

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

THE LTC OMBUDSMAN PROGRAM IN NEW YORK

TIME TO SUPPORT A VITAL RESOURCE FOR SENIORS IN RESIDENTIAL CARE

The Long Term Care Ombudsman Program (LTCOP) is a federally mandated program housed in the New York State Office for the Aging. The program was established in 1972 in recognition of the need to address widespread abuse and neglect in nursing homes. Since that time, its mission has expanded to include other settings where vulnerable elderly and disabled individuals reside, including assisted living, adult homes, and family-type homes.

Every state LTCOP has statutorily mandated functions and responsibilities delineated in the Older Americans Act. These include: (1) identifying and resolving complaints made by or on behalf of residents, (2) representing the needs of residents to policymakers and the public, (3) providing information and educational materials to the community, and (4) advocating for the health, safety, welfare, and rights of people residing in long-term care settings.

Though ombudsmen do not have regulatory authority (for instance, they cannot penalize a nursing home for abuse or neglect), **they are the only oversight/monitoring entity that has a regular presence in nursing homes (and other residential care settings) and in the lives of residents.** Thus, they are critically important to New York's seniors in residential care settings and their families.

Unfortunately, **inadequate state funding in New York often precludes the LTCOP from carrying out its important, federally mandated responsibilities:**

1. In October 2019, NYS Comptroller Thomas DiNapoli released the results of an audit of the NY LTCOP which found that “[m]any residents of LTC facilities in the State lack regular access to ombudsman services” due to insufficient resources and support.¹
2. The Comptroller’s audit corroborates a 2014 LTCCC study² which found that:
 - a. The New York State LTCOP was the fifth lowest in the entire country in respect to percentage of state support;
 - b. New York’s contribution to the LTCOP had flatlined over the previous 10 years; and
 - c. New York’s LTCOP had almost twice as many facility beds per paid LTCOP staff person as the national average. Higher bed-to-staff person ratios mean that ombudsmen are spread thinner in terms of “coverage” of nursing home residents.

¹ <https://osc.state.ny.us/audits/allaudits/093020/18s48.htm>.

² <https://nursinghome411.org/the-new-york-state-long-term-care-ombudsman-program-an-assessment-of-current-performance-issues-obstacles/>.

LTCCC Statement: The LTC Ombudsman Program in New York

This **underfunding is harmful and costly** to New York's residents, families, and taxpayers:

1. Too many residents in New York nursing homes and other care settings, who are typically quite vulnerable, do not have access to the vital ombudsman services to which they are entitled under federal law. As a result, their concerns are unheard and they do not receive the help they need when they face quality of life and quality of care problems.
2. Problems which could be quickly addressed with the informal help of an ombudsman can, instead, fester and increase in scope, resulting in greater harm to residents and potential enforcement action against the facility.
3. **Unaddressed problems result in millions of dollars a year in unnecessary Medicaid expenses.** Currently, only 50 percent of our nursing homes have LTCOP coverage. If LTCOP funding was increased and ombudsmen were able to assist just another 100 residents in resolving issues that contribute to pressure ulcers (for example), it would generate an estimated savings of \$5,000,000.³ This is just one of the many areas in which significant potential Medicaid savings could be realized if the LTCOP was appropriately funded.

RECOMMENDATION

An increase of \$2.7 million in funding for the New York State LTCOP is needed to provide adequate coverage of the nursing homes and adult care facilities where some of our most vulnerable citizens reside. This increase is necessary to address the issues identified in NY State Comptroller DiNapoli's audit and bring the program into compliance with federal requirements for the operation of a state LTC Ombudsman Program.

In addition to being the right thing to do for New York's seniors and their families, this investment is cost-effective for the state, and would pay for itself in savings to the Medicaid system through the reduction of avoidable falls, pressure wounds, and other harm that residents experience when they lack access to the monitoring and assistance that ombudsmen provide.

³ According to the journal *Wound Care Advisor*, the average cost of treating a pressure ulcer is \$50,000. See <https://woundcareadvisor.com/developing-a-cost-effective-pressure-ulcer-prevention-program-in-an-acute-care-setting-vol2-no5/>.

For more information on residential care, including resources for residents, families, and policymakers, please visit our homepage:

www.nursinghome411.org.