

**Process Evaluation and Special Studies Related to the Long-Term
Care Ombudsman Program (LTCOP)**

Interview Protocol for State Ombudsmen

INTERVIEW INFORMATION

ORGANIZATION:

INTERVIEW DATE:

RESPONDENT:

TITLE:

INTERVIEWER(S):

Interview Topics

- A. Program Structure
- B. Strategic Partnerships
- C. Program Resources and State Context
- D. Program Activities
- E. Program Quality Assurance

Introduction/Purpose of the Study

Thank you for agreeing to participate in this interview today.

My name is _____ and I'm a researcher from _____. I'm here today because the Administration for Community Living/Administration on Aging (ACL/AoA) has contracted with NORC at the University of Chicago (NORC) to conduct a national evaluation of the Long-Term Care Ombudsman Program (LTCOP). The aim of the evaluation is to study the LTCOP's structure and operations, use of resources to carry out legislative mandates, the nature of partnerships, and processes for sharing information on program practices.

As part of the evaluation, we are conducting telephone interviews with state ombudsmen that will cover topics including your program's structure and resources, strategic partnerships, program activities, and program quality assurance activities. These interviews will provide important information on the implementation of the LTCOP and enable ACL/AoA to better understand how the program is implemented at the national, state, and local levels. We will use what we learn from these interviews to provide ACL/AoA with practical and policy-relevant insight into LTCOP services and processes.

DRAFT

Informed Consent Statement *[Interviewer must read this.]*

Before beginning the interview, I (we) want to thank you for agreeing to participate in this study and emphasize that your participation is voluntary. You may refuse to respond to any question that you do not wish to answer. The interview should take about **75 minutes** and is not part of an audit or a compliance review. We are interested in learning about your ideas, experiences, and opinions about the LTCOP's implementation.

In addition, I want to let you know that although we will take notes during this interview, information is never repeated with the name of the respondent in any reports or in any discussions with supervisors, colleagues, or ACL/AoA. When we write the report and discuss our findings, information from all the people we speak with is compiled and presented so that no individual can be identified.

To help me accurately report on the information you share, it would be helpful if I could tape record this interview. I can also turn off the recorder at any point if you want me to. I do not have the recorder on now; is it okay with you for me to turn it on?

Do you have any questions before we begin?

Do I have your permission to begin the interview?

A. PROGRAM STRUCTURE

We'd like to begin by asking you a few questions about your position and the structure of the Long-Term Care Ombudsman Program (LTCOP).

1. How do you work with ACL/AoA (central and regional offices) in implementing your state program? What is the nature of your relationship?
2. To what extent does your program's organizational placement at the state level facilitate or hinder program implementation and effectiveness at the state level?
3. To what extent does your program's organizational placement at the local level facilitate or hinder program implementation and effectiveness at the local level?
4. How does your program's organizational placement facilitate or hinder overall program implementation/effectiveness (e.g., program cohesiveness, autonomy in decision making, staff oversight)?

B. STRATEGIC PARTNERSHIPS

Next, we'd like to discuss the LTCOP's partners and their role in supporting the program's activities.

1. What state agencies/programs does your Office consider to be partners (i.e., work with on an ongoing basis) (e.g., licensing and certification agencies, Adult Protective Services, etc.)? How do you work with them?
Probes:
 - a. With which of these partners do you have written MOU's or other types of agreements?
 - b. What coordination and communication mechanisms are in place for planning and supporting the program with your partners? Who leads these activities?
 - c. How does the SUA coordinate elder rights services/advocacy in your state? Do you have suggestions for how the SUA could improve such coordination?
 - d. What kind of information and/or TA is distributed to partners?
2. What are the benefits of these partnerships?

3. What barriers have you identified which prevent the program from working more closely with regulatory agencies and other partners?
4. How can your organizational partnerships be enhanced to improve program effectiveness and efficiency?
5. What other partners (non-state agencies) do you work with to implement the program?
 - a. What is your relationship with them?
 - b. Are there agencies that the program would like to work more closely with? What are the barriers to nurturing those relationships?
6. Are there other stakeholders that would be helpful to partner with?
7. Do you participate in any coalitions? Can you describe these relationships and the value they bring to the LTCOP?

C. PROGRAM RESOURCES AND STATE CONTEXT

Next, we'd like to discuss the program's resources and regulatory framework.

1. To what extent does the newly reauthorized Older Americans Act provide sufficient guidance and authority to your LTCOP program at the state level? What areas, if any, would benefit from further clarification?
2. To what extent does the Long-Term Care Ombudsman Program Final Rule provide sufficient guidance and authority to your LTCOP program at the state level? What areas, if any, would benefit from further clarification?
3. How will implementation of the Long-Term Care Ombudsman Program Final Rule affect your program (positively or negatively)?
4. Does your program face any challenges in implementing the Final Rule?
5. Can you briefly describe State requirements (laws, regulations, policies, etc.) that govern your program?
6. Are there any instances where your State laws, regulations, and/or policies concerning the LTCOP conflict with OAA law and/or regulations? If so, please describe.

7. What Federal laws, policies and regulations (other than OAA and LTC Ombudsman regulations) affect the long-term care environment in which your ombudsman program operates? For example, have changes in Medicare, Medicaid, or home and community-based services impacted the program?
8. Do any of the laws, policies or regulations that you just mentioned affect the design and implementation of your ombudsman program?
9. Are there any other trends or changes in the long-term care landscape that affect ombudsman program operations in your state? For example, these may relate to nursing home and assisted living industry trends, changes in long-term care delivery and financing such as managed care, or demographic changes. If so, please describe.

D. PROGRAM RESOURCES AND ACTIVITIES

Next, we'd like to discuss your perceptions about your state program's resources, activities, strengths and challenges.

1. To what extent do existing program resources (e.g., financial, legal counsel, access to stakeholders, training and technical assistance, data systems/IT) enable programs to fulfill your Federal mandates? Are the following resources sufficient to meet the program's mission?
2. Can you describe the process for accessing legal assistance at the state and local levels?
3. What is the process for making decisions about competing priorities when resources are limited?
4. In your state, are there unique challenges associated with providing services in board and care homes compared to nursing facilities (and assisted living, if governed differently than board and care)? If yes, what are they?
5. How do you ensure that all people who need ombudsman program services have access to the program?
6. Are long-term care consumers (including residents and family members) familiar with the ombudsman program? To what extent does the program's accessibility vary by facility setting type—nursing home vs. board and care home (vs. assisted living, if governed differently than board and care)?

7. Do representatives of the Office have sufficient access to long-term care residents? To what extent does the program's accessibility vary by facility setting type—nursing home vs. board and care home (vs. assisted living, if governed differently than board and care)?
8. What requirements or standards are in place for identifying, investigating, and resolving cases? For example, these may include standards relating to promptness for responding, person-centered approaches, disclosure guidelines, etc.
9. What requirements or standards are in place for visiting, interacting with, and/or communicating with facilities?
10. What requirements or standards are in place for visiting, interacting with, and/or communicating with residents?
11. During the past year, what are examples of efforts by your program to try to improve the quality of long-term care services in your state?
12. Does your program develop an advocacy agenda? How do you determine what to address on your advocacy agenda? If so, what is on the current advocacy agenda?
13. Is there a unified systems advocacy agenda for the program at the local and state level, or do local programs determine their own advocacy agenda apart from the state?
14. What systems advocacy methods does your program use to achieve its advocacy goals? Processes may relate to:
 - a. public testimony of any kind
 - b. legislative advocacy such as testimony – public and written, bill analysis and comment on, meeting with legislators, etc.
 - c. engagement in rule making and other regulatory processes including providing testimony both verbal and written
 - d. media
 - e. grassroots organizing
 - f. coalition building
15. Do you have successes on achieving systems advocacy goals to share?
16. Are there barriers that inhibit state and local ombudsmen from participating in systems advocacy? If so, how can those barriers be addressed?

17. Describe your leadership role with local programs and ombudsmen in guiding and supporting their systems advocacy efforts.
18. What qualities or experience contribute to being an effective State ombudsman?
19. What are the major strengths of the ombudsman program in your state?
20. What successes best illustrate the value of the ombudsman program in your state?
21. Does your program engage in any evidence-based practices? If so, please describe.

Current ACL Definition of Evidence-Based (expires Sept. 30, 2016):

ACL currently uses a tiered set of criteria for defining “evidence-based.” Until September 30, 2016, Title IIID funds can be used on programs that meet any of the three tiers (unless the state has other requirements):

Highest-level Criteria

All of the below criteria, plus:

- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; *and*
- Fully translated in one or more community site(s); *and*
- Includes developed dissemination products that are available to the public.

Intermediate Criteria

All of the below criteria, plus:

- Published in a peer-review journal; *and*
- Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.); *and*
- Some basis in translation for implementation by community level

organization.

Minimal Criteria

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and*
- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

22. What are the most significant challenges or barriers currently facing your program (e.g., staff turnover, provision of legal counsel, insufficient funding, additional unfunded state mandates, service provision to board and care homes, conflicts of interest with other state agencies)? [Note: There’s a question in the state ombudsman survey about all challenges the program faces; the focus for this question is the most significant challenges and why]

23. What are your recommendations for making the program more effective in your state?
24. What are your recommendations for ACL regarding administration of the LTC Ombudsman Program?

E. PROGRAM QUALITY ASSURANCE

This section focuses on aspects of the program that are designed to ensure that high-quality services are delivered, and that staff receive the training and technical assistance they need to carry out their work.

1. How do you assess the quality of the program's performance in your state?
Probes:
 - a. Are NORS data used to assess quality? How?
 - b. What other metrics are used to assess quality?
2. Do NORS data adequately capture the program's performance and impact in your state?
Probes:
 - a. If not, what steps can be taken to improve the quality and utility of NORS data for describing program performance?
3. Has your program faced any challenges in submitting NORS reporting requirements? Does your program have sufficient staff and information technologies to perform this work?
4. What would improve your ability to use NORS data for systems advocacy and program management?
5. What strategies does your program use to recruit and retain volunteers? Have you found certain strategies to be more effective than others?
6. How do you recognize and reward staff and volunteers?
7. What is your program's grievance procedure for complaints against representatives of the office at all levels? What are the steps and timeframe for reviewing these grievances?
8. How do you obtain information on consumer satisfaction with the quality of LTCO services they receive?

9. To what extent does ACL inform state programs' goal setting (including LTCOP-related goals incorporated into the state plan on aging, if any)? Does ACL have priorities that are communicated to state programs?
10. How does the program include the following in setting goals, standards and/or assessments of the program:
 - a. aging network partners (AAAs, local program sponsors)
 - b. representatives of the Office
 - c. consumers (i.e., residents, their families, and other resident representatives)
11. How does the National Ombudsman Resource Center support your ombudsman program?
 - a. What resources have been particularly helpful to you?
 - b. Are there areas of training and technical assistance that can be improved (e.g., methods for reaching programs, content, etc.)?
 - c. Are there any areas of training and technical assistance you need but are not available through the Resource Center? If so, please describe.
12. How does ACL's central office support your program? Are there ways that ACL's central office can best support your ombudsman program? What improvements would you recommend?
13. How does ACL's regional office support your program? Are there ways that ACL's regional office can best support your ombudsman programs? What improvements would you recommend?
14. Is there any topic or issue that you would like us to know about? Please describe the issue(s) and explain why you think it is/they are important.

Thank you for your participation.