

ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10559 SENATE HEALTH EDUCATION & SOCIAL SERVICES

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TONY KNOWLES, GOVERNOR
State of Alaska

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

P.O. Box 240249 • Anchorage, Alaska 99524-0249 • Phone: 907-269-8990 • Fax: 907-259-8995

MAR 18

SB342

Possible amendment

March 9, 2002

The Honorable Lyda Green
State Capitol, Room 125
Juneau, AK 99801-1182

Dear Senator Green:

On behalf of the Governor's Council on Disabilities and Special Education, I would like to thank you for the time you were able to give to myself and Jay C. Bush on March 4 and for presiding over the Key Campaign presentation to the Joint Legislative Committees on March 7.

The Council would also like to offer its support for SB 342, which amends the Long - Term Care Ombudsman Act. The Council encourages you to broaden the Act to include all Alaskans residing in long term care facilities by striking the language that specifies "older Alaskans" and replacing it with "Alaskans". Long-term care facilities and assisted living homes support Alaskans of all ages and, so often, the problem of one person in a long-term care facility affects many other residents regardless of their age. The ombudsman should be able to respond to the complaints of any Alaskan of any age and the resolution of those complaints must apply to all residents of a facility.

If there is anything the Council can do to help with the passage of SB342 please don't hesitate to let me know.

Sincerely,

Millie Ryan
Executive Director

Alaska State Hospital & Nursing Home Association

We're helping people care for people!

March 5, 2002

Senator Lyda Green
Chair
Senate Health Education and Social Services Committee
State Capitol
Juneau, AK 99811

Dear Senator Green:

I am writing in opposition to SB 342, "An Act relating to the long term care ombudsman." It was stated in the first hearing of the committee that this proposed legislation was to bring Alaska Statutes in line with federal code. I have searched Sec. 3058g, the State Long-Term Care Ombudsman program, and cannot find several of the additions.

In regard to Section 1: Under Federal law 3058.g it allows the Ombudsman to "identify, investigate, and resolve complaints that are made by, or on behalf of residents...". The current Alaska Law is consistent with this federal law. The proposed amendments appear to create a higher standard than the Federal Law. It is not in law that the ombudsman shall visit the residents, the residents' representatives, and others in order to identify complaints. This would direct the ombudsman to come into any facility and "search" for possible problems. We have no problem with access once the complaint has been made. There has not been a demonstrated need for this higher standard and the additional resources it will cause.

Section 2: No objections.

Section 3: (d) No objections.

(e) No objections.

(f) This goes beyond the federal law, is not needed by residents in Alaska nursing homes and should not be a requirement.

(g) I cannot find (1) and (2) in the federal code where it allows volunteers to have these duties.

Section 4: The federal code 483.10 (j) (1) and (2) allows immediate access to the Long Term Care Ombudsman who is investigating a complaint but not for volunteers. It is not appropriate for volunteers to have immediate access.

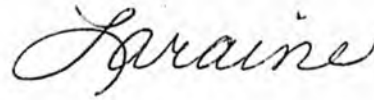
426 Main Street, Juneau, Alaska 99801

Phone: 907-586-1790 • Fax: 907-463-3573 • Web: ashnha.com

I am attaching a list of specific concerns from one of ASHNHA's members that addresses some of the issues with this legislation.

If you have questions, please contact me.

Sincerely yours,

A handwritten signature in cursive script that reads "Laraine".

Laraine L. Derr
President/CEO

Attachment

LII

legal information institute

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I highlighted the required Federal language that ASHNAH doesn't like.

[TITLE 42](#) > [CHAPTER 35](#) > [SUBCHAPTER XI](#) > [Part A](#) > [subpart ii](#) > [Sec. 3058g.](#)

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Sec. 3058g. - State Long-Term Care Ombudsman program

Search this title:

(a) Establishment

(1) In general

In order to be eligible to receive an allotment under section 3058b of this title from funds appropriated under section 3058a(a) of this title, a State agency shall, in accordance with this section -

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(A)

establish and operate an Office of the State Long-Term Care Ombudsman; and

(B)

carry out through the Office a State Long-Term Care Ombudsman program.

(2) Ombudsman

The Office shall be headed by an individual, to be known as the State Long-Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy.

(3) Functions

The Ombudsman shall serve on a full-time basis, and shall, personally or through representatives of the Office -

(A)

identify, investigate, and resolve complaints that -

(i)

are made by, or on behalf of, residents; and

(ii)

relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of -

(I)

providers, or representatives of providers, of long-term care services;

(II)

public agencies; or

(III)

health and social service agencies;

(B)

provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;

(C)

inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);

(D)

ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

(E)

represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

(F)

provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;

(G)

(i)

analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State;

(ii)

recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and

(iii)

facilitate public comment on the laws, regulations, policies, and actions;

(H)

(i)

provide for training representatives of the Office;

(ii)

promote the development of citizen organizations, to participate in the program; and

(iii)

provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and

(I)

carry out such other activities as the Assistant Secretary determines to be appropriate.

(4) Contracts and arrangements

(A) In general

Except as provided in subparagraph (B), the State agency may establish and operate the Office, and carry out the program, directly, or by contract or other arrangement with any public agency or nonprofit private organization.

(B) Licensing and certification organizations; associations

The State agency may not enter into the contract or other arrangement described in subparagraph (A) with -

(i)

an agency or organization that is responsible for licensing or certifying long-term care services in the State; or

(ii)

an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals.

(5) Designation of local Ombudsman entities and representatives

(A) Designation

In carrying out the duties of the Office, the Ombudsman may designate an entity as a local Ombudsman entity, and may designate an employee

or volunteer to represent the entity.

(B) Duties

An individual so designated shall, in accordance with the policies and procedures established by the Office and the State agency -

(i)

provide services to protect the health, safety, welfare ⁽¹⁾ So in original. Probably should be followed by a comma.

(ii)

ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance;

(iii)

identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents;

(iv)

represent the interests of residents before government agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

(v)

(I)

review, and if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of residents; and

(II)

facilitate the ability of the public to comment on the laws, regulations, policies, and actions;

(vi)

support the development of resident and family councils; and

(vii)

carry out other activities that the Ombudsman determines to be appropriate.

(C) Eligibility for designation

Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall -

(i)

have demonstrated capability to carry out the responsibilities of the Office;

(ii)

be free of conflicts of interest;

(iii)

in the case of the entities, be public or nonprofit private entities;
and

(iv)

meet such additional requirements as the Ombudsman may specify.

(D) Policies and procedures

(i) In general

The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.

(ii) Policies

In a case in which the entities are grantees, or the representatives are employees, of area agencies on aging, the State agency shall develop the policies in consultation with the area agencies on aging. The policies shall provide for participation and comment by the agencies and for resolution of concerns with respect to case activity.

(iii) Confidentiality and disclosure

The State agency shall develop the policies and procedures in accordance with all provisions of this part regarding confidentiality and conflict of interest.

(b) Procedures for access

(1) In general

The State shall ensure that representatives of the Office shall have -

(A)

access to long-term care facilities and residents;

(B)

(i)

appropriate access to review the medical and social records of a resident, if -

(I)

the representative has the permission of the resident, or the legal representative of the resident; or

(II)

the resident is unable to consent to the review and has no legal representative; or

(ii)

access to the records as is necessary to investigate a complaint if -

(I)

a legal guardian of the resident refuses to give the permission;

(II)

a representative of the Office has reasonable cause to believe that the guardian is not acting in the best interests of the resident; and

(III)

the representative obtains the approval of the Ombudsman;

(C)

access to the administrative records, policies, and documents, to which the residents have, or the general public has access, of long-term care facilities; and

(D)

access to and, on request, copies of all licensing and certification records maintained by the State with respect to long-term care facilities.

(2) Procedures

The State agency shall establish procedures to ensure the access described in paragraph (1).

(c) Reporting system

The State agency shall establish a statewide uniform reporting system to -

(1)

collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems; and

(2)

submit the data, on a regular basis, to -

(A)

the agency of the State responsible for licensing or certifying long-term care facilities in the State;

(B)

other State and Federal entities that the Ombudsman determines to be appropriate;

(C)

the Assistant Secretary; and

(D)

the National Ombudsman Resource Center established in section 3012(a)(21) of this title.

(d) Disclosure

(1) In general

The State agency shall establish procedures for the disclosure by the Ombudsman or local Ombudsman entities of files maintained by the program, including records described in subsection (b)(1) or (c) of this section.

(2) Identity of complainant or resident

The procedures described in paragraph (1) shall -

(A)

provide that, subject to subparagraph (B), the files and records described in paragraph (1) may be disclosed only at the discretion of the Ombudsman (or the person designated by the Ombudsman to disclose the files and records); and

(B)

prohibit the disclosure of the identity of any complainant or resident with respect to whom the Office maintains such files or records unless -

(i)

the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing;

(ii)

(I)

the complainant or resident gives consent orally; and

(II)

the consent is documented contemporaneously in a writing made by a representative of the Office in accordance with such requirements as the State agency shall establish; or

(iii)

the disclosure is required by court order.

(e) Consultation

In planning and operating the program, the State agency shall consider the views of area agencies on aging, older individuals, and providers of long-term care.

(f) Conflict of interest

The State agency shall -

(1)

ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5) of this section, is subject to a conflict of interest;

(2)

ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;

(3)

ensure that the Ombudsman -

(A)

does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;

(B)

does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;

(C)

is not employed by, or participating in the management of, a long-term care facility; and

(D)

does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and

(4)

establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as -

(A)

the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and

(B)

the actions that the State agency will require the individuals and such family members to take to remove such conflicts.

(g) Legal counsel

The State agency shall ensure that -

(1)

(A)

adequate legal counsel is available, and is able, without conflict of interest, to -

(i)

provide advice and consultation needed to protect the health, safety, welfare, and rights of residents; and

(ii)

assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives; and

(B)

legal representation is provided to any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties of the Ombudsman or such a representative; and

(2)

the Office pursues administrative, legal, and other appropriate remedies on behalf of residents.

(h) Administration

The State agency shall require the Office to -

(1)

prepare an annual report -

(A)

describing the activities carried out by the Office in the year for which the report is prepared;

(B)

containing and analyzing the data collected under subsection (c) of this section;

(C)

evaluating the problems experienced by, and the complaints made by or on behalf of, residents;

(D)

containing recommendations for -

(i)

improving quality of the care and life of the residents; and

(ii)

protecting the health, safety, welfare, and rights of the residents;

(E)

(i)

analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and

(ii)

identifying barriers that prevent the optimal operation of the program; and

(F)

providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;

(2)

analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;

(3)

(A)

provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding -

(i)

the problems and concerns of older individuals residing in long-term care facilities; and

(ii)

recommendations related to the problems and concerns; and

(B)

make available to the public, and submit to the Assistant Secretary, the chief executive officer of the State, the State legislature, the State agency responsible for licensing or certifying long-term care facilities,

and other appropriate governmental entities, each report prepared under paragraph (1);

(4)

(A)

not later than 1 year after September 30, 1992, establish procedures for the training of the representatives of the Office, including unpaid volunteers, based on model standards established by the Director of the Office of Long-Term Care Ombudsman Programs, in consultation with representatives of citizen groups, long-term care providers, and the Office, that -

(i)

specify a minimum number of hours of initial training;

(ii)

specify the content of the training, including training relating to -

(I)

Federal, State, and local laws, regulations, and policies, with respect to long-term care facilities in the State;

(II)

investigative techniques; and

(III)

such other matters as the State determines to be appropriate; and

(iii)

specify an annual number of hours of in-service training for all designated representatives; and

(B)

require implementation of the procedures not later than 21 months after September 30, 1992;

(5)

prohibit any representative of the Office (other than the Ombudsman) from carrying out any activity described in subparagraphs (A) through (G) of subsection (a)(3) of this section unless the representative -

(A)

has received the training required under paragraph (4); and

(B)

has been approved by the Ombudsman as qualified to carry out the activity on behalf of the Office;

(6)

coordinate ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses established under -

(A)

part A of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 et seq.); and

(B)

the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.);

(7)

coordinate, to the greatest extent possible, ombudsman services with legal assistance provided under section 3025(a)(2)(C) of this title, through adoption of memoranda of understanding and other means; and

(8)

permit any local Ombudsman entity to carry out the responsibilities described in paragraph (1), (2), (3), (6), or (7).

(i) Liability

The State shall ensure that no representative of the Office will be liable under State law for the good faith performance of official duties.

(j) Noninterference

The State shall -

(1)

ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful;

(2)

prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office; and

(3)

provide for appropriate sanctions with respect to the interference, retaliation, and reprisals

[1] and rights of residents;

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Sec. 3058f. - Definitions

As used in this subpart:

(1) Office

The term "Office" means the office established in section [3058g\(a\)\(1\)\(A\)](#) of this title.

(2) Ombudsman

The term "Ombudsman" means the individual described in section [3058g\(a\)\(2\)](#) of this title.

(3) Local Ombudsman entity

The term "local Ombudsman entity" means an entity designated under section [3058g\(a\)\(5\)\(A\)](#) of this title to carry out the duties described in section [3058g\(a\)\(5\)\(B\)](#) of this title with respect to a planning and service area or other substate area.

(4) Program

The term "program" means the State Long-Term Care Ombudsman program established in section [3058g\(a\)\(1\)\(B\)](#) of this title.

(5) Representative

The term "representative" includes an employee or volunteer who represents an entity designated under section [3058g\(a\)\(5\)\(A\)](#) of this title and who is individually designated by the Ombudsman.

(6) Resident

The term "resident" means an older individual who resides in a long-term care facility

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Subject: SB 342

Date: Wed, 6 Mar 2002 07:33:38 -0900

From: "Best Interests" <bestinterests@gci.net>

To: <Janey_Wineinger@legis.state.ak.us>

*File
- L.T. CO
bill file*

Janey: Please thank Sen. Green for this bill. It makes it clear that an ombudsman (or any designee) can visit long-term care facilities, at any time. Obviously, seniors in nursing homes and assisted living homes cannot just walk over to the ombudsman's office if they have a concern (and many cannot use a phone). Visits are the only way to stay in contact with the senior. Interpretation through a family member or a home's staff is not how the senior REALLY is nor what s/he wants. This bill does not change anything, it just clearly states the federal law and regulation and nationwide practice (including here in Alaska). Fran Purdy 257-8854 or at home 333-0871.

The TRUST

The Alaska Mental Health Trust Authority

March 5, 2002

Senator Lyda Green
Chair
Senate Health, Education and Social Services Committee
State Capital
Juneau, Alaska 99811

Dear Senator Green,

I have reviewed the comments submitted by the Alaska State Hospital and Nursing Home Association (ASHNHA) dated March 5, 2002 concerning SB 342. Unfortunately these comments contain a number of serious factual errors.

The ASHNHA comments state that current Alaska law is consistent with 42 USC 42.3058G which requires that the "Ombudsman shall...personally or through representatives of the office- (A) identify, investigate, and resolve complaints that are made by, or on behalf of residents;". AS 47.62.015(a) currently provides that "(T)he ombudsman shall investigate and resolve a complaint made by or on behalf of and older Alaskan who resides in a long term care facility in the state...". Clearly, contrary to ASHNHA's assertion, current Alaska law does not specify that the Ombudsman or a representative shall "identify" complaints as required by federal law. This is the very issue placed in dispute by some assisted living care providers, and reflected in ASHNHA's comments, where they contend that the Ombudsman or representative should only have access to a home or resident if a complaint has already been received by the office. Such a restriction would certainly not serve to protect this extremely vulnerable population many of whom are physically and/or mentally unable to lodge such a complaint even assuming they are cognitively aware of problems involving their care.

The ASHNHA comments also state that "It is not in the (federal) law that the ombudsman shall visit the residents, the resident's representatives, and others to identify complaints". In fact, 42 USC 3058g (D) states that the Ombudsman or a representative shall "ensure that the residents have regular and timely access to the services provided through the Office ..." (emphasis added) As discussed above, one of the core services of the Ombudsman is the identification of complaints. There is no way that the Office can meet this mandate without having access to the facilities where the residents live. Further, the ASHNHA comments allege that such access "would direct the ombudsman to come into any facility and "search" for possible problems. The term "search" is not contained in SB 342 and is not contemplated in federal law or by SB 342.

ASHNHA also objects to Section 3 (f) of the bill providing for "technical support for the development of resident councils and family councils whose members are interested in protecting the well-being and rights of or the residents of long term care facilities in the state" as it "goes beyond the federal law, is not needed by residents in Alaska nursing homes and should not be a requirement". Again, contrary to this assertion, 42 USC 3058 (H) (iii) states that the Ombudsman or a representative shall "provide technical support for the development of resident and family councils to protect the well-being and rights of the residents". ASHNHA's presumptuous belief that such council's are "not needed by residents" is a strong argument in favor of their creation and support.

ASHNHA's remaining concerns regarding Section 3 (g) and Section 4 of SB 342 involve the use of volunteers to fulfill the duties of the office. The federal law repeatedly and consistently refers to the duties of the office being carried out by the "Ombudsman or through representatives" (see above) In 42 USC 3058 (f) the term "representative" is defined as "an employee or volunteer ...who is individually designated by the Ombudsman".

Despite the invalidity of these arguments in opposition to SB 342, we are cognizant of and sensitive to the concerns that exist relating to the prior operation of the office and its volunteers. We will work closely with ASHNHA and its members as well as other providers, residents and family members to ensure that the volunteer program is properly run and contributes to the improvement of care for Alaska's elders instead of being an adversarial and time consuming burden to care providers already beset by many obstacles that stand in their way of providing the very highest level of care possible. In addition, we will be held accountable for the actions of the office and will provide procedures whereby aggrieved providers can complain to the Ombudsman, myself, the Trustees of the Trust Authority and ultimately to the legislature to see that the office and its representatives act appropriately and in the best interests of the residents of Alaska's long term care facilities.

Sincerely,



Jeffrey L. Jessee
Executive Director

BRU/Component: Alaska Mental Health Trust Authority

(There is only one component in this BRU. To reduce duplicate information, we did not print a separate BRU section.)

Contact: Jeff Jessee, Executive Director

Tel: (907) 269-7960 Fax: (907) 269-7966 E-mail: Jeff_Jessee@mhta.revenue.state.ak.us

Component Mission

The mission of the Alaska Mental Health Trust Authority is to ensure access to comprehensive and integrated mental health programs.

Component Services Provided

Administer the Mental Health Trust in carrying out its trust obligations.

- Enhance and protect the land assets of the trust;
- Enhance and protect the cash assets of the trust;
- Provide leadership in advocacy, planning, implementing and funding of a comprehensive integrated mental health program; and
- Spend trust income to improve the lives and circumstances of trust beneficiaries.

Component Goals and Strategies

- Maximize revenues from trust land assets;
- Maximize revenues from trust cash asset;
- Ensure leadership in advocacy, planning, implementing, funding and evaluating of the comprehensive integrated mental health program;
- Use trust income to maintain efficient and fully accountable operations for programs and projects that improve the lives and circumstances of the trust beneficiaries;
- Develop a partnering initiative to leverage funds from private corporations and foundations for mental health programs.

Key Component Issues for FY2002 – 2003

- In light of the stock market changes and volatility, maintain a principal reserve account balance sufficient to protect the disbursement rate over time so as to allow the comprehensive integrated mental health program budget to remain funded at a constant level.
- Replacing and reducing the size of the state psychiatric hospital, while simultaneously increasing the southcentral Alaska community-based services to compensate for this downsizing.
- To coordinate and collaborate with the various state agencies, providers and advocacy groups to meet the program needs of the trust beneficiaries.
- To support the innovative programs and projects in the areas of housing, transportation, employment, and service needs for trust beneficiaries, while maintaining the current funding level for mental health programs and projects to avoid a serious gap in services.
- To provide support to the various task forces on insurance parity, assisted living rate, suicide prevention council, employment, community-based services, homeless, and transportation issues so as to allow the current state administered programs to continue until a solution or mandate can be met.
- The lack of knowledge about the Alaska Mental Health Trust has focused our attention on educating the beneficiaries, their families, policymakers and the public about the trust's responsibilities and activities.
- Develop a partnering initiative to leverage funds from private corporations and foundations for mental health programs.

Major Component Accomplishments in 2001

- We have used trust land and income for a plan to downsize and build the new state psychiatric hospital while

improving the southcentral community-based services to absorb the downsized patient beds.

- We have used trust income to leverage other funds and to make a coordinated effort at establishing or improving beneficiary housing, transportation services, quality assurance, community telepsychiatry, and employment initiatives. Trust dollars also leveraged funds for direct service provider training, the women's and men's substance abuse treatment, jail alternative services, medicaid services, rural emergency services, fetal alcohol effects and syndrome, the children's care coordination services, and a mental health consumer affairs program.

Statutory and Regulatory Authority

AS 37.14
AS 47.30

Key Performance Measures for FY2003

Measure:

The amount of revenue from land and cash.
Sec 139 (b) (1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003
Land Revenue	1,048.0	1,412.3	2,884.0	3,397.6	3,438.9	7,651.0	4,900.0	5,900.0
Cash Revenue	24,216.8	37,656.1	41,869.5	24,606.2	27,645.1	(10,491.3)	10,226.0	23,815.0

- In FY2003, the trust projects \$15,595.6 available for funding the mental health programs: \$11,190.0 in trust investment income (APFC), \$2,200.0 in trust land income, \$600.0 interest on the Department of Revenue income accounts, \$558.2 unobligated MHTAAR from FY2002, and \$1,047.4 from lapsed MHTAAR from FY2001.

Measure:

The percentage of trust income disbursed for mental health programs.
Sec 139 (b) (2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

- In FY02, the trust cash investment at the Alaska Permanent Fund Corporation had an overall market loss of 3.3% which decreased the disbursement of trust income by 6.5% over the prior fiscal year for mental health programs.
- In FY02, the Trust disbursed \$16,627.1 of trust income: 60% for mental health operating, 18% mental health capital, 11% trust land operating and capital, 6% for trust authority administration and 5% for small grants and contracts.
- In FY01, the trust disbursed \$17,775.3 of trust income: 59% for mental health operating, 24% mental health capital, 10% trust land operating and capital, 5% for trust authority administration and 2% for small grants and contracts.
- In FY2001, the trust increased the disbursement of trust income by 53% over the prior fiscal year for mental health programs.

Measure:

The number of partners and the amount of money from mental health trust programs received from funding partners.
Sec 139 (b) (3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

- In FY02, the trust partnered with 14 different funders, federal agencies and private foundations committed \$14 million and the trust will use \$497,000 in trust income.
- In FY00, the trust partnered with 7 different funders, federal SAMHSA, Federal Transit Authority, AHFC, Fairbanks Borough and City, Petersburg, and Alaska Tribal Health Consortium.

	MHTAAR	Partnering funds
Operating Projects:	\$469.0 MHTAAR	\$1,141.2 PARTNERING
Capital Projects:	\$2,500.0 MHTAAR	\$7,550.0 PARTNERING
TOTAL:	\$2,969.0 MHTAAR	\$8,691.2 PARTNERING

\$2.93 match for each \$1.00 MHTAAR

Alaska Mental Health Trust Authority
Component Financial Summary

All dollars in thousands

	FY2001 Actuals	FY2002 Authorized	FY2003 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	438.4	536.4	874.3
72000 Travel	99.0	122.7	112.7
73000 Contractual	403.8	356.4	521.6
74000 Supplies	34.4	15.9	14.5
75000 Equipment	47.9	8.9	8.9
76000 Land/Buildings	0.0	0.0	0.0
77000 Grants, Claims	0.0	0.0	0.0
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	1,023.5	1,040.3	1,532.0
Funding Sources:			
1007 Inter-Agency Receipts	83.6	0.0	354.0
1094 Mental Health Trust Administration	939.9	1,040.3	1,178.0
Funding Totals	1,023.5	1,040.3	1,532.0

Estimated Revenue Collections

Description	Master Revenue Account	FY2001 Actuals	FY2002 Authorized	FY2002 Cash Estimate	FY2003 Governor	FY2004 Forecast
Unrestricted Revenues						
None.		0.0	0.0	0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0	0.0	0.0
Restricted Revenues						
Interagency Receipts	5i015	83.6	0.0	358.9	354.0	354.0
Restricted Total		83.6	0.0	358.9	354.0	354.0
Total Estimated Revenues		83.6	0.0	358.9	354.0	354.0

Alaska Mental Health Trust Authority
Proposed Changes in Levels of Service for FY2003

No anticipated service changes

Summary of Component Budget Changes
From FY2002 Authorized to FY2003 Governor

All dollars in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2002 Authorized	0.0	0.0	1,040.3	1,040.3
Adjustments which will continue current level of service:				
-Year 3 Labor Costs - Net Change from FY2002	0.0	0.0	19.0	19.0
Proposed budget increases:				
-FY2003 State Facilities Rent increase	0.0	0.0	1.4	1.4
-Inter-agency funding for Long Term Care Ombudsman operational costs	0.0	0.0	354.0	354.0
-Graduate Intern position, full funding of Deputy Director position	0.0	0.0	117.3	117.3
FY2003 Governor	0.0	0.0	1,532.0	1,532.0

Alaska Mental Health Trust Authority

Personal Services Information

Authorized Positions			Personal Services Costs	
	<u>FY2002</u> <u>Authorized</u>	<u>FY2003</u> <u>Governor</u>		
Full-time	8	11	Annual Salaries	626,962
Part-time	0	0	COLA	20,572
Nonpermanent	2	3	Premium Pay	0
			Annual Benefits	206,216
			<i>Less 0.01% Vacancy Factor</i>	(96)
			Lump Sum Premium Pay	0
Totals	10	14	Total Personal Services	853,654

Position Classification Summary

Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
Accounting Supervisor	1	0	0	0	1
Administrative Clerk II	1	0	0	0	1
Deputy Director	1	0	0	0	1
Executive Director	1	0	0	0	1
Graduate Intern I	2	0	0	0	2
Long-Term Care Ombudsman	1	0	0	0	1
Paralegal Asst II	1	0	0	0	1
Program Service Aide	1	0	0	0	1
Trust Clerk I	1	0	0	0	1
Trust Clerk II	1	0	0	0	1
Trust Finance Officer	1	0	0	0	1
Trust Program Manager	2	0	0	0	2
Totals	14	0	0	0	14

Component Detail
Department of Revenue

Component: Alaska Mental Health Trust Authority (1423)
 BRU: Alaska Mental Health Trust Authority (47)

	FY2001 Actuals	FY2002 Conference Committee	FY2002 Authorized	FY2002 Management Plan	FY2003 Governor	FY2002 Management Plan vs FY2003 Governor	
71000 Personal Services	438.4	536.4	536.4	557.8	664.1	106.3	19.1%
72000 Travel	99.0	122.7	122.7	112.7	112.7	0.0	0.0%
73000 Contractual	403.8	356.4	356.4	346.4	731.8	385.4	111.3%
74000 Supplies	34.4	15.9	15.9	14.5	14.5	0.0	0.0%
75000 Equipment	47.9	8.9	8.9	8.9	8.9	0.0	0.0%
76000 Land/Buildings	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
77000 Grants, Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Totals	1,023.5	1,040.3	1,040.3	1,040.3	1,532.0	491.7	47.3%
Funding Sources:							
1007 I/A Rcpts	83.6	0.0	0.0	0.0	354.0	354.0	100.0%
1094 MHT Admin	939.9	1,040.3	1,040.3	1,040.3	1,178.0	137.7	13.2%
Positions:							
Permanent Full Time	8	8	8	8	11	3	37.5%
Permanent Part Time	0	0	0	0	0	0	0.0%
Non Permanent	2	2	2	2	3	1	50.0%

Change Record Detail - Multiple Scenarios With Description

Department of Revenue

Component: Alaska Mental Health Trust Authority (1423)

BRU: Alaska Mental Health Trust Authority (47)

Change Record Title	Trans Type	Totals	Personal Services	Travel	Contractual	Supplies	Equipment	Land/ Buildings	Grants Claims	Misc.	Positions		
											PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2002 Authorized *****													
Conference Committee	ConfCom	1,040.3	536.4	122.7	356.4	15.9	8.9	0.0	0.0	0.0	8	0	2
1094 MHT Admi	1,040.3	Imported from Legislative Finance.											
Subtotal		1,040.3	536.4	122.7	356.4	15.9	8.9	0.0	0.0	0.0	8	0	2
***** Changes From FY2002 Authorized To FY2002 Management Plan *****													
Adjustment needed to reflect FY2002 spending plan (ADN #04-2-0017)	LIT	-0.0	21.4	-10.0	-10.0	-1.4	0.0	0.0	0.0	0.0	0	0	0
Adjust line items to implement management spending plan. The adjustment will cover the cost of expected personal services costs in FY2002.													
Subtotal		1,040.3	557.8	112.7	346.4	14.5	8.9	0.0	0.0	0.0	8	0	2
***** Changes From FY2002 Management Plan To FY2003 Governor *****													
Year 3 Labor Costs - Net Change from FY2002	SalAdj	19.0	19.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1094 MHT Admi	19.0												
FY2003 State Facilities Rent increase	Inc	1.4	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0	0	0	0
1094 MHT Admi	1.4	This increment is needed for the increased facilities rent payment to the Department of Administration. The state facilities rent program is designed to improve the condition of state buildings and help address some deferred maintenance problems.											

Change Record Detail - Multiple Scenarios With Description

Department of Revenue

Component: Alaska Mental Health Trust Authority (1423)

BRU: Alaska Mental Health Trust Authority (47)

Change Record Title	Trans Type	Totals	Personal Services	Travel	Contractual	Supplies	Equipment	Land/ Buildings	Grants Claims	Misc.	Positions		
											PFT	PPT	NP
***** Changes From FY2002 Management Plan To FY2003 Governor *****													
Inter-agency funding for Long Term Care Ombudsman operational costs	Inc	354.0	0.0	0.0	354.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		354.0											
The Long Term Care Ombudsman Office was transferred by Executive Order #102 effective March 10, 2001. This Executive Order transferred the Long Term Care Ombudsman Office (LTCO) from the Division of Senior Services, Alaska Commission on Aging Program, Department of Administration to the Department of Revenue, Alaska Mental Health Trust Authority. The Reimbursable Services Agreement provides the necessary funding for the associated costs for the four staff members of the LTCO from the Federal Pass Through Title III and Title VII grants.													
Graduate Intern position, full funding of Deputy Director position	Inc	117.3	87.3	0.0	30.0	0.0	0.0	0.0	0.0	0.0	0	0	1
1094 MHT Admi		117.3											
This increment would fully fund the Deputy Director position, a new Graduate Intern long term non-permanent position, and cover the staffing costs in FY2003 for the Alaska Mental Health Trust Authority.													
The Deputy Director position will supervise the newly acquired Office of the Long Term Care Ombudsman section, as well as assist the Executive Director with managerial duties.													
This increment would also increase the Contractual Line Item for the Trust to begin the regulation process that has been delayed due to budget constraints and manpower.													
Long-Term Care Ombudsman positions transferred from Department of Administration	AtrIn	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3	0	0
Three full-time positions for the Long-Term Care Ombudsman are transferred from the Department of Administration/Protection, Community Services, and Administration.													
Executive Order #102, effective in March 2001, transferred the Long-Term Care Ombudsman's Office from the Division of Senior Services, Department of Administration, to the Mental Health Trust Authority in the Department of Revenue.													
Funding for the positions remains with the Division of Senior Services and will be paid to the Department of Revenue through a reimbursable services agreement.													
Totals		1,532.0	664.1	112.7	731.8	14.5	8.9	0.0	0.0	0.0	11	0	3

Personal Services Expenditure Detail

Department of Revenue

Scenario: FY2003 Governor (2180)

Component: Alaska Mental Health Trust Authority (1423)

BRU Name: Alaska Mental Health Trust Authority (47)

PCN	Job Class Title	Time Status	Retire Code	Barg Unit	Location	Salary Sched	Range/Steps	Comp Months	Split/Count	Annual Salaries	COLA	Premium Pay	Annual Benefits	Total Costs	GF Amount
02-1504	Long-Term Care Ombudsman	FT	A	SS	Anchorage	2A	21 D / E	12.0		61,386	1,986	0	18,545	81,917	
02-1528	Dep Long Term Care Ombudsman	FT	A	XE	Anchorage	AA	20 D	12.0		54,624	1,928	0	17,230	73,782	
02-1544	Office Manager	FT	A	XE	Anchorage	AA	16 B	12.0		38,736	1,367	0	14,423	54,526	
04-#031	Graduate Intern I	NP	A	EE	Anchorage	AA	12 A	6.5		8,206	272	0	4,964	13,442	
04-9400	Executive Director	FT	A	XE	Anchorage	AA	27 L / M	12.0		102,600	3,433	0	24,620	130,653	
04-9401	Trust Program Manager	FT	A	XE	Anchorage	AA	21 E / F	12.0		62,364	2,202	0	18,598	83,164	
04-9402	Trust Program Manager	FT	A	XE	Anchorage	AA	21 E / F	12.0		62,364	2,202	0	18,598	83,164	
04-9403	Trust Finance Officer	FT	A	XE	Anchorage	AA	21 E / F	12.0		62,364	2,202	0	18,598	83,164	
04-9404	Accounting Supervisor	FT	A	XE	Anchorage	AA	19 B	12.0		47,676	1,683	0	16,002	65,361	
04-9405	Trust Clerk II	FT	A	XE	Anchorage	AA	13 D	12.0		33,600	1,186	0	13,515	48,301	
04-9406	Deputy Director	FT	A	XE	Anchorage	AA	24 B	12.0		66,792	2,358	0	19,380	88,530	
04-9407	Trust Clerk I	FT	A	XE	Anchorage	AA	8 B	12.0		23,196	819	0	11,677	35,692	
04-9408	Investigator III	FT	A	XE	Anchorage	AA	18 B	12.0		0	0	0	0	0	
04-9409	Graduate Intern I	NP	A	EE	Anchorage	AA	12 A	6.5		8,206	272	0	4,964	13,442	
04-Z001	Program Service Aide	NP	N	EE	Anchorage	AA	7 A	10.5		11,261	373	0	7,810	19,444	

	Total Positions	New	Deleted
Full Time Positions:	11	0	1
Part Time Positions:	0	0	0
Non Permanent Positions:	3	1	0
Positions in Component:	14	1	1
Total Component Months:	155.5		

Total Salary Costs:	643,375
Total COLA:	22,283
Total Premium Pay:	0
Total Benefits:	208,924
Total Pre-Vacancy:	874,582
Minus Vacancy Adjustment of 0.03%:	(282)
Total Post-Vacancy:	874,300
Plus Lump Sum Premium Pay:	0
Personal Services Line 100:	874,300

Note: If a position is split, an asterisk (*) will appear in the Split/Count column. If the split position is also counted in the component, two asterisks (**) will appear in this column. [No valid job title] appearing in the Job Class Title indicates that the PCN has an invalid class code or invalid range for the class code effective date of this scenario.

Personal Services Expenditure Detail

Department of Revenue

Scenario: FY2003 Governor (2180)

Component: Alaska Mental Health Trust Authority (1423)

BRU Name: Alaska Mental Health Trust Authority (47)

<u>PCN Funding Sources:</u>	<u>Pre-Vacancy</u>	<u>Post-Vacancy</u>	<u>Percent</u>
1007 Inter-Agency Receipts	210,225	210,157	24.04%
1094 Mental Health Trust Administration	664,357	664,143	75.96%
Total PCN Funding:	874,582	874,300	100.00%

Note: If a position is split, an asterisk (*) will appear in the Split/Count column. If the split position is also counted in the component, two asterisks (**) will appear in this column. [No valid job title] appearing in the Job Class Title indicates that the PCN has an invalid class code or invalid range for the class code effective date of this scenario.

Line Item Detail
Department of Revenue
Travel

Component: Alaska Mental Health Trust Authority (1423)
BRU: Alaska Mental Health Trust Authority (47)

Line Number	Line Name		FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
72000	Travel		122.7	112.7	112.7
Detail Information			FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
Expenditure Account	Servicing Agency	Explanation			
Detail Totals			122.7	112.7	112.7
72200	Travel Transportation	Staff travel to participate in board meetings, attend training sessions, public hearings, etc.	20.0	20.7	20.7
72300	Conventions & Meetings	Travel for trustees to attend board meetings, work sessions, public hearings, etc.	25.0	25.0	25.0
72500	Per Diem/Other Costs	Per diem for above travel	37.7	27.0	27.0
72800	Honorarium/Stipends	Honoraria for trustees	40.0	40.0	40.0

Line Item Detail
Department of Revenue
Contractual

Component: Alaska Mental Health Trust Authority (1423)
BRU: Alaska Mental Health Trust Authority (47)

Line Number	Line Name		FY2002 Authorized	FY2002 Management Plan	FY2003 Governor	
73000	Contractual		356.4	346.4	731.8	
Detail Information			FY2002 Authorized	FY2002 Management Plan	FY2003 Governor	
Expenditure Account	Servicing Agency	Explanation				
			Detail Totals	356.4	346.4	521.6
73100	Professional Services	Other Professional Services including legal services contracts, transcription services, investment advisory contracts, research contracts, mental health budget advisory contracts, public relations contracts, etc	173.4	173.4	157.0	
73289	RSAs	Rev	22.5	16.2	26.4	
		RSA with Department of Revenue, Administrative Services Division for administrative support				
73289	RSAs	Rev	4.5	4.5	4.5	
		RSA with Department of Revenue, Administrative Services Division for Computer Services on the Network				
73289	RSAs	Rev	5.8	5.8	5.9	
		RSA with Department of Revenue, Commissioner's Office for administrative support				
73289	RSAs	Admin	0.3	1.5	1.5	
		RSA with Department of Administration, Division of Centralized Administrative Services, for EEO Investigations (.09), AKPAY payroll processing (.3) and AKSAS Processing (.6); General Services, Central Mail Services (.4) and Risk Management (.09).				

Line Item Detail
Department of Revenue
Contractual

Component: Alaska Mental Health Trust Authority (1423)
BRU: Alaska Mental Health Trust Authority (47)

Line Number	Line Name			FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
73000	Contractual			356.4	346.4	731.8
Detail Information				FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
Expenditure Account		Servicing Agency	Explanation			
Detail Totals				356.4	346.4	521.6
73289	RSAs	Administration		0.0	0.0	143.8
			The Long Term Care Ombudsman Office was transferred by Executive Order #102 effective 3/10/01. The Reimbursable Services Agreement provides the necessary funding for the associated costs for the four staff members of the LTCO from the Federal Pass Through Title III and Title VII grants.			
73300	Communications	Admin	RSA with Department of Administration, Information Technology Group for basic phone service (6.1) and measured phone service (2.2)	10.1	10.1	8.3
73300	Communications		Communication costs to include local and long distance, postage	30.0	30.0	30.0
73400	Transportation		Freight and messenger service	8.0	8.0	8.0
73500	Adv Printing & Binding			40.0	40.0	50.0
			Advertising of board meetings, legal notices, etc; subscriptions; printing of forms annual report, and news letters			
73700	Minor Repairs & Maintenance		Repair and maintenance agreements for office machines	15.0	15.0	36.4
73800	Rentals/Leases		Lease/purchase of copier; recording equipment; meeting space for board meeting	9.9	5.0	14.0
73841	Rent/Lease-Fix Cost	Admin	State facilities rent for leased space at the Bank of America Center	21.5	21.5	27.8

Line Item Detail
Department of Revenue
Contractual

Component: Alaska Mental Health Trust Authority (1423)
BRU: Alaska Mental Health Trust Authority (47)

Line Number	Line Name		FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
73000	Contractual		356.4	346.4	731.8
Detail Information			FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
Expenditure Account	Servicing Agency	Explanation			
			Detail Totals	356.4	346.4
73900	Other Expend/Services	Conference registration for staff and trustees	15.4	15.4	8.0

Line Item Detail
Department of Revenue
Supplies

Component: Alaska Mental Health Trust Authority (1423)
BRU: Alaska Mental Health Trust Authority (47)

Line Number	Line Name	FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
74000	Supplies	15.9	14.5	14.5
Detail Information				
Expenditure Account	Servicing Agency	FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
Detail Totals				
74000	Total Supplies	15.9	14.5	14.5
				General office consumables for office and operating supplies

Line Item Detail
Department of Revenue
Equipment

Component: Alaska Mental Health Trust Authority (1423)
BRU: Alaska Mental Health Trust Authority (47)

Line Number	Line Name		FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
75000	Equipment		8.9	8.9	8.9
Detail Information			FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
Expenditure Account	Servicing Agency	Explanation			
			Detail Totals	8.9	8.9
75000	Capital Outlay	Computer equipment upgrades, new equipment purchases	8.9	8.9	8.9

Restricted Revenue Detail

Department of Revenue

Component: Alaska Mental Health Trust Authority (1423)

BRU: Alaska Mental Health Trust Authority (47)

Master Account	Revenue Description			FY2001 Actuals	FY2002 Authorized	FY2002 Cash Estimate	FY2003 Governor	FY2004 Forecast
51015	Interagency Receipts			83.6	0.0	358.9	354.0	354.0
Detail Information								
Revenue Account	Revenue Description	AKSAS Fund	Collocation Code	FY2001 Actuals	FY2002 Authorized	FY2002 Cash Estimate	FY2003 Governor	FY2004 Forecast
59020	Administration	11100	04807000	83.6	0.0	358.9	354.0	354.0

In accordance with the Governor's Executive Order # 102, this RSA from Department of Administration will provide the AMHTA the necessary funding for the associated costs for the administration of the Long Term Care Ombudsman office.

Inter-Agency Services

Department of Revenue

Component: Alaska Mental Health Trust Authority (1423)

BRU: Alaska Mental Health Trust Authority (47)

Expenditure Account		Service Description	Service Type	Servicing Agency	FY2002 Authorized	FY2002 Management Plan	FY2003 Governor
73289	RSAs	RSA with Department of Revenue, Administrative Services Division for administrative support	Intra-dept	Rev	22.5	16.2	26.4
73289	RSAs	RSA with Department of Revenue, Administrative Services Division for Computer Services on the Network	Intra-dept	Rev	4.5	4.5	4.5
73289	RSAs	RSA with Department of Revenue, Commissioner's Office for administrative support	Intra-dept	Rev	5.8	5.8	5.9
73289	RSAs	RSA with Department of Administration, Division of Centralized Administrative Services, for EEO Investigations (.09), AKPAY payroll processing (.3) and AKSAS Processing (.6); General Services, Central Mail Services (.4) and Risk Management (.09).	Inter-dept	Admin	0.3	1.5	1.5
73289	RSAs	The Long Term Care Ombudsman Office was transferred by Executive Order #102 effective 3/10/01. The Reimbursable Services Agreement provides the necessary funding for the associated costs for the four staff members of the LTCO from the Federal Pass Through Title III and Title VII grants.	Inter-dept	Administration	0.0	0.0	143.8
73289 RSAs subtotal:					33.1	28.0	182.1
73300	Communications	RSA with Department of Administration, Information Technology Group for basic phone service (6.1) and measured phone service (2.2)	Inter-dept	Admin	10.1	10.1	8.3
73300 Communications subtotal:					10.1	10.1	8.3

Inter-Agency Services

Department of Revenue

Component: Alaska Mental Health Trust Authority (1423)

BRU: Alaska Mental Health Trust Authority (47)

<u>Expenditure Account</u>	<u>Service Description</u>	<u>Service Type</u>	<u>Servicing Agency</u>	<u>FY2002 Authorized</u>	<u>FY2002 Management Plan</u>	<u>FY2003 Governor</u>	
73841	Rent/Lease-Fix Cost	State facilities rent for leased space at the Bank of America Center	Inter-dept	Admin	21.5	21.5	27.8
73841 Rent/Lease-Fix Cost subtotal:				21.5	21.5	27.8	
Alaska Mental Health Trust Authority total:				64.7	59.6	218.2	
Grand Total				64.7	59.6	218.2	

SENATE BILL NO. 342

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SECOND LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Introduced: 2/25/02

Referred: Health, Education and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to the long term care ombudsman."

2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

3 * Section 1. AS 47.62.015(a) is amended to read:

4 (a) The ombudsman shall identify investigate, and resolve complaints [A
5 COMPLAINT] made by or on behalf of older Alaskans who reside [AN OLDER
6 ALASKAN WHO RESIDES] in a long term care facility in the state if the complaints
7 relate [COMPLAINT RELATES] to a decision, action, or failure to act by a provider
8 or a representative of a provider of long term care services, or by a public agency or
9 social services agency, that may adversely affect the health, safety, welfare, or rights
10 of one or more older Alaskans. The ombudsman shall visit the residents of long
11 term care facilities in the state, the residents' representatives, and others in order
12 to identify complaints covered by this subsection and to exchange information
13 regarding the health, safety, welfare, and rights of the residents. Subject to the
14 confidentiality provisions of AS 47.62.030, the ombudsman shall provide
15 information to public agencies regarding the problems of older Alaskans who

ANNA

SB0342A

office is responsible to report problems of older Alaskans to DAC, Legislature,
New Text Underlined [DELETED TEXT BRACKETED]

does not mean omb. emp. or not. could supply info

SB 342

1 reside in long term care facilities in the state [THE OLDER ALASKAN].

2 * Sec. 2. AS 47.62.015(b) is amended to read:

3 (b) The ombudsman may identify, investigate, and resolve complaints [A
4 COMPLAINT] made by or on behalf of older Alaskans [AN OLDER ALASKAN]
5 relating to the long term care or residential circumstances of one or more older
6 Alaskans [THE OLDER ALASKAN]. Complaints under this subsection may relate
7 to any issue not covered under (a) of this section, including an [THE] older Alaskan's
8 landlord, senior citizen housing, a public assistance program, a public grant program
9 for services to older Alaskans, public utilities, health care facilities, and health care
10 providers.

11 * Sec. 3. AS 47.62.015 is amended by adding new subsections to read:

12 (d) The ombudsman shall analyze, comment on, and monitor the development
13 and implementation of federal, state, and local laws, rules, regulations, and policies
14 with respect to the health, safety, welfare, and rights of residents of long term care
15 facilities. The ombudsman may facilitate public comment on laws, rules, regulations,
16 policies, and actions that relate to the health, safety, welfare, and rights of the residents
17 of long term care facilities.

18 (e) The ombudsman shall promote the development of citizen organizations
19 interested in the health, safety, welfare, and rights of older Alaskans who reside in
20 long term care facilities in the state.

21 (f) The ombudsman shall provide technical support for the development of
22 resident councils and family councils whose members are interested in protecting the
23 well-being and rights of the residents of long term care facilities in the state.

24 (g) In addition to volunteers who may provide office assistance, the
25 ombudsman shall recruit volunteers who, after training under AS 47.62.020 and in
26 accordance with policies and procedures established by the ombudsman, may assist
27 the ombudsman by

28 (1) informing residents of long term care facilities, their
29 representatives, and others about the rights of the residents; and

30 (2) identifying, investigating, and resolving complaints described
31 under AS 47.62.015(a).

helps them organize themselves; act as assistant to residents and family members info about how to organize laws, pol. rights, problem solving

1 * Sec. 4. AS 47.62.025(a) is amended to read:

2 (a) A person may not deny access to a long term care facility or to an older
 3 Alaskan by the ombudsman or an employee, volunteer, or other representative of the
 4 office. A person may not deny immediate access to a long term care facility or to
 5 an older Alaskan by the ombudsman or an employee, volunteer, or other
 6 representative of the office if the ombudsman or employee, volunteer, or other
 7 representative of the office states that the purpose for requesting access is to
 8 investigate a complaint made by or on behalf of an older Alaskan who resides in
 9 the facility.

*State & Federal
 Law - must have
 complete
 training
 certified
 supervisor
 contractor*

ALASKA STATE LEGISLATURE



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Wasilla, Alaska 99654
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(907) 376-3157 Fax

Session:

State Capitol
Juneau, Alaska 99801-1182
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SENATOR LYDA GREEN SENATE DISTRICT N

Sponsor Statement CS Senate Bill 342

Long-Term Care Ombudsman

~~The~~ Each state is required to have a long term care ombudsman under the Older Americans Act. Alaska's long term care ombudsman is located in the Alaska Mental Health Trust Authority. Recently, the long term care ombudsman resigned, citing frustration with Alaska's statutes as one of the reasons for leaving.

Discussion with the executive director of the Alaska Mental Health Trust led to the filing of Senate Bill 342 which brings Alaska's statutes in line with the federal law.

Specifically, SB 342:

- directs the long term care ombudsman to visit long term care facilities and identify problems rather than assuming the more passive role of only responding to complaints;
- provides that no long term care facility may deny immediate access to an employee or volunteer from the long term care ombudsman's office who is responding to a complaint;
- give the long term care ombudsman an active role in developing and providing technical support to volunteer organizations which are interested in the health, safety, welfare and rights of older Alaskans

The long term care ombudsman's role is critical in protecting the health and safety of our most vulnerable older Alaskans. It is essential that we provide the office with the tools necessary to do this job.

CS FOR SENATE BILL NO. 342(HES)

**IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-SECOND LEGISLATURE - SECOND SESSION**

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

**Offered:
Referred:**

Sponsor(s): SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

HESS, FIN

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the long term care ombudsman."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 *** Section 1. AS 47.62.015(a) is amended to read:**

4 (a) The ombudsman shall identify, investigate, and resolve complaints [A
5 COMPLAINT] made by or on behalf of older Alaskans who reside [AN OLDER
6 ALASKAN WHO RESIDES] in a long term care facility in the state if the complaints
7 relate [COMPLAINT RELATES] to a decision, action, or failure to act by a provider
8 or a representative of a provider of long term care services, or by a public agency or
9 social services agency, that may adversely affect the health, safety, welfare, or rights
10 of one or more older Alaskans. The ombudsman shall visit the residents of long
11 term care facilities in the state, the residents' representatives, and others in order
12 to identify complaints covered by this subsection and to exchange information
13 regarding the health, safety, welfare, and rights of the residents. Subject to the
14 confidentiality provisions of AS 47.62.030, the ombudsman shall provide
15 information to public agencies regarding the problems of older Alaskans who

1 reside in long term care facilities in the state [THE OLDER ALASKAN].

2 * Sec. 2. AS 47.62.015(b) is amended to read:

3 (b) The ombudsman may identify, investigate, and resolve complaints [A
4 COMPLAINT] made by or on behalf of older Alaskans [AN OLDER ALASKAN]
5 relating to the long term care or residential circumstances of one or more older
6 Alaskans [THE OLDER ALASKAN]. Complaints under this subsection may relate
7 to any issue not covered under (a) of this section, including an [THE] older Alaskan's
8 landlord, senior citizen housing, a public assistance program, a public grant program
9 for services to older Alaskans, public utilities, health care facilities, and health care
10 providers.

11 * Sec. 3. AS 47.62.015 is amended by adding new subsections to read:

12 (d) The ombudsman shall analyze, comment on, and monitor the development
13 and implementation of federal, state, and local laws, rules, regulations, and policies
14 with respect to the health, safety, welfare, and rights of residents of long term care
15 facilities. The ombudsman may facilitate public comment on laws, rules, regulations,
16 policies, and actions that relate to the health, safety, welfare, and rights of the residents
17 of long term care facilities.

18 (e) The ombudsman shall promote the development of citizen organizations
19 interested in the health, safety, welfare, and rights of older Alaskans who reside in
20 long term care facilities in the state.

21 (f) The ombudsman shall provide technical support for the development of
22 resident councils and family councils whose members are interested in protecting the
23 well-being and rights of the residents of long term care facilities in the state.

24 (g) In addition to volunteers who may provide office assistance, the
25 ombudsman shall recruit volunteers who, after training under AS 47.62.020 and in
26 accordance with policies and procedures established by the ombudsman, may assist
27 the ombudsman by

28 (1) informing residents of long term care facilities, their
29 representatives, and others about the rights of the residents; and

30 (2) identifying, investigating, and resolving complaints described
31 under AS 47.62.015(a).



MAR 25 2002

Heritage Place
Banner Health System

Fax Cover Sheet

To: Alaska Senate Finance Com.

Location: Juneau

Date: 3/25/02 **Pages (including this page):**

Fax #:

Subject: Testimony on SB 342

From: D. Murray

Department: Heritage Place

Fax #: **Phone #:**

Message: Dear Senators: Concerned about the implications of this legislation. Suggest some reasonable changes. Thank you for listening,
D. Murray

Note: The information in this fax is intended for the named recipient only and may be privileged or confidential. If the reader of this fax is not the named recipient, they are hereby notified that they are prohibited from distributing, disseminating, or photocopying this fax without the expressed consent of the named recipient or the named sender.

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232 Rockwell Street • Soldotna, AK 99669 • www.bannerhealth.com



Heritage Place
Banner Health System

March 23, 2002

Senate Finance Committee
Alaska State Legislature
State Capital (MS 3100)
Juneau, Ak 99801-1182

Re: Testimony on SB 342—An Act Relating to the Long Term Care Ombudsman

The legislation before the committee is troubling given the history of the office of long term care ombudsman and its relationships with providers. A quick glance would suggest that the legislation mirrors federal regulation and therefore presents no new public policy. However, experience would suggest that State Statute and changes to it are material. Otherwise why doesn't Alaska simply adopt the CFR in whole.

My concern is what the "language changes" imply with respect to the role of paid and volunteer staff of the ombudsman. It's my understanding that the impetus of this legislation stems from a disagreement of the ombudsman's offices and the management of Horizon house, an assisted living facility in Anchorage. At issue was the assertion by the ombudsman that his/her volunteers could present themselves at the facility for no particular reason and observe/visit with the residents of that facility. The facility asserted that access was limited to a legitimate response to a complaint by a resident/responsible party. It's interesting to note that there is a large body of Federal Law called the Health Information and Portability Act. That legislation raises the threshold/standard for privacy of patients/residents in the health care settings. I wonder how that will be balanced with the implied expansion of authority of this legislation. Would a "volunteer" have the authority to review a person's medical record without their consent to "identify" whether there are any problems with the care? Currently, that authority does exist with the Div. of Licensing and Certification.

In my mind there is a significant distinction between responding to complaints and "identifying" complaints. As mentioned in the paragraph above there are other units of state government charged with identifying and resolving concerns for residents of nursing and assisted living facilities. For Nursing Homes it is the DHSS Div. of Licensing and Certification. For assisted living homes it is the Div. of Senior Services Assisted Living Licensing Unit. Putting language in state statute may imply that the ombudsman has expanded powers to set up a system of identifying problems parallel to those units. I would suggest that is a duplication.

I know it has been suggested that opposition to this legislation implies that facilities are adverse to scrutiny and oversight. Quite the contrary, if the effort is to enhance and improve outcomes of care I welcome the assistance. It is, however, unfortunate that some in government believe that a punitive framework of duplicative oversight will achieve the intended result. It is also unfortunate that there is little discussion of the cost impact of yet another oversight/regulatory process which consumes resources better directed at increasing the numbers of caregivers, their training and their morale.

Thank you for the opportunity to testify. I would strike the word "indentify", return to the singular and eliminate the immediate access to anyone other than the paid ombudsman.

Sincerely,

A handwritten signature in cursive script that reads "Dennis Murray, Admin". The signature is written in dark ink and is positioned above the printed name.

Dennis Murray

cc. Laraine Derr, President—ASHNHA
John Bringhurst, LTC chair

1 * Sec. 4. AS 47.62.025(a) is amended to read:

2 (a) A person may not deny access to a long term care facility or to an older
3 Alaskan by the ombudsman or an employee, volunteer, or other representative of the
4 office. A person may not deny immediate access to a long term care facility or to
5 an older Alaskan by the ombudsman or an employee, volunteer, or other
6 representative of the office if the ombudsman or employee, volunteer, or other
7 representative of the office states that

8 (1) the purpose for requesting access is to investigate a complaint
9 made by or on behalf of an older Alaskan who resides in the facility; and

10 (2) immediate access is necessary to protect the health, safety,
11 welfare, or rights of a resident of the facility.

According to an ASHNHA long term care facility administrator:

I am opposed to the amendments of SB 342. I am not aware of any unresolved complaints in Alaska nursing homes. These amendments will create a very time consuming process for staff, will pull staff away from patient care and could become quite negative when ombudsman and volunteers are identifying complaints on all visits. It could also create staff turnover as employees really do not like working in a job where they are frequently being watched over their shoulder and second-guessed about the judgments they make. All facilities attempt to create a positive atmosphere and not one that is always looking for the negative. This bill will cause more problems (less care) than it solves. The past State ombudsman stated that the job is too difficult. This bill would make it much more difficult and potentially much more adversarial with facilities.

I believe the State currently adequately allocates scarce resources to the complaint investigation process and that there are no significant problems in nursing homes that require this negativity. It is part of the State and Federal Surveyors' job to identify complaints. In Anchorage both facilities are surveyed twice a year by State and/or Federal Surveyors and the rest of Alaska is approximately once a year. As you are aware each survey involves approximately 6-8 surveyors for one week closely reviewing all aspects of quality of care and quality of life. In addition, one Anchorage nursing home had 7 complaint investigations by State Surveyors last year and each time was found to be in compliance with all regulations. In the past 6 years, as an administrator, I can only remember 3 complaint investigations by the ombudsman and 1 of these resulted in a follow-up deficiency from the State Surveyors. All 3 of these issues were complex issues that the facility was closely monitoring and attempting to resolve. The most effective role of the ombudsman has occurred when they act as an intermediary trying to solve the unresolved complaint by helping both parties see the problem from the other's perspective and trying to work through it. The likelihood of this occurring is reduced if the focus is shifted to identifying complaints. We are also required to provide and explain all resident rights to the residents which includes the right to have complaints followed up on by the facility and how to contact the ombudsman and other state officials. We are also required to post the rights, the ombudsman phone and address, and Survey results in conspicuous locations in the building. We must also provide a qualified social worker who is trained and required to assist residents in these and other types of matters. Volunteer Ombudsman and possibly even the Ombudsman and Assistant Ombudsman will not have this level of training nor the day-to-day experience of providing nursing home care. All staff are also required to report within 24 hours to Licensing and Certification if they have reasonable cause to believe that a resident has incurred an injury of an unknown source, willful or reckless nonaccidental physical harm or mental distress including humiliation, harassment, threats of punishment, etc and any misappropriation of resident property. I am sure that there are other safeguards that directly apply to this issue that we must meet and that I am not thinking of. I believe the current safeguards are working effectively as I have never seen any information that there are any significant levels of unresolved complaints in any nursing home in the state.

State resources are limited and I believe there should be an appropriate division of labor between the survey agency and the ombudsman office. Also, this will take time away from patient care within the facilities. We need to use scarce resources where they are most needed and there has not been a demonstrated need to identify complaints in Alaska's nursing homes.

*Presented by Carl Garber
Providence Health Care
Mary Conrad Center*

MAR 01 2002

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The TRUST

The Alaska Mental Health Trust Authority

Fax

To: <i>Jane Heneinger</i>	From: <i>Jeff Jense</i>
Fax: <i>465-3805</i>	Pages (including cover): <i>11</i>

Phone:	Date:
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Re:	CC:
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<input type="checkbox"/> Urgent	<input type="checkbox"/> For Review	<input type="checkbox"/> Please Comment	<input type="checkbox"/> Please Reply
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◆ Comments:

§ 483.10 Resident Rights

UNITED STATES CODETITLE 42CHAPTER 35SUBCHAPTER XI

Part A

subpart fl

§ 3058g. State Long-Term Care Ombudsman program

(a) Establishment

(1) In general

In order to be eligible to receive an allotment under section 3052b of this title from funds appropriated under section 3058a(a) of this title, a State agency shall, in accordance with this section -

(A) establish and operate an Office of the State Long-Term Care Ombudsman; and

(B) carry out through the Office a State Long-Term Care Ombudsman program.

(2) Ombudsman

The Office shall be headed by an individual, to be known as the State Long-Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy.

(3) Functions

The Ombudsman shall serve on a full-time basis, and shall, personally or through representatives of the Office -

(A) identify, investigate, and resolve complaints that -

(i) are made by, or on behalf of, residents; and

(ii) relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of -

(I) providers, or representatives of providers, of long-term care services;

(II) public agencies; or

(III) health and social service agencies;

(B) provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;

(C) inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);

(D) ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

(E) represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

(F) provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;

(G)(i) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State;

(ii) recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and

①

- (H)(i) provide for training representatives of the Office;
(ii) promote the development of citizen organizations, to participate in the program; and
(iii) provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and
(I) carry out such other activities as the Commissioner determines to be appropriate.
- (4) Contracts and arrangements
(A) In general

Except as provided in subparagraph (B), the State agency may establish and operate the Office, and carry out the program, directly, or by contract or other arrangement with any public agency or nonprofit private organization.

(B) Licensing and certification organizations; associations

The State agency may not enter into the contract or other arrangement described in subparagraph

(A) with -

- (i) an agency or organization that is responsible for licensing or certifying long-term care services in the State; or
(ii) an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals.

- (5) Designation of local Ombudsman entities and representatives
(A) Designation

In carrying out the duties of the Office, the Ombudsman may designate an entity as a local Ombudsman entity, and may designate an employee or volunteer to represent the entity.

(B) Duties

An individual so designated shall, in accordance with the policies and procedures established by the Office and the State agency -

- (i) provide services to protect the health, safety, welfare (FOOTNOTE 1) and rights of residents; (FOOTNOTE 1) So in original. Probably should be followed by a comma.
(ii) ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance;
(iii) identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents;
(iv) represent the interests of residents before government agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
(v)(I) review, and if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of residents; and
(II) facilitate the ability of the public to comment on the laws, regulations, policies, and actions;
(vi) support the development of resident and family councils; and
(vii) carry out other activities that the Ombudsman determines to be appropriate.

(C) Eligibility for designation

Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall -

- (i) have demonstrated capability to carry out the responsibilities of the Office;
(ii) be free of conflicts of interest;
(iii) in the case of the entities, be public or nonprofit private entities; and
(iv) meet such additional requirements as the Ombudsman may specify.

(D) Policies and procedures

- (i) In general

2

The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.

(ii) Policies

In a case in which the entities are grantees, or the representatives are employees, of area agencies on aging, the State agency shall develop the policies in consultation with the area agencies on aging. The policies shall provide for participation and comment by the agencies and for resolution of concerns with respect to case activity.

(iii) Confidentiality and disclosure

The State agency shall develop the policies and procedures in accordance with all provisions of this part regarding confidentiality and conflict of interest.

(b) Procedures for access

(1) In general

The State shall ensure that representatives of the Office shall have -

(A) access to long-term care facilities and residents;

(B)(i) appropriate access to review the medical and social records of a resident, if -

(I) the representative has the permission of the resident, or the legal representative of the resident; or

(II) the resident is unable to consent to the review and has no legal representative; or

(ii) access to the records as is necessary to investigate a complaint if -

(I) a legal guardian of the resident refuses to give the permission;

(II) a representative of the Office has reasonable cause to believe that the guardian is not acting in the best interests of the resident; and

(III) the representative obtains the approval of the Ombudsman;

(C) access to the administrative records, policies, and documents, to which the residents have, or the general public has access, of long-term care facilities; and

(D) access to and, on request, copies of all licensing and certification records maintained by the State with respect to long-term care facilities.

(2) Procedures

The State agency shall establish procedures to ensure the access described in paragraph (1).

(c) Reporting system

The State agency shall establish a statewide uniform reporting system to -

(1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems; and

(2) submit the data, on a regular basis, to -

(A) the agency of the State responsible for licensing or certifying long-term care facilities in the State;

(B) other State and Federal entities that the Ombudsman determines to be appropriate;

(C) the Commissioner; and

(D) the National Ombudsman Resource Center established in section 3012(a)(21) of this title.

(d) Disclosure

(1) In general

The State agency shall establish procedures for the disclosure by the Ombudsman or local Ombudsman entities of files maintained by the program, including records described in subsection (b)(1) or (c) of this section.

(2) Identity of complainant or resident

The procedures described in paragraph (1) shall -

(A) provide that, subject to subparagraph (B), the files and records described in paragraph (1) may

3

to disclose the files and records); and

(B) prohibit the disclosure of the identity of any complainant or resident with respect to whom the Office maintains such files or records unless -

- (i) the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing;
- (ii) (I) the complainant or resident gives consent orally; and
(II) the consent is documented contemporaneously in a writing made by a representative of the Office in accordance with such requirements as the State agency shall establish; or
- (iii) the disclosure is required by court order.

(e) Consultation

In planning and operating the program, the State agency shall consider the views of area agencies on aging, older individuals, and providers of long-term care.

(f) Conflict of interest

The State agency shall -

- (1) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5) of this section, is subject to a conflict of interest;
- (2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;
- (3) ensure that the Ombudsman -
 - (A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
 - (B) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
 - (C) is not employed by, or participating in the management of, a long-term care facility; and
 - (D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and
- (4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as -
 - (A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and
 - (B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts.

(g) Legal counsel

The State agency shall ensure that -

- (1)(A) adequate legal counsel is available, and is able, without conflict of interest, to -
 - (i) provide advice and consultation needed to protect the health, safety, welfare, and rights of residents; and
 - (ii) assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives; and
- (B) legal representation is provided to any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties of the Ombudsman or such a representative; and
- (2) the Office pursues administrative, legal, and other appropriate remedies on behalf of residents.

(h) Administration

The State agency shall require the Office to -

- (1) prepare an annual report -
 - (A) describing the activities carried out by the Office in the year for which the report is prepared;

(9)

- (C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;
- (D) containing recommendations for -
- (i) improving quality of the care and life of the residents; and
 - (ii) protecting the health, safety, welfare, and rights of the residents;
- (E)(i) analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and
- (ii) identifying barriers that prevent the optimal operation of the program; and
- (F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;
- (2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;
- (3)(A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding -
- (i) the problems and concerns of older individuals residing in long-term care facilities; and
 - (ii) recommendations related to the problems and concerns; and
- (B) make available to the public, and submit to the Commissioner, the chief executive officer of the State, the State legislature, the State agency responsible for licensing or certifying long-term care facilities, and other appropriate governmental entities, each report prepared under paragraph (1);
- (4)(A) not later than 1 year after September 30, 1992, establish procedures for the training of the representatives of the Office, including unpaid volunteers, based on model standards established by the Associate Commissioner for Ombudsman Programs, in consultation with representatives of citizen groups, long-term care providers, and the Office, that -
- (i) specify a minimum number of hours of initial training;
 - (ii) specify the content of the training, including training relating to -
 - (I) Federal, State, and local laws, regulations, and policies, with respect to long-term care facilities in the State;
 - (II) investigative techniques; and
 - (III) such other matters as the State determines to be appropriate; and
 - (iii) specify an annual number of hours of in-service training for all designated representatives; and
- (B) require implementation of the procedures not later than 21 months after September 30, 1992;
- (5) prohibit any representative of the Office (other than the Ombudsman) from carrying out any activity described in subparagraphs (A) through (G) of subsection (a)(3) of this section unless the representative -
- (A) has received the training required under paragraph (4); and
 - (B) has been approved by the Ombudsman as qualified to carry out the activity on behalf of the Office;
- (6) coordinate ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses established under -
- (A) part A of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 et seq.); and
 - (B) the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.);
- (7) coordinate, to the greatest extent possible, ombudsman services with legal assistance provided under section 3026(a)(2)(C) of this title, through adoption of memoranda of understanding and other means; and
- (8) permit any local Ombudsman entity to carry out the responsibilities described in paragraph (1), (2), (3), (6), or

(7).

(i) Liability

⑤

The State shall ensure that no representative of the Office will be liable under State law for the good faith performance of official duties.

The State shall -

- (1) ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Commissioner) shall be unlawful;
- (2) prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office; and
- (3) provide for appropriate sanctions with respect to the interference, retaliation, and reprisals.



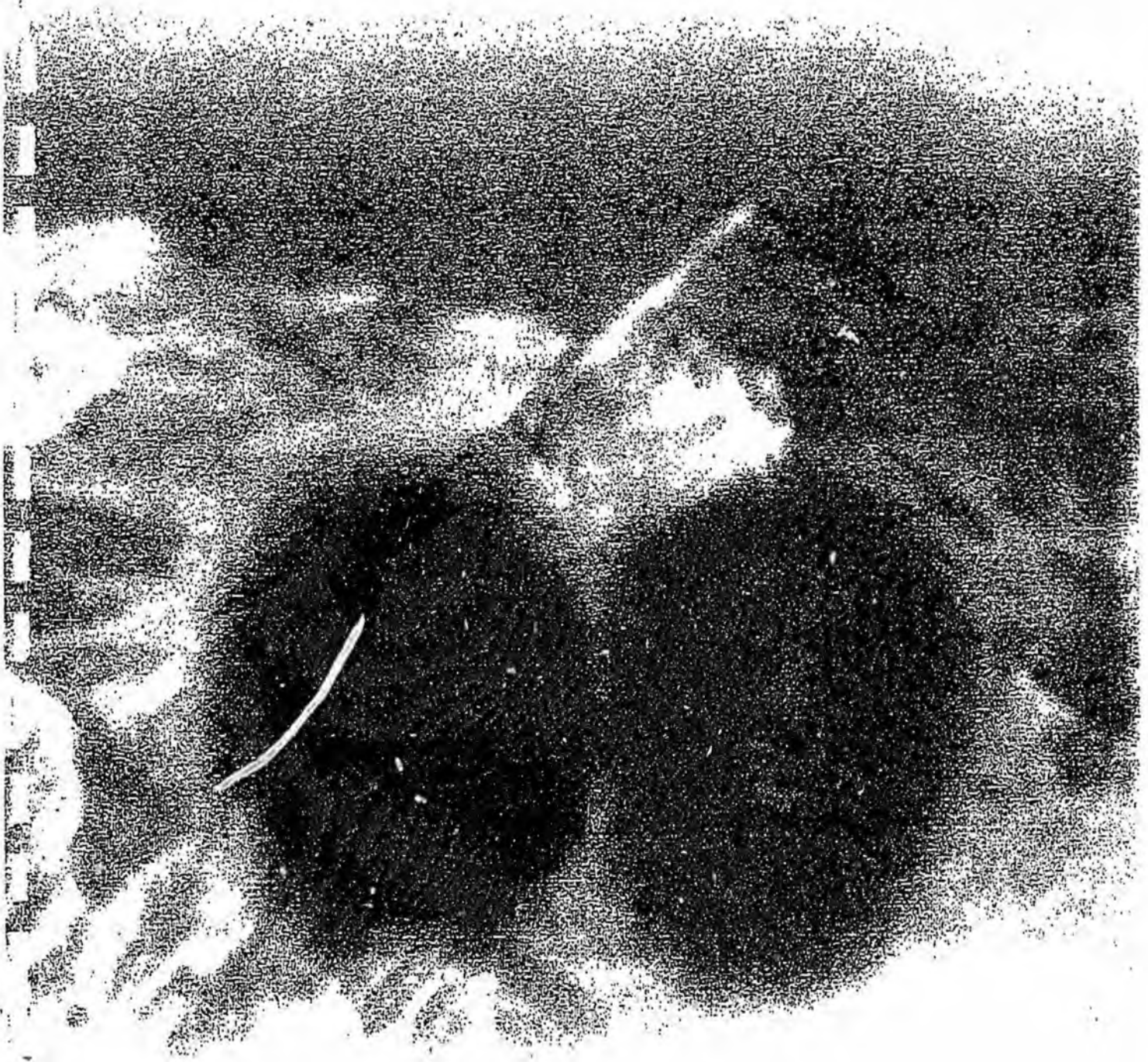
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ALASKA

Office of the Long Term Care Ombudsman

VOLUNTEER HANDBOOK



Alaska

Office of the Long Term Care Ombudsman

VOLUNTEER HANDBOOK

Developed by Sara S. Hunt
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with the following contributions:

Denali background provided by the Alaska Division of
Tourism

Alaska Native mask "Eternal Youth" by C. Quinto-Plunkett
slide credit: Alaska State Council on the Arts

Elder Alaska Native masks used with permission by artist
Irene Mekiana Attungowruk

SPECIAL INTEREST VISITOR

Many special interest groups, religious, political and charitable, want to work with long term care residents. It is unacceptable to use the position of the ombudsman to gain access to further an interest in a religious, political, nutritional, medical, or other special interest group.

VIGILANTES

Persons who have a vendetta against nursing homes, assisted living homes, or other long term care providers, those who want to "settle an old score," or have hostile or negative attitudes about long term care, cannot be reasonable about solving problems in long term care facilities and thus are ineligible to serve as ombudsmen. Individuals who are on power trips and like to throw their weight around are seldom attractive to this program and are asked to leave immediately.

The LTCOP has a rich history and a nation-wide network. Being a LTCO is challenging and rewarding. This manual is designed to be your reference and guidebook in serving residents. The following section contains your state basis for working. The remainder of this manual will discuss the system within which you will work, residents, and how to proceed as an ombudsman. Never hesitate to contact the SLTCO for assistance, to answer questions, or for a pep talk whenever needed!

ALASKA STATE LEGISLATURE



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Session:

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SENATOR LYDA GREEN SENATE DISTRICT N

Sponsor Statement CS Senate Bill 342

Long-Term Care Ombudsman

The each state is required to have a long term care ombudsman under the Older Americans Act. Alaska's long term care ombudsman is located in the Alaska Mental Health Trust Authority. Recently, the long term care ombudsman resigned, citing frustration with Alaska's statutes as one of the reasons for leaving.

Discussion with the executive director of the Alaska Mental Health Trust led to the filing of Senate Bill 342 which brings Alaska's statutes in line with the federal law.

Specifically, SB 342:

- directs the long term care ombudsman to visit long term care facilities and identify problems rather than assuming the more passive role of only responding to complaints;
- provides that no long term care facility may deny immediate access to an employee or volunteer from the long term care ombudsman's office who is responding to a complaint;
- give the long term care ombudsman an active role in developing and providing technical support to volunteer organizations which are interested in the health, safety, welfare and rights of older Alaskans

The long term care ombudsman's role is critical in protecting the health and safety of our most vulnerable older Alaskans. It is essential that we provide the office with the tools necessary to do this job.

Congress looks into abuse at nursing homes

■ **VULNERABLE:** Lawmaker says criminal actions in care facilities go unreported.

Knigh Ridder Newspapers

WASHINGTON — A 66-year-old dementia patient knocked 83-year-old Helen Straukamp unconscious by slamming her against a wall in their Evansville, Ind., nursing home. No one called the police. No one told the hospital treating her that she was the victim of an attack. Three weeks later, in October 1999, she died.

A nursing assistant in Orlando, Fla., was charged with rape last year after DNA tests identified him as the father of a child delivered by a 37-year-old stroke victim who was paralyzed, incontinent and brain-damaged.

Such cases of abuse from fellow patients and caregivers have captured the attention of some members of Congress who don't believe state and federal agencies are doing enough to shield nursing home patients from physical and sexual abuse.

"There is a tendency not to report criminal activity in nursing homes," said Sen. John Breaux of Louisiana,

the Democratic chairman of the Senate's Special Committee on Aging. "We made child abuse a priority. These people are more vulnerable than children."

A General Accounting Office report scheduled for release Monday that studied abuse files in Pennsylvania, Georgia and Illinois is expected to show that nursing homes in those states fail to refer complaints to proper authorities in a timely manner, damaging investigations and prosecutions.

It also will show that state agencies are more likely to recommend corrective action rather than civil penalties against nursing homes cited in abuse cases, that police agencies are not properly trained to investigate abuse against the elderly and that statistics about such crimes are practically nonexistent.

Breaux has scheduled a hearing for Monday to examine the incidence of sexual and physical abuse of nursing home residents and to hear recommendations on how to guard them.

The American Health Care Association, which represents most of the nation's skilled care facilities, said it

welcomed the congressional spotlight but rejected any suggestions that abuse is on the rise.

Federally required state surveys found that for the fiscal year ending June 2001, the latest reporting period, 2.21 percent of nursing homes were cited for abuse or neglect that caused harm to a resident. The total for the same period ending the previous fiscal year was 3.18 percent. In fiscal 1999, it was 2.91 percent.

"The bad actions of 2 percent of nursing homes overshadow the good works of the hundreds of thousands of health care professionals who are providing quality compassionate care," said Alan DeFend, association spokesman.

Pennsylvania, Georgia and Illinois are among the states with the highest nursing home populations. The GAO investigation is expected to show that in half of the 111 cases reviewed, nursing homes submitted reports days or weeks after the alleged abuse had taken place, even though they are required to report within 24 hours of learning of an allegation.

Such delays, officials say, can hinder police investigations.

Recent studies found that nursing home officials often are skeptical that abuse has occurred or that residents fear retribution if they report an assault. Police officers and state health officials in the three states also told GAO investigators that nursing homes fear bad publicity or state sanctions if they report abuse.

In Straukamp's case, emergency room doctors were not told about the assault.

"They were told it was a fall," said Straukamp's daughter-in-law, Barbara Becker.

Four months later, after Straukamp's family pressed for answers, state health officials fined the nursing home for a series of "serious deficiencies."

But GAO investigators determined that when state agencies find nursing homes responsible for incidents of abuse, officials seldom fine them. Of the 158 case files reviewed in the three states, 26 nursing homes were found to have deficiencies that contributed to the abuse. Only one was ordered to pay a fine.

State officials and nursing home operators maintain that fines can put

homes out of business, leaving residents and their families scrambling for new accommodations. They say it is preferable to force homes to fix conditions that contributed to the abuse.

"Every time you take resources that would otherwise be used for patient care, you should take a good, hard look at that," DeFend said.

Though the federal government prohibits nursing homes from hiring staff members who have been convicted of abusing elderly patients, it does not forbid them from hiring people who have committed other violent crimes, such as child abuse.

It also does not require nursing home employees to undergo criminal background checks.

Some states have taken steps to speed reporting and prosecutions. In Arkansas, coroners or medical examiners have been required since 1999 to investigate every nursing home death.

In 2000, Mark Malcolm, the coroner in Little Rock, referred 21 deaths for further investigation. Last year, he referred 13.

"I will say this, the level of care in nursing homes in this county today is better than it was July 1, 1999," he said.

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SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE SENATOR LYDA GREEN, CHAIR

FAX

To: Terri Lauterbach
From: Senator Lyda Green
Date: Tuesday, January 29, 2002
Re: SB342 Long Term Care Ombudsman

Terri: Please prepare a final of the work draft 22-LS159\F with the following changes:

Page 1, line 11 delete the words "in order"

Page 2, line 5 change the work "relating" to "related"

Thanks,
Janey Wineinger, S(Hess) Cmte. Aide

A handwritten signature in cursive script, appearing to be "Janey Wineinger".

SENATOR LOREN LEMAN, VICE-CHAIR
SENATOR JERRY WARD, SENATOR GARY WILKEN, SENATOR BETTYE DAVIS

Lyda

In response to the ASH/NHA letter
on SB 342;

Federal Law at 3058.g does not "allow"
the long term care ombudsman (LTCO) to identify,
investigate and resolve complaints. 3058.g "requires"
the state LTCO to identify, investigate and resolve
complaints. It would seem difficult to identify
complaints if the state does not give the LTCO
the authorization to visit long term care facilities.

3058.g allows for all powers of the
LTCO to be delegated to local entities,
contractors, employees and volunteers. There
is no basis for the assertion in the
ASH/NHA letter that only the LTCO and
not volunteers should be allowed immediate
access to facilities.

In response to the letter from the
administrator;

It is inconceivable that a person
could suggest that all facilities and
providers in Alaska are free from
problems. Certainly over the past several

years we have heard a number of horror stories. ~~But that does not~~ Do we need to again show the need for someone to identify complaints in Alaska's nursing homes? No.

Nursing homes and Assisted living homes can profitⁿ by cooperating rather than fighting the LTCC.

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Because of the confidentiality provision in the federal law, ombudsman programs are not subject to state mandatory abuse reporting laws.

Access to Residents and Records

The Act requires states to ensure that ombudsmen have access to long-term care facilities and residents; appropriate access to review the medical and social records of a resident, with permission of the resident or her representative (unless none can be given) or approval of the state ombudsman under certain circumstances; and access to facility records available to the public and state records. Federal nursing home regulations require facilities participating in Medicare and Medicaid to provide access to ombudsmen, but states must ensure ombudsman access to nursing homes which do not participate in Medicare and Medicaid, board and care, assisted living and similar facilities and residents and their records through state statute, regulation, executive order or policy.

Uniform Reporting System and Reports

The Act requires the state agency to establish a statewide uniform ombudsman reporting system and specifies the information to be collected. The state agency shall require the office of the ombudsman to prepare an annual report and submit it to the state licensing/certification agency and other state and federal agencies that the ombudsman determines to be appropriate, the Assistant Secretary for Aging and the National Ombudsman Resource Center. States must submit annual reports to AoA by a specified date early each calendar year for the previous fiscal year, October 1 through September 30.

To ensure compatibility of data, AoA and state ombudsmen jointly developed a standard reporting system, the National Ombudsman Reporting System (NORS), which was initiated in 1995-96. States must submit their reports on a diskette or by e-mail on a standard computer format entitled the National Ombudsman Reporting Data Input Application (NORDIA). AoA issues instructions each year regarding submission of the report. States have developed and use a variety of different software systems to collect case and complaint data and other information. Typically, these systems involve data entry at the local ombudsman program level and compilation at the state level. The most useful systems are relational, in that they can relate one set of data to another set of data. AoA uses the state data to provide national ombudsman reports to Congress and others, as required in the Act.

Conflict-of-Interest

It would be a conflict of interest for an official or employee of any agency at either the state or local level which directly administers the licensing and certification of long-term-care facilities or owns or operates such facilities, or provides services to residents of such facilities, to designate or remove from office the ombudsman or ombudsman representatives.

Employment by a long-term care facility or otherwise receiving, directly or indirectly, remuneration from an owner or operator of a long-term care facility is a clear conflict of interest

for any ombudsman program representative. Individuals employed by a long-term care facility, an association of facilities, a business or agency which provides services in long-term care facilities or to residents or an agency which licenses or certifies facilities or facility administrators must not be permitted to serve the statewide ombudsman program in any decision-making, policy-setting or program operation capacity. This applies to both paid and volunteer ombudsman staff and ombudsman program boards. The ombudsman program may, of course, seek both information and advice from such individuals.

It is incumbent upon the state agency and the state ombudsman to ensure that, in the conduct of all aspects of the statewide long-term care ombudsman program, the integrity of the work of the ombudsman and ombudsman representatives is maintained. There must be no inappropriate or improper influence from any individual or entity, regardless of the source, which will impact on the objectivity of the investigation or outcome of complaints or the ombudsman's work to resolve major issues related to the rights, quality of care and quality of life of the residents of long-term care facilities.

Where the state or area agency on aging contracts with another agency to operate the ombudsman program, the state or area agency staff person who oversees the contract should not be involved in licensing, certifying or administering long-term care facilities.

It is the position of the Administration on Aging that the state ombudsman and ombudsman representatives should not work for or otherwise represent adult protective services program units which develop and carry out care plans for; provide involuntary services to; are authorized to take temporary custody of; or serve as guardians, conservators or legal representatives for any clients.

AoA believes the state ombudsman and ombudsman representatives should not serve as a resident's agent, medical decision-maker or surrogate; the sole witness for Do Not Resuscitate (DNR) orders or other medical directives; or as a member of a facility's ethics committee which makes medical decisions for residents without the capacity to evidence their preference, although ombudsmen may serve on such committees in an advisory capacity.

Local ombudsman entities and representatives must have no conflict-of-interest, as defined in the conflict-of-interest section of the Act. The 2000 amendments to the Act added the following provision: "Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall—be free of conflicts of interests and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves."

Liability

The State Agency must ensure that no representative of the office of the ombudsman will be liable under state law for the good faith performance of official duties and should indemnify and hold harmless any ombudsman or ombudsman representative against whom suit of other legal action is brought in connection with the performance of the official duties of the ombudsman or such representative.

Non-Interference

The Act specifies that the state shall ensure that willful interference with representatives of the office of the ombudsman in the performance of their official duties shall be unlawful and prohibits retaliation and reprisals against those filing a complaint or providing information the ombudsman.

Funding/Fiscal Policies

Section 304(d)(1)(B) permits states to use "such amount" of Title III, Part B money as the state finds "adequate" for conducting an effective ombudsman program. Area agencies may also use Title III money to support local ombudsman programs.

The state minimum funding requirement (Sec. 307(a)(9) of the Act) and the non-supplantation provisions (Sections 321(d) and 705(a)(4)) mean that states must expend on their statewide ombudsman programs no less than they expended in Title III funds (federal and 15% non-federal match) for FY 2000, plus provide increases in funding when Title VII long-term care ombudsman program appropriations increase. This amount should be expended annually on ombudsman services to residents of long term care facilities, as defined in Sections 102(18) and (32), 307(a)(12) and 711(6) of the OAA. All of the Title VII ombudsman funding appropriated by Congress and allotted to a state for a specific year should be expended on direct costs of the ombudsman program.

Area agencies must expend on activities of the ombudsman program, as defined in Section 712 of the Act, not less than the total amount of Title III funds received under Section 304(d)(1)(D) and expended by the area agency in carrying out the ombudsman program under Title III in FY 2000.

State or unit of general purpose local government (including AAA's) may not use ombudsman Title VII funds to supplant, replace, or in substitution for, any other federal, state or local funding expended pursuant to federal, state or local funding laws that were in effect on or before 11/12/00, which was one day before the date of the enactment of Public Law 106-510.

States may not use Title VII funds for administration of state plans or include any Title VII funding in their calculation of funds available for state plan administration or for cost-allocation purposes.

Title VII funds allotted to the states may not be included in the base amount used to calculate the ten percent limitation on the use of funds for area plan administration under the provisions of Section 304(d)(1)(A). There is no legislative basis for inclusion of Title VII funding in the calculation for determining area agency funding for administration of area plans.

A major funding principle to which states need to adhere with regard to Title VII is that all funding allotted for a particular Title VII chapter must be used to carry out the requirements and

activities specified for that chapter in the Act. Funds allotted for any chapter under Title VII should not be included in the calculation for State plan administration funding.

The intrastate funding formula applies only to Title III funds under section 304(d)(1)(D) of the Act and does not apply to Title VII.

The provisions in the Act regarding matching funds, Sections 304(d)(1)(D) and 308(a)(1), apply to Title III funds. There is no statutory base to require states to match federal funding they receive under Title VII; therefore, there is no federal matching requirement for Title VII funds. States, however, are not precluded from requesting a match to Title VII funds which they award by grant or contract to another agency or organization.

There is no cost sharing requirement for Title VII programs.

States may use any portion of their Title VII abuse prevention allotment to fund specific, identifiable activities conducted by any public or private non-profit program or agency, including adult protective services and ombudsman programs, which directly correspond to the abuse prevention activities outlined in Section 721(b) of the Act.

Summary of Changes Impacting on the Ombudsman Program in the 2000 Amendments to the Older Americans Act, Including the Resource Center

Congress added language requiring coordination with law enforcement and the courts. Section 712(h)(8) of the Act now reads: "*The State shall require the Office to—coordinate services with State and local law enforcement agencies and courts of competent jurisdiction.*" It is important to note that this requirement belongs to the office (of the ombudsman) and not the individual ombudsman.

Congress also added the following provision relating to local ombudsman entities' eligibility for designation to participate in the statewide ombudsman: "*Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall—be free of conflicts of interests and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves.*" OAA, as amended, Section 712(a)(5)(C)(ii) (See conflict of interest, above.)

Congress also changed the Title VII ombudsman program authorization level from \$40 million to "such sums as may be necessary" for each fiscal year of the five (5) year authorization. Since authorization levels in the OAA and many other acts have been substantially higher than amounts actually appropriated, this change is expected to have no affect on appropriations processes or outcomes.

Provisions in Title II requiring the Assistant Secretary "to establish and operate...by grant or contract" the National Ombudsman Resource (NOR) Center remain substantively unchanged and update the funding requirement to the same amounts spent in fiscal year 2000, which was \$550,000.

Functions of the Office of the State Long-Term Care Ombudsman

Section 712 (a)(3) of the OAA specifies, "The Ombudsman shall serve on a full-time basis, and shall, personally or through representatives of the Office--

- (A) identify, investigate, and resolve complaints that--
 - (i) are made by, or on behalf of, residents; and
 - (ii) relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of (I) providers, or representatives of providers, of long-term care services; (II) public agencies; or (III) health and social service agencies;
- (B) provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
- (C) inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);
- (D) ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;
- (E) represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
- (F) provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;
- (G) (i) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State; (ii) recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and (iii) facilitate public comment on the laws, regulations, policies, and actions;
- (H) (i) provide for training representatives of the Office; (ii) promote the development of citizen organizations, to participate in the program; and (iii) provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and
- (I) carry out such other activities as the (Assistant Secretary) determines to be appropriate."

In addition, Sections 712(h)(2) and (3) indicate that in the administration of the program, the state agency shall require the ombudsman to

- comment upon and recommend any changes to laws, regulations, policies and actions as the ombudsman determines to be appropriate and
- provide such information as the ombudsman deems necessary to public and private agencies, legislators and other persons regarding the problems and concerns of older individuals residing in long-term care facilities and recommendations related to such problems and concerns

Bill History/Action Display



BILL: SB 342

SHORT TITLE: LONG TERM CARE OMBUDSMAN

BILL VERSION:

SPONSOR(S): HEALTH, EDUCATION & SOCIAL SERVICES

CURRENT STATUS: (S) HES

STATUS DATE: 02/25/02

THEN FIN

HEARING: (S) HES Mar 04 1:30 PM BUTROVICH 205

[Committee Hearing History](#)

TITLE: "An Act relating to the long term care ombudsman."

[Full Text](#)

No Fiscal Notes Available

[Bill History](#)

Jrn-Date	Jrn-Page	Action
02/25/02	2300	(S) READ THE FIRST TIME - REFERRALS
02/25/02	2300	(S) HES, FIN
02/25/02	2300	(S) REFERRED TO HEALTH, ED & SOCIAL SVCS
03/04/02	Text	(S) HES AT 1:30 PM BUTROVICH 205

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- [DISABILITIES](#)
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