

# Indiana Long-Term Care Ombudsman Program FFY20 Annual Report

## Executive Summary

It has been challenging to draft the annual report this year. This report typically reviews program data from the previous federal fiscal year, notes advocacy efforts undertaken by Indiana's Long-Term Care Ombudsman Program (the Ombudsman Program), discusses upcoming projects, and provides education on the Ombudsman Program (see Attachment A).

But as we know, the 2019 novel coronavirus (COVID) hijacked the typical in 2020. Though we had five months of relative normalcy at the beginning of federal fiscal year 2020 (FFY20), COVID brought rapid change to our daily routines two months into calendar year 2020. With that change came panic and uncertainty for long-term care residents and their family members.

Beginning in March, many residents' reality became room confinement and seeing their family members and friends only through windows. Ombudsmen were limited to using phones to connect with residents

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*"Myself and my family tried to do the best we could to watch over mom through a window. We watched as she withered away...I don't think she died of Covid we think she died of loneliness...I thank the Ombudsman and everything they did to try to help."*

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- LTC resident family member

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and/or their representatives. The State Ombudsman used media interviews to inform Hoosiers that Ombudsmen were still available to assist residents and to educate consumers on the Program.

Indiana's Ombudsman Program received approximately 100 fewer complaints during FFY20 than the previous year, likely due to the absence of regularly visiting family members and ombudsmen in facilities.

FFY20 did see increases from the previous year in complaints regarding abuse, neglect,

and exploitation, as well as those related to residents' rights, dietary/food service, and care. During that same time, complaints decreased regarding access to information, admissions, transfers and discharges, and finance and property.

Anecdotally, the top five calls during the last half of FFY20 were regarding residents' transfer and discharge issues, social isolation, family members' inability to monitor and/or provide additional care for their loved ones, facility staff shortages, and the difficulties family members often had in reaching facility staff to get questions answered.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provided funding to the country's LTC Ombudsman Program in May 2020. Indiana's Ombudsman Program received \$389,402, which is available for use until September 31, 2021. Funds must be used for necessary COVID-related expenses for the

statewide Ombudsman Program, including the State Office. Financial reporting on this funding is due to our federal partners by December 31, 2021.

COVID has left an indelible imprint on one of the most vulnerable segments of our population: frail older adults living in nursing homes. Long-term care residents represent less than 1% of the country's overall population, but they accounted for about 40% of U.S. COVID-related reported deaths. The nearly 2,000 (1,995 as of 9/30/20) Hoosier long-term care residents who died due to COVID during FFY20 represented nearly 60% of Indiana's COVID deaths at that time. Indiana can do better.

## LTC Ombudsman Program Year in Review

### Pre-COVID 10/1/19 to March 2020

Local LTC ombudsmen typically visit facilities in their communities to work with a particular resident on a specific complaint. They drop into facilities at least quarterly to walk through the building, talk with residents, and observe interactions. They work to promote the rights of residents living in the facility and awareness of the Long-Term Care Ombudsmen Program (Ombudsman Program).

During the first five months of FFY20, local Ombudsmen across the state did exactly that – visited residents in facilities and resolved complaints. They provided trainings to facility staff. They participated in LTC surveys, attended resident council meetings, and provided education in their communities about long-term care.

State Office staff of the LTC Ombudsman Program stayed busy at the same time providing consultations and referrals via telephone or email to residents, families, and facilities. The State Ombudsman Deputy Director trained new local ombudsmen and provided trainings and technical assistance to all local ombudsmen throughout the first full year of using a newly acquired (June 2019) software program. The State LTC Ombudsman (State Ombudsman) updated the program's outdated conflict of interest, decertification, and grievance policies to bring them up to current standards and continued working on updating the program's Administrative Rule and Memoranda of Understanding with other agencies. We also began developing guidance for putting together a LTC Ombudsman Program Advisory Council.

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*"I have worked with the Area 4 Ombudsman on multiple cases over the years and most recently called her to ask for direction regarding a veteran who was being told he had to discharge that very day from a licensed assisted living facility. I have always been impressed by her knowledge base and advocacy for nursing home residents, I was shocked to find that her responsibilities also include AL!!!..... I appreciate the work she does and the professional she is..."*

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- Social Worker, Area 4

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The federal ombudsman report through the National Ombudsman Reporting System is due to the Administration for Community Living/Administration on Aging (ACL/AoA) at the end of each January for the preceding fiscal year. Because of previous software issues, it was necessary that we manually count

nine months' worth of the previous year's information and add it in with data already entered from the final months of the fiscal year. This time-intensive manual counting and analysis occurred during December 2019 and January 2020.

During the first part of 2020, we looked forward to a productive rest of the year for the program.

### March 2020 to 9/30/20

Following the Centers for Medicare and Medicaid Services (CMS) 3/13/20 guidelines that restricted visitation to LTC facilities due to COVID, the Indiana Department of Health (IDH) updated its guidance for nursing homes, residential care facilities, and assisted living facilities. It recommended facilities restrict all visitors and non-essential healthcare personnel, except for compassionate care situations.

### Calls to the Ombudsman

The nature of calls and requests for assistance to LTC ombudsmen changed several times over FFY20.

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*"...about this house arrest for patients in AL... segregated in their rooms...since March....it's taking away their freedom and they're being treated like prisoners..."*

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- *Family e-mail to State Office*

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Before the public health emergency, many of our calls focused on residents being transferred or discharged to other facilities. Early in the pandemic, we heard from panicked family members who showed up at their loved one's facility to find they wouldn't be allowed in to visit.

Anecdotally, the top calls to the LTC Ombudsman Program during FFY20 (as of 9/30/20) were regarding:

- transfer/discharge issues, including facilities transferring residents to hospitals without readmitting them, county health departments not allowing residents to return if the resident was transferred to a hospital outside that county, and voluntary leaves (those initiated by the resident) being deemed AMA (Against Medical Advice) by facilities;
- the isolation of residents and their mental well-being;
- an inability on the part of family members to monitor and/or provide additional care for residents;
- facility staff shortages; and
- difficulties family members often had in reaching facility staff to get their questions answered.

As the days of restrictions continued over the summer and into the fall, calls shifted to those from family members sharing concerns their loved ones were not doing well with the ongoing isolation. Families were seeing physical and cognitive declines in their loved ones – often observed only through window visits. Social isolation, depression, and failure-to-thrive in long-term care residents became topics of conversation on a national level in relation to the imposed restrictions. The “ask” became when residents could have visitors in the facility once again.

## Communications

Although FSSA has a highly regarded Communications Team in place that responds to media questions regarding the many projects the agency oversees, the State Ombudsman has the ability to speak with members of the media under certain circumstances. That authority comes from federal regulation CFR 1324.13(7)(v) [The State Ombudsman is to...] “provide information to public and private agencies, legislators, the media and other persons, regarding the problems and concerns of residents and recommendations related to the problems and concerns.”

Occasionally, the media will pick up a story related to the work ombudsmen do and call us for comment. Particularly so when a response from the State Ombudsman would promote the needs and rights of beneficiaries served by the State Office.

Governor Holcomb announced Indiana’s first case of coronavirus in a media advisory on 3/6/20. The State Ombudsman responded to 21 media requests between the end of March 2020 and September 2020. From March through July 2020, most stories were about the frustration many families of nursing home residents experienced when trying to see or get information about their loved ones, and the lack of transparency surrounding positive COVID cases and deaths in LTC facilities. After July, media was interested in the social isolation many residents were experiencing due to the pandemic.

The message from the State Ombudsman was that Indiana’s LTC Ombudsmen and their services were still available to residents through alternative means of communication. The State Ombudsman advocated through the media that facilities should be open and transparent with residents and their family members regarding COVID-positive cases and deaths in buildings so residents and potential residents and their legal representatives could make good personal decisions about their care.

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*“The Ombudsman...helped me resolve several key disputes I had with management...and their policies regarding residents in their facility [during COVID]. I would like also to express my support for your office and the services it provides. It is clearly indispensable...”*

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Communication between ombudsmen and residents, their family members, and facility staff became even more critical than usual as the pandemic continued.

- *Resident, Area 8*

Communication with facilities has been an integral link between ombudsmen and residents while visits have been limited. Many residents need assistance with technology or scheduling visits, or do not have their own phones, tablets, or computers. Communication has been crucial in helping residents understand why the Ombudsman program could not visit during visitation restrictions and explaining to them that the program is still available to assist them.

The LTC Ombudsman State Office was fortunate to be invited to represent residents’ rights in numerous planning meetings with staff from FSSA, including the Division of Aging, OMPP, DHMA, sister agencies including IDH, and provider associations soon after the pandemic began. Concerns regarding facility emergency transfers, communication, essential family caregivers, and outdoor visitation were discussed, and draft guidelines written for distribution.

## Ombudsman Program by the Numbers

The data the Ombudsman Program collects not only informs program management at the state level, but is submitted to our federal partners, the Administration for Community Living (ACL) and the Administration on Aging (AoA) each year in January. Each state ombudsman program reports their

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*"[Our Ombudsman]...has provided support during some very stressful times. We have used her as a bridge to management of our facility...making it possible to solve issues before they get blown out of all immenseness."*

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- Resident, Area 1

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activities such as facility visits, complaints received and investigated, complaint resolution, type of resolution and referral information, the information and assistance provided, and community education to ACL/AoA to be summarized in the National Ombudsman Reporting System (NORS).

The NORS data collection was revised effective October 1, 2019. These changes have contributed to several of Indiana's local ombudsmen being inconsistent with

data entry. This was also the first full year the local Ombudsmen used the new software program. Most have grasped the new complaint coding, the new software, and ensuring their documentation and data entry are completed timely. With the Deputy Director's ongoing 1:1 technical assistance, our goal is for all local Ombudsmen to have their data entered accurately and on time throughout 2021.

## FFY20 Complaints

Indiana's LTC Ombudsman Program received 1,321 complaints during FFY20, less than the 1,402 received the previous year. One might expect the number of complaints to be higher this past year because of COVID and its impact on nursing homes, but the lack of an increase could be due to the facility restrictions placed on LTC residents during the pandemic, and by the total absence of additional "eyes, ears, and voices" typically provided by outside visitors. Family members, ombudsmen, and many vendors were not allowed in buildings during periods of lockdown and visitation restrictions throughout spring, summer, and into fall.

Please note that both the Program and the local ombudsmen are still transitioning from old to new software, so some slight discrepancies in our data remain. The software developer is aware of the issue, and the ombudsmen are working toward being more accustomed to recent federal complaint coding changes.

During FFY19<sup>1</sup>, the Program received thirty (30) complaints regarding Abuse, Gross Neglect, and Exploitation. We received 145 complaints in the same category during FFY20, representing a 383% increase. During FFY20, complaints related to residents' autonomy, choice, and rights increased by 40%, dietary complaints by 74%, and care complaints by 24%.

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<sup>1</sup> The Ombudsman Program questions the reliability of its FFY19 data due to software issues (see FFY19 Annual Report). However, this is still a large increase and likely directly related to the effects of the pandemic on long-term care residents.

The following categories had fewer complaints during FFY20 than in the previous year: Access to Information (-14%), Admission, Transfer, Discharge and Eviction (-29%), Finance/Property (-25%), and Complaints about Outside Agencies (-75%). Some of this could be due to a lack of information being provided about residents’ rights, as well as the blanket waivers related to transfers and discharges the Indiana Department of Health (IDH) put into place in March 2020. Outside agencies may have also found it difficult to communicate well with residents.

From 10/1/19 through 2/29/20, the program received 504 complaints, and for the period 3/1/20 to 9/30/20, 813 complaints. The table below demonstrates the number and types of complaints reported before the pandemic, and those reported after COVID-19 invaded many Hoosier LTC facilities. These data correlate with the types of calls the Program received during the same time frame.

<b>Complaints Reported FFY20, Pre-COVID vs 3/1/20 – 9/30/20</b>		
<b>Complaint Categories*</b>	<b>10/1/19 – 2/29/20</b>	<b>3/1/20 – 9/30/20</b>
<b>Abuse, Gross Neglect, Exploitation</b>	57	88
<b>Ex. physical/sexual/psychological, financial</b>		
<b>Access to Information</b>	17	31
<b>Ex. communication barriers, access to records</b>		
<b>Admission, Transfer, Discharge, Eviction</b>	75	103
<b>Ex. discharge/eviction, appeal process, room changes</b>		
<b>Autonomy, Choice, Rights</b>	77	180
<b>Ex. privacy, retaliation, visitors, dignity and respect, choice in health care</b>		
<b>Financial, Property</b>	27	58
<b>Ex. billing, personal property</b>		
<b>Care</b>	90	169
<b>Ex. accidents/falls, care planning, personal hygiene, failure to respond to requests for assistance including call lights, incontinence care, symptoms unattended, and physical and chemical restraints</b>		
<b>Activities, Community Interaction and Social Services</b>	16	25
<b>Ex. transportation, conflict resolution, activities, Social services</b>		
<b>Dietary</b>	17	37
<b>Ex. food service, hydration, special diets, dining</b>		
<b>Environment</b>	5	18
<b>Ex. room/water temp, ventilation, housekeeping</b>		
<b>Facility Policies, Procedures &amp; Practices</b>	9	20
<b>Ex. facility administrative oversight, staffing</b>		
<b>Complaints about Outside Agencies</b>	23	23
<b>Ex. regulatory system, Medicaid, Medicare, VA</b>		
<b>Systems, Other, Non-Facility</b>	85	58
<b>Ex. family conflict, request to transition to community setting</b>		

\*See [NORS, Table 2, Complaint Codes and Definitions](#) for a full description and more extensive examples of complaint categories

## State Office and Local Ombudsman Staffing

State Office staff also fielded approximately 318 telephone calls per month from those requesting information and assistance, 1,200 emails/faxes with Notices of Transfer or Discharge, (which must be logged and filed), and 60 voice mails. The Program's Deputy Director handled 71 cases and 87 different complaints within those cases, from or about persons residing in nursing homes, assisted living settings, and residential care facilities.

It's worth noting that the tone and length of phone calls to the State Office changed during the pandemic. Referrals may still take only five minutes but calls providing information and assistance – listening, educating, and planning action to resolve concerns – to upset family members often last thirty minutes or longer. Follow-up calls also add to the time spent on one complaint.

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*“Without your efforts, my window visit with my mother would not have happened...A heartfelt thanks to the Ombudsman...these visits will make laying her to rest when that time comes, a lot more easy to weather. Your efforts mean the world to me.”*

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- Family member

The Program added two local ombudsmen to the team in Areas 1 and 2 (northwest Indiana - see Attachment A). Four ombudsman vacancies were filled during the spring and early summer of FFY20. Area Five (north central Indiana) also hired a local ombudsmen that went through training and became certified but left after a few months.

As in the past, the Program's Deputy Director fills in to provide ombudsman services in those areas without an

ombudsman, which takes time away from other responsibilities such as training new Ombudsmen, and monitoring and assisting local Ombudsmen with the PeerPlace software.

## CARES Act Funding

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provided funding to the country's Ombudsman Program in May 2020. These funds were distributed by the Administration of Community Living (ACL) to the States according to the population-based formula prescribed in the Older Americans Act, and are to be used to respond to the Coronavirus Emergency by providing Older Americans Act services related to COVID-19. This funding has been appropriated to remain available for use until September 30, 2021. Indiana must submit its final financial reports for the CARES Act funding by 12/31/21.

Indiana received \$389,402 in CARES Act funding for its Ombudsman Program. Nearly 85% of this funding was allocated by FSSA's Division of Aging to Indiana's Area Agencies on Aging (AAAs). As defined in ACL's guidance for this funding, the State Ombudsman determined how it is to be used and coordinated with the State Unit on Aging and local Ombudsmen host entities. It was specified that the funding must be spent on the following COVID-related items:

- Extended staff hours or hiring of additional staff, i.e., for data entry and community outreach assistance to the Ombudsman during the pandemic and its aftermath;
- Personal Protective Equipment (PPE) for the Ombudsmen;
- Updated technology, including new laptops and smart phones (if not already available to the ombudsman) that would enable ombudsmen to easily facilitate communication with residents;

- Requests for other COVID-related expenses for the Program, i.e., ensuring LTC Ombudsmen have “continuing direct access” to Hoosier long-term care residents during any portion of the public health emergency relating to coronavirus; and
- Each local ombudsman entity received funding to be used for the development, or strengthening of, an ombudsman volunteer program in their areas.

The remaining funds were retained by the State Office to purchase PPE, provide virtual trainings for the ombudsmen, marketing materials, and hiring additional staff to assist with increased phone calls.

### FFY2020 Program Successes

Without doubt it has been an incredibly difficult year for many. But there have been areas of optimism:

- Prior to the pandemic, the State Ombudsman held monthly conference calls with the local ombudsmen. With the advent of working remotely, we began using MS Teams to hold virtual weekly meetings with the ombudsmen in April 2020. It provided a great forum in which to process the pandemic with their colleagues and how it impacted our clients. It was also an excellent way to encourage communication among team members, and the team will continue to meet weekly.
- Certified Ombudsmen are required to have a minimum of 18 hours of training each year. The Program normally has twice yearly two-day in-person trainings but the pandemic put those on hold this year. However, the Program’s weekly meeting has been used for training and education purposes. So far, speakers included an Infection Preventionist from the Department of Health, an attorney from the Adult Guardianship Office, the SUA’s Medical Director, and BFCC-QIO Livanta on the rights of people with Medicare.
- Two Area Agencies on Aging that act as host organizations for the Ombudsman Program each added a second ombudsmen to their team (Areas 1 and 2).
- As previously mentioned, the CARES Act funding provided new technology for some local ombudsmen, many of whom had been using their personal cell phones for work, along with older model desktop computers.
- State agencies and provider associations have forged even more positive working relationships with each other during the pandemic, along with an understanding of individual programs’ roles and limitations.
- Since the pandemic began, the Program has established working relationships with AARP and the Alzheimer’s Association. The Program has done town halls and participated in Facebook live events with these organizations, which gave us opportunities to educate the public and let Hoosiers know Ombudsmen services are still available to them even though the Ombudsmen may not be physically present in buildings.

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*“I truly appreciate you providing information and resources. As you likely know, it can be daunting to navigate these types of issues. It is reassuring to know that there are programs like this to advocate for seniors and support their families. You have been extremely helpful!”*

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- Family member

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## FFY2020 Program Challenges

Like so many other programs, the Ombudsman Program faced numerous challenges during FFY2020.

- Ombudsmen struggled with communication throughout the pandemic: the lack of access to some residents, both physically and through technology. Facilities, particularly rural facilities, often lack the technology or broadband width to support alternative means of visitation. Residents often must rely on facility staff to help them make phone calls or assist them with that technology. Likewise, it has been difficult in some instances for the ombudsmen to reach facility staff or even ask them to return calls because the facility's voice mailbox is full.
- The Emergency Orders issued on 3/20/20 by the Centers for Medicare & Medicaid Services (CMS) and IDH granting temporary blanket waivers for both comprehensive care and residential care facilities and the resulting restrictions due to the pandemic, along with the absence of survey teams in the buildings for lower level complaints and annual surveys, have resulted in fewer eyes and ears in buildings.
- So much of State Office staff resources were devoted to COVID that important projects got pushed to the back burner. The State Ombudsman worked on updating the Program's Administrative Rule but was not able to promulgate. A Memoranda of Understanding (MOU) with IDH was not completed. Other goals the State Office had, such as implementing an Advisory Board, updating policies and procedures, and revising the training manual were not completed.
- As mentioned earlier, this was the first full year of using the Program's new software program. Not every local ombudsman has used the program consistently, but we will continue to offer 1:1 guidance and plan to perform more consistent documentation monitoring.

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*"I have lived at [this] facility for almost 4 years and I just want to say that our Ombudsman has shown terrific support, honesty, and transparency towards us residents, and she should be truly commended for her work."*

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- Resident, Area 8

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## The Year Ahead for the Ombudsman Program

To continue strengthening Indiana's Ombudsman program, we plan to use FFY21 as a time to lay the groundwork for developing the program further. Goals and next steps include:

- Ombudsman Program CARES Act funding expenditures (through 9/30/21) include:
  - Volunteer program development. Two local ombudsmen in Area 8 are working with the University of Indianapolis, Department of Sociology, for a Sociology graduate student to work with the ombudsmen during the spring semester ('21) to develop a volunteer manual.
  - The State Office has reached out to Tobi Johnson, a well-known volunteer engagement author and trainer, to work with our team to build reliable systems to effectively attract and leverage volunteers to enhance and expand our breadth of services and impact throughout the state, both virtually and in person.

- The State Office has also reached out to an ombudsman consultant for the National Ombudsman Resource Center, for assistance with updating Indiana’s Ombudsman Program training manual. The existing manual has not been updated since the program began.
- Indiana Legal Services (ILS) currently is the host agency for eight of Indiana’s LTC Ombudsmen. The State Ombudsman and ILS leadership are discussing a plan for one of its experienced ombudsmen to act as Team Lead, which will help reduce some reliance on the State Office for technical assistance to ombudsmen.
- The State Ombudsman will work to complete guidelines for forming an Ombudsman Program Advisory Council. This group will have no formal governance authority, but they can take an active role in assisting the Program with guidance, informal advocacy, and providing education in their own communities. The State Ombudsman has much work to do to institute new federally-mandated ombudsman training standards, revise the Program’s policies and procedures, and other projects.
- Indiana’s Program has been approved by FSSA’s Communications Team for its own Facebook page, which will provide a platform for educating the community concerned with long-term care issues. It will allow us to inform Hoosiers of Ombudsman services in nursing homes and residential care facilities and assist us in creating a connection with the audience we are here to serve, at the time that’s right for them. We also plan to use the platform to promote program activities, engage the public in advocacy, and for volunteer recruitment.
- We will continue to work with our new partners, AARP and the Alzheimer’s Association, on more opportunities to provide information on long-term care to consumers.

## The Future of Indiana’s Long-Term Care

COVID has left an indelible imprint on one of the most vulnerable segments of our population: frail older adults living in nursing homes. Long-term care residents represent less than 1% of the country’s overall population, but they have accounted for about 40% of U.S. COVID-related reported deaths. The nearly 2,000 (1,995 as of 9/30/20) Hoosier long-term care residents who died due to COVID during FFY20 represented nearly 60% of Indiana’s COVID deaths.

The nation’s nursing homes – including Indiana’s – were already struggling with staffing shortages, low pay, and lonely and depressed residents before COVID. The pandemic magnified those challenges, which are tied to how the U.S. – and Indiana – pays for, regulates, and delivers nursing home services.

There will always be a need for nursing homes, but the impact of the pandemic may prompt a push to direct older adults away from institutionalization and toward home and community-based settings. Nationally, aging experts are urging significant improvements to nursing home conditions, such as the creation of smaller, more self-contained settings within facilities, and providing improved pay and benefits for a broadly underpaid workforce.

It seems the public now has a better understanding than before, of these problems. As Indiana’s State Ombudsman, it is my hope we can translate that understanding into a public willingness to take action and that we work together to thoughtfully consider available options that will improve the quality of care for one of Indiana’s very vulnerable populations.

## Appendix A

### Overview/Program Structure

The primary purpose of the Long-Term Care Ombudsman Program (Ombudsman program) 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 Long-Term Care Ombudsmen advocate for residents of licensed long-term care facilities such as nursing homes, licensed assisted living facilities, and other licensed residential care facilities. Ombudsmen provide information about how to find a facility and what to do to improve the quality of care. They are trained to assist residents with complaints and resolve problems. 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:

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*“...I just wanted to reach out to say "thanks" [to the Ombudsman]. I moved my mother to a different facility yesterday, and the joy is now back in her voice and eyes.”*

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- *Family member*

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- Educating residents, their family and facility staff about residents’ rights, good care practices, and similar long-term services and supports resources;
- 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 LTC Ombudsman Program 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 occurs only after a training period consisting of both independent and field study, as well as completing structured facility tours and shadowing experienced Ombudsmen.

In Indiana, the Program’s organizational structure is decentralized, meaning the State Ombudsman and State Office staff are state employees. The State Office is physically located in state government within FSSA’s Office of General Counsel.

As of September 30, 2020, Indiana’s Ombudsman program 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). Two of the state employees, the State Ombudsman and Deputy Director, are also certified Ombudsmen.

All vacant ombudsmen positions were filled as of June 2020. The program hired four new ombudsmen within the first few months of 2020. One .25 FTE quit 8/5/20 but then decided later in August to stay, but then left again for good 9/18/20.

Five of Indiana’s AAAs (Areas 1, 2, 12, 13, and 14) acted as the host agency for Ombudsmen to provide services directly in their own areas. Areas 1 and 2 each now have two Ombudsmen.

Seven AAAs (Areas 4, 6, 8, 9, 10, 11, and 16) subcontracted with Indiana Legal Services, Inc. (ILS), a non-profit law firm that provides free civil legal assistance to eligible low-income Hoosiers. ILS employed seven Ombudsmen in its local offices located throughout the state. Two AAAs (Areas 7 and 15) subcontracted

with local Centers for Independent Living (CILs) to host their local Ombudsmen. Finally, Areas 3 and 16 had three local Ombudsmen working out of two standalone nonprofit organizations.

Indiana is fortunate in that many of its local Ombudsmen have been with the program several years. Most have a social services or paralegal background. Many have master's degrees; one is an attorney. 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.

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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