

OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN
Illinois Department on Aging

Instructions for Completing the
FY 2017
Regional Long-Term Care Ombudsman Designation Application

GENERAL SUBMISSION REQUIREMENTS

NOTE: Please refer to *Solicitation Specifications* for any additional submission requirements.

All Proposals must be submitted on the "Proposal for Regional Long-Term Care Ombudsman Designation" format and must be bound to ensure that the entire content remains complete and intact. The applicant may use a three-ring binder, bound folders or a ring or brad to bind the contents. DO NOT SUBMIT loose pages bound with rubber bands, loose pages in a file folder or stapled applications. Any Proposal which is not securely bound may not be reviewed or considered for award of contract/grant.

At least two (2) copies of the submitted Proposal must contain the original dated signature of an authorized representative of the applicant/agency, who is an owner, officer or employee of the applicant/agency who has the authority to commit the agency to a financial and/or contractual responsibility. Refer to the *Solicitation Specifications* for:

- number of originally signed proposals, with all required attachments, which must be submitted,
- number of additional copies, with all required attachments, which must be submitted,
- Area Agency on Aging address and contact person,
- deadline for Proposal submission, and
- any additional submission information or requirements.

The applicant must ensure receipt of the Proposal by the appropriate Area Agency on Aging on or before the close of business on the date specified in the *Solicitation Specifications*. Proposals received after the deadline will not be considered for award of contract/grant.

A Proposal may be withdrawn by the applicant through submission of a written notice to the Area Agency on Aging prior to the award decision.

APPLICATION COVER PAGE

Applicant Agency Name. Enter the legal name of the applicant agency and provide the complete address, phone number, fax and email address.

Agency Type. Check the box that applies to the applicant agency and enter the Federal Employer Identification Number.

Award Period. Enter the dates of the proposed grant period. Check the box that applies to the purpose of submission, i.e. if this is a first time application - check first time application, if this is a continuation from the previous year - check continuation.

Cost of the Program. The applicant agency is to provide information on the total cost, other funds, program income, Money Follows the Person funds, Long-Term Care Provider funds, local non-federal share, General Revenue Funds, and Title III and Title VII Older Americans Act funds requested under this application. These budget figures are to be obtained from Exhibit II.A, line 7 - TOTAL COSTS. In addition, the applicant agency is to provide the match amount required by the Area Agency on Aging. The Area Agency on Aging will provide the percentage.

Signatures. Original signatures are required to be submitted on two (2) copies of the applications.

SECTION I: PROGRAM PLAN

I.A. REGIONAL OMBUDSMAN PROGRAM DESCRIPTION

Under Section 307 (a) (12) (vi) of the Older Americans Act, area or local ombudsman entities designated by the State Office are to be subdivisions of the Office of State Long-Term Care Ombudsman. This exhibit will provide information to the Area Agency on Aging concerning the agency or agencies proposing to be designated as a Regional Ombudsman Program in the planning and service area.

1. Geographic Area to be Served. List each of the counties within the planning and service area. If the geographic area is smaller than a county, please describe. The service area will vary depending upon specific AAA requirements. Refer to the Guidelines for Completion of Proposal Designation, Solicited area Section, page 6 for further details.
2. Regional Program Agency. Enter the legal name of the applicant agency, the complete address, the name of the executive director, phone number, fax number, website, and email address.
3. Project Name. If the program will be operated under a project name, complete this section with the name of the project, the complete address, phone number, and fax number.
4. Designated Regional Ombudsman. One individual within the Regional Program is to be listed who will have the primary responsibility to supervise and carry out the activities of the Regional Long-Term Care Ombudsman Program and be able to work full-time to perform LTCOP functions without conflict. [*Long-Term Care Ombudsman Policies and Procedures Manual Section 303 (D) (3)*]. His or her work address, phone, and email are also to be provided. A job description must be attached to the application.
5. Phone Number for Information and Complaint Filing. The telephone number to be used and publicized by the Regional Program to receive complaints and receive requests for information on long-term care. List coverage area of toll free number (regional; statewide; or nationwide).
6. Staff and Volunteers. Enter the requested information.

I.B. ORGANIZATION STRUCTURE OF THE APPLICANT AGENCY

The organizational roles, responsibilities, and authorities of the applicant agency should be identified using a vertical organization chart, presenting levels of authority vertically, and functions or programs horizontally. All organizational units within the applicant agency should be included.

The unit or sub-unit with greatest authority should be placed at the top and the unit or sub-unit with the least authority at the bottom. An effort should be made to indicate parallel authority among units, whether line or staff, by placing units with similar levels of authority at the same level on the chart. Lines of authority should be noted by drawing a solid vertical line between units where one unit holds the other accountable for its actions. Staff units should be indicated by a horizontal line extending from the appropriate line unit to which a staff unit provides support. An asterisk (*) must be placed beside the unit with ascribed responsibility for Regional Ombudsman program activities.

The chart should also identify the advisory group and the governing board of the agency as it relates to the Regional Ombudsman Program. A governing board's line of authority should be indicated by a solid line. An advisory group's relationship should be indicated by a dotted line.

I.C. LONG-TERM CARE OMBUDSMAN BEDS

Under this exhibit, the applicant agency is requested to establish targets for service delivery under this grant.

1. **Number of licensed long-term care facility beds in the planning and service area.** The number should include the total number beds in the service area according to the IDPH Annual Facilities Report provided by the Office.

I.D. OLDER AMERICANS ACT SERVICE EXPERIENCE

Check the blank which most accurately describes the applicant agency's current experience. Select only one of the potential responses.

I.E. INVESTIGATIVE SERVICES

A. Complaint Investigative Services:

1. Number of projected cases to be closed in FY 2017.

Include projected number of cases to be closed. Cases consist of complaints which may be referred to the regional ombudsman program either through the Department's Senior Helpline 800 Unit, the AAA, some other source, or those received directly by the Regional Ombudsman Program.

Section 307 (A) (12) (A) (I) of the Older Americans Act requires that the Ombudsman program:

"Investigate and resolve complaints made by or on behalf of older persons who are residents of long-term care facilities relating to action, inaction, or decisions of providers, or their representatives, of long-term care facilities, of public agencies, or of social service agencies, which may adversely affect the health, safety, welfare, or rights of such residents."

A complaint is defined as a problem, concern, or issue reported to or observed by an ombudsman on which the ombudsman takes action on behalf of the resident(s) or participant(s). By making a complaint (expressing the problem, concern, or issue), the complainant is asking the ombudsman to intervene or alter the outcome of a situation or solve a problem.

A case includes ombudsman investigation, strategy to resolve, and follow-up on one or more complaints made by or on behalf of a resident or participant.

2. Number of years' experience having done similar complaint investigation work.

Include the number of years' experience the applicant agency has provided similar complaint investigative work.

B. Provide justification for the projected number of cases to be closed in FY2017.

This section is to be completed by all applicants. The description must include rationale and supporting documentation as to how the projected number of cases to be received was determined and calculated. Describe previous experience in which the applicant worked to resolve complaints on behalf of older adults.

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

A. Regular Presence:

1. Number of licensed facilities that require a quarterly regular presence visit.

According to the Long Term Care Ombudsman Policies and Procedures Manual Section 403, a Regional Long-Term Care Ombudsman Program shall visit each facility with Nursing Home Care Act licensed skilled and intermediate care beds, assisted living and shared housing establishments, and supportive living facilities within its service area at least once per calendar quarter. Intermediate Care Facilities for the Developmentally Disabled shall be visited at least once per year.

The FY2017 Benchmark Directive requires a minimum of a quarterly visit at ICF-DDs as well as SMHRFs in addition to what is required under the Policies and Procedures Manual.

2. Number of total estimated visits for FY 2017.

Include projected number of long-term care facility visits that the applicant plans to make in FY 2017.

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

The applicant should describe how the regular presence visits will be achieved and maintained throughout the designation program period. Applicant should describe the estimated number of ombudsmen who will provide regular presence visits. A description of how staff will be assigned should be included in this section.

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.

Include action steps and examples on ways the regional program will provide issue advocacy for the Long-Term Care Ombudsman Program.

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

Include the statement of the initiative, the background and analysis of the initiative and the RLTCOP strategy to address the initiative.

I.H. CONSULTATIONS

A. Consultations:

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

Consultations are questions or requests for information made by telephone or in person on a one to one basis. It does not involve investigating and working to resolve complaints.

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

The applicant should describe how the RLTCOP intends to receive and answer inquiries. In addition, the applicant should describe its experience in handling inquiries and questions.

I.I. RESIDENT AND FAMILY COUNCIL SUPPORT:

A. Resident and Family Council Support:

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 FY2017.
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.

Describe how the applicant plans to attend resident council and family council meetings and create new family councils. Describe how volunteer management will play a role in attending and establishing family councils.

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

The applicant should describe and provide examples of best practices and experiences of working with families and caregivers.

I.J. VOLUNTEER MANAGEMENT

A. Volunteer Management:

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

Provide the number of new volunteer ombudsmen the applicant projects to recruit in FY 2017.

B. Describe how the program will recruit the projected number of volunteer ombudsmen for FY 2017 and how volunteers will be utilized by the program.

The applicant should describe how the program will recruit volunteers during the designation period. An explanation of how volunteers will be used should be included in this section.

C. Describe how the program will support volunteers.

The applicant should describe how the program will manage, support and retain volunteers during the designation period. Explain the volunteer management structure including who will be directly responsible for volunteers.

I.K. COMMUNITY EDUCATION

A. Community Education:

1. Number of projected community education sessions for FY 2017.

Define the number of projected education sessions to be conducted during FY 2017. The number should include educational presentations regarding the Regional Ombudsman Program, the long-term care system, the rights and benefits of residents of long-term care facilities, services available, and concerns of the consumers of long-term care services for FY 2017.

A minimum of four general community education sessions plus and additional one community education session per each required full-time equivalent paid ombudsman staff member must be conducted. In addition, a minimum of an additional four MFP community education sessions must be conducted.

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

The applicant should list the session topics planned for the designation program period with an explanation of how sessions will target and address the community needs. Those staff who will be responsible for presenting and conducting education sessions should be identified. An action plan with proposed education session dates should be included in this section in the description. The applicant should describe its experience presenting and conducting public education sessions.

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

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

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

Consultations to long-term care facility staff are questions or requests for information made by telephone or in person on a one to one basis by facility staff. It does not involve investigating and working to resolve complaints.

2. Number of projected in-service sessions for FY 2017.

Provide the projected number of in-service trainings for FY 2017. In-service trainings are sessions conducted for staff of long-term care facilities.

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.

The applicant should describe how the RLTCOP intends to receive and answer inquiries from facility staff. In addition, the applicant should describe its experience in handling inquiries and questions. The applicant should list in-service topics. Staff assigned to provide this service should be identified. The applicant should also describe past experiences and practices of facilitating and conducting trainings.

I.M. MONEY FOLLOWS THE PERSON REFERRALS AND EDUCATION

A. Money Follows the Person:

1. Number of projected MFP referrals 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.

The applicant should describe how the RLTCOP intends to receive MFP referrals. In addition, the applicant should describe its plan to meet the additional MFP deliverables. The applicant should list staff assigned to provide education and outreach activities. The applicant should also describe past experiences with the MFP program.

1. Identify and enter referral information on potentially eligible residents at www.mfp.illinois.gov website for MFP consideration.
2. 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.
3. Maintain ongoing collaboration and communication with MFP Transition Coordinators on active cases as necessary. Contact the State Ombudsman if issues arise.
4. 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.

The applicant should describe and provide examples of best practices and experiences of working with the Money Follows the Person Program.

SECTION II: FINANCIAL PLAN

The purpose of this section is to identify anticipated financial expenditures and related outputs for resources that the applicant agency anticipates it will have available to support activities under the grant.

It should be noted that the applicant agency is being requested to provide information regarding the use of all resources to be used to carry-out the responsibilities of the grant. This has been done in order to interrelate the information provided in the program and financial sections of the grant proposal and to determine the full cost of operating Regional Ombudsman Program activities in the planning and service area. All resources shall include Title III-B and Title VII ombudsman allocation amounts, General Revenue funds, non-federal cash or in-kind match, Long-Term Care Provider funds, Money Follows the Person funds and other resources such as the use of Title V-SCSEP positions/funds. Volunteers if used shall be indicated as costs of the program and may appear in either the non-federal share - in-kind column or the other sources column.

II.A. REGIONAL LONG-TERM CARE OMBUDSMAN PROGRAM BUDGET SUMMARY

For each major budget category delineated, enter the amount of the budget line attributed to each of the funding sources identified in columns (a) through (h) by the total cost of the budget category and the amount to be paid under applicant agency administration and ombudsman services.

The TOTAL BUDGETED COSTS column is to be utilized to indicate the total amount budgeted for each of the lines.

The costs under each budget category are to be taken from Exhibits II.B through Exhibits II.G.

II.B. PERSONNEL DETAIL

For each individual to be employed by the applicant agency under this grant specify:

Column a: Employee name (optional) and job title.

Column b: Full Time Equivalency of the employee listed.

Columns c - j: Enter the cost budgeted by source for each individual for salary and wages for the budget period.

For each employee listed enter in the TOTAL BUDGETED COSTS column for salary and wages (i.e. the sum of column c through j).

Please note that volunteers, if used, may be listed individually or grouped by job function and related budget amounts entered.

The EMPLOYEE TOTAL line is to contain the grand total of these columns.

II.C. FRINGE BENEFITS DETAIL

Enter each fringe benefit provided for the applicant agency's employees and paid for under the grant. Specify for each benefit, the rate at which the benefit is provided or withheld (i.e. FICA, Retirement, Insurance, etc.) and enter the amount of each benefit by source of funds.

For each fringe benefit provided, enter the sum of columns (b) through (i) in the TOTAL BUDGETED COSTS column.

The FRINGE BENEFITS TOTAL line is to contain the grand total of these columns.

II.D. TRAVEL ANALYSIS DETAIL

Specify the amount budgeted for each of the applicant agency's travel expenses detailed by source of funds.

For each travel expense detailed, enter the sum of columns (b) through (i) in the TOTAL BUDGETED COSTS column.

The TOTAL TRAVEL line is to contain the grand total of these columns.

II.E. EQUIPMENT AND SUPPLIES DETAIL

For each type of equipment and supplies entered, specify under column (a) the item description (i.e. filing cabinet, desk top supplies); reason for the request (a reason is not required for routine office supplies); enter the quantity of the item to be purchased and the unit price; and enter the cost of the items by source of funds in columns (b) through (i).

For the equipment and supplies detailed, enter the sum of columns (b) through (i) in the TOTAL BUDGETED COSTS column.

The EQUIPMENT AND SUPPLIES TOTAL line is to contain the grand total of these columns.

II.F. CONTRACTUAL AND OTHER EXPENSE DETAIL

- A. **Contractual Expenses.** Any funds budgeted for "Consulting Costs" should be listed in this exhibit. The applicant should identify what service or product those funds are purchasing.
- B. **Other Expenses.** Any other applicant agency expenses not detailed in the Exhibits II.B through II.E must be included in the Other Expenses Detail. Below are examples of the types of expenses that may be listed. List these items only if they will be a budgeted cost of the grant.

Staff Training and Conferences. Enter the amount budgeted for purposes of providing training for staff of the applicant agency and for staff attendance at conferences. Expenses incurred traveling to and from conferences should be indicated in **Auto Operating Expenses** in this exhibit if travel is by agency-owned vehicle or should be indicated on Exhibit II.D if by other means.

Project Training and Conferences. Enter the amount budgeted for purposes of providing training to local Ombudsman Program staff, if the program is operated with such staff, as well as attendance of these staff at conferences. If travel is provided, expenses are to be included in this line.

Telephones. Enter the amount budgeted for telecommunications.

Postage. Enter the amount budgeted for postage expenses.

Legal Services. Enter the amount budgeted for payment of applicant agency legal services provided to the applicant agency in relation to this grant.

Copier Expenses. Enter the amount budgeted for photocopying expenses.

Consulting Fees. Enter the amount budgeted for payment of consulting services provided to the applicant agency in relation to this grant.

Insurance. Enter the amount budgeted for payment of liability and surety insurance premiums for coverage provided to the applicant agency and its staff. Health and life insurance for employees should be on Exhibit II.C.

Auditing. Enter the amount budgeted for payment of auditing expenses incurred by the applicant agency.

Physical Exams. Enter the amount budgeted in column (i) for payment of physical examinations secured in connection with Title V - SCSEP, only if applicable.

Equipment Maintenance. Enter the amount budgeted for maintenance of equipment owned by the applicant agency.

Auto Operating Expenses. Enter the amount budgeted for the operation of applicant agency owned vehicles.

Other. Specify any other non-listed expense budgeted by the applicant agency and enter the amount budgeted for each item specified.

For each other expense detailed, enter the sum of columns (b) through (i) in the TOTAL BUDGETED COSTS column.

The OTHER EXPENSES TOTAL line is to contain the grand total of these columns.

II.G. LOCAL NON-FEDERAL SHARE AND OTHER SOURCES DETAIL

The amount of local non-federal cash and in-kind sources and other sources shown must agree with budget amounts appearing in Exhibit II.A.-G.

1. Cash Sources. If local non-federal share - cash is listed as a resource in Exhibit II.A (column b) and supporting budget pages, enter the source of the cash resource and the amount. Enter the sum of cash sources listed on the TOTAL CASH SOURCES line.
2. In-Kind Sources. If local non-federal share - in-kind is listed as a resource in Exhibit II.A (column c) and supporting budget pages, enter the source of the in-kind resource and the estimated value amount. Enter the sum of in-kind sources listed on the TOTAL IN-KIND SOURCES line.
3. Total Local Non-Federal Sources. Enter the sum of TOTAL CASH SOURCES plus TOTAL IN-KIND SOURCES.
4. Other Sources. If other sources are listed as a resource in Exhibit II.A (column g) and supporting budget pages, enter the source of the other resource and the amount. Enter the sum of the other sources listed on the TOTAL OTHER SOURCES line.