Thank you for the opportunity today to bring forward the message from local and regional long term care ombudsmen. I am Eileen Bennett, Chair of the Board of Directors for the National Association of Local Long Term Care Ombudsmen. We are a member organization open to all local, regional, and volunteer ombudsmen. Our mission includes strengthening the visibility in national forums of the ground level stories of the residents of long term care and the advocacy required to maintain and improve their quality of life and care.

Our Board is a volunteer group of ombudsmen representing the entire country and the variety of program operations that shape the ombudsmen network. In my personal career, I am a local ombudsman in Montgomery County MD, celebrating 20 years of experience in this position. The program where I work covers only one county jurisdiction, staffed with federal, state, and significant local funding to support our activities, including the technical support of 55 volunteer ombudsman representatives. Our model is only one type of ombudsman operation, and we are struggling to keep up with the pace and demands of the workloads brought to us by residents and their families. We probably come the closest to the staffing levels recommended in the 1995 Institute of Medicine study “Real People, Real Problems: An Evaluation of the Long Term Care Ombudsman Programs of the Older Americans Act. This study is outdated, although the principles remain valid. Let me give you an example from my local program. Before 2000, the state of Maryland did not provide any matching funds to the local programs. In 2000, the state legislature awarded state funding in addition to the Older Americans Act funds to local AAA’s, of course with expanded responsibilities that would include assisted living ombudsman services. Maryland had a “new” law regarding and promoting the development of assisted living operations. In Montgomery County MD, before 200 there were 34 nursing homes and 3 domiciliary homes and 9 group homes for older adults. In 2010, there are 36 nursing homes, and 192 licensed assisted living facilities for seniors. Our program staffing has not grown exponentially, but actually decreased. Many of my colleagues throughout the local and regional programs cover multi-jurisdictions, serving long term care residents across hundreds of miles. They too have seen decreasing, consolidation, or elimination of front-line ombudsmen. This is not an acceptable reflection of the Older Americans Act expectation of the ombudsmen program. Dr. Fleming envisioned citizens and professional advocates working together to resolve problems. For the volunteer ombudsman representatives to be effective, they need a strong presence at the professional level. During the reauthorization process, the Older Americans Act needs to outline duties with clarity and suggested funding formulas that are sufficient. I refer you to the recent research published in December 2009 by the National Health Policy Forum, as authored by Carol O’Shaughnessy, titled “The Role of Ombudsmen in Assuring Quality for Residents of Long Term Care Facilities: Straining to Make Ends Meet”. (www.nhpf.org)
Through our NALLTCO’s active membership and representation in organizations such as NCCNHR, Elder Justice Coalition, and ALCA (Assisted Living Consumer Alliance) we support all of the activities of the public policy issues they bring to the forefront. However, this opportunity is one where local/regional ombudsmen can be identified as a credible source of information in abuse investigations. All too often ombudsmen observations and activities are discounted by Adult Protective Services and CMS licensing surveyors in their duties. Interestingly, the law enforcement agents, often take the ombudsman involvement as a reflection of the actual investigation and consider the ombudsman a credible source of information and anticipated follow-up. The Older Americans Act should be strengthened through language that supports the collaborative investigations for complaints that have multi-agency recognition of the professional standards of the ombudsman.

This is also an opportunity for the Older Americans Act to outline a national standard of certification for state, regional, local, and volunteer ombudsmen. Although there are many resources available through the National Ombudsman Resource Center (NORC), but the state requirements vary widely. NALLTCO recognizes there is a minimum standard of learning required to promote the best practices of ombudsman work and the standardization that should be expected by long term care residents serviced under the Older Americans Act.

The most prominent issue raised by membership in the Older Americans Act reauthorization is to strengthen the ability for ombudsmen to participate in legislative advocacy efforts without interference from others. The independent voice to speak on behalf of the long term care resident we have the duty to serve is unwavering. However, the ability to implement that aspect of our duty is often impeded but the organizations in which they are hosted. To have the distinction under the Older Americans Act as it is currently written finds the ombudsman in a quandary where their continued employment may be jeopardized if they participate in the legislative or public policy forums if the position opposes or challenges the stance of their agency. In some circumstances, ombudsmen are outright barred from participating in this aspect of the duties at all. NALLTCO supports the continued duty be maintained, but strengthened under the reauthorization process.

The final comment we submit regards the data collection requirements. Under the reauthorization process, there is a need to strengthen the data that accurately reflects the type of activities that are accomplished by local, regional, and volunteer ombudsmen in tandem with the state ombudsman goals. As the long term care ombudsman continues to expand with the emphasis on community-based services, the data collection should be reflective of the ombudsman efforts in this area.