Upon completion of this presentation, the learner will be able to:

- explain the Florida Long-Term Care Ombudsman Program and how it implements its advocacy objectives;
- identify the perspective of Ombudsmen volunteers on successful aging;
- combine efforts with the Ombudsman to work on the same team for residents.

Seminar Description:

This presentation gives an introduction to the Florida Long-Term Care Ombudsman Program, discusses promoting successful aging and shows how working together, we can improve the quality of care and life for long term care residents.

Presenter Bio(s):

Leigh A. Davis has over 30 years of experience in health care, geriatrics and long term care residential facilities. She has held leadership positions in both for-profit nursing homes, skilled nursing units, assisted living facilities and a not-for-profit hospital. Pursuing her passion, she is committed to enriching the lives of elderly residents and to their families and caregivers. Her dedication to improving the quality of life for long term care residents has afforded her the opportunity to work with the long-term care ombudsman and various other volunteer groups. Ms. Davis held a nursing home administrator’s license for 25 years in Missouri. Since moving to Florida, she has held administrative positions with the health services system provided through the Department of Corrections and most recently, with the Agency for Health Care Administration.
The Florida's Long-Term Care Ombudsman Program (LTCOP) achieved new milestones in success during the past year. Here are some of the highlights and accomplishments that the Ombudsman Program's dedicated staff and volunteers achieved:

- 366 Number of Volunteers
- 7,101 Facility Assessments and Visitations Statewide
- 88,000 Estimated Unpaid Hours Worked
- 313,688 Miles Traveled (by Staff and Volunteers)
- $1,948,320 Estimated Average of Savings
Top 5 Complaints in Assisted Living Facilities

1. Menu
   - assistance in eating, fluid availability/hydration,
   - food service – quantity, quality, variation, choice, condiments, timely delivery
   - snacks available
   - temperature

2. Medications – administration, organization
   - medications not given on time or not at all
   - documented incorrectly
   - medications not secured
   - expired, not filled in a timely manner

3. Dignity, respect – staff attitudes
   - Resident treated with rudeness, indifference or insensitivity
   - Includes failure to knock before entering room
   - Facility post signs relating to resident's care and similar problems

4. Cleanliness, pest, general housekeeping
   - Inspects and vermin – alive or dead
   - Bites on resident

5. Equipment/Buildings
   - Disrepair, fire and safety hazards, poor lighting, premises not secure

Origin of Complaints

- Relative, 22%
- Resident, 32%
- Other, 12%
- Ombudsman Assessment, 16%
- Unknown, 18%
**Complaint Resolution**

Although complaint investigations may result in any one of these codes, the ombudsman strives to advocate for the resident to resolve each complaint to the resident’s satisfaction by working with facility staff members, family members, or other agencies on the resident’s behalf. Some complaints require legislative change for a satisfactory resolution for the resident; others require referral to another agency.

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**Quarterly Ombudsman Program Data**

<table>
<thead>
<tr>
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<th>Oct-Dec</th>
<th>Jan-Mar</th>
<th>April-Jun</th>
<th>July-Sept</th>
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<tr>
<td>Number of Beds</td>
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</table>

The program is making an effort to follow guidance from the federal Administration on Aging to make a visit to each long-term care facility every quarter. For our program, that would mean we would need to visit over 4,000 facilities every three months (nursing homes, ALFs, and Adult Family - Care Homes). It is an aspirational goal, you can see we are close to visiting 25% of the facilities every quarter.
Administrative Assessment

1. An onsite administrative assessment must be conducted on long-term care facilities annually. We count this as one of our quarterly visits. The annual period for conducting an assessment is the federal reporting year, which is October through September 30.

2. By October 1 of each year, the district ombudsman manager (DOM), or designee, must identify all facilities within the District’s jurisdiction and develop a plan to conduct assessments by September 30 of the following year.

3. The assessment must focus on factors affecting residents’ rights, health, safety, and welfare as seen from the residents’ perspectives.

Legislative Update

• The ALF Reform Bills, SB248 and HB573 look like they are headed for passage. The other ALF bills, Self-Administration of Medications and Administrator Certification are not seeing much movement; but, session does not end until May 2, 2014. Finally, our own LTCOP modernization bill has passed unanimously through all committees of reference in the House and it looks like it might finally get on the agenda of its first senate committee.
Legislative Update

- The LTCOP bills, HB91 and SB508, generally conform the Florida statues to the Older Americans Act, require Level 2 background screening for volunteers, and revise the operating structure of the program to recognize the ultimate authority of the State Ombudsman as opposed to volunteers the local level. This bill finalizes this shift that started in 2002.

Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) program

- The LTCOP is participating in SMMC LTC as part of the Independent Consumer Support Program (ICSP). CMS required the state to have an independent consumer advocate in order for the state to receive approval for SMMC-LTC.
- The 3 participants in ICSP are the Ombudsman Program, the Aging & Disability Resource Centers (formerly AAA's), and the DOE A Bureau of Long-Term Care & Support.
- The ADRC provides information and referral.
- The Bureau provides information and assistance to enrollees; data collection, analysis, and reporting to CMS; and provides periodic monitoring of Managed Care Plans.
- The LTCOP provides advocacy services, data collection, and information.
LTCOP ICSP Complaint Process:

- When a complaint comes in, the program checks a database to determine if the resident is a Medicaid enrollee.
- The program goes through the same procedure to get consent from the resident and investigate the complaint.
- If the investigation reveals the issue is due to some action/inaction that is the responsibility of the facility, then the ombudsman will advocate as normal following Older Americans Act guidelines.
- If the issue is due to action/inaction of the managed care plane, then the ombudsman will make a referral to the plan's internal complaint or grievance process.
- If the resident is not satisfied with the plan's decision, the ombudsman will make a referral to the Bureau, to AHCA, or will contact the plan to try to reach a resolution satisfactory to the resident.
- Quarterly aggregate data will be sent on SMMC LTC complaints to the Bureau for dissemination to CMS.

Champion of Service Award

Governor Rick Scott presented a Volunteer Florida Champion of Service Award to Linda Putnam. The Governor said, “It is an honor to present the Champion of Service Award to these hardworking, deserving volunteers. Their commitment to helping others is commendable and I thank them for their continued service.”
We are seeking conscientious individuals who want to make a difference. All it takes is a caring spirit, a willingness to learn and a little time and energy.

This program is a perfect opportunity for retired and unemployed citizens, as well as for college students and everyday folks who want to make a difference.