



Long-Term Care: Information on the Ombudsman Program

GAO-24-107209
Q&A Report to Congressional Requesters

May 2024

Accessible Version

Why This Matters

The residents of long-term care (LTC) settings are often vulnerable individuals in need of high-quality care from the nursing home, assisted living, or other care settings where they live. The Long-Term Care Ombudsman Program is an independent, consumer-protection service focused on protecting the health, safety, welfare, and rights of LTC facility residents.

Authorized under the Older Americans Act, the LTC Ombudsman Program has a unique role in that it represents the interests of residents rather than those of the state and has a public policy advocacy function. The Administration for Community Living (ACL) within the Department of Health and Human Services administers the program. All 50 states, as well as the District of Columbia, Puerto Rico, and Guam, have an Office of the State LTC Ombudsman, headed by a full-time State LTC Ombudsman.

We were asked to review the LTC Ombudsman Program. This report describes how workload and staffing of state LTC ombudsman programs have changed in recent years and reported challenges these programs face in providing services.

Key Takeaways

- According to ACL, the number of individuals in LTC facilities is expected to increase significantly given the growth in the aging population.
- State LTC ombudsman programs provide various services to LTC facility residents of any age, including resolving complaints and advocating for improvements to the LTC system. These programs do not provide direct care to residents.
- In fiscal year 2022, state LTC ombudsman programs were responsible for serving more than 3 million residents across approximately 76,000 LTC facilities in all 50 states, the District of Columbia, and Puerto Rico, according to data from ACL.
- Officials from five selected state LTC ombudsman programs (Arkansas, Connecticut, Montana, Ohio, and Oregon), ACL, and stakeholders we interviewed described challenges that make it difficult for state LTC ombudsman programs to provide all the services they are responsible for providing. Examples of reported challenges included handling increasingly complex cases, increasing numbers of facilities, as well as limitations in resources such as staffing and funding.

What is ACL’s role in state LTC ombudsman programs?

ACL is the federal agency responsible for providing support—both financial and administrative—to state LTC ombudsman programs.

ACL issues grants to state agencies as authorized by the Older Americans Act. These agencies, known as state or territorial units on aging, are responsible for developing and administering the programs, including establishing an Office of the State Long-Term Care Ombudsman in their state.¹

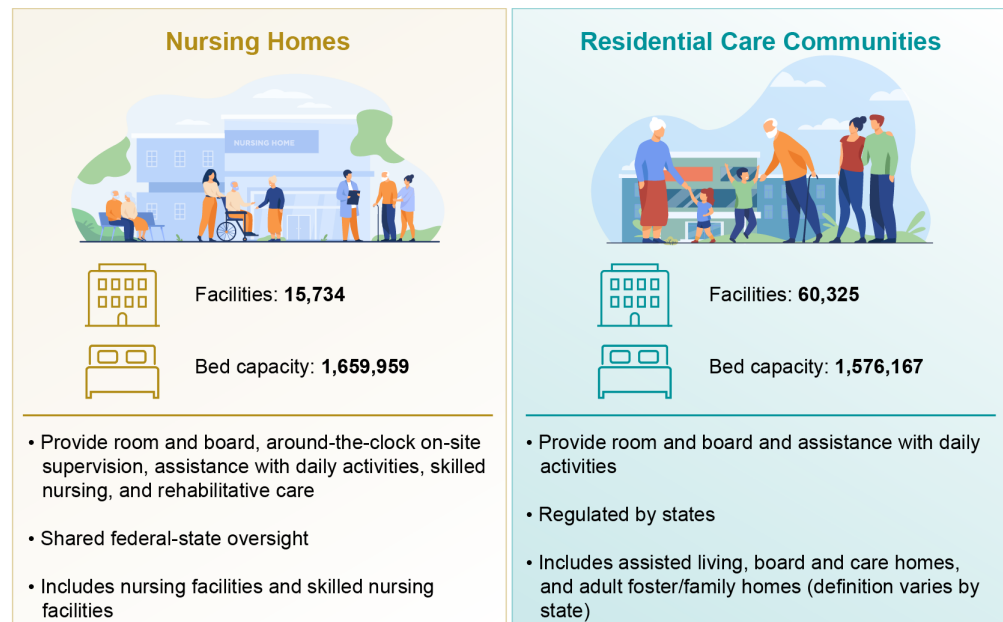
ACL provides support to state LTC ombudsman programs by helping facilitate relationships with national stakeholders and other entities to advance the LTC Ombudsman Program’s mission, increasing the Program’s visibility, and identifying areas where training and technical assistance are needed. Examples of the support provided include advocating on behalf of residents of LTC facilities across the federal government; monitoring implementation of federal regulations; and serving as the focal point for the development, coordination, and administration of ACL programs across ACL’s 10 regions.

ACL funds the National Long-Term Care Ombudsman Resource Center, which provides technical assistance and training to ombudsmen. For example, the Center provides an initial certification training model curriculum for state LTC ombudsman programs, which is based on sub-regulatory training standards ACL developed at the direction of the Older Americans Act.²

Whom do state LTC ombudsman programs serve?

State LTC ombudsman programs are responsible for serving individuals of any age who reside in LTC facilities. These LTC facilities may include nursing homes and certain residential care communities, such as assisted living facilities and adult foster homes.³ In fiscal year 2022, state LTC ombudsman programs were responsible for serving more than 3 million residents across approximately 76,000 LTC facilities, according to data from ACL. See figure 1 for more information on these facilities.

Figure 1: Facility Types Where State Long-Term Care Ombudsman Programs Were Responsible for Providing Services in Fiscal Year 2022



Source: GAO review of documents and data from the Administration for Community Living and prior GAO work (information); GAO (icons); SurfUpVector/stock.adobe.com (illustrations). | GAO-24-107209

State LTC ombudsman programs may serve other populations within their states beyond those required under the Older Americans Act. Specifically, under the Older Americans Act state LTC ombudsman programs are encouraged, but are

not required, to serve individuals transitioning from LTC facilities to home care settings when feasible. According to ACL officials, one state LTC ombudsman program provides services to individuals for 6 months following discharge. Additionally, state LTC ombudsman programs may use alternative funding sources to provide information and services to home care recipients as well.

What services do state LTC ombudsman programs provide?

In their efforts to ensure the health, safety, welfare, and rights of LTC facility residents, state LTC ombudsman programs provide the following services:

Conduct regular facility visits. State LTC ombudsman programs are responsible for ensuring regular and timely resident access to ombudsman program services. Programs may provide this access by making routine visits to facilities that are unrelated to complaints. There are no Older Americans Act ombudsman requirements around facility visitation; ACL collects data on the percentage of facilities that receive quarterly, routine visits.

These data show that, in fiscal year 2022, nursing homes were more likely to receive quarterly routine visits than residential care communities—about 47 percent of nursing homes and about 19 percent of residential care communities. Additionally, in fiscal year 2022, state LTC ombudsman programs made at least one visit for any reason to about 91 percent of nursing homes and about 54 percent of residential care communities. ACL directed states to use some COVID-19 supplemental funds to increase their activities in residential care communities. According to ACL officials, based on their review of preliminary data, these numbers have increased in some states in fiscal year 2023.

Identify, investigate, and resolve resident complaints. State LTC ombudsman programs are responsible for identifying, investigating, and resolving complaints. Complaints may be made by anyone but typically come from residents, residents' families or friends, facility staff, other agencies or programs, or ombudsmen themselves. The complexity of complaints can range from the temperature of the food being served at facilities to allegations of abuse and neglect. About 70 percent of the over 180,000 complaints were made by or on behalf of nursing home residents.⁴ The most common types of complaints handled by the program in fiscal year 2022 were related to discharge and eviction, response times to resident requests for assistance, and medications.⁵

When investigating complaints, the program aims to resolve them to the satisfaction of the resident.⁶ State LTC ombudsman programs do not gather evidence to substantiate that an event occurred or determine whether any law has been violated. Further, state LTC ombudsman programs do not have enforcement authority and, as a result, cannot take any official action against a facility or individual. However, state LTC ombudsman programs may refer a complaint to regulatory entities, such as those that license or certify LTC facilities or law enforcement. According to ACL, ombudsmen cannot serve as state mandated reporters of suspected abuse because both the Older Americans Act and its regulations prohibit reporting of resident-identifying information without the resident's consent. By ACL's logical extension, this precludes mandated reporting of suspected abuse that discloses such information.

Provide information and support. State LTC ombudsman programs are also responsible for providing information, education, and other support to residents and others about issues affecting residents. For example, state LTC ombudsman programs may provide information to a resident's family about resident rights, or they may hold community education sessions at a health fair. In fiscal year 2022, state LTC ombudsman programs reported providing approximately 570,000 instances of information and assistance to individuals and facility staff, separate from their complaint-related work.⁷

Conduct systems advocacy. In addition to advocating for individual residents, state LTC ombudsman programs are responsible for advocating for improvements to the broader LTC system, such as by recommending changes to current law or regulation. ACL does not currently collect any data regarding the amount of systems advocacy conducted by state LTC ombudsman programs.

How are state LTC ombudsman programs funded?

In fiscal year 2022, state LTC ombudsman programs reported expenditures of about \$140 million and sources of funding varied by state.⁸ State LTC ombudsman programs are funded through a variety of federal, state, and local sources.

Federal funds. State LTC ombudsman programs receive federal funds through the Older Americans Act and other federal sources.⁹ In fiscal year 2022, state LTC ombudsman programs reported spending about \$68.4 million from federal sources—about 49 percent of total expenditures for the program.¹⁰

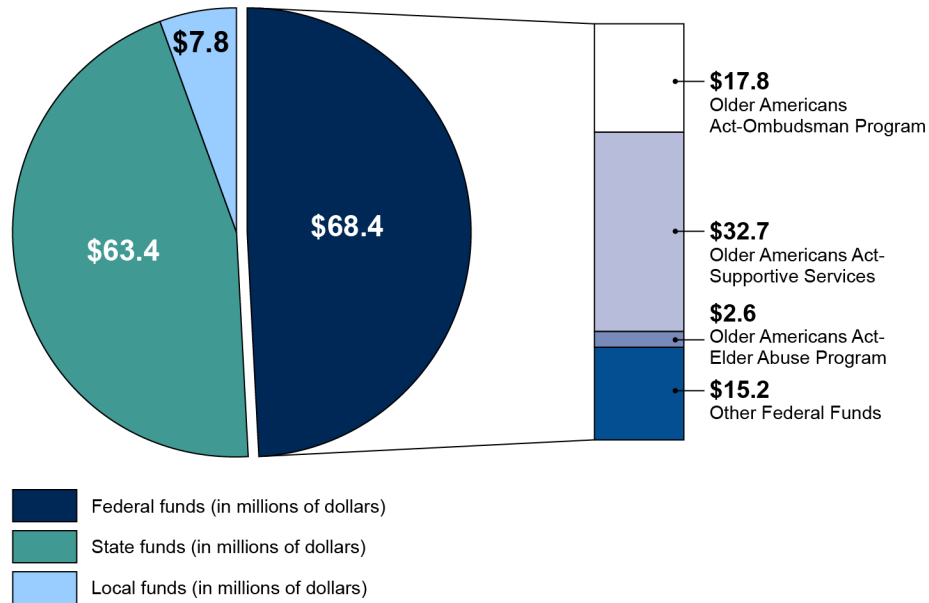
- **Older Americans Act Ombudsman Program.** State LTC ombudsman programs receive federal funds through grants to states from ACL to be used exclusively for their ombudsman programs, as authorized by Title VII of the Older Americans Act. The amount of funding provided to each state is determined using a formula based on the number of people age 60 or older in the state’s population relative to other states.
- **Older Americans Act Supportive Services and Elder Abuse Program.** State LTC ombudsman programs may also use other federal grant funding for supportive services and elder abuse programs for their ombudsman programs, as authorized by Titles III and VII of the Older Americans Act, respectively.¹¹ In fiscal year 2022, 47 states used supportive services funds and 31 states used elder abuse program funds.
- **Other Federal Funds.** State LTC ombudsman programs may use other federal funding separate from the Older Americans Act, such as through Medicaid administrative funds or COVID-19 supplemental funding.¹²

State funds. State LTC ombudsman programs may also use state funds. Sources of these funds can include state general funds, or fees charged to LTC facilities. In fiscal year 2022, 50 of the 52 state LTC ombudsman programs received state funding.

Local funds. State LTC ombudsman programs may also use local funds. Sources of these funds can include county funds. In fiscal year 2022, 27 states received local funds.

See figure 2 for more information on reported expenditures for state LTC ombudsman programs by source in fiscal year 2022.

Figure 2: Reported Expenditures for State Long-Term Care (LTC) Ombudsman Programs by Source, Fiscal Year 2022



Source: GAO review of data from the National Ombudsman Reporting System. | GAO-24-107209

Note: Based on current data collection limitations, it is not possible to estimate what percentage of the \$140 million expended by state LTC ombudsman programs in fiscal year 2022 was attributable to COVID-19 supplemental funding. According to Administration for Community Living (ACL) officials, states reported the COVID-19 supplemental funds that they used in fiscal year 2022 as part of the other federal funds category, which increased from about \$4.1 million in fiscal year 2019 to \$15.2 million in fiscal year 2022. Additionally, ACL officials told us that grant funding may be used across multiple fiscal years.

How are state LTC ombudsman programs organized?

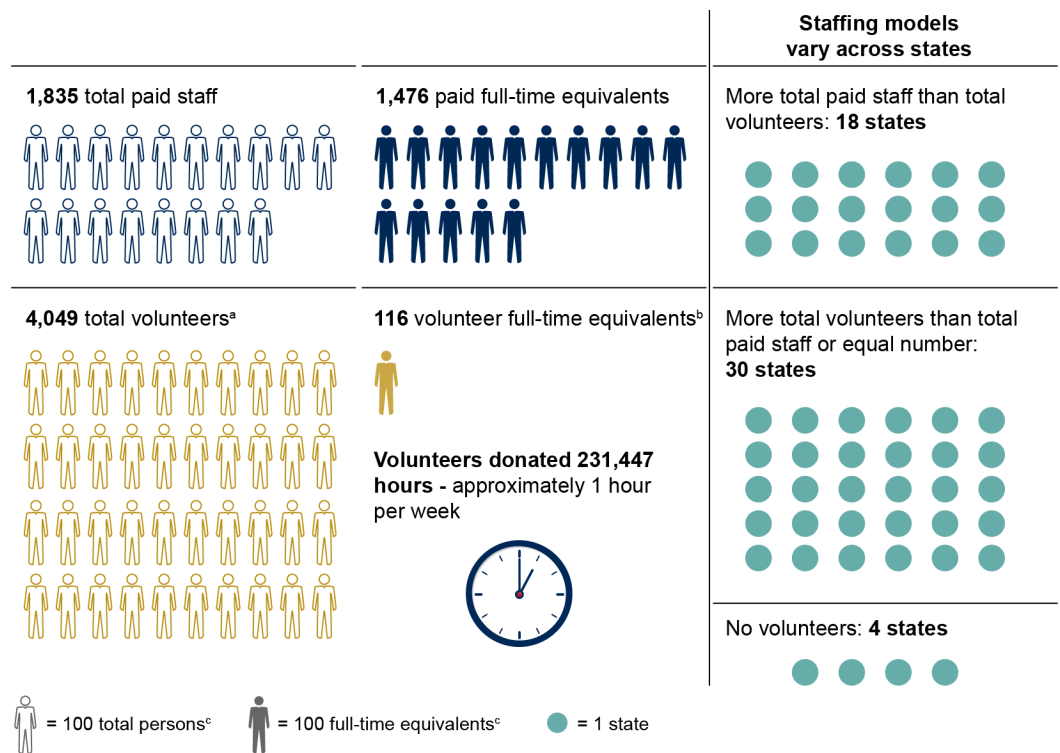
Each state has an official who is designated as the State LTC Ombudsman and is responsible for administering the program, but states have flexibility in how they structure their programs. Because of this flexibility, the structure of these programs can vary with respect to which entity houses the Office of the State LTC Ombudsman and whether the program has a centralized or decentralized structure.

- Entity that houses the Office of the State LTC Ombudsman.** The Office of the State LTC Ombudsman can be housed within the State Unit on Aging (31 states); another state government agency, such as broader state departments of health and human services (10 states); an independent agency within state government (three states); or outside of government at a nonprofit agency, such as a legal services provider (eight states).¹³
- Centralized or decentralized structure.** State LTC ombudsman programs may structure their program using a centralized or decentralized model. In a centralized model, the State LTC Ombudsman and all staff are employees of a single entity, such as the State Unit on Aging. In this model, the state LTC ombudsman is responsible for managing the entire program, including staff. In a decentralized model, the Office of the State LTC Ombudsman contracts with local entities—most often area agencies on aging—to perform ombudsman services.¹⁴ In this model, the State LTC Ombudsman has programmatic oversight but may not be able to hire or fire local staff. In fiscal year 2022, most states (32) were decentralized, according to ACL data.

How are state LTC ombudsman programs staffed?

The State LTC Ombudsman designates representatives of the office to conduct ombudsman activities; they can be paid staff or volunteers. In fiscal year 2022, most programs used a combination of paid staff and volunteers. On average, volunteers donated approximately 1 hour per week in fiscal year 2022. See figure 3 for more information on staffing in fiscal year 2022.

Figure 3: Staffing of State Long-Term Care Ombudsman Programs, Fiscal Year 2022



Source: GAO review of data from the National Ombudsman Reporting System (data); GAO (icons). | GAO-24-107209

^aFor purposes of our report, we use the term “volunteers” to refer to certified volunteer ombudsmen.

^bWe estimated volunteer full-time equivalents by dividing the total number of hours volunteers donated in fiscal year 2022 by 2000 based on previous work from the Administration for Community Living, Administration for Community Living, Office of Performance and Evaluation, *Volunteerism Study: Final Study Report*, (July 2021).

^cThe images of people reflect staffing numbers to the nearest hundred.

There is no minimum staffing ratio required by the Older Americans Act. In 1995, the Institute of Medicine recommended a minimum staffing ratio of one paid full-time equivalent ombudsman staff person per 2,000 LTC facility beds.¹⁵ In fiscal year 2022, the national staffing ratio was one paid full-time equivalent ombudsman staff person per 2,193 beds.¹⁶ According to ACL officials, it is not possible to apply one staffing standard to all states and states should be allowed to decide what ratio is appropriate for their unique needs and resources.¹⁷

Both paid staff and volunteers are required to meet the same minimum federal training standards to serve as ombudsmen. For example, both are required to complete a minimum of 36 hours of initial certification training, which includes topics such as the ombudsman’s role and an overview of LTC settings. Paid staff and volunteers are also required to complete a minimum of 18 hours of training or continuing education per year to maintain their positions. State LTC ombudsman programs may choose to require more hours of training. According to ACL’s training requirements, more hours are encouraged, especially for paid staff.

What are reported challenges that state LTC ombudsman programs face in providing services to LTC residents?

Officials we interviewed from five selected state LTC ombudsman programs, ACL, and stakeholders described various challenges that make it difficult to provide all the services they are responsible for providing. Examples of commonly reported challenges included the following.

Increase in complexity of cases and resident needs. Officials we interviewed from all five states said ombudsmen work and resident needs have become more complex, which can require more or different types of resources. For example, officials from three states told us their programs now handle complex cases such as eviction from, or sexual assault that occurs in, facilities. Officials from two states told us ombudsmen are increasingly serving residents with complex needs related to mental health, substance misuse, or cognitive impairment. According to officials from two states and two national stakeholders, these increasingly complex cases and changes in resident needs require additional resources or skills. For example, a state official told us that evictions can require ombudsmen to have an in-depth understanding of legal processes and procedures. ACL officials and one national stakeholder representing ombudsman reported similar information. For example, one stakeholder said ombudsmen work used to be likened to cold coffee, in that the cases were simpler and usually required 5-minute fixes. (See fig. 4.)

Figure 4: Example of State and National Stakeholder Perspectives on Change in Case Complexity and Resident Needs

One state official told us that their team is increasingly handling issues related to abuse, misuse of locked units, and increased use of medications (e.g., antipsychotics).

One national stakeholder representing ombudsmen said ombudsmen have been “drinking from a fire hose” recently, with their workload becoming increasingly complex. The stakeholder said it takes longer for ombudsmen to learn to handle complex issues such as guardianship, inappropriate discharges, and significant mental/behavioral health challenges faced by residents.

Source: GAO interviews with an official from one selected state and a national stakeholder representing ombudsmen. | GAO-24-107209

Expansion of assisted living. Officials we interviewed from four states described the expansion of assisted living facilities as a challenge in terms of the rapid increase in the number of facilities and the resulting workload for ombudsmen. For example, a state official told us ombudsmen have not been able to keep up with providing services to these additional facilities, as resources and funding have not increased to accommodate the extra workload. ACL officials and two stakeholders who represent ombudsmen told us similar information. (See fig. 5.)

Figure 5: Example of National Stakeholder Perspective on the Expansion of Assisted Living Facilities

One national stakeholder representing ombudsmen said assisted living has grown “exponentially” over the last 15 years. The official noted that the country is currently at a “cross-over point” where the number of assisted living beds is exceeding the number of nursing home beds. However, resources have not increased for ombudsmen to cover those extra beds.

Source: GAO interview with a national stakeholder representing ombudsmen. | GAO-24-107209

Resource limitations. Officials we interviewed from all five states told us resource limitations have made it challenging to meet workload demands or hire necessary staff. For example, officials from all five states told us staffing limitations can limit programs’ ability to perform some services. While officials from three states noted volunteers can help maintain a regular presence in facilities, officials from most states noted volunteers do not always have as much

expertise or ability to handle complex cases compared to paid staff. As a result, more complex work is left to paid staff.

Officials from four states also told us that limitations in funding can make it challenging to hire necessary staff. For example, an official told us federal funding is not sufficient to cover even one ombudsman position for their program. An official from another state said that it is hard to recruit new ombudsmen because they are not paid well due to lack of program funding—some of them make \$13 to \$14 per hour, the official said.

ACL officials and four stakeholders we interviewed reported similar challenges, particularly related to hiring more paid staff or volunteers. For example, one stakeholder said ombudsmen are expected to be “jacks of all trades” and this expectation of skill and responsibility makes recruiting hard, especially given the insufficient pay. (See fig. 6.)

Figure 6: Example of National Stakeholder Perspectives on Resource Limitations

One national stakeholder representing long-term care facilities said they share concerns regarding lack of adequate funding and staff for state LTC ombudsman programs. According to this stakeholder, members of theirs from several states noted concern that recent budget cuts have limited the services LTC ombudsmen can offer and reduced staffing.

One national stakeholder representing ombudsmen told us that the Long-term Care Ombudsman Program is facing the “Perfect storm of need and demand, and lack of resources to do the job. That’s the nut of it. That’s what keeps me up at night. How do you serve people and do it effectively? It’s becoming harder and harder.”

Source: GAO interviews with two national stakeholders representing the industry and ombudsmen. | GAO-24-107209

Officials we interviewed from our selected state LTC ombudsman programs described various strategies they try using to help mitigate challenges. For example, officials we interviewed from all five states said they try to use advocacy or legislative activities to help their program obtain funds or bring awareness to LTC issues. In another example, officials from two states said their ombudsmen prioritize certain work to help manage workload. For example, an official from one state said challenging or larger issues are prioritized over less complex or smaller ones.

See appendix I for more information on our five selected state LTC ombudsman programs.

How did COVID-19 affect state LTC ombudsman programs?

Officials we interviewed from all five states reported the COVID-19 pandemic introduced challenges, such as those related to staffing. Officials from four of these states also reported areas where the pandemic provided opportunities to enhance their programs.

- **Challenges.** Officials we interviewed from all five states told us COVID-19 introduced challenges for their programs related to staffing, funding, or quality of care. For example, officials from all five states said they faced a reduction in staff. Officials from most of these states told us their programs are not back to pre-pandemic staffing levels. ACL officials and three stakeholders reinforced the reported challenges from COVID-19, including lack of staff, lack of funding, or a decline in quality of care.
- **Opportunities.** Though the COVID-19 pandemic created challenges for the states we selected, officials from four of our selected states also described areas where the pandemic provided opportunities to enhance their program. For example, officials from three states said that the pandemic forced programs to use virtual tools to connect with residents and to enhance communication. An official from another state noted that

pandemic relief funds allowed the program to hire more staff—for example, the state hired four part-time staff with expertise in ombudsman services. However, the state official said that they will need additional funding to sustain these staff when the COVID-19 supplemental funds end in summer 2024.

At a national level, ACL data showed that the COVID-19 pandemic affected the workload of and staffing for state LTC ombudsman programs.

- The workload of state LTC ombudsman programs—routine facility visits, number of complaints and amount of information provided to individuals—generally declined during the first year of the pandemic and partially rebounded to pre-pandemic levels in fiscal year 2022.
- The volume of paid staff declined between fiscal years 2019 and 2020 but quickly rebounded to about pre-pandemic levels in fiscal year 2021. Conversely, the number of volunteers has consistently declined since fiscal year 2019.¹⁸ According to ACL officials, the number of volunteers has declined in the last decade, which is consistent with national trends for volunteering in general.

Agency Comments

We provided a draft of this report to the Department of Health and Human Services for comment. The Department provided technical comments, which we incorporated as appropriate.

How GAO Did This Study

To obtain information on the LTC Ombudsman Program, including information on the funding, organization, and states' ability to provide the necessary services, we reviewed information from federal and state sources. We collected information from the Department of Health and Human Services' ACL about the program, including information on federal regulations outlining program requirements. We collected and reviewed data from ACL's National Ombudsman Reporting System—a system that compiles national statistics reported by states about ombudsman activities—for fiscal years 2019 through 2022, the most recent 4-year period available.¹⁹

To assess the reliability of these data, we reviewed documentation describing the data and interviewed ACL officials about data collection processes. We determined that the data were sufficiently reliable for the purposes of our reporting objective.

We interviewed officials from ACL, five state LTC ombudsman programs, and four national stakeholder organizations regarding workloads of and staffing for these programs, including any changes they have faced in recent years. We selected states based on criteria including variation in volume of complaints, the state's use of paid and volunteer staff, and geographic location.²⁰ Stakeholder organizations were selected to provide perspectives of ombudsmen and industry.²¹ The views of these program officials and stakeholders are not generalizable.

We conducted this performance audit from December 2023 to May 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our objectives.

List of Addressees

The Honorable Bernard Sanders
Chair
Committee on Health, Education, Labor and Pensions
United States Senate

The Honorable Robert P. Casey, Jr.
Chairman
Special Committee on Aging
United States Senate

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies of this report to the appropriate congressional committees, the Secretary of Health and Human Services, and other interested parties. In addition, the report is available at no charge on the GAO website at <https://www.gao.gov>.

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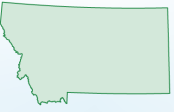

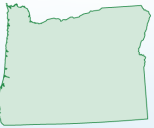
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Appendix I: Information on Selected State LTC Ombudsman Programs

STATE	LONG-TERM CARE OMBUDSMAN PROGRAM CHARACTERISTICS	EXAMPLE OF REPORTED CHALLENGES
Arkansas 	Location of State Ombudsman Office: State Unit on Aging Program structure: Decentralized Paid staff: 12 full-time equivalents (FTE) Volunteers: 146 Number of LTC facilities (beds): 425 (36,994) Percent of LTC beds in nursing homes: 74%	According to an Arkansas official, the workload for the ombudsmen in Arkansas is significant. This official said it feels like everything is a priority and this official catches up on work by working nights and weekends.
Connecticut 	Location of State Ombudsman Office: Other state government agency Program structure: Centralized Paid staff: 9 FTE Volunteers: 14 Number of LTC facilities (beds): 426 (37,015) Percent of LTC beds in nursing homes: 62%	According to a Connecticut official, it has become increasingly difficult to provide all the necessary ombudsman services across nursing homes, assisted living facilities, and residential care homes with their current staff.
Montana 	Location of State Ombudsman Office: State Unit on Aging Program structure: Decentralized Paid staff: 16.5 FTE Volunteers: 1 Number of LTC facilities (beds): 316 (12,672) Percent of LTC beds in nursing homes: 53%	According to a Montana official, their program does not have enough staff to handle all the incidents that come in and their ability to reach residents is further complicated by the large, rural nature of their state. For example, the ombudsman may spend more time on the road than in a facility due to "windshield time."
Ohio 	Location of State Ombudsman Office: State Unit on Aging Program structure: Decentralized Paid staff: 86 FTE Volunteers: 295 Number of LTC facilities (beds): 2,633 (160,033) Percent of LTC beds in nursing homes: 55%	According to an Ohio official, the booming assisted living industry in their state is stretching their ombudsman staff resources. The official further noted that there is increased burden felt in reaching out to residents in these facilities because they have less oversight compared to nursing homes.
Oregon 	Location of State Ombudsman Office: Independent agency within state government Program structure: Centralized Paid staff: 16 FTE Volunteers: 141 Number of LTC facilities (beds): 2,001 (45,843) Percent of LTC beds in nursing homes: 23%	According to an Oregon official, the state's program struggles with having enough staff to complete its workload. The official said the state's program needs more staff as they are currently at about 4,500 beds per paid FTE. Because of the limited staffing, the state's program is not able to address some of the smaller issues residents have and instead try to focus their limited staff resources on the complex issues such as evictions.

Source: GAO review of data from the National Ombudsman Reporting System (fiscal year 2022) and interviews with selected state officials (information); MapResources (map). | GAO-24-107209

Endnotes

¹See 42 U.S.C. § 3058g. To be eligible for Older Americans Act funds, states must operate a LTC ombudsman program. See 42 U.S.C. § 3027(a)(9).

²The Center is operated by the National Consumer Voice for Quality Long-Term Care, in cooperation with the ADvancing States, through a grant from ACL.

³When the LTC Ombudsman Program was established in 1978, it only covered nursing homes. Its scope expanded to board and care homes in 1981 and assisted living facilities in 2006.

⁴In fiscal year 2022, the number of complaints made by or on behalf of LTC facility residents per 1,000 LTC facility beds varied across states from about 10 to 205 with a median of about 49. ACL considers the number of complaints state LTC ombudsman programs handle as a proxy measure of how accessible the program is to residents.

⁵Complaints related to eviction and discharge include residents who received a discharge notice and do not want to leave and residents who were transferred or discharged without notice or due process, among others.

⁶In fiscal year 2022, state LTC ombudsman programs partially or fully resolved about 71 percent of complaints to the satisfaction of the resident or resident representative.

⁷State LTC ombudsman programs also provided approximately 2,000 training sessions to LTC facility staff, 6,700 community education sessions, and 15,000 instances of support to LTC facility resident and family councils in fiscal year 2022.

⁸Total funds that state LTC ombudsman programs reported spending increased from \$117,151,989 in fiscal year 2019 to \$139,610,745 in fiscal year 2022—a 19 percent increase.

⁹States are not required to provide a nonfederal match for any Older Americans Act funds used for the ombudsman program, according to ACL officials. However, states are not precluded from requesting a match to Title VII ombudsman program funds that they award to other entities through grants or contracts.

¹⁰Total federal funds that state LTC ombudsman programs reported spending increased from \$55,140,499 in fiscal year 2019 to \$68,396,776 in fiscal year 2022—a 24 percent increase. The share of expenditures coming from federal sources was similar in fiscal year 2019 and fiscal year 2022: in fiscal year 2019, the federal share comprised 47 percent of total expenditures.

¹¹States are required to expend no less than the amount expended by the state agency with funds received under Titles III (supportive services) and VII (ombudsman program and elder abuse program) of the Older Americans Act in fiscal year 2019. Further, Title III and VII expenditures are to supplement and not supplant any federal, state, or local funds. States and localities can use supportive services funds on more than 25 authorized support services, including transportation and housing. States can use elder abuse program funds on activities related to elder abuse, neglect, and exploitation such as public awareness campaigns and training programs.

¹²In certain states, state LTC ombudsman programs are able to receive federal Medicaid administrative funding for certain services, including referring individuals who may be eligible for Medicaid services and reporting suspected instances of Medicaid fraud to federal and state agencies. According to ACL officials, states were able to use COVID-19 funding from four different sources to support their ombudsman programs in fiscal year 2022.

¹³Regardless of the location of the Office, it must be able to operate with autonomy and independence. See, e.g., 42 U.S.C. § 3058g(a)(4), (f); 45 C.F.R. § 1324.21.

¹⁴An area agency on aging is a public or private nonprofit agency designated by a state to address the needs and concerns of all older persons at the local level.

¹⁵Institute of Medicine, *Real People Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act* (Washington, D.C.: National Academies Press, 1995). <https://doi.org/10.17226/9059>.

¹⁶Current available staffing data from ACL includes staff supporting both facility- and non-facility-based individuals. As such, current staffing ratios cannot be compared across states as not all states serve non-facility-based individuals.

¹⁷ACL officials gave us the example of a state with many rural facilities that are hard to get to. Even if that state has a 1:1,500 staffing ratio—better staffing than the standard—they still may not have enough staff members to sufficiently serve the LTC facility residents of the state.

¹⁸The number of volunteers declined from about 5,947 in fiscal year 2019 to 4,049 in fiscal year 2022—a decrease of about 32 percent. The number of volunteer hours decreased by about 55 percent during this time—about 514,095 hours in fiscal year 2019 to about 231,447 in fiscal year 2022.

¹⁹For purposes of our report, we refer to the 50 states, District of Columbia, Puerto Rico, and Guam as “states.” The state LTC ombudsman program for Guam does not report data to NORS due to the size of their program, according to ACL officials. Therefore, when we report on data it includes the 50 states, District of Columbia, and Puerto Rico.

²⁰The five selected states were Arkansas, Connecticut, Montana, Ohio, and Oregon.

²¹The four stakeholder organizations were the National Consumer Voice for Quality Long-Term Care, the National Association of Local Long-term Care Ombudsmen, the American Health Care Association and the National Center for Assisted Living, and the National Association of State Long-Term Care Ombudsman Programs.