



ILLINOIS DEPARTMENT ON AGING

APPLICATION

FOR

**REGIONAL LONG-TERM CARE
OMBUDSMAN PROGRAM**

DESIGNATION

FY 2017

APPLICATION TO PROVIDE OMBUDSMAN SERVICES UNDER THE OLDER AMERICANS ACT

APPLICANT AGENCY NAME:

Name:

Address:

Phone: Fax: Email Address:

<p>AGENCY TYPE:</p> <p>Public: <input type="checkbox"/> Not-For-Profit: <input type="checkbox"/></p> <p>F.E.I.N. #</p>	<p>AWARD PERIOD:</p> <p style="text-align: center;">to</p> <p>TYPE OF REQUEST:</p> <p>First Time Application: <input type="checkbox"/> Continuation: <input type="checkbox"/></p>
---	--

1. TOTAL COST	\$
2. OTHER FUNDS	\$
3. PROGRAM INCOME	\$
4. MONEY FOLLOWS THE PERSON FUNDS	\$
5. LONG-TERM CARE PROVIDER FUNDS	\$
6. LOCAL NON-FEDERAL SHARE	\$
7. FEDERAL SHARE (TITLE III and TITLE VII)	\$
8. GENERAL REVENUE FUNDS	\$
9. AAA MATCH REQUIREMENT (%)	\$

This application for Older Americans Act, Title III funds has been developed in accordance with all rules, regulations, policies, and procedures issued by the Administration on Aging, the Illinois Department on Aging and the Area Agency on Aging related to the operations of Ombudsman program services, and are hereby submitted to the Area Agency on Aging for approval.

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE	DATE
TYPE NAME AND TITLE OF AUTHORIZED AGENCY REPRESENTATIVE	
SIGNATURE OF BOARD CHAIRPERSON	DATE
TYPE NAME OF BOARD CHAIRPERSON	

SECTION I

PROGRAM PLAN

I. A. REGIONAL OMBUDSMAN PROGRAM DESCRIPTION

1. GEOGRAPHIC AREA TO BE SERVED (If your geographic area is smaller than a county, please describe).

2. REGIONAL PROGRAM AGENCY:

Agency Name:

Address:

Executive Director:

Phone #s: (Area Code + Telephone):

Area Code + Fax:

Website:

E-mail address:

3. PROJECT NAME (if applicable):

Name:

Address:

Phone #s: (Area Code + Telephone):

Area Code + Fax:

4. DESIGNATED REGIONAL OMBUDSMAN (if applicable):

Name:

Address:

Phone #s: (Area Code + Telephone):

Area Code + Fax:

E-mail address:

5. PHONE NUMBER FOR INFORMATION AND COMPLAINT FILING:

Local Number:

Toll Free Number:

Coverage Area:

6. STAFF AND VOLUNTEERS: Provide number of staff and volunteers for FY2017:

Number of full time staff:

Number of part-time staff:

Total FTE of paid staff:

Number of Volunteers:

I. B. ORGANIZATION STRUCTURE OF THE APPLICANT AGENCY

I. C. LONG-TERM CARE OMBUDSMAN BEDS

1. Number of licensed long-term care facility beds in the planning and service area:

I. D. OLDER AMERICANS ACT SERVICE EXPERIENCE

Check only one of the service experience categories listed below. The applicant should check the category which best describes the applicant's service experience.

- A. The applicant is presently designated as a Regional Long-Term Care Ombudsman Program in the solicitation area.
- B. The applicant is presently designated as a Regional Long-Term Care Ombudsman Program outside the solicited area in the State of Illinois.
- C. The applicant is presently providing Older Americans Act services or CCP services in the State of Illinois.
- D. The applicant is presently providing advocacy on behalf of Long-Term Care residents in the State of Illinois.

I. E. INVESTIGATIVE SERVICES

A. Complaint Investigation:

1. Number of projected of cases to be closed in FY 2017:
2. Number of years' experience having done similar complaint investigation work:

B. Provide justification for the projected number of cases to be closed in FY 2017:

APPLICABLE STANDARDS

1. Processing complaints made by or on behalf of residents and resolving the problems and questions of residents of long-term care facilities is the highest priority service of the LTCOP. [*Long-Term Care Ombudsman Policies and Procedures Manual Section 101 (F)*]
2. Every regional long-term care ombudsman program shall receive, investigate and resolve complaints made by or on behalf of older individuals who are residents of long-term care facilities relating to actions, inactions, or decisions of providers, or their representatives, of long-term care services, of public agencies, or of social service agencies, which may adversely affect the health, safety, welfare or rights of such residents. [*Long-Term Care Ombudsman Policies and Procedures Manual Section 402 (A)*].

APPLICABLE PROGRAM DIRECTIVES

1. A minimum of 43 cases will be closed per every 1000 beds.

[*Long-Term Care Ombudsman 2017 Benchmark Directive*]

I. F. REGULAR PRESENCE IN LONG-TERM CARE FACILITIES

A. Regular Presence:

1. Number of long-term care facilities that require a quarterly regular presence visit:
2. Number of total estimated visits for FY 2017:

B. Describe how the projected number of regular presence visits will be achieved and conducted for FY 2017.

APPLICABLE STANDARDS

1. LTCO presence in facilities should be as frequent as possible in order to assure resident's access to an ombudsman to address concerns. [*Long-Term Care Ombudsman Policies and Procedures Manual Section 403 (D) (1)*].
2. LTCO presence should be increased in facilities where there is a history of serious or frequent complaints. [*Long-Term Care Ombudsman Policies and Procedures Manual Section 403 (D) (2)*].
3. At a minimum, the Regional LTCOP shall visit each facility as follows:
 - a. skilled nursing - one time per quarter;
 - b. intermediate care - one time per quarter;
 - c. intermediate care for the developmentally disabled - one time per year;
 - d. sheltered care - one time per quarter;
 - e. assisted living - one time per quarter;
 - f. shared housing - one time per quarter; and
 - g. supportive living - one time per quarter.

[*Long-Term Care Ombudsman Policies and Procedures Manual Section 403 (A) (3)*]

4. A minimum of 1 regular presence visit shall be made at least once per calendar quarter. Regular Presence visits are required at skilled & intermediate care facilities, assisted living and shared housing establishments, supportive living facilities, ICF-DDs, and SMHRFs.

[*Long-Term Care Ombudsman 2017 Benchmark Directive*]

I. G. ISSUE ADVOCACY

A. Issue Advocacy:

1. Describe how the RLTCOP will ensure that the interests of residents are represented to government agencies and policy makers during the program period.

2. Describe at least one local initiative that the RLTCOP will address during the program period.

APPLICABLE STANDARDS

1. The LTCOP shall assure that the interests of residents are represented to governmental agencies and policy makers. *[Long-Term Care Ombudsman Policies and Procedures Manual Section 405 (A)].*

I. H. CONSULTATIONS TO INDIVIDUALS

A. Consultations to individuals:

1. Number of projected consultations to individuals for FY 2017:

B. Provide justification for the projected number of consultations to individuals to be received for FY 2017.

APPLICABLE STANDARDS

1. The LTCOP shall provide information and consultation regarding long-term care issues and the needs and rights of long-term care facility residents. *[Long-Term Care Ombudsman Policies and Procedures Manual Section 404 (A)].*
2. Each Regional LTCOP shall promptly respond to requests for information; however responses should not take more than five (5) working days from the date the LTCOP provider agency received the request. *[Long-Term Care Ombudsman Policies and Procedures Manual Section 404 (B)].*

APPLICABLE PROGRAM DIRECTIVES

1. A minimum of 135 Consultations to Individuals will be conducted per every 1000 beds.
[Long-Term Care Ombudsman 2017 Benchmark Directive]

I. I. RESIDENT AND FAMILY COUNCILS

A. Resident and Family Council Meetings:

1. Number of projected Resident Council meetings to be attended in FY 2017.
2. Number of projected Face to Face Visits with Resident Council Representatives to be conducted in FY 2017.
3. Number of projected Family Council meetings to be attended in FY 2017.

B. Provide justification for the projected numbers of family and resident councils to be attended during the designation period.

C. Describe relevant best practices and experiences of working with the families and caregivers.

APPLICABLE STANDARDS

1. The LTCOP shall provide technical support to resident and family councils in long-term care facilities. *[Long-Term Care Ombudsman Policies and Procedures Manual Section 406(A)].*
2. At the minimum, the LTCOP shall respond to phone calls and provide literature relating to resident and family councils in long-term care facilities. *[Long-Term Care Ombudsman Policies and Procedures Manual Section 406(A)].*

APPLICABLE PROGRAM DIRECTIVES

2. A Certified LTCO must attend at least 1 resident council meeting at a minimum of 85% of the skilled and intermediate care facilities on an annual basis.

[Long-Term Care Ombudsman 2017 Benchmark Directive]

I. J. VOLUNTEER MANAGEMENT

A. Volunteer Management:

1. Number of projected new Volunteer Ombudsmen to be recruited in FY 2017.

B. Describe how the program will recruit the projected number of volunteer ombudsmen and how volunteers will be utilized by the program.

C. Describe how the program will support volunteers.

APPLICABLE STANDARDS

1. The LTCOP shall utilize volunteers to maximize its resources to benefit residents. *[Long-Term Care Ombudsman Policies and Procedures Manual Section 1000 (A)].*

I. K. COMMUNITY EDUCATION

A. Community Education:

1. Number of projected Community Education sessions for FY 2017.

B. Provide justification for the projected number of community education sessions to be conducted for FY 2017.

APPLICABLE STANDARDS

1. The LTCOP may provide community and facility staff in-service educational programs regarding long-term care issues. *[Long-Term Care Ombudsman Policies and Procedures Manual Section 404 (C)].*

APPLICABLE PROGRAM DIRECTIVES

1. A minimum of four general community education sessions must be conducted plus an additional one community education session per each required full-time equivalent paid ombudsman staff member; and
2. A minimum of four MFP Community education sessions must be conducted.
[Long-Term Care Ombudsman 2017 Benchmark Directive]

I. L. CONSULTATIONS AND IN-SERVICE TRAININGS TO LONG-TERM CARE FACILITY STAFF

A. Consultations and In-Service Trainings to Long-Term Care Facility Staff:

1. Number of projected consultations to long-term care facility staff for FY 2017:
2. Number of projected in-service sessions for FY 2017:

B. Provide justification for the projected number of consultations to facility staff and in-service sessions planned for facility staff during the designation program period and describe the training topics.

APPLICABLE STANDARDS

1. The LTCOP may provide community and facility staff in service educational programs regarding long-term care issues and the needs and rights of long-term care facility residents. *[Long-Term Care Ombudsman Policies and Procedures Manual Section 404 (C)].*

APPLICABLE PROGRAM DIRECTIVES

1. The LTCOP must provide a minimum of one facility staff in-services per every twenty long-term care facilities. Long-term care facilities include skilled & intermediate care facilities, assisted living and shared housing establishments, supportive living facilities, ICF-DDs, and SMHRFs.
[Long-Term Care Ombudsman 2017 Benchmark Directive]

I. M. MONEY FOLLOWS THE PERSON REFERRALS AND EDUCATION

A. Money Follows the Person (MFP) Referrals and Education*:

1. Number of projected MFP Referrals to be provided in FY 2017.

B. Provide justification for the projected number of MFP Referrals to be made during the reporting period as well as for how the Program will meet the following MFP deliverables:

Provide MFP outreach and education opportunities to both the public and long-term care facilities. Disseminate educational materials to residents, families, staff and the general public.

Maintain ongoing collaboration and communication with MFP Transition Coordinators on active cases as necessary. Contact the State Ombudsman if issues arise.

Submit a brief narrative report of activities within 10 days upon completion of the quarter to the AAA. The report should include an update on successes, challenges, and recommendations for improvement.

C. Describe relevant best practices and experiences of working with the Money Follows the Person Program.

***Please note: Funding for MFP shall terminate June 30, 2017. There will be no further funding for MFP after this date.**