NEW YORK STATE OF OPPORTUNITY. | Office of the State Long Term Care Ombudsman

2024 LTCOP Assessment Tool

A. *PROGRAM ADMINISTRATION*

Coordinator/Agency information

1. For each identified agency staff member paid with LTCOP funds please list by name, title, time devoted to program (FTE), and program role/responsibility.

Staff Member Name	Title	Time devoted to LTCOP per week (FTE)	Program role/responsibility

2. How many of the staff members identified above are certified ombudsman?

3. Per the current LTCOP contract the "local sponsor agrees to provide adequate administrative support for the local Ombudsman Program, including suitable and confidential space for the program staff, locked file cabinets, supplies, equipment and general support services, and staff support". Is your regional host agency providing this administrative support, including a confidential space and privacy in communications regarding LTCOP related matters?

4. Has your regional LTCOP had any vacant paid positions in the last year? If so, which ones? How long did it take to replace these positions? What impact, if any, did these vacancies have on the overall budget and programmatic spending?

5. When/If positions were available, and candidates hired, were the resumes of these potential candidates provided to State LTCOP for review **PRIOR** to the position being offered? Were all job postings provided to SLTCOP for review **PRIOR** to being posted?

Budget

1. Who creates the LTCOP budgets?

2. Have you seen the LTCOP budgets?

3. Are you involved with the development of the LTCOP budgets? What specific sections of the budget where you involved in the development of? Explain.

4. Does your LTCOP program receive additional funds from outside sources? If yes, where do the funds come from? What is the amount of the funds? Are you aware of how these funds are utilized for the program?

5. Per the contract does your host agency voucher for LTCOP funds quarterly?

6. As coordinator are you aware of when, and for what, your agency is vouchering for?

ASO Comments:

AEP Advocacy Enhancement Program Funds

The following section is related to the work plan goal for the AEP (Advocacy Enhancement Program) funds that were distributed to your regional program. The goal for the funds is the following:

Goal #1: To increase the capacity of the regional LTCOP program to ensure all residents have regular, in-person, access to Ombudsman program advocacy services by hiring additional paid staff ombudsman and retaining current staff.

Objectives:

• Utilizing funds from individual contract awards, or in combination with other available contract awards, create and hire new positions, and/or increase hours for current staff within the Ombudsman Program to meet the facility coverage needs and program activities required through state and federal regulations.

• Consider increasing salaries for current paid staff Ombudsman for the purpose of retaining those staff.
• Once new positions have been created to meet program needs, and in an effort to retain paid staff, consider annual salary increases for all paid program positions utilizing the funds available from all contract awards.
• Purchase any equipment and supplies needed to support the newly created positions, or current LTCOP staff.

1. How did your region utilize AEP (Advocacy Enhancement Program) funding to accomplish the objectives outlined above?

ASO Comments:

Program Access and Intake

1. How has your region ensured that every LTC facility continues to post a copy of the Ombudsman poster with the most updated and accurate contact number for the program?

2. What is the average number of calls received by the program each week? What is the process or method for tracking these calls?

3. Has the number of calls the program receives changed this year? If you have had either an increase or decrease in calls, explain why and what your program has done to address this to assure continued resident access to the program.

4. What is the average amount of time it takes for LTCOP to respond when contacted?
   a. By phone (hours)?
   b. By e-mail?

5. How many individuals with Limited English Proficiency (LEP) have contacted the program in the last year? Describe how your program responded to these individuals. How many times has your program utilized your language service in the past year?

ASO Comments:

Information and Assistance/Resource Availability

1. What programs does your region generally provide resources and information about?

2. What is the process for providing these resources and information?

Direct Referrals

1. How many complaints did your regional LTCOP program **make** directly to the:
   a. New York State Department of Health? What was the nature of these complaints?
   b. New York State Attorney General's Office? What was the nature of these complaints?
   c. Law Enforcement? What was the nature of these complaints?

2. If referrals were made to any of the above agencies, was the State Office notified prior?

3. Has your regional LTCOP program **received** any referrals, complaints, or been contacted directly by the:
   a. New York State Department of Health? What was the nature of this contact?
   b. New York State Attorney General's Office? What was the nature of this contact?
   c. Law Enforcement? What was the nature of this contact?
   d. Office of the Medicaid Inspector General? What was the nature of this contact?
   e. US Attorney's Office? What was the nature of this contact?
   f. Hospital Staff? What was the nature of this contact?

4. When referrals, complaints, or contacts were received by any of the above, was the State Office notified?

ASO Comments:

Facility Information and Coverage

The Administration on Community Living (ACL) defines facility coverage as the number of facilities (unduplicated count) covered on a regular basis not in response to a complaint, by paid/volunteer ombudsmen. Regular basis means no less frequently than quarterly.

1. Describe your regions facility coverage plan which, per the current work plan, works to "maximize the use of paid staff and volunteers to provide facility coverage for every long-term care facility in your region".

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2. How many nursing homes are in your catchment area? How many of these nursing homes had routine visits in all four quarters of the program year?

3. What is the total number of nursing home **BEDS** in your catchment area?

4. What is the total number of adult care facilities (AHs, ALPs, ALRs, EALRs, SNALRs) in your catchment area? How many of these adult care facilities had routine visits in all four quarters of the program year?

5. What is the total number of Family Type Homes in your catchment area? How many had routine visits in all four quarters for the program year?

6. What is the total number of board & care **BEDS** (inclusive of AHs, ALPs, ALRs, EALRs, SNALRs, **and** family type homes) in your catchment area?

7. How many (all types) facilities received **no visits** this program year?

8. How many facilities have closed during the last program year (10/1/2023 to 9/30/24)? If closures occurred, what involvement did your regional LTCOP have in the closures?

ASO Comments:

Partnership/Outreach

1. What is your relationship with the regional DOH? Who are your contacts for NH's and ACF's at the regional level? Has this relationship changed in the last year? Describe.

2. Are you notified of facility surveys at both the SNF and ACF levels of care? Do you receive the statement of deficiencies from DOH for both levels of care? Has this changed at all this year? Describe.

3. What is your relationship with the local DSS offices regarding Family Type Homes? Describe.

4. Do you have an established relationship with legal services? Is it "in house" or an external agency?

5. What is your relationship with the Area Agency on Aging (AAA) in your region? Describe.

6. SLTCOP has a contract with the Center for Elder Law and Justice (CELJ) for providing advanced Adult Care Facilities (ACF) advocacy services? Have you utilized these services this program year? If so, for what? Was SLTCOP notified when this outreach occurred?

<u>ASO Comments</u>:

Communication, Technical Assistance, and Inquiry

Communication, technical assistance, and inquiry consists of case consultation, data instruction, including reporting and documentation, guidance regarding training, volunteer management, legal issues, program policy and procedures, and media outreach.

1. Outside of regularly scheduled calls are you in regular contact with your Assistant State Ombudsman?

2. Do you participate in State Office hosted monthly Program Calls?

3. Do you, or a member of your staff, participate in the monthly calls hosted by PeerPlace?

4. Per LTCOP policy and procedure, when contacted by the media do you notify SLTCOP?

<u>ASO Comments</u>:

Branding and Marketing

1. Prior to ordering any LTCOP marketing, outreach, or informational materials are you getting approval from your Assistant State Ombudsman?

2. Where appropriate, do your LTCOP marketing, outreach, or informational materials reference funding sources for the program?

<u>ASO Comments</u>:

Web Presence and Social Media

For this section if your agency has information about LTCOP on their website, Facebook, Instagram, or any other social media platform, the Assistant State Ombudsman will be asking program staff to bring each of these sites up for review during the assessment.

1. Does your agency's website include content about LTCOP?

2. Does your agency include LTCOP information on their social media? If yes, what type of social media is used?

3. Who monitors this media for questions or comments related to LTCOP?

4. If social media is utilized, how involved are you as the coordinator with the content and oversight?

ASO Comments:

B. <u>*VOLUNTEER MANAGEMENT*</u>

<u>Volunteer Management, Recruitment and Retention</u>

1. How many certified ombudsmen volunteers does your program currently have?

2. How many of these volunteers are active according to the following definition? *NYS LTCOP defines an active Ombudsman as one that has submitted program documentation (program activity or complaint form) in the last 90 days.*

3. Per the current LTCOP workplan, what were your volunteer recruitment strategies this year? (Provide electronic copies of any materials used for recruitment in the last program year, indicating the time frames when they were used).

4. How many potential LTCOP volunteers contacted your program in the past year? Of those, how many contacted the program thru the Statewide Portal on the LTCOP website? How many contacted the program thru regional marketing efforts? Describe your regions process for managing these inquiries.

5. What is the average timeframe for getting back to individuals who have contacted the program and are interested in potentially volunteering?

6. Once an individual contacts the program what is your vetting process? Describe.

7. How many LTCOP volunteers vetted, were trained in the past year?

8. How many LTCOP volunteers trained, were placed in the past year?

9. What barriers to recruitment has your program identified in the past year? Describe.

10. Are you using LTCOP volunteers outside of the traditional certified Ombudsman role? If so, how many, and what role are they performing for the program?

11. Per the current work plan, describe how your program routinely evaluates the performance of your ombudsmen (Provide relevant tool or documentation in electronic form).

12. How many volunteers did your program lose this year?

13. Per policy and procedure, "The State Ombudsman has the authority to suspend the duties of an Ombudsman and to decertify an Ombudsman". Has your program dismissed any volunteer ombudsmen? Were the steps outlined in the policy and procedure manual followed?

14. Per policy and procedure, "the State Ombudsman has the authority to place an Ombudsman on probation in order to monitor the functions and duties of the Ombudsman whose actions or inactions are deemed insufficient or inappropriate to the extent that they negatively affect the integrity of the Program". Has your program placed any ombudsmen on probation? If so, were the steps outlined in the policy and procedure manual followed?

15. Describe the procedure for badge retrieval when a volunteer is dismissed or leaves service. Were the steps outlined in the policy and procedure manual followed?

16. Are you supplying a standardized placement letter to facility administration when a volunteer is assigned to a facility? (Provide electronic copy of this document)

17. What is your process for placing a volunteer at an assigned facility? Describe.

18. Does your program conduct exit interviews or surveys with volunteers leaving the program? If so, please provide a copy of this tool.

19. Are volunteers asked to routinely complete a program evaluation? If so, provide an electronic copy of evaluation tool.

20. Per the current work plan, describe your programs formal volunteer evaluation tool and how frequently it is administered.

21. Describe your programs regular supervision schedule with volunteers.

22. How did you recognize your volunteers this year?

23. What was your involvement in budgeting for volunteer recruitment, management, and recognition activities? Do you know what LTCOP budgets or other funding sources are being utilized for these activities?

24. Does your program supplement or provide incentives for transportation costs for volunteers? If so, in what way?

25. Do all active Certified Ombudsman volunteers have a signed Certified Volunteer Ombudsman Agreement on file? If no, explain why not.

26. What were the tasks identified in your programs work plan regarding volunteer recruitment, retention, and management? (Goals #1 and #2) Have the identified performance measures for these goals been met? *In answering this question, please cut*

and paste the tasks and performance measures from your current work plan and note whether the performance measures have been met or not.

ASO Comments:

Conflict of Interest

Per the Federal LTCO Final Rule, implemented on July 1, 2016, the State Office must ensure that both individual and organizational conflicts of interest are identified. (OAA § 712(f)(2); 45 CFR 1324.21(b).)

1. Describe your region's process for identifying both individual and organizational conflicts of interest regarding the LTCOP?

ASO Comments:

Background Check

1. Are you performing Sex Offender Registry background checks on all volunteers associated with LTCOP in accordance with policy and procedure?

2. Per policy and procedure, do you offer potential new paid staff Ombudsman positions contingent on clearance of the Sex Offender Registry Background Check and then do you provide the necessary information to SLTCOP staff for the Sex Offender Registry Background Check to be completed?

3. What is your method or tool for tracking those individuals that have been checked? Explain.

4. Does your agency perform any **other** background checks (criminal, financial, etc.) for prospective volunteers and staff? If so, please describe the process and what exactly is checked.

ASO Comments:

Training

1. How many certification trainings have you held in the past year in your individual region? How many of these were conducted by just your region? How many of these were joint trainings (with another region, but **not** part of the regional consortium trainings)?

2. How many regional consortium certification trainings have you participated in the past year?

3. Are you notifying SLTCOP in advance of a planned individual regional Certification Training?

4. All ombudsmen, both paid and volunteer, are required to complete 18 Continuing Education hours per program year. This averages out to 1.5 Continuing Education hours per month, 4.5 hours per quarter.

    a. What was the **total** number of continuing education opportunities provided directly by your regional program during the program year? (Provide electronic copies of the agenda and sign-in sheets for each)

    b. How many additional continuing education opportunities were shared with ombudsmen? (This would include any trainings/webinars/other approved educational opportunities that you shared with your volunteers and staff for continuing education hours)

5. How many ombudsmen received less than the required 18 hours of Continuing Education? If volunteers have been identified, why has this requirement not been met? What steps have you taken to address this concern with those volunteers? If staff have been identified, why has this requirement not been met? What steps have you taken to address this concern with those staff?

6. For newly certified ombudsman, both paid and volunteer, are you entering Continuing Education for post certification documentation training hours?

7. Are you following the SLTCOP prescribed process for tracking and data entry of certification and continuing education trainings?

8. Was the required Complaint Handling continuing education held **in person** this year? How many volunteers attended? How many did not?

9. Was the required Program Activities continuing education held **in person** this year? How many volunteers attended? How many did not?

10. What were the tasks identified in your program's work plan regarding Training (Goal #3)? Have the identified performance measures for these goals been met? *In answering this question, please cut and paste the tasks and performance measures from your current work plan and note whether the performance measures have been met or not.*

ASO Comments:

C. *SYSTEMS ADVOCACY*

Please provide electronic copies of any relevant materials utilized by your program in its System Advocacy efforts.

1. Prior to engaging in any LTCOP systems advocacy efforts, are you communicating with your ASO?

2. Does your agency have a separate systems advocacy unit? If so, does it support LTCOP statewide systems advocacy efforts, recognizing the directives put forth by the State Office? Does the LTCOP unit still engage in its own individual advocacy efforts even if your agency has a separate systems advocacy unit?

3. Is LTCOP involved in the development and support of resident and family councils? If so, how?

4. Per the LTCOP workplan, describe your region's systems advocacy action plan and the progress made on that action plan to date.

5. What were the tasks identified in your program's work plan regarding Systems Advocacy (Goal #5)? Have the identified performance measures for these goals been met? *In answering this question, please cut and paste the tasks and performance measures from your current work plan and note whether the performance measures have been met.*

6. Has your program met with local legislators and policy makers? If so, what was discussed?

7. Has your program been contacted by the media regarding systems advocacy issues? If yes, please describe.

8. Has your program initiated or participated in coalitions or task forces to address long-term care issues affecting residents in your region?

9. Has your program held or participated in public forums or hearings? If so, describe.

10. Have you informed your ASO about all meetings with legislators/policy makers, media contacts/potential interviews, and participation in coalitions or task forces **prior** to their occurrence and per policy and procedure?

ASO Comments:

D. *DATA REVIEW, COLLECTION AND RETENTION*

1. Per policy and procedure, is your region asking residents/resident representatives for Permission to Act prior to beginning a complaint investigation? Do you know where to access the hard copy Permission to Act Form if needed or requested by facility administration?

2. Describe how your program protects the confidentiality of all LTCOP related documents, information, and records?

3. Per policy and procedure, are you retaining hard copy program activity forms for at least two (2) years from the month of receipt?

4. Policy and procedure states, "Case forms relating to each complaint need **not** be retained after such information is entered into the state authorized data collection and reporting system. Unless there is a valid reason, such as a litigation hold, that the Program records need to be retained for a period that exceeds the timeframes set forth, the applicable program records should be destroyed upon the expiration of the retention periods set in this Manual".

   a. Is your program destroying case forms once all case information is entered into the data system?

5. Per Federal and State nursing home regulations, are you receiving discharge and transfer notices, including those to the hospital? Per policy and procedure, are you retaining discharge notices one (1) year from the date the discharge notice is received?

   a. How many facilities are not providing them? Which facilities are not providing them?

   b. How many total notices are you receiving per week?

   c. What is your process for reviewing these notices?

   d. Describe your region's process for actively pursuing any follow-up regarding the notices received? Have you identified any trends related to these notices? If so, describe.

ASO Comments:

Quality Review

1. Per the current work plan, describe your region's plan to assure that all programmatic data is entered accurately into the data reporting system as it is received, but no later than the 15th of the current month for the prior months data.

2. Describe your programs overall quality review process for data entered in the data collection system.

   a. Describe your specific process for reviewing cases for content and clarity prior to entry into the system. How often are you completing this process? Are you contacting volunteers for clarification and follow up if needed?

   b. Describe your specific process for thoroughly reviewing program activity forms prior to entry into the data capturing system. How often are you completing this process? Are you contacting volunteers for clarification and follow up if needed?

   c. How often do you run and analyze reports outside of the routine quarterly data audits?

3. Please describe your program's quality review process for keeping volunteer information updated in the data collection system.

   a. Are you entering new volunteers into the data collection system?

   b. Per policy and procedure, are you deactivating volunteers who have not submitted paperwork for 90 days or more?

4. What were tasks identified in your program's work plan regarding Data (Goal #4)? Have the identified performance measures for these goals been met? *In answering this question, please cut and paste the tasks and performance measures from your current work plan and note whether the performance measures have been met or not.*

   ASO Comments:

Based on our assessment, the following items have been identified for your region as findings:

A) ISSUES THAT REQUIRE PROGAMMATIC MODIFICATION FROM THE REGIONAL LTCOP PROGRAM:

B) GOALS FOR PROGRAM IMPROVEMENT

Assistant State Ombudsman: _____

LTCOP COORDINATOR RESPONSE:

Name of Responder: _____

AGENCY DIRECTOR/DIRECT SUPERVISOR RESPONSE:

Name of Responder: _____