program Annual Services Plan document format:
- B. AAA's are required to provide comments to the Office regarding the Regional Program Annual Services Plan within 15 days of receipt of the Plan.
- C. The Office shall review and issue final approval of the Regional Program Annual Services Plan within 45 days of receipt. If changes must be made to a Regional Program Annual Services Plan, the Office shall provide assistance to the Regional Ombudsman to develop an acceptable plan. The Office shall notify the Regional Program and AAA of the approval of the Plan.

**408: Monitoring and Evaluation of the Program**

- A. The Regional Ombudsman shall complete and submit a mid-year Annual Services Plan Progress Report to the Office no later than April 15<sup>th</sup>. The report shall be submitted on a form prepared by the Office.
- B. The Office shall review, at least annually, the activities and complaint data of the statewide Program and each Regional Program, together with the Regional Program Annual Services Plan to evaluate Program performance.
- C. The Office shall make periodic site visits at least once every three years or more often if needed to monitor the Regional Program's performance and provide technical assistance and support to Regional Programs as deemed necessary by the Office.
- D. The Office's shall submit an Annual Report on March 1st of each year or as soon thereafter as is practicable to the Assistant Secretary of the U.S. Department of Health and Human Services, the Governor, the General Assembly, the Director of the Illinois Department on Aging, the Illinois Department of Public Health, other appropriate governmental entities, and the general public.
- E. The Annual Report shall include the following:
  - 1. a description of activities carried out by the Office in the year for which the report is prepared;
  - 2. an analysis of the data collected under Section 507;
  - 3. an evaluation of the problems experienced by, and the complaints made by or on behalf of, residents and participants;
  - 4. recommendations for improving quality of care and life of the residents and participants;
  - 5. protecting the health, safety, welfare, and rights of the residents and participants;

6. an analysis of the success of the Program;
  7. a summary of identified barriers that prevent the optimal operation of the Program; and
  8. Policy, regulatory, and legislative recommendations to solve identified problems.
- F. The Office shall analyze activity and complaint data to determine Program trends and performance for planning purposes.
- G. The Office shall submit a quarterly progress report to the Director.
- H. For purposes of state monitoring of the Ombudsman Program, the state agency shall adhere to 45 CFR 1321.11 as now or hereafter amended.