

MEMORANDUM

TO: Iowa Commission on Aging
FROM: Deanna Clingan-Fischer, State Long-Term Care Ombudsman
SUBJECT: Office of the State Long-Term Care Ombudsman Updates
DATE: April 22, 2016

I am pleased to present a few updates from the Office of the State Long-Term Care Ombudsman. If you have any questions, please feel free to contact me at Deanna.Clingan@iowa.gov or 515-725-3327.

1. **Long-Term Care Ombudsman Program.** The Office of the State Long-Term Care Ombudsman (OSLTCO) has been asked to participate in several opportunities which will highlight the important work that Long-Term Care Ombudsmen perform and the valuable work of Iowa's long-term care ombudsman program.
 - a. Working through the National Ombudsman Resource Center, Iowa was asked by the National Opinion Research Center (NORC) at the University of Chicago to participate in the process evaluation of the Long-Term Care Ombudsman Program. NORC will be submitting a proposal to a national foundation to look at transfer/discharge issues using Ombudsman data. Iowa was approached to participate in this review as we are one of a few states that have a staff person designated as a discharge specialist. All involuntary discharge notices are received and reviewed by our discharge specialist, Cindy Pederson, to ensure residents/tenants understand the notice and their rights through the process.
 - b. Working with The Consumer Voice, OSLTCO was asked to participate in a grant which would review nursing home closure protocols and highlight the work of Iowa on this issue. The Consumer Voice received a grant to review states protocols regarding closures. Due to the efforts of the OSLTCO, Department of Inspections and Appeals, Iowa Department of Human Services, and Disability Rights Iowa, a closure manual was recently developed to guide the closure process in Iowa with a focus on the resident/tenant. The manual outlines the roles and responsibilities of each partner in ensuring residents and tenants are protected and continue to have their basic needs met until another placement can be found. Consumer Voice will review our policies and talk with our staff to craft nationwide recommendations on the issue.
 - c. The Volunteer Ombudsman Program is using April as one opportunity to "officially" recognize and thank our volunteers. A total of five events have been scheduled around the state. These events include a time for continuing education, asking questions, meeting fellow volunteers,

and receiving our appreciation for the great work they do for our office and the residents they serve. In addition, OSLTCO is partnering with the Iowa Commission on Volunteer Service to receive support which will allow our program to review our current structure, capacity and develop a plan to reimagine ways to better engage our volunteers.

2. **The Managed Care Ombudsman Program (MCOP).** MCOP serves Medicaid managed care members receiving care in a health care facility as well as members enrolled in one of the seven home and community-based services (HCBS) waivers which include AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, Intellectual Disability, and Physical Disability Waiver Programs.
 - a. Though managed care went into effect April 1, 2016, the MCOP has been assisting Medicaid members prior to managed care going live. From the official launch of managed care on April 1, 2016 through April 22, 2016, the Managed Care Ombudsman Program has received 108 contacts from members via phone and email.
 - b. A key component of the Managed Care Ombudsman Program is the provision of education, information, and training. The program has presented at 7 different venues and has developed partnerships with community stakeholders.
 - c. Common issues addressed from April 1, 2016 to April 22, 2016 include Access to services (i.e., inability to access a type of provider or service in an area, a service doesn't exist or inability to access an existing provider), Enrollment (i.e., enrollment with an MCO, Medicaid or waiver program, selecting an MCO or wanting to cancel Medicaid enrollment), and Other (i.e. other issues that fall outside the realm of topics identified such as the member lost their Iowa Health Link card).
 - d. Most calls have been related to the Elderly Waiver and the Health and Disability Waiver. However, over half of the contacts received were reported as "unknown" since the Managed Care Ombudsman was unable to verify the caller's Medicaid program.
 - e. On average, it takes six days to resolve an issue. Oftentimes, issues require the Managed Care Ombudsman to obtain additional information from other agencies and organizations necessary to resolve the issue. Therefore, the resolution time includes the time it took for those agencies and organizations to provide that information.