

2014 HCBS Conference
“Innovative Ombudsman
Programs: Shared perspectives
from New Jersey and Delaware on
meeting the needs of today’s senior
population”

September 18, 2014



O.O.O.A.E.

NJ Office of the Ombudsman for the Institutionalized Elderly

1-877-582-6995

Guidance. Support. Advocacy.

Chris Christie, Governor



Kim Guadagno, Lt. Governor

James W. McCracken, Ombudsman

www.state.nj.us/ooie

New Jersey's Office of the Ombudsman

“New Jersey Ombudsman Perspectives on
National Initiatives”

James W. McCracken, M.H.A.

Ombudsman

New Jersey Ombudsman for the Institutionalized Elderly

Mission

The New Jersey Office of the Ombudsman for the Institutionalized Elderly is part of a national **resident-focused advocacy program** that seeks to protect the health, safety, welfare, and civil and human rights of individuals over 60 in institutions. Staff and volunteers work with individual residents to help them address challenges they face; in addition, OOIE seeks opportunities to bring about systems change on local, state, and federal levels.

Roles & Responsibilities of Ombudsman

Federal Law, Older Americans Act

- Investigate and resolve complaints made by or on behalf of residents of LTCF
- Provide services to help residents protect their health, safety, welfare, and rights and to inform residents of how to obtain such services
- Represent residents' interests before government agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
- Conduct legislative and policy advocacy on federal, state, and local levels

Roles & Responsibilities of Ombudsman

State Law

- Receive and investigate reports of abuse and exploitation of institutionalized elderly from “mandated reporters”
- Receive reports from residents and any other concerned people regarding the health, safety, welfare, and civil and human rights of residents
- Refer cases to appropriate regulatory and law enforcement agencies where OOIE findings require referral
- Review certain decisions regarding withholding or withdrawing life-sustaining medical treatment

CHALLENGES



1. FUNDING / STAFFING



-Sequestration Cuts

-Mandatory Reporting status requires staffing for *reactive* investigations (not *proactive* advocacy)



VOLUNTEER ADVOCATE PROGRAM

- Volunteer Advocate's role is **proactive** rather than reactive
- Volunteers are the eyes and ears of the OOIE and are a constant presence in NJ's long-term care to ensure residents' dignity and civil rights are respected and protected
- Collaboration between OOIE investigative team and Volunteer Advocates – utilize a team-oriented approach to direct advocacy
- Educate Volunteer Advocates on industry trends and state initiatives – *MFP/POLST/S-COPE/MLTSS* – so they can better serve the communities they serve

2. REBALANCING LONG-TERM CARE



A CHANGING LONG-TERM CARE SYSTEM

- Many LTC residents want to return to the community
- Lack of awareness of community-based services
- Resistance/barriers to moving people home
- MLTSS changing the landscape of LTC



I CHOOSE HOME NJ (Ombudsman's Participation)

- OOIE is the marketing/education arm of the I Choose Home NJ Program
 - “A Nursing Home May Not Be Your Only Option”
- Advocate for residents who want to explore other options
 - Work with social worker, housing specialists, therapists, family, transition coordinators, etc., to make it happen
- Expand our reach into the community
 - Bridge the gap between NFs and community care
 - Build partnerships with agencies/orgs to enhance community-based options

3. ADVANCE CARE PLANNING AND POLST



LACK OF ADVANCE CARE PLANNING IN LTC

- Denial (society and individuals)
- Time
- Fragmented health care system
- Lack of awareness /education



- Teaching facility/health care staff to have end-of-life conversations with residents
- Establishing community coalitions where all systems meet to discuss, educate, and implement ACP ideas
- POLST – on the frontlines to educate staff
- Regional Ethics Committees – standing volunteer committees throughout the state to respond in real time to ethical crises

4. PUBLIC EDUCATION

- ✓ Senior Bullying
- ✓ Elder Abuse
- ✓ Advance Care Planning
- ✓ I Choose Home NJ
- ✓ OOIE Volunteer Advocate Program



SOLUTIONS



OOIE has gone beyond educating only people in skilled nursing facilities.

Some Surprising Statistics

- A 2011 study estimates that **elder abuse and exploitation costs the US \$2.9 BILLION DOLLARS** per year.
- Elderly people who are **abused/exploited/neglected** face a **higher risk of premature death** than people who are not abused/exploited/neglected.
- **By 2030, nearly 20% of the population will be over the age of 65.**
- **In NJ, the 60+ share will be 22.7% by 2020 and almost 26% by 2030.**



Office of the Ombudsman for the Institutionalized Elderly

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OMBUDSMAN INNOVATIVE PRACTICES

LONG-TERM CARE OMBUDSMAN PROGRAM -- DELAWARE

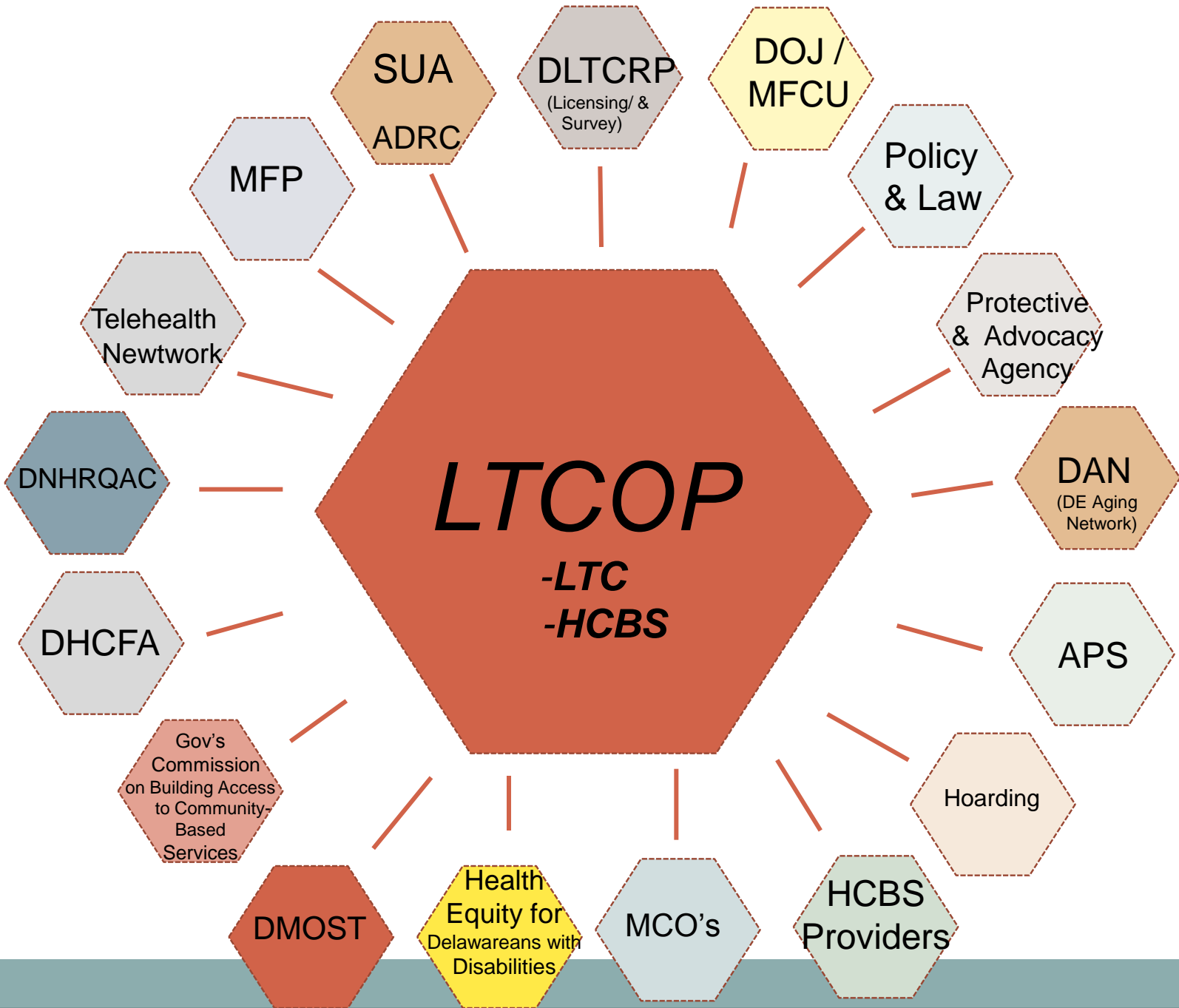


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HCBS CONFERENCE SEPTEMBER 2014



Expansion to Home & Community Advocacy



- Post Olmstead decision –HR 90 & Exec Order # 50 Governor’s Commission in 2003 to assess and recommend community-based alternatives.
- 2008 -- Epilogue Language in the Budget. Position was created.
- July 2010 -- Position was funded in the State Budget SB 310 in SFY 2011.
- 100% of time exclusively to home care advocacy.
- Source of Authority: DE Title 16, §1150.

LTC Ombudsman and HCBS Ombudsman



Authority Section 712 (42 USCA 3058g) & DE Title 16, §1150 - LTCO

Advisor:	<i>Provides information and counseling concerning the operation and regulation of the community-based healthcare/living conditions.</i>
Advocate:	<i>Represents a complainant to encourage a resolution of the complaint.</i>
Catalyst:	<i>Mobilizes the public/private organizations to act to resolve the issue</i>
Mediator:	<i>Facilitates reconciliation with all involved parties.</i>

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Current Transition Initiatives in Delaware

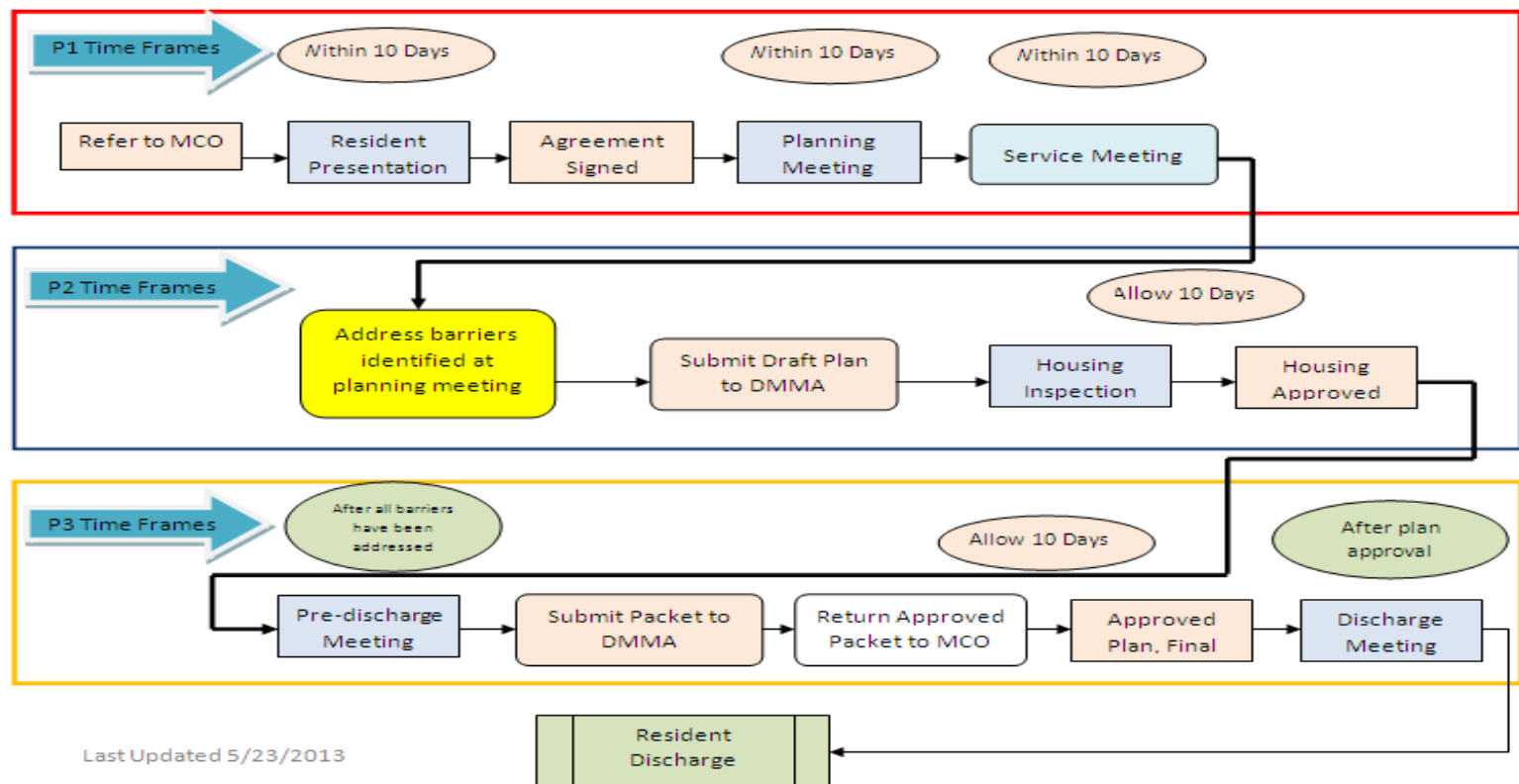


- Care Transition Team (State Unit on Aging).
- Centers for Independent Living
 - (1)Independent Resources, Inc. (transition/peer mentoring/transition workshops).
 - (2)Freedom Center for Independent Living – (transition/peer mentoring/transition workshops).
- Money Follows The Person (MFP).
- Rebalancing Long-Term Care.
- DOJ vs. Delaware (state should provide services in the most integrated settings).

Money Follows The Person Transition



MFP Nursing Home Discharge Workflow Chart



Transition Challenges



- Housing - affordable and within limited resources.
- Lack of community support and/or services.
- Opposition from guardian or surrogate decision maker.
- Family conflicts.
- Taxes and penalties.
- Outstanding utility bills.
- Scope of available community or support services.

Housing Wage



- In Delaware, a full time minimum wage worker earns an hourly wage of \$7.75*, and able to afford a monthly rent of \$377.00. (*SB 6 – Effective 6/1/14).

Housing Wage:

County	2-Bedroom Housing Wage	Minimum Wage	Difference
Kent	\$19.94	\$7.25	(\$11.79)
New Castle	\$21.52	\$7.25	(\$14.27)
Sussex	\$18.83	\$7.25	(\$11.58)

County	Efficiency Housing Wage	Minimum Wage	Difference
Kent	\$12.56	\$7.25	(\$5.31)
New Castle	\$15.15	\$7.25	(\$7.90)
Sussex	\$13.62	\$7.25	(\$6.37)

Initiatives To Improve Housing



- SRAP (State Rental Assistance Program) 30% of income, modeled after Section 8 voucher system, state funded).
- 811 Project Based Rental Assistance.
- Housing case managers / Housing Counselors.
- Real-Time Housing Locator.
- Neighborhood Stabilization Act (buy/refurbish).
- Community living arrangement (up to 4 people share a house).
- Sponsored-Based Community Living (demo).

Direct Support Professionals

- Workforce Development Committee (Governor's Commission) continues to advocate for:
 - ◆ Career lattice
 - ◆ Improved wages
 - ◆ Benefits
- Direct Support Professional Certificate Program at Delaware Technical & Community College.
www.dtcc.edu/admissions

Delaware Technical &
Community College

Direct Support
Professional Certificate



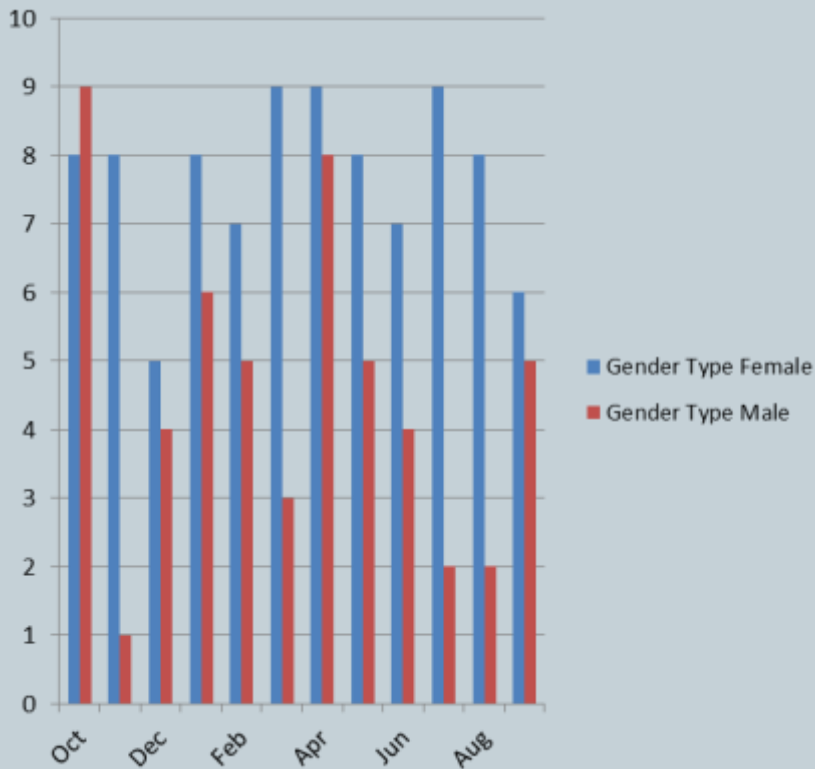
Home and Community-Based Services Complaint Data - 2013



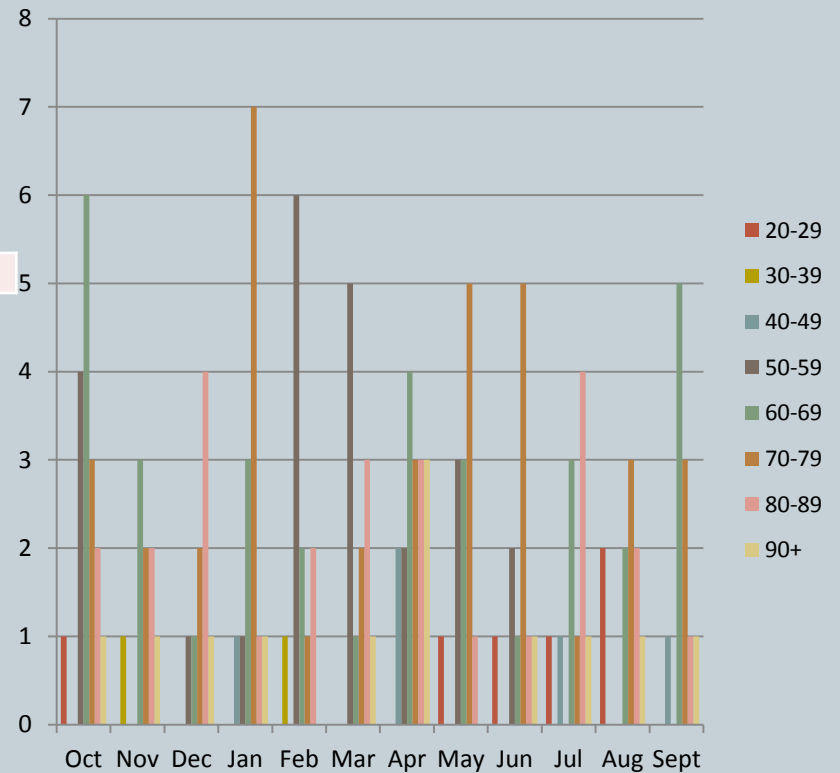
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Info & Referral	9	4	7	7	5	5	10	6	6	6	6	0
Exploitation	2	1	0	0	0	0	2	0	0	1	0	0
Care / Care Plan	1	2	0	0	0	0	2	2	0	0	0	0
Housing	0	1	0	0	0	0	0	1	1	0	0	0
Respite	1	0	0	1	0	1	0	0	0	0	0	0
Mediation	0	0	0	2	0	1	1	2	1	0	1	1
Care Giver Issue	0	0	0	0	0	0	0	0	0	0	0	0
Waiver Service	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	1	0	0	0
Guardianship	0	0	0	0	0	0	0	0	0	0	0	0
Billing	1	0	1	0	0	0	0	0	0	0	0	0
Others/MFP	3	1	1	4	5	5	2	2	2	4	3	10
	Family			MFP 4	MFP 5	MFP 3	MFP 2	MFP 2	MFP 2	MFP 2	Legal 1	Other 3
	Conf									Legal 2	MFP 2	MFP 7

Home & Community Based Services

Gender Distribution (2013)



Age Distribution (2013)



Innovative Practices include:



- QIO AND QUALITY IMPROVEMENT INITIATIVES
- CARE TRANSITION AND CONSORTIUM
- DIAMOND STATE HEALTH PLAN (PLUS)AND MANAGED CARE ORGANIZATIONS(MCO)
- ELDER ABUSE PREVENTION
- ANNUAL RESIDENTS' RIGHTS CELEBRATION

Quality Insights of Delaware and LTC facilities



- Quality Improvement Initiatives:
 - ◆ Support the Quality Insights of Delaware and long-term care facilities in the promotion of quality of care initiatives such as:
 - >Advancing Excellence Campaign
 - >Reduction in the use of Antipsychotic Medications.
 - >Dementia Training
 - >QAPI concept.

Care Transition Team – meets weekly



- Care Transition Team --- membership includes State Unit on Aging / ADRC / Acute Care / HCBSO
- Nursing Home Diversion.
- Offers discharge planning support to acute-care and behavioral health hospitals.
- Offers discharge planning support to those already in the community / in acute care / desires to return to the community instead of skilled nursing care.
- Options Counseling.
- Enrolment in LTC community-based services.

Transitional Care Consortium – meets Qtrly



- Transition Care Consortium (cross sectional representation of acute and long-term care professionals – 4 Workgroups:
 - Medication Reconciliation (reduce errors).
 - Late Discharge (reviewed why discharges are held up and why they are concentrated in late afternoon / early evening hours).
 - Patient information (improve communication between care facilities as patients transition.
 - Develop a standardized report of SNF readmissions.

Diamond State Health Plan Plus (DSHP) and Managed Care Organizations (MCOs)



- Collaboration with the oversight agency –Division of Medicaid and Medical Assistance (DMMA), Managed Care Organizations (MCOs), and other state investigative agencies.
- Protocol for Participant Safeguards.
- Quality Initiative Improvement Task Force (QIIT) quarterly meetings.
- Analyzes and trends critical incident data. Shares information with the QIIT and providers.

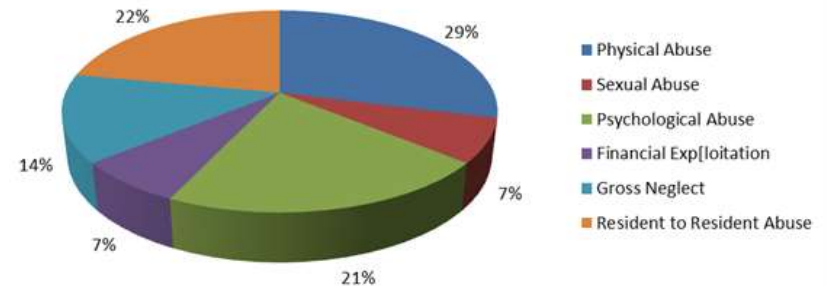
Prevent Elder Abuse

Prevent Elder Abuse

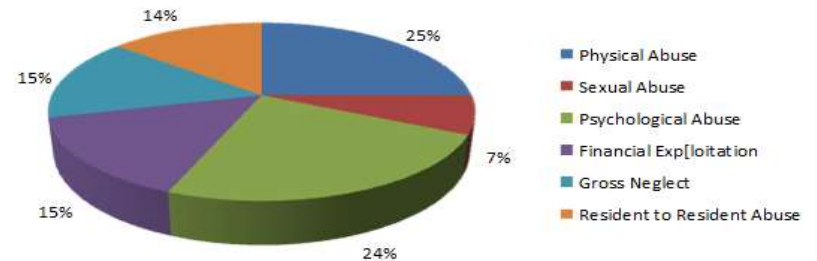
- ◆ Joint statewide training with Medicaid Fraud Control Unit (MFCU) long-term care facilities.
- ◆ On-going revision of regulations related to financial exploitation. HB417 June 2014
- ◆ Collaboration with the Protection & Advocacy Agency
- ◆ Partners with Statewide Legal Assistance Program.

Prevent Elder Abuse

Types of Abuse in Nursing Homes
(2010 NORS Data - National)



Types of Abuse in Assisted Living and Board & Care Homes
(2010 NORS Data - National)



Annual Residents' Rights Celebration in October

- Annual Residents Rights Rally (October 2013)



Upcoming and On-going Initiatives



- Consumer Voice's Better Staffing Campaign to 4.1 ppd
- HR 5373 - RN 24/7 in LTC facilities.
- Re-authorize Older Americans Act.
- Support funding for Elder Justice.

Thank You



- Victor Orija
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