

2010 Annual Report

Enhancing the quality of life and the quality of services for consumers of long-term care through advocacy, education and empowerment



Ombudsman for Long-Term Care

A service of the Minnesota Board on Aging

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How to Contact an Ombudsman

Call the state office at:
1(800) 657-3591 (toll free) to get immediate information and consultation.

Send a fax to (651) 431-7452

Write the state office at:
Office of Ombudsman for Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971,

Consult with an ombudsman or volunteer advocate when he or she visits your facility.

Letter from the State Ombudsman

Dear Friends,

Over 21,000 people were personally visited last year by our volunteers and staff.

The Office of Ombudsman for Long-Term Care is a unique advocacy program where residents of nursing homes, tenants of assisted living settings, veterans living in Veterans homes, and consumers of home care services receive personal visits by someone who listens to their questions, concerns and complaints.

The volunteers of this program make this feasible. The outstanding volunteers in this program dedicate years to serving others, most typically after the volunteer has retired from another job. I am continually moved by the reasons that people volunteer with this office.

Some volunteers come to us because their spouse or partner has developed Alzheimer's. Some volunteers come to us because their loved one is now in a nursing home. Others volunteer because they know we must all give back. Honoring elders and veterans is one way to do that.

The names of our volunteers who served in 2010 are listed on page 16.

Our challenge as we move forward is to think about how we shape the future. How do we ensure that people retain their dignity as they age? We have many regulations in nursing homes, yet still see so many problems. Do regulations make a difference if they are not supported with adequate staffing, funding and training and a commitment to dignity?

Do tenants in assisted living settings need more protections? And do we accomplish that with regulations or more consumer control with adequate staffing and funding?

Our future demands that we find better ways of protecting people, ensuring dignity, funding appropriate supports for people, and honoring our elders who have given so much in their lives and veterans who have protected our country.

This office will accomplish that by increasing our eyes and ears through the expansion of our volunteer program and advocating systemic changes that provide better oversight and consumer control.

Sincerely,



Debra A. Holtz
State Ombudsman for Long-Term Care
Minnesota Board on Aging

Services with a Purpose

The mission of the Office of Ombudsman for Long-Term Care is to enhance the quality of life and the quality of services for long-term care consumers through advocacy, education and empowerment. The Office promotes person-directed living which respects individual values and preferences and preserves individual rights.

Ombudsmen investigate complaints, work to resolve individual concerns, and identify problems and advocate for changes to address them. Ombudsmen promote self-advocacy and the development of problem solving skills through education and training for consumers, their families and caregivers, providers and the community.

There is no fee or charge for Ombudsman services.

Who we serve

Any resident of a long term care facility:

In 2010, there were 381 nursing facilities, with 32,627 active beds and 28 board and care facilities with 1,676 active beds (this includes both Medicaid-certified and state-licensed only facilities.)

Any person who receives home care services:

The Minnesota Department of Human Services reported that more than 34,552 people received home care services utilizing state dollars in 2010. Many of those individuals lived in a private home. Many others received these services in a housing with services/assisted living setting or in an adult foster care home. In 2010, 1668 housing-with-services settings - with the capacity to serve more than 94,000 tenants - were registered with the Minnesota Department of Health.

It is unknown how many Minnesotans paid privately (using no state dollars) for home care services received either in their private home or in a housing with services setting.

Any Medicare beneficiary with certain hospital complaints:

Almost 767,000 Minnesotans were enrolled in Medicare hospital insurance as of July 2009. Beneficiaries sometimes seek assistance with concerns regarding hospital access, denial of inpatient or outpatient services, or premature discharge.

Advocacy experts

As independent consumer advocates, regional ombudsmen and volunteers work with consumers, their families and caregivers, providers, and public agencies to ensure the health, safety, welfare and rights of consumers of long-term care services.

The Office works for reform in the health care and social services delivery systems through changes in state and federal law and administrative policy.

Professional activities

Ombudsmen serve as advocates for:

- Residents of nursing homes and board and care homes
- Residents of other adult care homes (i.e., housing with services, assisted living, customized living, residential hospice and foster care)
- Persons requesting or receiving home care services
- Medicare beneficiaries with hospital access or discharge concerns

Ombudsmen provide information and consultation services about:

- Service options
- Consumer rights
- Regulations that apply to long-term care facilities, home and community-based settings, and home care services

Ombudsmen investigate and work to resolve individual complaints relating to:

- Quality of care or services
- Quality of life
- Rights violations
- Access to services
- Service termination
- Discharge or eviction
- Public benefits programs

Ombudsmen work with service providers to promote a culture of person-directed living.

Ombudsmen identify systemic issues and advocate for change.

See page 7 for a breakout of the concerns ombudsmen investigate most often

Meeting Real Needs

Community presence

Ombudsman staff and volunteers work diligently to provide a consistent community presence in residential facilities to improve the quality of long-term care.

Staff and volunteers arrange one-on-one visits with residents and concerned family members. Staff and volunteers support family and resident councils as they strive to improve quality of life and quality of care for long-term care consumers. In addition, Ombudsman staff serve as a resource to facilities and their communities for training and education.

In 2010, ombudsmen and volunteers devoted more than 5,000 hours to outreach, which affected more than 21,500 residents, family, staff and community members.

Examples include:

Resident visits: More than 12,700 visits to residents were made in order to understand resident needs and support their autonomy.

Community education: 130 educational presentations were given on topics including abuse prevention, individualized care, resident rights and quality of life.

Work with resident and family councils: Ombudsmen and volunteers attended 449 council meetings to provide education and support.

Training and consultation with facilities: Ombudsmen provided 62 sessions customized to address special needs identified by facility staff and consulted with facilities about care and rights issues on 1,051 occasions.

Information and consultation

Ombudsman staff provided information to individuals on a number of topics related to long-term care, as well as advice on ways to independently resolve problems. More than 2,900 consumers, family members and others received information or consultation services in 2010.

Data reported is based on the Federal Fiscal Year covering 10/1/09-9/30/10.

Action and Support

Complaints

In 2010, Ombudsman staff and volunteers handled almost 2,500 complaints. 93 percent of all complaints related to residential facilities such as nursing homes (72 percent) and other facilities, such as board and care homes and housing with services/assisted living (21 percent), while 7 percent of complaints related to hospital discharge and home care issues outside a long-term care setting. Complaints were received from residents (28 percent), relatives or friends (34 percent), facility staff (15 percent), social service agency staff or others (19 percent) and anonymously (4 percent).

Outcomes of Complaints

83 percent of all complaints were resolved (58 percent) or partially resolved (28 percent). The remaining complaints were either referred to another agency following investigation (5 percent), withdrawn (2 percent), needed no actions (6 percent) or unresolved (4 percent).

Consumer Concerns

Over the last several years, the number of complaints received has been higher in categories related to resident rights rather than resident care. Concerns related to resident rights increased to 43 percent in 2010 from 40.5 percent in 2009. Concerns related to resident care decreased slightly to 35 percent in 2010 from 37.5 percent in 2009. Complaints related to quality of life decreased slightly to 9 percent in 2010 from 10 percent in 2009.

Complaints related to factors outside the facility increased slightly to 13 percent in 2010 from 12 percent in 2009. Almost 20 percent of the complaints in this category involved concerns that guardians, conservators, or persons holding health care power of attorney were trying to improperly limit the rights and choices of the consumer. Complaints in this category involving family conflicts and interference increased to 30 percent in 2010 from 25 percent in 2009, while those involving requests for less restrictive placement rose to 21 percent in 2010 from 18 percent in 2009.

Categories of Concern Regarding Residential Facilities

Resident Rights – 43%

In 2010, 31% of the complaints about resident rights related to refusal of admission, involuntary discharge, eviction or room transfers while 50% of complaints related to autonomy, which includes issues of dignity, respect, choice and privacy. Complaints about refusal to admit or to readmit after transfer to a hospital continued as residents with complex care needs encountered difficulty finding nursing homes or other residential facilities willing to meet, or continue to meet, their care needs. Access to information complaints relate to difficulty obtaining records or information about their medical care or treatment, rights, benefits and services.

	Admission/Discharge	Autonomy	Finances	Access to Information
Nursing Facilities	225	380	89	50
Other Facilities	75	111	35	17
Total	300	491	124	67

Resident Care – 35%

This category relates to the direct, hands-on care provided to residents. A review of the data shows that quality of care remained the largest area of concern with inadequate assessment and care planning representing the most complaints. However, issues which may relate to a shortage of staff, such as the failure to answer call lights or respond to requests for assistance, inattention to personal and dental hygiene, and medication administration were also frequently cited.

	Care	Staffing	Abuse	Rehab	Restraints	Policies
Nursing Facilities	349	65	48	106	13	48
Other Facilities	76	27	10	22	6	23
Total	425	92	58	128	19	71

Quality of Life - 9%

Consumer concerns about environment, food and meaningful activity represent ongoing challenges to the quality of life in residential settings. Activity complaints also include complaints about social services availability and conflicts with other residents.

	Environment	Dietary	Activities
Nursing Facilities	37	51	67
Other Facilities	18	25	16
Total	55	76	83

Factors Outside Facility – 13%

The certification complaints in this category relate to the certification and licensing agency. The state complaints relate to the state Medicaid agency. The system complaints are primarily those involving family conflicts and complaints about guardians, conservators, and powers of attorney.

	Certification	State	System
Nursing Facilities	4	36	207
Other Facilities	2	12	54
Total	6	42	261

Advocacy on Key Long-Term Care Issues

Under state and federal law, ombudsmen have a duty to monitor how laws, rules, regulations and policies affect consumers of long-term care services, and recommend change. In 2010, the Office of Ombudsman for Long-Term Care brought the voice of consumer experience to a number of key issues:

Abuse, Neglect and Financial Exploitation

The abuse, neglect and financial exploitation of vulnerable adults are major issues. Substantiated cases of Minnesota nursing home and assisted living staff abusing residents in their care have continued to make headlines. Financial exploitation, usually by family members, is one of the main causes of involuntary discharges of nursing home residents. The Office continued its involvement in stakeholder groups which are addressing ways to increase awareness of these issues and how to report suspected abuse, neglect or financial exploitation and also looking at how to change our state laws to deter perpetrators:

Vulnerable Adults Justice Project

Minnesota's Vulnerable Adults Act became law in 1980 and had not been updated since 1995. A group of 50 organizations came together to look at bringing the law into line with contemporary practices. This multi-faceted project grew out of the initial efforts of that group. The Project has initiated an Elder Abuse Public Awareness Campaign which has developed posters and pocket guides on elder abuse prevention. Key information included in these tools is the warning signs of possible abuse and contact information to report any suspected abuse, publicizing the availability of the state ombudsman office as a contact for early confidential discussion on suspected abuse, neglect or financial exploitation. They were made available free of charge to "points of contact" throughout the state after February 1, 2009. The Project also sponsored legislation in 2009 to strengthen the Vulnerable Adults Act to protect vulnerable adults from all forms of abuse and neglect, including specific guidance for action to prevent and respond to financial exploitation of vulnerable adults; establish an "endangered person alert" to mobilize public response to missing vulnerable adults (adapted from the "Amber Alert" response system); simplify the reporting system to improve consistency throughout the state as to when and how reports are made and put a greater focus on adults who are isolated in the community and vulnerable to maltreatment. This legislation passed unanimously in May 2009 and was signed by the governor immediately after.

The group continued to meet, and is developing into a model to be used in other states. Legislators are very receptive to bills that have been drafted with a consensus model. In 2010, the group worked on adding language to the law to make the administrative process easier and faster for those who have been victimized. The group is currently meeting with legislators during the 2011 session, and has had all positive feedback to date.

Strengthening Protections for Wards and Protected Persons

Many of the complaints our Office receives have to do with restriction of rights placed on them by their guardians or potential misuse of their money and property by guardians or conservators. The Minnesota state legislature mandated the Minnesota Supreme Court to study the guardian and conservatorship statutes and prepare a report for the 2009 session. While that group did make recommendations to the legislature, several organizations involved, including our Office, proposed statutory changes in 2009 that were passed and signed into law. The new language:

- centralizes registration by 2013 of all guardians and conservators in Minnesota, providing information to the courts regarding active guardians, and making public data available to families and interested members of the public.
- cumulates individual rights currently scattered throughout the guardianship statute into a Bill of Rights easily accessible to wards, protected persons, families and others.
- enables wards and protected persons to petition for court review of violations of their rights and for other relief in addition to termination or modification of the guardianship.
- requires timely filing of annual reports, with copies of notices and reports provided not only to wards and protected persons, but to involved family members and other interested persons.
- clarifies the role of the ward or protected person's attorney when the attorney is also representing the interests of the guardian or conservator in a concurrent proceeding.

In 2010, the original offices behind this new language (Ombudsman for Long-Term Care, Ombudsman for Mental Health and Developmental Disabilities, MN Disability Law Center, and MN Mental Health Association) reached out to the professional guardians and attorneys who originally opposed this language – and asked to form a new state-wide organization called the Substitute Decision Making Network. This network is based on the same model as the MN Vulnerable Adult Justice Project. The network is making recommendations about all MN laws which related to substitute decision making, such as guardianship, health care agents, etc. In 2011 the group is reviewing some revisions needed in the health care agent laws and will have proposals for 2012 legislation.

Consumer Choice in Long-Term Care Services

Minnesotans continually tell the Ombudsman's Office and legislators that they want more choice regarding where and how they will receive long-term care services when they need them. The Ombudsman's Office was involved in several work groups and panels charged with finding the answers as to how long-term care services can be offered in more home and community-based settings rather than nursing homes:

Home Care Regulatory Framework

The Minnesota Department of Health (MDH) continued into 2010 with its stakeholder work group to reform the home care license regulations. The work group met monthly throughout 2010 and the department produced a draft in late November. Both the state ombudsman and ombudsman specialist participated in the work group and commented on

the 37 page draft. In addition, MDH offered minor language changes to the existing home care license statute which our Office supported. The ombudsmen also participated in another MDH and Minnesota Department of Human Services work group in 2009 into 2010 to recommend stronger enforcement mechanisms to the state legislature – this language passed.

Home and Community-Based Services Expert Panel

The Minnesota Department of Human Services formed an expert panel to assist in developing a State Profile of Minnesota's system of long-term care support services to persons of all ages and disabilities, with the goal of assessing, measuring and further improving the balance toward home and community-based services (HCBS) and consumer choice and identifying strategies for simplifying and improving the HCBS system. This panel continues to be used as a planning tool and sounding board for the many changes that are occurring in the HCBS world in 2010.

Home Care Options Study

The 2010 Minnesota legislature asked the Minnesota Department of Human Services to do research and submit a report by December 15, 2010 on the status of residential services for Minnesotans with disabilities and offer recommendations for enhanced housing options, including those that promote home equity. Ombudsman staff participated in the Housing Choices subcommittee, examining housing programs across the country that promote consumer choice.

Provider Enrollment and Provider Standards Initiative

This is a Minnesota Department of Human Services initiative - prompted by CMS guidelines - to develop a provider enrollment business process across home care and waiver services, including increasing provider standards and verification. The initiative includes transitioning from county government contracting with waiver service providers to a consistent statewide approach to address provider standards and qualifications, as well as participant access to services. This initiative also includes increasing quality assurances for unlicensed Personal Care Assistance (PCA) services. Ombudsman staff participated in an external PEPSI workgroup responsible for reviewing recommendations and providing feedback to the Intensive Work Group which is responsible for providing input from a stakeholder's perspective on the operational details. In addition, the ombudsman specialist for home care participated in various sub-groups relating to PCA service standard reform.

Residential Support Services

This work group is an initiative of the Minnesota Department of Human Services to revamp regulations of both child and adult corporate foster care. The group began in June 2010 and is to complete its task at the end of December 2010 to propose legislative language for the 2011 session. This intensive work group, meeting two times a month, was attended by the ombudsman specialist for home care.

Stratis Health Community Outreach Committee

The ombudsman specialist for home care served as the chair of this committee from February 2008 through February 2010. Stratis Health is Minnesota's Medicare Quality Improvement Organization. The purpose of the committee is to facilitate the flow of health care information among Medicare beneficiaries, community and senior advocacy organizations and government and to provide guidance for outreach activities.

Stratis Health Home Health and Nursing Home Stakeholders

The Ombudsman's Office also serves on this committee that meets quarterly to review Medicare initiatives relating to quality improvement for Minnesota's Medicare-certified home health agencies and nursing homes.

Return to Community

This initiative, passed by the Minnesota state legislature in 2009, officially launched on April 12, 2010. The goal of the initiative is to help consumers who have been in a nursing home less than 90 days to return to their own home, or to another community setting, to have their continuing care needs met, if they so desire. The intervention involves assessment, care planning, service coordination, placement and ongoing monitoring of care in the community. Profile lists of consumers who may benefit from the initiative are developed based on the admission MDS assessments submitted by nursing homes to the Minnesota Department of Health.

In 2010, 4,554 names of consumers who met targeted health and functional characteristics appeared on the profile list. Of these, 2,273 discharged from the nursing home and returned to a community setting. Because the initiative focused on individuals who had been in the nursing home less than 90 days, most consumers returned to their private home, with a small percentage moving to assisted living or adult foster care. Of the 2,281 consumers who stayed in a nursing home, 113 passed away by the time initial contact was made with the nursing home and the remainder either chose to stay in the nursing home or continued to work towards the goal of returning to the community. The most common reasons reported for remaining long-term in the nursing home included: health status declined (63%); personal choice (38%); family would not agree to take on a supportive role if the consumer returned to the community (18%); the care level was too high (10%) and a lack of housing options (7%).

When advocating for consumers, the MinnesotaHelp Network's community living specialists worked closely with the regional ombudsmen from our Office. In 2010, community living specialists partnered with regional ombudsmen in 31 consumer cases to resolve roadblocks to discharge presented by nursing home staff, family members and/or caregivers.

Nursing Home Quality Improvement

Quality of care and quality of life concerns remain as the major issues addressed by the Ombudsman's Office. The Office was involved in a number of stakeholder groups whose goals were to improve the quality of care and quality of life for residents of the state's nursing homes:

Nursing Facility Performance-based Incentive Payments Program

In 2006, the Minnesota legislature established the Nursing Facility Performance-Based Incentive Payment Program (PIPP). All Medicaid-certified nursing facilities may submit a proposal or join in a collaborative proposal involving multiple facilities. Facilities can request incentive payment up to 5% of operating rate per diem for 1-3 years. The amount of incentive payment is based on the scope and complexity of the project. State share funding of 6.3 million for this initiative is on-going. Proposal requirements include efforts identifying key elements of successful quality of care improvements, encourage innovation, foster collaboration, and establish a business case for investment in better quality from the perspective of key stakeholders, primarily consumers.

In the first 4 years, the Minnesota Department of Human Services has sponsored 69 projects with 178 nursing facilities participating. Major projects include clinical quality: fall reduction, pain management and wound care; organizational change: person-centered care and culture change; technology; safe patient handling; improved call systems and environmental modifications. Rebalancing long-term care funding projects are funded with a goal of shortening length of stays, reducing readmissions to the nursing home or hospital and provision of community services to delay or avoid admission to the nursing home.

A representative from the Office of Ombudsman for Long-Term Care is a member of the review committee. In, 2010, the ombudsman representative specifically reviewed 15 of the 40 proposals submitted and provided recommendation to the full committee regarding all proposals received. Of the 18 projects funded, 12 involved individual facilities and 6 were collaborative projects.

Nursing Home Survey Quality Improvement

The Office continued its involvement in the Minnesota Commissioner of Health's Long-Term Care Issues Committee which provides a forum for stakeholders to discuss and advise the commissioner on issues relating to improving the nursing home survey process. The Office remained part of a stakeholder group planning and providing joint training to surveyors, nursing home employees, consumer advocates, residents and families on revised clinical guidance, investigative protocols and federal regulations. In 2010, those trainings included face-to-face trainings on F441 Infection Control and MDS 3.0 requirements for assessments and outcomes entitled "Strategic Approaches to Improving the Care Delivery Process" as well as a video conference entitled "Self-Reported Incidents: Guidelines for Reporting under Federal Regulations."

Culture Change

Changing the culture of Minnesota's nursing homes to one of person-centered, person-directed service and care delivery is a continual focus of our Office. The number of complaints received decreases as nursing homes adopt consistent assignment and staff retention goals. The Office continued to participate in stakeholder groups promoting culture change and gave presentations to provider organizations and other groups which focused on aspects of culture change. Regional ombudsmen continued to work with their assigned nursing homes to encourage person-directed models of care to include consistent staffing.

Minnesota Culture Change Coalition

The Coalition is composed of representatives from several advocacy groups, including the Office of Ombudsman for Long-Term Care, Minnesota's Departments of Human Services and Health, the state's two provider organizations and several nursing homes. The Coalition's vision is to collectively foster a person-centered and directed model of care in Minnesota that offers individuals who live and work in long-term care settings supportive communities that uphold individual dignity and respect and enable choice and self-determination. The Coalition's collaborative work is designed to support, supplement, and foster culture change in nursing homes on a broader scale than could be achieved through any one of the group's individual efforts. The emphasis is on the learning and sharing across traditional stakeholder boundaries. Over the last few years, the Coalition sponsored two conferences where provider staff and licensing/certification agency staff could come together to learn about culture change and how to implement it, as well as a conference aimed at educating consumers and their families. This past year has presented some challenges in keeping the Coalition viable as no new projects were identified and many members expressed a belief that individual organizations were taking the initiative to create more learning experiences, resulting in positive change in nursing homes. At this point, it remains to be seen if the Coalition will remain intact or if it will morph into a different kind of coalition.

Resident and Family Council Development and Education

The development and education of resident and family councils in nursing homes and boarding care homes has long been an issue in Minnesota. State statute provides for an annual surcharge of \$5 on every nursing home and boarding care home bed to be appropriated to the Minnesota Board on Aging to provide a statewide grant to an independent, nonprofit, consumer-sponsored agency to provide educational services to these councils. This grant is administered by the Ombudsman's Office.

The grantee must provide education and information to councils about care in the nursing home or boarding care home; resident rights and responsibilities; resident and family council organization and maintenance; laws and rules that apply to homes and residents; human relations; and resident/family self-help methods to increase quality of care and quality of life in a nursing home or boarding care home.

In 2010, a grant of \$165,000 (with a local match of approximately \$21,297) was awarded to the ElderCare Rights Alliance (ECRA) to educate councils on promoting

individualized care for residents; educating consumers about culture change initiatives to improve quality of care and life; building skills for advocacy through council action to resolve problems; educating family councils to participate in the survey process; and recognizing and preventing abuse, neglect and exploitation.

ECRA developed several tip sheets and educational manuals. Manuals include Family Council Basics 101, Family Council Development, The Resource to Effective Nursing Home Councils guidebook and Council Development and Facilitation Skills. In addition, they provided training to 184 resident council participants and 324 family council participants; 447 instances of direct council consulting and assistance; and training to 114 council advisors and to 1791 other professionals, including the nursing home surveyors, facility staff, ombudsmen and ombudsman volunteers.

Funding

The work of the Office of Ombudsman for Long-Term Care is funded by two primary sources: the federal government and the state of Minnesota.

Specific uses for funds include:

- **Older Americans Act:** This federal appropriation supports ombudsman services to residents in long-term care facilities such as nursing homes and board and care homes. Federal appropriations become available on October 1 each year.
- **Minnesota General Fund:** State funds are earmarked to assist Medicare beneficiaries and people using home care services. The dollars are made available on July 1 each year. The last legislative increase in the state base appropriation occurred in 1998.

2010 Funding

Older Americans Act:	\$ 1,278,386
Minnesota General Fund:	<u>\$ 537,004</u>
	\$ 1,815,390

Volunteers

Volunteers provide an enormous value to the Ombudsman program and to all those whose lives they touch. In September 2007, the Ombudsman program began a pilot project which trained 24 volunteers to be certified as volunteer associates who can assist regional ombudsmen with casework in assigned facilities. Thank you to all of our volunteers in federal fiscal year 2010, which is the time frame of : October 1st, 2009 - September 30, 2010.

Gloria Alexander
Brian Anderson
Charles Anderson
Sam Aspley
June Eleanor Barrett*
Doris Benson
Leonard Braun*
Pamela Brehm
John Brown*
Rick Campbell
Linda Carlson
Jane Chan
Dorothy Chizek
Gloria Cory*
JoAnne Dansdill
Barb Farrell
John Frederickson*
Mariam Frenier
Kay Gendron
Mary Grunwald
Lily Mae Gullickson
Bette Gyland
Dorothy Harsh
Phyllis Hoskins
Edith Hoyum

Loren Hoyum *
Marion Jacobson
Judy Liffengren *
Carl Lindell
Faith Lindell
Donald Matakis*
Barbara McGinnis*
Lois Meiners*
Joy Mesia
Louise Michaelson
Eleanor Michelson
Marvin Michelson
Patti Miller
AJ Monti
Deanna Morken
Robert Morken
Meredith Morneau*
Kathryn Morrison
Michele Murphy*
Sonja Olmanson*
Carolyn Olson
Karen Ommen
Diane Opp*
Michael Palm
Betty Peppel*

Geraldine Rasmusson
Mel Reinke
Barbara Risken *
Christa Rivers
Judith Rivkin *
Georgia Robino
Mary Ann Scharf
Darrel Schuetze
James Sowles
Lois Sowles
Susan Spaeth *
Lu Toenyan
Richard Toenyan
Lois Tyrrell
Jean VanGerpen
Curt Voltz
Marilyn Wahl
Irene Weis*
Pat Westman
Audrey Wiita
Tim Willenbring
Ed Worms, Jr.*

*Volunteer Associate

Covering the time period 10/1/09-9/30/10

Structure

The Minnesota Board on Aging operates the Office of Ombudsman for Long-Term Care. The Board provides leadership on issues affecting older Minnesotans and is comprised of 25 citizens appointed by the governor.

The Office of Ombudsman for Long-Term Care (formerly the Office of Ombudsman for Older Minnesotans) was established in statute by the Minnesota legislature in 1987. Ombudsman services began in Minnesota in 1978 under the auspices of the Older Americans Act, which assured greater stability and coordination of services on a statewide basis.

The Minnesota legislature has since expanded the scope of client services to include people who use home care services and Medicare beneficiaries with certain hospital complaints.

The Office of Ombudsman for Long-Term Care is a consumer-centered advocacy service. The individual consumer of long-term care services is always the primary focus of ombudsman services. Consumers anywhere in Minnesota can reach an ombudsman by calling the toll-free complaint line at 1(800) 657-3591.

The program utilizes regional ombudsmen located throughout Minnesota, in addition to the state office staff located in St. Paul. A dedicated corps of volunteer advocates partner with regional ombudsmen to provide services to residents in long-term care facilities. Each regional ombudsman is required to earn 60 hours of continuing education per year. Each volunteer advocate is required to earn 12 hours of continuing education per year.

Minnesota Board on Aging

The Minnesota Board on Aging allocates federal Older Americans Act funds for many services for people who are elderly, including the Office of Ombudsman for Long-Term Care. The Board acts as a leader and policy advisor throughout Minnesota on issues that impact seniors. The Board also serves as the governing body for the Office of Ombudsman for Long-Term Care.

The Minnesota Board on Aging is composed of 25 governor-appointed members. Board members include:

Kathleen Harrington, Chair
Edina

Susan Humphers-Ginther
Moorhead

Ken Moritz
Minneapolis

Leonard Axelrod
St. Paul

Dick Jackson
Princeton

Chrisanne Pieper
Rochester

Norby Blake
St. Paul

Larry Juhl
New London

Mary Jane Thompson
St. Paul

Sharon Bring
Strandquist

Tracy Keibler
Eden Prairie

Donald Tomsche
Little Canada

RD Brown
St. Paul

Michael Klatt
Belle Plaine

Ellie Vollmer
Perham

Jayne Clairmont
Edina

Mary Koep
Brainerd

Dean Fenner
White Bear Lake

Susan Kratzke
Mankato

Jean Wood
Executive Director

Sylvia Garcia
Moorhead

Grace Lee
Minneapolis

Joseph Grant
Duluth

Jeanne Lukas
Minnetonka

Larry Houk
Roseville

Heidi Michaels
Andover

The Minnesota Board on Aging
1 (800) 882-6262 or (651) 431-2500
www.mnaging.org

Office of Ombudsman for Long-Term Care

STATE OFFICE STAFF

Deb Holtz	State Ombudsman
Maria Michlin	Deputy Ombudsman*
Cheryl Hennen	Ombudsman Specialist/Acting Deputy Ombudsman
Sherilyn Moe	Ombudsman Specialist
Neil Peterson	Program Advocacy Coordinator
Michael Blom	Office Administrator**

REGIONAL OMBUDSMEN

Jane Brink	Sylvia Hasara	Jean Patzner-Mueller
Mary Brown***	Ann Holme	Sally Schoephoerster***
Jim Dostal	Cory Jones	Wendy Weidner
Lori Goetz	Sandra Newbauer	Paula Wieczorek
Virida Hall	Natasha Merz***	

* retired August 2010

** position eliminated

*** part-time