

KY Long-Term Care Ombudsman Program

Ombudsman is a Scandinavian word for advocate. The traditional purpose of an ombudsman was to be an impartial mediator who receives complaints, determines the pertinent facts, and seeks resolution. Traditional ombudsmen primarily see themselves as neutral parties, making sure that the system works as it was designed to work. The Long-Term Care Ombudsman has been distinct from the classic model of the ombudsman since the program's inception. LTC Ombudsmen are different from other classical ombudsmen such as Cabinet, university or hospital ombudsmen. The LTCO is an advocate ombudsman. The LTCO is impartial in investigation, determining the facts pertinent to a case. LTCO must gather sufficient information to gain an accurate understanding of the problem in order to develop a resolution plan. Then the LTCO becomes an advocate, seeking a resolution the resident wants. In many cases, the institutional long-term care system is not working as it was designed to work, not meeting the needs that it is intended to meet and requires reform. Long-Term Care Ombudsmen represent residents and resident concerns by seeking resolution for both individual issues and systemic issues. A Long-Term Care Ombudsman (LTCO) is an advocate for individuals and their families who need the services of a LTC facility. LTC Ombudsmen are trained to impartially investigate and resolve concerns of residents in licensed long-term care facilities (nursing facilities, Personal Care Homes and Family Care Homes). They also provide information, community education, and refer residents to additional community resources when appropriate.

LTC Ombudsmen

- Identify, investigate, and resolve complaints made by or on behalf of residents.
- Provide information to residents about Long-Term Services and Supports (LTSS).
- Ensure that residents have regular and timely access to Ombudsman program services.
- Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect residents.
- Analyze, comment on, and recommend changes in laws and regulations pertaining to the health, safety, welfare, and rights of residents.
- Promote the development of and assist citizen advocacy groups that want to protect the well-being and rights of residents.
- Provide technical support for the development of resident and family councils to protect the wellbeing and rights of residents.
- Provide information to the public and education to those who serve residents. Two free publications, From Admission to Care: Everything You Need to Know about Residential Long-Term Care in Kentucky (focused on LTC admission) and A Guide to Your Rights are posted at <https://ombuddy.org/publications/>. A Guide for LTC Residents COVID-19 Pandemic <https://ombuddy.org/wp-content/uploads/2020/08/Covid19-guide-for-residents-SLTCOP-August-2020.pdf>

All services and programs are free of charge to residents and their families.

Each state is required by the Older Americans Act to have a Long-Term Care Ombudsman Program. In Kentucky the State LTC Ombudsman, Sherry Culp and two Regional LTCO, Jodi Holsclaw and Mark Burress, operate the Office of the State LTC Ombudsman. The Office is housed at the non-profit agency, the Nursing Home Ombudsman Agency (NHOA). The mission of the Nursing Home Ombudsman Agency is to improve the quality of care for residents living in long-term care facilities. The Office of State LTC Ombudsman can be reached at nhoa@ombuddy.org or 859-277-9215.

Kentucky is divided into 15 District or local programs. Local LTC Ombudsmen Programs serve residents of licensed LTC facilities and their families/friends within an Area Development District of Kentucky. A directory of all State and District Ombudsman staff is available on NHOA's website www.ombuddy.org under the "Find An Ombudsman" section. Each District LTCO Program consists of a full time certified district ombudsman and in some districts there are additional full-time or part-time paid ombudsmen and ombudsmen volunteers who visit facilities and work to resolve complaints. Some local ombudsmen program also have non-certified volunteers who focus on friendly visiting only and do not investigate complaints.

To find LTCO in other states visit the National Ombudsman Resource Center's webpage at <https://ltcombudsman.org/>.

KY has over 35,000 LTC residents living in over 500 licensed LTC facilities (nursing, personal care and family care homes). Approximately 70% of residents are female. The average age is around 80 years old, but a growing number of residents are relatively young (approx. 15%). The majority of residents are impoverished and are utilizing Medicaid. Approximately 50% of residents have some type of memory disorder. The majority of LTC facilities are for profit.

Prior to the COVID-19 global pandemic the KY LTC Ombudsman certified the program's annual service statistics which concluded:

LTC Ombudsmen:

- Made over 12,000 site visits to long-term care facilities to monitor care and advocate for residents.
- Identified, investigated, and worked to resolve 4,757 complaints.
- Investigated 69 complaints of abuse and neglect
- Investigated and worked to resolve complaints of poor care, injuries, falls, failure to respond to call bells, failure to follow doctor orders, pressure ulcers, and failure to notice a change in resident's condition. 32% of complaints in care category assisted with 73 Family Councils and 877 Resident Councils.

Helped over 19,179 individuals and families with nursing facility placement, care planning, and questions about rights, abuse, Medicare and Medicaid.

Title VII of the Older Americans Act includes the Ombudsman program and Programs for Prevention of Elder Abuse, Neglect, and Exploitation. These sections are together under Elder Rights to emphasize multi-disciplinary and collaborative approaches to promoting the health safety, welfare, and rights of long-term care residents and supports the Ombudsman's coordination of programs to address elder abuse, neglect and exploitation with other state and local program and services for the protection of vulnerable adults. The LTCO coordinates Multi-Agency Regional groups to: help agencies understand each other's roles and services; identify gaps and barriers in the coordination efforts of government agencies at the local level; increase coordinated efforts of multi-disciplinary investigations for cases of suspected elder abuse/neglect; and identify issues and suggest policy and communication improvements. The groups are geographically organized according to the four Office of Inspector General (OIG) Enforcement Branches. Meetings are held quarterly. During the COVID-19 Pandemic we groups met virtually. Key participating agencies include: Office of Inspector General, Adult Protective Services, Guardianship, Office of Attorney General, Area Agencies on Aging and Independent Living, Protection and Advocacy and local LTCO. These agencies play a role in the identification, investigation, resource coordination and prosecution of abuse/neglect of long-term care residents. Ombudsmen regularly participate in Local Elder Abuse Coordinating Councils, the Elder Justice Task Force, KY Personal Care Home Settlement Agreement Transition Regional Transition Teams, KY Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS), and LTC Emergency Preparedness Committees. LTCO regularly make reports to APS and are available for case consultation and coordination of investigations.

HELLO!



MEET THE TEAM

The Northeastern Service Region serves the counties of Bath, Boyd, Bracken, Carter, Elliott, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Montgomery, Morgan, Robertson and Rowan.

Jennifer Schworm is the Service Region Administrator Associate. The Family Services Office Supervisor for this team is Brittany

Barker. The team's chief is Jonathan Cornett. Tara Cornett provides support to the team as the APS Specialist. Other team members include Rebecca Shivel, Eric Flannery, Chris Elliott, and Melinda Wheeler. The team anticipates welcoming two new workers in the near future.



Self-Determination and Adult Protective Services

The National Adult Protective Services Association states their guiding value as "every action taken by Adult Protective Services (APS) must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination."

The principle of self-determination is that an adult is presumed to have capacity to make their own decisions and can therefore refuse services. This principle is also applied to individuals that may have physical or mental impairments, or may be endangering themselves. The only exception to this principle would be if there has been court intervention stating that they do not have capacity to make independent decisions.

One of the first things that APS will do during an initial visit is start assessing the adult's decisional capacity. The worker receives training on assessing the adult's decisional capacity using different tools (mental status examinations, functional assessments, etc.). These tools will not provide a diagnosis, but will help guide decision making for the worker and their supervisor.

If an APS worker believes that the adult has no deficit in their decisional capacity, they will attempt to work with the adult to alleviate any concerns. If the adult chooses to refuse any services, the worker will decide on the next steps.

The easiest next step is to honor the adult's wishes and close out the case. If the adult gives a hard no to services, this may be the only option. If the adult provides an opening to convince them of the need for services with a polite no, the APS worker can always follow up later. By following up with another home-visit, the worker is provided with an opportunity to revisit the adult and do another assessment of decisional capacity if collaterals still believe there is a problem. It also allows the worker some time to come up with other ways to present services so that the adult may accept this time.

Sometimes the adult remains steadfast on their refusal. Even though all involved professionals know that this is a bad idea, APS will have to honor the adult's right to self-determination. In these situations, any individual that works/visits the adult will have to follow up with additional referrals when warranted.

If during the assessment it is determined that the adult has deficits in decisional capacity, there are several court actions that may be pursued.

Next month...APS and Court Interventions—Options!



Name that Tune! -
Integrating into Senior
Fraud Education

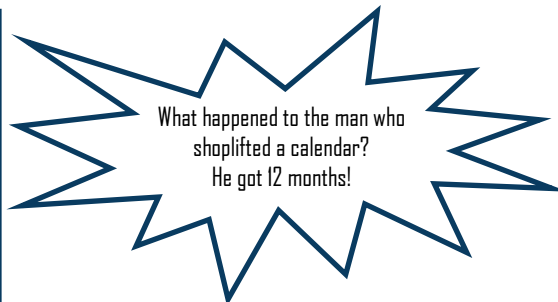
[Click Here](#)

Stalking Prevention, Awareness
Resource Center (Click Logo)

SPARC

APS Fact Sheet:
Adult Protective Services,
What You Must Know

[Click Here](#)



1/26/21 9:00-11:00 am (EST)
Assessing & Addressing The Hidden Crime
of Stalking

[Register Here](#)

1/28/21 2:00pm (EST)
National Scam Advice Call
888-372-2283 access code—28638

2/5/21 10:00am (EST)
"Vaccination Anxiety—Understanding How
Pandemic Fear Affects the Healthcare
Decision-Making Process"

[Register Here](#)

HAPPY NEW YEAR!

2021