**Idaho State**

**Long Term Care**

**Ombudsman Program**

**Training Guide**

**Attachment**

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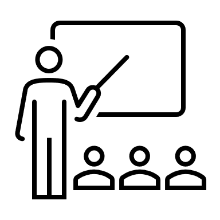
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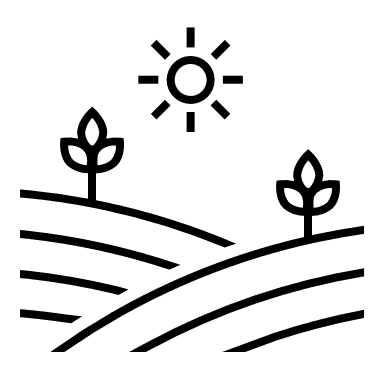
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# What is a Long-Term Care Ombudsman?



Ombudsman (pronounced om-budz-man), a Swedish word, is a specially trained advocate given authority under federal and state law to investigate and resolve complaints made by, or on behalf of, long-term care consumers.

# Ombudsman Program Origin



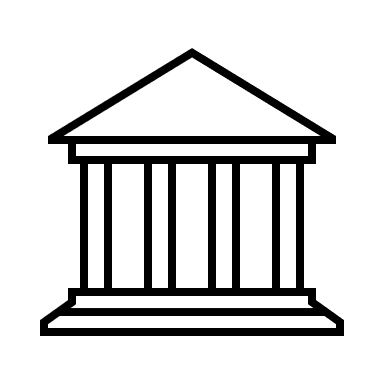
* Idaho was one of 9 pilot states to begin the ombudsman program in 1972.
* In 1978, all states were required to operate a Nursing Home Ombudsman Program. Ombudsman regulations were added to the Older Americans Act (OAA).
* In 1981, the Nursing Home Ombudsman Program was changed to the Long-Term Care Ombudsman Program due to expanded responsibilities.
* In 1988, Idaho legislation defined the powers and duties of the Ombudsman Program.

# Ombudsman Authority



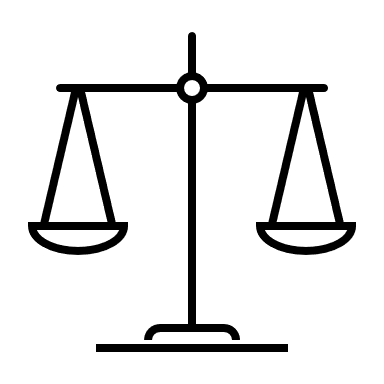
(OAA Section 712(a)(5); 45 CFR 1324.11(e)(6), .13(c)). The Older Americans Act (OAA) provides the Long-Term Care Ombudsman (LTCO) Program with the authority to identify, investigate and resolve complaints made by, or on behalf of, residents. This authority is not limited to residents without guardians or other representatives. The complaint investigation and resolution authority apply to residents with guardians or other resident representatives, as well as residents without such representatives.

# How can the Ombudsman be of Assistance?



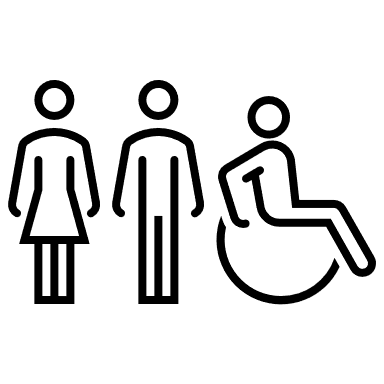
* Provide information and resources
* Provide technical support for resident and family councils
* Recommend changes in laws, regulations, and policies to benefit residents
* Provide access to ombudsman and advocacy
* Assist residents in asserting rights
* Identify, investigate, and resolve complaints made by, or on behalf of, residents

# What else do Ombudsmen do?

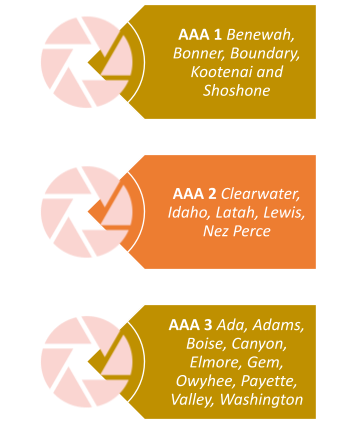


* Seek legal and other remedies to protect residents
* Analyze, comment on, and monitor laws, regulations, and governmental policies on behalf of residents
* Facilitate public comment pertinent to residents

# Who do we work for?



Ombudsmen take their direction from the resident or resident representative. Ombudsmen work to resolve concerns to the satisfaction of the resident.



# Idaho Ombudsman Program

* AAA 1   208-929-4076
* AAA 2   208-798-4195
* AAA 3   208-898-7060

Diagram

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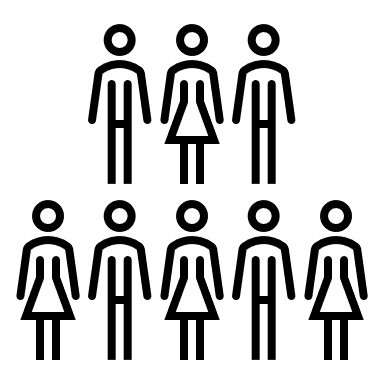
* AAA 4   208-736-2122
* AAA 5   208-233-4032
* AAA 6   208-522-5370

Guidelines for the selecting trainees have been established for the Idaho State Long Term Care Ombudsman Program and the Assistant Ombudsman Program.

# Selecting Trainees

All steps must be completed before a potential volunteer is invited to begin the training.

1. **Trainee Description** – Potential trainees meet and understand the qualifications and requirements described.
2. **Application** – A completed application is submitted to the Assistant Ombudsman Coordinator.
3. **Interview** – An in-person interview is scheduled and completed.
4. **Reference Check** – Applicants provide names and phone numbers of three non-relative references.
5. **Background Check** – Following a successful interview and reference check, a background check is completed.
6. **Accept or Decline** – A standard letter of acceptance or decline is issued to the applicant.
7. **Signed Document**s – New trainees complete the Assistant Ombudsman Job Description, Confidentiality Agreement, Conflict of Interest Form, Assistant Ombudsman Program Agreement, Photo Release, Code of Ethics, and Abuse/Neglect/Exploitation Form.



**Managing Assistant Ombudsmen** is an on-going process requiring an investment of time and sometimes money necessary for a successful volunteer program.

# Assistant Ombudsman Management

**Assistant Ombudsman Managers**

An important role of a manager is to focus on empowering volunteers by

* providing a sufficient orientation to the Idaho State Ombudsman Program.
* outlining clear and appropriate expectations at the beginning of training and throughout Assistant Ombudsman’s time of service.
* providing training and equipment that allows other Assistant Ombudsman to effectively perform their Assistant Ombudsman service.
* encouraging ongoing and open communication.
* evaluating performance.
* regular recognition of their hard work and dedication.

Assistant Ombudsmen are an asset to the Ombudsman Program will be treated with respect and gratitude. Although they are freely giving their time, they have expectations. Assistant Ombudsman are likely to leave the program if their expectations are not met.

1. **Training**

To maintain a favorable reputation for producing quality Assistant Ombudsmen, emphasis is placed on the training and certification process. To ensure the comprehension and ability of each trainee, a minimum of 36-hours training is required, including 10 hours of in facility training and shadowing by a staff Ombudsman or Ombudsman mentor. The first day of training begins with an orientation that includes a description of the program and training schedule. The NORC Initial Certification Training Curriculum for Long Term Care Ombudsman Programs, Training Manual is used as the standing curriculum. The manual includes web based NORC training, the history of the Long-Term Care Ombudsman Program, the aging process, resident rights, and effective communication, along with other topics. Idaho Specific information will be provided from the Idaho State Ombudsman Program Training Manual. Handouts, worksheets, educational games, videos and other supplemental material and information may be included in the training. If a trainee misses any portion of the training once the training begins, he/she must work with ombudsman staff to determine how to make up time missed.

There is an opportunity to tailor the training to meet the needs of the trainees. For example, trainees may request spending more time learning how to communicate effectively with residents, how to approach someone with dementia, or to cover other topics in more depth. Some of the modules may require extra attention. Everyone has a different learning style and discussion can be enhanced with visual aids, role-playing, and hands-on activities. The program staff provides continuing education opportunities and alerts volunteers of upcoming trainings and other events in the community.

1. **Certification**

Each trainee is evaluated at the end of the training to determine if he/she can apply what was learned in the training and has the necessary skills to fulfill Ombudsman responsibilities. Once the training is successfully completed and the trainee receives a positive evaluation, results of Modules 1-10 exams are submitted along with the training log to the Idaho State Ombudsman will certify the trainee as an Assistant Ombudsman.

1. **Mentoring**

One way to assist in the expansion of the Assistant Ombudsman program, while also ensuring that seasoned Assistant Ombudsman have some upward mobility, is to create a mentorship program. Assigning an Assistant Ombudsman into this type of leadership position can be beneficial for both the new trainee and the staff designated as an Assistant Ombudsman Mentor. The more experienced Assistant Ombudsman can help guide and coach a new trainee through the training and facility visits. This peer support allows the trainees to continue learning from each other and frees up time for the local Ombudsman staff.

A person sitting in a chair

Description automatically generated with low confidenceAn Assistant Ombudsman should possess the following skills/qualifications before being considered for a role as a mentor:

* At least one year as an Assistant Ombudsman
* A thorough understanding of resident rights
* Effective interpersonal and communication skills.
* A satisfactory annual evaluation/assessment at facility.
* Willingness to serve in a leadership role.
* Agrees to the time commitment.
* Attend parts of new training.

Marcia Ney AAA 5

* Accompany new trainee(s) to assigned facility at least twice.
* Maintain monthly contact with the new Assistant Ombudsman.
* Quarterly check-ins with local Ombudsman staff.
* A history of good attendance and participation at meetings/training.
* Dedication to the program and ability to follow program policies and procedures.

1. **Recognition**

Assistant Ombudsmen are a part of the life blood of the LTCO Program. Developing and maintaining an Assistant Ombudsman Program may appear overwhelming, but Assistant Ombudsmen extend the Ombudsman Program’s capacity to do its job.

Recognition can have many forms. It is important to know your Assistant Ombudsmen and what they are comfortable with. Some like the designation of Assistant Ombudsman of the Month, presentation of an award, luncheons, or simple praise, while others may feel uncomfortable being singled out. Photo releases from the Assistant’s must be obtained for photos to accompany articles, newsletters, or social media. Each Assistant Ombudsman Program across the state should have a minimum of one event per year to recognize the Assistants and their contributions to the Ombudsman Program.

**Best Practices:**

* Make recognition a priority.
* Recognize often and in a variety of ways.
* Recognize the person, as well as their work.
* Be consistent and timely.
* Customize the recognition.
* Feature an Assistant on the State Ombudsman Facebook page.
* Give milestone recognition gifts/awards. (1-year, 5-year, 10-year, etc.)

**Suggestions for events:**

* Locations: Restaurants, public libraries, church social halls, recreation centers, senior centers, apartment or community centers, business meeting rooms
* Resources: Planned budget funds, donations of items for door prizes or game prizes, gift certificates
* Sponsorship: Local community businesses to donate food, cash, meeting space, etc.
* Recognition gifts: Certificates, pins, pens, longevity awards, or other gifts
* Activities/prizes: Door prizes, raffles, number under seat, games

**Suggested event agenda:**

* Determine a theme.
* Create ice breaker activities.
* Take photos throughout event.
* Include Agency Director to talk of Assistant Ombudsman value.
* Entertainment (optional)
* Games/activities
* Gratitude/Award ceremony
* Provide snacks/food service.
* Give away table decorations/centerpieces.

1. **Conflict resolution**

Conflicts can often be prevented when the Assistant Ombudsmen fully understand their responsibilities. Open lines of communication are essential in dealing with expectations and performance of duties. Detailed annual evaluations that include supportive and constructive criticism and encouragement serve as a deterrent to conflict and should be completed for each Assistant by Ombudsman staff after the initial three months and annually.

An Assistant Ombudsman may occasionally have a conflict with the assigned facility, a particular resident, or the Ombudsman Program staff. Assistants should be encouraged to bring personal complaints or concerns to the Ombudsman staff that can provide mediation or take one of the following actions.

1. Provide closer supervision.
2. Review expectations and revisit the signed Assistant Ombudsman agreement.
3. Provide additional training in needed areas.
4. Reassign the Assistant to a new facility.

If the conflict is not resolved, the Assistant may need to be referred to another agency that better matches his/her interests. If the Assistant has been serving for a long period or is facing burn out, consider retiring them with honor. An Assistant may create a conflict to urge the agency to make the first move to dismiss them or they may feel a strong sense of obligation to the Ombudsman Program and feel guilty about resigning. By arranging a small retirement party to honor the Assistant’s contributions, the Assistant can leave with a guilt-free sense of accomplishment.

If the Assistant Ombudsman is not satisfied with any of the conflict resolution measures, or believes the conflict is a result of sexual harassment or discrimination. They are encouraged to submit their concern or complaint in writing to an Ombudsman staff member. Issues that cannot be satisfactorily resolved within the local program can be taken to the State Ombudsman.

1. **Retirement**

A person smiling for the camera

Description automatically generated with low confidenceAlthough optional, an exit survey is an important tool for identifying problem areas that have an impact on retention and can help to improve the program’s training format and overall Assistant Ombudsman experience. Other options to retirement could be to reassign an Assistant if they are interested in performing other duties such as data entry, working on newsletter or sending out information to residents or facilities, assistance in training new trainees, or assist Local Ombudsman with recognitions etc. Questions in the exit survey should be open-ended to invite them to evaluate his/her experience and include the reason(s) for leaving the program. Once the Assistant has resigned, the exit survey, including a stamped self-addressed return envelope, is mailed to the Assistant Ombudsman for completion. Retirement should include recognition for service rendered, a letter of gratitude, and a retirement party. It is recommended that formal recognition be given to the retiree in the form of a gift, certificate, luncheon, celebration, etc.

Judy Drury AAA 3

Acknowledgement – Idaho State AAA Ombudsman Programs

# Assistant Ombudsman Program Recruitment

|  |  |
| --- | --- |
| * Plan | Develop a recruitment activity plan. |
| * Outreach | Determine the best media and outreach strategies for recruiting interested persons. |
| * Target | Target specific locations and populations. |
| * Dates | Determine the dates of the recruitment period and training schedule. Provide ample notice to the date and time of the training so trainees can adjust their schedules. |
| * Meeting space | Determine the meeting space location for the training. |
| * Prepare materials | Have:   * Training manuals * Handouts * Paper for notetaking * Binder to keep paperwork organized * Pencils or pens |
| * Training checklist | Use a checklist for setting up training. |

**Notes:**

# Press Release

|  |  |  |  |
| --- | --- | --- | --- |
| *Example on Agency Letterhead* | | | |
| **Brad Little**  Governor | 6305 W. Overland, Suite 110, Boise 83709 P.O. Box 83720 Boise, Idaho  83720-0007 Phone (208)334-3833 Website: <http://www.aging.idaho.gov> | | **Judy Taylor**  Director |
| **NEWS RELEASE** | | | |
| **FOR IMMEDIATE RELEASE** | | **CONTACT: Amanda Scott**  208-577-2855  [amanda.scott@aging.idaho.gov](mailto:amanda.scott@aging.idaho.gov) | |

BOISE, ID (date)

**Idaho’s Long-Term Care Ombudsman Program invites our communities to join in advocating for Long Term Care facility residents.**

**Idaho-State Long Term Care Ombudsman Program, Idaho Commission on Aging, Boise, Idaho. Example**

As of October 2021, the Idaho State Ombudsman program serves over 17,000 long term care residents who reside in over 432 nursing homes and assisted living facilities across the state. Between 2020 and 2021 the number of volunteers in the Assistant Ombudsman Program that meet with residents and advocate for their health, safety, welfare, and rights has depleted. We are reaching out to the members of our communities and urging them to contact their local Area Agency on Aging Ombudsman Programs and volunteer as resident advocates and give a voice to those that are unable to do so for themselves.

###

# Assistant Ombudsman Program Advertisement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Area Agency on Aging Long Term Care Ombudsman Program is seeking applicants who will serve as advocates for residents in assisted living and skilled nursing facilities through the Assistant Ombudsman Program.

An applicant who successfully completes the training requirement of the program can become a certified Assistant Ombudsman. These volunteers make regular, unannounced visits to residents living in a long-term care facility. They assist in protecting the rights of these residents and help to ensure a high quality of life. Volunteers work closely with the agency’s full-time Ombudsman Manager and receive on-going training and support.

Please contact your Local Ombudsman Volunteer Coordinator, at (208) Phone # or [Email](mailto:marva.kubalik@a3ssa.com) address for more information on this rewarding opportunity.

\*\*\*

\*Funding used to support the Volunteer Ombudsman Program is provided by the Idaho Commission on Aging through a grant from the Administration on Community Living, U.S. Department of Health and Human Services.

**The following contacts may serve as a good place to start when seeking volunteers and spreading the word about the program**:

Boise State University Social Work Program

Boise State University Center for the Study of Aging

Volunteermatch.org

State Chapter of AARP/Create the Good

RSVP-JANNUS

Newspaper

Senior Goldmine

Senior Centers

Nextdoor.com

JustServe.org

AAA Outreach

All for Good a Service of Points of Light

Local Retired Teachers Association

Rotary Clubs Idaho

AAA Website

AAA Advisory Council

Facebook

**Position Description**

# Assistant Ombudsman Job Description

“Ombudsman” is a Swedish word that means “citizen representative”. An Assistant Ombudsman promotes and protects the health, safety, welfare, and rights of residents in long-term care facilities. As advocates, Ombudsmen assist residents to address and resolve issues to their satisfaction.

**Volunteer Responsibilities**

* Successfully complete application, interview, background check, and reference check.
* Successfully complete a minimum of 36-hours initial training established by the Idaho State Ombudsman.
* Commit to one year as an Assistant Ombudsman.
* Provide own transport to and from the assigned facility.
* Report any complaints or serious issues encountered at the facility to the Local Ombudsman Manager or Volunteer Coordinator.
* Establish good professional working relationships with facility administrators and staff.
* Attend training and scheduled meetings to fulfill continuing education requirements.
* Receive, investigate, mediate, and resolve complaints made on behalf of individuals that live in long-term care facilities or other long-term care settings.
* Act as a resident advocate.
* Maintain resident confidentiality.
* Provide information, education and referrals regarding long-term care and benefits.
* Complete required documentation.
* Conduct routine visits to facilities.
* Attend resident council meetings at assigned facilities.
* Participate with Department of Health and Welfare during licensure surveys.

**Qualifications/Special Skills Needed**

* At least 18 years of age
* High school education (post-high school education/training desirable)
* Effective verbal and written communication skills
* Ability to work independently
* Empathy for the elderly population being served and a desire to assist in the protection of residents’ rights
* Comfortable meeting people

I have read the job description and agree to perform the duties and responsibilities listed above.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Required Assistant Ombudsman Personnel File

Assistant Ombudsman Name:

Start Date:

|  |  |  |
| --- | --- | --- |
| **Form** | **Date Completed** | **Required Update** |
| Application |  | Initial |
| Program Agreement |  | Initial |
| Driver’s License |  | Annual |
| Proof of Insurance |  | Annual |
| Job Description |  | Initial |
| Background Check |  | Initial |
| Reference Check |  | Initial |
| Conflict of Interest |  | Annual |
| Confidentiality |  | Annual |
| Abuse, Gross Neglect, and Exploitation Statement |  | Annual |
| Photo Release |  | Initial |
| Code of Ethics |  | Annual |
| Interview Questions |  | Initial |
| Acceptance Letter |  | Initial |
| Denial Letter |  | Final |
| Post Certification Assistant Ombudsman Survey |  | Initial |
| Certified Assistant Ombudsman Training Evaluation |  | Initial |
| Certified Ombudsman Review |  | Annual |
| Initial Training log |  | Initial |
| 18 CEUs Training Certificate |  | Annual |
| In-Kind Hours Certificate |  | Annual |
| Initial Training Certificates |  | Initial/Annual |
| Complaints/Grievances |  | As necessary |
| Disciplinary Actions |  | As necessary |
| Decertification |  | Final |
| Voluntary Decertification Letter |  | Final |
| Survey Upon Separation |  | Final |
| Facility Feedback Form |  | Annual |

# Long-Term Care Ombudsman Conflict of Interest Statement

A certified Long-Term Care Ombudsman (LTCO) is a representative of the Office of the State Long-Term Care Ombudsman (OSLTCO). The Long-Term Care Ombudsman must abide by strict conflict of interest standards. Any real or perceived conflict of interest erodes the credibility of the program. Any indication of partiality or self-interest by the ombudsman weakens the ability to find solutions and help residents have a better quality of life.

To ensure compliance with the laws and regulations governing the ombudsman program, it is necessary that all ombudsmen understand and acknowledge any possible conflict of interest.

All possible conflicts of interest should be declared and recorded. Some minor conflicts can be eliminated or appropriately remedied by the Office of the State Long- Term Care Ombudsman. Most conflicts, however, exclude participation in the ombudsman program or serving as an ombudsman in a particular long-term care facility. Complete the following document to identify if any conflict(s) exist.

**Conflict of Interest**

|  |  |
| --- | --- |
| Involvement in the licensing or certification of a LTC facility or provision of a LTC service, including solicitation of employment by myself or a family member of my immediate family (which is defined as a member of my household or a relative with whom there is a close personal or significant financial relationship). | No Yes |
| Ownership, operational, or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed LTC facility or LTC service by myself or a member of my immediate family. | No Yes |
| Employment or solicitation of employment of myself or a member of my immediate family by a LTC facility, participation in the management of a LTC facility by myself or a member of my immediate family. | No Yes |
| Receipt of, or right to receive, directly or indirectly, remuneration (in cash or in kind) under the compensation arrangement with an owner or operator of a LTC facility by myself or a member of my immediate family | No Yes |
| Accepting any gifts or gratuities including meals from a facility, resident, or resident representative; or being named as the beneficiary of an estate, will, or trust of a resident or resident representative | No Yes |
| Accepting money or any other consideration from anyone other than the provider agency or other entity designated by the STLCO for the performance of an act in the regular course of LTC Ombudsman duties | No Yes |
| Provision of services with conflicting responsibilities while serving as a LTCO such as adult protective services, discharge planning, serving as a guardian, agent under power of attorney, or other surrogate decision-maker for LTC residents in the service area | No Yes |
| Participation in pre-admission screening or case management for LTC residents | No Yes |
| Serving residents of a facility in which an immediate family member resides | No Yes |
| Participation in an activity that negatively impacts my ability to serve residents or are likely to create a perception that my interest is other than as a resident advocate | No Yes |

ACTUAL OR POTENTIAL ORGANIZATIONAL CONFLICTS OF INTEREST DISCLOSURE

If you answered “Yes” to any of the questions above, provide the identified conflict(s) of interest along with your procedures to remedy/remove them. You are welcome to add additional pages if necessary. If the ombudsman has identified a conflict of interest, notify the SLTCO as soon as possible to seek a resolution. If no conflicts were identified, please put non-applicable (N/A) in the boxes.

**Identified Conflict of Interest: Remedy or Removal Action(s)**

|  |  |
| --- | --- |
|  |  |
|  |  |

I have read the above and affirm that my service as an ombudsman is in compliance with the stated “conflict of interest” standard. If I am interviewing for the position of Ombudsman or to become an Assistant Ombudsman I understand any false information in the above statement may result in my decertification from the State of Idaho Long-Term Care Ombudsman Program.

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name/Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy Provided to State Ombudsman Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

# Idaho Assistant Ombudsman Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Communication preference:

|  |
| --- |
| Why do you want to be an Assistant Ombudsman? |

|  |
| --- |
| Have you been employed by a long-term care facility? If yes, list the facility name, location, and date.  Do you have any financial interest or involvement with a long-term care facility?  Do you have any family who are in management or leadership of a long-term care facility? |

|  |
| --- |
| Do you have a family member who resides in a long-term care facility? |

|  |
| --- |
| Briefly describe previous/current occupations, hobbies, and/or other interests: |

|  |
| --- |
| Describe any work or volunteer experience you have had with elderly individuals:  Do you have current car insurance?  *We will need a current copy on file.* |

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| --- |
| Do you have your own transportation?  *We will need a current copy on file.* |

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| --- |
| Are you willing to go to the facility on occasion, if needed, during nights and/or weekends? |

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| --- |
| Are you willing to go through an initial training program of 36 hours and 18 hours of recertification training annually? |

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| Do you have access to a computer at home?  If not, are you willing to come into the office to complete training and reports?  Are you willing to provide the documentation required for your training and visits promptly? |

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| --- |
| Are you willing to commit to volunteer for a minimum of one year and attend mandatory training meetings? |

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| --- |
| Are there times during the year when you will not be available?  If so, please indicate the dates or provide the ombudsman adequate heads up if your will not be available to make your visits more than a thirty-day period: |

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| --- |
| Do you speak a second language?   If yes, please indicate which language(s). |

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| --- |
| We serve a variety of clients.  If there are situations in which you would not be comfortable, please list them.  For example: nonverbal, confused, bedridden, etc. |

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| --- |
| Because we provide services to vulnerable people, we must be able to protect their safety.  Will you grant permission for a background check? |

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| Are you willing to sign our confidentiality and conflict of interest forms? |

Emergency Contact Information:  Name:

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to you:

**References:** List three references below not related to you.

* 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Relationship?

* 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Relationship?

* 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Relationship?

I give permission for the release of this confidential information from the references in this letter.

I verify that all the information provided on this application to the Long-Term Care Ombudsman Program is correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:

Signature of Ombudsman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:

# Assistant Ombudsman Program Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am willing to dedicate \_\_\_\_ number of hours a week for the next year as an Assistant Ombudsman.

I agree to accept supervision from the Ombudsman staff, attend the initial Assistant Ombudsman training and subsequent regular in-service training.  I agree to complete 18 hours of additional training through in-service meetings and on-line training on an annual basis that provides certificates of completion required by the Long-Term Care Ombudsman.

I agree to advocate for as directed by the resident, to follow the confidentiality guidelines set forth by the Ombudsman Program, to dress and conduct visitation in a professional manner, and agree to complete and submit report forms promptly.

I agree not to discriminate in the performance of my duties based on race, color, sex, sexual preference, religion, marital status, national origin, or the presence of any physical, mental, or sensory condition or disability.

I agree to avoid undue familiarity with a resident.  If a resident has a problem beyond the scope of an ombudsman, I will direct him/her to staff.  I will not pursue a relationship with a resident or their family outside my job description.

I understand that the AAA Long-Term Care Ombudsman Program maintains a zero-tolerance policy on drug and alcohol use during performance of ombudsman duties and I agree to not report to ANY program activities with a contagious condition or under the influence of alcohol or drugs.

I understand that I can be decertified if I am found to not be preforming satisfactorily, including not following the standards and practices of the State Long-Term Care Ombudsman Program.

Applicant’s Signature:                                                    Date:

# Abuse, Neglect, and Exploitation Agreement

LTCO are not mandatory reporters and may only share abuse, neglect, and exploitation allegations with other agencies if the resident (if appropriate, the resident representative) gives informed consent.

If the Assistant Ombudsman personally witnesses suspected abuse, gross neglect, or exploitation of a resident, the Assistant Ombudsman shall obtain informed consent from the resident to disclose resident-identifying information to appropriate agencies. However, the Assistant Ombudsman must notify their Ombudsman Program Manager immediately of the circumstances of the abuse, neglect, or exploitation.

Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Idaho State Long-Term Care Ombudsman Program Photo Release

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for the Idaho State Long Term Care Ombudsman Program to use my likeness in a photograph in any of its publications, included but not limited to the Idaho State Long Term Care Ombudsman Program’s printed, digital publications and social media. I understand and agree that any photograph using my likeness will become the property of the Idaho State Long Term Care Ombudsman Program.

I hereby authorize the Idaho State Long Term Care Ombudsman Program to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing The Idaho State Long Term Care Ombudsman Program or for any related, lawful purpose.

Signature: Date:

Printed

Name: Date:

# Ombudsman Program Confidentiality Statement

I will maintain the confidentiality mandated pursuant to The Older Americans Act, Section 307 et seq; 42 USC Section 3027 et seq.

I will keep confidential all information revealed to me through records, files, and statements made in person, phone, or in writing. I further declare that I will not disclose any information related to any complaint or investigation made regarding the identities of complainants, witnesses, patients, or residents unless such disclosure is authorized by the State Ombudsman and resident or their legal representative.

My visits and conversations with residents, their families, legal representatives, complainants, or facility staff must be treated as privileged information and should only be discussed with other Ombudsman staff or with the permission of the State Ombudsman.

Any information related to surveys made by the Bureau of Facility Standards, unless publicly published, is deemed confidential, to include any knowledge that survey will be entering into a facility.

All confidential provisions may be subject to disclosure only at the discretion of the State Ombudsman or where required by court order.

I agree not to disclose any confidential information related to the Ombudsman Program activities or their clients, complainants, facilities, without authorized permission.

**I understand and agree to the confidential nature of the Ombudsman Program.**

Printed Name of Applicant

Signature of Applicant Date

Regardless of an Ombudsman’s level(s) of advocacy effort, or the complexity of the issue/or problem being addressed, there is a basic set of principles which guide an Ombudsman’s decisions. The National Association of State Long-Term Care Ombudsman Programs developed the following Code of Ethics for Ombudsmen.

# Ombudsman Program Code of Ethics

1. The Ombudsman provides services with respect for human dignity and the individuality of the client unrestricted by considerations of age, social or economic status, personal characteristics, or lifestyle choices.

2. The Ombudsman respects and promotes the client’s right to self-determination.

3. The Ombudsman makes every reasonable effort to ascertain and act in accordance with the client’s wishes.

4. The Ombudsman acts to protect vulnerable individuals from abuse and neglect.

5. The Ombudsman safeguards the client’s right to privacy by protecting confidential information.

6. The Ombudsman remains knowledgeable in areas relevant to the long-term care system, especially regulatory and legislative information, and long-term care service options.

7. The Ombudsman acts in accordance with the standards and practices of the Long-Term Care Ombudsman Program and with respect for the policies of the sponsoring (contract) organization.

8. The Ombudsman provides professional advocacy services unrestricted by his/her personal belief or opinion.

9. The Ombudsman participates in efforts to promote a quality long-term care system.

10. The Ombudsman participates in efforts to maintain and promote the integrity of the Long-Term Care Ombudsman Program.

11. The Ombudsman supports a strict conflict of interest standard with prohibits any financial interest in the delivery or provision of nursing home, board and care services, or other long-term care services which are within their scope of involvement.

12. The Ombudsman shall conduct himself/herself in a manner which will strengthen the statewide and national Ombudsman network.

Name Date

# Background Check

Those selected to move forward in the process, following a successful interview and reference check, will be instructed by their local ombudsman staff on how to obtain the background check through the Idaho State Police Bureau of Criminal Identification Department (Idaho residency more than three (3) years) or the Idaho Criminal History Unit (Idaho residency less than three (3) years).

Applicants who have a disqualifying offense will not be accepted into the volunteer program, no matter how long ago the offense occurred.

https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=18188&dbid=0&repo=PUBLIC-DOCUMENTS

**Idaho Criminal History Unit**

A disqualifying offense is a specific offense which prevents an applicant from receiving a background check clearance. If an applicant is found to have a disqualifying offense listed below, they will be issued an unconditional denial and not allowed to provide services or receive licensure or certification.

**Disqualifying Offenses/Relevant Records – Permanent (Effective 03/20/2020)**

* A relevant record on either the state or federal sex offender registries.
* A relevant record on the Nurse Aide Registry.
* A relevant record on the state or federal Medicaid Exclusion Lists.
* A relevant record on any Child Protection Registry. (**Enhanced Background Checks Only**).
* A relevant record on the Idaho Child Protection Registry with a Level 1 or 2 designation. (**Standard Background Checks Only).**
* Abandoning a vulnerable adult.
* Abuse, Neglect, or exploitation of a vulnerable adult.
* Aggravated, first-degree and second-degree arson.
* Any felony punishable by death or life imprisonment.
* Assault with the intent to commit a serious felony.
* Attempt, conspiracy, accessory after the fact, or aiding and abetting to commit any of the disqualifying designated crimes.
* Attempted strangulation.
* Battery with intent to commit a serious felony.
* Crimes against nature.
* Enticing of children.
* Felony domestic violence.
* Felony sexual abuse or exploitation of a child
* Felony stalking.
* Forcible sexual penetration by use of a foreign object.
* Hiring, employing, or using a minor to engage in certain acts.
* Human trafficking.
* Incest.
* Inducing individuals under eighteen (18) years of age into prostitution or patronizing a prostitute.
* Injury to a child, felony, or misdemeanor.
* Kidnapping.
* Lewd conduct with a minor.
* Mayhem.
* Murder in any degree or Assault with intent to commit murder.
* Poisoning.
* Rape, in any degree.
* Ritualized abuse of a child.
* Robbery.
* Sale or barter of a child.
* Sexual abuse and exploitation of a child.
* Sexual abuse and exploitation of a vulnerable adult.
* Sexual battery of a minor child under sixteen (16) years of age.
* Video Voyeurism.
* Voluntary manslaughter, involuntary manslaughter, or felony vehicular manslaughter.

**Disqualifying Five Year Offenses (Effective 03/20/2020)**

* Any felony not listed in the permanent disqualifying list.
* Misdemeanor domestic violence.
* Failure to report abuse, abandonment, or neglect of a child.
* Misdemeanor forgery of and fraudulent use of a financial transaction card.
* Misdemeanor forgery and counterfeiting.
* Misdemeanor identity theft.
* Misdemeanor insurance fraud.
* Public assistance fraud.
* Sexual exploitation of a child by electronic means, felony, or misdemeanor.
* Stalking in the second degree.
* Misdemeanor vehicular manslaughter.
* Sexual exploitation by a medical care provider.
* Operating a certified family home without certification.
* Attempt, conspiracy, accessory after the fact, or aiding and abetting to commit any of the disqualifying five (5) year crimes.
* A materially false statement made knowingly in connection to the Department’s criminal history and background check application. (**Enhanced Background Checks Only)**

(Idaho Criminal History, 2022)

# Idaho State Ombudsman Program Reference Check

**Reference Reporter**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied to the Long-Term Care Ombudsman Program for the position of Assistant Ombudsman and has given your name as a reference.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has given permission to release this information to the Ombudsman Program. The Long-Term Care Ombudsman Program is responsible to make visits to Nursing Homes and Assisted Living Facilities and to advocate for vulnerable adults residing at these facilities. This is a volunteer position of great responsibility and trust. We appreciate your frank evaluation of the applicant.

This information is confidential and will not be shared outside of the Long-Term Care Ombudsman Program.

|  |
| --- |
| How long have you known the applicant? |
| What is the nature of your relationship? |
| Would you recommend this applicant to work with vulnerable adults? |

**Please describe the applicant’s ability in the following areas:**

|  |
| --- |
| * Communication Skills: * Listening Skills: * Ability to handle stressful/emotional situations: * Conflict resolution: * Dependability: |

Before beginning the interview, briefly explain the position and the purpose of the LTCO Program. Explain the importance of a good fit between the requirements of the Assistant Ombudsman position, what the volunteer is looking for, and the skills of the volunteer. Encourage each applicant to ask questions so he/she fully understands the duties of the position. 

# Idaho Assistant Ombudsman Interview Questions

1. What interested you about volunteering for the LTC Ombudsman Program?
2. What is your experience with nursing homes and/or assisted living facilities?
3. What is the number of hours/day(s) a week you are willing to volunteer?
4. Are you willing to make a commitment to volunteer for at least one year?
5. All Ombudsmen must submit a report either online or paper forms monthly. Will you be able to fulfill this requirement?
6. You will learn more about how to handle investigations in training but, given what you know now, how would you handle a problem you came across in a facility? For example: A complaint about cold food?
7. As an Assistant Ombudsman, you will be an advocate and a critical part of your role will be to convince the staff of your facility to make changes in the way they operate to better serve the residents. What do you think is the most effective way to accomplish this?
8. A resident who is diabetic wants to eat chocolate cake for dessert that the rest of the residents are eating. The dining room staff tell him that the cake is not on his diabetic diet, and they won’t serve him. He complains to you about the staff not giving him cake. Realizing you have not attended our certification training yet, what do your instincts tell you about how to handle this situation?
9. Some of the things you see and smell in the facilities may not be pleasant. How will you handle this?
10. Most people volunteer because they want to help others. However, sometimes the Ombudsman’s role requires you to step back and respect the resident’s wishes. This may mean doing nothing or to call on a facility staff person to provide help rather than you provide it. What is your reaction to the realization that you are not always able to help in the way you believe is best?
11. As an Ombudsman we are not mandatory reporters. How do you feel about not reporting claims of abuse, neglect, or exploitation when a resident wishes to not file a complaint?
12. How do you handle situations where you are frustrated? How do you handle situations when someone is frustrated with you?
13. Do you have anything else to add or any questions for us?

Interviewer Comments:

# Acceptance Letter

Date

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Congratulations! It is my pleasure to inform you that you have been selected to participate in the Idaho Assistant Ombudsman Program. There are a few things we want to mention before your training begins.

As we discussed during the application process, you agreed to complete the initial training and the designated time you can volunteer. ­The initial training requirement is broken down into on-line modules, classroom time, take-home assignments, and supervised facility visits. Please understand it is not permissible for trainees to visit facilities without supervision and represent themselves as ombudsman during the certification training. Training can begin once we receive your background check.

In the meantime, we ask that you obtain a fingerprint-based background check.  The instructions on how to obtain your background check are included with this letter. We are requesting that all forms and fees be submitted to the appropriate authority conducting the background check within ten days from today. Please note that your final acceptance into the Idaho Assistant Ombudsman Program, is contingent upon your ability to pass the background check.

Please feel free to contact me with any questions. I look forward to working with you.

Sincerely,

Name

Contact Information

# Denial Letter

Date:

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I want to thank you for your interest in the Ombudsman Program. Due to the requirements and responsibilities of the Long-Term Care Ombudsman Program, it is not always possible to accept applicants to the program. I regret to notify you that we have determined it is necessary to decline your application to the Idaho Assistant Ombudsman Program. We recommend that you continue to pursue a volunteer position within the community that best suits your abilities and fulfills your desire to serve.

With Gratitude,

Name of Ombudsman

The training is a minimum of 36 hours. Trainings for all new prospective volunteers throughout the state, in all six local Ombudsman Programs, are set up on a bi-annual basis. The first virtual in-classroom training begins the last week of March, and the second will begin the last week of August.

# Idaho Assistant Ombudsman Training Agenda

\*\*There will be an after-action program review of the guide after the first year on efficacy and frequency of the training provided. \*\*

**Virtual classroom hours:** A minimum of 16 hours in the classroom includes role-plays and other interactive activities, presentations by experts from other agencies, internal case discussions, or reviews, etc. Training includes remote classroom formats such as live webinars and/or phone discussions.

**NORS independent training:** 7 hours countable maximum independent study hours–NORS on-line module curriculum and NORS four-part training.

**Shadowing individual training:** A minimum of 10 hours in-facility training such as shadowing a trained representative of the Office, participating in a Resident Council meeting or observing a survey process.

The structure of the training is five, three and a half -hour days in a virtual classroom.

* Should there be COVID or a similar event, the in-facility shadowing can be postponed until it is possible to do window or in-person facility visits.
* Phone or virtual visits, including Resident Council and Family Council meetings, can continue during COVID or similar event.
* In preparation for the in-class training, the trainee must complete the applicable on-line module whether at home or at the AAA.

|  |  |
| --- | --- |
| NORC Training Module | Ombudsman Trainers |
| Module 1 Roles, Responsibilities, and Authorities | AAA 1 |
| Module 2 The Resident and the Resident Experience | AAA 2 |
| Module 3 Putting the Residents First | AAA 3 |
| Module 4 LTC Settings, Resident Rights, and Enforcement | AAA 4 |
| Module 5 Access and Communication | AAA 5 |
| Module 6 Facility Visits | AAA 6 |
| Module 7 LTCO Complaint Processing: Intake and Investigation | AAA 3 |
| Module 8 LTCO Complaint Processing: Analysis, Planning, Implementation, and Resolution | State Ombudsman |
| Module 9 Challenging Complaints and Referral Agencies | AAA 4 |
| Module 10 Documentation | State Ombudsman |

# Information for Trainees

Thank you for your interest in volunteering for the Idaho Long-Term Care Ombudsman Program. We hope it will be a rewarding experience for you.

You have been provided with three reference requests and a reference name and address sheet. Please submit your completed application package including the background check and the three references. We can begin training once we have received your completed application package.

You are required to participate in a minimum of 36 hours initial training to become a certified Assistant Ombudsman. You will be provided with a training schedule that consists of in-office virtual classroom, on-line, and supervised facility visit instruction. Please be on time and have assignments completed so we can discuss them and get the most out of our time together. Certification is not complete until all reading, assignments and facility visits are completed satisfactorily.

It is not permissible for trainees to visit facilities without supervision and to represent themselves as Ombudsmen during the certification training.

We look forward to getting to know you as your training progresses. Please call if you have concerns or questions.

Ombudsman name

Ombudsman phone number

# Initial Certification Training Hours

Requirements for initial certification for the Long-Term Care Ombudsman Program include a minimum of 36 hours of training.

* Up to 7 hours of independent study/homework

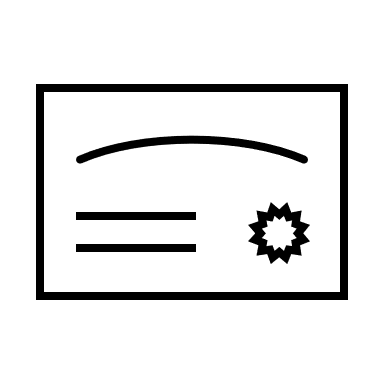
(Or no more than 20% for states providing more than 36 hours of training)

* At least 10 hours in the field

(Structured tours, shadowing)

* 16-20 hours of classroom training

(Case studies, role plays, interactive activities, films, webinars)



**Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Assistant Ombudsman Training Log

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Classroom Training  Hours | Number of Independent Training Hours | Module | Date |
|  |  | Module 1 SLTCO Roles & History |  |
|  |  | Module 2 Resident |  |
|  |  | Module 3 Resident Centered Care |  |
|  |  | Module 4 Rights & Enforcement |  |
|  |  | Module 5 Access & Communication |  |
|  |  | Module 6 Facility Visits |  |
|  |  | Module 7 Intake & Investigation |  |
|  |  | Module 8 Analysis to Resolution |  |
|  |  | Module 9 Challenging complaints |  |
|  |  | Module 10 Documentation |  |
|  |  | NORS 4 Part Training |  |

**Nursing Home Training on Site**

|  |  |  |
| --- | --- | --- |
| Number Hours Training | Facility Name | Date |
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|  |  |  |
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**Assisted Living Training on Site**

|  |  |  |
| --- | --- | --- |
| Number Hours Training | Facility Name | Date |
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Total number of hours completed \_\_\_\_\_\_ Recommendation:

Ombudsman Manager: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per the Administration for Community Living (ACL) the following training standards (as outlined in the November 27, 2019, memo) fulfill the Older Americans Act requirement for the Office of Long-Term Care Ombudsman Programs to establish minimum training standards for representatives of the Office of the State Long-Term Care Ombudsman (representatives) in each state.

# Initial Training Content Requirements

The standards:

1. 36 hours of initial training.
2. Specify the content of the training, including training relating to:

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

1. Investigative techniques.
2. Such other matters as the State determines to be appropriate.
3. 18 hours of in-service training (continuing education) for all designated representatives.

This checklist includes the core requirements, but it is important to review the entire ACL memo for additional background information, recommended practices, and detailed learning outcomes.

|  |  |
| --- | --- |
| 1. **Ombudsman program role, responsibility, and authority, specifically:** | a. Governing statues and regulations: Older Americans Act, Ombudsman program federal rule at 45 CFR 1324; applicable state statutes and regulations. |
| 1. Ombudsman program – organizational location, and structure, key program staff. |
| 1. Role of the State Ombudsman – functions and responsibilities 2. Identify, investigate, and resolve complaints, 3. Ensure that residents have regular and timely access to the Ombudsman program, 4. Represent the interests of residents before governmental agencies, etc., 5. Analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies (systems advocacy,) 6. Statewide leader, 7. Designate representatives of the Office, 8. Sole authority to make or delegate determinations concerning the disclosure of the files, records, and other information maintained by the Ombudsman program. |
| 1. Ethics and conflicts of interest – both individual and organizational. |
| **2.   The resident and the resident experience** | a.   Introduction to common health issues individuals using Long-Term Services and Supports (LTSS) may experience. Types of disabilities that people may live with including physical disabilities, developmental and intellectual disabilities, Alzheimer’s disease and related dementias, significant mental illnesses, |
| b.   Resident experience living in a long-term care setting, |
| c.   Myths and stereotypes about older adults and persons with disabilities. |
| **3.   Long-term care settings** | a.   Skilled Nursing Facility – federal regulations and any relevant state statues & regulations  i.     Resident rights,  ii.    Assessment & care planning – person centered care,  iii.   Transfer & discharge requirements and challenges,  iv.   Survey and inspection process. |
| b.    Residential Care Community, as defined in the state.  i.     Types of settings in the respective state,  ii.    Characteristics and level of services provided,  iii.   Resident rights, as applicable in state law,  iv.   CMS HCBS settings requirements as applicable,  v.    Licensing, survey, certification, and similar process. |
| c.   Resident and family councils  i.     Purpose,  ii.    Facility staff role and responsibilities,  iii.   Ombudsman program role. |
| **Access to residents, facilities & records** | a.   Program expectations regarding providing in-person access to residents and program standards regarding frequency of visits and protocols to follow during a visit. |
| b.   Access to facilities and residents  i.     Program access policies during regular hours and at any other time when access may be required by the circumstances to be investigated,  ii.    Access to the resident and to the name and contact information of the resident representative, if any,  iii.   Program policies on access to facility records- administrative records, policies, and documents, to which the residents have, or the public has access. |
| c.   Program procedure for access to resident records  i.     Access to review the residents’ medical, social, and other records.  1.    Requirements and steps to obtain consent to access resident records,  2.    HIPAA rule and the Ombudsman program. |
| **5. Disclosure** | a.   Disclosure of resident information and Ombudsman program records  i.     Program records may be disclosed only at the discretion of the Ombudsman or designee or pursuant to court order,  ii.    Prohibition of the disclosure of identifying information of any resident or complainant unless –  1.    resident or the resident representative communicates informed consent to the disclosure (verbal or documented,)  2.    State Ombudsman has authorized disclosure,  3.    In compliance with a court order.  iii.   Program policies and procedures; steps taken to disclose information. |
| **6.   Role of Resident Representative** | a.    Resident decision-making supports and options, |
| b.  State laws on third party decision makers; including guardianship, communication with a guardian, with a resident for whom a guardian has been appointed. |
| c.   Program polices on communication with resident representatives with regards to complaint processing in particular; i. the Ombudsman or representative of the Office shall ascertain the extent of the authority that has been granted to the resident representative. |
| **7.   Complaint Investigation** | * Reinforce access, disclosure, and role of the program as a resident advocate as part of complaint processing, |
| * Problem solving including Interviewing, observation, and complaint investigation techniques, |
| * Verification and resolution. |
| a.   Common types of complaints – including the use of the states’ NORS data, |
| b.   Abuse, neglect, exploitation, and the role of the Ombudsman program, |
| c.   Program policies and procedures related to complaint investigation.  i.     Resident consent to take action,  ii.    Role of resident representative,  iii.   Resident consent to disclose information,  iv.   Steps to take when no representative and resident not able to consent,  v.    If witness abuse, neglect, or exploitation,  vi.   Resolution strategies including referrals to outside entities, resolving at facility level, mediation, etc. |
| **8.   Common resources and agencies** | a.    Role of Ombudsman program legal counsel and legal assistance representation of residents, |
| b.    Natural partner agencies that assist residents which may include Older Americans Act programs, case management, adult protective services, protection and advocacy, dementia specialist, and others as identified by the State Ombudsman, |
| c.    Programs that pay for long-term services and supports, including an introduction to Medicare and Medicaid. |
| **9.    Documentation** | a.   Consent to access and consent to disclose forms, |
| b.   NORS documentation – case, complaints consultation, activities. |
| **10.  Communication** | a.   Communication with residents, their representatives, facility staff and others, |
| b.   Visit protocol and techniques to ensure that the representative of the Office provides consistent in-person access to residents. |
| c.   Types of communication – verbal, non-verbal, cultural differences, etc., |
| d.   Use of auxiliary aides and services in communication with residents. |

(Administration for Community Living (ACL), 2022)

(National Ombudsman Resource Center (NORC), 2022)

# Annual In-Service Training Required for Maintaining Certification (Continuing Education Training)

|  |  |
| --- | --- |
| A **Minimum of 18 hours per year** to be re-certified is required although more hours are encouraged. If 18 hours of continuing education have not been completed, the ombudsman will be decertified and must go through initial training again. | a.    Methods - A combination of training methods is acceptable:  i.     **Classroom** - including role-plays and other interactive activities; presentations by experts of other agencies, or internal case discussions, NORS consistency training or reviews, etc. Classroom training includes remote classroom formats such as live webinars and/or phone discussions)  ii.    **In-facility training** such as shadowing a trained representative of the Office or observing a survey process.  iii.   **Web-based and self-learning techniques** are acceptable including training offered by other entities, such as the National Center for Law and Elder Rights (NCLER), the National Center on Elder Abuse (NCEA), etc.  iv.   Recommend utilizing training /webinars provided or sponsored by the National Ombudsman Resource Center. |

# Post Certification Assistant Ombudsman Survey

Assistant Ombudsman Name:

Date:

Ombudsman:

* What were the most important takeaways from the training process for you?
* How can you apply those concepts when you begin your service as an Assistant Ombudsman?
* How do you think your personal qualities and talents will impact residents in a meaningful way?
* What additional questions do you have about this training?
* Where are you going to find needed support to be an effective Assistant Ombudsman?

* Describe the Ombudsman confidentiality requirement.

* Please describe how you would respond to the following situations.

1. Your best friend’s relative is thinking about moving to the facility at which you are an Assistant Ombudsman. Your friend asks you if there are any problems in that facility that you can tell him/her about.

1. You observe what you believe is a staff member using a resident’s cell phone.
2. A resident who you know has some dementia tells you over multiple visits that his belongings continue to go missing.
3. A resident tells you they are concerned after hearing they will be transferred to a different facility.

* Why do you feel this is the right volunteer opportunity for you?
* Facility preference:

Assistant Ombudsman: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Certified Assistant Ombudsman Training Evaluation

An evaluation is conducted for each Assistant Ombudsman during the last phase of training to determine the volunteer’s readiness for certification.

|  |  |  |  |
| --- | --- | --- | --- |
| Skills/Knowledge | Exceed Standards | Meets Standards | Needs Additional Training |
| Attends all training sessions and participates in discussions. |  |  |  |
| Interacts well with program staff and other volunteers. |  |  |  |
| Understands the role of the ombudsman. |  |  |  |
| Shows respect for cultural, ethnic, and personality differences. |  |  |  |
| Asks for help or advice when needed. |  |  |  |
| Accepts supervision and constructive criticism. |  |  |  |
| Expresses concern and empathy for residents in long-term care facilities. |  |  |  |
| Shows objectivity, organization, resourcefulness, and adaptability. |  |  |  |
| Exhibits strong verbal and written communication skills. |  |  |  |
| Interacts well with residents during supervised facility visits. |  |  |  |
| Demonstrates knowledge of resident rights. |  |  |  |
| Exhibits problem-solving skills. |  |  |  |
| Maintains a professional demeanor. |  |  |  |
| Works well independently. |  |  |  |

Notes:

\_\_\_ Individual is recommended for the Certified Assistant Ombudsman Program.

\_\_\_ Individual is NOT recommended for the Certified Assistant Ombudsman Program, at this time.

Person completing evaluation

(Print name):

(Signature):

Assistant Ombudsman’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Certified Ombudsman Review

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Evaluation is conducted at the completion of the first three months and annually by Ombudsman staff. This review is based on the performance at his/her assigned facility and on other areas of performance within the program. |

|  |  |  |  |
| --- | --- | --- | --- |
| Areas of Performance | Exceeds Standards | Meets Standards | Needs Additional Training |
| Attends all continuing education sessions and participates in discussions. |  |  |  |
| Interacts well with program staff and other Assistant Ombudsmen. |  |  |  |
| Understands the role of the Ombudsman. |  |  |  |
| Shows ability to respect cultural, ethnic, and personality differences. |  |  |  |
| Asks for help or advice when needed. |  |  |  |
| Accepts supervision and constructive criticism. |  |  |  |
| Expresses concern and empathy for residents in long-term care facilities. |  |  |  |
| Shows objectivity, organization, resourcefulness, and adaptability. |  |  |  |
| Exhibits strong verbal and written communication skills. |  |  |  |
| Interacts well with residents. |  |  |  |
| Interacts well with families of residents. |  |  |  |
| Demonstrates knowledge of resident rights. |  |  |  |
| Exhibits problem-solving skills. |  |  |  |
| Follows instruction. |  |  |  |
| Works well independently |  |  |  |
| Honors commitment to visit facility at least 4 hours per month. |  |  |  |
| Completes monthly activity report and turn them in promptly. |  |  |  |
| Wears identifying badge in facility. |  |  |  |
| Spends the majority of visit with residents and/or their families rather than with facility staff. |  |  |  |
| Dresses and conducts facility visits in a professional manner. |  |  |  |
| Exhibits a positive attitude. |  |  |  |
| Uses good infection control practices. |  |  |  |
| Works well with facility administrator and staff to meet the needs of residents. |  |  |  |

Notes:

Trainee is approved as a Certified Assistant Ombudsman.

Person completing evaluation (Print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature):

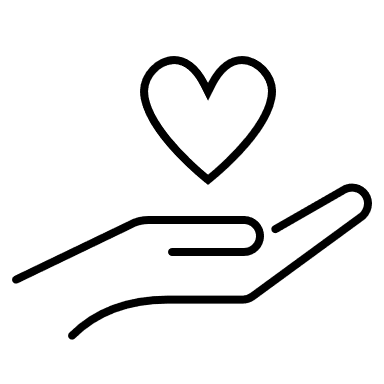
# Assistant Ombudsman Comments and Suggestions

Name: Date:

Wish to remain anonymous: No Yes

We value your input on the Ombudsman Program and are always looking for new ideas to improve. Thank you for taking the time to provide your comments and suggestions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Idaho State Long Term Care Ombudsman Program** | | | | |
| *Recertification* | | | | |
| **Assistant Long Term Care Ombudsman** | | | | |
|  | this certificate is awarded to | | |  |
| Name Surname | | | | |
|  | This certifies that the recipient has completed the required 18 Hours of training for the year and is competent in skills required to perform the duties of the Assistant LTC Ombudsman. | | |  |
| 01.01.2020 | |  | Supervisor | |
| date | |  | Ombudsman | |



Recognizes The In-Kind Donation Of Service By

Name

\_\_\_\_\_\_ number of In-Kind hours donated between Month, Year and Month, Year

Date issued

# Idaho Commission On Aging

Assistant Ombudsman

Ombudsman Manager

# Decertification Policy

According to the Long-Term Care Ombudsman Program, an Assistant Ombudsman may be decertified due to any of the following reasons, although other may exist.

* Assistant is no longer effective or is not performing his/her assigned duties after receiving ample time to correct any identified deficiencies.
* Existence of an unremedied conflict of interest.
* Deliberate failure of the individual to disclose any conflict of interest.
* Violation of confidentiality requirements.
* Failure to follow directions of program staff regarding policies, procedures, and practices
* Failure to act in accordance with the applicable federal and state laws, regulations, policies, ethics, and code of conduct of the Long-Term Care Ombudsman Program.
* Inappropriate behavior with a resident or facility staff member.
* Use of drugs/alcohol while performing activities as a certified assistant ombudsman.
* Assistant receives a conviction or withheld judgment related to an offense listed in the background check information.
* Failure to meet continuing education requirements.

An Assistant Ombudsman who is dismissed must immediately turn in his/her identification badge and any other relevant documentation. Program staff will contact the facility at which the Assistant Ombudsman had been serving to alert them that the individual is no longer participating in the program. Program staff will also notify the State Ombudsman who will finalize the decertification.

# Resignation Response Letter

[Date]

Dear [Name]:

I am sorry to hear that you have resigned from the Assistant Ombudsman Program, but I understand that we all have personal lives that effect our decisions. You will be missed.

I am enclosing an exit survey form and a self-addressed stamped envelope. We strive to continually improve our Assistant Ombudsman Program, so please take time to enter your comments. If you have not already done so, please return your name badge at your earliest convenience.

If you wish to return to the program as an active Assistant Ombudsman, contact your local Ombudsman Program.

Thank you for your participation. You have been a tremendous help to the residents you advocated for.

Sincerely,

# Decertification Letter

[Date]

Dear [Name]:

I regret to inform you that your certification as an Assistant Ombudsman has been rescinded.

This decision was made with great deliberation.

If you disagree with this decision you may appeal to the State Long Term Care Ombudsman: 6305 W. Overland Road, Suite 110, Boise Idaho 83709.

If you have not already done so, please return your name badge to the Area Agency on Aging office.

Please remember the confidentiality statement you signed prior to training as an Assistant Ombudsman stating: “I will maintain the confidentiality mandated pursuant to The Older Americans Act, Section 307 et seq; 42 USC Section 3027 et seq. I agree not to disclose any confidential information related to the Ombudsman Program activities or their clients, complainants, facilities, without authorized permission.”

Regretfully,

Assistant Ombudsman Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Assistant Ombudsman Program Exit Survey

How would you rate your overall experience as a Certified Assistant Ombudsman? (Please circle one)

         Excellent                 Good                       Fair                          Poor

How would you rate the quality of the training that you received prior to your certification and during continuing education? (Please circle one)

         Excellent                 Good                       Fair                          Poor

What did you like the most about serving as a certified Assistant Ombudsman?

What did you like the least about serving as a certified Assistant Ombudsman?

How could your experience have been improved?

While reflecting on your volunteer service as a certified Assistant Ombudsman, please indicate which benefit you considered to be the most valuable by ranking the following with ‘1’ being the most important and ‘7’ being the least important:

         \_\_\_\_\_\_ Location of assigned facility in relation to own neighborhood

         \_\_\_\_\_\_ Recognition events and gestures of appreciation

         \_\_\_\_\_\_ Flexible hours

         \_\_\_\_\_\_ Self-satisfaction/job fulfillment

         \_\_\_\_\_\_ Relationship with residents in facility

         \_\_\_\_\_\_ Knowledge shared by program staff and other volunteers

         \_\_\_\_\_\_ Mileage reimbursement (if applicable)

By having a greater understanding of why you are leaving the program, we may be able to refocus our program to accommodate other volunteers in the future. Please indicate below your reason for ending your service (Check all that apply).

         \_\_\_\_\_\_ Personal/family

         \_\_\_\_\_\_ Other time commitments

         \_\_\_\_\_\_ Did not feel well utilized.

         \_\_\_\_\_\_ Unresolved conflict within the program

         \_\_\_\_\_\_ Need a change/burn-out

         \_\_\_\_\_\_ Dissatisfaction with program staff, program structure, or the assignment

         \_\_\_\_\_\_ Only planned to serve for one year

         \_\_\_\_\_\_ Returning to the workforce or school full-time

         \_\_\_\_\_\_ Moving to a new area

         \_\_\_\_\_\_ Type of service was just not a good fit

         \_\_\_\_\_\_ Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions by circling yes or no.

I received constructive feedback on my performance.                                      Yes No

I was provided with the resources that I needed to effectively perform my duties. Yes No

The training that I received enhanced my ability to perform in my position.      Yes No

I received sufficient support, supervision, and guidance from program staff.    Yes No

I would consider volunteering with the Area Agency again in another capacity. Yes No

Was the Ombudsman Program Manager easily accessible? Yes No

Do you have any other comments or suggestions?

# Long-Term Care Ombudsman Program Grievance Against Assistant Ombudsman

The Ombudsman Program Manager or the State Long-Term Care Ombudsman shall investigate allegations of misconduct against any Assistant Ombudsman in the performance of his/her duties. All grievances must be documented in writing using the grievance form on page 65 of this guide.

The following information is requested:

1. Complainant contact information including name, phone number, email, or mailing address
2. The nature of the complaint:
3. Name of the person the grievance is against
4. Date and time of the incident
5. Location of the incident
6. Brief description of what happened
7. Specific facts supporting the allegation
8. Any documentation of the incident
9. Names of others involved or witnesses
10. What you would like as a resolution of the grievance

Upon receipt of a grievance report, the complainant will be contacted within 2 business days to acknowledge the receipt, clarify any information if needed, and explain the grievance process. All efforts will be made to investigate and respond to the complainant within 10 business days. A written response explaining the investigation and resolutions of the grievance will be provided. All decisions are final.

# Ombudsman Grievance Procedure

A grievance procedure is a means of internal dispute resolution by which an Ombudsman may have his or her grievances addressed.

* 1. Inform your Volunteer Coordinator or Ombudsman Program Manager of the grievance if no satisfactory solution has been found.
  2. File a formal complaint in writing using the Grievance Form attached on page 65. The grievant must also state his/her remedies sought, and document the attempts made to resolve the issue. Submit the completed form to your Ombudsman Program Manager or Volunteer Coordinator. A written response will be returned in a timely manner.
  3. Consider mediation.
  4. Consider appealing to the State Long-Term Care Ombudsman in case none of the above steps provide a satisfactory outcome.

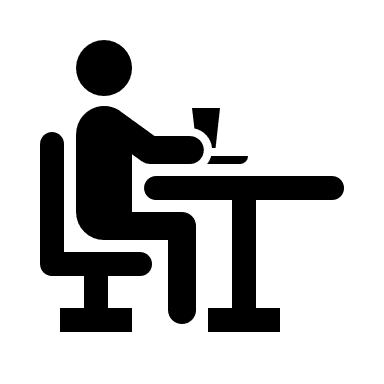
# Grievance Form

|  |
| --- |
| Date: |
| Name of person filing grievance: |
| Phone number: |
| Email address: |
| Mailing address: |
| Person you are filing a grievance against: |
| Date of dispute: |
| Time of dispute: |
| Location of dispute; |
| Witnesses to dispute and contact information: |
| Desired resolution of grievance: |
| Description of what happened: |

Signature of Complainant:

Date:The facility feedback form is to be sent out annually for a review of the Ombudsman’s activities within their designated facility. The form is to be sent to the facility’s Administrator for completion, but can also be filled out by staff in the facility who works closely with the Ombudsman (i.e. Social Services).

# Instructions for Facility Feedback Form

The Facility survey provides insight into what facilities understanding of the program is and their reported experience of working with the Ombudsman Program. This information can assist Program Managers to set program goals and provide needed training on specific focus areas.

Please share your feedback related to the Ombudsman Program

# Idaho State Ombudsman Program Facility Feedback

Thank you for your assistance to improve the Ombudsman Program. Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Please Rate the Assistant Ombudsman’s activities within the facility: | Never | Sometimes | Always |
| Ombudsman notifies the administration or staff in charge when the ombudsman is making routine visits. |  |  |  |
| Ombudsman interacts well with facility staff. |  |  |  |
| Ombudsman interacts well with residents. |  |  |  |
| Ombudsman interacts well with family members of residents. |  |  |  |
| Ombudsman understands the role of the ombudsman and stays within his/her scope. |  |  |  |
| Ombudsman shows ability to respect cultural, ethnic, and personality differences. |  |  |  |
| Ombudsman asks for help or advice when needed. |  |  |  |
| Ombudsman communicates issues to administrator when necessary. |  |  |  |
| Ombudsman expresses concern and empathy for residents in long-term care facilities and spends quality time with residents. |  |  |  |
| Ombudsman wears identifying badge while in facility. |  |  |  |
| Ombudsman exhibits a positive attitude. |  |  |  |
| Ombudsman demonstrates knowledge of resident rights. |  |  |  |
| Ombudsman maintains a respectful and professional relationship with administrator. |  |  |  |
| Ombudsmen make regular routine visits and is accessible to the residents. |  |  |  |

Please provide answers to the following:

Share any positive or negative feedback about the Ombudsman you have received from the residents.

Have you asked the Ombudsman to visit with specific residents? If so, was the outcome satisfactory?

Have you experienced any problems or frustrations with your Ombudsman?

Does the Ombudsman Program have a positive impact in your facility? Please explain.

What else can be done to provide you with support?

Facility Health and Welfare Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed:

Thank You!