

# Fiscal Year 2012 Annual Report

## Funding

In FY2012, the budget for the Ombudsman Program totaled \$2,825,135. The largest portion of funds supporting the program (72% or \$2,081,389) was from federal sources, which included federal carryover. State funds made up 12% (\$348,400) while local funds made up the remaining 16% (\$457,171). There has been no substantial increase in federal funds for the Ombudsman Program since FY2000.

In addition, the Ombudsman Program received an additional \$275,000 in MFP funds. The Ombudsman Program also received, for the ninth year and through a Memorandum of Understanding between the Illinois Department of Public Health and the Illinois Department on Aging, a renewal grant of civil monetary penalty funds in the amount of \$250,000 CMP funds.

## Legislative Advocacy

The Office of the State Ombudsman has been diligently working to maintain the long overdue changes required under the 2010 Nursing Home Care Reform law. Many attempts were made to erode the language, however, most were defeated. Another piece of legislation would have limited access to residents by advocates, including Ombudsmen. This bill, HB5633, did not pass.

## Statewide Plan

The Ombudsman Program's statewide plan focused on nursing home safety. Pursuant to the Nursing Home Care Act, the Criminal History Analysis Reports (CHAR) details whether and to what extent the identified offender(s) criminal history necessitates the implementation of security measures within the long-term care facility. A copy of the report is provided to the SLTCO and the Chief of Police of the municipality in which the facility is located.

The report indicates whether the offender is 'High Risk', which requires a single room in close proximity to the RN station to permit ongoing visual monitoring; 'Moderate Risk' which requires closer supervision and more frequent observation than standard or routine for most residents in an open facility; and 'Low Risk' where the resident is subject to standard requirements for supervision in an open facility.

After ombudsmen receive Criminal History Analysis Reports (CHAR), they provide follow-up at nursing facilities when a pattern is found or a resident is listed as high-risk. Ombudsmen interview other residents to ask about safety issues, and meet with facility staff to discuss how the identified offenders are monitored.

## Complaints and Consultations

The Ombudsman Program handled 7,458 complaints during FY12. Seventy-seven percent of the verified complaints were fully or partially resolved to the satisfaction of the resident involved in the case. There were 17,221 consultations handled by the Ombudsman program. The complexity of cases has substantially increased, including a growing amount of financial exploitation, family disputes, legal issues, and involuntary discharges. The ombudsmen handled more than 600 cases relating to involuntary discharges. Nineteen percent of ombudsmen complaints were made against someone other than the facility. The majority of those included complaints due to family conflict; financial exploitation complaints; and complaints relating to legal/guardianship/power of attorney or wills.

## Facility Closures

There has been a considerable increase in nursing facility closures, many of which are a result of late Medicaid reimbursement payments, low reimbursement rates and for other financial reasons. The Ombudsman Program played a substantial role with facility closures across the state. Upon notification of a facility closure, ombudsmen respond by meeting with every resident in the facility to ensure the residents understand they are given a choice as to where they will move. In addition, the ombudsmen attend status meetings and work with other facilities for a smooth transition. Once relocation has occurred, ombudsmen provide follow-up to residents that have

transferred to another long-term care facility. A major hurdle that ombudsmen face is that they do not have jurisdiction outside of long-term care facilities and are therefore limited in their ability to follow-up with residents who choose to return to the community.

## Regular Presence Visits

Despite no additional funding, the Ombudsman program continued its push to be visible in Illinois long term care facilities. Ombudsmen made 14,623 regular presence visits to long-term care facilities representing 41% of NFs visited on a quarterly basis in FY 2012. Ombudsmen spent more time at troubled facilities and made more telephone contacts with residents instead of face to face visits, in an attempt to limit travel costs.

## Long-Term Care Systems Rebalancing

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

More emphasis was placed on building a strong Ombudsmen engagement and involvement in MFP because of their regular presence and are most trusted by the residents. The Ombudsman Program has made 484 MFP Referrals in the past year.

## Barriers and Challenges

The Ombudsman Program has been unable to meet the recommended federal staffing ratio by

the Institute of Medicine of 1:2000 paid long-term care ombudsmen per licensed long-term care facility bed. The state-wide ratio in Illinois was 1:3500. The ratio is significantly higher in Cook County and in the City of Chicago. This lack of adequate paid staffing has made it difficult to meet the demands of the program. This is reflected in the decrease of regular presence visits, attendance at resident and family council meetings, and a lack of engagement with the culture change movement.

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

Certification training has been difficult to provide because it is costly and time consuming. Online training is being explored as an alternative to provide ombudsmen with the required training needed for certification.

Thirty-nine residents have been enrolled in the program based on ombudsman referrals and less have actually been transitioned out of facilities. There is great frustration as ombudsmen have seen over and over that no transition occurs and the reason given is either the individual doesn't want to transition or the family is not in favor of the transition. There is also an extremely slow response time in follow-up to residents who have requested to meet with a Transition Specialist, especially when the resident has mental health needs. There are not mental health MFP services statewide, but it is a huge need.

## Recommendations

In FY2013, the Illinois Ombudsman Program will be funded for the first time at a level that would allow staffing to be at a ratio of 1 paid ombudsman for every 2000 beds. It is anticipated with the additional funds, regional programs will be able to increase their regular presence visits and overall advocacy services.

The statewide funding crisis has led to a lack of community-based services which includes housing options. The settlement of the "Colbert vs. Quinn" lawsuit will soon launch thousands of developmentally disabled residents into the Cook County communities. The Office recommends that additional state funding be allocated for the purpose to better serve those individuals with mental or physical disabilities who are candidates for transitioning to the community. In addition, the Office recommends that Department of Human Services expand the MFP program state-wide to allow those with mental illness throughout Illinois to benefit from the MFP program. Ombudsmen have and will continue to make transitional referrals to IDHS/MH and IDHS/DD on behalf of these residents. Partnering with the Aging and Disability Resource Centers (ADRC) is another important avenue for Ombudsmen to promote independence and dignity for these residents.

As ombudsmen have been working with residents and referring them to the MFP program, it has become evident additional Transition Coordinators are needed as well as a significant increase in funding for the mental health services in order to expedite the transitioning of residents with a mental illness out of institutional care. It is also apparent that those residents who are able to transition continue to need an advocate outside of the facility. The Office recommends the ombudsman role be expanded to provide advocacy in the community for people returning to their own homes, despite their age and disability.

Illinois Department  
on Aging

State of Illinois  
Department on Aging

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Senior HelpLine:  
1-800-252-8966

Elder Abuse Hotline:  
1-866-800-1409

1-888-206-1327 (TTY)

[www.state.il.us/aging](http://www.state.il.us/aging)

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