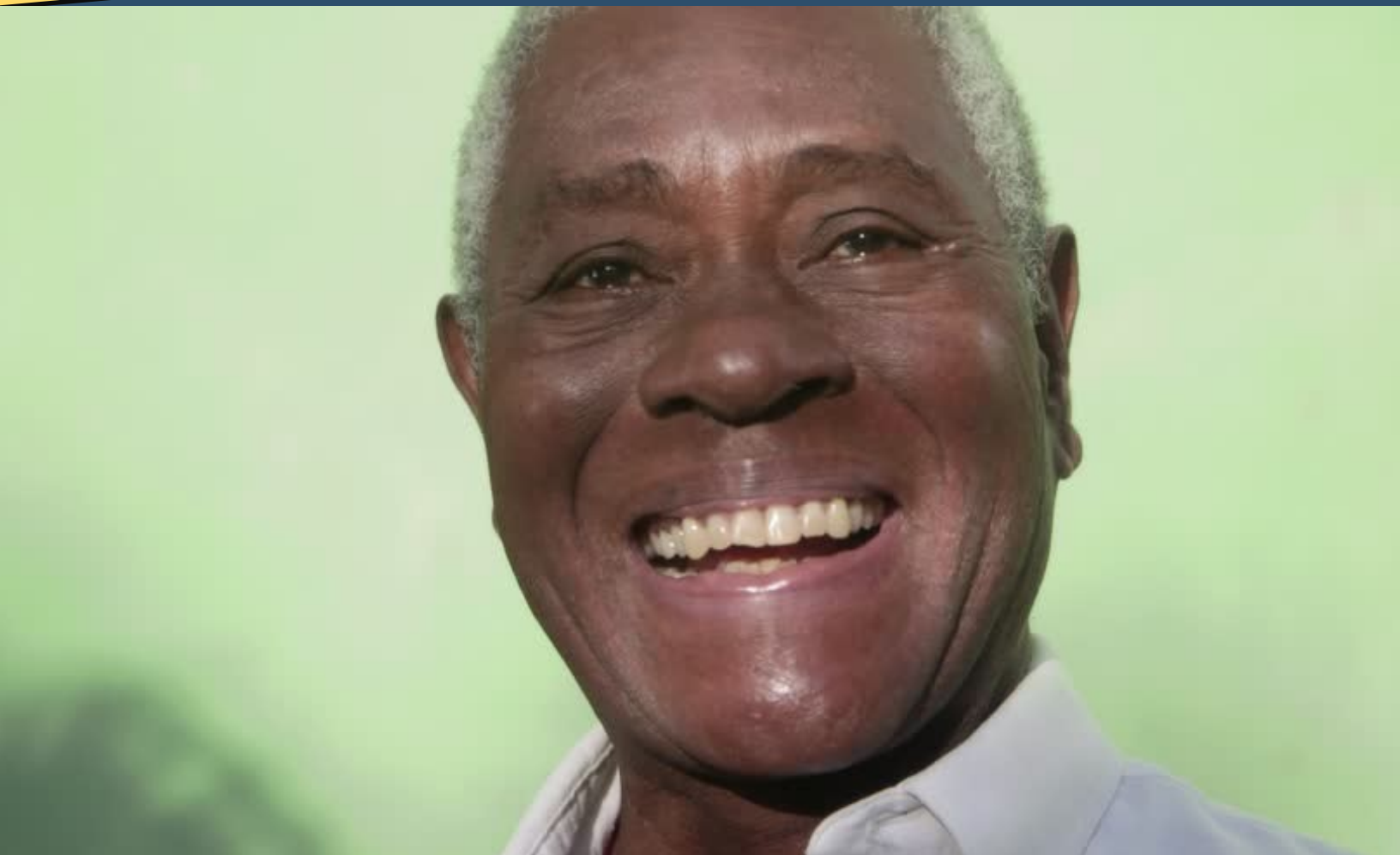


ANNUAL REPORT FEDERAL FISCAL YEAR 2019

**New Jersey Office of the
State Long-Term Care Ombudsman**



CONTENTS

3 Message from the State Long-Term Care Ombudsman

NEW JERSEY OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN OVERVIEW

4 Programs

5 Investigation and Advocacy

6 Scenarios

8 Activities and Accomplishments

9 Jurisdiction/Budget

10 Types of Complaints

11 Case Trends

VOLUNTEER ADVOCATE PROGRAM

13 Regions

14 Training

15 Advocate Spotlight

I CHOOSE HOME NJ

17 Programs

18 Housing for Aging and Disabled Population

19 Success Story

REGIONAL ETHICS COMMITTEES

20 Programs

POLICY AND LEGISLATION

21 Activities/Highlights

A Message from the State Long-Term Care Ombudsman



Dear Fellow New Jerseyan:

I am pleased to present the 2019 Annual Report of the New Jersey Office of the Long-Term Care Ombudsman. As an independent state agency, the NJ LTCO is uniquely positioned to provide both direct advocacy for people living in long-term care facilities and to advance systemic changes and improvements to the state's long-term care system.

In 2019, the LTCO continued to press for better direct care staffing ratios in nursing homes, more housing options for people transitioning from long-term care facilities into the community, and better advocacy for LGBTQ people living in long-term care, among other issues. We have seen progress in all of these areas and expect our advocacy to deliver results in the near future.

But the core function of the NJ LTCO is to connect personally with people living in long-term care and to fight for their right to be free from abuse, neglect and exploitation and their right to have autonomy over their own lives. The State of New Jersey is fortunate that the NJ LTCO has an investigations and advocacy staff that is second to none. NJ LTCO investigators all have distinguished resumes packed with relevant experience. They are social workers, recreational therapists, nurses and retired law enforcement professionals who are all committed to empowering and assisting long-term care residents.

This report also outlines the ongoing success of our Money Follows the Person/I Choose Home NJ program, a federal-state partnership that utilizes Medicaid funds to help people move out of nursing homes and into the community. New Jersey has one of the most expansive and successful MFP programs in the country and I am proud of the work that our MFP/ICH staff do every day.

Finally, the NJ LTCO has an amazing corps of incredibly talented volunteers who assist us in our work. We partner with volunteers from eight Regional Ethics Committees (REC) to provide medical/ethical consultations for long-term care residents and families. In addition, these REC volunteers are leaders in their communities spreading the word about the value of advance care planning. In addition, our more than 200 highly-trained Volunteer Advocates remain a consistent and vital presence in nursing homes throughout the state. These Volunteer Advocates, and the NJ LTCO staff who support them, are truly amazing people. Our Volunteer Advocates give four hours of their time every week, often more, to visit with nursing home residents, listen to their concerns and help solve problems for them. They are a lifeline for thousands of nursing home residents and an indispensable part of our advocacy work.

As our stellar Volunteer Advocate Eileen Comerford states in her profile on page 15, "Life in a nursing home can be very lonely and isolating and for some, frightening. I know it gives many people comfort to have a friend and advocate." At the NJ LTCO, this sentiment is at the heart of all we do.

Sincerely,

A handwritten signature in blue ink that reads "Laurie F. Brewer".

Laurie Facciarossa-Brewer
State Long-Term Care Ombudsman

NEW JERSEY OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN OVERVIEW

The New Jersey Office of the Long-Term Care Ombudsman (LTCO) is part of a national resident-focused, person-centered advocacy program. The LTCO is an independent advocate for older individuals receiving long-term care. Representatives of the Office work with individual residents to help them address challenges they face; in addition, the NJ LTCO seeks opportunities to bring about change on local, state, and federal levels and by advocating for policy and legislative initiatives and participating in activities that support the Office's core mission to advance the rights, the dignity and the self-determination of elderly individuals living in long-term care.



The LTCO operates four programs:

1. **Investigations and Advocacy**: The primary function of the LTCO is to advocate for residents of long-term care facilities who are over age 60 by investigating and resolving complaints made by or on behalf of those residents.
2. **Volunteer Advocate Program**: The LTCO is aided in its mission by a cadre of highly-trained Volunteer Advocates who are assigned to nursing facilities throughout the state. These advocates are an extension of the Office and are trained to observe the quality of services provided by long-term care communities and advocate for long-term care residents' rights.
3. **I Choose Home NJ**: The LTCO has partnered with the NJ Department of Human Services to promote the state's federally-funded Money Follows the Person program, called I Choose Home NJ (ICHNJ). Under ICHNJ, assistance is provided to nursing home residents of any age who wish to transition back to the community with the services and supports they need.
4. **Regional Ethics Committees**: The LTCO also oversees the operation of several Regional Ethics Committees that provide assistance to consumers, families and long-term care facilities when confronted with difficult medical decisions in a long-term care environment.

INVESTIGATIONS AND ADVOCACY

Under federal law and state law, the Ombudsman's office: accepts confidential complaints from any source and/or anonymously via phone, fax, in writing and by email; investigates those complaints and either resolves and/or refers the problem to a regulatory or law enforcement entity for further action; conducts public or private hearings and can subpoena documents or personal testimony; has unrestricted access to elderly residents of long-term care facilities and their records; and works with resident councils to empower residents to advocate for themselves.

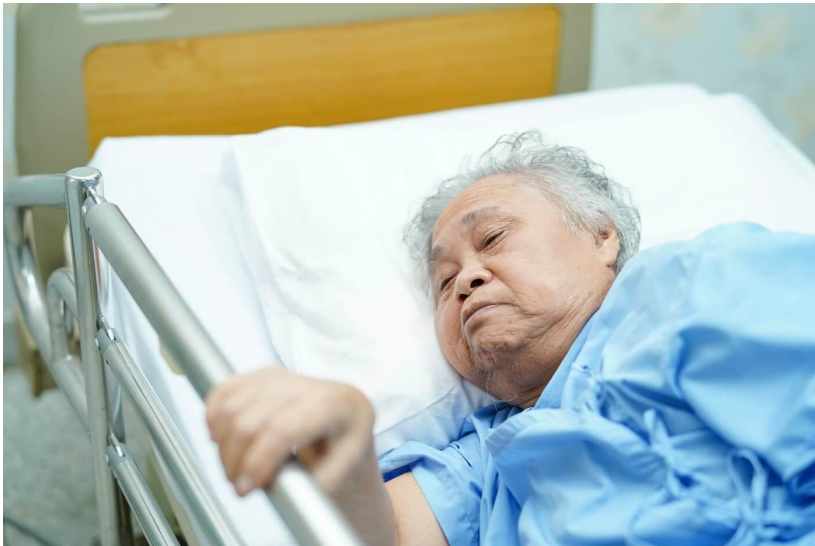
Once a case is opened and assigned, the Investigator/Advocate makes an unannounced visit to the facility, visits with the resident to obtain consent to proceed, conducts a complete review of the facts, obtains records and interviews the resident, staff and other relevant witnesses.

The primary function of the investigation is to resolve the problem at the direction of the resident and to the satisfaction of the resident and to ensure that the resident is safe and that their rights and dignity are being upheld.

If the Investigator/Advocate verifies or suspects that the resident has been the victim of abuse, neglect or exploitation, the Investigator/Advocate will formally refer his/her findings to a regulatory or law enforcement entity for possible further investigation and action.



INVESTIGATIONS AND ADVOCACY SCENARIOS



Case Scenario 1:

The LTCO received a complaint from the daughter of a resident who was admitted to a northern New Jersey facility just four months prior. The daughter stated that her mother was left unchanged and unattended for long periods of time. As a result, the daughter alleged, her mother was suffering from significant skin breakdown. After suffering a back injury and being required to use a wheelchair, the resident had become more reliant on aides to assist her with showers and continence care. Upon investigation, the LTCO learned that the facility had ordered medicated cream to address the skin breakdown but that there was no evidence that the cream was being applied by nursing

staff. In fact, there was no mention of the skin breakdown in the resident's medical record. The LTCO addressed this discrepancy with the facility administration and the facility subsequently provided the appropriate treatment. The LTCO referred this facility to the NJ Department of Health for regulatory action for not monitoring the resident's skin breakdown, not treating it properly, failing to update the resident's service plan and for inadequate staffing levels.

Case Scenario 2:

The LTCO received a complaint that a NJ nursing home had failed to provide proper medical attention to a resident who had a heel wound that had gone untreated for so long that the resident suffered from gangrene. The LTCO verified that it took the long-term care facility weeks to secure an appointment for the resident with a vascular surgeon. By the time the surgeon examined the resident, he was forced to recommend that the leg be amputated below the knee. The facility stated that they had secured appointments for the resident but that the state's Medicaid transport system had failed to arrive in time for scheduled appointments.

Based on these findings, the LTCO submitted a referral to the Department of Health that resulted in the facility being cited for deficient practice related to other residents in the areas of medication/treatment administration, medical record documentation and infection control.



INVESTIGATIONS AND ADVOCACY SCENARIOS - continued

Case Scenario 3:

An unannounced site visit was made to a southern New Jersey nursing home after the LTCO received a report of a violation of a resident's rights. In this case, the resident's physician had prescribed an electric wheelchair for the resident but the facility failed to follow up on his recommendation. Specifically, the facility failed to present the medical necessity letter to the Managed Care Organization (MCO) or the Durable Medical Equipment (DME) provider. The facility's failure to provide the wheelchair in this way meant the resident was isolated and confined to her room, which violated her rights to autonomy and independence. As a result of the investigation, a referral was forwarded to the Department of Health and the facility finally took steps to ensure that the resident received her electric wheelchair.



ACTIVITIES AND ACCOMPLISHMENTS

In FFY 2019, the LTCO:

FIELDED 8,526 calls made to the LTCO toll-free intake line (1-877-582-6995). In addition, approximately 500 complaints were received by email and/or fax.

INITIATED 3,484 investigations and closed out 3,663 investigations involving 6,587 separate complaints.

RESOLVED or partially resolved 96 percent of these complaints to the satisfaction of the resident.

CONSULTED with 6,479 individuals seeking information on a wide variety of topics including: residents' rights, LTCO services, care concerns and involuntary discharge.

PROVIDED information to 6,317 facility staff on a range of topics including: emergency transfer requirements, involuntary discharge, mandatory reporting and residents' rights.

ATTENDED 562 resident council meetings.

PROVIDED information and input to state surveyors in 108 facilities.

ENGAGED the community during 103 community education sessions.



Of the 3,663 investigations involving 6,587 separate complaints that were closed during FFY 2019, complaints that relate to residents' rights comprised the largest percentage.

Long-Term Care

Skilled Nursing



386



51,579

Other



- Adult Day Health Care Services
- Independent Living of CCRC
- Developmental Center
- Specialty Hospital
- Comprehensive Rehabilitation
- Psychiatric Hospital
- Adult Family Care Homes
- Assisted Living Programs
- Social Daycare Facilities

Board and Care

Assisted Living Residence

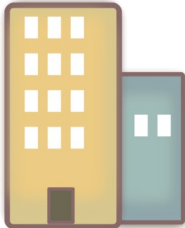
Boarding Homes

Residential Dementia Care

Freestanding RHCf

Residential Health Care

Comp. Personal Care Home



522



27,015

Federal Fiscal Year 2019 Spending
State Funds: \$1,738,227
Federal Funds: \$1,298,901
Total: \$3,037,128

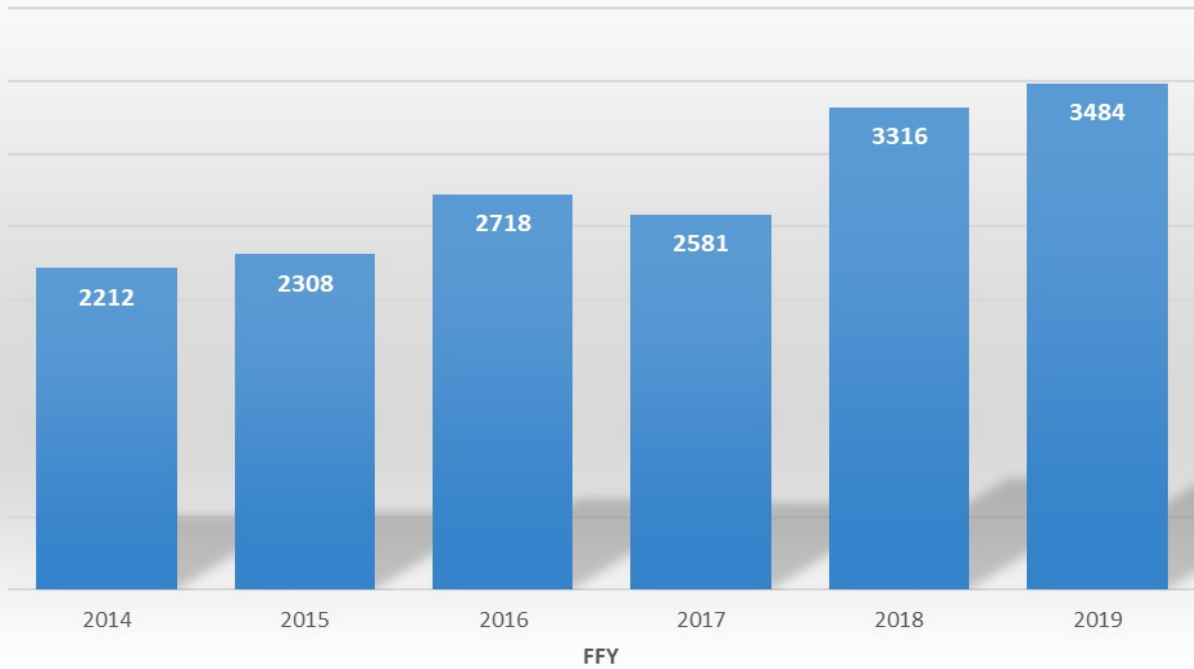
State Fiscal Year 2019 Appropriation
State Funds: \$1,752,000
Federal Funds: \$1,141,000
Total: \$2,893,000

TYPE OF COMPLAINTS

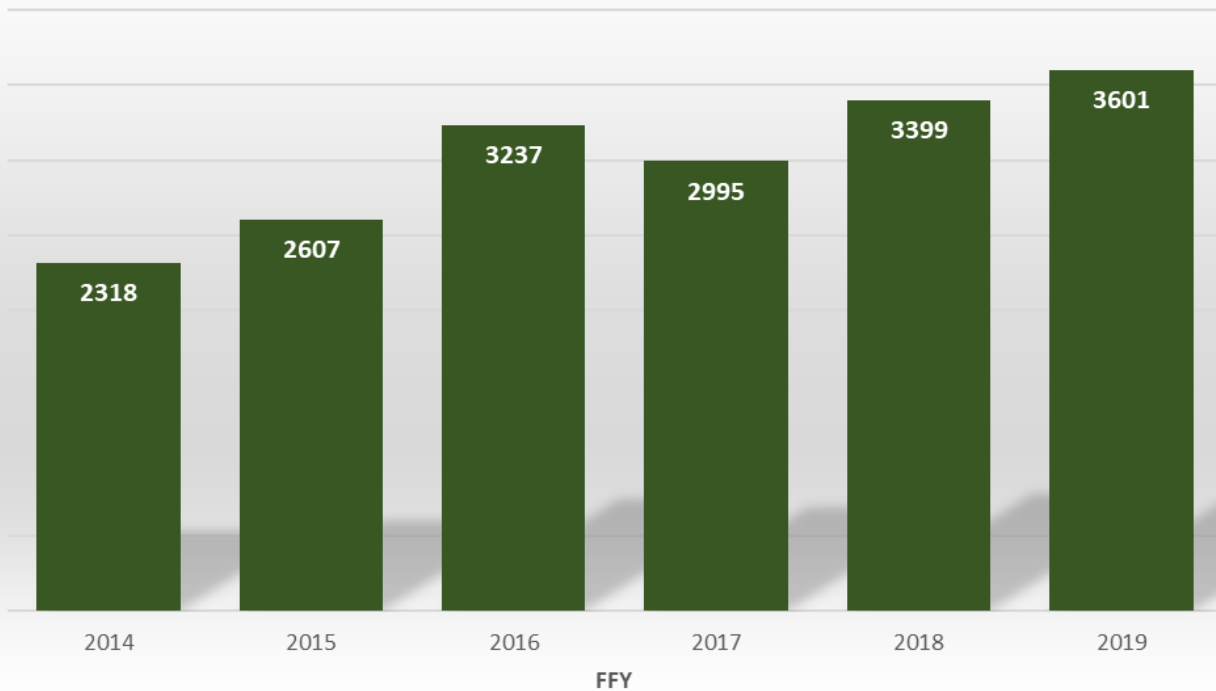
Category	Percentage of Total	Specific Issues
Residents' Rights	42%	Physical and Verbal Abuse, Access to Information, Resident to Resident Physical or Sexual Abuse, Transfer, Discharge, Discharge/Eviction, Loss of Property, Choice, Exercise of Rights, Privacy, Financial, Staff Attitude, Language Barrier
Resident Care	32%	Care Planning, Personal Hygiene, Symptoms Unattended, Wandering, Chemical and/or Physical Restraints, Toileting
Complaints Against Others (Not Against the Facility)	10%	Certification/Licensing Agency, State Medicaid Agency, System/Others, Financial Exploitation, Family Conflict, Guardianship Issues, Abuse/Neglect by Family Members
Quality of Life	9%	Resident Conflict, Activities, Food Services, Weight Loss, Fluid Availability, Infection Control
Facility Administration	5%	Abuse Investigation, Inappropriate Policies, Shortage of Staff
Complaints about Services in Other Settings	2%	Complaints about Services in Settings Other Than Facilities or by Outside Provider in Facilities (Home Care, Hospital or Hospice)



**CASES OPENED (FEDERAL FISCAL YEAR) NORS
(National Ombudsman Reporting System)**

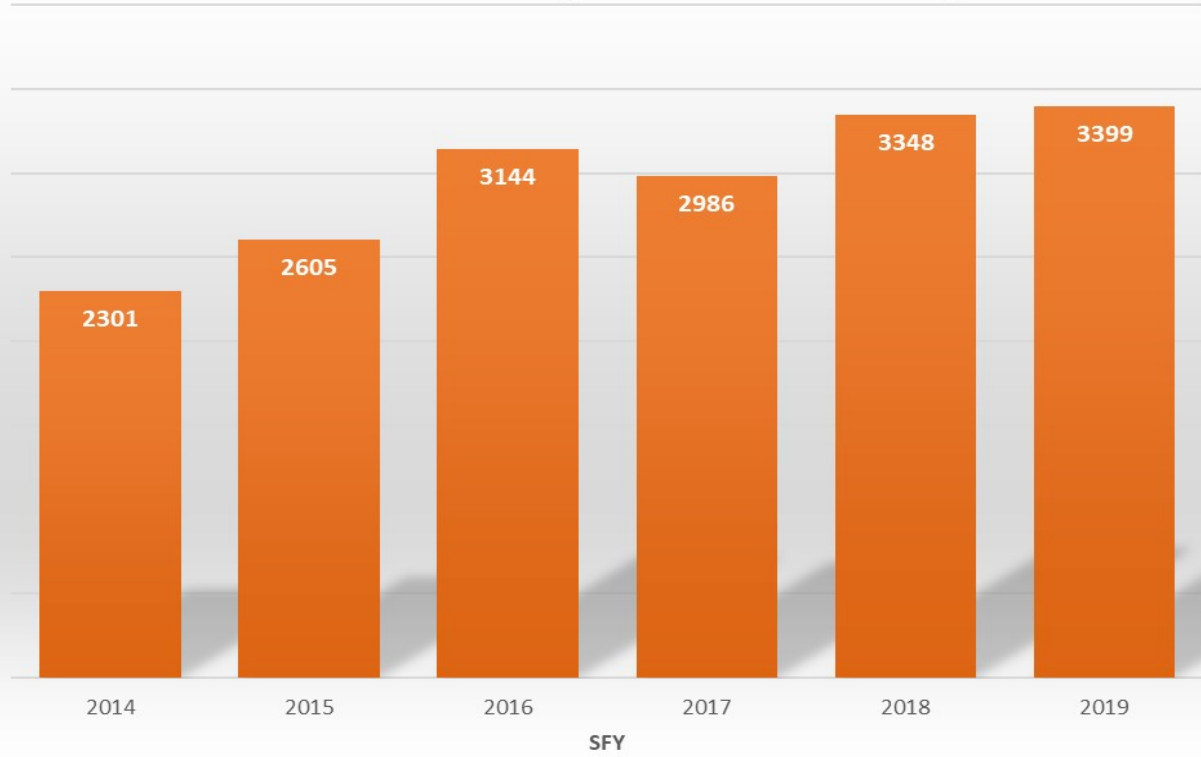


**CASES OPENED (FEDERAL FISCAL YEAR)
Ombudsmanager-LTCO Case Management System**

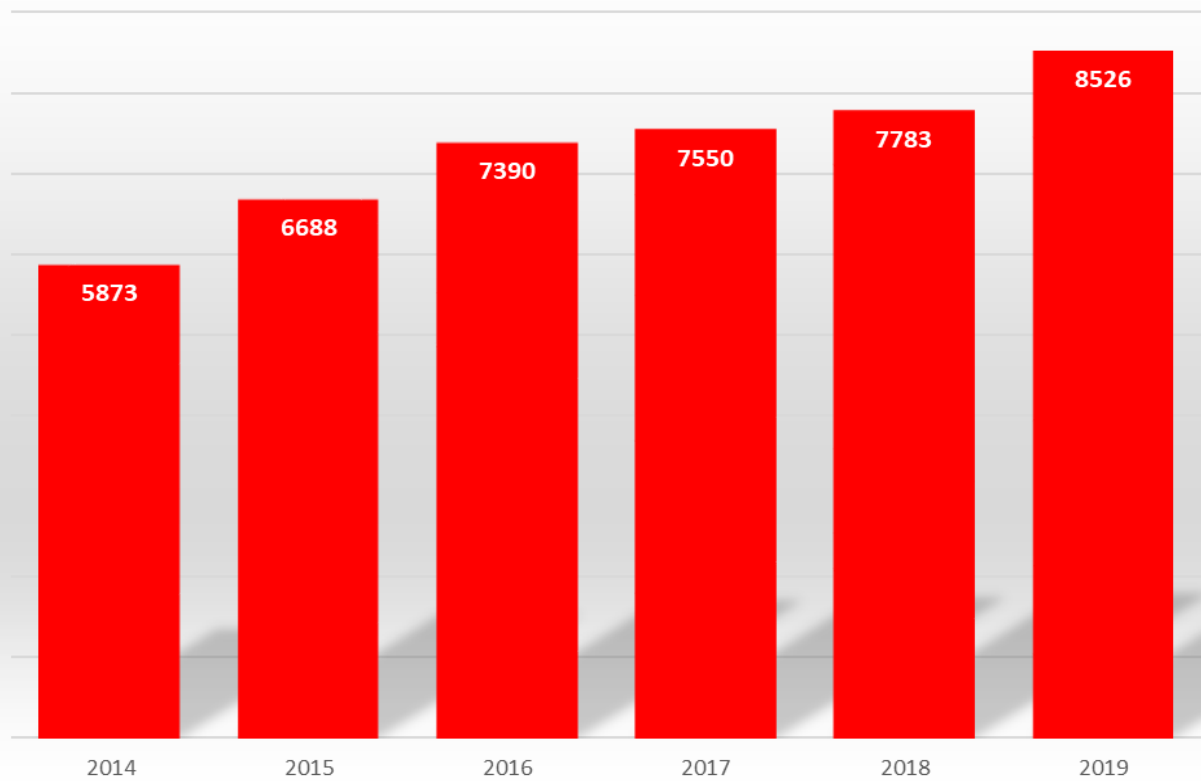


CASE TRENDS

CASES OPENED (STATE FISCAL YEAR)



CALLS TO INTAKE LINE (FEDERAL FISCAL YEAR)



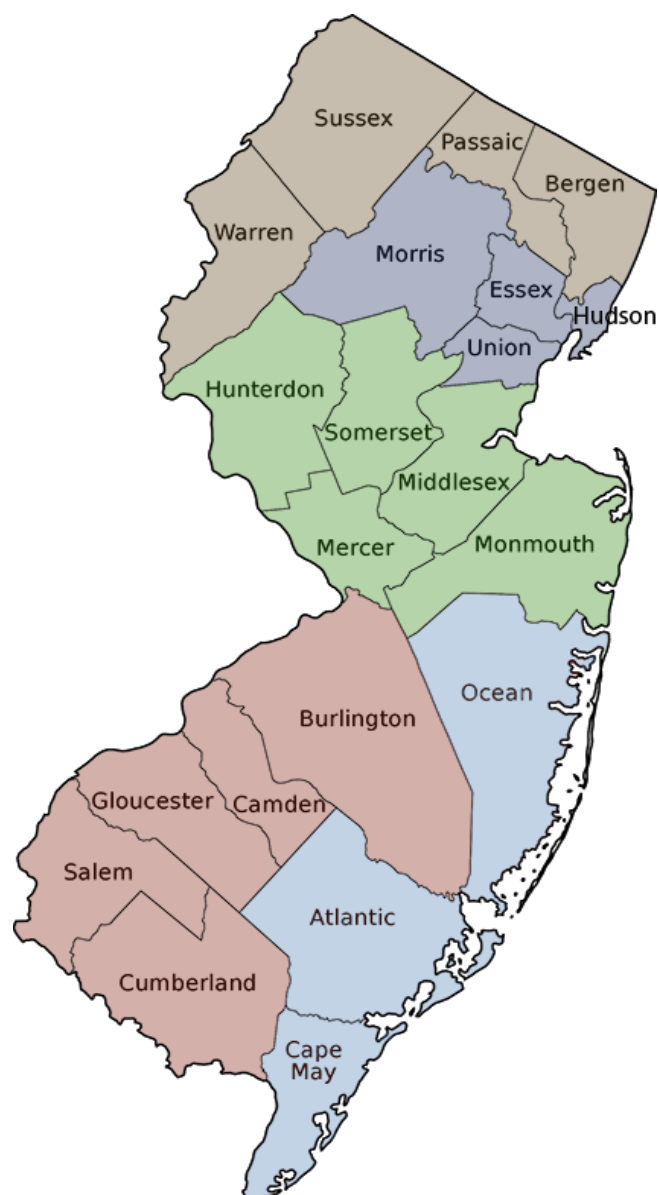
VOLUNTEER ADVOCATE PROGRAM

When problems are identified in a nursing facility, the Volunteer Advocate can play a crucial role in resolving issues of quality of care and quality of life.

Volunteer Advocates deal with issues such as: staff responsiveness; food and nutrition; hygiene problems; lack of activities; and missing personal belongings. Volunteers are trained to identify and to intervene when residents are not being treated with courtesy, consideration and respect – all basic civil rights. Serious complaints of abuse, neglect and exploitation are referred to the Office of the Long-Term Care Ombudsman for investigation.

Deirdre Mraw, State Volunteer Program Coordinator, manages the Volunteer Advocate Program at the state level while five Regional Volunteer Program Coordinators manage the program at the regional/county level:

<p><u>Sue Rosenkranz (Region I)</u> Essex, Hudson, Morris & Union</p>
<p><u>Clara Krever (Region II)</u> Bergen, Passaic, Sussex & Warren</p>
<p><u>Beth Mané (Region III)</u> Middlesex, Mercer, Somerset, Hunterdon & Monmouth</p>
<p><u>Janet Khanlian (Region IV)</u> Burlington, Cumberland, Camden, Gloucester & Salem</p>
<p><u>Sharon Brenner-Cadalzo (Region V)</u> Ocean, Atlantic & Cape May</p>



The Regional Coordinators are responsible for training and managing approximately 214 advocates located throughout the state.

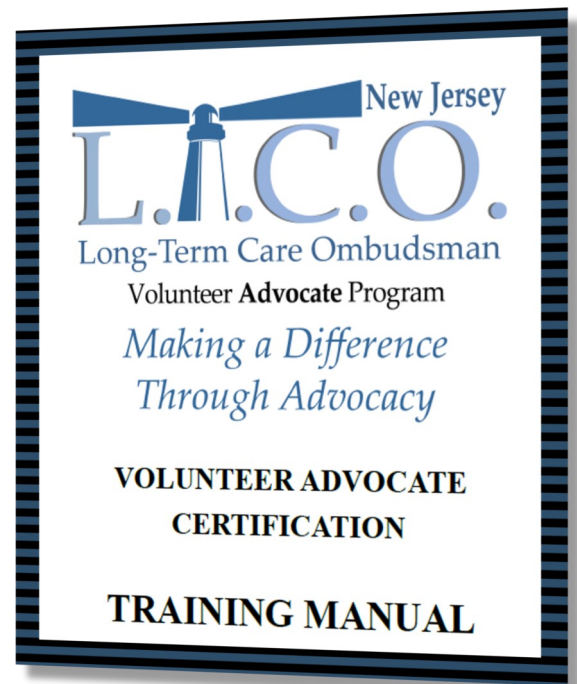
VOLUNTEER ADVOCATE PROGRAM TRAINING

New Advocate Training

Volunteers must complete a 32-hour training program to become a certified Volunteer Advocate. The training curriculum was developed by UMDNJ-School of Medicine and Rutgers School of Social Work and is modeled after the National Ombudsman Resource Center curriculum. The training program and training manual were recently updated to reflect industry changes, trends, and new federal nursing home regulations. Intensive classroom instruction is conducted by the Volunteer Advocate Program Statewide Trainer and additional on-site orientation and placement of new advocates is conducted by the Regional Coordinator.

Training topics include:

- ◆ Overview of the Volunteer Advocate Program
- ◆ Demographics of the Elderly Population
- ◆ Normal & Abnormal Conditions of Aging
- ◆ Medication and the Elderly
- ◆ Communication Skills
- ◆ The Long-Term Care Setting
- ◆ Social, Financial, Legal, and Ethical Issues in Long-Term Care Facilities
- ◆ Residents' Rights
- ◆ Elder Abuse, Neglect, and Exploitation
- ◆ The Office of the Long-Term Care Ombudsman Complaint Process
- ◆ Visiting a Long-Term Care Facility

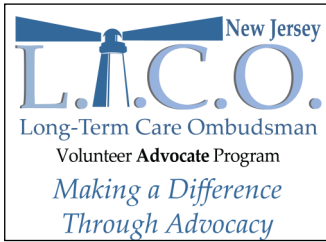


Continuing Education for Advocates

Ongoing training of the Volunteer Advocates is essential to the success of the Program. After receiving the initial 32 hours of training, Volunteer Advocates increase their learning of the long-term care setting by attending quarterly regional meetings or annual state conferences.



Training curricula and methods are constantly being revised and re-evaluated to provide current information to our team of advocates. Content experts in the field of geriatrics, disability services, visual impairments, cultural diversity, LTC assessment and licensing, activities, person centered care, and residents' rights, have been presented to our volunteers and staff.



Volunteer Advocate Profile: Eileen Comerford

“The essence of life is to serve others and do good.”

— Aristotle

For 7½ years, Investment advisor Eileen Comerford has befriended residents at Llanfair House Care & Rehabilitation Center as a Volunteer Advocate. She’s listened to their stories and helped them address personal issues at the Wayne facility.

“Life in a nursing home can be very lonely and isolating and for some, frightening. I know it gives many people comfort to have a friend and advocate,” she says.

For one talented resident, Eileen’s friendship took the form of a cardboard cylinder. Eileen tells the story: “In 2012, the year I became a volunteer advocate, I met a resident who was profoundly unhappy. She had been living in the long-term care facility for eight years and spent most days just lying in bed. While she had a number of health and mobility issues, it soon became apparent to me that she was an intelligent and creative woman who had never adjusted to life in a nursing home. When I would arrive for my visits, she would spend the first few minutes letting me know how angry she was. Most of the time, I would just listen. She always felt better after having the opportunity to vent.

“The resident didn't participate in activities – and had no desire to – but she did some crafts on her own. One day, I found her weaving with colorful yarn, using an improvised loom that she had fashioned out of a large styrofoam cup and bobby pins. When I asked her what she was making, she said "string bags". These were essentially small knit pouches that could hold loose change and other small items. Unfortunately, the styrofoam cups kept breaking, forcing her to start over. She was clearly frustrated and I felt very badly for her.

“When I got home that day, I looked around my home to see if I could find something that resembled a styrofoam cup but was sturdier. When I saw a Quaker Oats Oatmeal canister in my cabinet, I felt confident that this would make a durable loom. I brought the oatmeal container to the resident and she tried it out immediately. Happily, it worked beautifully!



Eileen Comerford

VOLUNTEER ADVOCATES SPOTLIGHT-continued

“On my next visit, the resident greeted me with a smile and started telling me about all the string bags that she was making for the staff and other residents. Once word got around about the "string bag" lady, people were coming to her to place their orders.

“Soon, the Director of Recreation . . . offered to supply her with yarn. She also [featured her in] the facility's next monthly newsletter. The resident was thrilled and couldn't wait to show me the article when it was published,” recalls Eileen, who uses her string bag to store her stockings.

“Life in a nursing home can be very lonely and isolating and for some, frightening. I know it gives many people comfort to have a friend and advocate .”-Eileen Comerford

“As volunteer advocates, we see suffering that we can do little to alleviate, and that can be disheartening. Still, there is no limit to the ways in which all of us can touch the lives of residents in long-term care facilities. And it is remarkable how little it takes sometimes to spark joy in someone's life. In my situation, all it took was an empty cardboard oatmeal container,” Eileen says.

To volunteer in this valuable role, call the LTCO Volunteer Advocate Program at (609) 826-5053 or by visiting the Volunteer Advocate Program webpage at www.nj.gov/litco for more information.

According to 2019 NORS data:	Total Volunteer Hours to the Program: 37,600
	Trained Advocates: 214

The success of the Office of the Long-Term Care Ombudsman Volunteer Advocate Program is predicated on the dedication and devotion of our citizens who willingly give back to their communities, and their ability to effectively resolve issues on behalf of the population we serve.

Advocacy and Outreach

The LTCO has played a key role in the I Choose Home NJ program (also known as Money Follows the Person) since 2012. I Choose Home NJ helps people living in nursing homes and developmental centers to move back to the community with Medicaid supports and services they need to live fully integrated lives. In the process, it generates savings that the State must use towards more home and community-based services. The LTCO works closely with NJ Department of Human Services and the Centers for Medicare & Medicaid Services (CMS) to carry out this important work. Since 2008, the I Choose Home NJ team has successfully transitioned nearly 3,000 people from institutions back into home and community-based settings for a savings of over \$30 million.

2008 - 2019

Older Adults – 997

Intellectual/Developmental
Disabilities – 959

Adults w/ Physical Disabilities—989

Total: **2945**

2019

Older Adults – 78

Intellectual/Developmental
Disabilities – 75

Adults w/ Physical Disabilities—140

Total: **293**



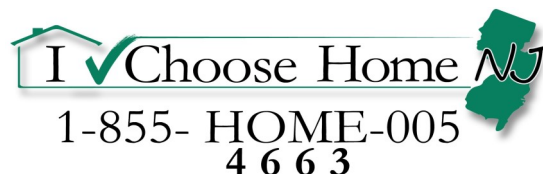
The LTCO staff act as the advocacy and outreach arm of the program for the nursing home population, spreading the I Choose Home NJ message that “A Nursing Home May Not Be the Only Option” and advocating strongly for nursing home residents who want to move out. Because I Choose Home NJ Outreach and Advocacy Coordinators are also Ombudsman’s staff, they have the authority to freely enter nursing homes, to speak confidentially with all residents and (with their permission) review their records, to question staff about activities, and to provide education to nursing home staff as needed. This unique role allows Outreach and Advocacy Coordinators to more effectively identify residents who want to move out, to fiercely advocate for them with all relevant parties, and to help resolve any barriers or issues that may arise. In addition to identifying and supporting program participants, the LTCO educates nursing home staff, community health care providers, caregivers, families, and the general public about the program. We have exhibited and given presentations about I Choose Home NJ at over 350 venues and have advertised throughout the state via television and radio commercials, commuter rail ads, newspapers, diner placemats, church bulletins, Facebook, and many other platforms. There is now greater awareness statewide about this population/program.



Helping to Identify and to Create Affordable and Accessible Housing

Since 2014, the LTCO has filled the Statewide Housing Coordinator role for I Choose Home NJ, a role that has greatly expanded. The statewide lack of affordable, accessible housing continues to be the primary barrier to I Choose Home NJ nursing home transitions. As such, the Statewide Housing Coordinator acts to identify and create more affordable housing opportunities for people coming out of nursing homes, and to help people maintain housing stability after they move. Examples of housing advocacy include alerting nursing home social workers to local affordable housing opportunities, meeting with housing developers to explore possible collaboration, training managed care organizations to secure housing for their Medicaid members, and working with participants to overcome challenging issues after transition (threats of eviction, housing voucher problems, budgeting, etc.).

ICH's housing activities have also been at the leading edge of policy changes related to housing for NJ Medicaid populations. The LTCO receives and reviews quarterly reports from the Housing Specialists about their progress towards housing nursing home members, including high level progress toward managed care organization housing development in New Jersey. ICH continues to increase access to housing vouchers through local Housing Authorities and the continued development of the Money Follows the Person Housing Partnership Program (MFPHPP). The Statewide Housing Coordinator has initiated partnerships pursuant to HUD notices to secure housing vouchers in some of our most needed municipalities, especially in the Northeast corridor. Several individuals moved out in 2019 as a result of these relationships. The MFPHPP, a collaboration between the NJ Department of Human Services and NJ Housing Mortgage Finance Agency to give developers loan money to build affordable housing for people waiting to leaving nursing homes, continues. The LTCO staff was central to the development and implementation of this program, which launched in December 2015 and now provides a pool of \$6.2 million of capital loan money to developers in exchange for 80 affordable, accessible apartments. Several units were completed and occupied from 2017-2019 and dozens more will coming online over the next 1-2 years, specifically for the nursing home population.



A Nursing Home May Not Be the Only Option!



David was not destined to lead an ordinary life. Born in Bamberger's department store in the Garden State Plaza mall, he started working in kitchens as a teenager, later becoming a classically trained chef. While working and living in a beautiful castle (true!), David suffered an accident that crushed his trachea/neck and sent him into a coma for 3 months. He regained consciousness just as his family was signing paperwork to send him to a Philly area nursing home.

For the next 5 years, David was in and out of NJ hospitals and nursing homes, fighting hard to talk, walk, and use his arms again. During one of many nursing home stays, David met Marsha, a nurse from the I Choose Home NJ program (www.ichoosehome.nj.gov) who told him it was possible to find an apartment and live independently with Medicaid services. Together, they applied for every housing opportunity possible. Finally, in February of 2019, David moved to his beautiful, light-filled apartment in North Jersey with his parakeet, Irish. His home health aide comes 6 days a week to help with whatever he needs. David's favorite part of community living? "The feeling of total freedom and my ability to cook what I want, when I want. I'm half Italian, so that's my thing, but as a chef, I can basically cook anything. I like to cook enough to last a few days. I could never do that in the nursing home."



David's pet, Irish.

David also enjoys attending mass and local Knights of Columbus meetings. Another bonus: his landlord, Ruth, has become a close friend, stopping by to help him and just hang out. When asked how community living compares to his time in nursing homes, he says, "I am doing so much better physically and I am just so much happier."



Spring table.



David's landlord and buddy Ruth dropped by to see him while we were doing the story.

I Choose Home NJ is a federal program designed to move people out of nursing homes into independent community settings with Medicaid supports. If you are interested in learning more, please call ICHNJ at 1-855-466-3005 or visit www.ichoosehome.nj.gov.

REGIONAL ETHICS COMMITTEES

Difficult Decisions

As individuals grow older and struggle with advanced illness and frailty, they, their families, and their care providers will likely be faced with difficult decisions about their care and treatment.

Decisions can include whether to provide or remove particular treatments, such as dialysis or artificial nutrition, adjust medications, or refer to palliative care or hospice.

For individuals in long-term care communities, the Office of the Ombudsman provides support and ensures that decision-making is resident-focused and consistent with ethical and legal standards.

One way the LTCO does that is through Regional Ethics Committees (RECs). RECs provide an impartial, comprehensive evaluation and assessment of the situation and offer non-binding recommendations to the individuals involved.

RECs provide much-needed education, conflict resolution and ethical guidance to facilities and families when difficult decisions need to be made.

NJ Supreme Court Case Law

- In re Quinlan, 70 N.J. 10 (1976)
- In re Conroy, 98 N.J. 321 (1985)
- In re Farrell, 108 N.J. 335 (1987)
- In re Peter, 108 N.J. 365 (1987)
- In re Jobes, 108 N.J. 394 (1987)

Ethical Decisions at End-of-Life Ombudsman Process

As with all of the Ombudsman's work, the primary focus of the process is to ensure that the resident's wishes are respected. The Office works with the resident, his or her family and friends, and facility staff to identify the resident's wishes, wherever possible.

In addition to exploring the resident's wishes, the Office also gathers clinical information regarding the resident's cognition, condition, and prognosis, to ensure that legal standards for withholding/withdrawing treatment are met.

Regional Ethics Committees (RECs)

- Multi-disciplinary teams, including social workers, nurses, clergy, and hospice workers
- Established to serve as a resource to residents and health care professionals of LTCF'S who face ethical dilemmas:
 - ◇ Treatment decisions
 - ◇ Health care conflicts
 - ◇ Withholding/withdrawing Life Sustaining Treatment
 - ◇ Quality of life issues
- Consultation not required and recommendations not legally binding, but can often resolve ethical dilemmas as close to the bedside as possible.



NJ Long-Term Care Ombudsman



LTCO POLICY AND LEGISLATIVE ACTIVITIES

Strengthening education and advocacy to stop discrimination against LGBTQI residents in long-term care.



Proposed legislation S3484/A5075 would ensure much-needed training and enforcement in long-term care facilities around the rights of LGBTQI+ individuals residing there. Sadly, older adults are going back in the closet when entering LTC facilities, rightly fearful that staff and other residents will not accept or treat them with dignity. Although the LTCO historically has received very few of these complaints, we believe that this is due primarily to a lack of awareness by LTC residents and their families about their rights and available advocacy. We anticipate these complaints accelerating with the passage of this legislation.

In preparation, the LTCO is at the forefront of this issue - convening LGBTQI+ senior advocates to understand how the current legislation can be strengthened and working with legislative staff to do so. We are strongly committed to ensuring a safe and welcoming environment for LGBTQI+ LTC residents throughout the state and have committed to making this one of our focus areas in coming months/years.

Participating in the World Elder Abuse Awareness Day

In 2019, the NJ Attorney General's Office sponsored a well-attended World Elder Abuse Awareness Day event themed, "LIFTING UP VOICES." The event was held at The College of New Jersey, Ewing, NJ, on Friday, June 14, 2019 and featured real life stories of elder abuse told by individuals who experienced it themselves, as well as advice on how to avoid becoming a victim of abuse.



As one of the many presenters, LTC Ombudsman, Ms. Laurie Facciarossa Brewer, spoke about the Office of the Long Term Care Ombudsman as national resident-focused, person-centered advocacy program. Ms. Brewer explained that the Office's core mission is to advance the rights, the dignity, and the self-determination of elderly individuals living in New Jersey's long-term care communities.



LTCO POLICY AND LEGISLATIVE ACTIVITIES - continued

Ensuring that the newly-enacted right of terminally ill New Jerseyans to a dignified death is a real and accessible option for residents in long-term care facilities.



The Medical Aid in Dying Act (MAID), passed April 2019, allows certain terminally ill New Jerseyans to request, obtain and self-administer medication to end their lives. Prior to its enactment, the LTCO met with multiple stakeholder and policymaking groups and provided feedback about the importance of protections for long-term care residents who wish to avail themselves of this important new right. The LTCO continues to provide input to Department of Health regulations to ensure they contemplate the unique needs of LTC residents in implementation and enforcement.

Responding to federal rule changes that are damaging to New Jersey’s most vulnerable elders.

The past two years have seen federal rule changes that are detrimental to the health, dignity and safety of the long-term care population, particularly to some of its most marginalized residents, including LGBTQI+ and immigrant seniors.

The Public Charge Rule, announced in late 2018 and published in August 2019, greatly expands the category of immigrants who immigration officials can consider a “public charge” and who therefore can be denied when they seek to adjust their immigration status. It added crucial health and housing benefits (Medicaid, SNAP, Medicare Part D assistance, and Section 8) to the list of public benefits that will be counted against the person seeking immigration relief. It also makes immigrants over 61, who have limited English proficiency, and/or are dependent on



care from others some of the most likely to be deemed a “public charge.” This punitive, discriminatory, and highly political change is forcing immigrant seniors to choose between seeking benefits they need to maintain their health and dignity, and being able to better their immigration status in the future. As such, the LTCO submitted comments to the announced rule change strongly condemning it and now, with its publication, will continue seek opportunities to oppose its implementation.

Similarly, the proposed changes to the Health Care Rights Law (Section 1557 of the ACA), announced in May 2019, would eliminate or limit legal protections in the provision of healthcare for Limited English Proficient (LEP) individuals, LGBTQI+ persons, persons with disabilities and chronic conditions, and individuals whose identities intersect across multiple protected classes. The LTCO sees all too often that these forms of healthcare discrimination are real and ongoing and that the most robust legal protections are needed to guard against them. The LTCO will continue to monitor the status of this proposed rulemaking to oppose its adoption.

LTCO POLICY AND LEGISLATIVE ACTIVITIES - continued

Working to create more housing opportunities for long-term care residents who need community placement.



Since 2014, the LTCO has worked at the highest levels of state government to raise the profile of and opportunities for nursing home residents who need housing in the community. The lack of affordable and accessible housing continues to be the greatest barrier to moving people in nursing homes back into the community. The specifics of this work is described in greater detail in the I Choose Home NJ section. The LTCO will continue to work with the managed care organizations (MCOs), not only to ensure they have housing knowledge and expertise to find housing for the nursing home population, but to push at higher levels for MCOs to invest in affordable and accessible housing in New Jersey as they are doing in other states. The LTCO will also continue to advocate that more housing-related services and supports be included in any Medicaid Waiver renewal processes and that the MCO Medicaid contract continues to require the MCOs to engage in meaningful housing activities.

The Ombudsman for the LTCO has been designated the State Long-Term Care Ombudsman pursuant to and in accordance with the provisions of 42 U.S.C. §§ 3058g et seq. The LTCO is responsible for securing, preserving, and promoting the health, safety, and welfare of New Jersey's elderly population, through investigations of abuse, neglect, and exploitation; legislative and regulatory advocacy; policy work; and education and outreach.

The LTCO is considered “in but not of” the NJ Department of the Treasury. However, the Ombudsperson is considered independent of any supervision or control by the NJ Department of Treasury. As per state law, the Ombudsperson is directly appointed by the Governor.



**To become a LTCO Volunteer Advocate call,
(609) 826-5053 or email us at volunteer@ltco.nj.gov**



P.O. Box 852

Trenton, NJ 08625-0852

Fax: (609) 943-3479

ombudsman@ltco.nj.gov

www.nj.gov/ltco

Follow Us:



facebook.com/njelderombudsman

[linkedin@NJ Office of the Long-Term Care Ombudsman](https://linkedin@NJ%20Office%20of%20the%20Long-Term%20Care%20Ombudsman)

twitter@NJombudsman

youtube.com/njelderombudsman

instagram@NJelderombudsman

Phil Murphy
Governor

Sheila Y. Oliver
Lt. Governor

Laurie Brewer
LTC Ombudsman