

# Memorandum

To: Julie Wise

Through: Mark Snyderman, Deputy Director, CMB/ACL/HHS

From: Susan Jenkins, Director, OPE/CPE/ACL/HHS

Re: Non Substantive Changes to the Long-Term Ombudsman Program (LTCOP) Process Evaluation Information Collection

Date: November 27, 2017

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As part of the original OMB PRA approval related to the process evaluation of the Long-term Care Ombudsman Program (OMB Control Number [0985-0055](#), Expiration date 3/31/2020), ACL indicated that the data collected during the first round of interviews with Federal program staff, National Stakeholders, and State Ombudsman would inform the questions proposed for the second round of data collection through surveys of State Ombudsmen, Local program directors, local representatives, and volunteers. The first round of data collection suggested a few areas for additional questions and revisions to existing questions to clarify the data collected.

The following memo presents recommendations for the Round 2 data collection of the LTCOP. These recommendations are based on ACL's analysis of data collected as part of the first phase (Round 1) of the data collection. We believe the changes are not substantive and do not require republication in the Federal Register. Only 24 or 0.047% of the questions are either new or revised. We estimate that these changes will add less than 1 minute to each survey.

The information that follows includes an overview of the existing surveys and the proposed changes. It then provides the proposed additional questions designed to clarify information gathered through the surveys. Justifications for these additions are described in comment boxes. Finally, we suggest refinements to existing questions (highlighting edits in yellow and track changes). We include these edits to clarify questions and/or expand on response categories.

ACL would like to start the second round of data collection in early to mid-December 2017.

In order to remain on schedule for the evaluation, ACL would greatly appreciate receiving a quick turn around on this request. The changes are minimal in terms of burden hours, and it is the expert opinion of the research team and the program staff that the revisions would greatly improve the usefulness of the data collected.

**Overview of the Information Collection Approved for Round 2**

<b>Data Collection Tools</b>	<b>Number of questions approved</b>	<b>Number of questions proposed for addition</b>	<b>Number of questions with revised wording</b>
State Ombudsmen Survey	75	8	6
Local Directors/Regional Representatives Survey	100	5	0
Local Representatives Survey	93	3	1
Volunteers Survey	<u>74</u>	<u>0</u>	<u>1</u>
<b>TOTAL</b>	<b>342</b>	<b>16</b>	<b>8</b>

**Proposed Survey Revisions to improve data clarity**

**SIXTEEN QUESTION PROPOSED FOR ADDITION**

**State Ombudsmen Survey: Additions (8)**

**1. Overall, how would you describe the support your Office of the State LTC Ombudsman receives from the following?**

	<b>Fully supportive</b>	<b>Very supportive</b>	<b>Somewhat supportive</b>	<b>Not supportive</b>	<b>Indifferent</b>
<b>a. State Unit on Aging Director</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b. Governor's Office</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**2. Do the state regulations that govern board and care homes and similar facilities (for example, assisted living, residential care homes, and other non-nursing home settings) provide sufficient provider guidance to enable your program to advocate for residents of those settings?**

- 1  Yes, they do provide sufficient guidance to advocate for residents in those settings
- 2  A mix, depending on the type or size of the setting (e.g., small versus large)
- 3  No, they are not sufficient for any setting type
- 4  N/A (There are no such regulations in my state/territory.)

**3. Does your goal for nursing home visits reported in Question 2 include visits in response to a complaint? [This addition would also apply to board and care homes, so it represents 2 new questions.]**

- 1  Yes
- 2  No

**4. Does your state have goals on frequency of visitation to board and care homes?**

- 1  Yes
- 2  No (Skip to Q8)

**5. On average, how frequently does your program conduct visits to most or all nursing homes in your state, regardless of whether the visit is in response to a complaint? [This addition would also apply to board and care homes, so it represents 2 new questions.]**

- 1  Weekly
- 2  Monthly
- 3  Quarterly
- 4  Twice a year
- 5  Annually
- 6  Other (Please specify): \_\_\_\_\_

**6. Given resources, what are your state's goals for visiting board and care homes?**

- 1  Weekly
- 2  At least monthly
- 3  At least quarterly
- 4  At least twice a year
- 5  At least annually
- 96  Other (Please specify): \_\_\_\_\_

**Local Directors/Regional Representatives Survey: Additions (5)**

**1. To what extent does the State Ombudsman drive your local program's priorities (e.g., how often to visit facilities or how much time to spend on systems advocacy)?**

- 1  High level of involvement (less local autonomy)
- 2  Medium level of involvement
- 3  Low level of involvement (more local autonomy)

**2. Is systems advocacy work encouraged by or coordinated with your State Ombudsman?**

- 1  Yes
- 2  No

**3. As part of your responsibilities, do you perform any systems advocacy work?**

- 1  Yes
- 2  No
- 3  Don't know

**4. Which of the following activities do you perform? {Check all that apply.}**

- 1  Legislative advocacy such as testimony, meeting with legislators, engaging partners
- 2  Engagement in policy making (such as provider requirements)
- 3  Grassroots organizing
- 4  Communication with the media about advocacy issues
- 5  Representing consumers in administrative hearings or appeals processes
- 6  Providing or coordinating training for facilities
- 7  Involvement in committees such as work groups, advisory committees, or task forces

**5. Do you experience any of the following problems as a result of your program placement? {Check all that apply.}**

- 1  Receiving requests for confidential information from host agency
- 2  Conflicting guidance from the Office of the State Ombudsman and the local host agency
- 3  Feeling of isolation being located alongside staff who are not part of the Ombudsman Program
- 4  Other (Please specify: \_\_\_\_\_)

**Local Representatives Survey: Additions (3)**

**1. Is systems advocacy work encouraged by or coordinated with your State Ombudsman?**

- 1  Yes
- 2  No

**2. As part of your responsibilities, do you perform any systems advocacy work?**

- 1  Yes
- 2  No
- 3  Don't know

**3. Which of the following activities do you perform? {Check all that apply.}**

- 1  Legislative advocacy such as testimony, meeting with legislators, engaging partners
- 2  Engagement in policy making (such as provider requirements)
- 3  Grassroots organizing
- 4  Communication with the media about advocacy issues
- 5  Representing consumers in administrative hearings or appeals processes
- 6  Providing or coordinating training for facilities
- 7  Involvement in committees such as work groups, advisory committees, or task forces

**EIGHT QUESTIONS WITH REVISED WORDING**

**State Ombudsman Survey: Refinements** *(The new text is shown in yellow. Text proposed for removal has been struck out. The question numbers below match their numbering in the approved survey forms)*

**Section A: Structure and Resources**

**Program Resources**

1. **Next, we have questions about your program’s resources. Which of the following resources are sufficient to enable the program to meet federal mandates (i.e. to meet program responsibilities stemming from federal guidance rather than additional state requirements) 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): \_\_\_\_\_

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

	<b>Yes</b>	<b>No</b>
<b>a.</b> Has your program been unable to fulfill LTC ombudsman program duties due to legislative or regulatory restrictions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>b.</b> Does your program have the autonomy to carry out systems advocacy work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>c.</b> Is your program free to speak to the media?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>d.</b> Is your program generally able to represent the interests of residents to state agencies involved in long-term care <b>without political interference?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**4. Do you work with any of the following entities? {Check all that apply.}**  
**[This change also affects the Local Directors and Local Representatives Surveys.]**

- 1  Managed Care Organizations (MCOs)
- 2  Quality Improvement Organizations (QIOs)
- 3  Centers for Independent Living
- 4  Senior Medicare Patrol (SMP)
- 5  Consumer Advocacy Groups
- 6  Physician Groups
- 7  Hospitals and Hospital Associations
- 8  Behavioral or Mental Health Departments
- 9  Disability Groups
- 10  Veterans Administration - State
- 11  Veterans Administration - Federal
- 12  Emergency Preparedness Teams
- 96  Other (Please specify): \_\_\_\_\_

**Section B: Program Activities**

**1. Does your state have goals ~~minimum standards~~ on frequency of visitation to nursing homes?**

- 1  Yes
- 2  No (Skip to Q4)

**2. Given resources, what are your state's ~~minimum standards for visitation goals~~ for how often the LTCOP visits nursing homes? **This question would be repeated for board and care 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): \_\_\_\_\_

**16. Does your program have particular difficulty serving any of the following populations? {Check all that apply} [This change also affects the Local Directors, Local Representatives, and Volunteers Surveys.]**

- 1  People who live in rural areas
- 2  People who have physical disabilities or communication disabilities (e.g., deafness, blindness)
- 3  People with intellectual and developmental disabilities (e.g., autism)
- 4  People with mental illness (e.g., depression, bipolar disorder, schizophrenia)
- 5  People with substance abuse disorders
- 6  People with cognitive limitations, such as Alzheimer's or other types of dementia, and related diseases
- 7  People who speak a language other than English
- 8  People of diverse cultural backgrounds
- 9  People from the LGBT community
- 10  Veterans
- 11  Tribal elders
- 12  People who were formerly incarcerated
- 13  Individuals under 60
- 96  Other (Please specify): \_\_\_\_\_



**Local Directors/Regional Representatives Survey: Refinements**

**Section A: Structure and Resources**

**2. How are decisions made about facility visits? {Check all that apply}**

- 1  Ombudsmen are assigned to a specific facility or group of facilities to visit, based on geographic region.
- 2  Ombudsmen are assigned to a specific facility or group of facilities to visit, based on facility characteristics (e.g., size, ownership, **level of services provided**).
- 3  Ombudsmen visit facilities in response to information about facility problems and resident complaints.
- 4  **Ombudsmen prioritize facilities that have not recently received complaint-related visits**
- 96  Other (Please specify): \_\_\_\_\_

**Volunteers Survey: Refinements**

**Section E: Background Information**

**5. How did you learn about the LTCOP? {Check all that apply}**

- 1  LTCOP website
- 2  LTCOP program materials (**e.g. poster, brochure**)
- 3  In-person conversation with program staff or volunteers
- 4  Presentation by program staff or volunteers  
**Please specify location type where presentation took place (e.g., church, senior center, school): \_\_\_\_\_**
- 5  LTCOP article or advertisement in a newspaper or other publication or on television
- 6  Social media (e.g., Facebook, Twitter)
- 7  Family/relatives received long-term services and supports
- 96  Other (Please specify): \_\_\_\_\_