

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

Instructions for Completing the
Federal Fiscal Year 2023 (FY2023)
Regional Long-Term Care Ombudsman Designation Application

GENERAL SUBMISSION REQUIREMENTS

All Proposals must be submitted on the Application for RLTCOP Designation (or Proposal) electronically and submitted to the Area Agency on Aging and the State Long-Term Care Ombudsman.

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, Long-Term Care Provider funds, local non-federal share, and Title III and Title VII Older Americans Act funds, and general revenue funds requested under this application. These budget figures are to be obtained from Exhibit II.A, line 6 - 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.

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 4 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/Regional Ombudsman Program 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 (H)*]. His or her work address, phone, and email are also to be provided, if individual to serve in this position is known at the time of application. 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. At a minimum the Total FTE of paid staff must be equal to 1 FTE per every 2,000 beds in accordance with Section 205(I) of the Policies & Procedures Manual.

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. 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.D. LONG-TERM CARE OMBUDSMAN BEDS AND FACILITIES

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 of beds in the service area according to the FY2023 Bed Count report provided by the Office.
2. Number of licensed long-term care facilities in the planning and service area. The number should include the total number of facilities served by the Long-Term Care Ombudsman Program in the service area according to the FY2023 Bed Count report provided by the Office.

I.E. INVESTIGATIVE SERVICES

A. Complaint Investigation:

1. Number of projected cases to be closed in FY 2023.

Include projected number of cases to be closed. Cases consist of complaints which may be referred to the regional ombudsman program 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). 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 opened in FY2023.

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 TO LONG-TERM CARE FACILITIES

A. Regular Presence:

1. Number of licensed facilities that require a quarterly routine 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, shelter care facilities, assisted living and shared housing establishments, supportive living facilities, MC-DDs, ICF-DDs and SMHRFs within its service area at least once per calendar quarter.

2. Number of total estimated visits for FY 2023.

Include projected number of long-term care facility visits that the applicant plans to make in FY 2023.

B. Describe how the projected number of routine visits will be achieved for FY 2023.

The applicant should describe how the routine 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 and how the Regional Ombudsman will monitor the completion of routine visits 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. INFORMATION AND ASSISTANCE

A. Information and Assistance (formerly Consultations to Individuals)

1. Number of projected information and assistance activities to individuals for FY2023.

Information and Assistance activities include the provision of information and assistance to individuals regarding long-term care facilities and resident services which does not involve investigating and working to resolve complaints (i.e., an information and assistance activity is not a case). It may include when the Ombudsman refers someone with a concern to another agency and is not actively involved in investigating and working to resolve the problem.

B. Provide justification for the projected number of information and assistance activities to be received for FY 2023.

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

I.I. RESIDENT AND FAMILY COUNCILS:

A. Resident and Family Council Meetings:

1. Number of projected resident council meetings to be attended in FY 2023.

Note: Every skilled and intermediate care nursing facility is required to have monthly resident council meetings.

2. Number of established family councils in the geographic area to be served.

3. Number of projected family council meetings to be attended in FY 2023.

B. Provide justification for the projected numbers of resident councils to be attended during the designation period.

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

C. Provide justification for the projected numbers of family councils to be attended during the designation period.

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

D. Describe relevant best practices and experiences of working with resident and family councils or other similar groups.

The applicant should describe and provide examples of best practices and experiences of working with resident and family councils or other similar groups.

I.J. VOLUNTEER MANAGEMENT

A. Volunteer Management:

1. Number of projected Volunteer Ombudsman for FY 2023.

Provide the number of volunteer ombudsmen the applicant projects to recruit in FY 2023.

B. Describe how the program will recruit volunteer ombudsmen for FY 2023.

The applicant should describe how the program will recruit volunteers during the designation period.

C. Explain how volunteers will be utilized by the program.

The applicant should describe how volunteers will be used in this section.

D. 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 2023.

Define the number of projected education sessions to be conducted during FY 2023. 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 2023.

A minimum of twelve community education sessions plus an additional one community education session per each required full-time equivalent paid ombudsman staff member must be conducted.

B. Provide justification for the projected number of community education sessions to be conducted for FY 2023.

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. EDUCATION TO LONG-TERM CARE FACILITY STAFF

A. Education to Long-Term Care Facility Staff:

1. Number of projected Information and Assistance to long-term care facility staff activities (formerly consultations to facility staff) for FY 2023:

Information and Assistance to long-term care facility staff includes the provision of information and assistance to facility staff members regarding long-term care facilities and resident services which does not involve investigating and working to resolve complaints (i.e., an information and assistance activity is not a case). This may include when the Ombudsman refers someone with a concern to another agency and is not actively involved in investigating and working to resolve the problem.

2. Number of projected trainings for facility staff for FY 2023.

Provide the projected number of projected trainings for facility staff for FY2023. Trainings are sessions conducted for staff of long-term care facilities.

B. Provide justification for the projected number of information and assistance to facility staff activities and trainings for facility staff planed during the designation program period and describe the training topics.

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

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/contract. This has been done in order to interrelate the information provided in the program and financial sections of the application/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, non-federal cash or in-kind match, Long-Term Care Provider funds, General Revenue funds, maintenance of effort 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 (j) 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 if the employee is an Ombudsman.

Columns c - l: 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 l).

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, a description of the 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 (k) 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 (k) in the TOTAL BUDGETED COSTS column.

The TRAVEL ANALYSIS TOTAL 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 (k).

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

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

II.F. CONTRACTUAL, INDIRECT AND OTHER EXPENSE DETAIL

- A. **Contractual Detail.** 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. **Indirect Costs Detail.** Any indirect costs should be listed in this exhibit.

- C. **Other Expense Detail.** 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.

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 (k) 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 (k) in the TOTAL BUDGETED COSTS column.

The COMBINED 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.-F.

1. Cash Sources Description. If local non-federal share - cash is listed as a resource in Exhibit II.A (column e) 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 Description. If local non-federal share - in-kind is listed as a resource in Exhibit II.A (column f) 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. Other Sources. If other sources are listed as a resource in Exhibit II.A (column i) 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.