Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

MARYLAND
DEPARTMENT OF AGING

Rona E. Kramer
Secretary

March 16, 2016

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House, H-107
Annapolis, MD 21401 - 1925

The Honorable Michael E. Busch
Speaker of the House of Delegates
State House, H-101
Annapolis, MD 21401 - 1925

RE: MSAR #8077, HU § 10-909, HB536/Ch 155, 2010; 2014 Annual Report for the State Long-Term Care Ombudsman Program

Dear President Miller and Speaker Busch:

The Maryland Department of Aging respectfully submits the Annual State Long-Term Care Ombudsman Report required under Human Services Article § 10-909. The report includes an Ombudsman Fact sheet that summarizes the data for FY 2014 as well as a data summary data report submitted to the federal Administration for Community Living.

The Long-Term Care Ombudsman Program continues to serve those who live in Maryland's nursing homes and assisted living facilities, protecting their rights as well as promoting quality of care and quality of life.

Please contact Andrew Ross, Legislative Liaison, at andrew.ross@maryland.gov or 410-767-2116 with any questions.

Very truly yours,

Rona E. Kramer
Secretary

Enclosure

cc: Sarah Albert, Department of Legislative Services

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Long-Term Care Ombudsman Program
FACT SHEET July 2015

Authority: Annotated Code of Maryland, *Title 10 – Human Services – Sections 212-214* 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 47,000+ people in 231 Nursing Homes and 1514 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 (36 FTEs) located in Area Agencies on Aging
- 155 volunteers contributing $548,093 worth of time (94 certified)

In FY14, the Long-Term Care Ombudsman Program provided:

- 11000+ Facility visits
- 10552 Consultations to individuals
- 326 Community Ed. Sessions
- 579 Meetings with resident councils
- 2958 Complaints addressed
- 5390 Consultations to facilities
- 158 Meetings with family councils
- 262 Participation in Nursing Home surveys

Sources of complaints:

- Residents – 37%
- Relative/Friend – 35%
- Anonymous – 12%
- Facility /Staff – 6%
- Other – Non relative guardian, bankers, clergy, public officials, other agencies

Most frequent complaints handled in Nursing Homes:

1. Discharge/eviction – planning, notice, procedures, abandonment
2. Care Plan/resident assessment – inadequate, failure to follow plan or physician's orders
3. Failure to respond to requests for assistance – call bells, etc.
4. Medications – administration , organization
5. Personal Hygiene – includes nail care and oral hygiene, dressing and grooming
6. Dignity, respect – staff attitudes
7. Accidents or injury of unknown origin – falls, improper handling, etc.
8. Therapies – physical, occupational, speech
9. Symptoms unattended, including pain
10. Personal property – stolen, lost

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Most frequent complaints handled in Assisted Living Facilities:

1. Discharge/ Eviction Discharge/eviction – planning, notice, procedures, abandonment
2. Food service – quantity, quality, variation, choice, condiments, utensils, menu
3. Medications- administration, organization
4. Dignity, respect – staff attitudes
5. Physical Abuse
6. Equipment/building – disrepair, hazard, poor lighting, fire safety, not secure
7. Failure to respond to requests for assistance
8. Care Planning
9. Personal Hygiene
10. Resident Conflict and Shortage of staff

Program Information:

The Long Term Care Ombudsman Program is guided by federal and state laws that create a program of individual and systemic advocacy for those who live in nursing homes and assisted living.

The Ombudsman Program works throughout the state and country to protect the rights and promote the well being of residents who are oftentimes medically fragile, vulnerable and isolated (40% have no regular visits by family or friends).

Starting in 2014, all employed and volunteer ombudsmen who work with residents must be certified by the Office of the State Long Term Care Ombudsman. The volunteer program increased from 98 in 2010 to 155 in 2014.

Volunteers are well trained and well equipped to serve as ombudsmen. To be certified, they must complete a minimum of 20 hours orientation, be mentored by an experienced ombudsman to conduct facility visits, and receive additional training to resolve complaints.

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. They are guided by the resident/legal representative in their actions. Ombudsmen seek to empower residents, their family members and legal representatives to better understand the long term care system and address their needs using a variety of strategies. Ombudsmen may act with or on behalf of residents.

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 FY14 (October 1, 2013 – September 30, 2014) data submitted to the Administration for Community Living.
For more information contact the State Long-Term Care Ombudsman Program 1-800-243-3425 (toll free in Maryland) or 410-767-1100

Part I - Cases, Complainants and Complaints	
A. Cases Opened	
Provide the total number of cases opened during reporting period.	1,710

Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.

Part I - Cases, Complainants and Complaints

B. Cases Closed, by Type of Facility

Provide the number of cases closed, by type of facility/setting, which were received from the types of complainants listed below.

Closed Case: A case where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.

Complainants:	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
1. Resident	467	128	3
2. Relative/friend of resident	467	99	2
3. Non-relative guardian, legal representative	11	3	0
4. Ombudsman/ombudsman volunteer	23	56	0
5. Facility administrator/staff or former staff	46	46	0
6. Other medical: physician/staff	18	9	0
7. Representative of other health or social service agency or program	22	21	0
8. Unknown/anonymous	147	57	0
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	7	5	0
Total number of cases closed during the reporting period:		1,637	

* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated

Part I - Cases, Complainants and Complaints	
C. Complaints Received	
For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:	2,958
Complaint: A concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare or rights of a resident. One or more complaints constitute a case.	

Part I - Cases, Complainants and Complaints		
D. Types of Complaints, by Type of Facility		

Below and on the following pages provide the total number of complaints for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.

	Nursing Facility	B&C, ALF, RCF, etc.
Residents' Rights		
A. Abuse, Gross Neglect, Exploitation		
1. Abuse, physical (including corporal punishment)	41	26
2. Abuse, sexual	11	5
3. Abuse, verbal/psychological (including punishment, seclusion)	23	13
4. Financial exploitation (use categories in section E for less severe financial complaints)	15	11
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	7	6
6. Resident-to-resident physical or sexual abuse	11	5
7. Not Used		
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	9	1
9. Access by or to ombudsman/visitors	4	7
10. Access to facility survey/staffing reports/license	0	1
11. Information regarding advance directive	3	1
12. Information regarding medical condition, treatment and any changes	44	5
13. Information regarding rights, benefits, services, the resident's right to complain	24	2
14. Information communicated in understandable language	3	0
15. Not Used		
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	4	5
17. Appeal process - absent, not followed	3	1
18. Bed hold - written notice, refusal to readmit	3	0
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	304	60
20. Discrimination in admission due to condition, disability	3	1
21. Discrimination in admission due to Medicaid status	0	0
22. Room assignment/room change/intrafacility transfer	19	1
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	8	2
25. Confinement in facility against will (illegally)	18	10
26. Dignity, respect - staff attitudes	80	27
27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	48	17
28. Exercise right to refuse care/treatment	14	2
29. Language barrier in daily routine	3	2
30. Participate in care planning by resident and/or designated surrogate	5	2
31. Privacy - telephone, visitors, couples, mail	23	13
32. Privacy in treatment, confidentiality	6	3
33. Response to complaints	32	7
34. Reprisal, retaliation	5	2
35. Not Used		

E. Financial, Property (Except for Financial Exploitation)			
	36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	51	12
	37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	24	4
	38. Personal property lost, stolen, used by others, destroyed, withheld from resident	54	14
	39. Not Used		
Resident Care			
F. Care			
	40. Accidental or injury of unknown origin, falls, improper handling	72	16
	41. Failure to respond to requests for assistance	97	25
	42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	109	20
	43. Contracture	6	0
	44. Medications - administration, organization	83	29
	45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	82	20
	46. Physician services, including podiatrist	43	6
	47. Pressure sores, not turned	39	7
	48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	61	12
	49. Toileting, incontinent care	49	8
	50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	14	1
	51. Wandering, failure to accommodate/monitor exit seeking behavior	5	8
	52. Not Used		
G. Rehabilitation or Maintenance of Function			
	53. Assistive devices or equipment	35	6
	54. Bowel and bladder training	2	0
	55. Dental services	6	1
	56. Mental health, psychosocial services	2	2
	57. Range of motion/ambulation	13	0
	58. Therapies - physical, occupational, speech	65	2
	59. Vision and hearing	10	1
	60. Not Used		
H. Restraints - Chemical and Physical			
	61. Physical restraint - assessment, use, monitoring	1	3
	62. Psychoactive drugs - assessment, use, evaluation	1	3
	63. Not Used		
Quality of Life			
I. Activities and Social Services			
	64. Activities - choice and appropriateness	26	6
	65. Community interaction, transportation	16	6
	66. Resident conflict, including roommates	29	16
	67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	10	1
	68. Not Used		
J. Dietary			
	69. Assistance in eating or assistive devices	13	1
	70. Fluid availability/hydration	17	3
	71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	46	34

72. Snacks, time span between meals, late/missed meals	5	7
73. Temperature	11	0
74. Therapeutic diet	12	5
75. Weight loss due to inadequate nutrition	9	3
76. Not Used		
K. Environment		
77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise	17	15
78. Cleanliness, pests, general housekeeping	21	16
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	38	25
80. Furnishings, storage for residents	12	7
81. Infection control	9	4
82. Laundry - lost, condition	14	4
83. Odors	3	9
84. Space for activities, dining	2	0
85. Supplies and linens	13	2
86. Americans with Disabilities Act (ADA) accessibility	0	2
Administration		
L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)		
87. Abuse investigation/reporting, including failure to report	3	1
88. Administrator(s) unresponsive, unavailable	6	4
89. Grievance procedure (use C for transfer, discharge appeals)	4	0
90. Inappropriate or illegal policies, practices, record-keeping	3	4
91. Insufficient funds to operate	2	5
92. Operator inadequately trained	0	1
93. Offering inappropriate level of care (for B&C/similar)	1	0
94. Resident or family council/committee interfered with, not supported	0	1
95. Not Used		
M. Staffing		
96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	8	0
97. Shortage of staff	17	16
98. Staff training	8	15
99. Staff turn-over, over-use of nursing pools	3	2
100. Staff unresponsive, unavailable	28	10
101. Supervision	7	7
102. Eating Assistants	0	0
Not Against Facility		
N. Certification/Licensing Agency		
103. Access to information (including survey)	0	1
104. Complaint, response to	2	0
105. Decertification/closure	0	2
106. Sanction, including Intermediate	0	1
107. Survey process	0	0
108. Survey process - Ombudsman participation	0	0
109. Transfer or eviction hearing	0	0
110. Not Used		
O. State Medicaid Agency		

	111. Access to information, application	6	0
	112. Denial of eligibility	9	3
	113. Non-covered services	4	0
	114. Personal Needs Allowance	0	1
	115. Services	3	3
	116. Not Used		
P. System/Others			
	117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	3	2
	118. Bed shortage - placement	0	1
	119. Facilities operating without a license	0	1
	120. Family conflict; interference	11	5
	121. Financial exploitation or neglect by family or other not affiliated with facility	10	3
	122. Legal - guardianship, conservatorship, power of attorney, wills	23	5
	123. Medicare	5	0
	124. Mental health, developmental disabilities, including PASRR	1	2
	125. Problems with resident's physician/assistant	6	0
	126. Protective Service Agency	1	1
	127. SSA, SSI, VA, Other Benefits/Agencies	6	3
	128. Request for less restrictive placement	40	4
Total, categories A through P		2,240	708
Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)			
	129. Home care	0	
	130. Hospital or hospice	3	
	131. Public or other congregate housing not providing personal care	0	
	132. Services from outside provider (see instructions)	7	
	133. Not Used		
	Total, Heading Q.	10	
Total Complaints*		2,958	

* (Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)

Part I - Cases, Complainants and Complaints

E. Action on Complaints

Provide for cases closed during the reporting period the total number of complaints, by type of facility or other setting, for each item listed below.

	Nursing Facility	B&C, ALF, RCF, etc.	Other Settings
1. Complaints which were verified:	1,485	456	7

Verified: It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.

2. Disposition: Provide for all complaints reported in C and D, whether verified or not, the number:			
a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	1	0	0
b. Which were not resolved* to satisfaction of resident or complainant	247	60	1
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	135	34	0
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	96	70	2
2) other agency failed to act on complaint	4	1	0
3) agency did not substantiate complaint	25	29	0
e. For which no action was needed or appropriate	208	101	1
f. Which were partially resolved* but some problem remained	592	160	1
g. Which were resolved* to the satisfaction of resident or complainant	932	253	5
Total, by type of facility or setting	2,240	708	10

Grand Total (Same number as that for total complaints on pages 1 and 7) 2,958

** Resolved: The complaint/problem was addressed to the satisfaction of the resident or complainant.*

3. Legal Assistance/Remedies (Optional) - For each type of facility, list the number of legal assistance remedies for each of the following categories that were used in helping to resolve a complaint: a) legal consultation was needed and/or used; b) regulatory endorsement action was needed and/or used; c) an administrative appeal or adjudication was needed and/or used; and d) civil legal action was needed and/or used.

Part I - Cases, Complainants and Complaints

F. Complaint Description (Optional):

Provide in the space indicated a concise description of the most interesting and/or significant individual complaint your program handled during the reporting period. State the problem, how the problem was resolved and the outcome.

This case is an example of some of the assisted living challenges residents are facing in Maryland.

The most significant case we handled this reporting period is a complaint from a gentleman residing in a licensed assisted living facility (ALF) who reported the facility was operating as a boarding house not an assisted living facility.

The resident's complaint issues included:
•Inadequate food supply in the facility; the complainant often went to the food bank to get food for him and the other residents.
•No oversight over the day-to-day operations of the facility by the owner/manager.
•Numerous complaints were made to the owner/operator regarding the lack of food, money and supportive services, all to no avail.
•The residents were living virtually independent except for the occasional brief visits from the owner/operator to bring cleaning products or to collect the monthly care fee.
•The complainant expressed the concern that the residents of this facility were not receiving the supportive services of a licensed assisted living facility.
•The complainant felt his standard of living was better when he was homeless because he did not have to pay a monthly fee to sleep at the shelterand he was able to keep his social service benefits and food stamps.

Problem:
The assisted living facility owner/operator was not providing support, oversight and supervision in the ALF. Residents were not assisted with making links with mental/physical health providers nor were they supplied with well-balanced meals and snacks as required in the ALF regulations.

This case is significant to our program due to the increase of ALF owners admitting younger residents (55 and under) who have a history of chronic mental illness, homelessness and extensive substance abuse histories and not providing the services required of an ALF. This ALF owner/operator felt the residents could live independently and did not provide ALF services. On the surface, many of the residents in this population appear to have the wherewithal to live independently but in reality they need oversight and supportive services.

Fueling this increasing trend is the availability of a pay source. A state agency in this jurisdiction subsidizes the care fee for homeless adults with a history of specific physical, mental or substance abuse problems. Additionally, the person's disability must require them to need the oversight and support of an ALF to ensure a relatively stable life.

Upon investigation the complaint issues were substantiated. The licensed ALF was actually operating as a boarding house and not under the regulations of an assisted living facility. The owner gave the residents $100/mo. in food stamps and $100-150/mo. in cash, they were each independently responsible for purchasing their own food and other life essentials from the funds they were given by the owner. The owner/operator did not provide any daily oversight, activities, supervision or support for the residents, nor were 3 meals and a snack provided daily.

Part II - Major Long-Term Care Issues

A. Describe the priority long-term care issues which your program identified and/or worked on during the reporting period. For each issue, briefly state: a) the problem and barriers to resolution, and b) recommendations for system-wide changes needed to resolve the issue, or how the issue was resolved in your State. Examples of major long-term care issues may include facility closures, planning for alternatives to institutional care, transition of residents to less restrictive settings, etc.

Issue:
An increasingly visible and frustrating issue in Maryland in FY14 were serious problems in Assisted Living Care that resulted in frustration, injury and occassionaly the death of residents. Our state has over 1400 ALF facilities, with half of them serving fewer than 8 residents. While many of the facilities provide compassionate care in a home-like environment, some fail to have the oversight, staff or training to meet the needs of the residents, many of whom have dementia or some type of mental illness.

Some of the problems our local ombudsmen have dealt with included:
- Residents being restrained by being tied to the bed
- All doors to the ALF being locked so that emergency services could not get into the building (i.e., doors had been locked from the inside and could not be opened)
- Elopements that resulted in injury or death
- Discharges to homeless shelters and other inappropriate locations
- Staff inappropriately handling resident behaviors in negative and demeaning ways
- ALF staff having to provide care without being paid
- ALF staff not being trained appropriatley to identify medical issues and make sure the delegating nurse addressed the issue
- No trained staff on duty at nights and weekends
- Limited food available
- Serious environmental problems
- Residents unable to walk having to crawl up the stairs to their bedrooms

Some of the barriers include:
- Regulatory agency being unable to conduct annual inspections due to low staffing
- Small facilities being unable to attend training sessions due to being staffed by a single individual
- Small facilities not having computers so they can participate in webinar type training
- Multiple agencies with limited resources being involved resulting in a lack of coordination (Ombudsman Program, Regulatory Agency, Medicaid Waiver, APS, etc.)
- Lack of mental health resources available to the providers as a resource and ultimately to the residents
- Problems with mixing of populations of young adctive residents and frail vulnerable elders
- Providers who "move" residents from ALF to ALF so it is difficult to track the residents
- Providers who close one ALF with problems and open a new ALF, so the problems continue
- Providers operating unlicensed ALFs
- Limited revenue options for some residents. (i.e., one ALF funding source provides a supplement of less than $1000 a month).
- Residents not having the right to appeal a dsicharge
- Consumers not having adequate informaiton about how to look for quality in ALFs.

It should be noted that a serious barrier is that our Ombudsman Program has not been able to visit all of the ALFs

Part III - Program Information and Activities	
A. Facilities and Beds:	
ALERT: AoA recommends that your program regularly enter into your data collection system all licensed facilities and beds in your state covered by your program and keep this information updated. In the event this is not being done in your program, the totals for Part III.A should be obtained from an outside source, such as the state licensing agency, and entered into the ORT manually.	
1. How many nursing facilities are licensed in your State?	231
2. How many beds are there in these facilities?	27,796
3. Provide the type-name(s) and definition(s) of the types of board and care, assisted living, residential care facilities and any other similar adult care home for which your ombudsman program provides services, as authorized under Section 102(18) and (32), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. If no change from previous year, type "no change" at space indicated.	
No Change	
a) How many of the board and care and similar adult care facilities described above are regulated in your State?	1,514
b) How many beds are there in these facilities?	21,222

Part III - Program Information and Activities

B. Program Coverage

Statewide Coverage means that residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the state have access to knowledge of the ombudsman program, how to contact it, complaints received from any part of the State are investigated and documented, and steps are taken to resolve problems in a timely manner, in accordance with federal and state requirements.

B.1. Designated Local Entities

Provide for each type of host organization the number of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program that are geographically located outside of the State Office:

Local entities hosted by:	
Area agency on aging	19
Other local government entity	0
Legal services provider	0
Social services non-profit agency	0
Free-standing ombudsman program	0
Regional office of State ombudsman program	0
Other; specify:	0

Total Designated Local Ombudsman Entities	19

B.2. Staff and Volunteers

Provide numbers of staff and volunteers, as requested, at state and local levels.

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTEs	2.00	36.13
	Number people working full-time on ombudsman program	2	23
Paid clerical staff	FTEs	0.30	2.00
Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	1	93
Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	711	20,842
Certified Volunteer: An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.			
Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	2	59

Part III - Program Information and Activities	
C. Program Funding	
Provide the amount of funds expended during the fiscal year from each source for your statewide program:	
Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman	$283,771
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention	$81,124
Federal - OAA Title III provided at State level	$125,000
Federal - OAA Title III provided at AAA level	$73,014
Other Federal; specify:	$0
State funds	$1,508,847
Local; specify:	$577,635
County funds	
Total Program Funding	$2,649,391

Part III - Program Information and Activities			
D. Other Ombudsman Activities			
Provide below and on the next page information on ombudsman program activities other than work on complaints.			
Activity	**Measure**	**State**	**Local**
	Number sessions	34	178
	Number hours	119	630
	Total number of trainees that attended any of the training sessions above (duplicated count)	621	1,745
1. Training for ombudsman staff and volunteers		Ombudsman Certification	Ombudsman Orientation
	3 most frequent topics for training	Effective Visitation	Advocacy
		Communication	Complaint Process
2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	40	25
	Number sessions	2	131
		Ombudsman Program	Residents' Rights
3. Training for facility staff	3 most frequent topics for training	Residents' Rights	Alzheimer's and Dementia Related Disorders
			Culture Change
		Transfer and Discharge	Care Issues in Long Term Care
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	Ombudsman Services	Residents' Rights
		Culture Change	Disaster Preparedness
	Number of consultations	11	5,379

		Ombudsman Services	Care Issues in Long Term Care
5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	Care Issues in Long Term Care	Discharge Notices and Discharges
		Assisted Living	Assisted Living
	Number of consultations	703	9,849
6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	0	230
	Number Board and Care (or similar) facilities visited (unduplicated)	0	568
7. Participation in Facility Surveys	Number of surveys	0	262
8. Work with resident councils	Number of meetings attended	0	579
9. Work with family councils	Number of meetings attended	0	158
10. Community Education	Number of sessions	38	288
		Residents' Rights	Elder Abuse
	3 most frequent topics	Ombudsman Services	Assisted Living
11. Work with media		Assisted Living	Ombudsman Services
	Number of interviews/ discussions	6	22
	Number of press releases	15	21
12. Monitoring/work on laws, regulations, government policies and actions	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)	30	8

* The number is for facilities receiving at least one visit per quarter, not in response to a complaint. It is not for the number of visits. States which do not have a regular visitation program should enter "0" in lieu of "NA," as this numeric field cannot accept "NA."