



# Oregon

Kate Brown, Governor

## Office of the Long-Term Care Ombudsman

3855 Wolverine NE, Suite 6

Salem, OR 97305-1251

503.378.6533

Toll Free 1.800.522.2602

TTY 711

FAX 503.373.0852

[www.oregon.gov/LTCO](http://www.oregon.gov/LTCO)

March 21, 2017

Memorandum

TO: The Honorable Dan Rayfield, Co-Chair  
The Honorable Elizabeth Steiner Hayward, Co-Chair  
Subcommittee on Human Services  
Joint Committee on Ways and Means

FROM: Fred Steele, Oregon Long-Term Care Ombudsman  
Agency Director, Office of the Long-Term Care Ombudsman

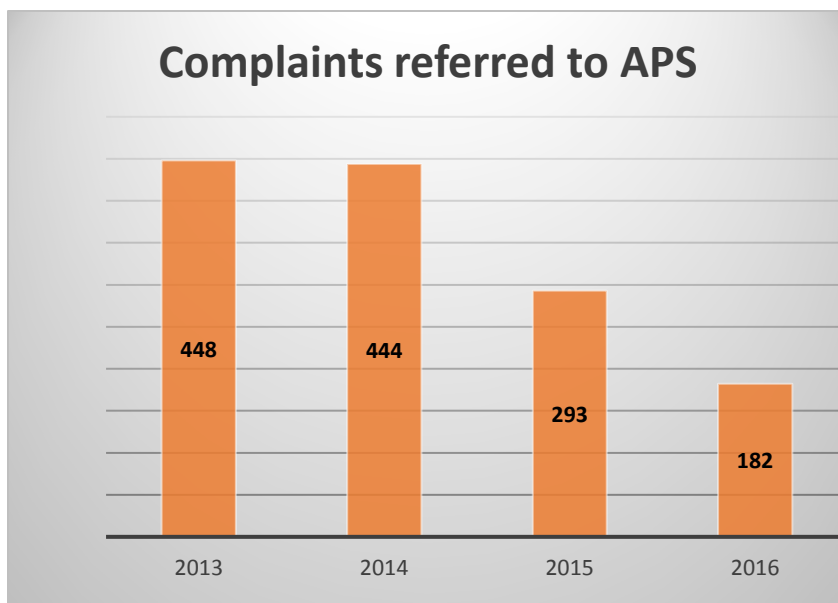
RE: The Long-Term Care Ombudsman Program

During our presentation before the committee on March 20, 2017, the committee requested information on the following topics:

- 1) Cases referred to the Department of Human Services.

We have divided this answer into two parts, those cases referred to Adult Protective Services and those referred to Licensing (previously the Office of Licensing and Regulatory Oversight, and now the Licensing Compliance Unit). Below is a trend line of cases referred to APS over the past four years.

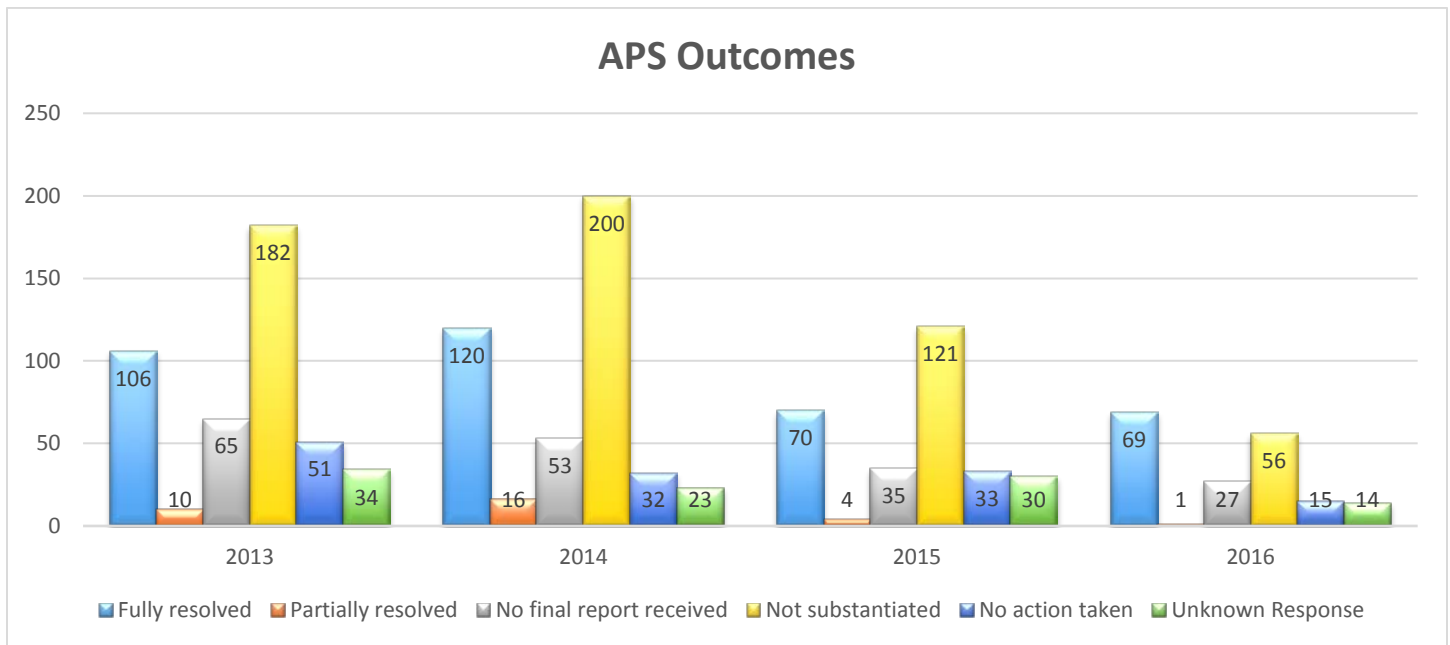
The referral trend is clearly a downward one. The most recent year of data reflects significant changes in the federal laws governing Long-Term Care Ombudsman programs. These changes specifically prohibit mandatory reporting and instead require a process of capacity determination and provision of consent before an abuse report can be filed by an Ombudsman staff or volunteer.



This represented a significant shift at the OLTCO which had previously had a policy of mandatory reporting despite not being named as a mandatory reporter in state statute. Staff and volunteers were provided training on the new statute and have focused efforts on encouraging reporting by friends, family members and other mandatory reporters when it is not possible for the report to come from the OLTCO.

The 182 referrals made to APS represent about 5% of the complaints handled by LTCO during that same period of time.

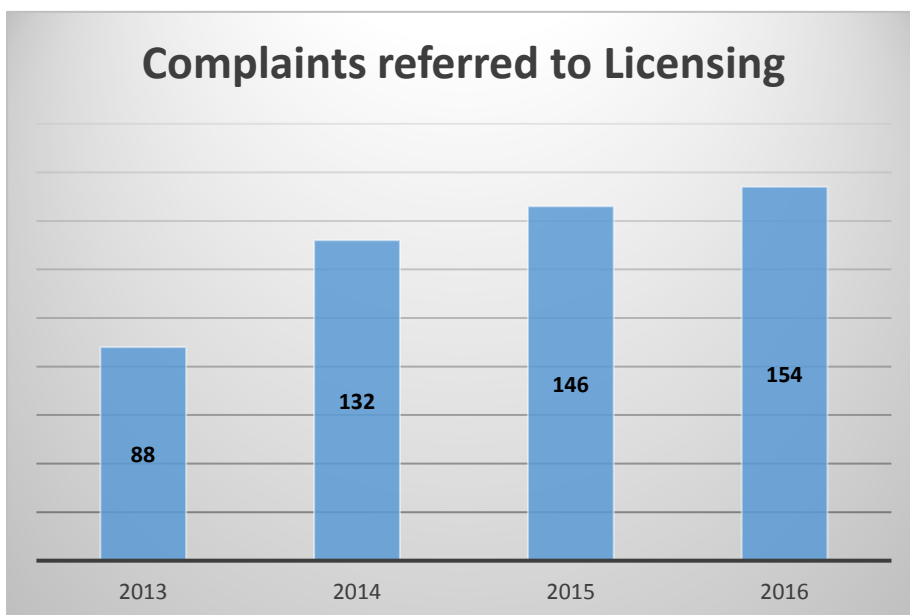
Of the referrals made to APS, the responses received are noted below.



It is of note that the predominant outcome is consistently that the complaint referred was not substantiated. During anecdotal conversations with volunteers throughout the state, this along with their complaints being screened out when they call them in is often noted as a deterrent to future reporting. This likely contributes to the downward trend in reporting between 2014 and 2015.

The length of time between reporting to receiving notice of investigation outcome can range from five months to over one year. This is in part complicated by difficulties at the OLTCO level in processing incoming reports and getting them routed to necessary staff and volunteers. An MOU entered into within the last year between OLTCO, OAAPI, and APD has provided some relief in this area.

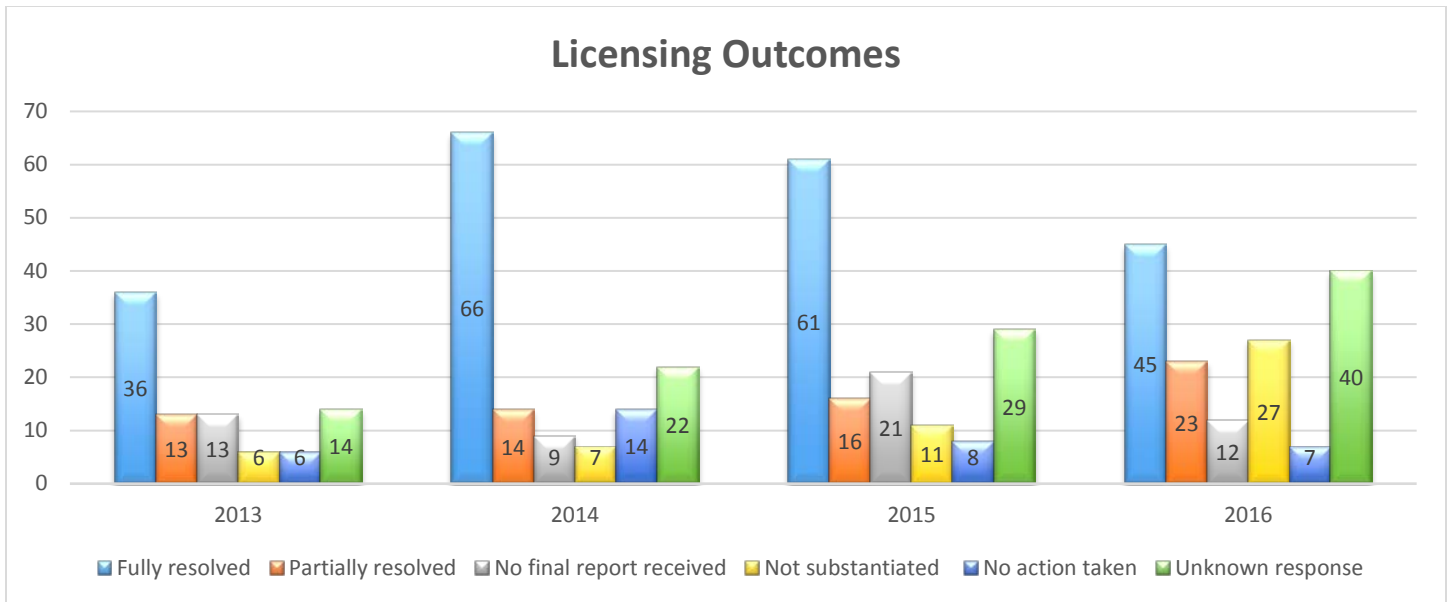
Referrals made to Licensing over the past four years are as follows:



As you can see the reports to licensing are trending upward although still number less than those to APS. This increase is likely due to the creation of the Licensing Compliance Unit which provided an actual department to which complaints could be made and encourages such reporting.

The creation of the LCU also resulted in a formal report in response to complaints with finding similar to those of APS, such as founded and unsubstantiated. This formalization of written reports has skewed the outcomes data somewhat. Delays in receiving reports has also resulted in a

high number of cases at the OLTCO being coded as “unknown response”. See the following chart:



2) What capacity does the Long-Term Care Ombudsman program have to respond to non-English speaking residents or complainants?

The following information was compiled following the hearing:

	Volunteers			Posters	Staff
	<u>Eugene/Springfield</u>	<u>Portland Metro</u>	<u>Bend Area</u>		
<u>Spanish</u>	3	4	2	Y	2
<u>Mandarin</u>				Y	
<u>Tagalog</u>				Y	
<u>Vietnamese</u>				Y	
<u>Russian</u>				Y	
<u>French</u>					2
<u>Sign</u>		1			

Resources used as needed:

Professional Interpreters, Inc. Bills Medicaid directly if consumer is Medicaid enrolled.

Passport to Language via State contract.

3) What drives reduced reporting/complaints from Memory Care Units?

The LTCO began addressing just this question about one year ago. In reviewing data, it became evident that the volunteers visiting memory care units spent far less time during those visits than those occurring in other setting such as Nursing Facilities, Assisted Living and Residential Care. Volunteers reported that they didn't know what to do when residents could not interact with them and share their concerns. The LTCO realized that volunteers needed to receive different and additional training about advocacy work in these settings. As part of the Memory Care Initiative, a select group of volunteers received a pilot training on advocacy in memory care setting. The following is an excerpt from our Memory Care Initiative that speaks to this:

## Phase 1-Direct Observation: Training of Memory Care Specialists

Before visits to Memory Care Units could begin, Certified Ombudsmen who would be conducting the visits received additional training covering the following topics:

- ❖ An overview of Memory Care Endorsed facilities
- ❖ Best practices in Memory Care
- ❖ The role of the Memory Care Administrator
- ❖ Observation techniques
- ❖ Staffing requirements per Oregon Administrative Rule and best practices, including staff training requirements
- ❖ Recognizing chemical restraints
- ❖ Food and meal-time requirements per Oregon Administrative Rules and best practices
- ❖ Activity requirements per Oregon Administrative Rules and best practices.
- ❖ Working with families, establishing family councils
- ❖ Certified Ombudsmen who completed the Initiative training were designated Memory Care Specialists (MCS).

Over 30 Memory Care Specialists agreed to visit their assigned facility at least weekly, during differing periods of time including weekends and evenings, to complete a report after each visit, and to participate in the same training program that the staff in their memory care would attend.



Thank you for the opportunity to answer your questions regarding our program. Should you need any additional information, do not hesitate to contact our office.

