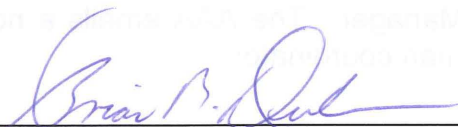
 <p>COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF AGING Harrisburg, PA 17101</p>	PENNSYLVANIA DEPARTMENT OF AGING	
	1. File Number: APD # 13-10-01	2. Disposition: replaces attachments from APD 98-10-01 and rescinds APD 02-10-01 and ATAB 09-10-01
	3. Issuance Date: March 15, 2013	4. Effective Date: March 18, 2013
	5. Program Area: Ombudsman	
	6. Origin: Office of the State Long Term Care Ombudsman	7. Contact: LTC Ombudsman Office (717) 783-8975

AGING PROGRAM DIRECTIVE

SUBJECT: UPGRADE TO STATEWIDE REPORTING SYSTEM OMBUDSMANAGER

TO: COUNTY COMMISSIONERS CHAIRPERSONS, NON-PROFIT AAA GOVERNING BOARDS

COPIES FOR: EXECUTIVE STAFF PA COUNCIL ON AGING
AREA AGENCIES ON AGING COUNTY COMMISSIONERS
PA ASSOCIATION OF AREA AGENCIES ON AGING ASSOCIATION OF PA
AGENCIES ON AGING COMPTROLLER
ADMINISTRATION ON AGING OMBUDSMAN CONTRACTORS

FROM: 

Brian M. Duke, Secretary
Department of Aging

PURPOSE: The purpose of this Directive is to amend APD #98-10-01 by replacing prior reporting requirements, forms and instructions with implementation of electronic submission of reports through OmbudsManager. This APD replaces all attachments associated with APD# 98-10-01 as it relates to OmbudsManager statewide reporting system, and rescinds APD #02-10-01 and ATAB #09-10-01.

BACKGROUND: The Office of the State Long-Term Care Ombudsman (State Office) is required by state and federal laws to prepare an annual report on Ombudsman Program activities. A subsequent 1992 amendment to the Older American's Act: Section 712 (c) and (h) (1); directed the Administration on Aging (AoA), now a part of the Administration for Community Living, to improve program reporting that resulted in the National Ombudsman Reporting System (NORS), which was implemented in 1996. To enable the State Office to comply with federal reporting requirements, the

Pennsylvania Ombudsman Reporting System was implemented effective July 1, 1996. OmbudsManager was purchased in January 2002 and subsequently, in January 2008, all entities entered data into the AgeNet version of OmbudsManager with the objective of providing the State Office with the ability to view real time case and program activity data.

Currently, OmbudsManager, is the approved NORS data reporting system used to submit the annual NORS report (**Attachment 1**), submitted to AoA. Beginning March 18, 2013, the State Office will continue to require all Area Agencies on Aging (AAAs), and its subcontractors, to use OmbudsManager as the statewide reporting system. This will ensure accurate documentation and reporting requirements. This APD includes future upgrades designed by Harmony Information Systems, Inc. (Harmony). The State Office will provide ongoing statewide trainings to ensure NORS requirements are being met (**Attachment 2**).

PREREQUISITES TRAININGS & RESOURCES: OmbudsManager will be accessed through the Harmony “customer portal”. All users must complete the State Office prerequisites and approved trainings prior to entering information into OmbudsManager (**Attachment 3**).

DOCUMENTATION REQUIREMENTS: AAAs, including its subcontractors, are required to follow specified timeframes for ensuring timely documentation of ombudsman case and program activities in the statewide reporting system. Following these expected timeframes will ensure that consumers are properly managed, cases are properly investigated, and that accurate data is provided to the State Office and information is accurately reflected in the annual submission of the NORS report by the State Office to AoA.

Timeframes:

Within 24 Hours

- **Media Attention/Legislative Inquiries** are documented under the “Work with Media” NORS category in OmbudsManager. The AAA emails a notification to the State Office and/or regional ombudsman coordinator.

Within Five (5) Business Days

- **High Profile Facilities** are documented under the “Monitoring/Work on Laws, Regulations, Government Policies, and Actions” NORS category in OmbudsManager. Documentation occurs within five (5) days after facility visit and/or follow-up action. High profile circumstances include licensing agency enforcement actions, Department of Public Welfare (DPW) violation reports, alerts, and sanction notices, Department of Health (DOH) immediate jeopardy, civil monetary penalties, special focus facilities, and U.S. Bankruptcy Court actions, and other circumstances impacting resident rights.
- **All Complaints** are referred to a Tier II Ombudsman in sufficient time to allow action to occur within 5 days as required in APD #98-10-01.

Within Ten (10) Business Days

- **Case Documentation** is documented in the “Case” section of OmbudsManager and includes the following:
 1. Intake Summary
 2. Facility notes
 3. Journal entries
 4. Supervisory Review

- **Staff, Volunteers, including Pennsylvania Empowered Expert Residents (PEERs) Volunteers** activities are documented under the following NORS categories (**Attachment 2**) :
 1. Training for Ombudsman Staff, Volunteers
 2. Technical Assistance to Local Ombudsmen and Volunteers
 3. Training for Facility Staff
 4. Consultation to Facilities
 5. Information and Consultation to Individuals
 6. Facility Coverage
 7. Participation in Facility Surveys
 8. Work with Resident Councils
 9. Work with Family Councils
 10. Community Education
 11. Work with Media
 12. Resident Visitation – Complaint Related

- **Staff, Volunteers, and PEER Demographic Data**, including full-time equivalency (FTE), is documented in the “Staff/Users” section of OmbudsManager.

- **Facilities participating in the PEER Program** are documented in the “Facilities” section of OmbudsManager under the “User Fields” tab (refer to APD #98-10-01 for facility types).

RECORD RETENTION: Retention of ombudsmen records is encompassed in APD# 97-29-01, “Retention of AAA Records.” This APD, effective date January 1, 1997, established policy pertaining to record retention. Specifically, individual client records are required to be retained for at least three (3) years following closure of a case or activity unless the records are relevant to ongoing litigation, claims or audits. The State Office will give further direction regarding record retention procedures as the Archive feature is no longer available in OmbudsManager.

ARCHIVING DATABASE: At time of this policy, all AAAs will no longer need to perform archiving of the data. Archiving is a future enhancement in OmbudsManager. When that functionality becomes available, the State Office will issue guidance regarding usage.

State: _____ Federal Fiscal Year: October 1, 20__ to September 30, 20__

State Annual Ombudsman Report to the Administration on Aging

Agency or organization which sponsors the State Ombudsman Program:

Part I — Cases, Complainants and Complaints

A. Provide the total number of *cases opened* during reporting period.

Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.

B. Provide the *number of cases closed*, by type of facility/setting, which were received from the types of complainants listed below.

Closed Case: A case where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.

Complainants:	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
1. Resident	_____	_____	_____
2. Relative/friend of resident	_____	_____	_____
3. Non-relative guardian, legal representative	_____	_____	_____
4. Ombudsman/ombudsman volunteer	_____	_____	_____
5. Facility administrator/staff or former staff	_____	_____	_____
6. Other medical: physician/staff	_____	_____	_____
7. Representative of other health or social service agency or program	_____	_____	_____
8. Unknown/anonymous	_____	_____	_____
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	_____	_____	_____

Total number of *cases closed* during the reporting period: _____

C. For *cases which were closed* during the reporting period (those counted in B above), provide the *total number of complaints received*: _____

Complaint: A concern brought to, or initiated by, the ombudsman for 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. **One or more complaints constitute a case.**

State: _____ Federal Fiscal Year: October 1, 20__ to September 30, 20__

* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated

State: ___ Federal Fiscal Year: October 1, 20__ to September 30, 20__

D. Types of Complaints, by Type of Facility

Below and on the following pages provide the total number of *complaints* for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.

Ombudsman Complaint Categories

Residents' Rights	Nursing Facility	B&C, ALF, RCF. similar
A. Abuse, Gross Neglect, Exploitation		
1. Abuse, physical (including corporal punishment)	_____	_____
2. Abuse, sexual	_____	_____
3. Abuse, verbal/psychological (including punishment, seclusion)	_____	_____
4. Financial exploitation (use categories in section E for less severe financial complaints)	_____	_____
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	_____	_____
6. Resident-to-resident physical or sexual abuse	_____	_____
7. Not Used		
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	_____	_____
9. Access by or to ombudsman/visitors	_____	_____
10. Access to facility survey/staffing reports/license	_____	_____
11. Information regarding advance directive	_____	_____
12. Information regarding medical condition, treatment and any changes	_____	_____
13. Information regarding rights, benefits, services, the resident's right to complain	_____	_____
14. Information communicated in understandable language	_____	_____
15. Not Used		

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Part I, Types of Complaints, cont.

	Nursing Facility	B&C, ALF, RCF, similar
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	_____	_____
17. Appeal process - absent, not followed	_____	_____
18. Bed hold - written notice, refusal to readmit	_____	_____
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	_____	_____
20. Discrimination in admission due to condition, disability	_____	_____
21. Discrimination in admission due to Medicaid status	_____	_____
22. Room assignment/room change/intrafacility transfer	_____	_____
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	_____	_____
25. Confinement in facility against will (illegally)	_____	_____
26. Dignity, respect - staff attitudes	_____	_____
27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	_____	_____
28. Exercise right to refuse care/treatment	_____	_____
29. Language barrier in daily routine	_____	_____
30. Participate in care planning by resident and/or designated surrogate	_____	_____
31. Privacy - telephone, visitors, couples, mail	_____	_____
32. Privacy in treatment, confidentiality	_____	_____
33. Response to complaints	_____	_____
34. Reprisal, retaliation	_____	_____
35. Not Used		
E. Financial, Property (Except for Financial Exploitation)		
36. Billing/charges - notice, approval, questionable, accounting wrong or denied (include overcharge of private pay residents)	_____	_____

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Part I, Types of Complaints, cont.	Nursing Facility	B&C, ALF, RCF. Similar
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	_____	_____
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	_____	_____
39. Not Used		

Resident Care

F. Care

40. Accident or injury of unknown origin, falls, improper handling	_____	_____
41. Failure to respond to requests for assistance	_____	_____
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	_____	_____
43. Contracture	_____	_____
44. Medications - administration, organization	_____	_____
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	_____	_____
46. Physician services, including podiatrist	_____	_____
47. Pressure sores, not turned	_____	_____
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	_____	_____
49. Toileting, incontinent care	_____	_____
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	_____	_____
51. Wandering, failure to accommodate/monitor exit seeking behavior	_____	_____
52. Not Used		

G. Rehabilitation or Maintenance of Function

53. Assistive devices or equipment	_____	_____
54. Bowel and bladder training	_____	_____
55. Dental services	_____	_____
56. Mental health, psychosocial services	_____	_____
57. Range of motion/ambulation	_____	_____

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Part I, Types of Complaints, cont.

Nursing Facility **B&C, ALF, RCF. Similar**

- 58. Therapies — physical, occupational, speech _____
- 59. Vision and hearing _____
- 60. Not Used _____

H. Restraints - Chemical and Physical

- 61. Physical restraint - assessment, use, monitoring _____
- 62. Psychoactive drugs - assessment, use, evaluation _____
- 63. Not Used _____

Quality of Life

I. Activities and Social Services

- 64. Activities - choice and appropriateness _____
- 65. Community interaction, transportation _____
- 66. Resident conflict, including roommates _____
- 67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service) _____
- 68. Not Used _____

J. Dietary

- 69. Assistance in eating or assistive devices _____
- 70. Fluid availability/hydration _____
- 71. Food service - quantity, quality, variation, choice, condiments, utensils, menu _____
- 72. Snacks, time span between meals, late/missed meals _____
- 73. Temperature _____
- 74. Therapeutic diet _____
- 75. Weight loss due to inadequate nutrition _____
- 76. Not Used _____

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Part I, Types of Complaints, cont.

K. Environment

**Nursing
Facility**

**B&C, ALF,
RCF. similar**

- 77. Air/environment: temperature and quality (heating, cooling, ventilation, water,noise) _____
- 78. Cleanliness, pests, general housekeeping _____
- 79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure _____
- 80. Furnishings, storage for residents _____
- 81. Infection control _____
- 82. Laundry — lost, condition _____
- 83. Odors _____
- 84. Space for activities, dining _____
- 85. Supplies and linens _____
- 86. Americans with Disabilities Act (ADA) accessibility _____

Administration

L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)

- 87. Abuse investigation/reporting, including failure to report _____
- 88. Administrator(s) unresponsive, unavailable _____
- 89. Grievance procedure (use C for transfer, discharge appeals) _____
- 90. Inappropriate or illegal policies, practices, record-keeping _____
- 91. Insufficient funds to operate _____
- 92. Operator inadequately trained _____
- 93. Offering inappropriate level of care (for B&C/similar) _____
- 94. Resident or family council/committee interfered with, not supported _____
- 95. Not Used _____

M. Staffing

- 96. Communication, language barrier (use D.29 if problem involves resident inability to communicate) _____
- 97. Shortage of staff _____

State: ____ Federal Fiscal Year: October 1, 20__ to September 30, 20__

Part I, Types of Complaints, cont.

**Nursing
Facility**

**B&C, ALF,
RCF. similar**

- 98. Staff training _____
- 99. Staff turn-over, over-use of nursing pools _____
- 100. Staff unresponsive, unavailable _____
- 101. Supervision _____
- 102. Eating Assistants _____

Not Against Facility

N. Certification/Licensing Agency

- 103. Access to information (including survey) _____
- 104. Complaint, response to _____
- 105. Decertification/closure _____
- 106. Sanction, including Intermediate _____
- 107. Survey process _____
- 108. Survey process - Ombudsman participation _____
- 109. Transfer or eviction hearing _____
- 110. Not Used _____

O. State Medicaid Agency

- 111. Access to information, application _____
- 112. Denial of eligibility _____
- 113. Non-covered services _____
- 114. Personal Needs Allowance _____
- 115. Services _____
- 116. Not Used _____

P. System/Others

- 117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person _____
- 118. Bed shortage - placement _____

State: ___ Federal Fiscal Year: October 1, 20__ to September 30, 20__

Part I, Types of Complaints, cont.

	Nursing Facility	B&C, ALF, RCF, Similar
119. Facilities operating without a license	_____	_____
120. Family conflict; interference	_____	_____
121. Financial exploitation or neglect by family or other not affiliated with facility	_____	_____
122. Legal - guardianship, conservatorship, power of attorney, wills	_____	_____
123. Medicare	_____	_____
124. Mental health, developmental disabilities, including PASRR	_____	_____
125. Problems with resident's physician/assistant	_____	_____
126. Protective Service Agency	_____	_____
127. SSA, SSI, VA, Other Benefits/Agencies	_____	_____
128. Request for less restrictive placement	_____	_____
Total, categories A through P	_____	_____

**Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or
By Outside Provider in Long-Term Care Facilities (see instructions)**

- 129. Home care _____
- 130. Hospital or hospice _____
- 131. Public or other congregate housing not providing personal care _____
- 132. Services from outside provider (see instructions) _____
- 133. Not Used _____

Total, Heading Q. _____

Total Complaints* _____

*(Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)

State: __ Federal Fiscal Year: October 1, 20__ to September 30, 20

E. **Action on Complaints:** Provide for *cases closed* during the reporting period the total number of *complaints*, by type of facility or other setting, for each item listed below.

Nursing Facility	B&C, ALF, RCF, similar	Other Settings
---------------------	---------------------------	-------------------

1. Complaints which were <i>verified</i>	_____	_____	_____
--	-------	-------	-------

Verified: It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.

2. **Disposition:** Provide for all complaints reported in C and D **whether verified or not**, the number:

- | | | | |
|--|-------|-------|-------|
| a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section) | _____ | _____ | _____ |
| b. Which were not resolved* to satisfaction of resident or complainant | _____ | _____ | _____ |
| c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation | _____ | _____ | _____ |
| d. Which were referred to other agency for resolution and: | | | |
| 1) report of final disposition was not obtained | _____ | _____ | _____ |
| 2) other agency failed to act on complaint | _____ | _____ | _____ |
| 3) agency did not substantiate complaint | _____ | _____ | _____ |
| e. For which no action was needed or appropriate | _____ | _____ | _____ |
| f. Which were partially resolved* but some problem remained | _____ | _____ | _____ |
| g. Which were resolved* to the satisfaction of resident or complainant | _____ | _____ | _____ |

Total, by type of facility or setting	_____	_____	_____
--	-------	-------	-------

Grand Total (Same number as that for total complaints on pages 1 and 7)



**Resolved:* The complaint/problem was addressed to the satisfaction of the resident or complainant.

3. **Legal Assistance/Remedies (Optional)** - For each type of facility, list the number of legal assistance remedies for each of the following categories that were used in helping to resolve a complaint: a) legal consultation was needed and/or used; b) regulatory endorsement action was needed and/or used; c) an

State: __ Federal Fiscal Year: October 1, 20_ to September 30, 20

administrative appeal or adjudication was needed and/or used; and d) civil legal action was needed and/or used.

F. Complaint Description (Optional): Provide in the space indicated a concise description of the most interesting and/or significant individual complaint your program handled during the reporting period. State the problem, how the problem was resolved and the outcome.

Part II — Major Long-Term Care Issues

A. Describe the priority long-term care issues which your program identified and/or worked on during the reporting period. For each issue, briefly state: a) the problem and barriers to resolution, and b) recommendations for system-wide changes needed to resolve the issue, or how the issue was resolved in your State. Examples of major long-term care issues may include facility closures, planning for alternatives to institutional care, transition of residents to less restrictive settings, etc.

Note: Do not use attachments when entering this material on the data input program provided for the report — the material will be lost. Enter the material in the box provided for this purpose in the data input program.

Part III - Program Information and Activities

A. Facilities and Beds:

1. How many **nursing facilities** are licensed in your State? _____
2. How many **beds** are there in these facilities? _____
3. Provide the type-name(s) and definition(s) of the types of **board and care, assisted living, residential care facilities** and any **other similar adult care home** for which your ombudsman program provides services, as authorized under Section 102(18) and (32), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. *If no change from previous year, type "no change" at space indicated.*
 - a) How many of **the board and care and similar adult care facilities** described above are **regulated** in your State? _____
 - b) How many **beds** are there in these facilities? _____

State: __ Federal Fiscal Year: October 1, 20__ to September 30, 20

B. Program Coverage

Statewide Coverage means that residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the state have access to knowledge of the ombudsman program, how to contact it, complaints received from any part of the State are investigated and documented, and steps are taken to resolve problems in a timely manner, in accordance with federal and state requirements.

B.1. Designated Local Entities

Provide for each type of host organization the **number** of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program that are geographically located outside of the State Office:

Local entities hosted by:

Area agency on aging _____

Other local government entity _____

Legal services provider _____

Social services non-profit agency _____

Free-standing ombudsman program _____

Regional office of State ombudsman program _____

Other; specify: _____

Total Designated Local Ombudsman Entities _____

State: __ Federal Fiscal Year: October 1, 20__ to September 30, 20

B.2 Staff and Volunteers

Provide numbers of staff and volunteers, as requested, at state and local levels.

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTEs		
	Number people working full-time on ombudsman program		
Paid clerical staff	FTEs		
Volunteer ombudsmen certified to address complaints at close of reporting period.	Number volunteers		
Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsman		
Other volunteers (i.e., not certified) at close of reporting period.	Number of volunteers		

Certified Volunteer: *An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.*

State: __ Federal Fiscal Year: October 1, 20__ to September 30, 20

C. Program Funding

Provide the amount of funds *expended* during the fiscal year from each source for your *statewide* program:

Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman \$ _____

Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention \$ _____

Federal - OAA Title III provided at State level \$ _____

Federal - OAA Title III provided at AAA level \$ _____

Other Federal; specify: \$ _____

State funds \$ _____

Local; specify: \$ _____

Total Program Funding \$ _____

State: __ Federal Fiscal Year: October 1, 20_ to September 30, 20

D Other Ombudsman Activities

Provide below and on the next page information on ombudsman program activities other than work on complaints.

Activity 1: Training for ombudsman staff and volunteers

Measure	State	Local
Number sessions		
Number hours		
Total number of trainees that attended any of the training sessions above (duplicated count)		
3 most frequent topics for training		

Activity 2: Technical assistance to local ombudsmen and/or volunteers

Measure	State	Local
Estimated percentage of total staff time		

3. Training for facility staff

Measure	State	Local
Number sessions		
3 most frequent topics for training		

State: __ Federal Fiscal Year: October 1, 20_ to September 30, 20

4. Consultation to facilities

(Consultation: providing information and technical assistance, often by telephone)

Measure	State	Local
3 most frequent topics for training		
Number of consultations		

5. Information and consultation to individuals (usually by telephone)

Measure	State	Local
3 most frequent requests/needs		
Number of consultations		

6. Facility Coverage (other than in response to complaint)

Measure	State	Local
Number Nursing Facilities visited (unduplicated)		
Number Board and Care (or similar) facilities visited (unduplicated)		

7. Participation in Facility Surveys

Measure	State	Local
Number of surveys		

8. Work with resident councils

Measure	State	Local
Number of meetings attended		

State: __ Federal Fiscal Year: October 1, 20__ to September 30, 20

9. Work with family councils

Measure	State	Local
Number of meetings attended		

10. Community Education

Measure	State	Local
Number of sessions		

11. Work with media

Measure	State	Local
3 most frequent topics		
Number of interviews/discussions		
Number of press releases		

12. Monitoring/work on laws, regulations, government policies and actions

Measure	State	Local
Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100 %.)		

Pennsylvania State Long-Term Care Ombudsman Office
National Ombudsman Reporting Requirements (NORS)
By Administration on Aging

The Older Americans Act of 1965 as amended requires the submission of an Annual Ombudsman Report to AoA. This is found in Section 712 (c) and (h) (1). The requirements listed below are captured in the annual NORS report which is Attachment 1 in the APD.

1. *Training for ombudsman staff and volunteers*

The information is from the perspective of the trainer (not the trainee), reporting on training provided. Thus, sessions and hours are unduplicated. A session is a meeting, whether it lasts for three hours, all day or all week.

In the state office column, give the number of training sessions and total hours provided or otherwise arranged by staff of the state office of the ombudsman for state or local program staff and volunteers, whether the meetings were held in the state capital or elsewhere in the state. In the local program column, give the total number of sessions and total hours provided or otherwise arranged by staff of local ombudsman entities or regional offices for staff and volunteers of the local program. When state staff provides all or part of the training, but the training is arranged by local program staff, the training is counted as local.

For each level, provide the total number of trainees (**not** an unduplicated count of individuals, but the total number people trained at each session) during the reporting year.

List the three most frequent topics for training at the both the state and local levels.

2. *Technical assistance to local ombudsmen and/or volunteers*

Record here *percentages of staff resources* devoted to the management and administration of local and volunteer programs as a whole. Provide in the state column an estimate of the percentage of total staff time which paid staff of the state office of the ombudsman (i.e., state ombudsman, plus other staff) devote to developing and assisting local programs, whether in person or by telephone. Provide in the local column an estimate of the percentage of total staff time which local program paid staff devote to developing volunteer programs and supporting other staff and volunteers. Include staff time spent developing and delivering training, passing along information from training sessions, conveying changes in procedures, reviewing others' cases records, and counseling and providing informal assistance to staff and volunteers.

3. *Training for facility staff*

Give the number of sessions provided by state and local ombudsman staff and the three most frequent topics of training at each level.

4. *Consultation to facilities*

Ombudsmen often provide information and assistance to facility managers and staff. To capture the extent of this important activity, report the number of such consultations provided during

the year. If there are repeated consultations to the same facility, count each consultation separately.

Do not count training sessions, documented in F.3. Provide the three most frequent subject areas of consultation.

5. *Information and consultation to individuals*

Provide the number of individuals assisted by telephone *or in person on a one-to-one basis* on needs ranging from alternatives to institutional care, to how to select a nursing home, to residents' rights, to understanding Medicaid. Count each separate request for information or assistance (but not each call related to the same request), whether made by someone who requested assistance earlier in the year or by a new caller. Do not include here participants in community education sessions documented in F.10. Document the three most frequent topics/areas of requests or needs.

If the ombudsman has been involved in helping residents move into community-based settings (as part of the state's response to the Supreme Court's Olmstead Decision or as a general practice), please note this in the narrative section provided for this item and also in the major issues section, providing in both sections an estimate of the number of people the program assisted in moving from a facility to a residential setting of their choice. *Reminder: Use complaint code P. 128 for Olmstead related complaints.*

6. *Facility Coverage*

Document the number of facilities (unduplicated count) covered on a *regular basis*, not in response to a complaint, by paid and volunteer Ombudsmen. **Regular basis means no less frequently than quarterly.** Note that the information requested is the unduplicated number of facilities visited, not the number of visits. If there is no visitation program, type N.A.

7. *Participation in facility surveys*

Provide the number of facility surveys in which the ombudsman or designated ombudsman representatives participated in any aspect of both regular surveys and surveys held in response to a complaint, including pre-survey briefing of surveyors and participation in exit interviews. (Note: This count is for any kind of survey participation, not actually going with the team on the survey. The count is of surveys in which there was some level of participation, not the number of contacts regarding a particular survey; for example, three calls regarding one survey would count as one.)

8/9. *Work with resident and family councils*

Provide the total count of all resident and family council meetings attended by designated ombudsman representatives during the reporting period, for both state and local levels.

10. Community Education

Provide the total number of presentations made to and or other meetings with community groups, students, churches, etc.

11. Work with media

Provide the three most frequent topics discussed with the media, the number of interviews/discussions, and the number of press releases at both state and local levels.

12. Monitoring/work on laws, regulations, government policies and actions

Provide, for both state and local levels, a *best estimate of the percentage of total paid staff time* spent working with other agencies and individuals, both inside and outside of government, on laws, regulations, policies and actions to improve the health, welfare, safety and rights of long-term care residents. (Note: percentage of time spent on this work and on item 2, providing technical assistance to staff and volunteers, cannot total more than 100 %.)

**Pennsylvania State Long-Term Care Ombudsman Office
Trainings & Resources**

1. All users must ensure access to the Harmony portal. To ensure access, new users must contact your local regional ombudsman or the State office. New users will receive confirmation with a username and password, as well as instructions directly from Harmony. All users must download and install the most recent version of Microsoft Silverlight onto each user's computer. For assistance contact your local Information Technology (IT) personnel within your AAA.
2. Harmony Tutorials – Users must complete all online tutorials prior to participating in State Office trainings. Harmony tutorials are available under *Harmony Quick Links* on the Harmony Portal site.
3. Harmony OmbudsManager v3.0 *Training Manual* is available for reference. This is located under *Application Support Resources* on the Harmony Portal site and also at the Department of Aging secured ombudsman website.
4. State Office Approved Trainings – (available at the Department of Aging's web site under the ombudsman secured section).
5. New ombudsman will be required to complete statewide sponsored OmbudsManager trainings. This is coordinated through the assigned regional ombudsman or the State Office.
6. A training database, provided by Harmony, will be available for new users to practice using the case/activity exercises found in the training manual. (Available during initial trainings and only to new users—approval required by State Office).
7. Ombudsmen will be required to complete trainings on future system enhancements and upgrades. Specific details will be published when available.