Executive Summary

The Indiana Long-Term Care Ombudsman Program (LTCOP or the Program) navigated a transformative year during FFY24 (October 1, 2023 – September 30, 2024), focusing on overcoming persistent challenges while advancing resident advocacy. With a federal mandate to serve the nearly 60,000 long-term care residents across the state, the Program's efforts centered on addressing Ombudsman staffing shortages, leveraging temporary funding, and implementing initiatives that strengthen program administration and resident support.

Key Accomplishments

- **Utilization of Covid-Related Federal Funding**: Several streams of covid-related federal funding with end dates in sight enabled the Program to complete critical projects, including providing 15 hours a week of support in answering calls to the State Office, updating the LTCOP Policies & Procedures manual, and sending local Ombudsmen to the IDOH Leadership Conference in Fall 2023 to learn about abuse in nursing homes.
- **Volunteer Program Management**: Recognizing the importance of volunteer contributions, a Volunteer Program Coordinator position at the state level is still in progress to ensure sustained growth and effective management of volunteer resources.
- **Policy and Training Improvements**: Comprehensive updates to policies and procedures alongside targeted Ombudsman training enhanced Program efficiency and compliance with federal reporting requirements.

Challenges and Opportunities

- **Staffing Shortages**: Persistent vacancies, extended absences, and retirements hindered the Program's ability to maintain consistent advocacy. Coverage gaps required State Office personnel to assume additional responsibilities, including the provision of support in underserved areas.
- **Funding Sustainability**: While temporary funding facilitated critical advances, the need for permanent state-level positions and sustainable resources remains urgent. Roles such as a certified Ombudsman Assisted Living Specialist, Hearings and Appeals Specialist, and Volunteer Program Coordinator are essential for long-term stability.
- **Growing Resident Needs**: Indiana's expanding long-term care population underscores the necessity of securing additional funding for the Ombudsmen Program through mechanisms such as Medicaid Administrative Claiming (MAC).

Looking Ahead

The upcoming year will focus on securing sustainable funding, expanding the volunteer program, and advocating for additional resources to address the Program's growing responsibilities. By leveraging program data and resident stories, the LTCOP aims to demonstrate its critical role in protecting and empowering Indiana's long-term care residents.

Table of Contents

Indiana Long-Term Care Ombudsman Program FFY24 Annual Report

This past program year (October 1, 2023 to September 30, 2024) brought significant changes in Ombudsman staffing for Indiana's Long Term Care Ombudsman Program (LTCOP or Program). These changes highlight ongoing staffing challenges, progress in funding utilization, and efforts to enhance program administration and advocacy outcomes.

Program Staffing

At the start of FFY24, Indiana's LTCOP had a team of 22 local LTC Ombudsmen. By the end of the fiscal year, that number had decreased to twenty (20), with nine working part-time hours. The State Office housed three certified LTC Ombudsmen: the State LTC Ombudsman (SLTCO), Deputy Director, and a temporary contractor Ombudsman, serving as the Assisted Living Specialist. This contract role, set to conclude 9/30/25, has been instrumental in addressing assisted living advocacy needs.

Staffing Challenges

Historically, Indiana's LTCOP has struggled with insufficient staffing, lacking enough local Ombudsmen to provide the level of coverage residents deserve. This staffing shortage often required previous SLTCOs to manage their own caseloads and directly investigate complaints. While this ensured residents' immediate needs were addressed, it left limited time for broader program management, strategic planning, and oversight. As a result, some critical aspects of program administration and development have lagged behind.

__Indiana__ has 521 nursing homes and 377 assisted living facilities, with approximately __58,000 LTC residents__.

As of 9/30/24, the state has __20 certified LTC Ombudsmen__ working in the field to advocate for residents.

Over the past five years, the State Office has undertaken considerable efforts to revitalize the Program, addressing longstanding challenges, and laying a stronger foundation for the future. A key focus has been to remove local Ombudsman staff that are ineffective and unproductive – weeding out those who had become complacent and no longer fully engaged in the Program's mission. This process, while difficult, has been necessary to rebuild a team committed to high-quality advocacy and resident-centered outcomes.

It is important to recognize that the role of a LTC Ombudsman requires a unique combination of specialized skills and personal qualities to effectively advocate for residents in long-term care facilities. This work demands more than technical knowledge; it requires dedication to the mission of improving residents' quality of life and protecting their rights. Not everyone is suited for this critical and nuanced role, which is why selecting, training, and retaining the right individuals is essential.

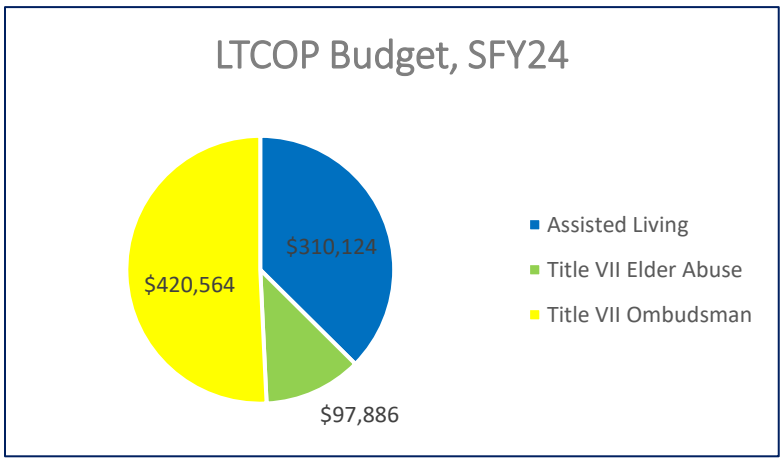
During FFY24, a total of seven (7) local Ombudsmen resigned, including the statewide LTCOP Volunteer Program Manager who had moved into that role earlier in the year. Six candidates were hired, trained, and certified for various areas across the state. However, staffing challenges persisted, including extended absences and retirements, which left some positions vacant for extended periods.

The SLTCO decertified[1] one part-time local LTC Ombudsmen in May 2024 for an unreported conflict of interest. This Ombudsman position in Area 12 (covering Dearborn, Jefferson, Ohio, Ripley, and Switzerland counties) has been vacant since that time (see Appendix A for a map of Ombudsman location and description of the Program's organizational structure).

A 1995 Institute of Medicine[2] study recommended a minimum staffing ratio of one ombudsman per 2,000 long-term care facility beds. Nearly 30 years later, Indiana still falls short of meeting that guideline. Due to inadequate staffing at the State Office, our Deputy Director is often compelled to fulfill two demanding roles: serving as both Deputy Director and acting as a local Ombudsman during vacancies. Each role requires full-time dedication, making this situation both unacceptable and unsustainable.

Program Funding

The LTCOP operates with funding ($828,574 for SFY24 as demonstrated below) from both federal and state sources. Federal funding includes allocations under Title VII of the Older Americans Act (OAA) for Ombudsman activities and Elder Abuse prevention. Additionally, state funding supports Assisted Living program activities, reflecting a commitment to ensuring quality care and advocacy for residents.



Funding flows through a structured process to ensure accountability and effective program operation. Federal and state funding is first allocated to the State Unit on Aging (the Division of Aging or DA), which disburses funds aligning with regional needs and priorities through its contracts with the 16 AAAs across the state.

The AAAs either host the LTCOP within their agencies, or contract with local host entities such as nonprofit organizations, to deliver Ombudsman services at the community level. These entities employ the Ombudsman staff in order to fulfill the Program's mission of advocacy and support for long-term care residents.

The Division of Aging demonstrates its strong commitment to the LTCOP by providing additional Title III funding to enhance the Program's capacity. This supplemental funding supports the role of the Program's Deputy Director, who plays a critical part in program management, training, and outreach efforts statewide.

[1] The State Long-Term Care Ombudsman may decertify any Long-Term Care Ombudsman if the ombudsman has failed to abide by the requirements of ombudsman conduct as specified in the Older Americans Act, 45 CFR 1327.19, and in accordance with Indiana State Law IAC 1-8-9.

[2] Institute of Medicine (US) Committee to Evaluate the State Long-Term Care Ombudsman Programs. Real People Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act. Harris-Wehling J, Feasley JC, Estes CL, editors. Washington (DC): National Academies Press (US); 1995. PMID: 2510/1383.

ovid-Related Funding

Additional federal funding received over the last four years has enabled the Program to undertake projects that would otherwise have been unattainable.

- A 12-month No Cost Extension for American Rescue Plan Act (ARPA1) funding was granted in August 2024 extended its use through through/30/25. This funding supported an extension of a local Ombudsman temporary contractor who helps answer phone calls and emails coming into the State Office, 15 hours a week. During FFY24, she provided a total of 215 instances of Information and Assistance (I&A) to individuals in responding to those calls.
- A combination of Coronavirus Response and Relief Supplemental Act (CRRSA) and American Rescue Plan Act (ARPA1) funding was used to engage Jamie Freschi of Fresch Start Consulting in a contract beginning 7/1/23 to update and revise the Program's Policies and Procedures manual, which had not been modified in many years. In early January 2024, a draft manual was sent to the local Ombudsmen, all AAAs, and Indiana Legal Services with a request for comments by mid-February. The new manual was unveiled to all local Ombudsmen at the LTCOP annual training in June 2024, when Ms. Freschi introduced the manual and reviewed policies and procedures.

> *"I wanted to let you know my mom passed unexpectedly on Thursday…at the hospital. Again, I'd like to thank you so much for having good and caring hearts and being so good at your jobs. Please keep up the good work of looking out for patients and their families. You were blessings for us."*
>
> - *Resident's daughter*

- CRRSA funding paid for 14 Ombudsmen to attend the 2023 IDOH Fall Leadership Conference, which focused on preventing abuse in nursing homes.
- Using a second round of American Rescue Plan Act (ARPA2) funding received 4/1/21,

  With her primary focus on ALs, she has also been an invaluable resource in addressing the State Office's broader staffing needs. Beyond her project responsibilities, she provided 47 instances of technical assistance to other Ombudsmen/Volunteers, 20 instances of Information & Assistance (I&A) to individuals and facility staff, and 5 instances of training for Ombudsmen/Volunteers. She also conducted 39 routine access visits and four complaint-related visits and worked directly with 8 Resident Councils. Recognizing the critical impact of her work, the SLTCO is actively seeking additional funding to establish this role as a permanent state position. Such a move would ensure the sustainability of targeted AL advocacy and support, which has already shown measurable benefits for residents and family members across the state.

- The Program used covid-related funding to implement an external portal in our documentation system through which LTC providers can securely submit notices to the SLTCO. Federal regulations require provider facilities to notify the LTCOP of the majority of residents' transfers and discharges. Sending copies to the SLTCO provides added protection to residents from being inappropriately transferred or discharged, offers residents access to an advocate who can inform them of their options

and rights, and ensures the SLTCO is aware of facility practices and activities related to transfers and discharges. After a testing period, the production website is now being used by the majority of providers, which has significantly cut down on the amount of time State Office staff spend in processing notices.

Volunteer Program Development

The Volunteer Program Coordinator resigned from the Program 10/2/23. In response, a local Ombudsman from Area 8 stepped up and now devotes 25% of her time to supporting the volunteer program. Her employer, Indiana Legal Services (ILS), was instrumental in arranging for her take on this unusual Ombudsman job structure. While her efforts are invaluable, a full-time Volunteer Coordinator is essential for the LTCOP to effectively recruit, retain, and train volunteers, which is vital for program growth and stability.

To the LTC Ombudsman:
"I appreciate your quick, well written and caring response. More evidence of amazing and much needed character traits for someone who fulfills your role."

■ *Resident's family member*

To address this need, the SLTCO worked with the State Personnel Department during the past year to upgrade the Administrative Assistant position vacated due to retirement in late 2023, into a Program Director role. This reclassified position is intended for a candidate with volunteer management experience who will also be trained as a certified LTC Ombudsman. The selected individual will serve as the Program's permanent statewide Volunteer Program Coordinator.

This position was initially posted 5/2/24 and offered in July to an out-of-state candidate planning to relocate to Indiana to be near family. Unfortunately, delays in out-of-state background checks and fingerprinting resulted in the candidate accepting another position within the State. Two other candidates were offered the position but turned it down due to the low salary. Recruitment for this position remains active, with a focus on finding a qualified candidate as soon as possible.

As of 9/30/24, the statewide Program had 10 certified Ombudsmen volunteers, 32 non-certified Ombudsmen, two people going through volunteer certification training, and the Program engaged with seven potential applicants. Expanding and stabilizing the statewide volunteer network remains a top priority to strengthen the Program's capacity to serve LTC residents effectively.

Social Media/Marketing

A former LTC Ombudsman served as the LTCOP's Social Media Coordinator, initially as a temporary contractor until 9/30/23, and subsequently as a volunteer through the end of CY23. Since her departure, the Program's social media presence on platforms like Facebook and X (formerly Twitter) has been largely

inactive due to the absence of dedicated staff to manage these accounts. Once the Volunteer Program Coordinator position is filled, part of their responsibilities will include revitalizing and maintaining the Program's social media platforms to enhance public outreach and engagement.

"Don't ever think we don't appreciate what you have done for us so far. If it wasn't for you we would still be nowhere today. I can't list all the good things that have changed, and changes will continue since you got involved. I thank god for giving me your name on the website."

- *Family member of LTC resident*

Program Data Collection

The software developer that designed our documentation system continues to work with ACL to ensure alignment of data with the National Ombudsman Reporting System (NORS). This alignment enables the submission of Program data, demonstrating the effectiveness of Indiana's Program to ACL.

Indiana's LTC Ombudsmen have been using our current documentation system for over five years. Due to frequent turnover among Ombudsmen and the complexities of complaint coding, the State Office remains committed to monitoring data entry, offering targeted trainings, and providing 1:1 technical assistance. Future training initiatives will emphasize the importance of accurate documentation, properly complaint coding, and detailed recording of activities.

Local LTC Ombudsman Activities

While visiting residents living in nursing homes and licensed assisted living facilities, local LTC Ombudsmen provide a very specialized advocacy service. These visits help residents and local Ombudsmen get to know each other and build trust so residents feel comfortable in sharing concerns with the Ombudsman. "Activities" are one measure the Program is required to track for federal reporting purposes. It is through these Activities that the Ombudsmen perform their federally-mandated responsibilities to residents. This year, the Program also introduced a measurable outcome regarding "routine access visits" for the local Ombudsmen.

According to NORS, routine access is the total number of nursing facilities visited by an Ombudsman not in response to a complaint, in all four quarters of the reporting period. Local Ombudsmen are actively working to increase the number of facilities visited each quarter, ensuring a more robust presence and greater engagement with residents and facility staff. This initiative reflects the Program's commitment to enhancing the quality of advocacy services and building stronger relationships within Indiana's long-term care communities.

"Thanks again for your time today! We had a lot of great feedback from the staff who attended the inservice. I appreciate the information you passed along and we are definitely striving to be the best nursing facility. We are continuing to improve and appreciate all the feedback."

- *LTC facility administrator note to Ombudsman*

The table below lists the type and number of activities Indiana's LTC ombudsmen performed during FFY24, as compared with the previous year.

#Instances of Ombudsman Activities

	FFY23	FFY24
Information & assistance to individuals	4,830	3,719
Community education	73	57
Training sessions for facility staff	7	6
Information & assistance to staff	1,816	1,404
Number of facilities that received one or more visits	490	703
Number of visits for all facilities	1,830	2,495
Number of facilities that received routine access	47	106
Participation in facility survey	554	479
Resident council participation	146	192
Family council participation	38	16

With the continued turnover in Ombudsmen the Program experienced over the past year and several new Ombudsmen still in their first year of working in the field, along with numerous vacancies due to illness and decertification, it is not surprising to see the number of activities during FFY24 decrease somewhat from the previous year.

It takes time for newer, inexperienced Ombudsmen to develop the necessary highly specialized skills this position requires, and to build relationships with residents. Despite staffing challenges, we note increases in the number of facilities that received at least one visit, the number of visits for all facilities, the number of facilities that received a routine access visit in every quarter of the reporting year, and in supporting Resident Councils. Activities counted for NORS report purposes do not include the time Ombudsmen spend reading through survey reports for the facilities they cover, any media communications, or time spent in meetings such as our Program bi-weekly Teams meetings or the weekly meetings ILS holds for its ombudsmen.

It takes time for new Ombudsmen to develop the necessary highly specialized skills this position requires, and to build relationships with residents in their area.

FFY24 Complaints

A complaint is an expression of dissatisfaction or concern brought by a resident or complainant, which requires Ombudsman investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare, or rights of a resident.

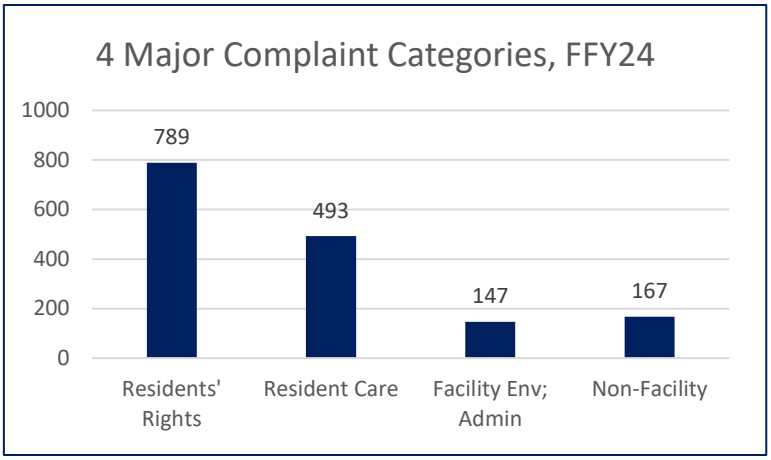
During FFY24, the Program received and investigated 1,596 complaints, a decrease of 14% from the number of complaints received the previous year (1,861). Over three-quarters (1,252 or 78%) of the complaints were regarding nursing homes; the remainder (344) were about residential care facilities. Complaints are considered verified when most or all facts alleged by the complainant are likely to be true upon investigation; 1,245 or 78% of the 1,596 complaints were found to be verified.

The decrease in the number of complaints over last year is likely due to the LTCOP having a less visible presence in facilities, again due to the significant (30%) turnover in local Ombudsmen. Nearly 65% (1,036)

of these complaints were partially or fully resolved to the satisfaction of the resident, resident representative or complainant.

Complaint Categories

When working on a complaint, the Ombudsman assigns it a complaint code that belongs within one of four major complaint categories[3] that align with the National Ombudsman Reporting System (NORS), as demonstrated in the graph below of the number of complaints received in each category.

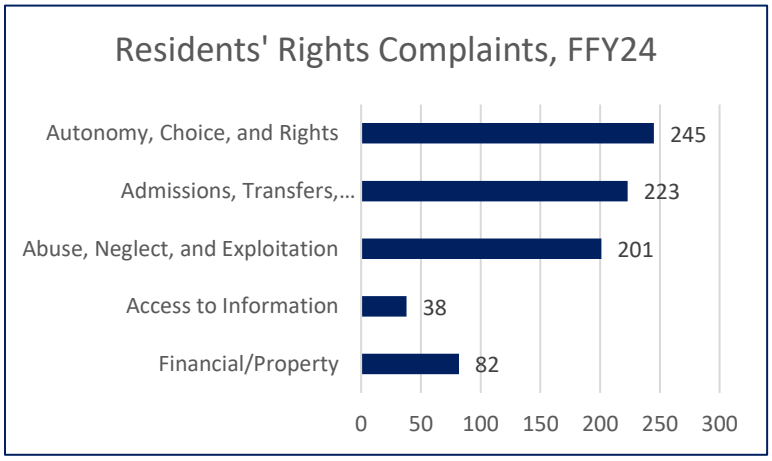


Nearly half (789 or 49%) of all complaints submitted during FFY24 concerned **Residents' Rights**. **Resident Care** complaints comprised 30% of the total, with 493 complaints. No less important, slightly over 9% of all complaints (147) received were about **Facility Environment and Administration**, while **Non-Facility** issues accounted for just over 10% (167).

Residents' Rights

Residents' Rights are guaranteed by the federal 1987 Nursing Home Reform Law. The law requires nursing homes to "promote and protect the rights of each resident" and places a strong emphasis on individual dignity and self-determination. People living in long-term care facilities maintain the same rights as individuals in the larger community, and if a nursing home participates in Medicare or Medicaid, it must meet federal residents' rights requirements.

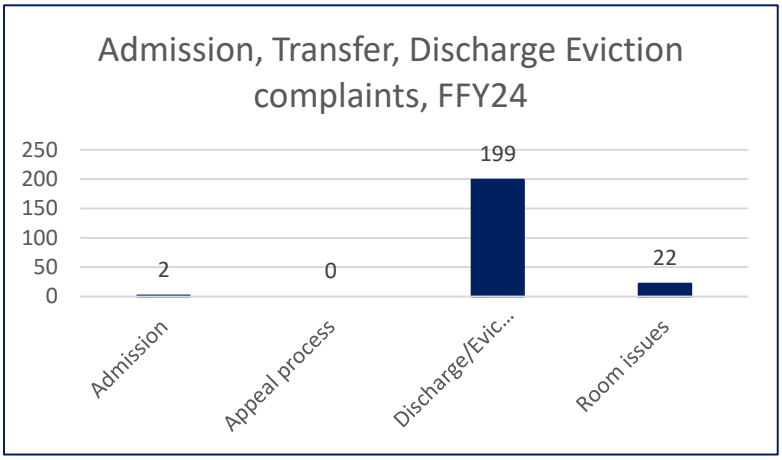
Nearly one-third (245) of complaints regarding **Residents' Rights** in the past year concerned **Autonomy, Choice, and Rights**, along with 223 (28%) complaints dealing with **Admissions, Transfers, Discharges, and Evictions**, whereas one in four complaints received (201 or 25%) were regarding **Abuse, Neglect, and Exploitation**.



Drilling down in **Autonomy, Choice, and Rights**, one in five complaints (51 of 245) received were categorized as "other rights and preferences." Those include concerns ranging from resident smoking preferences to restrictions on residents' ability to go out into the community and

[3] National Ombudsman Reporting System (NORS), Table 2: Complaint codes and definitions; Administration for Community Living/Administration on Aging – Office of Long-Term Care Ombudsman Programs; OMB Control Number 0985-0005; Expiration Date: 10/31/2024.

participate in activities. Nearly 18% (43 of 245) of the complaints received were about dignity and respect, followed by complaints regarding the wish to live in a less restrictive setting (36), the right to visitors (29), facility response to residents' complaints (24), retaliation (19), choice in healthcare (18), privacy (17), and resident/family council (8).

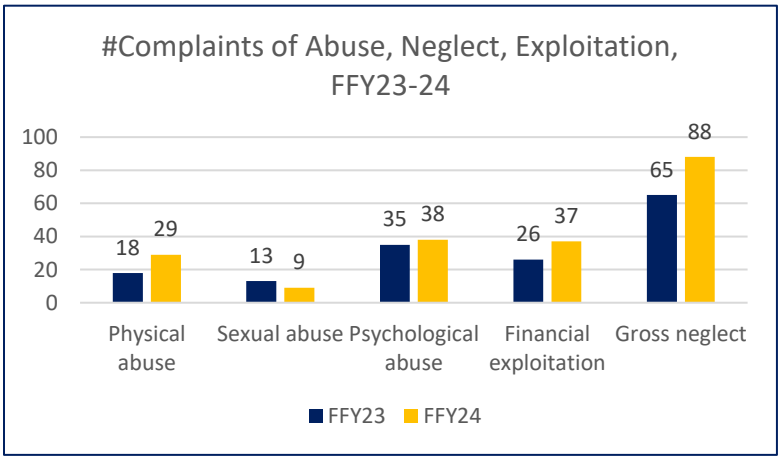


Complaints regarding **involuntary evictions/transfers and discharges** continue to be one of the top complaints Ombudsman programs receive nationwide. An involuntary discharge indicates the resident does not want to leave the facility.

In Indiana, of 223 total complaints received in this category, nearly 90% (199) were regarding discharges and/or evictions. While these types of complaints can become complex and time-consuming for Ombudsmen, the threat of an unanticipated and/or unwanted transfer or discharge from a long-term care facility can be traumatic for residents and their family members.

During FFY24, the Program received 201 complaints regarding **Abuse, Neglect, and Exploitation** (ANE), a 28% increase from last year's number of complaints in this category (157). Of the 201 complaints submitted this year, 88 (48%) were found to involve gross neglect.

According to ACL, the definition of gross neglect is the failure to protect a resident from harm or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living or shelter, resulting in serious risk of compromised health and/or safety, relative to age, health status, and cultural norms.

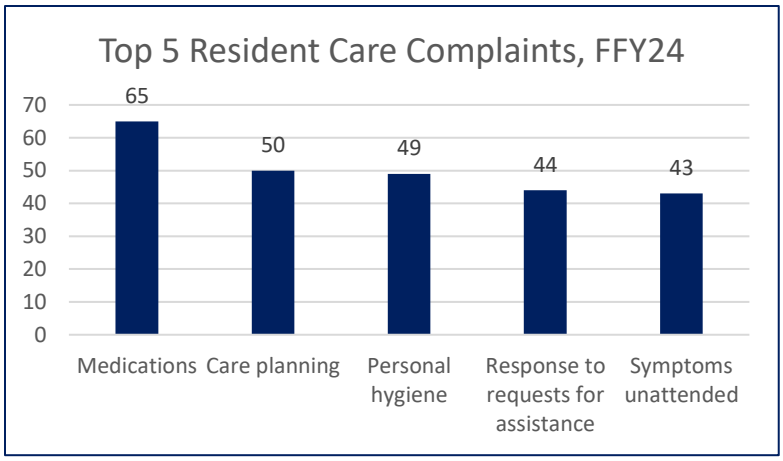


The **Residents' Rights** category also includes complaints regarding **Access to Information**, which comprised a little over 2% (38) of all complaints. This complaint category includes 1) access to one's own information and records (31 complaints), language and communication barriers (5), and willful interference (2).

Also, within **Residents' Rights**, just over 5% (82) of all complaints received were regarding **Financial, Property** (this does not include exploitation or instances involving facility staff, as those fall into different complaint categories). This category includes complaints related to billing and charges (35), and personal property (47).

Resident Care

The Program received 493 complaints regarding Resident Care, which encompasses not only concerns about the care provided, but also problems with activities, community integration, and/or social services.



The graph on the right shows the top five resident care concerns during the past year, with medication issues leading the way, followed by complaints about care planning, one's personal hygiene, response to requests for assistance, and symptoms left unattended. Other complaints received in the Resident Care category include concerns about Accidents and Falls (14), Access to Health-Related Services (25), Incontinence Care (20), Assistive Devices/Equipment (30), Rehabilitation Services (25), Physical Restraints (2), Chemical Restraints (8), and Infection Control (6).

The **Activities, Community Integration, and Social Services** categories received a total of 39 complaints about Activities provided in the facility (2), Transportation (17), Conflict Resolution among Residents (10), and Social Services (10). During FFY24, the Program also received 73 complaints in the **Dietary** category: food services issues (53), dining and hydration concerns (9), and problems with therapeutic/special diets (11).

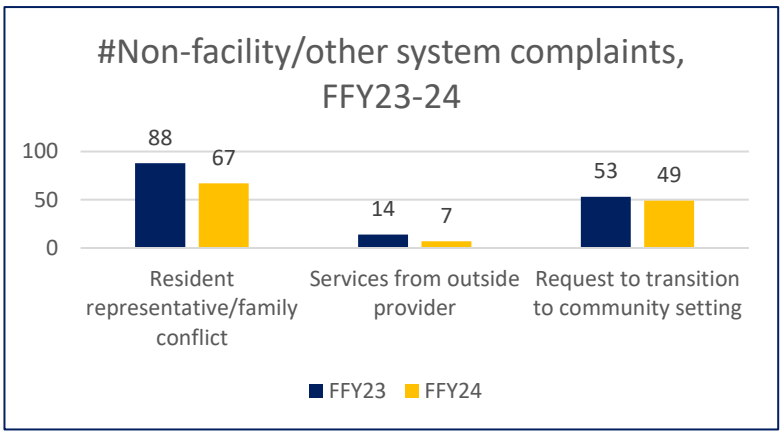
Facility Environment, Administration

The 88 complaints submitted about **Facility Environment** include concerns regarding room/water temperature and ventilation (24), the building structure itself (15), supplies, storage, and furnishings (9), and housekeeping, laundry, and pest abatement (40). Examples of these types of complaints can range from bathroom sinks not working properly, residents not receiving their clothes back from the laundry to a lack of available incontinence supplies or bedbugs in the facility.

Administration complaints (59) typically pertain to issues with the facility's policies, procedures, and practices. During the past year, complaints include those regarding facility administration oversight (15), fiscal management (7), and staffing (37). Complaint examples in this category include the lack of access to one's money, a facility failing to communicate well with families during transitions, or the facility not having enough staff available to care for all residents appropriately and according to their care plans.

Non-Facility Complaints

This category is made up of complaints involving decisions, policies, actions or inactions by non-facility programs and agencies, including private and public benefits. This year, the Program received 167 Non-Facility complaints, including those regarding the Regulatory system (1), Medicaid (29), Managed Care (2), Medicare (6), Veterans Affairs (1), and private insurance (5).



The category "System: Others (non-facility)" is for those complaints made about the long-term care system occurring outside the facility. During FFY24, these types of complaints made up a little over 7% of all complaints received. Seven complaints were received regarding services from an outside provider, while 49 complaints were made about residents' requests to transition to a community setting. However, the majority of complaints received in this category was regarding conflict among resident representatives and family members (67).

Family conflict complaints generally occur when a resident representative or family member interferes with the resident's decision-making and preferences related to health, welfare, safety, or rights but the interference does not rise to the level of abuse, gross neglect, or exploitation. Complaints regarding resident decision making such as guardianship, conservatorship, durable power of attorney/power of attorney, wills, and similar complaints are also considered family conflict complaints.

Family dynamics often play into these complaints and can greatly impact outcomes. Navigating the long-term care system can often be overwhelming to residents' families, particularly those who are new to long-term care while undergoing the stress of caring for a parent or other family member.

State Office

State Office staff is comprised of the State LTC Ombudsman (Program Director) and the Deputy Director, who provides trainings and technical assistance to local LTC Ombudsmen. During the last year, State Office staff also included two certified Ombudsman temporary contractors: 1) a LTC Ombudsman who provides coverage in Area 16 part-time and remotely assists the State Office with providing Information and Assistance to callers, and 2) a LTC Ombudsman Assisted Living Specialist.

"Again I'd like to Thank you so much ♡ for having good and caring hearts and being so good at your jobs. Please keep up the good work of looking out for patients and their families. You were blessings for us."

- *Resident's family member to Ombudsmen*

Calls to the State Office

According to VeraSmart phone records used to track incoming calls, the State Office received nearly 5,500 incoming calls, faxes, and emails (about 500 per month, or an average of 111 a week) during FFY24. People who contact the LTCOP are most likely seeking information and assistance, or they wish to report concerns regarding facility care and services. LTC providers also send faxes and emails with monthly discharge reports and Notices of Transfer/Discharge they are required to send the SLTCO. The Office also receives copies of all IDOH survey reports.

Phone calls that require a referral to the local ombudsman or even another agency, may take only five minutes.

But calls providing information and assistance – actively listening, educating, and planning action to resolve concerns – to residents or family members can often last thirty minutes or even longer. Follow-up calls add to the time spent on one complaint or instance of providing information and assistance.

Who Calls the LTCOP with Complaints?

Of the 925 cases that were closed during FFY24, complaints primarily came from residents themselves (410), followed by residents' legal representatives, family members, or friends (300). Facility staff (95) also called the Program, as well as other agencies (39), concerned persons (20), resident or family councils (1), and LTC ombudsmen (39). The origin of the remaining complainants (21) is unknown. Complaints can be made anonymously.

SLTCO/State Office Activities

The SLTCO and Deputy Director remained actively engaged in providing programmatic oversight of all local Ombudsmen and their host entities, and

- Provided 311 instances of Information and Assistance (I&A) to individuals, 140 instances of I&A to facility staff, 71 instances of tech assistance to Ombudsmen or volunteers, 22 instances of training to Ombudsman staff, participated in 37 facility surveys, and investigated 23 complaints;
- managed project expenditures using covid-related funding for temporary staffing, marketing/branding items, and consultants;
- shepherded projects through the State's contracts/procurement process in a system not designed to accommodate quick acquisitions;
- held bi-weekly Teams meetings with local LTC Ombudsmen as a time for announcements, updated available guidance, technical assistance, and an opportunity for Ombudsmen to confer with colleagues since they work alone;
- worked with staff from AAAs and/or their subcontractors to interview and hire six candidates to complete initial certification training with the Deputy Director, so they could begin working in the field as local LTC ombudsmen;
- organized the 2024 annual three-day in-person training in Indianapolis for local Ombudsmen representatives, featuring Jamie Freschi who reviewed the new LTCOP Policies & Procedures manual and PeerPlace documentation; updates by State Survey Agency staff (LTC Division of the Indiana Department of Health (IDOH)); and an introduction of the SUA Director and Deputy Director;

- began initial meetings with HCBS Strategies, a consulting firm that advises on Medicaid Administrative Claiming, a mechanism that would allow the Program to receive federal reimbursement for eligible administrative activities related to Medicaid beneficiaries; and
- coordinated the implementation of the external portal for providers to send required notices to SLTCO, including testing with one provider company.

Systems Advocacy

One of the many responsibilities assigned to the State Ombudsman is to promote systems change – efforts to change policies, rules, or laws that determine how services are provided – to address the quality of life for residents of long-term care facilities. During the past year, the SLTCO/Program:

- supported Indiana's HB 1432, which would have increased the monthly personal needs allowance (PNA) for residential care recipients and Medicaid recipients from $52 to $100. Working with AARP Indiana, local Ombudsmen spoke with residents about HB1432 and asked for their input on the bill, which was provided through anonymous written testimony. The bill was introduced January 17, 2024 but later died in Committee.
- invited guest speakers to bi-weekly Teams meetings with local LTC Ombudsmen to provide information on timely subjects, such as the Indiana Election Division Co-Director who joined our call in April 2024 to present on recent changes in voting laws, particularly absentee voting, in view of upcoming primary and general elections;
- held regular monthly meetings with the Director and Deputy Director of the Long-Term Care Division of IDOH (State Survey Agency) to discuss concerns, facility closures, special unit availability, etc.;
- worked with the Division of Aging and FSSA's Data and Analytics team to identify cross-agency outcomes and corresponding indicator metrics, to understand if the investments made with Covid-related funds are in fact improving the health and wellbeing of communities served;
- continued serving on Indiana's Traumatic Brain Injury (TBI) Grant Advisory Board sponsored by the IU School of Medicine;
- served on the team that is co-writing Indiana's Multi-Sector Plan on Aging: *Age Forward Together*;
- appeared on podcasts for QSource (a firm that provides QA consulting for LTC providers) to talk about Residents' Rights and Person-Centered Planning;
- presented on Residents' Rights at providers' association conference breakout session, and joined one of the association's regular weekly meetings with providers;
- coordinated the implementation of an Interdivisional Cooperative Agreement (a form of MoU) between the newly-hired LAD and LTCOP, which was reviewed by LTCO counsel, FSSA contracts, and finalized 7/10/24;
- submitted comments to CMS on 10/24/23 regarding its minimum nursing home staffing proposal, which would require 3.0 hours per resident day of nurse staffing time, et al. Indiana's LTCOP feels this is inadequate to meet the needs of nursing home residents.
- signed on to Consumer Voice's, "Keep the Nursing Home Minimum Staffing Rule" letter in response to several members of Congress introducing legislation and a join resolution to prevent CMS from ever implementing a minimum staffing rule;

- wrote Letter of Support for Alzheimer's Association to receive grant funding from IDOH CMP funds for nursing home providers' trainings; grant awarded;
- supported participation of the local Ombudsmen in IU School of Medicine's Involuntary Discharge survey research in summer FFY24;
- coordinated participation of one of a local LTC Ombudsman in a research study on LTC residents' fear of retaliation, funded by the Connecticut State LTCOP; and
- participated in Indiana's Alzheimer's Association BOLD Collaborative, dedicated to enhancing dementia risk reduction and early detection and diagnosis.

Looking Ahead

The SLTCO recognizes the challenges posed by inadequate staffing and insufficient funding, particularly given the growth in Indiana's long-term care resident population. In the past, the lack of staff required the SLTCO to directly handle complaints and investigations, diverting attention from essential programmatic oversight. This contributed to inefficiencies, including underperformance among some Ombudsmen. Over the last five years, we have prioritized restructuring workloads and improving the Program's efficiency and effectiveness without significant increases in funding.

Temporary staff have provided valuable support, but the Program's continued growth requires additional permanent state-level positions to ensure long-term stability and high-quality advocacy. Specifically, the following roles are recommended for inclusion in the State Office as degreed, certified LTC Ombudsmen:

- **Volunteer Program Coordinator**: This position is essential to building and managing the statewide volunteer program, which has lacked dedicated leadership since October 2023;
- **Assisted Living Specialist**: The temporary contractor currently serving in this role has made significant strides in developing frameworks to support assisted living residents and Resident Councils. Maintaining this position beyond September 30, 2025, is critical to sustaining these efforts; and
- **Hearings and Appeals Specialist**: As transfer and discharge hearings for LTC residents grow more complex and sometimes contentious, this position would serve as a dedicated resource for Ombudsmen across Indiana, providing expertise and consistency in handling these cases.

With nearly 60,000 long-term care residents in Indiana, additional local Ombudsmen are needed to meet demand, particularly in areas of higher concentrations of LTC facilities. The Institute of Medicine's longstanding recommendation[4] of one paid Ombudsman per 2,000 long-term care facility beds underscores Indiana's need to address this staffing gap.

While recent temporary funding has supported infrastructure improvements and enhanced services, these funds are not permanent. Securing sustainable funding sources beyond existing federal and state

[4] Institute of Medicine (US) Committee to Evaluate the State Long-Term Care Ombudsman Programs. Real People Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act.

allocations is imperative to ensure the Program's ongoing success. Medicaid Administrative Claiming is one potential avenue for expanding financial resources.

The upcoming program year will focus on sharing residents' stories through program data to advocate for additional state funding. By highlighting the Program's impact, the LTCOP aims to build awareness among legislators and community stakeholders, demonstrating the vital role of Ombudsmen in protecting and empowering Indiana's long-term care residents.

Appendix A - Long Term Care Ombudsman Program (LTCOP) Overview

The primary purpose of the LTCOP is to promote and protect rights guaranteed to long-term care residents under federal and state laws (CFR 45, §1321 and §1324, and IC 12-10-13). Under the federal Older Americans Act, every state is required to have an Ombudsman program that addresses complaints and advocates for improvements in the long-term care system.

Indiana's LTC Ombudsmen advocate for residents of licensed long-term care facilities such as nursing homes, licensed assisted living facilities, and other licensed residential care facilities. They are trained to assist residents with complaints and resolve problems. Ombudsmen can also provide information about how to find a facility and what to do to improve the quality of care.

"(The resident) you've been working with moved to a facility closer to his brother/sister-in-law today….He is so so so happy. I wanted to thank you for your guidance and help with his case and everything you did for him."

- *Facility staff member to local Ombudsman*

Ombudsmen are resident-directed, meaning that they act only upon permission of the resident. All Ombudsman program services are free and confidential. Other Ombudsmen responsibilities include:

- Educating residents, their family and facility staff about residents' rights, good care practices, and similar long-term services and supports;
- Ensuring residents have regular and timely access to ombudsman services;
- Providing technical support for the development of resident and family councils;
- Advocating for changes to improve residents' quality of life and care;
- Providing information to the public regarding long-term care facilities and services, residents' rights, and legislative and policy issues;
- Representing resident interests before governmental agencies; and
- Seeking legal, administrative, and other remedies to protect residents.

Indiana's LTCOP Structure

In accordance with the CFR 45, Title 45, Part 1324.13, Indiana's State Long Term Care Ombudsman (State Ombudsman), as head of the Office (the "State Office"), has responsibility for the leadership and management of the State Office in coordination with the Division of Aging, within the Family and Social Services Administration (FSSA). To comply with this federal law, Indiana's State Ombudsman certifies representatives of the State Office, or "local" Ombudsmen, to carry out the responsibilities on behalf of the State Office throughout the state. Certification for the local Ombudsmen occurs only after completion of an initial 36-hour training period consisting of both independent and classroom (virtual) study, as well as completing structured facility tours and shadowing experienced Ombudsmen.

Indiana's Program has a decentralized organizational structure, meaning the State Ombudsman and State Office staff are state employees, while local Ombudsmen are employed by local "host" agencies throughout the state. The State Ombudsman/Deputy Director (both also certified ombudsmen) have

programmatic oversight of the Ombudsmen, while host agencies maintain personnel oversight of their staff members.

As of September 30, 2024, Indiana's LTCOP had 20 local certified ombudsmen, located within the state's planning and service areas that correspond to the map of Area Agencies on Aging (AAAs) below.

During FFY24, the State Ombudsman decertified one local ombudsman. Six local LTC Ombudsmen and the Volunteer Coordinator resigned during the year (in Areas 8, 7, 1, 13, and 2), while we hired six new persons to train and be certified as local LTC Ombudsmen (Areas 4, 9, 8, 7, and 13).

Three of Indiana's AAAs (Areas 1, 2, 5) acted as the host agency for ombudsmen to provide services in their areas. Area 12 subcontracted to an Independent Living Center.

Eight AAAs (Areas 4, 6, 7, 8, 9, 10, 11, 13, 14, 15, and a portion of 16) currently subcontract with Indiana Legal Services (ILS), a non-profit law firm that provides free civil legal assistance to eligible low-income Hoosiers. As of 9/30/24, ILS employed 13 Ombudsmen in its local offices located throughout the state (9 full-time; 4 part-time). The AAAs in Area 3 and a portion of Area 16 (Vanderburgh County) subcontract with standalone nonprofit organizations, with four local ombudsmen between them (two work part-time). Area 12 continues to subcontract Ombudsman services with another nonprofit organization, Southeastern Indiana Independent Living Center (SIILC).

Indiana is fortunate in that even with the staff turnover our LTCOP has experienced over the last several years, we still have several very experienced local Ombudsmen who are willing to share their knowledge with newly-certified Ombudsmen. Many of our Ombudsmen are degreed social workers; others have long-term care or paralegal backgrounds. Several have master's degrees; one is an attorney, and we have two professional nurses on our team. Their combined experience and expertise are what affords this program the ability to protect Hoosier long-term care residents' rights, ranging from reasonably simple matters such as meal preferences to complex issues such as care planning concerns or involuntary discharges/evictions.

The Office of the State Long-Term Care Ombudsman is a programmatically independent advocacy service located within Indiana's Family and Social Services Administration. Points of view, opinions or positions of the Ombudsman do not necessarily represent the view, positions, or policy of the Indiana Family and Social Services Administration [45 CFR part 1324.11(e)(8)].

This annual report is compiled and distributed to meet federal and state law requirements.

Please direct any questions, comments, or discussion about the contents of the report or issues affecting the residents of long-term care facilities to the State Long-Term Care Ombudsman.

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