Maryland
DEPARTMENT OF AGING

Larry Hogan | Governor Boyd K. Rutherford | Lt. Governor Rona E. Kramer | Secretary

August 3, 2022

The Honorable Larry Hogan
State House
100 State Circle
Annapolis, Maryland 21401

The Honorable Bill Ferguson
President
Senate of Maryland
State House, H-107
Annapolis, Maryland 21401

The Honorable Adrienne A. Jones
Speaker
Maryland House of Delegates
State House, H-101
Annapolis, Maryland 21401

RE: Report required Human Services § 10-909 HB 536/Ch. 155, 2010; FY2020 The State Long–Term Care Ombudsman Annual Report

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Please find attached the Maryland Department of Aging's The State Long–Term Care Ombudsman Annual Report for fiscal year 2020 pursuant to Human Services § 10-909 HB 536/Ch. 155, 2010.

Do not hesitate to contact Alexandra Baldi, Legislative Liaison, at alexandra.baldi@maryland.gov or (410) 767-1102 with any questions.

Very truly yours,

Rona E. Kramer
Secretary

cc: Sarah Albert, Department of Legislative Services

301 West Preston Street | Suite 1007 | Baltimore, Maryland 21201-2374
Local: 410-767-1100 | Toll Free: 1-800-243-3425 | TTY users call via Maryland Relay 711 | Fax: 410-333-7943
aging.maryland.gov

Maryland
DEPARTMENT OF AGING

Larry Hogan | Governor Boyd K. Rutherford | Lt. Governor Rona E. Kramer | Secretary

Long-Term Care Ombudsman Program
FACT SHEET FY 2020

Authority: Annotated Code of Maryland, Human Services Article, Title 10, Subtitle 9;
Older Americans Act, including the requirements of 42 U.S.C. § 3058g

Protecting the rights and promoting the well-being of residents of long-term care facilities

The Ombudsman Program serves 53,000+ people in 227 Nursing Homes and 1,687 Assisted Living Facilities through:

- The Office of the State Long-Term Care Ombudsman at the Maryland Department of Aging with a State Ombudsman and Ombudsman Specialist
- 19 Local Programs (32 FTEs) located in Area Agencies on Aging
- 101 volunteers (67 designated)

In FY20, the Long-Term Care Ombudsman Program provided:

- 3515 Total facility visits
- 7974 Consultations to individuals
- 84 Community Ed. Sessions
- 305 Meetings with resident councils
- 3856 Complaints addressed
- 6887 Consultations to facilities
- 81 Meetings with family councils
- 174 Participation in facility surveys

Sources of complaints:

- Residents – 42%
- Relative/Friend – 43%
- Other – 10%
- Facility Staff – 5%
- Representative of other agency or program – 5%

Most frequent complaints handled in Nursing Homes by Complaint type:

1. Care
2. Admission, transfer, discharge, eviction
3. Autonomy, choice, rights
4. Abuse, gross neglect, and exploitation
5. Dietary
6. Access to information
7. Financial, property
8. Environment
9. Facility policies, procedures, and practices
10. Activities, community integration & social services

Most frequent complaints handled in Assisted Living Facilities by Complaint type:

1. Care
2. Admission, transfer, discharge, eviction
3. Autonomy, choice, rights
4. Abuse, gross neglect, and exploitation
5. Facility policies, procedures, practices
6. Financial, property
7. Access to information
8. Dietary
9. System & others (non-facility)
10. Activities, community integration & social services

Program Information:

The Long-Term Care Ombudsman Program provides individual and systemic advocacy for those who live in nursing home and assisted living facilities. Federal and State laws guide the Program and give its authority.

The Ombudsman Program works throughout the state and country to protect the rights and promote the wellbeing of residents who are oftentimes medically fragile, vulnerable and isolated.

All ombudsmen must complete orientation and training and be free of any conflict of interest. Volunteer ombudsmen are mentored by an experienced ombudsman to conduct facility visits and receive additional training to resolve complaints before coming designated.

Ombudsman Programs throughout the state respond to grievances with the goal to resolve them at the lowest possible level based on the wishes/needs of the resident. Ombudsmen seek to empower residents, their family members, and resident representatives to better understand the long-term care system and address their issues using a variety of strategies. Ombudsmen may act with or on behalf of residents. Actions taken by ombudsmen are guided by the resident or resident representative.

Confidentiality is central to ombudsman work. No names or identifying information are released without permission.

Ombudsmen are proactive, working to prevent neglect/abuse and promote residents' rights. They provide staff training, educational forums, work with resident and family councils, and are involved in local, county and statewide discussions that address policies related to long term care.

State Ombudsman Goals:

1) Provide the resources needed to ensure that the Maryland Long-Term Care Ombudsman Program is operated consistently with Older American's Act provisions and operating consistently within and between the local ombudsman programs.
2) Advocate with and on behalf of Maryland residents who live in long-term care facilities.
3) Promote quality of care and quality of life for residents including those with dementia through training, consultations, highlighting successful practices, and public policies that support person-centered care.

This Fact Sheet summarizes the FY20 (October 1, 2019 – September 30, 2020) data submitted to the Administration for Community Living. For more information contact Stevanne Ellis, State Long-Term Care Ombudsman, stevanne.ellis@maryland.gov, 1-800-243-3425 (toll free in Maryland) or 410-767-1100.

State data for MD for FFY 2020

Generated on: 5/12/2022

Generated by: stevanne.ellis@portal.acl.gov

State data for MD for FFY 2020

Back to Index

Case and Complaints Summary

Total number of cases closed: **1954**

Totals Cases per Complainant by Facility Setting

Complainant	Nursing Facility	Residential Care Community	Other	Total per complainant
Resident	704	122	0	826
Resident representative, friend, family	695	137	0	832
Ombudsman program	14	25	0	39
Facility staff	75	32	0	107
Representative of other agency or program	56	44	0	100
Concerned person	16	10	0	26
Resident or family council	8	1	0	9
Unknown	9	6	0	15
Total per facility type	**1577**	**377**	**0**	**1954**

Total number of complaints: **3856**

Major Complaint Groups by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
A. Abuse, gross neglect, exploitation	206	77	0	283
B. Access to Information	174	38	0	212
C. Admission, transfer, discharge, eviction	448	110	0	558
D. Autonomy, choice, rights	382	101	0	483
E. Financial, property	170	40	0	210
F. Care	1207	143	0	1350

G. Activities and community integration and social services	83	19	0	102
H. Dietary	177	28	0	205
I. Environment	139	52	0	191
J. Facility policies, procedures and practices	119	47	0	166
K. Complaints about an outside agency (non-facility)	28	2	0	30
L. System and others (non-facility)	47	19	0	66

Complaint Verifications

Verification Status	Nursing Facility	Residential Care Community	Other	Total
Verified	2569	525	0	3094
Not Verified	611	151	0	762

Complaint Dispositions

Disposition Status	Nursing Facility	Residential Care Community	Other	Total
Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	2069	431	0	2500
Withdrawn or no action needed by the resident, resident representative or complainant	615	165	0	780
Not resolved to the satisfaction of the resident, resident representative or complainant	496	80	0	576

State data for MD for FFY 2020

Back to Index

Complaint Types by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
A. Abuse, gross neglect, exploitation	206	77	0	283
A01. Abuse: physical	87	23	0	110
A02. Abuse: sexual	9	8	0	17
A03. Abuse: psychological	35	14	0	49
A04. Financial exploitation	22	15	0	37
A05. Gross neglect	53	17	0	70
B. Access to Information	174	38	0	212
B01. Access to information and records	132	31	0	163
B02. Language and communication barrier	38	6	0	44
B03. Willful interference	4	1	0	5
C. Admission, transfer, discharge, eviction	448	110	0	558
C01. Admission	10	3	0	13
C02. Appeal process	16	1	0	17
C03. Discharge or eviction	373	100	0	473
C04. Room issues	49	6	0	55
D. Autonomy, choice, rights	382	101	0	483
D01. Choice in health care	36	4	0	40
D02. Live in less restrictive setting	36	9	0	45
D03. Dignity and respect	112	35	0	147
D04. Privacy	20	10	0	30
D05. Response to complaints	40	7	0	47
D06. Retaliation	10	4	0	14

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
D07. Visitors	29	13	0	42
D08. Resident or family council	3	0	0	3
D09. Other rights and preferences	96	19	0	115
E. Financial, property	170	40	0	210
E01. Billing and charges	64	17	0	81
E02. Personal property	106	23	0	129

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
F. Care	1207	143	0	1350
F01. Accidents and falls	68	14	0	82
F02. Response to requests for assistance	175	19	0	194
F03. Care planning	132	10	0	142
F04. Medications	187	28	0	215
F05. Personal hygiene	137	21	0	158
F06. Access to health related services	58	13	0	71
F07. Symptoms unattended	170	14	0	184
F08. Incontinence care	92	11	0	103
F09. Assistive devices or equipment	100	9	0	109
F10. Rehabilitation services	82	2	0	84
F11. Physical restraint	2	2	0	4
F12. Chemical restraint	4	0	0	4
G. Activities and community integration and social services	83	19	0	102
G01. Activities	33	13	0	46
G02. Transportation	10	5	0	15
G03. Conflict resolution	12	1	0	13
G04. Social services	28	0	0	28
H. Dietary	177	28	0	205
H01. Food services	83	18	0	101
H02. Dining and hydration	57	7	0	64
H03. Therapeutic or special diet	37	3	0	40
I. Environment	139	52	0	191
I01. Environment	39	19	0	58
I02. Building structure	3	5	0	8

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
I03. Supplies, storage and furnishings	21	4	0	25
I04. Accessibility	6	5	0	11
I05. Housekeeping, laundry and pest abatement	70	19	0	89
J. Facility policies, procedures and practices	119	47	0	166
J01. Administrative oversight	28	14	0	42
J02. Fiscal management	17	6	0	23
J03. Staffing	74	27	0	101

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
K. Complaints about an outside agency (non-facility)	28	2	0	30
K01. Regulatory system	1	1	0	2
K02. Medicaid	18	0	0	18
K03. Managed care	4	0	0	4
K04. Medicare	3	1	0	4
K05. Veterans Affairs	0	0	0	0
K06. Private Insurance	2	0	0	2
L. System and others (non-facility)	47	19	0	66
L01. Resident representative or family conflict	16	12	0	28
L02. Services from outside provider	14	6	0	20
L03. Request to transition to community setting	17	1	0	18

State data for MD for FFY 2020

Back to Index

Complaint Examples

	Nursing Facility Example	Residential Care Community Example	Optional Complaint Example
Facility type	Nursing Facility	Residential Care Community	Other

Description	A facility did not permit a resident to attend his/her care plan meeting due to COVID restrictions which included residents being confined to their rooms. This led to the resident not having access to what was discussed at his care plan meeting. Prior to the scheduled care plan meeting, the resident had been told that would either be taken to an area where the care plan meetings were being held or a staff person would assist with attending the care plan meeting "virtually" in the resident's room. The facility had a virtual communication device at their disposal. However, the care plan meeting was held with the resident's POA in attendance but not the resident.	A Resident contacted the LTCO program and shared that he was discharged to an assisted living facility [ALF] from a skilled nursing facility [SNF] and was then soon "dumped" by this ALF owner. The discharging SNF paid the resident's first month care fee directly to the ALF owner. Shortly after he was admitted, The ALF owner directed another person to leave this resident and another resident at the public library. Library staff contacted police and a family member drove both residents back to the ALF. The resident who contacted the LTCO requested his medication and a meal as he had not eaten all day. The assisted living provider took the resident to a local emergency room later that day. Hospital staff were not able to contact the ALF owner. The resident was discharged to a different ALF. After his arrival at his new residence, the resident attempted, with no success, to contact the owner of the former ALF to obtain his wallet and personal belongings. The LTCO was also not successful in contacting the ALF owner as she would not answer or return the phone calls. The resident contacted the police to file a report but they refused to come out to the facility due to COVID-19 and the report could not be filed online. The LTCO contacted the SNF, informing them the ALF owner "dumped" the resident at the hospital and would not return his belongings. The SNF refused the ombudsman's request to file a police report because "the resident was no longer at the nursing home." Desperate for the return of his belongings, the resident continued to contact the ALF owner until she directed him in a text message to "electronically transfer $882 to her account and she would ship his belongings to him." The resident did not follow through with this request.	During a routine ombudsman visit to a nursing home, a resident complained that she felt confined to the nursing home even though she did not need to be there. She was ambulatory with a walker and performed all of her own activities of daily living. She explained that she came for rehabilitation following a stay in the hospital, where she had been admitted after her home was declared uninhabitable. She was admitted to the nursing home because there was no other place for her. After being in the nursing home for approximately 18 months, she simply wanted to go home. The longer she stayed, there was less possibility that she would be able to afford to go home.
Complaint topic	Care	Admission, Transfer, Discharge, Eviction	Autonomy, Choice, Rights
Complaint type	Care planning	Discharge or eviction	Live in less restrictive setting
Verification	Verified	Verified	Verified

Disposition	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	Not resolved to the satisfaction of the resident, resident representative or complainant	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant

Disposition narrative	The ombudsman advised the facility that it was a resident's right to attend the care plan meeting in order to ensure the resident's right to person centered care. The ombudsman also advised the facility that a discussion with the resident was necessary to review what was discussed at the care plan meeting. The ombudsman learned from the resident that the social worker met with the resident regarding what was discussed at the care plan meeting and to receive a copy of the care plan. The resident was invited to and attended the next care plan meeting.	The LTCO filed a complaint with the licensing agency against the assisted living owner for abandoning the resident at the hospital, refusing to pick him up and refusing to return the resident's personal belongings. The LTCO filed a complaint with the Office of the Attorney General requesting an investigation of the criminal financial abuse of the resident and three other former residents of this same ALF. The investigation was officially opened, and is currently ongoing. The investigator from the Attorney General's Office reported there may be up to 20 victims in the case	The ombudsman advocated for her by setting up a community support team consisting of a short-term case manager, someone to get her house prepared for her to live in, an Information and Assistance counselor, Taxi Voucher services, and food and household cleaning resources from the food pantry. This advocacy from the Ombudsman Program to enable the resident to move back to her home in the community took the coordination of many individuals. If the ombudsman had not stepped in, the resident would have had no choice but to stay at the nursing home long-term. Not only would this have been detrimental for the individual, but also the Medicaid system was paying for someone who did not need or qualify for the services. Almost one year later, the individual is thriving in her own home and enjoying her independence. She continues to have a support system that keeps her independent.

State data for MD for FFY 2020

Back to Index

System Issues

	System Issue 1	System Issue 2
System issue topic	J - Facility Policies, Procedures and Practices	F - Care
Problem description	COVID-19 created many staffing challenges during FY2020. This statement is based on 1) ombudsman interviews with nursing home administrators as to staffing shortages created by the pandemic, and 2) the number of complaints recorded by the ombudsman that were staff-related with regard to failure to respond to requests for assistance, symptoms unattended, and dignity and respect.	One of the most devastating long-term care issues that surfaced in fiscal year 2020 was residents' need to be in contact and socialize with family and friends outside of the nursing home environment. The COVID pandemic brought a lock-down in long-term care facilities in an attempt to protect the residents from contracting the virus. The facilities were often short staffed, and consequently, did not have time to spend with residents other than to attend to critical care needs. It became very difficult for anyone, including ombudsmen, to connect with the residents. In attempting to protect nursing home residents, the long-term care system failed this population by not setting up a good way to fulfill their social needs. Many residents have become depressed and have had a decline in health. Often, they are living isolated in a room with little or no socialization.

Barriers description	Nursing home administrators reported to the ombudsman that staffing challenges resulted from fear of COVID-19. Many staff quit due to concern over getting COVID-19 and potentially giving it to their loved ones at home. Often the remaining staff worked long hours without their accustomed time off. Staff burnout was inevitable, thus resulting in additional staff leaving their positions. Low employee compensation for nursing assistants exacerbated the problem. Many staff members chose to become agency workers where they could make an extra $2/hour, rather than be regular employees of a long-term care facility. Increased infection control procedures added to the demands placed on employee time. Agency workers became common in facilities, which often led to resident dissatisfaction and little relationship with caregivers. Staff shortages were especially troublesome in rural areas because an available staffing pool to draw upon was not readily available. Residents perceived the overall situation as “not enough staff” which resulted in staff-related complaints to the ombudsman for failure to respond to requests for assistance, symptoms unattended, and dignity and respect.	Many usual nursing home requirements were waived by CMS but they did not waive the care needed by residents including mental health services. The decisions were made to protect public health, but often the result was social isolation. Many residents have had to stay in their rooms for long extended periods of time so that the nursing home no longer felt like their home but more like a prison being in a small space with lots of restrictions and minimal interactions. Often, families have not been allowed or able to visit unless the resident's situation would allow compassionate care visits.
Issue status	Newly identified in this reporting year and not fully resolved.	Ongoing issue from last fiscal year
Affected setting	Nursing Facility	Nursing Facility
Resolution strategies	Provided information to public or private agency Provided Information to legislator or legislative staff Recommended changes to laws, regulations, policies or actions through written or oral testimony. Recommended changes to laws, regulations, policies or actions through written or oral testimony.	Provided information to public or private agency Provided Information to legislator or legislative staff Recommended changes to laws, regulations, policies or actions through written or oral testimony. Provided leadership or participated on a task force Provided information to the media Provided educational forums; facilitated public comment on laws, regulations, policies or actions Developed and disseminated information Recommended changes to laws, regulations, policies or actions through written or oral testimony.

Resolution description	Recommendations for system-wide changes needed to resolve the issue: According to the Statista (2020) report titled “Number of U.S. nursing home employees with select occupations as of 2018,” nursing home assistants comprised the largest select occupational role in nursing homes over any other employee category. For example, in 2018 nursing home assistants comprised 36% of the workforce with LPNs at 13% and RNs at 9%. Nursing assistant 2019 median pay was $14.25/hour (Source: Bureau of Labor Statistics, 2020). This is close to the average hourly rate for Target Corporation employees (Source: https://www.payscale.com/research/US/Employer=Target_Corporation/Hourly_Rate). Yet according to the Occupational Outlook Quarterly article titled “Nursing jobs in nursing homes” nursing assistants are charged with a great deal of resident responsibility and contact and often “the first person nursing home residents see in the morning and the last one they see at night” (Torpey, 2011). A recommendation for system-wide changes to improve staff recruitment and retention would be to examine the intrinsic and extrinsic motivations of nursing assistants more carefully through perspective taking amongst this population. The nursing home sector should work to promote a culture of appreciation for nursing assistants from a leadership, management, and consumer perspective. The local ombudsman and state ombudsman did meet with facility staff, stakeholders, and others to address this issue including working with employee organizations (SEIU) and state provider groups to raise awareness and to try to resolve the issue both at a facility level and at the state level.	Some of the local ombudsman offices in the state were able to obtain technology to facilitate conversation between residents and their family and friends. In addition, both the state and local offices worked on both individual advocacy to resolve communication and isolation barriers in a person-centered way including care planning and family/resident meeting. Systemically, the ombudsman program spoke with stakeholders, the CILS, provider groups, provided community education, and spoke to the media to raise awareness of this issue. Compassionate care visits were encouraged whenever possible. The State Ombudsman attended regular meetings with law makers and other stakeholder to raise awareness and to develop legislation to address this and other issues in the next legislative session.

State data for MD for FFY 2020

Back to Index

Organizational Structure

Office of state LTCO location State Unit on Aging

Local Ombudsman Entity Location	Number of Ombudsman
Area agency on aging (AAA) an area agency on aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an area agency on aging under section 305(b)(5) of the OAA.	19
Social services non-profit agency, with 501(c)(3) status, other than AAA	0
Legal services provider	0
Stand-alone local Ombudsman entity - a non-profit agency with 501(c)(3) status – the only program is the local Ombudsman entity	0
Total number of entities	19

State data for MD for FFY 2020

Back to Index

Organizational Conflicts of Interest

Conflict of Interest Type	Location	Remedy
Makes decisions on admissions or discharges	Both State and Local	When a AAA has a guardianship case, then this is a conflict. See the remedy for guardianship.
Has governing board, ownership, investment, or employment interest LTC facility	Local	In one county, one of the governing board members has indirect oversight of a nursing home. In this county, the governing board is a policy-making entity only. If an issue related to the ombudsman program or anything that could potential conflict comes up, this board member would recuse him or herself from a vote or decision that could be a potential conflict.

Provides LTC coordination or case management for residents	Both State and Local	See guardianship remedy - guardians can provide LTC coordination and case management In most counties in Maryland, the local Department of Aging is one of the supports planning agencies that residents can select when they are applying for services including the medicaid waiver. Supports Planners may assist residents leaving nursing homes or that reside in assisted living facilities. The local ombudsmen do not provide these services. If there is ever a conflict between the supports planner and the local representative of the office that cannot be worked out, Ombudsman would work with the host agency and local ombudsman For all situations, the Ombudsmen, local ombudsmen, and the host agency would work to resolve any issue that would arise. If the supports planners report to a supervisor within the local department of aging this supervisor may report directly to the AAA director or to another supervisor within the host agency.
Responsible for eligibility determinations for the Medicaid/public benefits	Local	This is the assisted living and group home subsidy. See the remedy for sets LTC reimbursement rates. Residents can apply for this program and receive assisted living services at a fixed rate based on income. More information can be provided about this program if needed.
Sets reimbursement rates for LTC facilities	Local	This is related to a program called the assisted living and group home subsidy. More information can be provided upon request about this program. None of the ombudsman work in this program. The remedy is the same for guardianship and the other potential conflicts. if there is an issue that arises, the Ombudsman would be notified and would work with the local ombudsman staff and the host agency to remedy the situation.

Other: For all conflicts see the remedy below	Both State and Local	In the SLTCOP policy and procedures there is a process for organizational conflict of interest review, removal and remedy. This includes an organizational conflict of interest form that was completed for FY16 that has a specific remedy for any identified potential conflicts. This form will be reviewed annually and as needed. Many of the local ombudsman offices have their own phone number with calls coming directly to them, their own password - protected computer, and some ombudsman offices has own fax machines so hat faxes come directly to the ombudsmen and no one else. Promotional materials are clearly labeled Long-term Care Ombudsman Program with no other program name, and on the website the Ombudsman Program as a separate program describing the role of the ombudsman and services available (this is the common practice in most of the local ombudsman programs) and contact information. Records are locked and only the ombudsmen staff has access to the records and files. The ombudsman software is a web-based program, password protected, and only ombudsman staff that document in the software have access. The access to the ombudsman software is approved by the State Ombudsman and local Ombudsman Manager when appropriate. In Maryland, only ombudsman staff has access to the ombudsman software. The State Ombudsman Program has policy and procedures that went into effect in 2017 that clearly delineates the role of representatives of the office, and the conflict of interest policy. In the State Ombudsman Office, staff have their own phone number, private voice mail, their own password protected computers, locked

Provides guardianship, fiduciary, or surrogate decision-making services	Both State and Local	All counties have guardianship programs for older adults. The local representatives of the office do not provide these services. In several counties, the guardianship case manager and the ombudsmen both report directly to the AAA director. If there is an issue that arises another manager and the Ombudsman would work with the host agency and local ombudsman and guardianship case manager to resolve the issue. In at least one county, the guardianship program is in a different division in the local Dept. of Aging. Consequently, the ombudsman and guardianship case manager report to different staff members. In several counties, the guardianship manager and the ombudsmen have different supervisors. For all situations, the Ombudsmen, local ombudsmen, and the host agency would work to resolve any issue that would arise. For the state conflict: Provides long- term care coordination or case management for residents of long-term care facilities, makes decisions related to admission or discharge for long-term care and provides guardianship because the MDoA Secretary can be appointed as a guardian for an individual. At this time, no one receives guardianship services from MDoA. The local offices do have guardianship clients. If an issue arises and cannot be resolved related to an individual that has a MDoA guardian, the remedy for this potential conflict is that the guardianship case manager reports to a different supervisor than the Ombudsman. If legal counsel is needed, the Ombudsman and the guardianship case manager would have different staff from the Maryland Attorney General Office appointed.

State data for MD for FFY 2020

Back to Index

Staff and Volunteers

Office of State Ombudsman Staff

Total staff	3	
Total full-time equivalent (FTE)	2	
Total state volunteer representatives	1	
Total hours donated by state volunteers representatives	80	Hours
Total other volunteers (not representatives)	0	

Local Ombudsman Entity Staff

Total staff	38	
Total full-time equivalent (FTE)	32	
Total local volunteer representatives	66	
Total hours donated by local volunteer representatives	4,965	Hours
Total local volunteers (not representatives)	34	

State data for MD for FFY 2020

Back to Index

Funds Expended

Funds Expended from OAA Sources

Federal - OAA Title VII, Chapter 2, Ombudsman	$262,954
Federal - OAA Title VII, Chapter 3	$73,079
OAA Title III - State level	$57,163
OAA Title III - AAA level	$93,135
Other Federal Sources	
There are no other Federal sources	
Total other Federal funds expended	$39,831
Other State Sources	
There are no other State sources	
Total other State funds expended	$1,432,871
Other Local Sources	
There are no other Local sources	
Total other Local funds expended	$1,081,570

State data for MD for FFY 2020

Back to Index

Facility - Number and Capacity

Licensed Nursing Facilities

Total number	227
Total resident capacity	27937

Residential Care Communities

Total number	1687
Total resident capacity	24896

State data for MD for FFY 2020

Back to Index

Facility - Residential Care Community Information

RCC type	RCC type definition	Minimum RCC capacity	Maximum RCC capacity
assisted living	assisted living	2	

State data for MD for FFY 2020

Back to Index

Program Activities

Certifications and Training

Certification training hours	40	Hours
Training hours required to maintain certification	15	Hours
Number of new individuals completing certification training	3	

Ombudsman Program Activities

Information and assistance to individuals	7974
Community education	84

Ombudsman Program Activities - Facilities

Activity	Nursing Facility	Residential Care Community
Training sessions for facility staff	24	9
Information and assistance to staff	3160	3727
Number of facilities that received one or more visits	220	915
Number of visits for all facilities	1462	2053
Number of facilities that received routine access	1	0
Total participation in facility survey	147	27
Resident council participation	237	68
Family council participation	49	32

State and Local Level Coordination Activities

Area agency on aging programs, Aging and disability resource centers, Adult protective services programs, Protection and advocacy systems, Facility and long-term care provider licensure and certification programs, The State Medicaid fraud control unit, Victim assistance programs, State and local law enforcement agencies, Courts of competent jurisdiction, The State legal assistance developer and legal assistance programs, Centers for Independent Living

Other Coordination Activities:

Attorney General's Office, Fire Marshal, EMS, Department of Justice, Maryland Department of Health (several offices including public health programs), Medicaid Waiver Program, Provider Groups, Alzheimer's Association

Describe any state or local level coordination and leadership activities with the entities listed, as applicable.

Case work, committee work, work on laws, policies and initiatives, presentations, individual advocacy, Stakeholder's Groups and Commissions, and other types of systemic advocacy