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Yes, collaboration *can* happen—and means better quality of life for LTC residents

By Brooke Hollister, Molly Davies, Pamela M. Mokler and Carrie Graham

According to one long-term-care (LTC) ombudsman, an LTC resident named Walter was, “... getting his diapers rationed and if he ran out, then [he was told] he would be left in his soiled diapers. He saved up his personal needs allowance, and, powered by his wheelchair, rode the bus to buy diapers. He had this stash of diapers that he was collecting with his own money.”

Resolving cases like this is a regular part of the Long-Term Care Ombudsman Program’s (LTCOP) work. While seemingly trivial, this case has serious implications for the resident, who lives on a tight budget; the facility, which is obstructing residents’ rights; and the health system, which might incur costs related to deficiencies in care (from urinary tract infections, skin breakdowns, etc.).

LTCOP Mandated to Provide Oversight

The LTCOP, mandated in 1978 under the Older Americans Act, is designed to provide independent oversight over the quality of care in LTC facilities by advocating for residents’ health, safety, welfare and rights. Its federally mandated activities include complaint investigation; unannounced monitoring visits to LTC facilities; community education; resident and family education; monitoring federal, state and local laws, regulations and other government policies and actions; and systems advocacy, including legislative and administrative policy advocacy.

Unfortunately, its ability to fulfill its mandates is often hampered by a lack of funding, volunteers and autonomy, according to multiple sources and a recent article by Hollister and Estes in the *Journal of Applied Gerontology* (32:6, 2013; <http://goo.gl/oBxDwP>). However, healthcare system reforms and resulting shifts in industry incentives are highlighting the value of the LTCOP to Managed Care Organizations (MCO).

Shifting Industry Incentives

Traditionally, the majority of LTC services were paid for through Medicaid (62.2 percent), according to O’Shaughnessy of the National Health Policy Forum (<http://goo.gl/3BTie>). For higher income Americans ineligible for Medicaid, Medicare will cover up to 100 days of skilled nursing care. The remaining cost of LTC is covered by other private insurance (11.6 percent) or out of pocket (21.9 percent), also according to O’Shaughnessy. Even in systems offering Medicaid Managed Care, LTC costs historically have been carved out, with members being shifted back to traditional Medicaid once they have entered a custodial LTC facility.

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