Annual Report 2014

Federal Fiscal Year 2014: Oct. 1, 2013 – Sept. 30, 2014

Office of the State Long-Term Care
OMBUDSMAN
Established within the Iowa Department on Aging

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Office of the State Long-Term Care
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Established within the Iowa Department on Aging

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January 27, 2015

The Honorable Terry E. Branstad

Members of the General Assembly

Dear Governor Branstad and Members of the General Assembly:

I am pleased to present this annual report of the Office of the State Long-Term Care Ombudsman for federal fiscal year 2014. This report is produced pursuant to Iowa Code 231.42, which requires that this Office annually report to the governor and general assembly on:

1. The activities of this Office; and

2. Recommendations for improving the health, safety, welfare and rights of residents and tenants of long-term care facilities, assisted living programs and elder group homes.

This report reflects the efforts of the Long-Term Care Ombudsmen by sharing program highlights and discussing issues encountered by the Office in carrying out its mandate to act as an advocate for the residents of long-term care facilities.

Respectfully submitted,

Deanna Clingan-Fischer

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State Long-Term Care Ombudsman

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Executive Summary

The focus of the Office of the State Long-Term Care Ombudsman is to advocate for the rights and wishes of residents and tenants, as well as to serve as a resource for persons residing in long-term care facilities, assisted living programs and elder group homes.

The activities of the Office can be categorized as Advocacy Efforts, Outreach Efforts, Administrative Efforts and Volunteer Ombudsman Program Efforts. Following is a summary of the activities completed in each of those categories during Federal Fiscal Year 2014 (Oct. 1, 2013 – Sept. 30, 2014):

Advocacy Efforts

- Ensured residents' and tenants' voices were heard and their rights were maintained in the 407 Assisted Living Programs, Elder Group Homes and Residential Care Facilities within the state;
- Visited the 22,628 beds (or people) within those 407 programs and facilities;
- Ensured residents' voices were heard and their rights were maintained in the 447 nursing facilities within the state;
- Visited the 31,403 beds (or people) within those 447 nursing facilities;
- Received 1,106 complaints made by or on behalf of residents and tenants;
- Opened 733 cases on behalf of residents and tenants;
- Served 10,081 residents and tenants;
- Provided 6,615 hours of advocacy services beyond complaint handling;
- Assisted residents and tenants impacted by involuntary discharges/evictions and facility closures;
- Advocated for passage of legislation regarding elder abuse, substitute decision making, an involuntary discharge specialist and the Older Americans Act;
- Advocated for and provided education about residents' and tenants' rights;
- Monitored proposed administrative rules and provided comment; and
- Monitored proposed legislation and participated in the legislative process on issues that had the potential to impact the health, safety, welfare and rights of residents and tenants residing in Iowa's long-term care facilities.

In 2014, the Office of the State Long-Term Care Ombudsman worked to **protect the rights of more than 52,000 Iowans** *living in long-term care facilities across the state.*

In 2014, the Office of the State Long-Term Care Ombudsman **visited more than 2,200 Iowans** *living in long-term care facilities while investigating complaints.*

Outreach Efforts

Provided a total of 5,604 program activities (7,990 hours of service), which included:

- Consulting with 877 facilities and providers of service;
- Consulting with 8,253 individuals;
- Making 1,732 complaint-related visits;
- Making 741 non-complaint-related visits;
- Visiting 2,206 residents and tenants on complaint-related issues;
- Providing education, training and technical assistance to 1,095 individuals, including volunteers, ombudsmen, facility staff, media and the community;
- Participating in 71 facility surveys;
- Assisting residents and their families through participation in and development of 72 resident and family council meetings;
- Collaborating with other organizations and serving on committees, task forces and work groups;
- Partnering with Iowa's six Area Agencies on Aging to assist individuals transitioning from a community to a facility and from a facility to a community; and
- Providing 355 consultations and 47 presentations on community transitions (MDS-Q) from January to September 2014.

Administrative Efforts

- Collaborated with aging and disability network partners at the federal and state level;
- Implemented a Civil Money Penalty grant to produce and distribute educational materials;
- Developed internal communication tools to provide updates on issues, laws, rules and interpretative guidance;
- Reviewed and updated Family and Resident Council Handbooks;
- Provided monthly listserv messages (18) to facility administrators and directors to highlight the Long-Term Care Ombudsman Program and issues faced by residents/tenants;
- Issued press releases and provided follow-up discussion with media on relevant topics; and
- Provided updates to the Iowa Commission on Aging and the Iowa Department on Aging (IDA).

In 2014, Volunteer Ombudsmen **provided 2,098 hours of service worth nearly $44,000 to Iowans** *living in 96 of the state's long-term care facilities.*

Volunteer Ombudsman Program Efforts

- Recruited, screened, trained and certified 107 volunteers, serving 96 facilities;
- Conducted 24 trainings for 125 potential volunteers;
- Conducted 22 meetings in 62 Iowa counties to help administrators learn about the Volunteer Ombudsman Program (January to September 2014);
- Served residents through 1,355 volunteer visits;
- Served residents through 2,098 volunteer hours;
- Contributed a total value of $43,911.14 of in-kind hours to the state;
- Provided on-site orientations for volunteers and administrators by the Local Long-Term Care Ombudsmen;
- Developed policies to provide guidance to volunteers;
- Partnered with groups and organizations including the Iowa Commission on Volunteer Service, AmeriCorps VISTA, RSVP, AARP and statewide media to recruit volunteers;
- Developed an online data entry system for volunteers; and
- Began efforts to develop peer-to-peer volunteer groups, draft a strategic plan, develop volunteer recognition efforts and refine training/continuing education opportunities for volunteers.

Recommendations

Despite the positive efforts and outcomes listed above, there are barriers that exist when attempting to protect the rights, health, safety and welfare of persons residing in long-term care. The following issues are of particular concern and need to be addressed:

1. Quality Care and Treatment

In order to ensure residents and tenants residing in long-term care facilities receive care and services that enhance their quality of life, the Office recommends advocates and stakeholders work together to:

- *Ensure care is provided in a timely and consistent manner;*
- *Develop a long-term care staffing level strategy to implement in Iowa; and*
- *Explore the educational goals and/or certification standards needed for all long-term care staff in Iowa.*

2. Resident and Tenant Rights: Autonomy and Exercise of Decision-Making Rights

In order to ensure residents and tenants with capacity have the right to make their own decisions, that the rights of a resident or tenant with a decision maker are protected and that those in need of substitute decision-making assistance have a trusted source available, the Office recommends advocates and stakeholders work together to:

- *Educate Iowans about the new financial power of attorney law and provide training to agents on their roles and responsibilities;*
- *Adequately fund the Office of Substitute Decision Maker within the Iowa Department on Aging; and*
- *Educate Iowans about capacity, least-restrictive alternatives, durable power of attorneys for health care and the roles of an attorney-in-fact, guardian, conservator and representative payee.*

3. Resident and Tenant Rights: Admission, Transfer, Discharge and Eviction

In order to ensure residents and tenants are aware of and exercise their rights under admission contracts, occupancy agreements and involuntary discharge or transfer notices, the Office recommends advocates and stakeholders work together to:

- *Educate Iowa's long-term care residents and tenants, as well as families, decision makers and staff, about the requirements of discharge and transfers, as well as the right to appeal;*
- *Review Iowa's laws and rules to ensure consistency when asserting appeal rights for residents and tenants;*
- *Enhance Iowa's elder abuse law by providing criminal penalties for financial exploitation;*
- *Develop a system of information, education and training for reporters of dependent adult abuse in Iowa; and*
- *Educate Iowa's long-term care residents and their families about the right to return to the community.*

Issues to Watch

1.	Closures, whether voluntary or involuntary, of long-term care facilities
2.	Staffing levels at long-term care facilities
3.	Recruitment and retention of direct care workers
4.	Training to meet level-of-care needs of residents
5.	Licensure and training requirements for assisted living program directors and staff
6.	Due process rights for tenants of assisted living programs and elder group homes

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Mission and Structure

Mission

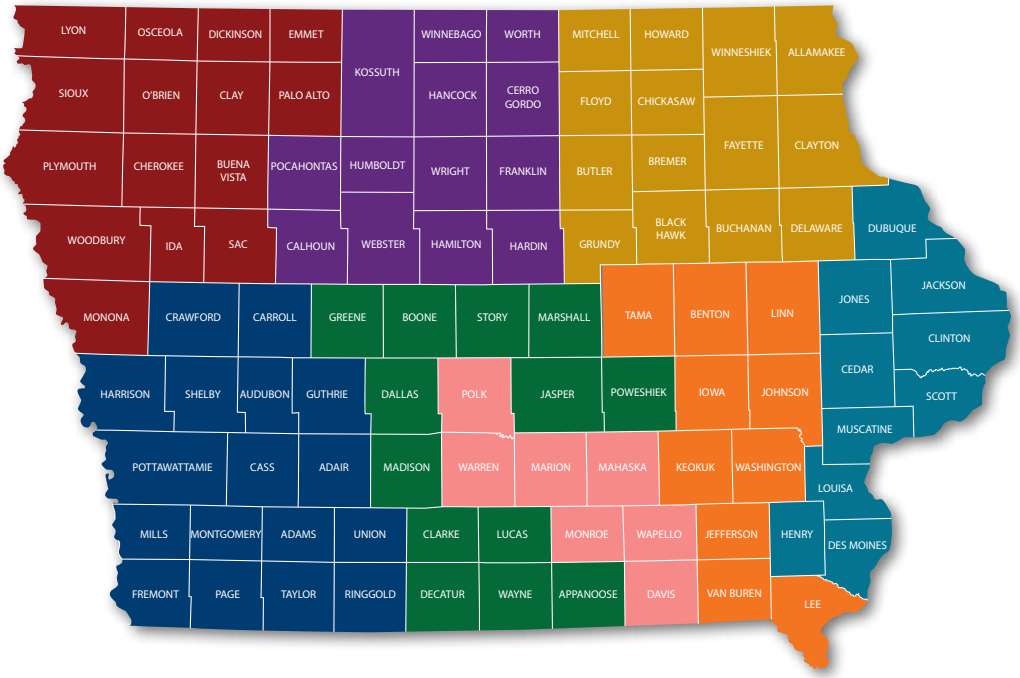
The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare and rights of individuals residing in long-term care by investigating complaints, seeking resolutions to problems and providing advocacy with the goal of enhancing quality of life and care.

Iowa's Long-Term Care Ombudsman program is responsible, through federal and state law, for advocating for residents and tenants of long-term care facilities, including nursing facilities, residential care facilities, assisted living programs and elder group homes. The Office strives to fulfill this responsibility every day by working to resolve complaints that impact the health, safety and welfare of residents and tenants, as well as by informing residents and tenants of their rights.

Structure

The Office of the State Long-Term Care Ombudsman consists of the state long-term care ombudsman; local long-term care ombudsmen; volunteer coordinators; volunteers; AmeriCorps VISTA members; a discharge specialist; a policy coordinator; and an administrative assistant.

To assist in fulfilling the duties outlined by law, the state long-term care ombudsman has designated eight local long-term care ombudsmen to serve residents and tenants in specific areas of the state (see map). Additionally, two volunteer coordinators are dedicated to implementing a certified volunteer program to recruit, train and monitor certified volunteer long-term care ombudsmen. In 2014, a discharge specialist was added to assist residents and tenants who are being discharged or transferred from a facility.



Authority and Mandates

Authority

The Long-Term Care Ombudsman Program is authorized by the federal Older Americans Act[1] and the state Older Iowans Act[2]. The Office of the State Long-Term Care Ombudsman operates as an independent entity within the Iowa Department on Aging and advocates for residents of nursing facilities and residential care facilities, as well as for tenants of assisted living programs and elder group homes.

Mandates

The functions of the Long-Term Care Ombudsman Program are to:

- Identify, investigate and resolve complaints made by or on behalf of residents or tenants that adversely affect their health, safety, welfare or rights;
- Make referrals to appropriate licensing, certifying and enforcement agencies to assure appropriate investigation of abuse complaints and corrective actions;
- Provide services to assist residents or tenants in protecting their health, safety, welfare and rights;
- Inform residents and tenants about means of obtaining services offered by providers or agencies;
- Ensure that residents and tenants have regular and timely access to the services provided through the Office and that residents, tenants and complainants receive timely responses;
- Represent the interests of residents before governmental agencies and seek administrative, legal and other remedies to protect their health, safety, welfare and rights;
- Provide administrative and technical assistance to local and volunteer long-term care ombudsmen;
- Analyze, comment on and monitor the development and implementation of federal, state and local laws, regulations and other governmental policies and actions that pertain to the health, safety, welfare and rights of residents and tenants;

[1] Older Americans Act, 42 U.S. Code, Section 3058g
[2] Older Iowans Act, Iowa Code, Section 231.1

- Provide training for representatives of the Office, promote the development of citizen organizations to participate in the program and provide technical support for the development of resident and family councils to protect the well-being and rights of residents and tenants;
- Establish and implement a statewide confidential uniform reporting system;
- Publicize the Office and provide information and education to consumers, the public and other agencies about the issues related to long-term care in Iowa;
- Annually report on the activities of the Office and make recommendations for improving the health, safety, welfare and rights of residents and tenants of long-term care facilities, assisted living programs and elder group homes;
- Participate in inquiries, meetings or studies that may lead to improvements in the health, safety, welfare and rights of residents and tenants;
- Recruit, train, educate, support and monitor volunteers associated with the Office;
- Coordinate ombudsman services with the protection and advocacy system for individuals with developmental disabilities and mental illness;
- Coordinate ombudsman services with the Older Americans Act legal assistance and elder abuse awareness and prevention programs;
- Coordinate services with state and local law enforcement agencies and courts of competent jurisdiction; and
- Ensure confidentiality and a program free of conflicts of interest.

Activities of the Office

The program activities of the Office of the State Long-Term Care Ombudsman are divided into the following categories: Advocacy; Cases and Complaints; Community Education; Consultation; Other; Resident and Family Councils; Resident and Tenant Visitation; Survey Participation; and Training and Technical Assistance. The efforts within each activity are discussed in more detail below.

Advocacy

The primary role of the Long-Term Care Ombudsman Program is advocacy – or serving as the voice for residents and tenants residing in long-term care settings.

Advocacy can include anything from speaking up for a single individual who is adversely impacted to working for systemic change to ensure that all individuals are treated with dignity and respect. Advocacy also can encompass reviewing and commenting on rules, regulations and laws; recommending policy changes when the health, safety, welfare or rights of residents and tenants are impacted; or educating residents, family, providers, policymakers and the general public on issues of concern to individuals residing in long-term care facilities, assisted living programs and elder group homes.

In Federal Fiscal Year 2014, the State Long-Term Care Ombudsman monitored proposed legislation and rules and provided 54 declarations, or comments, relating to proposed laws and rules that impacted residents and tenants residing in Iowa's long-term care facilities.

In FFY 2014, representatives of the Office **provided 6,615 hours of advocacy**, *beyond complaint handling.*

In FFY 2014, representatives of the Office **handled 1,106 new complaints and opened 733 new cases** *on behalf of residents and tenants.*

Cases and Complaints

The Long-Term Care Ombudsman's Office is mandated to identify, investigate and resolve complaints made by or on behalf of residents or tenants of long-term care facilities that adversely affect their health, safety, welfare or rights.

A complaint is a concern brought to, or initiated by, the Long-Term Care Ombudsman for investigation and action on behalf of one or more residents/tenants. (A complete listing of all complaints received in Federal Fiscal Year 2014 is included in Appendix C.)

Each inquiry brought to, or initiated by, the Long-Term Care Ombudsman on behalf of a resident/tenant or group of residents/tenants that involves one or more complaints and requires investigation, strategy to resolve and follow-up is considered a case.

Most Frequent Complaints Received by the Office of the State Long-Term Care Ombudsman (FFY 2014)

Complaint	# Received
Issues related to resident/tenant care	205
Issues related to autonomy, choice, exercise of rights, privacy	185
Issues related to admission, transfers, discharge and eviction	157
Issues related to the system and concerns apart from the facility	113
Issues related to financial concerns or property lost, missing or stolen	67

Issues Addressed by the Office of the State Long-Term Care Ombudsman (by Complaint Category)

Complaint Category	Issues Addressed through this Category	
Admission, transfers, discharge and eviction	• Admission contract & procedures • Appeal process • Discharge/eviction – lack of planning or appropriate notice	• Discrimination in admission • Refusal to readmit • Room changes or assignments
Autonomy, choice, exercise of rights, privacy	• Choice of personal physician, hospice or pharmacy • Confinement in facility • Dignity, respect – staff attitudes • Exercise choice and/or civil rights • Exercise right to refuse care	• Language barriers • Participation in care planning • Privacy – telephone, mail, visitors and for couples • Response to complaints • Reprisal, retaliation
Financial concerns or property lost, missing or stolen	• Billing/charges • Personal funds mismanaged, access denied or funds not returned	• Personal property lost, stolen, used by others, destroyed or withheld from resident/tenant
Resident/tenant care	• Injuries or falls, improper handling • Failure to respond to requests • Concerns over personal hygiene, adequacy of dressing, grooming • Physician services • Pressure sores	• Toileting, incontinent care • Inadequate care plan or failure to follow plan • Unattended symptoms, such as pain • Neglect of catheter or tubes • Failure to monitor wandering • Administration of medications
System/other	• Abuse, neglect, abandonment by non-staff • Bed shortage – placement • Family conflict • Financial exploitation by family or friends • Legal – guardianship, conservatorship, powers of attorney, wills • Medicare	• Mental health/disabilities • Operating without a license • Problem with resident's physician • Protective services agency • Request for less restrictive placement • SSA, SSI, VA or other benefits

Community Education

The Long-Term Care Ombudsman Program presents relevant and timely information to the community on such topics as the role of the long-term care ombudsman; the rights of residents and tenants; how to advocate on behalf of or empower residents and tenants; and various subject matter topics, including powers of attorney, guardianship, conservatorship, visitation, admissions, discharges and evictions from long-term care facilities.

In FFY 2014, representatives of the Office **provided 40 community education sessions and 23 media interviews** *about issues pertaining to long-term care.*

Consultation

The Long-Term Care Ombudsman's Office provides information and assistance to individuals, facilities and providers. A number of consultations conducted by the Office concerned residents' rights; the abuse, neglect or financial exploitation of a resident or tenant; the role of long-term care ombudsmen and ability to intervene; nursing facility and assisted living services and care issues; and involvement of family and friends. Consultation does not involve investigating or working to resolve a complaint.

In FFY 2014, representatives of the Office **consulted with 8,253 individuals and 877 facilities or providers** *about long-term care issues.*

Other

The Long-Term Care Ombudsman's Office participates in federal, state and local efforts to ensure the rights of and issues impacting residents and tenants in long-term care facilities, assisted living programs and elder group homes are communicated. Several of the activities listed below highlight the involvement of the state and local long-term care ombudsmen. Through these efforts, long-term care ombudsmen share systemic issues and day-to-day concerns that adversely impact the health, safety, welfare or rights of residents/tenants, as well as work toward resolution of these very issues.

In an attempt to serve as a visible advocate, the Office is involved in the following efforts:

- Iowa Direct Care Worker Advisory Council
- Iowa State Bar Association Elder Law Council and Section
- Iowa Chapter – National Nursing Home Quality Care Collaborative
- Long-Term Care Social Workers Board
- DMACC Aging Services Management Advisory Council
- Substitute Decision Making Task Force
- Sexuality in Long-Term Care Task Force
- Johnson County Quality Long-Term Care Committee
- Johnson County Elderly Consortium
- Linn County Elderly Consortium
- Elder Abuse Task Force
- Local multi-disciplinary team meetings on dependent adult abuse in multiple counties
- National Consumer Voice Leadership Council
- National Association of State Long-Term Care Ombudsman Programs (NASOP)
- NASOP Appropriations Workgroup
- National Association of Local Long-Term Care Ombudsman
- National Association of Local Long-Term Care Ombudsman Executive Board
- Broadlawns Medical Center Integrated Health Home Project
- Iowa Caregivers Conference Planning Committee
- Dementia Care – University of Iowa Committee
- Health Care Fraud Task Force
- MDS-Q Grant Implementation Committee

Additionally, the Office meets with the following individuals and organizations to advocate on behalf of residents/tenants residing in Iowa's long-term care facilities:

- Mental Health Redesign Transition Committee
- Consumer advocates
- Iowa Department of Inspections and Appeals
- Disability Rights Iowa
- Iowa Department of Human Services and Iowa Medicaid Enterprise
- Area Agencies on Aging, including mediation program staff, elder rights coordinators, and case managers
- Legal Assistance Developer and Title VII legal assistance providers, including the Legal Hotline for Older Iowans
- Crisis/Closure Team to develop a revised closure manual
- Elder Abuse Prevention and Awareness Director
- Facility administrators
- Administration on Aging
- National Ombudsman Resource Center

In addition to participating in meetings, committees, and workgroups, effort has continued regarding the review and update of Iowa's Long-Term Care Ombudsman Program. Some of the efforts to fulfill this initiative include:

- Developing and implementing program protocols through policy memoranda that are sent to staff to share up-to-date information on laws, rules, regulations and issues of interest;
- Developing and implementing policies and procedures in relation to handling cases and complaints within nursing facilities, residential care facilities, assisted living programs and elder group homes;
- Developing and implementing policies and procedures in relation to the Volunteer Ombudsman Program;
- Developing and implementing policies and procedures in relation to the discharge specialist's role and responsibilities;
- Administering a listserv to share information from the Long-Term Care Ombudsman's Office to administrators of nursing facilities and residential care facilities, as well as to directors of assisted living programs and elder group homes;
- Administering a listserv to active Volunteer Ombudsman Program volunteers; and
- Developing press releases to inform and educate the general public on the efforts of the Office of the State Long-Term Care Ombudsman and bring attention to the Office as a resource for residents/tenants and their families.

Resident and Family Councils

The Long-Term Care Ombudsman's Office assists resident and family councils by attending meetings, upon request, and by providing technical assistance in the development and continuation of these councils. Resident and family councils are separate meetings that give residents and their families opportunities to reach out to similarly situated individuals to discuss issues, care needs, frustrations and personal experiences, as well as to receive support and encouragement.

In FFY 2014, representatives of the Office **worked with 67 resident councils and 5 family councils** *across the state.*

Resident and Tenant Visitation

The Long-Term Care Ombudsman's Office responds to inquiries, calls, e-mails and reported concerns by visiting with residents and tenants. These visits allow the local and volunteer long-term care ombudsmen to assess a situation, provide education and information and empower residents or tenants to take action, as well as to obtain additional information to pursue the concern as a complaint or case, if needed.

In FFY 2014, representatives of the Office **made 1,732 complaint-related visits and 741 non-complaint visits** *to residents and tenants.*

Survey Participation

The Long-Term Care Ombudsman's Office participates, as needed, in surveys conducted by the Department of Inspections and Appeals, which serves as the regulatory entity for long-term care facilities in Iowa to ensure their compliance with federal and state laws. The role of the Office is to provide comment; share concerns on behalf of residents, tenants, family members and volunteers; and ensure residents' and tenants' voices are heard. Participation by the Office may include pre-survey briefing or attending the resident group interview or exit interview.

In FFY 2014, representatives of the Office **participated in 71 facility surveys** *throughout Iowa.*

Training and Technical Assistance

The Long-Term Care Ombudsman's Office provides education, training and technical assistance to ombudsmen, volunteers and facility/program staff. Training and education is needed to ensure staff and volunteers are eligible to maintain certifications and stay abreast of issues surrounding long-term care.

Technical assistance is provided to local long-term care ombudsmen, volunteer coordinators, the discharge specialist and volunteer ombudsmen to ensure the consistent and uniform interpretation and implementation of laws, rules and regulations statewide.

In FFY 2014, the Office **provided 147 training sessions and 2,368 technical assistance contacts** *to long-term care ombudsmen and volunteers, and* **provided 45 training sessions** *to facility staff.*

Recommendations

Despite the positive efforts and outcomes listed above, there are barriers that exist when attempting to protect the rights, health, safety and welfare of persons residing in long-term care. The following issues are of particular concern and need to be addressed:

1. Quality Care and Treatment

Ensure that individual residents and tenants receive care and services that enhance their quality of life.

Individuals residing in long-term care settings have the right to quality care and treatment. It is difficult to receive such care, however, when call lights go unanswered for long periods of time; staff is lacking in numbers or training on how to address the needs of specific residents or tenants; and/or staff are overwhelmed attending to those who need a higher level of care.

Solutions:

a) Develop a mechanism to create an ongoing dialogue between regulators, facilities, programs, direct care workers, residents, tenants, consumer advocates and the Office of the State Long-Term Care Ombudsman to ensure care is provided by knowledgeable, adequately trained staff in a timely, consistent manner.

b) Review staffing recommendations developed by the U.S. Department of Health and Human Services and the Centers for Medicare & Medicaid Services that highlight adequate staffing level requirements and develop a strategy to implement in Iowa.

c) Explore the educational goals and/or certification standards needed in Iowa for all long-term care staff to ensure the highest quality of care and greater consistency in provision of care.

During this reporting period, **205 concerns** *were brought forth regarding resident and tenant care and treatment.*

2. Resident and Tenant Rights: Autonomy and Exercise of Decision-Making Rights

Ensure residents and tenants with capacity have the right to make their own decisions; that the rights of a resident or tenant with a decision maker are protected; and that those in need of substitute decision-making assistance have a trusted source available.

Individuals residing in long-term care settings have the right to participate in their own medical care and treatment, as well as to manage their own financial affairs. It is difficult to exercise these rights, however, when an assumption sometimes exists that individuals residing in long-term care settings lack capacity; when agents or attorneys-in-fact make decisions that do not respect the wishes of the resident or tenant; and/or when a guardian or conservator makes decisions without regard to his/her roles and responsibilities.

Solutions:

a) Develop an ongoing outreach effort in conjunction with the Iowa State Bar Association, law schools, the judicial branch, the Office of Substitute Decision Maker, AARP, consumer advocates and the Office of the State Long-Term Care Ombudsman to educate Iowans on the new financial power of attorney law, including training agents on their roles and responsibilities.

b) Adequately fund the Office of Substitute Decision Maker (OSDM) under Iowa Code 231E to serve as a resource to residents, tenants, families and decision makers.

c) Collaborate with the OSDM and the Iowa Department on Aging's legal services developer to provide education and accurate information on capacity, least-restrictive alternatives, durable power of attorneys for health care and the roles of an attorney-in-fact, guardian, conservator and representative payee.

During this reporting period, **185 concerns** *were brought forth regarding autonomy, choice or exercise of rights and privacy.*

3. Resident and Tenant Rights: Admission, Transfer, Discharge and Eviction

Ensure residents and tenants are aware of and exercise their rights under admission contracts, occupancy agreements and involuntary discharge or transfer notices.

Individuals residing in long-term care settings have the right to be fully informed of admission and discharge rules/policies, as well as the right to remain in the facility or program unless a valid discharge occurs. When a decision maker, family member or friend is the recipient of this information, the resident and/or tenant has a right to expect their financial affairs are well-managed and their best interests followed. It is difficult to exercise this right, however, when an agent, conservator, family member or friend does not pay the facility or program for the costs of care. In some cases this is an oversight; in others it is financial exploitation. This non-payment can result in the issuance of an involuntary discharge or transfer notice.

Solutions:

a) Implement an ongoing outreach effort by the Office of the State Long-Term Care Ombudsman's discharge specialist to educate and inform residents, tenants, families, decision makers and staff of the requirements of notice provisions and the right to appeal.

b) Partner with other state agencies and consumer advocates to review laws and rules to ensure consistency when asserting appeal rights for residents and tenants and make legislative recommendations.

c) Enhance the recently passed elder abuse law to provide criminal penalties for financial exploitation.

d) Partner with the Departments of Human Services, Inspections and Appeals and Aging, as well as the Area Agencies on Aging, to develop a system of information, education and training for staff, family and other reporters of dependent adult abuse.

e) Educate residents and families and consult with long-term care staff on the right to return to the community under the Minimum Data Set, Section Q provision.

During this reporting period, **157 concerns** *were brought forth regarding admission, transfer, discharge and/or eviction.*

Issues to Watch

During Federal Fiscal Year 2015 (Oct. 1, 2014 – Sept. 30, 2015), some of the key issues the Office of the State Long-Term Care Ombudsman will continue to monitor closely include:

1

Closures, whether voluntary or involuntary, of long-term care facilities:

It is critical to ensure notice of a long-term facility closure is given to residents and tenants, that ongoing communication is provided and that impacted residents and tenants are guaranteed safe transitions.

2

Required staffing levels at long-term care facilities:

Staffing at long-term care facilities should be sufficient to adequately meet the specific level-of-care needs of residents and tenants and facilities should be required to maintain those staffing levels.

3

Recruitment and retention of direct care workers:

The degree to which a long-term care facility's workforce is stable and committed has a direct impact on the quality of care provided to residents and tenants.

4

Training provided to long-term care facility employees:

Staff at long-term care facilities should receive adequate comprehensive training and be offered high-quality professional development activities that address the specific level-of-care needs of the residents and tenants in their care.

5

Licensure and training requirements for assisted living program directors and staff:

Assisted living program directors and staff should be adequately trained on the rules and regulations governing assisted living programs and be licensed to meet the specific level-of-care needs of the tenants in their care.

6

Due process rights of tenants of assisted living programs and elder group homes:

Tenants of assisted living programs and elder group homes should be informed of their due process rights to ensure they are treated fairly and are able to appeal any decisions denying them eligibility or services.

Appendix A:

Communications

Appendix A
Section 1:

Press Releases

IowaAging.gov
Office of the State Long-Term Care Ombudsman

Iowa Office of the State Long-Term Care Ombudsman

FOR IMMEDIATE RELEASE:
October 1, 2013

CONTACT:
Phone: 515-725-3333
Toll Free: 1-866-236-1430
Email: Aging@iowa.gov

Long-Term Care Residents Honored During Residents' Rights Month, October 2013

(Des Moines, IA) – October is Nursing Home Residents' Rights Month, and residents of nursing homes and other long-term care facilities along with family members, long-term care ombudsmen, citizen advocates, and facility staff across the country will honor the individual rights of long-term care residents. Residents' Rights Month is an annual event to celebrate and focus on awareness of dignity, respect and the value of long-term care residents.

The theme for Residents' Rights Month 2013 is, **"Speak Out Against Elder Abuse"** with the goal of encouraging residents and others to be educated about and speak out against elder abuse. "Residents' Rights Month is an excellent opportunity to re-affirm our collective commitment to residents' rights and to honor long-term care residents," said Sarah F. Wells, Consumer Voice Executive Director. "We want to help create a safe and secure environment for older adults and individuals with disabilities, no matter where they may happen to live. Whether it's the residents themselves or witnesses of elder abuse, there is no reason someone should keep quiet and avoid taking action. We hope to facilitate and encourage ways for residents, their loved ones, or witnesses of elder abuse to use their voice and speak out against this serious issue."

On September 18th, Governor Branstad met with staff from the Office of the State Long-Term Care Ombudsman's to proclaim October as Residents' Rights Month. "Ensuring the rights of long-term care residents is the mission of Iowa's Office of State Long-Term Care Ombudsman, said Deanna-Clingan-Fischer, State Long-Term Care Ombudsman. While our office advocates for residents rights throughout the year, Resident's Rights Month gives us an additional opportunity to focus on those rights and to empower residents to assert their rights to live with dignity and self-determination."

The Nursing Home Reform Law, passed in 1987, guarantees nursing home residents their individual rights, including but not limited to: individualized care, respect, dignity, the right to visitation, the right to privacy, the right to complain, and the right to make independent choices. Residents who have made their home in nursing and residential care facilities, elder group homes and assisted living programs maintain their rights as U.S. Citizens. Residents' Rights Month raises awareness about these rights and pays tribute to the unique contributions of long-term residents.

The National Long-Term Care Ombudsman Program has worked for more than 30 years to promote residents' rights daily. More than 8,000 volunteers and 1,000 paid staff are advocates for residents in

all 50 states plus the District of Columbia, Guam and Puerto Rico. Authorized under the Older Americans Act and administered by the Administration for Community Living, the program also provides information on how to find a facility, conducts community education sessions, and supports residents, their families and the public with one-on-one consultation regarding long-term care.

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

To learn more about the **Long-Term Care Ombudsman Program**, contact: 515-725-3333 or toll free 1-866-236-1430.

This is the first in a series of four releases on National Residents' Rights Month (October)

IowaAging.gov
Office of the State Long-Term Care Ombudsman

Iowa Office of the State Long-Term Care Ombudsman

FOR IMMEDIATE RELEASE:
October 7, 2013

CONTACT:
Phone: 515-725-3333
Toll Free: 1-866-236-1430
Email: Aging@iowa.gov

Long-term Care Residents- Be Aware of Your Rights

(Des Moines, IA) – October is Nursing Home Residents' Rights Month with the theme of "Speak Out Against Elder Abuse". To celebrate this month, the Office of the State Long-Term Care Ombudsman is highlighting the importance of supporting residents of nursing homes and educating individuals on how we all can not only prevent elder abuse, but also promote full recognition of the legal rights of nursing home residents.

People who live in long-term care facilities and their families need to be aware that they are entitled to many rights enacted through the Nursing Home Reform Law of 1987. They include, but are not limited to:

- Right to be treated with dignity and respect.
- Right to privacy and confidentiality.
- Right to participate in their care planning process.
- Right to make decisions about their own treatment plans and alternatives.
- Right to be free from discrimination.
- Right to complain without fear of reprisal.
- Right to be fully informed about services and costs.
- Right to choose visitors and receive phone calls.
- Right to access their medical records.
- Right to be free from restraints, abuse, and neglect.

The Iowa Office of the Long-Term Care Ombudsmen is dedicated to supporting residents and assisting them in advocating for their choices and desires. The Office provides education and support to facilities and families as well and welcomes requests for information. You may contact the office toll-free at 1-(866) 236-1430 where you will be directed to the Local Long-Term Care Ombudsmen in your area for assistance.

If you are interested in becoming a Certified Volunteer Ombudsmen in your area you may contact Merea Bentrott or Sarah Hinzman Volunteer Coordinators at 1-(866) 236-1430 for more information.

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

To learn more about the **Long-Term Care Ombudsman Program**, contact: 515-725-3333 or toll free 1-866-236-1430.

This is the second in a series of four releases on National Residents' Rights Month (October)

IowaAging.gov
Office of the State Long-Term Care Ombudsman

Iowa Office of the State Long-Term Care Ombudsman

FOR IMMEDIATE RELEASE:
October 14, 2013

CONTACT:
Phone: 515-725-3333
Toll Free: 1-866-236-1430
Email: Aging@iowa.gov

Obstacles to Implementing Residents' Rights

(Des Moines, IA) – This October, nursing homes and other long-term care facility residents, along with family members, long-term care ombudsmen, citizen advocates, and facility staff promote Nursing Home Residents' Rights Month by honoring individual rights of long-term care residents. Certain rights, specific to individuals who live in long-term care facilities, are set forth under state and federal laws. The Office of the State Long-Term Care Ombudsman, as well as other concerned advocates, work throughout the year to ensure residents rights are understood and protected. Despite these efforts, long-term care residents often face obstacles which impede their ability to exercise these rights.

Most long-term care facilities inform residents of their rights upon moving into a facility; however, with the stresses and anxieties of moving into a new home, many residents do not fully understand these rights. Residents do benefit from continual reminders of their rights through regular conversation with staff and consistent and respectful treatment in routine care. In addition, residents do have the right to establish and participate in resident councils in which rights and concerns may be discussed.

Resident's family members and friends may also be unaware of residents' rights or may be uncertain how to empower their relative to maintain self-determination. Providing education and information to family and friends is necessary to ensure the ongoing support of all residents' rights. In fact, family and friends may establish and participate in family councils. These councils allow family and friends to discuss issues of importance to them while ensuring the health, safety, welfare and rights of their loved ones.

Residents and families who understand and choose to assert their rights sometimes face resistance. This implies that asserting one's rights is a negative thing to do and discourages residents from voicing concerns in the future. It is up to all of us who work with or interact with individuals residing within long-term care facilties to acknowledge the rights that are bestowed upon all residents and empower those residents to speak up for those rights to be honored. Residents benefit where staff and others see their abilities instead of disabilities and actively pursue the rights of all residents.

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

To learn more about the **Long-Term Care Ombudsman Program**, contact: 515-725-3333 or toll free 1-866-236-1430.

This is the third in a series of four releases on National Residents' Rights Month (October)

IowaAging.gov
Office of the State Long-Term Care Ombudsman

Iowa Office of the State Long-Term Care Ombudsman

FOR IMMEDIATE RELEASE:
October 21, 2013

CONTACT:
Phone: 515-725-3333
Toll Free: 1-866-236-1430
Email: Aging@iowa.gov

Long-Term Care Residents – What Staff Can Do

(Des Moines, IA) – After understanding some of the *obstacles of implementing resident rights*, we can now examine some ways *facilities can promote and implement residents' rights.*

****Educate residents and their families about their rights.**
Facilities can foster dignity for their residents by encouraging residents and families to have knowledge of resident rights. Iowa law states that each resident shall be encouraged and assisted throughout the residents stay to exercise their rights as a resident and as a citizen and may voice grievances as well as recommend changes in policies and services to administrative staff or to outside representatives of the residents choice. These rights are to be exercised free from interference, coercion, discrimination, or reprisal. Facilities are also required to post in a prominent area the contact information for several agencies including the Long-Term Care Ombudsman's Office. Long-term ombudsmen are advocates for residents and supporters of resident rights but can often assist facilities in finding resolution for resident concerns.

****Educate and sensitize every level of staff about residents' rights.**
All staff members are representatives of a facility and can make a big difference in a resident's life. Having sufficient staffing ratios of trained staff who themselves have dignified working conditions can provide a sense of community that is good for all.

****Incorporate resident participation and self-determination into every aspect of nursing home services.**
Assist staff, residents, and families to overcome the tension between dependence and empowerment by encouraging and promoting an open exchange of ideas, recommendations and concerns throughout the facility. Establish an effective grievance process, support resident council meetings and follow up on resident concerns brought forward. Utilize the information and wisdom of residents and their representatives to make the facility feel like a home and not an institution.

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

To learn more about the **Long-Term Care Ombudsman Program**, contact: 515-725-3333 or toll free 1-866-236-1430.

This is the fourth in a series of four releases on National Residents' Rights Month (October)

IowaAging.gov
Office of the State Long-Term Care Ombudsman

FOR IMMEDIATE RELEASE:
October 7, 2013

CONTACT:
Merea Bentrott or Sarah Hinzman
Phone: 515-725-3333
Toll Free: 1-866-236-1430
Email: Aging@iowa.gov

Volunteers sought to become members of new State Long-Term Care Volunteer Ombudsman Program

(Des Moines, IA) - Are you interested in advocating for residents of Iowa's long-term care facilities? The Office of the State Long-Term Care Ombudsman is seeking volunteers in Benton, Black Hawk, Johnson, Linn, Muscatine, Scott, Washington and other surrounding counties to become members of its new Volunteer Ombudsman Program (VOP).

Volunteer Ombudsmen are trained, certified volunteers that visit long-term care facilities to assist residents with problems or concerns, monitor the quality of care provided residents, help protect residents' rights, work to ensure dignified and respectful treatment of residents, and encourage participation in resident councils. This unique and rewarding opportunity requires a minimum commitment of 3-5 hours per month for one year.

As a Volunteer Ombudsman, you will receive:

- Training, resources and continuing support from the VOP Coordinators
- Rewarding relationships with residents and other volunteers
- The opportunity to partner in fostering the dignity of residents of long-term care facilities

Trainings are scheduled in Eastern Iowa from late October through mid-February. Applications to volunteer must be submitted prior to attending training. To learn more about the Volunteer Ombudsman Program, and to request an application, contact: Merea Bentrott or Sarah Hinzman, Volunteer Ombudsman Program Coordinators at 866-236-1430, or visit the VOP website at https://www.iowaaging.gov/vop.

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

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IowaAging.gov
Office of the State Long-Term Care Ombudsman

FOR IMMEDIATE RELEASE:
October 10, 2013

CONTACT:
Merea Bentrott or Sarah Hinzman
Phone: 515-725-3333
Toll Free: 1-866-236-1430
Email: Aging@iowa.gov

Volunteers sought to become members of new State Long-Term Care Volunteer Ombudsman Program

(Des Moines, IA) - Are you interested in advocating for residents of Iowa's long-term care facilities? The Office of the State Long-Term Care Ombudsman is seeking volunteers in Polk, Dallas, Jasper, Warren, Marion and other surrounding counties to become members of its new Volunteer Ombudsman Program (VOP).

Volunteer Ombudsmen are trained, certified volunteers that visit long-term care facilities to assist residents with problems or concerns, monitor the quality of care provided residents, help protect residents' rights, work to ensure dignified and respectful treatment of residents, and encourage participation in resident councils. This unique and rewarding opportunity requires a minimum commitment of 3-5 hours per month for one year.

As a Volunteer Ombudsman, you will receive:

- Training, resources and continuing support from the VOP Coordinators
- Rewarding relationships with residents and other volunteers
- The opportunity to partner in fostering the dignity of residents of long-term care facilities

Trainings are scheduled in Central Iowa from late October through mid-January. Applications to volunteer must be submitted prior to attending training. To learn more about the Volunteer Ombudsman Program, and to request an application, contact: Merea Bentrott or Sarah Hinzman, Volunteer Ombudsman Program Coordinators at 866-236-1430, or visit the VOP website at https://www.iowaaging.gov/vop.

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

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IowaAging.gov
Office of the State Long-Term Care Ombudsman

FOR IMMEDIATE RELEASE:
January 7, 2014

CONTACT:
Sarah Hinzman
Phone: 515-725-3333
Toll Free: 1-866-236-1430
Email: sarah.hinzman2@iowa.gov

Volunteers needed to advocate for residents in local long-term care facilities

(Des Moines, IA) - The Office of the State Long-Term Care Ombudsman is seeking volunteers to become members of its new Volunteer Ombudsman Program (VOP). The VOP wishes to place 1-2 volunteers in every nursing facility, residential care facility, and elder group home in Iowa.

Volunteer Ombudsmen are trained, certified volunteers that visit one local long-term care facility to advocate for residents' rights. This includes visiting with residents about their quality of care and quality life in the facility and seeking to resolve their concerns. This unique and rewarding opportunity requires a minimum commitment of three hours per month for one year.

Skills necessary include a friendly disposition, active listening, collaborative problem solving, and a strong appreciation for older Iowans and Iowans with disabilities. Volunteers must be at least 18 years of age. Previous experience in health care is not required. Certain conflicts of interest may prevent some people from serving, including current employees of long-term care facilities and their family members.

The benefits of becoming a Volunteer Ombudsman include:

- Training, resources, and continuing support from the State Long-Term Care Ombudsman's Office;
- Rewarding relationships with long-term care residents;
- A flexible schedule—volunteers are able to conduct their service as it suits their lifestyle; and,
- The opportunity to learn more about navigating the system of long-term care.

New volunteer training is scheduled in the following counties on select dates now through February: Linn, Black Hawk, Washington, Scott, Benton, and Polk. New volunteer training is anticipated for the following counties in the spring: Appanoose, Carroll, Pottawattamie, Woodbury, Sioux, Clay, Cerro Gordo, Story, Marshall, and Winneshiek. Other counties will be visited later in 2014, or as demand necessitates. Volunteer applications must be submitted prior to attending training.

To learn more about the Volunteer Ombudsman Program, and to request an application, contact Sarah Hinzman, Volunteer Ombudsman Program Coordinator at 866-236-1430, or visit the VOP website at www.iowaaging.gov/vop.

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

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IowaAging.gov
Office of the State Long-Term Care Ombudsman

FOR IMMEDIATE RELEASE:
June 09, 2014

CONTACT:
Sarah Hinzman
Phone: 515-725-3333
Toll Free: 1-866-236-1430
Email: sarah.hinzman2@iowa.gov

Volunteers needed to advocate for residents in local long-term care facilities

(Des Moines, IA) - The Office of the State Long-Term Care Ombudsman is seeking volunteers for its new Volunteer Ombudsman Program (VOP). The VOP wishes to place 1-2 volunteers in every nursing facility, residential care facility, and elder group home in Iowa.

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- Rewarding relationships with long-term care residents;
- A flexible schedule—volunteers are able to conduct their service as it suits their lifestyle; and,
- The opportunity to learn more about navigating the system of long-term care.

New volunteer trainings are scheduled around the state this summer, including Des Moines (July 8 and 10), Fort Madison (July 16), Dubuque (July 17), Marshalltown (July 22), Waverly (July 24), Cherokee (July 29), Ottumwa (July 30), Davenport (August 5), Red Oak (August 7), Fort Dodge (August 12), and Lamoni (August 14). Make-up trainings may be offered as needed. Interested persons must submit a volunteer application prior to attending training.

To learn more about the Volunteer Ombudsman Program, and to request an application, contact Sarah Hinzman, Volunteer Ombudsman Program Coordinator at 866-236-1430, or visit the VOP website at www.iowaaging.gov/vop.

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

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Appendix A
Section 2:

Fact Sheets

IowaAging.gov
Office of the State Long-Term Care Ombudsman

Facility and Programs Roles and Responsibilities in Suspected Dependent Adult Abuse

Iowa's long-term care facilities and assisted living programs play a vital role in protecting residents/tenants living in these settings. Abuse, neglect and exploitation can occur anywhere and may be committed by a friend, fiduciary, family member, facility staff or employee. One way of preventing and addressing abuse, neglect and exploitation is by increasing awareness and training. Staff and employees of a health care facility or assisted living program are identified in Iowa Code 235E as mandatory reporters. This law dictates that a staff member or employee of a facility or program who, in the course of employment, examines, attends, counsels, or treats a dependent adult in a facility or program and reasonably believes the dependent adult has suffered dependent adult abuse, shall report the suspected dependent adult abuse to the Department of Inspections and Appeals (DIA).

Possible signs of abuse, neglect or exploitation may include:

- Open wounds, bed sores, or cuts
- Soiling, poor hygiene, smell of urine or feces
- Unexplained disappearance of personal items
- Sudden and unexplained change in weight
- Sudden and unusual financial transactions

In order for DIA to conduct an investigation of an abusive situation, the following criteria must be met:

- **Victim is a dependent adult**: A person eighteen years of age or older whose ability to perform the normal activities of daily living or to provide for the person's own care or protection is impaired, either temporarily or permanently.

- **The alleged perpetrator is the caretaker**: A caretaker is a person who is a staff member of a facility or program who provides care, protection, or services to a dependent adult voluntarily, by contract, through employment, or by order of the court. (A guardian, conservator and attorney-in-fact under a durable power of attorney document are considered caretakers for a resident/tenant, but this type of suspected abuse would be reported to DHS under Iowa Code 235B.)

- An allegation of abuse under the Dependent Adult Abuse Law:

Dependent adult abuse is any of the following as a result of the willful misconduct or gross negligence or reckless acts or omissions of a caretaker, taking into account the totality of the circumstances:

- **Physical Injury, Unreasonable Confinement, Unreasonable Punishment, and Assault**:
- **Sexual Offense:** The commission of a sexual offense under chapter 709 or section 726.2 with or against a dependent adult.
- **Exploitation:** A caretaker who knowingly obtains, uses, endeavors to obtain to use, or who misappropriates, a dependent adult's funds, assets, medications, or property with the intent to temporarily or permanently deprive a dependent adult of the use, benefit, or possession of the funds, assets, medication, or property for the benefit of someone other than the dependent adult.
- **Neglect of a Dependent Adult**: The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or physical or mental health.
- **Sexual Exploitation of a dependent adult by a caretaker whether within a facility or program or at a location outside of a facility or program.**

To report suspected abuse, neglect, or financial exploitation in a long-term care facility or assisted living program, contact:

Iowa Department of Inspections and Appeals
877-686-0027
or
https://dia-hfd.iowa.gov/DIA_HFD/Process.do

To discuss concerns by or for a resident or tenant, contact the Office of the State Long-Term Care Ombudsman at 866-236-1430.

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

IowaAging.gov

Office of the State Long-Term Care Ombudsman

Financial Exploitation Awareness & Resources

Financial exploitation "is regarded as the third most commonly substantiated type of elder abuse. While underreported, the annual financial loss by victims is estimated to be at least $2.6 billion dollars. Victims are four times more likely to go into a nursing home and 9% of financial exploitation victims turn to Medicaid as a direct result of exploitation." (National Adult Protective Services Association (NAPSA), 2011). Financial exploitation is the unauthorized and illegal use of an adult's funds, property, or resources, including medications.

Anyone and everyone is at risk of financial exploitation. Most particularly, individuals who are vulnerable due to fragility, illness, physically or mentally impaired, or depressed. These individuals depend on others for their physical or emotional care and may need assistance with their finances or may not have ever managed their money.

These factors make vulnerable individuals susceptible to this type of crime. Typically, the perpetrator is a family member, care provider, friend or other trusted source that the individual relies on for assistance. Once the exploitation has taken place, the victim may be embarrassed; sad and angry; fearful of moving out of their home; and reluctant to get their family member or trusted friend in trouble with the law.

Perpetrators establish a relationship of trust which is the core for financial exploitation to take place. Establishing and growing the trust relationship gives the perpetrator access to the money and resources. The National Center on Elder Abuse also found that 90% of abusers are family members or trusted others. Common forms of financial exploitation include:

- Using funds from bank accounts;
- Transferring a deed/title;
- Misusing a power of attorney document;
- Using the victim's social security number to obtain credit;
- Placing a mortgage on victim's home; and
- Misusing power as conservator.

The best way to combat financial exploitation is by being aware of warning signs and reporting suspicious activity. Warning signs may include acquiring a new "friend" who expresses a sudden interest in the victim; a caregiver who has no visible means of support but is not wanting for much; expenses or bills not being paid; the victim begins talking about giving away heirlooms, prized possessions, or signing a home or farmland in exchange for care; the victim has no memory of financial transactions or signing paperwork; or the victim is not allowed to speak for him/herself.

For more information about financial exploitation, please visit the Iowa Department on Aging's State Clearinghouse at: www.iowaaging.gov/national-resources

To discuss concerns by or for a resident or tenant, contact the
Office of the State Long-Term Care Ombudsman at 866-236-1430

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

IowaAging.gov
Office of the State Long-Term Care Ombudsman

Be Aware of Scams Targeting Veterans

As our population ages, unfortunately so do the scams. Scammers target vulnerable people through a variety of methods and exploit our emotions and values. Scams against veterans or that seek to assist veterans are a prime example. These scamming techniques could be a simple phone call, sending an email, sending a letter, or even going door to door.

Veterans, their dependents and others are also targeted through invitations to attend a seminar. A growing practice is to conduct a presentation at a well-known establishment which gives the appearance of a valid product and creates a safe environment. For example, a scammer may hold an investment presentation at a bank, a long-term care facility or assisted living program, or a retirement community and market the presentation to veterans. It is natural to assume that if the presentation is being held in such a location, it must be legitimate but this is not necessarily true. Another potentially deceptive practice is for a door-to-door solicitor to claim they are a veteran and are working for an organization that supports veterans. Their intent is to play on your appreciation for veterans with the goal of taking your money or stealing your personal information such as bank account numbers or credit card numbers.

The best way to protect yourself is to safeguard your personal information which includes your social security number, Medicare or Medicaid number, insurance card number or credit card number. Only provide personal or medical information to entities that you know are who they say they are. It is much safer to initiate the contact because you can be assured you are dealing with the appropriate organization. Be aware of "free" offers for health products, discounts, or services that require you to provide personal information.

Additional ways to protect yourself include:

- Never deal with someone who is not happy to answer your questions or does not allow you time to confirm the answers.
- When purchasing a financial product or any type of service, confirm that they are licensed or registered by asking to see proof. No proof, no purchase.
- If you are feeling pressured, tell the person that you won't make decisions without talking to someone else first. You always have the right to say no and to have that answer respected.
- Give yourself time to think about it.
- Discuss it with others such as family, friends, or call government agencies to confirm answers to your questions or to ask for help.

If you feel you have been a victim of a scam targeting veterans, contact:
Bob Stebbens, Iowa Department of Veterans Affairs, 515-242-0153, Bob.Steben@iowa.gov

To discuss concerns by or for a resident or tenant, contact the
Office of the State Long-Term Care Ombudsman at 866-236-1430

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

IowaAging.gov
Office of the State Long-Term Care Ombudsman

Sexual Expression among Long-Term Care Residents

Sexuality among the aging, particularly in the context of long-term care, has traditionally been overlooked; however, it is gradually gaining recognition as an important factor in the lives of older adults and a natural part of the aging process. Preserving residents' rights to freedom of sexual expression in the long-term care environment is an important component of resident-centered care and residents' rights.

Residents face multiple barriers to exercising their rights to sexual expression in long-term care facilities. Shared living spaces, lack of privacy measures, and inadequate opportunities for private interaction prevent many residents from acting on their sexual interests. Additionally, staff attitudes or uncertainty in how to respond to various forms of sexual expression can lead to discomfort or embarrassment for all parties. Staff training and clear strategies for addressing sexual expression become necessary to establish consistent and ethical professional response policies.

It is becoming increasingly important that facilities anticipate residents will require health services and resources for managing sexual functioning. It is also necessary to understand the physiological aspects of sex and the aging body, as well as the effects of disease and medication on sexual competency. Care plans for maintaining and regaining sexual competency may be considered, as well as effective methods for educating residents on sexually-transmitted infections and tools for protecting themselves from risky sexual behavior.

The definition of acceptable sexual expression requires reconsideration when applied to residents with cognitive impairment. Collective efforts must be made among residents' care teams to determine whether residents understand the nature and effect of their actions.

Facilities must contemplate the extent to which they are willing to accommodate residents' sexual expression. Ultimately, attitudes of awareness, acceptance, and respect of sexual diversity and the conditions and influences surrounding residents' sexual needs and desires must be clearly communicated to the residents themselves.

For more information on the Long-Term Care Ombudsman Program or to reach a Local Long-Term Care Ombudsman, please call 866-236-1430.

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolutions to problems, and providing advocacy with the goal of enhancing quality of life and care.

Important Information
About Drug Coverage
For Nursing Home* Residents on Medicare

While you live in a nursing home you can enroll in, or change, Medicare drug plans at **ANY TIME**. You should consider reviewing your drug coverage:

When You Are Admitted to the Nursing Home:

- It is a good idea to review your Medicare drug plan to be sure that it is accepted by the nursing home's pharmacy and covers any new drugs you are taking.

Any Time Your Drugs Change:

- You should compare Medicare drug plans to see if your current plan is still the best for you.

October 15-December 7 Every Year:

- This is when plans announce the drugs they will cover and your costs for the next year. There can be significant changes to your current plan. Comparing plans every year is important.

If You Become Eligible for Medicaid:

- You will qualify for $0 co-payments for drugs covered by your Medicare drug plan and a lower premium.
- Your employer drug plan, if you have one, needs to be evaluated immediately. It may be to your advantage to switch to a Medicare drug plan to receive the benefit of $0 co-payments and a lower premium.

If You Leave the Nursing Home:

- You have another opportunity to change Medicare drug plans. You should evaluate your plan to be sure it is accepted by your local pharmacy.

Who Can Help?

The Senior Health Insurance Information Program (SHIIP), a service of the State of Iowa, can help you compare drug plans, enroll in a new drug plan and evaluate your drug plan when you qualify for Medicaid. SHIIP's services are free, confidential and objective. To contact SHIIP:

Call: 1-800-351-4664
(TTY 1-800-735-2942)
E-mail: shiip@iid.iowa.gov

SENIOR HEALTH INSURANCE INFORMATION PROGRAM
SHIIP

*This does not include assisted living facilities or residential homes.

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Representative Payee – What is it?

What is a Representative Payee? A representative payee is an individual, agency, organization or institution appointed by a government entity to administer federal benefits on behalf of a beneficiary. A representative payee may be appointed by the government entity at the point when an individual becomes incapable of managing his or her federal benefits.

Representative payees may be appointed by the following government entities: Social Security Administration, Veterans Affairs (representative payee is referred to as a "federal fiduciary"), the Railroad Retirement Board, the Office of Personnel Management, and the Department of Defense.

Who is served by a Representative Payee? Representative payees are appointed to assist the most vulnerable members of society – those who are young, elderly, or disabled and lack the capacity to manage their federal benefits.

How does the government entity determine whether a person is unable to handle their benefits? Some government entities (including the Social Security Administration) will look for a physician's finding that the person lacks capacity or will interview the beneficiary to make a determination.

What does a representative payee do? The payee is appointed to manage *only* federal benefits. A representative payee is required to document the benefits received and the use of those benefits annually. It is important to work with the government entity administering the benefits to ensure any record and reporting requirements are met.

If an individual has a representative payee, do they need a power of attorney or other assistance handling their personal finances? *Yes!* A representative payee is strictly limited to handling federal benefits; he or she has no legal authority to manage non-federal benefit income or medical matters.

I am a conservator/attorney-in-fact, do I need to be appointed as a representative payee to handle the ward/principal's federal benefits? *Yes!* The Social Security Administration (and other government entities) do not recognize other types of substitute decision makers, such as conservators and attorneys-in-fact, to manage the benefits.

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Re-establishing an Office of Substitute Decision Maker

As many of you know, substitute decision making options in Iowa are few. Substitute Decision Makers serve as guardians, conservators, representative payees, and attorney-in-facts under powers of attorney.

As Long-Term Care Ombudsmen, our office regularly receives calls from facilities asking for assistance in locating someone to serve as a substitute decision maker. There are only a few organizations and individuals that provide these services and most charge a fee. Unfortunately, there is currently no statewide organization that provides this service. Although no organization or office currently serves in a statewide capacity, there is an Iowa law, Iowa Code 231E, which would allow for the establishment of an Office of Substitute Decision Maker. This office would serve as a decision maker of last resort for individuals who had no one else to act in this capacity.

The Office of State Long-Term Care Ombudsman believes that the Office of Substitute Decision Maker would serve as a valuable resource to residents, tenants, and all individuals who need accurate information on guardianships, conservatorships, and powers of attorney.

If you feel strongly that an Office of Substitute Decision Maker (OSDM) is needed, there are ways you can help.

- Work with your association and inform them that this is a concern to you and your organization;
- Contact your local state legislators to support passage and full funding of the Office of Substitute Decision Maker;
- Share specific examples with legislators of instances when a substitute decision maker was needed but not available. If e-mailing your legislators, forward your concerns along with the OSDM fact sheet. (E-mail addresses are available on the Legislative Services website, Legislative Services website)

The Office of Substitute Decision Maker could provide the needed service of a substitute decision making when no one else is available or appropriate.

Your assistance in achieving this goal would be appreciated.

Office of Substitute Decision Maker

The Office of Substitute Decision Maker (OSDM) was established to create a statewide network of substitute decision makers who provide substitute decision-making services as a last resort; only where no other substitute decision maker is available. The general assembly has recognized that many adults in Iowa are unable to maintain their physical health or manage essential aspects of their financial resources and are in need of substitute decision-making services.

Without a substitute decision maker, the adult is at risk of:

- Abuse, exploitation, and scams;
- Medical or financial crisis caused by the lack of a substitute decision maker;
- Loss of home or savings; and
- Being trapped at a costly and inappropriate level of care.

OSDM could assist by providing:

- An advocate to protect and ensure safety;
- Access to needed services to those who cannot consent;
- Alternatives to inappropriate or poor decision makers; and
- Assistance in planning for incapacity.

Who does OSDM serve?
Adults of all ages who might be in need of a decision maker, but do not have access to one.

When (in what circumstances) does OSDM provide services? OSDM is designed as an office of *last resort*. OSDM would intervene in the following circumstances:

- No willing and reasonable person is available to serve as a private substitute decision maker;
- The adult does not have adequate income or resources to compensate a private substitute decision maker;
- The appointed guardian or conservator is not fulfilling prescribed duties; or
- The appointed substitute decision-maker is financially exploiting or otherwise abusing the adult.

What services does OSDM provide?
In addition to serving as substitute decision maker (guardian/conservator/representative payee/attorney-in-fact/personal representative), OSDM also provides:

- Assistance to individuals in finding alternatives to substitute decision-making services and less-intrusive means of assistance;
- Assistance to public and private substitute decision makers throughout the state to secure necessary services for their wards, principals, clients, and decedents;
- Assistance to substitute decision makers, wards, principals, clients, courts, and attorneys to ensure orderly and expeditious handing of substitute decision-making proceedings.

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Greetings from the State Office of Long-Term Care Ombudsman:

This month's listserv message includes our annual report. Our federal fiscal year 2013 annual report was submitted this past week to the Iowa Governor's Office and Iowa Legislature.

To find previous communiques our Office has sent out, click here. Our office utilizes this part of our website to share various items that are passed along to you in the ombudsman communiques. We hope these tools will be useful for you.

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Minimum Data Set (MDS) Section Q Education

Whether you are new to your position or a seasoned long-term care professional, you may have questions about Section Q within the MDS (Minimum Data Set). Section Q addresses discharge planning and the resident's desires to return to the community. When Section Q was added to the MDS in 2010, education about the resulting referral process was limited. The Iowa Department on Aging recently received a grant through the Department of Human Services (DHS) to develop and present some education on this topic to long-term care professionals.

Under the grant, the Office of the State Long-Term Care Ombudsman, through the Local Long-Term Care Ombudsmen, has been requested to distribute CMS brochures to facilities, residents, and their families. These brochures are titled "Your Right to Get Information About Returning to the Community".

Our Office will be contacting facilities to request that these brochures be placed in admission packets, and/or displayed in a public area. By assisting residents and their families obtain information about community supports and services; we can work collaboratively to empower them to become actively involved in appropriate discharge/transition planning. To receive these brochures or to request additional copies, please contact the Office of the State Long-Term Care Ombudsman at: 1-866-236-1430. These brochures are also available on our website and may be printed.

To further support our educational efforts, our Office has a pre-recorded webinar (and PDF slides) available for facility staff to view and/or print. The Section Q webinar titled "MDS Section Q Education: Helping People Return to the Community" addresses:

- The responsibilities of each participating entity when making a Section Q referral. These entities include: the nursing facility, Iowa Medicaid Enterprise, the Options Counselor through the Lifelong Links Aging and Disability Resource Network, the resident and family and/or legal decision maker, and the Local Long-Term Care Ombudsman.
- When is/is not a Section Q referral appropriate?
- Examples of Success Scenarios through the Section Q process.
- Steps to take when a Section Q referral is appropriate (please note a Section Q referral can take place **ANY TIME**, not just when the MDS assessment is due).
- When does a Section Q referral end?
- Follow up needed by the Nursing Facility and the Options Counselor through the Lifelong Links Aging and Disability Resource Network.
- Frequently Asked Questions.

Access the Recording, Download the Presentation

Our Office has also created an "At a Glance" sheet which provides the steps to take when a Section Q referral is appropriate. You may access this information through our website. Or, you may contact the Office of the State Long-Term Care Ombudsman to request copies.

For additional questions, please contact your Local Long-Term Care Ombudsman directly, or through our toll free number at: 1-866-236-1430.

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Greetings from the Office of the State Long-Term Care Ombudsman

We are very pleased to inform you of some exciting resources that will soon be available to the residents, family and staff of your facilities. We recently applied for and received a grant from the Civil Money Penalty (CMP) fund to develop educational resource materials geared toward topics important to long-term care consumers. The Local Long-Term Care Ombudsmen and members of the Iowa Department on Aging's Elder Rights team are in the process of creating brochures as well as developing webinars that will discuss topics of interest to anyone living in a long-term care facility or someone who is considering moving to a long-term care facility. The brochures will discuss topics such as: choices that are available when looking for long-term care services; resident rights; what to look for when choosing a nursing home; the involuntary discharge process; the Certified Volunteer Long-Term Care Program; Elder Abuse; and Power of Attorney documents, just to name a few. The Local Long-Term Care Ombudsman for your facility may have already discussed this project with you while visiting your facility. We have received a very favorable response and are looking forward to placing small kiosks in each nursing home in the state. As our brochures are going to print and kiosks are being ordered, we are asking for your assistance**. If you are willing to allow these educational resources to be placed within your facility, please contact Julie Pollock, Local Long-Term Care Ombudsman at 712-249-7424 or julie.pollock@iowa.gov.**

Until such time as all brochures are available, we would like to have the kiosk delivered to your nursing home and stored until the brochures are delivered. The kiosk is small so should not take up a large area. We are currently coordinating with Storey Kenworthy on the delivery of the kiosks. Each kiosk will have a note attached, explaining what the kiosk is to be used for. We will also be adding webinars to the Iowa Department on Aging website (www.iowaaging.gov) as they are developed. Currently, a webinar regarding the MDS Section Q is on the website for your viewing. Please refer to the MDS Section Q tab under the Long-Term Care Ombudsman section of the website.

Thank you for your assistance with this project and please feel free to direct any questions to Julie Pollock at 712-249-7424 or julie.pollock@iowa.gov. We are looking forward to providing this information to consumers and staff so that informed decisions can be made when questions arise regarding long-term care issues. Thank you for your assistance.

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IPOST Essentials

IPOST : what is it, and how can I use it? IPOST stands for: Iowa Physician Orders for Scope of Treatment. The IPOST is a standardized, clearly identifiable one page, salmon colored form. The IPOST allows an individual to communicate their treatment preferences for life-sustaining treatments. These treatments may include: resuscitation, general scope of treatment, artificial nutrition and more. Essentially the IPOST translates a conversation about goals of care into an actionable medical order format with the authority of a physician, physician's assistant (PA), or a registered nurse practitioner (ARNP) signature. This is a communication tool that is complementary to an advance directive. An IPOST is appropriate for individuals who are frail and elderly, have a chronic, serious critical medical condition, or terminal illness.

Benefits of the IPOST include:

- A clear declaration of the individual's healthcare treatment choices and wishes.
- Relieving the decision maker of making complicated health care decisions during the last stages of an illness, as the IPOST communicates the individual's wishes in the form of an actionable medical order.
- IPOST became a state law on March 7, 2012. Iowa Code 144D allows IPOSTs to be recognized throughout the state in any setting (home, long-term care facility, hospital, hospice, etc.).
- Seamless communication and execution of an individual's care choices across healthcare treatment settings.

Facilitators, physicians, ARNP's and PA's have the ability to assist with completing the IPOST forms by discussing goals and care decisions with individuals. There are educational events for providers who are interested in learning how to complete IPOST forms. The Iowa Department of Public Health (IDPH) and The Iowa Healthcare Collaborative (IHC) have come together to provide education, administrative structure and to develop a strategy for statewide implementation. To date, the following counties have launched the IPOST program: Linn, Jones, Johnson, Muscatine, Scott, Dubuque, Polk, Blackhawk, Woodbury and Webster.

How can I go about creating an IPOST paradigm in my area?

- First, an IPOST champion will need to be identified (essentially someone willing to lead the cause). The IPOST champion could create a community coalition involving key stakeholders. Long-term care facilities are the perfect place to facilitate these discussions. Stakeholders may include physicians/ARNP/PA's, hospital personnel (administration, , Palliative care, social work), EMS, home care, faith communities, hospice, long-term care settings, an ethicist, legal, public health and interested community members. If you would like to be connected to a community coalition, contact Christine Harlander at: charlander@mercycare.org

What resources are available?

- You will find many resources in the IPOST toolkit: http://www.ihconline.org/aspx/general/page.aspx?pid=82
- IDPH has an IPOST specific website as well: http://www.idph.state.ia.us/ipost/default.aspx

Who can help me to organize a coalition or answer my questions?

- Kady Hodges, a staff lead with IHC is available to answer questions relating to the IPOST: hodgesk@ihconline.org
- Christine Harlander is a great resource who has a lot of experience organizing coalitions: charlander@mercycare.org

Are there educational opportunities regarding the IPOST?

- On June 4, there is an Iowa Healthcare Collaborative Care Coordination Conference at the Meadows Events and Conference Center in Altoona. This conference is geared toward long term care providers, in addition to many other providers in the healthcare continuum. A Polk county nursing facility will present on how they have implemented the IPOST program. There will be break-out sessions focusing on IPOST that afternoon. For more information contact Kady Hodges at: hodgesk@ihconline.org
- IPOST Informational webcast by Dr. Tom Evans and Shannon Strickler: http://iha.mediasite.com/mediasite/Play/16a5aec5994c406ca2ea94a1a80752a91d?catalog=ac704d67-8663-499c-a863-932b0754df8b

How do I obtain the IPOST forms?

- IDPH has the IPOST forms, and they can be ordered in bundles of 100 for $30. Order forms are available on the IHC website as part of the tool kit: http://www.ihconline.org/aspx/general/page.aspx?pid=82

Additional information:

- The IPOST State Task Force will be sending IPOST surveys to stakeholders and long-term care providers in the coming months. The purpose of these surveys will be to determine the awareness level, who is utilizing the IPOST program, and to identify any barriers. Your participation in this survey would be appreciated.

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ASCEND MANAGEMENT INNOVATIONS | Iowa Department of Human Services | Iowa Medicaid Enterprise | MAGELLAN BEHAVIORAL HEALTH | i4a

Save the Date: Friday, June 20, 2014

New Developments in Person-Centered Care

A **FREE** training event that will offer valuable and timely information about:

- LifeLong Links Network Statewide Expansion
- Preadmission Screening and Resident Review (PASRR) in Iowa
- Magellan Health Services—SeniorConnect and Integrated Health Homes (IHH)
- The role of the Long Term Care Ombudsman

WHO SHOULD ATTEND?

- Providers of community-based services to older adults and individuals with disabilities of all ages
- Options counselors
- Nurses
- Social workers
- PASRR providers
- Case managers
- IHH team members
- Independent living centers
- Hospital discharge planners
- Long-term care and RCF providers
- Assisted living programs
- Retirement communities
- Older adults
- People with disabilities
- Advocates
- Interested community members

Training will be available through ICN in many sites across Iowa

Date: Friday, June 20, 2014

Time: 8:30am–12:30pm

More information coming soon. Watch your email!

There is no charge to attend this conference or obtain CEUs.

THE PRESENTERS ARE:

Joel Olah | Executive Director of Aging Resources

Lila Starr | The Iowa Department of Human Services, Division of Mental Health and Disability Services

Joe Sample | The Iowa Department on Aging

Cecelia Johnson | The Iowa Association of Area Agencies on Aging, i4a

George Dorsey | Magellan Health Services

Deanna Clingan-Fischer | The Office of the State Long Term Care Ombudsman

LifeLong Links™ Connecting you to Iowa's aging and disability resources

IowaAging.gov The Link to Resources for Older Iowans

IowaAging.gov
Office of the State Long-Term Care Ombudsman

Guardianship/Conservatorship: What can a guardian/conservator do?

Guardians and conservators are appointed by the court to make personal and financial care decisions on behalf of another (the "ward"). However, the fact that one has been appointed a guardian or conservator does not mean that their authority to make decisions is necessarily unlimited. Courts are legally obligated to consider the least restrictive alternatives before issuing a guardianship or conservatorship that would grant full decision-making authority.

To determine the level of authority granted to the guardian or conservator, look to the letters of appointment. These are proof that the person claiming to be the guardian or conservator has, in fact, been appointed to serve that role. These letters also detail the level of responsibility and authority that has been granted. Unless the court limits the role of the guardian or conservator, the duties are as followed:

Guardian:

- Providing for the care, comfort and maintenance of the ward, including the appropriate training and education to maximize the ward's potential;
- Taking reasonable care of the ward's clothing, furniture, vehicle and other personal effects;
- Assisting the ward in developing maximum self-reliance and independence;
- Ensuring the ward receives necessary emergency medical services;
- Ensuring the ward receives professional care, counseling, treatment, or services as needed. If necessitated by the physical or mental disability of the ward, the provision of professional care, counseling, treatment, or services limited to the provision of routine physical and dental examinations and procedures under anesthesia is included, if the anesthesia is provided within the scope of the health care practitioner's scope of practice.

Conservator:

- To collect, receive, receipt for any principal or income, and to enforce, defend against or prosecute any claim by or against the ward or the conservator; to sue on and defend claims in favor of, or against, the ward or the conservator;
- To sell and transfer personal property of a perishable nature and personal property for which there is a regularly established market;
- To vote at corporate meetings in person or by proxy;
- To receive additional property from any source;
- To continue to hold any investment or other property originally received by the conservator, and also any increase thereof, pending the timely filing of the first annual report.

Even if granted a full guardianship or full conservatorship, there are still certain decisions that require court approval. Although, this court approval may be obtained at the time the guardianship or conservatorship is established, often the guardian or conservator must go back to court to seek this authority at a later date. Following are the types of duties which require further court approval:

Guardian

- Change the ward's permanent residence to one that is more restrictive of the ward's liberties than the current residence;
- Arrange the provision of major elective surgery or any other nonemergency major medical procedure; and
- Consent to the withholding or withdrawal of life-sustaining procedures.

Conservator

- To invest the funds belonging to the ward;
- To execute leases;
- To make payments to, or for the benefit of, the ward in any of the following ways:
  - Directly to the ward;
  - Directly for the maintenance, welfare and education of the ward;
  - To the legal guardian of the person of the ward; or
  - To anyone who at the time shall have the custody and care of the person of the ward.
- To apply any portion of the income or of the estate of the ward for the support of any person for whose support the ward is legally liable;
- To compromise or settle any claim by or against the ward or the conservator; to adjust, arbitrate or compromise claims in favor of or against the ward or the conservator;
- To make an election for the ward who is a surviving spouse;
- To exercise the right to disclaim on behalf of the ward; and
- To do any other thing that the court determines to be in the best interests of the ward and the ward's estate.

For more information on the Long-Term Care Ombudsman Program or to reach a Local Long-Term Care Ombudsman, please call 866-236-1430.

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Greetings from the State Office of Long-Term Care Ombudsman:

From time-to-time, our Office may send you information out of the normal e-mailing schedule especially if there is time sensitive information. This communique shares save the date information for ***Changes on the Elder Abuse Horizon…The Passage of New Legislation*** held on Wednesday, June 25, 2014. Please find information regarding the webinar, presenters, and **registration** on our website.

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Long-Term Care Facility Disaster Preparedness

How prepared is your facility/program for a disaster? This question becomes increasingly important as we encounter more severe weather and storms than in the past and the threat of manmade disasters, such as, active shooters is on the rise. The time to prepare and plan for disasters is now. It is important to perform a risk assessment of your property and identify potential disaster threats in order to develop effective plans. Is your facility/program near an operation that could pose a potential threat? It is vital to assess the businesses near your facilities/programs that could present a danger to your staff and residents/tenants and have a proven plan in place in case disaster strikes.

Many lessons were learned from Hurricane Katrina and preliminary data suggests that evacuation has unintended consequences in terms of mortality, hospitalization, and functional decline. Research performed by Vincent Mor, PhD-Center for Gerontology and Healthcare Research at Brown University in Providence, RI, showed excess mortality and hospitalizations at 30 and 90 days for nursing home residents. These trends have been repeated with subsequent storms Rita, Gustav and Ike. Long-term care facilities have very difficult decisions to make in terms of evacuating residents/tenants or providing "shelter in place". Are there steps that can be taken to make your buildings and property safer so that residents/tenants do not have to evacuate? Can your HVAC system be configured to restrict outside air from entering your building if the air quality is compromised for some reason, as was the case with the Colorado wild fires in 2013? While the threat of wild fires is not great in Iowa, how many of our rural facilities/programs are located near fields where there could be grass fires or are near places where there could be potential chemical spills? Know what the potential dangers are that surround your facilities/programs so that plans can be developed.

It is suggested that long-term care facilities choose 2 locations to evacuate to, one located close by and one several miles away. It is important to communicate with neighboring facilities/programs to determine if they are equipped to handle a surge of residents/tenants if evacuation is needed. Is there a plan in place to safely transport and track residents/tenants who are evacuated? How will residents/tenants be transported in mass numbers and are there transportation companies on standby to assist with this? How portable are the medical records and supplies that will need to accompany each resident/tenant? How can this be done to minimize the trauma and stress to the residents/tenant? Are residents, tenants, and family members aware of the evacuation plans and do they participate in the drills?

Long-term care facilities need to be actively involved with the Emergency Management Teams at the county level and work with them to develop effective disaster preparedness plans. The Centers for Medicare and Medicaid Services (CMS) is proposing rules to expand requirements related to emergency preparedness which include: Risk assessment, Participation in community and table top drills, management of volunteers, sewage and waste disposal and temperature control during power outages. There are also mobile applications that can assist with disaster planning and one is available through the Red Cross. When it comes to disaster preparedness it is important to write a plan, exercise the plan, revise the plan, re-exercise the plan and identify the best practices. If you would like additional information, please contact the Office of the State Long-Term Care Ombudsman.

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Financial Power of Attorney

Important Vocabulary:

- Agent: the individual designated by a power of attorney document to make decisions on behalf of a principal and has consented to act in that capacity.
- Principal: the individual who authorizes someone to act on their behalf (signs the power of attorney document).

What is a financial power of attorney (FPOA)? A FPOA is a document authorizing an agent to make financial management decisions for the principal. The FPOA form is available through the Iowa State Bar Association (www.iowabar.org).

Who should be chosen to serve as an agent? The agent is the person that will be managing the principal's finances, so it is important to choose someone trustworthy; someone who will not abuse or exploit this power, will listen to the principal's wishes included in the document or otherwise communicated to the agent, and will look out for the principal's best interests. The principal also has the option of designating a successor agent who can take over if the original agent is unable or unwilling to serve.

When does the FPOA become effective? A FPOA is effective on the date it is signed, unless the principal chooses for it to become effective upon the occurrence of a future date or event or incapacity; this would need to be stated in the FPOA document. If the principal chooses for the FPOA to become effective at a later date, the principal may authorize one or more persons to make, in writing, the determination that the event or incapacity has occurred.

What does the agent do? The FPOA form lists a variety of financial management actions an agent is permitted to make on behalf of a principal. The principal has the ability to pick and choose what authority he or she wishes to grant to an agent. For this reason, it is important that the agent review the FPOA document to learn what his or her responsibilities include.

Most importantly, an agent is obligated to act in conformity with the following: (1) in accordance with the principal's reasonable expectations to the extent actually known by the agent and otherwise in the principal's best interest; (2) in good faith; and (3) only within the scope and authority granted in the power of attorney.

Who should receive a copy of the FPOA? The person named as agent and any person named as a successor agent should receive a copy. It would also be wise to share a copy with the applicable financial institution(s).

What relief is available when an agent has abused his or her authority? Iowa law permits a number of people and entities to ask the court to review the actions of an agent if they suspect any wrongdoing. An agent found to have violated their responsibilities under Iowa law may be ordered to pay to the principal or the principal's successors the amount required to restore the principal's property. The agent who is found guilty of wrongdoing may also be ordered to pay the attorney's fees and costs paid on the agent's behalf.

Can the FPOA be revoked? Yes, the principal may revoke the document. The FPOA terminates when any of the following occur: the principal dies; the principal becomes incapacitated, if the power is not durable; the principal revokes the power of attorney; the power of attorney provides that it terminates; the purpose of the power of attorney is accomplished; the principal revokes the agent's authority or the agent dies, becomes incapacitated, or resigns, and the power of attorney does not provide for another agent to act under the power of attorney.

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Voting

Fact Sheet | August 2014

ABSENTEE VOTING

In Iowa, there are special procedures for individuals residing in hospitals or health care facilities who would like to vote using an absentee ballot.

Request an absentee ballot. The form to request the ballot is available on the Secretary of State's website (www.sos.iowa.gov) or by calling (515) 281-5204 to request that the form to be sent via U.S. Mail.

The request must be submitted by 5:00 p.m. on the Friday before the election. If an individual is admitted to a facility or hospital between Friday and election day, she/he may contact the county auditor to request an absentee ballot.

Voting. A bipartisan team of election officials must deliver the absentee ballot. The voter will be notified when the team will be delivering the ballot. If the voter will not be available, she/he may arrange for another time that will be more convenient.

The team members will deliver the absentee ballot and wait while it is marked. They will return the ballot to the county auditor.

Every citizen has the right to vote.

Under both the United States and Iowa Constitutions, every adult citizen may vote unless that person has been either (1) declared mentally incompetent to vote; or (2) convicted of an infamous crime.

What does it mean to be "mentally incompetent"?

A person is mentally incompetent to vote if he or she *lacks sufficient capacity to comprehend and exercise the right to vote*.

Who determines competency?

The court will usually make this determination during a commitment hearing or at the time of granting guardianship.

Once a guardian is appointed, is the ward automatically presumed to be mentally incompetent to vote?

NO! Just because an individual has a guardian does NOT mean he or she is unable to vote.

Rather, the judge is required to make a separate determination regarding competency to vote at the time of granting guardianship.

How does someone register to vote?

Complete a voter registration form. The form is available on the Secretary of State's website, or by calling (515) 281-5204 to request that the form be sent via U.S. Mail.
Sign the completed form. If a voter is not physically able to sign, she/he may use a mark or stamp she/he regularly uses or may ask someone to sign for her/him . A person including a guardian or agent may only sign for the voter at the request of and in the presence of the voter.

If this form is sent at least 10 days before a primary or general election or 11 days before any other election, the county auditor will send a voter registration card within two weeks

> **EVERY CITIZEN OF THE UNITED STATES... SHALL BE ENTITLED TO VOTE AT ALL ELECTIONS...**
> IOWA CONST., ART. II, SEC. 1

Same-Day Voter Registration

Voters may also register on Election Day. The voter will need to show proof of residency and proof of identity. A current driver's license is the best method. If the voter does not have a current driver's license, she/he may provide a photo ID and one of the following: utility bill, bank statement, paycheck, government check, tax statement, or residential lease.

Suspected Voter Fraud

Should you suspect that someone has completed a voter registration form or an absentee ballot on behalf of a voter and without the voter's request or outside of the presence of the voter, you should immediately contact the Secretary of

IowaAging.gov
Office of the State Long-Term Care Ombudsman

Voting Information Sheet

Resident/Tenant's Name: _____

Circle Resident/Tenant's Choice:

Do they wish to vote in elections: ☐ YES ☐ NO

What type of elections do they want to vote in? ☐ Presidential ☐ Primaries ☐ Local ☐ All

How do they wish to vote: ☐ Absentee Ballot ☐ In-Person at the Polls ☐ In the Facility

Supports/Information Needed:

If they wish to vote at the polls do they need transportation arranged? ☐ YES ☐ NO

Who will be responsible for transportation if needed? _____

Where is their polling place located? _____

Is their voter registration current with the address of the health facility? ☐ YES ☐ NO

If not current, do they want assistance updating their registration? ☐ YES ☐ NO

Who will help? _____

Does the resident/tenant need assistance with voting due to vision impairment or difficulty writing?
☐ YES ☐ NO

Who will help? _____

If they have a guardian does it specifically state in the guardianship papers that they are not eligible to vote?
☐ YES ☐ NO

Completed by _____ Date _____

AGENCIES AVAILABLE TO ASSIST
Residents, Tenants and/or Family Members:

LONG-TERM CARE OMBUDSMAN

Answers questions or assists in resolving concerns raised by or on behalf of people living in nursing homes, assisted living facilities, residential care facilities and elder group homes.

1-866-236-1430 (toll-free)
510 E. 12th Street, Ste. 2, Des Moines, IA 50319

IOWA DEPARTMENT OF INSPECTIONS & APPEALS

The Division of Health Facilities inspects facilities to ensure compliance with state and federal standards.

1-877-686-0027 (toll-free)
Lucas Building, 3rd Floor, Des Moines, IA 50319

IOWA SENIOR MEDICARE PATROL

Answers questions or addresses concerns regarding Medicare and Medicaid fraud, waste or abuse.

1-800-423-2449 (toll-free)
2101 Kimball Avenue, Ste. 320, Waterloo, IA 50702

DISABILITY RIGHTS IOWA

Provides protection and advocacy for persons with mental illness or disabilities.

1-800-779-2502 (toll-free)
400 E. Court Avenue, Ste. 300, Des Moines, IA 50309

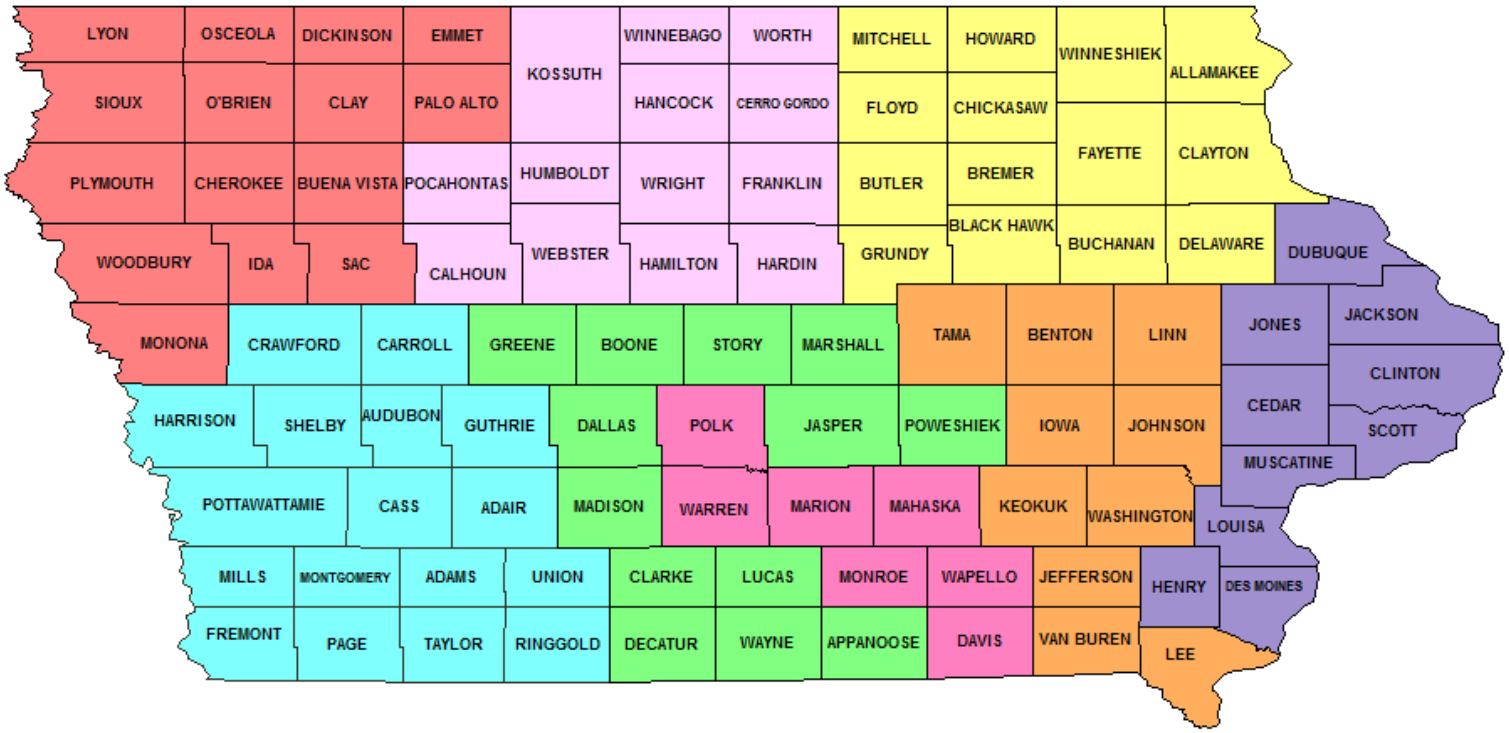
Approved by the Office of the State Long-Term Care Ombudsman – 9/14
Complies with Iowa Code Section 231.42 (13)

Office of State Long-Term Care Ombudsman
1-866-236-1430

510 E. 12th St., Suite 2
Des Moines, IA 50319-9025
Fax: 515-725-3313

Deanna Clingan-Fischer
State Long-Term Care Ombudsman
515-725-3333

Long-Term Care Ombudsman Districts



Kim Weaver
712-541-2641

Melanie Kempf
515-657-1912

Stacia Timmer
712-363-2845

Jennifer Golle
641-420-9850

Julie Pollock
712-249-7424

Tonya Amos
515-250-7596

Pam Railsback
319-541-0318

Kim Cooper
563-210-7439

Volunteer Ombudsman Program (VOP) Coordinators

Merea Bentrott
515-344-0052

Sarah Hinzman
515-657-1479

Paige Thorson, Policy Coordinator and Legislative Liaison
515-512-3880

Cynthia Pederson, Discharge Specialist
515-393-1710

AmeriCorps VISTA Members: Cairn Reisch, 515-725-3340 & Meredith Funke, 515-725-3320

Katie Mulford, Administrative Assistant
515-725-3344

Pat Wyatt, Secretary
515-725-3240

11/10/14

Appendix A
Section 3:

Volunteer Newsletter

Volunteer Ombudsman Newsletter

Listen, empower, and serve as a voice for Iowa's long-term care residents

Welcome New Volunteers!

Maxine Stiemsma
Whispering Heights
Rock Valley

Marlene Van Holland
Whispering Heights
Rock Valley

Judy Parsons
Parkridge Specialty Care
Pleasant Hill

Connie Richards
QHC Mitchellville

It's Our 1 Year Anniversary!

Our first volunteers, Nwanneka Eke and Judy Avritt, began their service on September 10, 2013. Since then, nearly 100 volunteers have answered the call to advocate for our elders in long-term care. More than 1,000 hours have been served. We are so proud of what you all have accomplished.
Cheers to the growth of the Volunteer Ombudsman Program, and to many more years of service!

Spotlight on Cairn Reisch: AmeriCorps VISTA

My name is Cairn Reisch and I am an AmeriCorps VISTA serving at the Iowa Department of Aging. I work specifically in the Office of the State Long-Term Care Ombudsman with the Volunteer Ombudsman Program. I am originally from Kalamazoo, Michigan where I grew up on a small family farm. I am the oldest child with two younger brothers, Clark (19) and Hunter (18), and a younger sister, Shay (14). My father died about 10 years ago in a climbing accident and my mother is now raising us while also working in a program creating work opportunities for young adults with disabilities.

I went to Central College in Pella, IA and just graduated in May with a degree in Health Promotion. I have served in AmeriCorps for three part-time terms previous to this year; places that I have served are Marion County Senior Nutrition, Pella Regional Long-term Care, Marion County Humane Society, and the Christian Opportunity Center. From these experiences I knew that VISTA was a great program that strives to end poverty here in the United States.

My main hope for this year is to assist in expanding the Volunteer Ombudsman Program so that every county in Iowa has at least one active Volunteer Ombudsman. To accomplish this I will not only be focusing on marketing but you (current Volunteer Ombudsman)!! I will be working on ways to recognize your efforts and accomplishments, creating continuing educational opportunities, and strengthening our community of Volunteers. I am ecstatic about what this year is going to hold and I look forward to getting to know all of you!!!

Continuing Education: Introducing Peer Groups!

As the VOP grows we are working to strengthen our community of volunteers around the state of Iowa. One way we hope to do this is by starting numerous Peer Groups, each made up of Volunteer Ombudsmen around a specific region of Iowa.

Goals of Peer Groups:

- Create a support group of Volunteer Ombudsmen serving at different facilities in the same county/general area around the state of Iowa.
- Peer Groups will strengthen the chain of communication between Volunteer Ombudsmen, Volunteer Ombudsman Coordinators, Local Long-Term Ombudsmen, and the State Long-Term Ombudsman.
- Provide free and interactive continuing education opportunities for Volunteers.

(Continued on next page)

Continuing Education Continued:

To make Peer Groups a reality we are looking for Volunteer Ombudsmen willing to facilitate a group within their area. In most cases, there are a handful of other volunteers in your county or bordering counties. Please contact Sarah Hinzman with any questions or if you are interested in becoming a group facilitator at 515-651-7479 or sarah.hinzman2@iowa.gov. We would like to provide some virtual training to selected facilitators in September and have peer groups begin meeting in October.

To qualify as a Peer Group Facilitator, a volunteer should:

- Have at least six months experience as a Volunteer Ombudsman by October 1st, 2014.
- Have genuine plans to recertify and continue service as a Volunteer Ombudsman.
- Consistent completion of minimum volunteer expectations (unless advance notice was given), such as visiting his/her facility for three hours or more and submitting a report each month.

Online Reporting Testers Requested

The VOP is in the final stages of creating a web site where volunteers can log-in and submit their monthly reports online instead of sending in paper reports. We are looking for 8-10 volunteers who plan on using the online reporting system to help test the final product during September. If you are interested, please contact Merea Bentrott: 515-344-0052 or merea.bentrott@iowa.gov. Continuing education will be available for your participation!

Legislation Introduced Requiring Round the Clock RN Care

The Consumer Voice applauds the introduction of H.R. 5373, the Put a Registered Nurse in the Nursing Home Act, introduced in the U.S. House of Representatives by Congresswoman Jan Schakowsky on July 31st. The bill would require all nursing homes receiving Medicare and/or Medicaid reimbursement to have a registered nurse (RN) on duty twenty-four hours per day, seven days a week. Although most people believe RNs are already required round-the-clock, this is not the case. Under current federal law, nursing homes are only required to have a RN eight hours each day regardless of facility size – no matter how many residents they have or how sick they are.

Registered nurses play a critical role in the nursing home. RNs are the only nurses in a nursing home that can assess a resident's condition. The absence of RN staffing for up to 16 hours each day means there is no one present capable of assessing and responding when residents' medical conditions suddenly change or deteriorate. When not properly assessed, changes in condition can have serious and even fatal consequences. In addition, residents are entering nursing homes from hospitals "quicker and sicker," and their overall care needs have increased over time. They require a high level of nursing skill and knowledge to anticipate, identify and respond to changes in condition, ensure appropriate rehabilitation and maximize the chances for a safe and timely discharge. Residents don't just have these needs between 8 am and 4 pm during the week – this level of oversight and care is needed 24 hours a day, 7 days a week.

Consumer Voice and other long-term care advocacy organizations have long advocated for a RN round-the clock. Research has shown that higher RN staffing levels in nursing homes result in improved care outcomes, such as lower antipsychotic use, fewer pressure ulcers, less restraint use and cognitive decline, fewer urinary tract infections and catheterizations, less weight loss and less decrease in function. Higher RN staffing is also essential to prevent the unnecessary hospitalization of nursing home residents, which can have devastating consequences to residents and place a high amount of preventable costs upon our nation's health care system.

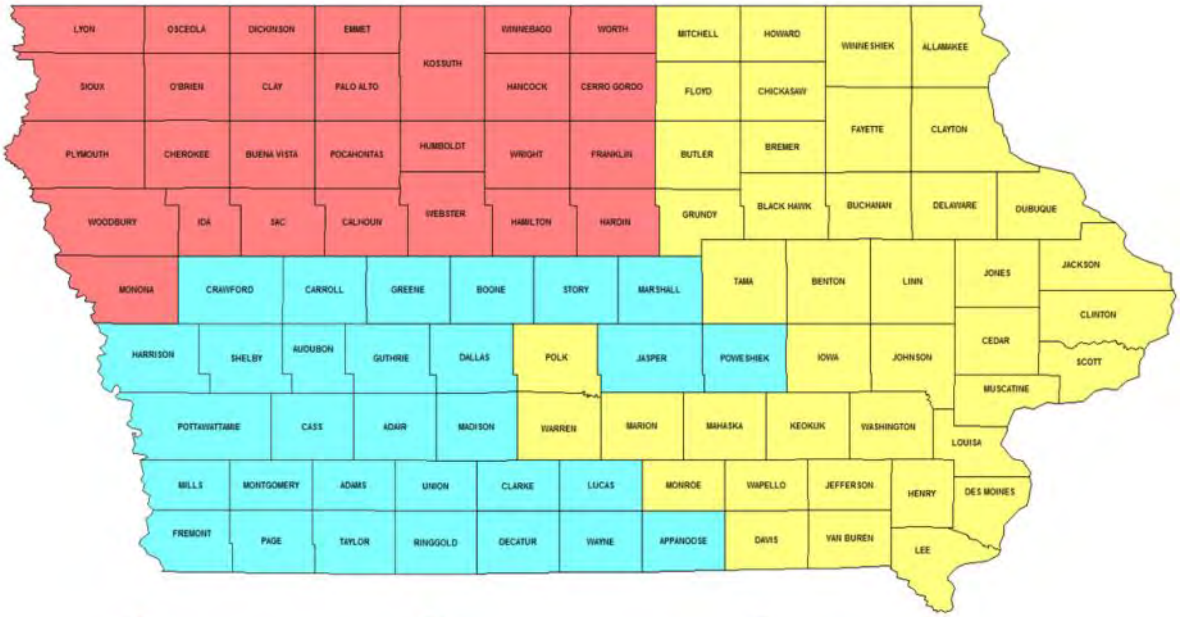
The Consumer Voice is the leading national voice representing consumers in issues related to long-term care, helping to ensure that consumers are empowered to advocate for themselves. They are a primary source of information and tools for consumers, families, caregivers, advocates and ombudsmen to help ensure quality care for the individual. To learn more go to www.theconsumervoice.org.

Volunteer Coordinators have been assigned regions! Find out who you're assigned to!

Due to the growth of the program, the Volunteer Coordinators recently took steps to define roles and share the work of coordinating growing numbers of volunteers across the state. The picture depicts the Volunteer Coordinator you should now report to with all of your queries regarding the program. Your Volunteer Coordinator will also be in communication with your individual progress in the program. Essentially, these regions align with the Local Ombudsmen.

- If your Local Ombudsman is Tonya Amos, Kim Cooper, Jennifer Golle, or Pam Railsback, then Sarah Hinzman will be your VOP Coordinator moving forward. Sarah's contact information is sarah.hinzman2@iowa.gov and 515-657-1479.
- If your Local Ombudsman is Stacia Timmer or Kim Weaver, then Merea Bentrott will be your VOP Coordinator moving forward. Merea's contact information ismerea.bentrott@iowa.gov and 515-344-0052.
- If your Local Ombudsman is Melanie Kempf or Julie Pollock, then Cairn Reisch will be your VOP Coordinator moving forward. Cairn's contact information is cairn.reisch@iowa.gov and 515-725-3340.

If you have any questions, please contact one of us—but preferably your assigned VOP Coordinator.



Merea Bentrott
515-344-0052
Merea.bentrott@iowa.gov

Cairn Reisch
515-725-3340
Cairn.reisch@iowa.gov

Sarah Hinzman
515-657-1479
Sarah.hinzman2@iowa.gov

Recruitment and Marketing Survey!

As we work to grow our program state-wide we would appreciate you taking a few minutes to complete a survey that collects your ideas about volunteer recruitment and marketing. It is only ten questions long and should take less than five minutes.

To participate, click the link: https://www.surveymonkey.com/s/XZHL2K2

IowaAging.gov
Office of the State Long-Term Care Ombudsman

Monthly Reports

Here's your friendly reminder that monthly reports should be dropped in the mail August 29th, or as soon as possible if you have not already done so. For those that had orientation in the last two weeks, you do not need to send in a report unless you were able to visit

Thank You for serving Iowa's Long-Term Care Residents!

Appendix A
Section 4:

Iowa Commission on Aging Memoranda

IowaAging.gov
Office of the State Long-Term Care Ombudsman
Iowa Dept on Aging | Jessie M Parker Bldg | 510 E 12TH St, Rm 2 | Des Moines, IA 50319
515.725.3333 | 866.236.1430 | www.iowaaging.gov | www.lifelonglinks.org

MEMORANDUM

TO: Iowa Commission on Aging

FROM: Deanna Clingan-Fischer, State Long-Term Care Ombudsman

SUBJECT: Long-Term Care Ombudsman Updates

DATE: October 7, 2013

I am pleased to present a few updates from the Office of State Long-Term Care Ombudsman. If you have any questions, please feel free to contact me at Deanna.Clingan@iowa.gov or 515-725-3327.

1. Office of State Long-Term Care Ombudsman. The mission of the Office is to protect the health, safety, welfare, and rights of individuals residing in long-term care by investigating complaints, seeking resolutions to problems, and providing advocacy with the goal of enhancing quality of life and care. The Office of State Long-Term Care Ombudsman consists of the State Long-Term Care Ombudsman; 8 Local Long-Term Care Ombudsmen; 2 Volunteer Ombudsmen Coordinators, an Administrative Assistant (Katie Mulford) as well as many volunteers. The Office produces an annual report which highlights our efforts and challenges. To view the annual report, visit https://www.iowaaging.gov/annual-report.

2. Local Long-Term Care Ombudsmen. The Office of State Long-Term Care Ombudsman certifies and appoints Local Long-Term Care Ombudsmen to ensure residents and tenant's health, safety, welfare and rights are honored. The office currently has 8 local ombudsmen serving districts around the state. The Local Ombudsmen are: Tonya Amos, Kim Cooper, Carol DeBoom, Jennifer Golle, Melanie Kempf, Julie Pollock, Pam Railsback, and Kim Weaver. A map and listing of the Local Ombudsman is attached.

3. Volunteer Ombudsman Program (VOP). Our office is currently transiting from the Resident Advocate Committee (RAC) structure to a Volunteer Ombudsman Program or VOP. In 2012, Merea Bentrott, was brought on board as the first Program Coordinator to develop and implement this new program. Under VOP, volunteers are recruited, screened, trained and certified to represent the Office of State Long-Term Care Ombudsman and to serve as a local advocate for residents in long-term care facilities. Volunteers under the previous RAC program have been invited to participate in VOP and general information has been sent to nursing facilities and residential care facilities to explain the new program.

Under VOP, volunteers must submit an application, and undergo background checks as well as a conflict of interest review. Once a volunteer meets the program eligibility, he/she is invited to training. Upon completion of an interview and training, a volunteer will be placed in a facility and undergo a facility orientation with the Local Long-Term Care Ombudsman, a Volunteer Ombudsman Coordinator, as well as with the facility's point of contact staff person.

This last legislative session, another volunteer ombudsman coordinator position was authorized. Our office conducted interviews and hired an additional coordinator in September. The new volunteer coordinator is Sarah Hinzman. Sarah joins Merea Bentrott as coordinators for the VOP. With two coordinators now in place, efforts are in full swing to expand this program statewide within the next year. If you have any questions or would like to receive additional information about the VOP, please contact Merea at 515-344-0052 or Sarah at 515-657-1479.

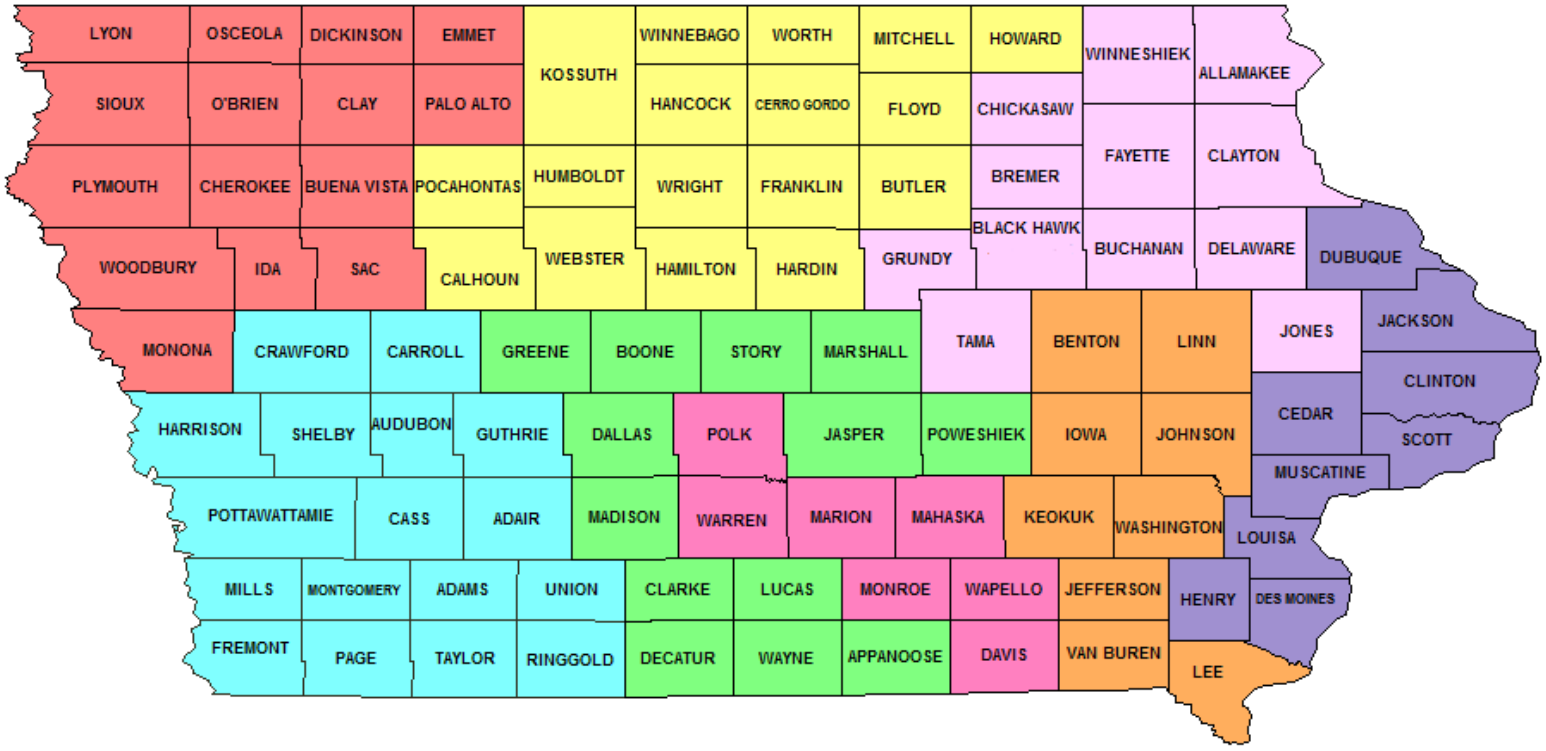
Office of State Long-Term Care Ombudsman

1-866-236-1430

510 E. 12th St., Suite 2
Des Moines, IA 50319-9025
Fax: 515-725-3313

Deanna Clingan-Fischer
State Long-Term Care Ombudsman
515-725-3333

Long-Term Care Ombudsman Districts



Kim Weaver
712-541-2641

Melanie Kempf
515-657-1912

Jennifer Golle
641-420-9850

Carol DeBoom
319-230-0269

Julie Pollock
712-249-7424

Tonya Amos
515-250-7596

Pam Railsback
319-541-0318

Kim Cooper
563-210-7439

Volunteer Ombudsman Program (VOP) Coordinators

Merea Bentrott
515-344-0052

Sarah Hinzman
515-657-1479

Katie Mulford, Administrative Assistant
515-725-3344

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Office of the State Long-Term Care Ombudsman
Iowa Dept on Aging | Jessie M Parker Bldg | 510 E 12TH St, Rm 2 | Des Moines, IA 50319
515.725.3333 | 866.236.1430 | www.iowaaging.gov | www.lifelonglinks.org

MEMORANDUM

TO: Iowa Commission on Aging

FROM: Deanna Clingan-Fischer, State Long-Term Care Ombudsman

SUBJECT: Long-Term Care Ombudsman Updates

DATE: March 17, 2014

I am pleased to present a few updates from the Office of the State Long-Term Care Ombudsman. If you have any questions, please feel free to contact me at Deanna.clingan@iowa.gov or 515-725-3327.

1. **Annual Report**. The 2013 annual report for the Office of the State Long-Term Care Ombudsman was released in January. This report is developed pursuant to Iowa Code 231.42 and sent to the Governor and all members of the General Assembly. The annual report highlights our efforts and presents recommendations. To view the annual report, visit https://www.iowaaging.gov/annual-report

Summary of the annual report:

- 1,174 complaints on behalf of residents and tenants
- 4,445 hours of advocacy services beyond complaint handling
- 5,360 program activities such as monitoring visits, consultation, and education
- Top five complaint issues received:

    1. Autonomy, Choice, Exercise of Rights, Privacy--dignity and respect, right to choose own physician or pharmacy, participate in care planning, privacy in receiving visitors, right to refuse care, and confidentiality. (19%)
    2. Resident and Tenant Care--injuries, pressure sores, response to requests for assistance, medications, and personal hygiene. (17%)
    3. Admission, Transfer, Discharge and Eviction--admission contracts, room assignments, discharge notice and appeals. (13%)
    4. System/other--abuse by family members/friends/guardian, family conflict, legal issues, mental health concerns, Social Security and other benefits, Medicare, and request for less restrictive placement. (9%)
    5. Environment--air temperature, housekeeping, noise, odors, laundry and activities. (8%)

2. **Local Long-Term Care Ombudsmen**. The Office of the State Long-Term Care Ombudsman certifies and appoints Local Long-Term Care Ombudsmen to ensure residents and tenant's health, safety, welfare and rights are honored. The office currently has 8 local ombudsmen positions serving districts around the state. One of the Local Long-Term Care Ombudsmen, Carol De Boom, retired in January and we have just completed the hiring process. The new Local Ombudsman will begin on April 15, 2014. The current Local Ombudsmen are: Tonya Amos, Kim Cooper, Jennifer Golle, Melanie Kempf, Julie Pollock, Pam Railsback, and Kim Weaver.

3. **Volunteer Ombudsman Program (VOP)**. Our office is working to implement the Volunteer Ombudsman Program. The current volunteer ombudsman coordinators are Merea Bentrott and Sarah Hinzman. Under VOP, volunteers are recruited, screened, trained and certified to represent the Office of the State Long-Term Care Ombudsman and to serve as a local advocate for residents in long-term care facilities. Under VOP, volunteers must submit an application, and undergo background checks, as well as a conflict of interest review. Once a volunteer meets the program eligibility, he/she is invited to training. Upon completion of an interview and training, a volunteer will be placed in a facility and undergo a facility orientation with the Local Long-Term Care Ombudsman, a Volunteer Ombudsman Coordinator, as well as with the facility's point of contact staff person.

4. **Governor's Budget and Legislation**. Within Governor Branstad's budget recommendations is funding for a new position that would benefit residents and tenants of long-term care facilities. This proposed position is an involuntary discharge specialist. The involuntary discharge specialist would be housed within the Office of the State Long-Term Care Ombudsman and would assist residents and tenants faced with involuntary discharges, transfers and evictions. Last year, our office received approximately 350 notices of discharge/eviction from nursing facilities, residential care facilities, assisted living programs and elder group homes. Under state and federal law, our role is to review the notice for compliance with law, provide education and assistance for residents and tenants, and act as an advocate during the appeal process, if requested. This position would allow one individual to be dedicated to assisting with this process.

   In addition to the budget recommendations, legislation has been introduced (HF 2118) to increase funding to the Office of the State Long-Term Care Ombudsman to increase the number of Local Long-Term Care Ombudsmen by two.

5. **Civil Money Penalty Grant**. The Office applied for and received a grant through the Department of Human Services to develop and provide educational information and resources regarding long-term care and rights to residents, tenants, family members, as well as to facility staff. This allows for direct and continuous access to the information residents and tenants need. We are currently working to create these resource and education centers within each long-term care facility.

The Office of the State Long-Term Care Ombudsman can be reached at 1-866-236-1430.

IowaAging.gov
Office of the State Long-Term Care Ombudsman

MEMORANDUM

TO: Iowa Commission on Aging

FROM: Deanna Clingan-Fischer, State Long-Term Care Ombudsman

SUBJECT: Long-Term Care Ombudsman Updates

DATE: May 5, 2014

I am pleased to present a few updates from the Office of the State Long-Term Care Ombudsman. If you have any questions, please feel free to contact me at Deanna.clingan@iowa.gov or 515-725-3327.

1. **State Long-Term Care Ombudsman (LTCO) Office Updates.** The Office of the State Long-Term Care Ombudsman continues to work on issues that bring awareness to the issues that residents and tenants in long-term care facilities and assisted living programs face. The office is spearheading a task force on substitute decision making, participating on a closure team with other state departments, and assisting in developing educational opportunities for pre admission screening and resident review. The office has presented at training events and disseminated listserv articles to administrators, directors, and other staff of long-term care as well as at public education sessions. In addition, trainings and information sharing occur for all long-term care ombudsmen, volunteer coordinators, and certified volunteers to stay on top of issues, laws, rules, and regulations that impact residents/tenants. For example, an office of elder rights memo developed by the State LTCO is disseminated, as needed, which highlights policy changes, administrative rule filings and changes, and other relevant information.

2. **Local Long-Term Care Ombudsmen**. Our newest Local Ombudsman, Stacia Timmer, started April 14, 2014. She fills a local long-term care ombudsman position vacated by a retirement. The office currently has 8 local ombudsmen positions serving districts around the state. The current Local Ombudsmen are: Tonya Amos, Kim Cooper, Jennifer Golle, Melanie Kempf, Julie Pollock, Pam Railsback, Stacia Timmer, and Kim Weaver.

3. **Volunteer Ombudsman Program (VOP)**. Currently, the VOP has 59 certified volunteers in 53 facilities. We are processing 59 additional applicants, about half of which have been through training and will be placed in the coming months. Since January 1, 2014, 12 administrator meetings and 10 volunteer trainings have occurred. A volunteer ombudsman monthly newsletter has been developed. The current volunteer ombudsman coordinators are Merea Bentrott and Sarah Hinzman

4. **Legislative Efforts**. Within HF 2463, funding in the amount of $107,608 is proposed to provide a discharge specialist to assist residents and tenants with voluntary and involuntary discharges and evictions from health care facilities, elder group homes and assisted living programs.

In addition, the State Long-Term Care Ombudsman has sent requests to federal legislators requesting additional federal funding for all Long-Term Care Ombudsman programs.

The Office of the State Long-Term Care Ombudsman can be reached at 1-866-236-1430.

Appendix B:

Legislative Declarations

Office of the State Long-Term Care Ombudsman 2014 Legislative Declarations

Bill	Topic	Explanations	Declaration	Date
HF2032	Absentee Ballot	absentee ballot delivery to certain health care facilities and hospitals.	For	January 24, 2014
SSB3058	Absentee voting	Provide for ongoing voter status	Undecided	February 3, 2014
HF2091	ADRC	fund aging and disability resource centers	For	February 3, 2014
HF2122	Aggressive behavior	study of housing options	Undecided	February 5, 2014
HSB507	Appointed attorney fees	fees and expenses of a court appointed attorney or guardian ad litem representing an indigent person in a guardianship, conservatorship, or dissolution proceeding.	Undecided	January 24, 2014
SSB3074	Appointed attorney fees	fees and expenses of a court appointed attorney or guardian ad litem representing an indigent person in a guardianship, conservatorship, or dissolution proceeding.	Undecided	February 1, 2014
SSB3133	Appropriations	Health and Human services appropriations	For	February 3, 2014
HF2097	CDAC	allow guardian, attorney in fact provide services	Undecided	February 5, 2014
SF2065	CDAC	allow guardian, attorney in fact provide services	Undecided	February 5, 2014
SF2066	CDAC	legal representative also providing services can participate in CDAC waiver	Undecided	February 21, 2014
SF2189 (successor to SF2041)	Cognitively impaired	DOT display information on missing cognitvely impaired	For	February 25, 2014
SF2041	Cognitively impaired	program for missing cognitively impaired persons	Undecided	January 28, 2014
SF2327	Consumer fraud	consumer fraud against an older person	For	March 3, 2014
HSB582	Court costs	Assessment of court costs in guardianship/conservatorship	Undecided	February 3, 2014
HF2003	Crime victims and financial exploitation	crime victims, including restitution plan hearings, crime victim compensation, and the identity theft passport program.	For	January 24, 2014

Bill	Topic	Explanations	Declaration	Date
HF2095	Department on Aging	Providing an appropriation	Undecided	February 4, 2014
SSB3001	DHS renewal process	renewal process simplification for programs under the purview of the department of human services.	For	January 24, 2014
SSB3039	Domestic abuse assault	definition of domestic abuse in civil domestic abuse and criminal domestic abuse assault cases.	Undecided	January 24, 2014
HF2106	Elder abuse	creating an elder abuse law and penalties	For	February 4, 2014
SF2117	Elder abuse	creating an elder abuse law and penalties	For	February 6, 2014
SF2239 (successor to SF2117)	Elder abuse	creating an elder abuse law and penalties	For	February 20, 2014
SF2145	Elder and Dependent Adult Abuse	Amends the dependent adult abuse law to include elders.	For	February 12, 2014
SF2051	Felons and insurance benefits	restrictions on certain felons receiving insurance proceeds and other benefits.	Undecided	February 1, 2014
SSB3072	Fraudulent practice	criminal offense of fraudulent practice and making penalties applicable.	Undecided	February 1, 2014
SF2082	HCBS plan	Medicaid state plan for home and community based services	Undecided	February 3, 2014
HF2120	HCBS plan	Medicaid state plan for home and community based services	Undecided	February 5, 2014
SSB3011	Health facility regulation	Department of Inspections and Appeals volunteer program name changes	For	January 24, 2014
HSB533	Health facility regulation	Department of Inspections and Appeals volunteer program name changes	For	January 24, 2014
SF2167 (successor to SSB3011)	Health facility regulation	Department of Inspections and Appeals volunteer program name changes	For	February 13, 2014
HF2365 (successor to HSB533)	Health facility regulation	Department of Inspections and Appeals volunteer program name changes	For	February 25, 2014

Bill	Topic	Explanations	Declaration	Date
HF2118	Local Long-Term Care Ombudsman	Funding for two Local Long-Term Care Ombudsmen	For	February 5, 2014
HF2021	Medicaid	requirements for recipients of medical assistance.	Undecided	January 24, 2014
HF2041	Medicaid eligibility	various actions by applicants for and participants in certain public assistance programs administered by the department of human services.	Undecided	January 24, 2014
HSB529	Miller Trust	Miller trusts and including applicability provisions.	For	January 24, 2014
HF2159 (Successor to HSB529)	Miller Trust	Miller trusts and including applicability provisions.	For	February 7, 2014
HSB581	Personal representative	wills, distribution of property claims by personal representative	Undecided	February 3, 2014
SSB3143	Personal representative	wills, distribution of property claims by personal representative	Undecided	February 5, 2014
SF2169 (successor to SSB3143)	Personal representative	wills, distribution of property claims by personal representative	Undecided	February 13, 2014
SF2028	Senior Living Coordinating Unit	establishment of a senior living coordinating unit within the department on aging.	Undecided	January 24, 2014
SF2057	Sex offenders	study of housing options	Undecided	January 28, 2014
HF2115	Sexual related crimes	privacy of victim	For	February 5, 2014
HSB500	Sexually violent individuals	definition of a sexually violent predator for purposes of civil commitment procedures.	Undecided	January 24, 2014
SSB3024	Sexually violent individuals	definition of a sexually violent predator for purposes of civil commitment procedures.	Undecided	January 24, 2014
SSB3076	Sexually violent individuals	definition of a sexually violent predator for purposes of civil commitment procedures.	Undecided	February 1, 2014
SF2211 (successor to SSB3076)	Sexually violent individuals	definition of a sexually violent predator for purposes of civil commitment procedures.	Undecided	February 20, 2014

Bill	Topic	Explanations	Declaration	Date
HF2457	Smoking in facilities	An act relating to smoking in and on grounds of long-term care facilities	Against	March 26, 2014
HF2009	Substitute Decision Making office funding	office of substitute decision maker and providing an appropriation.	For	January 24, 2014
SSB3070	Theft	Theft and penalities	Undecided	February 3, 2014
SSB3116	Uniform power of attorney	Iowa uniform power of attorney Act and providing penalties and including applicability provisions.	For	February 5, 2014
HF2169	Uniform power of attorney	Iowa uniform power of attorney Act and providing penalties and including applicability provisions.	For	February 7, 2014
SF2168 (successor to SSB3116)	Uniform power of attorney	Iowa uniform power of attorney Act and providing penalties and including applicability provisions.	For	February 13, 2014
HSB625	Uniform power of attorney	Iowa uniform power of attorney Act and providing penalties and including applicability provisions.	For	February 12, 2014
HF2422 (successor to HSB625)	Uniform power of attorney	Iowa uniform power of attorney Act and providing penalties and including applicability provisions.	For	March 3, 2014

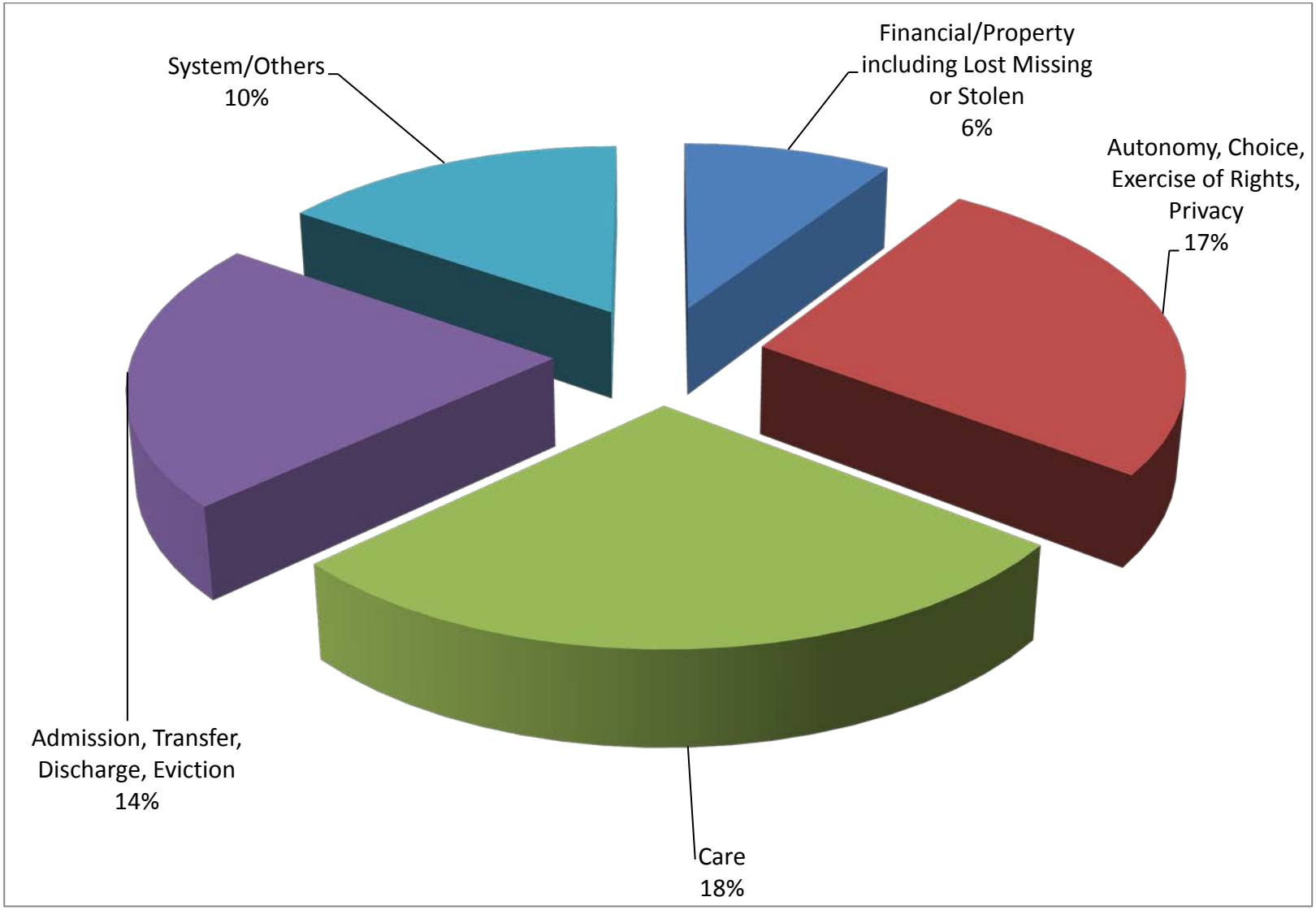
Appendix C:

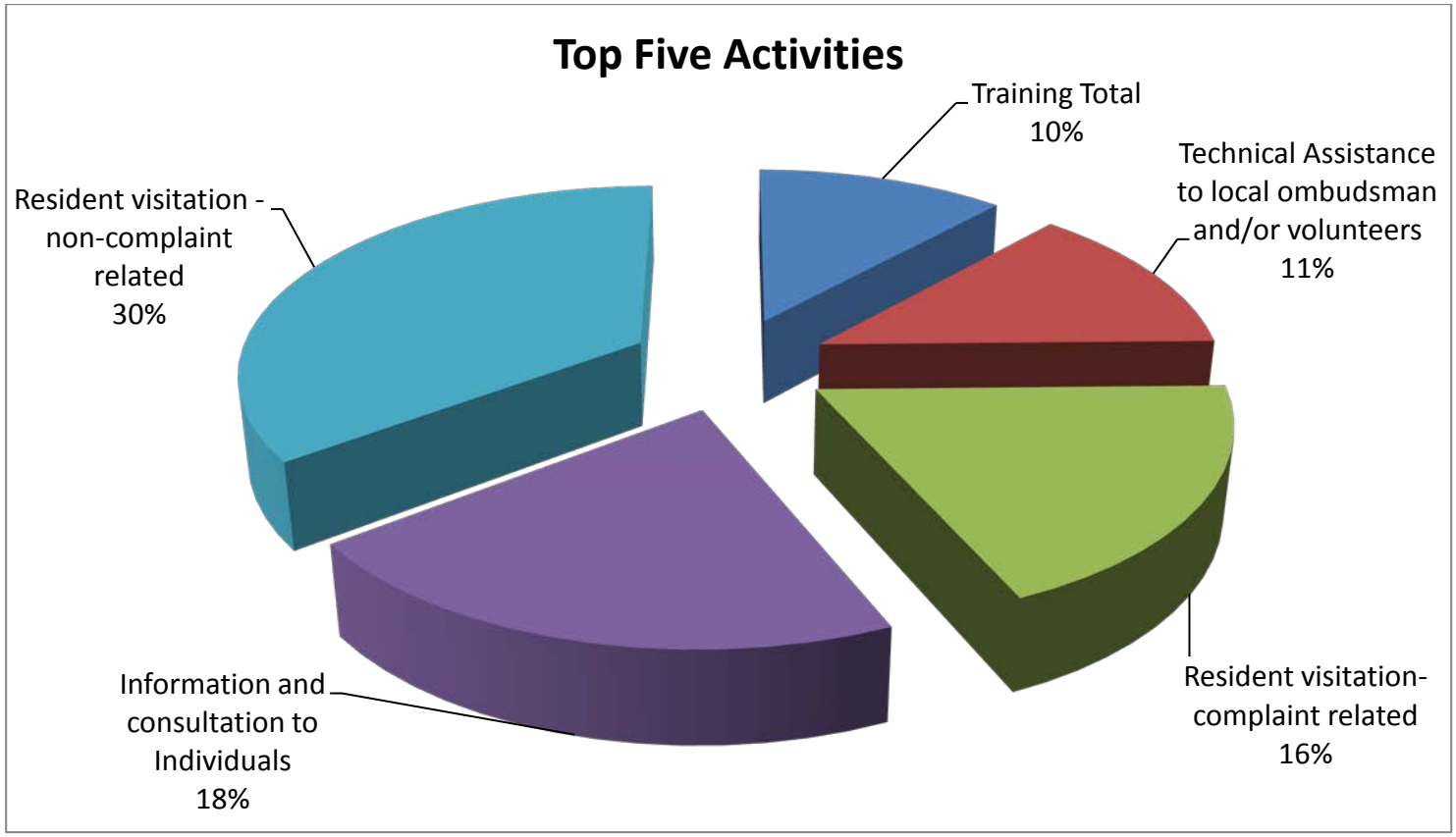
Cases and Complaint Data

Cases and Complaints

Category	FFY 14	FFY 14	Issues addressed through this category
Number of New Cases Opened	**733**		
Number of New Complaints	**1,106**		
Abuse, Gross Neglect, Exploitation	23	2%	Physical, sexual, verbal, seclusion, financial and resident to resident willful deprivation
Access to Information	35	3%	Access to records, to visitors, information on services/benefits/medical/advance directives/rights
Admission, Transfer, Discharge, Eviction	157	14%	Admission contract & procedure, appeal process, bed hold, discharge/eviction notice & procedure, discrimination due to disability, Medicaid status, room assignment
Autonomy, Choice, Exercise of Rights, Privacy	185	17%	Physician, pharmacy, hospice, other health care provider, confinement, treated with dignity & respect, smoking, refuse care, language barrier, participate in care plan, privacy to visitors/telephone/mail/couples/treatment/confidentiality, response to complaints/retaliation
Financial, Property Lost, Missing or Stolen	67	6%	Billing/charges, personal funds, personal property
Resident and Tenant Care	205	18%	Injuries, response to requests for assistance, care plan/resident assessment, contracture, medications, personal hygiene, physician services, pressure sores, symptoms unattended, incontinent care, tubes, wandering
Rehabilitation or Maintenance of Function	50	5%	Assistive devices, bowel/bladder training, dental & mental health services, ambulation, therapies, vision & hearing
Restraints-Chemical and Physical	8	1%	Physical restraint and psychoactive drugs-assessment use, monitoring, evaluation
Activities and Social Services	36	3%	Choice, community interaction, resident conflict, social services availability/ appropriateness,
Dietary	64	6%	Assistance in eating, hydration, food service, snacks, temperature, therapeutic diet, weight loss
Environment/Safety	66	6%	Air temperature/quality, noise, housekeeping, equipment/buildings, furnishings, infection control, laundry, odors, space for activities/dining, supplies, ADA accessibility
Policies, Procedures, Attitudes, Resources	20	2%	Abuse investigation/reporting, administrator unresponsive, grievance procedure, inappropriate or illegal policies, insufficient funds to operate, operator inadequately trained, offering inappropriate level of care, resident or family council interfered with
Staffing	47	4%	Communication barrier, shortage of staff, staff training/turn-over/unresponsive, supervision, eating assistants
Certification/Licensing Agency	7	1%	Access to information including survey, response to complaint, decertification/closure, sanction, survey process/ombudsman participation, transfer/eviction hearing
State Medicaid Agency	19	2%	Access to information application, denial of eligibility, non-covered services, personal needs allowance, services
System/Others	113	10%	Abuse by family member/friend/guardian, bed shortage, facilities operating without a license, family conflict, legal, Medicare, mental health/developmental disabilities/PASRR, physician/assistant, protective service agency, SSA/SSI/VA/other health benefits/agencies, request for less restrictive placement
Services Other than NF/RCF/ALP	4	0%	Home care, hospital/hospice, congregate housing not providing care, services from outside provider

Top Five Complaints by Major Reporting Category



Top Five Program Activities

Percentages are of time spent completing activities.