

In 1971, following the establishment of the Medicare and Medicaid Programs and the increase in number of skilled nursing facilities that followed, President Nixon called for the creation of a community-based program that would help residents resolve issues with the quality of their care and quality of life. The 1978 amendments to the Older Americans Act established the Nursing Home Ombudsman Program. In 1981, the program was expanded to include Assisted Living communities.

Today, Long-Term Care Ombudsman Programs provide invaluable assistance to residents, their friends, families, communities, and the public in all 50 states. We caught up with **Joseph Rodrigues, the California State Long-Term Care Ombudsman**, to ask how the program has developed and changed in the past 35 years.

# evolution

of the Ombudsman Program



**1** Tell us about your background and your history with the Ombudsman program.

**Joseph Rodrigues:** I've spent most of my professional life in services for older adults. My first job in aging was as a provider. I ran a nonprofit adult day care, later an adult day support center. The center grew from serving 12-15 participants to about 40 persons a day. We developed a two-track program: one for people who had cognitive impairments, the other for higher functioning participants who needed assistance, but wanted more stimulation in their activities.

From day care, I went to work for the Alameda County Area Agency on Aging (AAA). I started as a program services coordinator, negotiating and monitoring contracts with nonprofits and public agencies for the provision of Older Americans Act services. I later became the Planner for the AAA and was responsible for developing the AAA's Area Plan. The Area Plan is the document that describes the population the AAA serves, the needs of older adults in the planning and service area, and how the provision of Older Americans Act services will help keep older adults in their homes. I then became Assistant Director of the AAA and ran the day-to-day operations of the organization.

I've been the California State Long-Term Care Ombudsman since 2002. In my capacity, I oversee the Office of the State Long-Term Care Ombudsman and the 35 local Ombudsman programs that work to resolve the problems of residents in long-term care facilities. I also advocate for improvements to our long-term care system by working with other stakeholders, the State and federal regulatory agencies, the Legislature, and the Governor's Office. I've recently completed two biennial terms as the President of the National Association of State Long-Term Care Ombudsman Programs.

**2** What was an Ombudsman's role like when you first became involved in the program? How, if at all, has that role changed over the years?

**Joseph Rodrigues:** As mandated by the federal Older Americans Act, "the Ombudsman serves on a fulltime basis, and shall, personally or through representatives of the Office, identify, investigate, and resolve complaints that are made by, or on behalf of residents; and relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or right of the residents" (42 USC 3058g (a)(3)). This core mission has been consistent since the birth of the program in the 1970s. What I believe has changed is the complexity of complaints that the program tries to resolve. Long gone are the days of cold coffee and lost clothing. Today, Ombudsman representatives deal with issues about medications, resident conflict, environmental issues within facilities, accidental injuries or injuries of unknown origin, and unfortunately, abuse.

**3** What other new issues or challenges have you noticed? How can Ombudsmen and Assisted Living providers collaborate to address these issues?

**Joseph Rodrigues:** Local Ombudsman programs often find residents who are being taken advantage of by family, friends, or new "friends" that have insinuated themselves into the life of the older adult. These persons may gain access to a resident's finances, home, or possessions and may take advantage of the resident.



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Assisted Living providers should be on the alert for these types of situations and report any suspected or known financial or residents' rights abuse to their local Ombudsman. With swift intervention, assets can be preserved and residents can regain control of their lives.

Resources are a constant challenge for the program. Ever since we lost all State General Fund support for local Ombudsman programs in 2008 (\$3.8 million—approximately 50% of our total funding) we have had to think about how to best maximize our time in response to resident complaints. This has meant reducing other types of Ombudsman activity like visits to meet new residents, community education, and other training opportunities once provided by the program.

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**4** Tell us about local Ombudsmen themselves. What's a typical background for an Ombudsman? What kind of training do they receive?

**Joseph Rodrigues:** Before I certify anyone as a representative of the office, applicants must pass a criminal background clearance and complete a minimum of 36 hours of basic certification training. This training includes the history and role of the Long-Term Care Ombudsman Program, the aging process, California's long-term care setting, paying for long-term care, residents' rights, the problem-solving process from investigation to resolution, and responding to reports of elder and dependent adult abuse. In addition, in order to maintain their certification, representatives must complete a minimum of 12 hours of continuing education each year.

Ombudsman representatives come from all walks of life. We have many retired and active professionals, including teachers, social workers, physicians, nurses, and attorneys. In 2014, 23 percent of volunteer representatives had a master's degree or above, and 47 percent had a bachelor's degree. Representing the diversity of our state, LTC Ombudsman volunteer representatives speak 25 different languages. We currently have 153 part- and full-time staff and 791 volunteers throughout the state.

**5** Have there been any changes in background, training, or type of local Ombudsman over the years? If so, how have these changes impacted the program?

**Joseph Rodrigues:** In 2007, we updated our training curriculum to focus more on problem solving and resolution. We investigate to find the root cause of a problem the resident is experiencing and provide strategies that can empower the resident, family, and friends to resolve this issue at the lowest level possible within the community. Of course, there may be some residents who are too sick to advocate for themselves. The Ombudsman, at the resident's direction, can then help make the resident's voice and concerns known and problem solve with residents and facility staff. ■



## REQUIREMENTS

### to Provide Transportation

Assisted Living communities providing transportation in a vehicle with seating capacity for more than 10 (including the driver) are required to have a Z permit issued by the California Public Utilities Commission (CPUC). The filing fee is \$1000 and there is no limit to the number of vehicles you may operate under the permit.

Annual inspections by the California Highway Patrol (CHP) are also required, as are inspections by a qualified mechanic at least every 45 days and an inspection by the driver daily. If you are in the process of obtaining the Z permit and currently operating the vehicle, the CHP recommends that you contact your local CHP for the annual inspection as soon as possible while the permit is pending.

In addition to obtaining a Z permit, enrollment in the DMV Employer Pull Notice Program, which will provide ongoing review of driver records, is also required. Drivers must be appropriately licensed and undergo drug testing.

While 501(c) organizations are exempt from the Z permit requirement, they must register with the CPUC as a private carrier and are subject to CHP inspection and other safety inspections.

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