



Office of  
Ombudsman for  
Long-Term Care

Mailing address: PO Box 64971, St. Paul, MN 55164-0971

Site location: Elmer L. Andersen Human Services Building • 540 Cedar St. • St. Paul, MN 55155  
(651) 431-2555 • (800) 657-3591 • FAX (651) 431-7452

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Reauthorization of the Older Americans Act  
Hearing before the U.S. Senate Special Committee on Aging

Written statement of Deb Holtz, J.D.  
State Ombudsman for Long-Term Care, Minnesota  
A service of the Minnesota Board on Aging

Senator Franken, and members of the U.S. Senate Special Committee on Aging:

Thank you for this opportunity to share the experiences and concerns from the viewpoint of an Ombudsman Office.

The Minnesota Office of Ombudsman for Long-Term Care has a broad federal mandate to enhance the quality of life and quality of services for long-term care consumers through advocacy, education, and empowerment.

The Long-Term Care Ombudsman Program was established in 1978 through the Federal Older Americans Act – mandating that states establish ombudsman programs that advocate for people living in nursing homes and board and care homes. In 1988, Minnesota enacted state law that expanded this ombudsman program to include advocacy for Medicare beneficiaries with complaints about being discharged from the hospital too soon and accessing acute health care. It was the first acute care government-level ombudsman service in the nation. In 1989 Minnesota expanded the ombudsman service also to consumers of home care services. MN is only one of twelve Long-Term Care Ombudsman programs nationally that serve in this expanded role, supported through the addition of state funding with the Older Americans Act funding.

It is important to note that this funding does not meet the needs of the increased calls we are receiving. There are limitations in having an expanded authority with limited state dollars in this current economy.

Ombudsmen investigate complaints, meet personally with customers who have issues with their long-term care services, work to resolve individual concerns, and identify problems and advocate for changes to address them. Ombudsmen promote self-advocacy and the development of problem-solving skills through education and training for consumers, their families and caregivers, providers and the community.

We currently serve:

All veterans in the Minnesota state veterans' homes – over 800 veterans  
32,982 active beds in nursing homes  
1246 active beds in board and care homes  
28,100 people receiving home care  
59,000 tenants in housing with services settings  
749,000 Medicare beneficiaries who seek assistance with concerns re hospital access, denial of inpatient or outpatient services, or discharge questions/concerns.

Our 2009 Annual Report further explains the specific complaints we responded to and resolved.

In addition to providing advocacy services to those who request it, we also provide information re:

- Services options
- Consumer rights
- Regulations for services and settings

One of the main purposes of our office – is to ensure that people know what their rights are, to make informed real choices about where they want to live, and then to live without fear of neglect, abuse, or financial exploitation.

We have many good laws in Minnesota that explain what people's rights are. Knowledge of these laws and enforcement are key to success. The MN Home Care Bill of Rights is a good example of the initiative that MN has taken. In 2007, the Minnesota Bill of Rights was enacted for people receiving Home Care services.

This Bill of Rights has many excellent components, including:

- The right to receive information about care, before that care begins
- The right to take an active role in creating the plan of care and services
- The right to be told in advance of services that will be delivered
- The number of visits to be explained
- Other choices that are available
- The consequences of those choices or consequences of refusing certain services
- The right to know the charges of the services
- The right to be treated with courtesy and respect
- The right to be free from physical and verbal abuse

Included in this information must be the name and address of the LTC Ombudsman

This Bill of Rights, like any other bill of rights, is only as good as the enforcement, and the ability of people to understand choices, and to have real choices. Like all bill of rights, it is also only as good as what people understand and know. Information is power.

We know from experience, unfortunately, that many people will often accept what might otherwise be termed “unacceptable” assistance in their own home, because the fear of going somewhere else is so high. Or in some minds, there is no choice if the only choice is an institutional model down the street.

So information about choices and options are all good – but they must be real choice and real options.

We must avoid policy by sound bite. Age in place, choices, live well age well – all sound good, but what do they really mean?

Real choices are based on feasible choices for the person, choices that allow them to still have control, choices that allow them to keep the relationships in their lives, and choices that enable them to live their days in dignity.

We know that some choices are made because of people not wanting to lose that last connection with family – even if it is a grandson financially exploiting grandma by threatening not to visit anymore if she does not give him some money to help him for a bit. We know that choices are sometimes made because of vulnerable adults feeling too guilty to turn in their abusive daughter or sons.

So along with real choices – choices that can actually be made – and are not simply a nice phrase in a pamphlet about some services that may or may not be available in the area of the state where you live – that people also need eyes and ears to voice with them when they are in need of a stronger voice to stand up and a voice for those who cannot speak for themselves.

The ombudsman is that voice. We first seek to provide information to all, so that people know what their rights are and how to stand up for them. We also provide eyes and ears so that for those individuals who are in vulnerable situations, we are able to speak up for those who may not be able to.

Finally, we may need to re-think the definition of staying at home and what supports are really needed. As we strive to assist people to stay in their own community and live in their own homes as long as possible, we may not always factor in, and adequately fund, the most important part of people's lives – relationships. It does no good to most people to stay in their own home, then become isolated from everyone including family, friends, faith communities, social activities. There is so much more to aging, than simply being free of abuse and neglect, and having our basic cares met.

It should be a given that we all age without any abuse or neglect, and that our lives will continue to be filled with dignity, real choices and relationships that give our lives meaning.

Senator Franken - Thank you for taking the leadership to listen to the people of Minnesota as we move into the next year for the renewal of Older Americans Act. We appreciate your commitment to these issues, and look forward to working together with you.