This data collection is being conducted by NORC under CONTRACT NO.: HHSP233201500048I with the Administration for Community Living/Administration on Aging. Work performed under this award has been reviewed and approved by an Institutional Review Board (IRB).

NORC
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Write In Your Start Time: _____

Process Evaluation of the Long-Term Care Ombudsman Program (LTCOP) – State Ombudsmen

PURPOSE OF THE STUDY:

NORC at the University of Chicago, with funding from the Administration for Community Living/Administration on Aging (ACL/AoA), is conducting an evaluation of the Long-Term Care Ombudsman Program. This survey is **voluntary** and is not part of an audit or a compliance review. The information you provide is **confidential**. We do not include names of respondents in any reports or in any discussions with supervisors, colleagues, or ACL/AoA. This survey will take approximately 30 minutes to complete. Please complete and return this form using the pre-paid envelope, or by scanning and emailing it to _____, or by faxing it to: _____.

Please contact NORC at _____ or _____@norc.org if you have any questions or concerns.

Name of person completing survey   _____

Position/Title   _____

Phone number   _____

Email address   _____

SURVEY TOPICS:

A. Background Information
B. Structure and Resources
C. State and Local Coordination
D. Program Activities
E. Program Quality Assurance
F. Demographic Information

Burden Statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The survey will be sent to State Ombudsmen. The average time required to complete the survey is estimated at 30 minutes. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the _____. Do not send your completed form to this address.

BACKGROUND INFORMATION

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

1. **How long have you been working with the LTCOP as the State Ombudsman?**

{enter number years} ___ ___

+ {enter number months} ___ ___

2. **What motivated you to work for the LTCOP?** *{Check all that apply}*

1 ☐ Personal fulfillment (e.g., enjoyment in helping others)

2 ☐ Career development

3 ☐ Interest in the program's mission

4 ☐ Family/relatives received long-term services and supports

5 ☐ Personal experience with the program

96 ☐ Other (Please specify): _____

3. **What was your job immediately prior to working at the LTCOP?**

_____

4. **Had you ever interacted with the long-term care ombudsman program or any other ombudsman program before being hired?**

1 ☐ Yes

If Yes, please describe: _____

2 ☐ No

STRUCTURE AND RESOURCES

Next, we'd like to explore the organizational structure and resources of your state LTCOP.

1. **On average, how often does your office interact with representatives of your local Ombudsman entities (if applicable)? This interaction may take any form (i.e., communication in person, by phone, or by email).**

   1 ☐ Daily

   2 ☐ Several times a week

   3 ☐ Once a week

   4 ☐ Twice a month

   5 ☐ Once a month

   96 ☐ Other (Please specify): _____

   98 ☐ Not applicable (My program is characterized by a centralized structure.)

2. **During the last year, on what topics did your state office provide technical assistance or training to your state and/or local programs?** *{Check all that apply}*

   1 ☐ Case guidance

   2 ☐ Systems advocacy

   3 ☐ State mandates, regulations

   4 ☐ Legal advice or consultation

   5 ☐ Outreach to consumers and stakeholders

   6 ☐ LTCOP financial concerns

   7 ☐ LTCOP policies and procedures

   8 ☐ Trends in long-term care that impact the program (e.g., growing aging population, nursing home use of psychotropic medication, etc.)

   9 ☐ NORS reporting

   10 ☐ Volunteer management

   96 ☐ Other (Please specify): _____

   98 ☐ Not applicable

3. **Are lines of authority and accountability clearly defined for representatives of the Office at the state level (state office staff)?**

   1 ☐ Yes

2 ☐ No

If No, why not? _____

4. **Are lines of authority and accountability clearly defined for designated representatives of the Office at the <u>local</u> level (local office staff)?**

1 ☐ Yes

2 ☐ No

If No, why not? _____

98 ☐ Not applicable

5. **Overall, how would you describe the effectiveness of the LTCOP statewide?**

1 ☐ Very effective

2 ☐ Somewhat effective

3 ☐ Neutral

4 ☐ Somewhat ineffective

5 ☐ Very ineffective

97 ☐ Don't know

6. **Overall, how would you describe the relationship between the Office of the State LTCO and local Ombudsman entities (if applicable)?**

1 ☐ Very effective

2 ☐ Somewhat effective

3 ☐ Neutral

4 ☐ Somewhat ineffective

5 ☐ Very ineffective

97 ☐ Don't know

98 ☐ Not applicable (My program is characterized by a centralized structure.)

7. **Overall, how would you describe the relationship between the Office of the State LTC Ombudsman and <u>Federal</u> ACL/AoA?**

1 ☐ Very effective

2	☐	Somewhat effective
3	☐	Neutral
4	☐	Somewhat ineffective
5	☐	Very ineffective
97	☐	Don't know

8. **Overall, how would you describe the relationship between the Office of the State LTC Ombudsman and your <u>Regional</u> ACL/AoA office?**

1	☐	Very effective
2	☐	Somewhat effective
3	☐	Neutral
4	☐	Somewhat ineffective
5	☐	Very ineffective
97	☐	Don't know

Program Resources

9. **Next, we have questions about your program's resources. Which of the following resources sufficiently meets the program's needs?** *{Check all that apply}*

1	☐	Fiscal resources
2	☐	Legal counsel
3	☐	# of paid staff
4	☐	# of volunteers
5	☐	# of volunteer hours
6	☐	Data/information systems (e.g., computers, software, mobile phones to call from the field, etc.)
7	☐	Administrative support
8	☐	Communication methods to share information with consumers and stakeholders
9	☐	Training and technical assistance

96 ☐   Other (Please specify): _____

10. **Have any of the following activities not been carried out as fully as you would have liked because of a lack of LTCOP resources?** *{Check all that apply}*

1 ☐   Complaint investigation and resolution activities

2 ☐   Quarterly <u>nursing home</u> facility visits, not in response to a complaint

3 ☐   Quarterly <u>board and care</u> facility visits, not in response to a complaint

4 ☐   Training for facility staff

5 ☐   Consultations to facilities

6 ☐   Information and consultations to individuals

7 ☐   Resident and family education at facilities

8 ☐   Resident and family council development and support

9 ☐   Community education activities

10 ☐   Legal assistance for residents

11 ☐   Analyzing and monitoring federal, state, and local law, regulations, and other government policies and actions

12 ☐   Research and policy analysis to inform systems advocacy work

13 ☐   Facilitation with public comments on proposed legislation, laws, regulations, policies, and actions

14 ☐   Volunteer recruitment and retention

96 ☐   Other (Please specify): _____

11. **Are you able to determine the use of the fiscal resources appropriated or otherwise available for the operation of the LTCOP at the state level?**

1 ☐   Yes

2 ☐   No

3 ☐   Partially

12. **Where local Ombudsman entities are designated, do you approve the allocations of Federal and State funds provided to such entities (subject to applicable Federal and State laws and policies)?**

1 ☐   Yes

2 ☐   No

98 ☐   Not applicable

13. **Does your Office of the State Ombudsman secure additional financial resources (e.g., grants) and/or in-kind contributions (e.g., donated office space) beyond the Federal and State funds allocated?**

    1 ☐   Yes

    If Yes, what kind?

    _____

    2 ☐   No

    98 ☐   Not applicable – The office does not have the ability to secure additional financial resources or in-kind contributions.

Legal Counsel

14. **Where does your program get legal counsel to provide consultation and/or representation for the Ombudsman program? (e.g., for complaint resolution, systems advocacy)** *{Check all that apply}*

    1 ☐   Attorney General's office

    2 ☐   LTCOP employs in-house attorney(s)

    3 ☐   State Unit on Aging has in-house attorney(s) available to serve the LTCOP

    4 ☐   Contracts or other arrangements with private attorneys

    5 ☐   Legal assistance developer

    96 ☐   Other (Please specify): _____

    97 ☐   Don't know

15. **Who provides legal representation to the Ombudsman or any representative of the Office against whom suit or other legal action is brought or threatened in connection with the performance of the official duties?** *{Check all that apply}*

    1 ☐   Attorney General's office

    2 ☐   LTCOP employs in-house attorney(s)

    3 ☐   State Unit on Aging has in-house attorney(s) available to serve the LTCOP

    4 ☐   Contracts or other arrangements with private attorneys

    5 ☐   Legal assistance developer

    96 ☐   Other (Please specify): _____

    97 ☐   Don't know

16. **Where does your program refer residents for legal representation (e.g., related to a complaint)?** *{Check all that apply}*

1	☐	Attorney General's office
2	☐	LTCOP employs in-house attorney(s)
3	☐	State Unit on Aging has in-house attorney(s) assigned to serve residents on behalf of the LTCOP
4	☐	Contracts or other arrangements with private attorneys
5	☐	Legal assistance developer
6	☐	Legal services agencies (including those funded by Title IIIB legal assistance programs)
96	☐	Other (Please specify): _____
97	☐	Don't know
98	☐	Not applicable

17. **Does the legal counsel assigned to, or contracted by your program also provide counsel to designated representatives of the Office at the local level (if applicable)?**

1	☐	Yes
2	☐	No
97	☐	Don't know
98	☐	Not applicable

18. **What is the scope of this legal assistance at the state level (i.e., for the Office of the state Ombudsman program)?** *{Check all that apply}*

1	☐	Represent individual residents in legal matters
2	☐	Consultation on legal issues related to complaints (e.g., public benefits, guardianships)
3	☐	Consultation on complaints against State/local ombudsmen
4	☐	Civil remedies (e.g., injunction)
5	☐	Representation in the event of a lawsuit
6	☐	Requests for information (e.g., response to a subpoena, litigation discovery request, Freedom of Information Act (FOIA) request)
7	☐	Legislative or regulatory advocacy
8	☐	Administrative appeals

9 ☐ Whatever issue that I need to consult about

96 ☐ Other (Please specify): _____

97 ☐ Don't know

19. **Have you ever requested and <u>not</u> been able to obtain timely legal assistance?**

1 ☐ Yes

If Yes, why? _____

2 ☐ No

20. **Is the legal counsel assigned to your program knowledgeable about BOTH ombudsman programmatic issues and long-term care issues?**

1 ☐ Yes

2 ☐ No

97 ☐ Don't know

21. **Overall, how effective is the legal assistance that your program receives?**

1 ☐ Very effective

2 ☐ Somewhat effective

3 ☐ Neutral

4 ☐ Somewhat ineffective

5 ☐ Very ineffective

97 ☐ Don't know

22. **Next, we have questions about program autonomy. {Please answer yes or no to each question}**

		Yes	No
a.	Has your program been unable to fulfill LTC ombudsman program duties due to legislative or regulatory restrictions?	1 ☐	2 ☐
b.	Does your program have the autonomy to carry out systems advocacy work?	1 ☐	2 ☐
c.	Is your program free to speak to the media?	1 ☐	2 ☐
d.	Is your program generally able to represent the interests of residents to state agencies involved in long-term care?	1 ☐	2 ☐

STATE AND LOCAL LEVEL COORDINATION

Next we'd like to understand your program's relationships with other organizations.

1. **Below is a list of entities that have responsibilities relevant to the health, safety, well-being or rights of residents of long-term care facilities. For each one, please indicate if <u>you or your state Ombudsman office staff</u> have worked with or have coordinated efforts with that entity <u>on a regular basis</u> and then indicate the purpose of that interaction.** *{Please check "Yes," "No," or "Don't know" in all four columns for each item}*

	Regular interaction?	Purpose?			
		Individual Resident Advocacy	Systems Advocacy	Education/ Outreach	Other
a. **Area Agency on Aging**	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know
b. **Aging and Disability Resource Center**	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know
c. **Adult Protective Services**	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know
d. **Protection and Advocacy Systems**	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know
e. **Facility and long-term care provider licensure and certification program**	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know
f. **State Medicaid fraud control**	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know
g. **Victim assistance programs (for people who have been victimized by a crime such as rape, assault, financial exploitation, etc.)**	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know
h. **State and local law enforcement agencies**	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know
i. **Courts**	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know

j.	State legal assistance developer and legal assistance/legal aid programs	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know	1 ☐ Yes 2 ☐ No 97 ☐ Don't Know

2. **Overall, does the nature of the relationship that your program has with the following entities support enable you and your staff to meet resident and program needs?**

	Yes	No	Not Applicable
a. **Area Agency on Aging**	1 ☐	2 ☐	98 ☐
b. **Aging and Disability Resource Center**	1 ☐	2 ☐	98 ☐
c. **Adult Protective Services**	1 ☐	2 ☐	98 ☐
d. **Protection and Advocacy Systems**	1 ☐	2 ☐	98 ☐
e. **Facility and long-term care provider licensure and certification program**	1 ☐	2 ☐	98 ☐
f. **State Medicaid fraud control**	1 ☐	2 ☐	98 ☐
g. **Victim assistance programs (for people who have been victimized by a crime such as rape, assault, financial exploitation, etc.)**	1 ☐	2 ☐	98 ☐
h. **State and local law enforcement agencies**	1 ☐	2 ☐	98 ☐
i. **Courts**	1 ☐	2 ☐	98 ☐
j. **State legal assistance developer and legal assistance/legal aid programs**	1 ☐	2 ☐	98 ☐

2. **If you answered "No" to any of the questions above, what would help the relationship(s) to meet resident and program needs?**

_____

_____

_____

3. **Does your program work with any of the following entities not listed above?** *{Check all that apply.}*

1 ☐   Managed Care Organizations (MCO)

2 ☐   Quality Improvement Organizations (QIO)

3 ☐   Centers for Independent Living

4 ☐   Senior Medicare Patrol (SMP)

5 ☐   Provider Associations

6 ☐   Consumer Advocacy Groups

7 ☐   Physician Groups

8 ☐   Veterans Administration – State

9 ☐   Veterans Administration – Federal

96 ☐   Other (Please specify): _____

4. **Please describe an example of a successful partnership that your office engages in.**

_____

_____

_____

5. **Overall how would you rate the effectiveness of your program's relationship with the following types of facilities and providers?**

	A majority of the relationships are effective	Some of the relationships are effective	A few of the relationships are effective	None of the relationships are effective	Not Applicable
a. Nursing homes	1 ☐	2 ☐	3 ☐	4 ☐	98 ☐
b. Board and care homes and similar facilities*	1 ☐	2 ☐	3 ☐	4 ☐	98 ☐

*Board and care homes and similar facilities (residential care facilities, adult congregate living facilities, assisted living facilities, foster care homes, and other adult care homes similar to a nursing facility or board and care home which provide room, board, and personal care services to a primarily older residential population.

6. **Please describe the factors that went into your response above:**

_____

_____

7. **Does your state program have the authority to serve consumers of in-home services?**

1 ☐ Yes

2 ☐ No (Skip to next section on "Program Activities.")

8. **Overall how would you rate the effectiveness of your program's relationship with in-home service providers?**

	A majority of the relationships are effective	Some of the relationships are effective	A few of the relationships are effective	None of the relationships are effective	Not Applicable
a. In-home service providers	1 ☐	2 ☐	3 ☐	4 ☐	98 ☐

9. **Please describe the factors that went into your response above:**

_____

_____

Next we'd like to explore the role you play in your state LTCOP and the activities that you carry out.

1. **Does your state have minimum standards on frequency of visitation of long-term care facilities?**

   1 ☐ Yes

   2 ☐ No (Skip to Q3)

2. **What are your state's minimum standards for visitation?**

   1 ☐ Weekly

   2 ☐ Less than weekly but at least once a month

   3 ☐ Less than monthly but at least once every quarter

   4 ☐ Twice a year

   5 ☐ Once a year

   96 ☐ Other (Please specify): _____

3. **Does your program have a visit protocol or procedure to use when staff and volunteers visit facilities?**

   1 ☐ Yes

   2 ☐ 1 Yes, some activities are required but others can be changed as needed.

   3 ☐ No (Skip to Q5)

4. **Thinking about this protocol or procedure, what topics are included?** *{Check all that apply}*

   1 ☐ Suggested duration of visit (for example, 1-3 hours)

   2 ☐ How to obtain resident list (census)

   3 ☐ Verification that the LTCOP poster is accessible

   4 ☐ Visiting strategies in small personal care/adult family homes

   5 ☐ Visiting strategies in large buildings

   6 ☐ Meeting with residents

   7 ☐ Ensuring privacy of visit

   8 ☐ Meeting with family members or legal representatives (e.g., guardian or conservator)

   9 ☐ Observing care provided to residents (while respecting resident privacy)

   10 ☐ Observing a meal time

11 ☐   Observing a shift change

12 ☐   Observing a scheduled social activity

13 ☐   Walking around and looking into residents' rooms (while respecting privacy)

14 ☐   Walking around and looking into common area rooms

15 ☐   Reviewing the posted activity schedule

16 ☐   Reviewing the posted meals

17 ☐   Keeping some "office" hours by being in a designated area

18 ☐   Talking with a facility administrator or lead staff

19 ☐   Talking with direct care staff

20 ☐   Talking with nurse(s), if applicable

21 ☐   Talking with social worker(s), if applicable

96 ☐   None of the above. If you selected this, please describe what your visit plan includes:

_____

_____

5. **Does your program have documentation standards (e.g., a standard form to be completed) for facility visits?**

1 ☐   Yes

1 ☐   No (Skip to Q7)

6. **Which of the following are included in your facility visit documentation?** *{Check all that apply}*

1 ☐   Date

2 ☐   Name of facility

3 ☐   Duration of visit

4 ☐   Verification of accessibility of LTCOP poster/accuracy of information

5 ☐   NORS activities:

     5a ☐   Consultations to facility staff

     5b ☐   Information and consultations to individuals

     5c ☐   Complaints

     5d ☐   Attendance at family or resident councils

     5e ☐   Training of facility staff

6 ☐   Other general impressions regarding:

     6a ☐   Cleanliness

     6b ☐   Safety (e.g., clearly marked exits)

| | | 6c ☐ | Sufficient staffing (e.g., sufficient response time to resident calls) |

6c ☐ Sufficient staffing (e.g., sufficient response time to resident calls)

6d ☐ Residents are being treated with respect

6e ☐ A current calendar of activities is available

6f ☐ Residents appear to have freedom of movement

6g ☐ Residents have access to use a telephone for private conversation

6h ☐ Residents are able to send and receive mail/email privately

6i ☐ Residents are able to have visitors including private visits with spouses

6j ☐ Accommodation of individual preferences (e.g., wake up times, bed times)

7 ☐ Complaints raised by staff

8 ☐ Consultations requested by staff

9 ☐ Concerns raised by residents, family, or legal representatives (guardian)

10 ☐ None of the above

7. **Is it your program's practice to change the day of the week or time of day that your staff/volunteers visit in order to see different shifts, weekend shifts, or to be available to families visiting after their work days?**

1 ☐ Yes

2 ☐ No

8. **Do you <u>personally</u> visit <u>nursing homes</u>?**

1 ☐ Yes

2 ☐ No (Skip to Q11)

9. **What type of <u>nursing home</u> visit do you conduct:** *{Check all that apply}*

1 ☐ Visit on a routine basis (not complaint driven)

2 ☐ Visit in response to facility problems and resident complaints

96 ☐ Other (Please specify): _____

10. **How often do you typically visit <u>nursing homes</u>?**

1 ☐ Weekly

2 ☐ Less than weekly but at least once a month

3 ☐ Less than monthly but at least once every quarter

4 ☐ Twice a year

5 ☐ Once a year

96 ☐ Other (Please specify): _____

11. Please indicate the category of complaint that a) your program is most effective at resolving, b) your program finds most challenging to resolve, and c) takes up most of your program's time with regard to <u>nursing homes</u>. *{Select one in each column.}*

	Most effective at resolving	Most challenging to resolve	Takes up most of program's time
Resident's Rights			
a. Abuse, gross neglect, exploitation	1 ☐	2 ☐	3 ☐
b. Access to information by resident or resident's representative	1 ☐	2 ☐	3 ☐
c. Admission, transfer, discharge, eviction	1 ☐	2 ☐	3 ☐
d. Autonomy, choice, preference, exercise of rights, privacy	1 ☐	2 ☐	3 ☐
e. Financial, property (except for financial exploitation)	1 ☐	2 ☐	3 ☐
Resident Care			
f. Care	1 ☐	2 ☐	3 ☐
g. Rehabilitation or maintenance of function	1 ☐	2 ☐	3 ☐
h. Restraints – chemical and physical	1 ☐	2 ☐	3 ☐
Quality of Life			
i. Activities and social services	1 ☐	2 ☐	3 ☐
j. Dietary	1 ☐	2 ☐	3 ☐
k. Environment	1 ☐	2 ☐	3 ☐
Administration			
l. Policies, procedures, attitudes, resources	1 ☐	2 ☐	3 ☐
m. Staffing	1 ☐	2 ☐	3 ☐
Not Against Facility			
n. Certification/Licensing Agency	1 ☐	2 ☐	3 ☐
o. State Medicaid Agency	1 ☐	2 ☐	3 ☐
p. System/Others	1 ☐	2 ☐	3 ☐

Board and care home visits

Next, we have questions about board and care homes. Board and care homes and similar facilities include residential care facilities, adult congregate living facilities, assisted living facilities, foster care homes, and other adult care homes similar to a nursing facility or board and care home which provide room, board, and personal care services to a primarily older population.

12. Do you <u>personally</u> visit <u>board and care</u> homes?

₁ ☐   Yes

₂ ☐   No (Skip to Q15)

13. **What type of <u>board and care</u> visit do you conduct:** *{Check all that apply}*

₁ ☐   Visit on a routine basis (not complaint driven)

₂ ☐   Visit in response to facility problems and resident complaints

₉₆ ☐   Other (Please specify): _____

14. How often do you typically visit <u>board and care</u> homes?

₁ ☐   Weekly

₂ ☐   Less than weekly but at least once a month

₃ ☐   Less than monthly but at least once every quarter

₄ ☐   Twice a year

₅ ☐   Once a year

₉₆ ☐   Other (Please specify): _____

15. **Please indicate the category of complaint that a) your program is most effective at resolving, b) your program finds most challenging to resolve, and c) takes up most of your program's time with regard to <u>board and care</u> homes.** *{Select one in each column.}*

	Most effective at resolving	Most challenging to resolve	Takes up most of program's time
Resident's Rights			
a. Abuse, gross neglect, exploitation	1 ☐	2 ☐	3 ☐
b. Access to information by resident or resident's representative	1 ☐	2 ☐	3 ☐
c. Admission, transfer, discharge, eviction	1 ☐	2 ☐	3 ☐
d. Autonomy, choice, preference, exercise of rights, privacy	1 ☐	2 ☐	3 ☐
e. Financial, property (except for financial exploitation)	1 ☐	2 ☐	3 ☐
Resident Care			
f. Care	1 ☐	2 ☐	3 ☐
g. Rehabilitation or maintenance of function	1 ☐	2 ☐	3 ☐
h. Restraints – chemical and physical	1 ☐	2 ☐	3 ☐
Quality of Life			
i. Activities and social services	1 ☐	2 ☐	3 ☐
j. Dietary	1 ☐	2 ☐	3 ☐
k. Environment	1 ☐	2 ☐	3 ☐
Administration			
l. Policies, procedures, attitudes, resources	1 ☐	2 ☐	3 ☐
m. Staffing	1 ☐	2 ☐	3 ☐
Not Against Facility			
n. Certification/Licensing Agency	1 ☐	2 ☐	3 ☐
o. State Medicaid Agency	1 ☐	2 ☐	3 ☐
p. System/Others	1 ☐	2 ☐	4 ☐

Program Strengths and Challenges

16. **Are there any areas for which your program has specific expertise?** *{Check all that apply}*

1 ☐ Providing advocacy in board and care facilities

2 ☐ Elder abuse (e.g., task forces, staff training/in services)

3 ☐ Culture change (e.g., person-centered service planning, dementia-competent care, etc.)

4 ☐ Assisting residents in transitions out of facilities

5 ☐ Providing support during bankruptcy proceedings

6 ☐ Providing advocacy around inappropriate drug use

7 ☐ Supporting residents re: End of life care (e.g., advance directives, access to hospice services, facility practices when someone dies)

8 ☐ Supporting residents re: Managing family conflicts, power of attorney

9 ☐ Supporting residents re: Involuntary discharge/transfers

10 ☐ Systems advocacy

11 ☐ Developing a volunteer program

96 ☐ Other (Please specify): _____

17. **What challenges does your program face?** *{Check all that apply}*

1 ☐ Insufficient funding

2 ☐ Insufficient program autonomy

3 ☐ Insufficient legal counsel

4 ☐ High turnover of paid staff

5 ☐ High turnover of volunteers

6 ☐ Difficulty hiring qualified paid staff

7 ☐ Difficulty recruiting volunteers

8 ☐ Working with facility administrators, corporate owners, and provider associations

9 ☐ Working with other organizations

10 ☐ Working with family members

11 ☐ Working with resident councils

12 ☐ Working with family councils

13 ☐ Offering peer-to-peer support to share what works and what does not

14 ☐ Receiving more training in areas where I need to be knowledgeable

96 ☐ Other (Please specify): _____

18. **Does your program have particular difficulty serving any of the following populations?**
{Check all that apply}

1 ☐ People who live in rural areas

2 ☐ People who have disabilities including physical, intellectual or developmental, mental health, or communication disabilities (e.g., deafness or blindness)

3 ☐ People with cognitive limitations, such as Alzheimer's, dementia and related diseases

4 ☐ People who speak a language other than English

5 ☐ People of diverse cultural backgrounds

6 ☐ People from the lesbian, gay, bisexual, and transgender (LGBT) community

7 ☐ Veterans

8 ☐ Tribal elders

96 ☐ Other (Please specify): _____

PROGRAM QUALITY ASSURANCE

In this section, we focus 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.

Training and Support

1. **What type of orientation, training, or support did you receive when you were first hired as the State Ombudsman?** *{Check all that apply}*

1 ☐ Self-study (on-line training or reviewing materials provided by state program)

2 ☐ Self-study (on-line training or reviewing materials provided by the National Ombudsman Resource Center)

3 ☐ In-person classroom training

4 ☐ Mentoring/shadowing with State Ombudsman

5 ☐ Mentoring/shadowing with experienced staff

6 ☐ Training in a nursing home setting or board and care home setting

7 ☐ Attending a resident or family council meeting

8 ☐ NORC webinar for new SLTCOs

9 ☐ NORC in-person training for new SLTCOs

10 ☐ Introduction to key stakeholders in my state

11 ☐ Outreach by Federal or Regional ACL/AoA staff

12 ☐ Outreach by State Ombudsmen from the National Association of State Long-Term Care Ombudsman Programs (NASOP)

13 ☐ Training by legal counsel

14 ☐ None

96 ☐ Other (Please specify): _____

2. How effective was the orientation training you received in preparing you for your role as a State Ombudsman?

1 ☐ Very effective

2 ☐ Somewhat effective

3 ☐ Neutral

4 ☐ Somewhat ineffective

5 ☐ Very ineffective

97 ☐ Don't know

98 ☐ Not applicable (I did not receive an orientation training.)

3. Is there training that you did not receive during your orientation period that you think would have been helpful when you began in this role?

1 ☐　　Yes

If Yes, please describe: _____

2 ☐　　No

Data Systems & Information Technology

4. **Is your program's data collection system adequate for meeting ACL/AoA requirements for annual reporting?**

1 ☐　　Yes

2 ☐　　No

97 ☐　　Don't know

5. **Does your program use NORS data for any of the following purposes?** *{Check all that apply}*

1 ☐　　　　Program planning

2 ☐　　1　　Program improvement

3 ☐　　Examining trends for determining systems advocacy issues to focus on

4 ☐　　Identifying issues of concern as well as promising practices

5 ☐　　Comparing program performance against programs in other states

6 ☐　　Advocacy purposes (e.g., present data to the Governor's office, legislature, state officials and other stakeholders to convey the scope and depth of problems in the long-term care system)

6. **What other types of data do you collect?**

_____

_____

7. **What other types of data do you not collect, but would be useful to you in your role as the State Ombudsman?**

_____

_____

8. **What types of information technology does your program use to raise the visibility and awareness of the program and communicate its services to the public?** *{Check all that apply}*

1 ☐　　Website

2 ☐ Social media (e.g., Facebook, Twitter)

3 ☐ Email contact with clients

4 ☐ Alerts/other urgent electronic messaging to stakeholder groups

5 ☐ Electronic bulletin boards

6 ☐ Publications/brochures/newsletters in English

7 ☐ Publications/brochures/newsletters in other languages

96 ☐ Other (Please specify): _____

National, State and Local Resources

9. **A number of entities are available to enhance the skills, knowledge and management capacity of program staff. How helpful have the following resources been to you or your program?**

	Very helpful	Somewhat helpful	Not helpful	Not applicable
a. State Unit on Aging (SUA)	1 ☐	2 ☐	3 ☐	98 ☐
b. National Association of State Long-Term Care Ombudsman Programs (NASOP)	1 ☐	2 ☐	3 ☐	98 ☐
c. National Ombudsmen Resource Center (NORC)	1 ☐	2 ☐	3 ☐	98 ☐
d. National Consumer Voice for Quality Long-Term Care	1 ☐	2 ☐	3 ☐	98 ☐
e. National Association of States United for Aging and Disabilities (NASUAD)	1 ☐	2 ☐	3 ☐	98 ☐
f. Administration for Community Living/Administration on Aging (ACL/AoA) – Central and Regional Offices	1 ☐	2 ☐	3 ☐	98 ☐
g. Justice in Aging	1 ☐	2 ☐	3 ☐	98 ☐
h. Support from other state agencies	1 ☐	2 ☐	3 ☐	98 ☐
i. Other (Please specify): _____	1 ☐	2 ☐	3 ☐	98 ☐

10. **How often have you <u>personally</u> used the various resources available through the National Ombudsman Resource Center (NORC)?**

	Weekly	Monthly	Quarterly	Semi-Annually	Annually	Support not available
a. Phone/email advice or consultation	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b. Webinar	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c. Access to an expert	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
d. Listserv	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
e. Posted resource documents	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
f. Program promotional materials	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
g. Ombudsman Outlook quarterly e-newsletter	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
h. Consumer Voice Conference	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
i. Annual SLTCO Conference	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
j. Other (Pease specify): _____	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

11. **In general, has the National Ombudsman Resource Center (NORC) been available at the point in time you needed it?**

- 1 ☐   Yes
- 2 ☐   No
- 3 ☐   Never needed to use it

12. **What types of support have you needed in your state role in the past that were either not available or were insufficient for addressing your need/answering your question?**

_____

_____

13. **How do you keep informed of developments in long-term care that may impact residents and/or program practices?**

- 1 ☐   State Unit on Aging (SUA)
- 2 ☐   National Association of State Long-Term Care Ombudsman Programs (NASOP)
- 3 ☐   National Ombudsman Resource Center (NORC)
- 4 ☐   Administration for Community Living (ACL)
- 5 ☐   Other state agencies
- 6 ☐   National Consumer Voice for Quality Long-Term Care Conference
- 7 ☐   Other national organizations or associations
- 96 ☐   Other (Please specify): _____

14. **How satisfied are you with your job as the State Ombudsman?**

- 1 ☐   Very satisfied
- 2 ☐   Somewhat satisfied
- 3 ☐   Neutral
- 4 ☐   Somewhat unsatisfied
- 5 ☐   Very unsatisfied

15. **To what do you attribute your satisfaction or dissatisfaction?**

_____

_____

16. **Is there any topic or issue you expected us to cover that was not covered in this survey? Please describe the issue(s) and explain why you think it is/they are important.**

DEMOGRAPHIC INFORMATION

The next several questions collect information about your characteristics, such as age, race, and education.

1. **In what year were you born? _____**

2. **How do you identify your race?** *{Check all that apply}*

- 1 ☐ American Indian or Alaska Native
- 2 ☐ Asian
- 3 ☐ Black or African American
- 4 ☐ Native Hawaiian or Other Pacific Islander
- 5 ☐ White
- 96 ☐ Other (Please specify): _____

17. **Are you of Hispanic or Latino origin?**

- 1 ☐ Yes
- 2 ☐ No

18. **With what gender category do you identify?**

- 1 ☐ Female
- 2 ☐ Male

19. **What is the highest grade or year you completed in school?**

- 1 ☐ Less than high school or GED
- 2 ☐ High school or GED
- 3 ☐ College coursework but not degree (may include community college coursework)
- 4 ☐ Associate's degree
- 5 ☐ Bachelor's degree
- 6 ☐ Some graduate work
- 7 ☐ Masters' degree
- 8 ☐ Juris Doctorate
- 9 ☐ Doctor of Philosophy
- 10 ☐ Medical Degree

Thank you for your participation!

**Please send your completed form to NORC using the enclosed
postage paid envelope.**

You may also return the completed survey by faxing it to:

_____