

*Some people, no matter how old they get,  
never lose their beauty—they merely  
move it from their faces into their hearts.  
Martin Buxbaum*



The Colorado Long-Term Care Ombudsman  
and Legal Assistance Developer Programs  
**ANNUAL REPORT 2008**

The Legal Center for People  
with Disabilities  and Older People

*Colorado's Protection & Advocacy System*

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The Legal Center for People  
with Disabilities and Older People



Colorado's Protection & Advocacy System

January 2009

Dear Citizens of Colorado:

On behalf of the board and staff of The Legal Center for People with Disabilities and Older People, and our colleagues at the Colorado Department of Human Services—Division of Aging and Adult Services, I am honored to present this report to members of the General Assembly and to you.

This is the first year that we have combined reports on two key programs for Colorado's seniors: **The Colorado Long-Term Care Ombudsman Program** and the **Legal Assistance Developer Program**. Since 1988, The Legal Center has provided an independent home for these programs that work in tandem to provide a vital safety net for older people. In addition to protecting and promoting the rights of older adults, they can also empower older citizens and their families to advocate for their own causes. One of my favorite stories from last year's report was the group of nursing home residents who joined together to insist that staff stop using the home's chapel as a storage facility, and restore it to its former function as a meeting room and place of quiet contemplation. These residents not only succeeded in their gentle activism, but they also inspired residents in other homes to take similar action!

While this year's report documents ongoing problems within the system, such as elder abuse, financial exploitation, inadequate care and lack of resources, it also celebrates the progress we are making toward building a better life for Colorado's aging population. My thanks to the many people who work tirelessly toward this end—local ombudsmen, contract and pro bono attorneys and paralegals, nursing home and assisted living staff, advocates for change, and loving relatives who provide ongoing care and support.

In closing, I am pleased to introduce to you the two outstanding women who joined our staff this spring to head these programs: Shelley Hitt, the Colorado Long-Term Care Ombudsman, and Mary Catherine Rabbitt, Legal Assistance Developer. We welcome your questions and comments.

Sincerely,

Mary Anne Harvey  
Executive Director

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*Note: This report covers federal fiscal year  
October 1, 2007 - September 30, 2008 for  
the Colorado Long-Term Care Ombudsman  
Program and state fiscal year July 1, 2007  
– June 30, 2008 for the Legal Services  
Developer program.*

# The Colorado Long-Term Care Ombudsman and Legal Assistance Developer Programs

The Colorado Long-Term Care Ombudsman Program and the Legal Assistance Developer Program work together to protect and promote the rights of Colorado's older adults and to improve their quality of life.

Both programs are administered by The Legal Center for People with Disabilities and Older People under a contractual agreement with the Colorado Department of Human Services, Division of Aging and Adult Services. The two programs operate in conjunction with the 16 regional Area Agencies on Aging (AAA) to coordinate services statewide. (See pages 19 through 34 for detailed reports from each region.)

The Colorado Long-Term Care Ombudsman, Shelley Hitt, and the Legal Assistance Developer, Mary Catherine Rabbitt:

- Provide leadership, support, training and technical assistance to the local ombudsmen and legal providers on the front lines of service;
- Evaluate their respective programs at the 16 Area Agencies on Aging;
- Stay abreast of current legislation and new regulations;
- Research and analyze critical issues and monitor changing trends;
- Work together on public policy initiatives to expand resources on elder law and to improve long-term care;
- Direct public education programming on resources for older adults and their families;
- Provide training and support to volunteers and professionals in local organizations;
- Serve as the voice of older people to policymakers, regulators and government officials;
- Advocate for improvements in legislation, policies, and funding affecting long-term care and elder rights; and
- Represent Colorado's long-term care and legal service needs at the national level.

## The Colorado Long-Term Care Ombudsman Program

The Colorado Long-Term Care Ombudsman Program was created in 1975 to address the need for independent, knowledgeable, and caring advocates for residents of nursing homes and assisted living residences statewide.

Across the 16 regional programs, there are 20 full-time and 30 part-time paid ombudsmen, and 100 volunteer ombudsmen, for 220 nursing homes with 20,308 beds and 514 assisted living residences with 14,937 beds. Occupancy rates for these facilities vary during the year.

Colorado's local ombudsmen:

- Educate the public about long-term care before there is a need to make a decision about nursing home care for themselves or a family member;
- Consult with families to help them choose the long-term care facility that best meets their needs;
- Work with residents, families, and staff of long-term care facilities to educate them about resident rights and quality of life issues;
- Receive, investigate, and work to resolve complaints made by or on behalf of residents;
- Assist with the development and successful functioning of family and resident councils;
- Offer ideas and suggestions to facility staff and consult with them on difficult situations; and
- Advocate for improvements in legislation, policies, and funding affecting long-term care.

Each nursing home must be visited by an ombudsman at least once a month and each assisted living residence at least once a quarter. In practice, many ombudsmen go far beyond these minimum requirements, often using their own personal time to meet with residents and their families.

Local ombudsmen are trained to help residents form and operate resident councils where they can meet as a group to discuss concerns about the facility and address the concerns with management on behalf of all residents. Family councils provide an opportunity for family members to meet and discuss issues

## Values and Philosophy

- The resident or older person is always the client
- Ombudsmen and legal providers always ask: “What does the client want in this situation?”
- Always try to resolve an issue at the lowest level
- Remain objective while investigating a complaint—but become an advocate for the client when seeking a solution
- \*Maintain strict confidentiality—only act on an issue with the permission of the client

though complaint resolution is a key part of the program, ombudsmen strive to create a culture of care where complaints are few. When there is a problem, they endeavor to equip residents and families with the knowledge and the tools to resolve the problem with facility staff.

### The Legal Assistance Developer Program

**The Legal Assistance Developer Program** works to increase legal services for older people in Colorado, especially individuals with low incomes. The Legal Assistance Developer coordinates the statewide network of legal providers who provide free legal services to older people under the auspices of the state’s 16 Area Agencies on Aging. Each AAA has a slightly different

regarding concerns in the facility, discuss possible solutions and partner with the facility staff for changes when necessary.

The transition from home to a nursing home or assisted living residence can be upsetting and disorienting. Residents give up much of their independence, privacy, personal belongings and normal routines in the move. They are in essence becoming a stranger in a strange new place. They must rely on others, including the local ombudsmen, to protect their dignity, advocate for their rights, and provide some measure of companionship when there are no family members or friends available or willing to visit regularly. Al-

though complaint resolution is a key part of the program, ombudsmen strive to create a culture of care where complaints are few. When there is a problem, they endeavor to equip residents and families with the knowledge and the tools to resolve the problem with facility staff.

Whether they live in nursing homes, in their own homes, or with a relative, older people frequently have an urgent need for legal assistance. Examples include:

- Improper eviction notices when a family member moves in to provide in-home care to an older relative, or when other accommodations or modifications are needed to make it possible for the older adult to continue living independently.
- Sometimes housing providers, well-meaning relatives or medical professionals decide that an older adult “is a danger to himself” or “she would be happier in a nursing home,” without regard for the person’s wishes.
- In addition to neglect and abuse in long-term care facilities, older people frequently suffer at the hands of their own relatives. They often fail to report financial exploitation because of their own embarrassment at being “taken in” or because the exploitation was committed by a relative or trusted caregiver upon whom the older person must continue to rely.

Even with no immediate threats to their health and welfare, older people often have other legal concerns. Examples include:

- Being told they do not qualify for public assistance benefits or that their benefits are being reduced or terminated;
- Wishing to execute a living will or durable financial or health care power of attorney;
- Being the subject of an unwanted guardianship action; and
- Being harassed by a collection agency for unpaid bills.

In some instances, such as in disagreements with family members, disputes with a landlord or housing authority, or a problem obtaining government benefits, older people may not even realize that their problem is a legal one. In addition, the financial reality for many of them is that they simply cannot afford to hire a lawyer in private practice.

The two programs, the Colorado Long-Term Care Ombudsman

Program and the Colorado Legal Assistance Program, complement each other and, by sharing resources, they are often able to resolve problems quickly. Recent examples include:

- Misuse of power of attorney by a son who failed to pay for his mother's care at a nursing home, resulting in a notice of discharge. The local ombudsman and paralegal from the Area Agency on Aging intervened to secure payment by the son and rescind the discharge notice.
- A resident who needed significant accommodations to meet his physical needs was issued a discharge notice by his nursing home in violation of the Fair Housing Act and the Americans with Disabilities Act. The ombudsman sought legal help and the nursing home agreed to make the necessary changes.
- A resident of an assisted living residence wanted to move to public housing but was turned down due to concerns about her need for services. With the help of a legal services attorney, the client filed a grievance with the housing authority under the Fair Housing Act and the Americans with Disabilities Act and was allowed to move in with supportive services.



**Shelley Hitt**, Colorado Long-Term Care Ombudsman

Shelley joined The Legal Center in May 2008. Prior to that, she was the section director for Allied Health at the Colorado Department of Regulatory Agencies, Division of Registrations, with responsibility for the licensing of 14 professional groups including social workers, physical therapists and chiropractors. She engaged in legislative analysis, testified before various State House and Senate committees, drafted regulations and conducted rule making hearings.

Shelley's career includes work as a lawyer, an advocate for the ARC in Aurora, and nine years at the Colorado Department of Public Health and Environment (CDPHE) as the long-term care program manager in the Health Facilities Division—the division responsible for surveying and investigating complaints against nursing homes. She worked in the social services departments of two long-term care facilities, and spent time as a volunteer ombudsman.

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Shelley's undergraduate degree is in social work, and she holds a law degree from the University of Colorado.



**Mary Catherine Rabbitt, Esq.**, Colorado Legal Assistance Developer for the Elderly

Mary Catherine began work at The Legal Center in June 2008. She graduated from the University of Denver College of Law in 1984 and spent 16 years as a staff attorney with Colorado Legal Services, specializing in health and elder law. She worked for the Colorado Center on Law and Policy in its formative years to examine and propose public policy related to low-income clients in the areas of health care access and health care reform.

In 1997, Mary Catherine represented Catholic Charities and the Colorado Health Care Conversions Project before the Colorado Division of Insurance regarding the conversion of Blue Cross-Blue Shield of Colorado from a nonprofit to a for-profit company. Her work helped secure \$155 million to serve the unmet health care needs of Coloradans under the auspices of the Caring for Colorado Foundation. She was one of the founders of the Colorado Fund for People with Disabilities.

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**Sharon McLay**, Assistant Ombudsman

Sharon has been hired as the assistant for Older Americans Programs. Prior to joining The Legal Center, Sharon worked as a paralegal for nineteen years. In 2007, she completed a master's degree in psychology with an emphasis in gerontology, while also volunteering as an ombudsman with the Denver Regional Council of Govern-

ments. Sharon has personal experience of helping older adults in long-term care: her father currently resides in a nursing home and her grandmother faced many challenges as she aged. Sharon's family experiences, combined with her educational endeavors and her work as a volunteer ombudsman, inspired her to take the position with The Legal Center. Sharon is a passionate believer in the importance and great necessity of advocating on behalf of older adults.

# Complaint Data, Trends, and Recommendations

## The good news

Before reporting the data for 2008, it should be emphasized that in a system based primarily on complaints, it is sometimes hard to see the positive trends in long-term care, or to appreciate the very real difference that local ombudsmen can make in the quality of life for residents of nursing homes and assisted living residences.

This year's report documents a reduction in the number of serious complaints received, together with an increase in the proactive work of local ombudsmen.

In 2008, ombudsmen statewide:

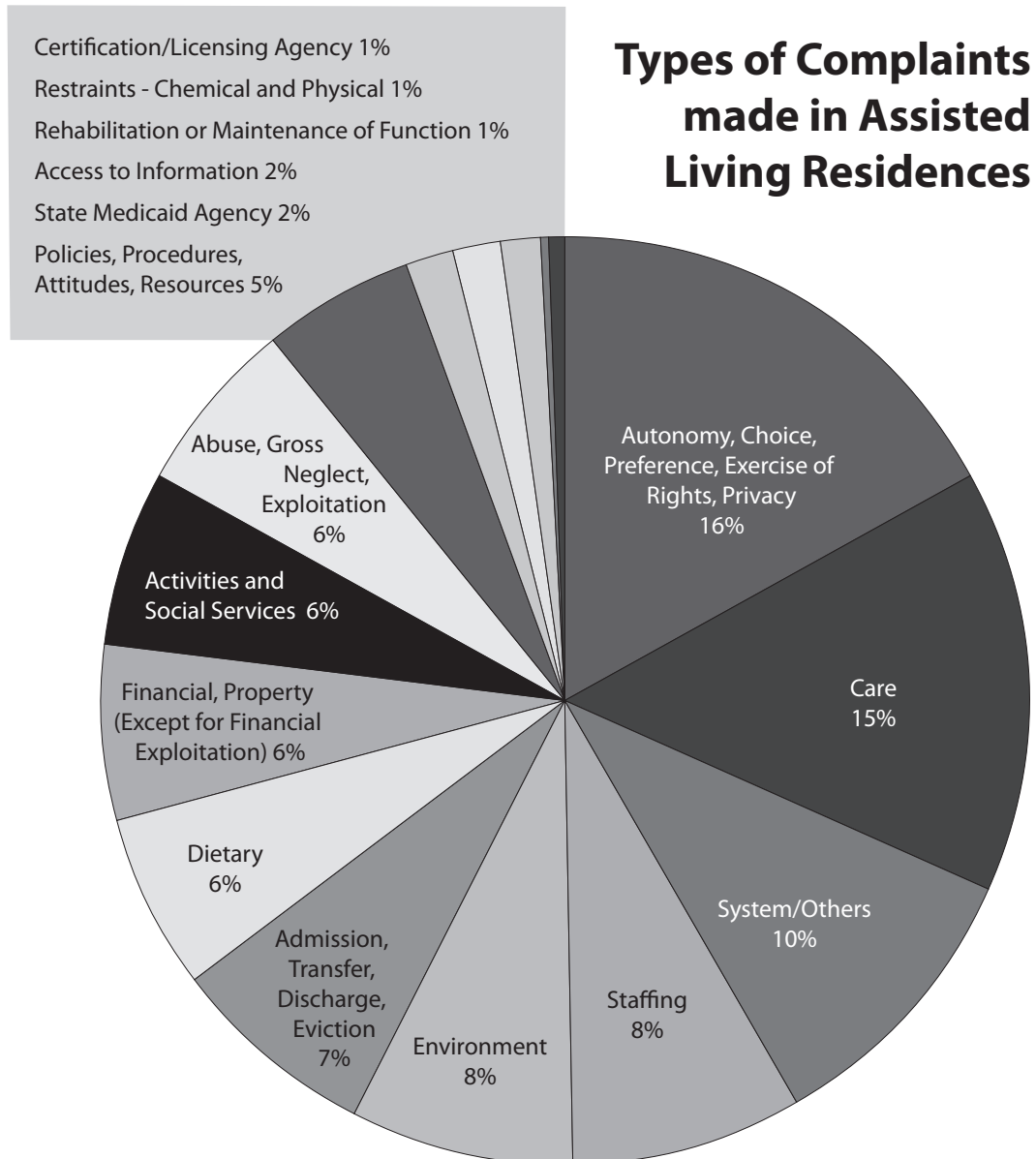
- Conducted 3,685 consultations with long-term care facilities (compared to 3,367 in 2007);
- Provided information on long-term care to 7,559 individuals (compared to 7077 in 2007); and
- Led 1,064 community education sessions (compared to 980 in 2007)

Ombudsmen have made it a priority to work collaboratively with residents, family members and facility staff to improve the quality of long-term care. They have emphasized public education so that older adults and their families are better prepared to make important decisions on long-term care. In addition, there were 11,028 hours of time donated by our certified volunteer ombudsmen this year, which resulted in more frequent visits to facilities and better communication with residents.

## Abuse complaints are down, but financial exploitation remains a concern

For the first time since the National Ombudsman Reporting System (NORS) went into effect in 2004, the number of complaints about abuse and gross neglect failed to appear in the "top five" list. This complaint category includes physical, sexual, verbal and mental abuse (including involuntary seclusion), gross neglect, resident-to-resident physical or sexual abuse and severe financial exploitation. These are the most serious complaints, potentially criminal in nature.

## Types of Complaints made in Assisted Living Residences



This year there were 424 complaints of abuse and neglect, down significantly from last year's 520 cases. The total number of complaints in this category has fallen steadily from 661 in 2004. The local ombudsmen have become members of county adult protection teams in many areas and work closely with the adult protection case workers to monitor, report, and reduce instances of elder abuse. This partnership appears to be successful. This positive trend can also be attributed to the increased number of abuse prevention educational trainings conducted by local ombudsmen, together with a change in public attitudes that there is zero tolerance for abuse of older people.

While physical and mental abuse has dropped, financial exploitation remains a serious concern that the current decline in the economy appears to be exacerbating. The Colorado Long-Term Care Ombudsman Program, as a result of Attorney General John Suthers' October 24, 2008 summit on "Senior Financial Exploitation", will be partnering with other stakeholders to reduce the incidence of these crimes. Formal recommendations have yet to be issued by the Attorney General's Office, but one key action area will be additional training for bank staff to recognize signs of financial exploitation, and then act to protect the older adult's assets.

### Admission, transfer, discharge, and eviction complaints increase

Most of the complaints in this category are for inappropriate discharges, inadequate notice and insufficient planning for the transition. This is one of the most stressful events that can happen to a resident and his or her family. Sadly, a growing number of these cases are related to the declining economy with families simply unable to pay facility bills. Local ombudsmen report that some eviction cases involve facilities making improper attempts to discharge difficult residents or to remove Medicaid-funded beds to make way for residents who are paying privately at higher rates. There have been several instances where family members with power of attorney simply stopped paying bills for their elderly relatives. Unlike the hardship cases noted above, these family members were appropriating the seniors' assets for their own purposes—financial exploitation. In these cases, ombudsmen and legal assistance providers spent many hours appealing the discharge notices and seeking solutions to restore the payment to the resident and to the facilities for the resident's care.

## Complaints in 2008

*The National Ombudsman Reporting System (NORS) is managed by the U.S. Department of Health and Human Services.*

### Top Five Complaints Statewide for Nursing Homes and Assisted Living Residences

		2008	2008
1	Care	1,812	2,050
2	Autonomy, Choice	1,515	1,693
3	Admission/Discharge	707	594
4	Environment	624	601
5	Staffing	561	656

### Top Five Complaints in Nursing Homes

		2008	2008
1	Care	1,422	1,541
2	Autonomy, Choice	1,054	1,109
3	Admission/Discharge	520	367
4	Environment	419	346
5	Staffing	340	363

### Top Five Complaints in Assisted Living Residences

		2008	2008
1	Autonomy, Choice	461	584
2	Care	390	509
3	Staffing	221	293
4	Environment	205	255
5	Admission/Discharge	187	252



## Quality of Care

Poor quality of care has consistently been the leading category of complaints in nursing homes and remains a serious concern in assisted living residences. These complaints include improper handling of accidents, failure to respond to call lights, inadequate individual care plans or lack of follow-through, improper medication administration, failure to ensure proper personal hygiene, inadequate pain management, and failure to properly diagnose conditions such as pressure sores and dehydration.

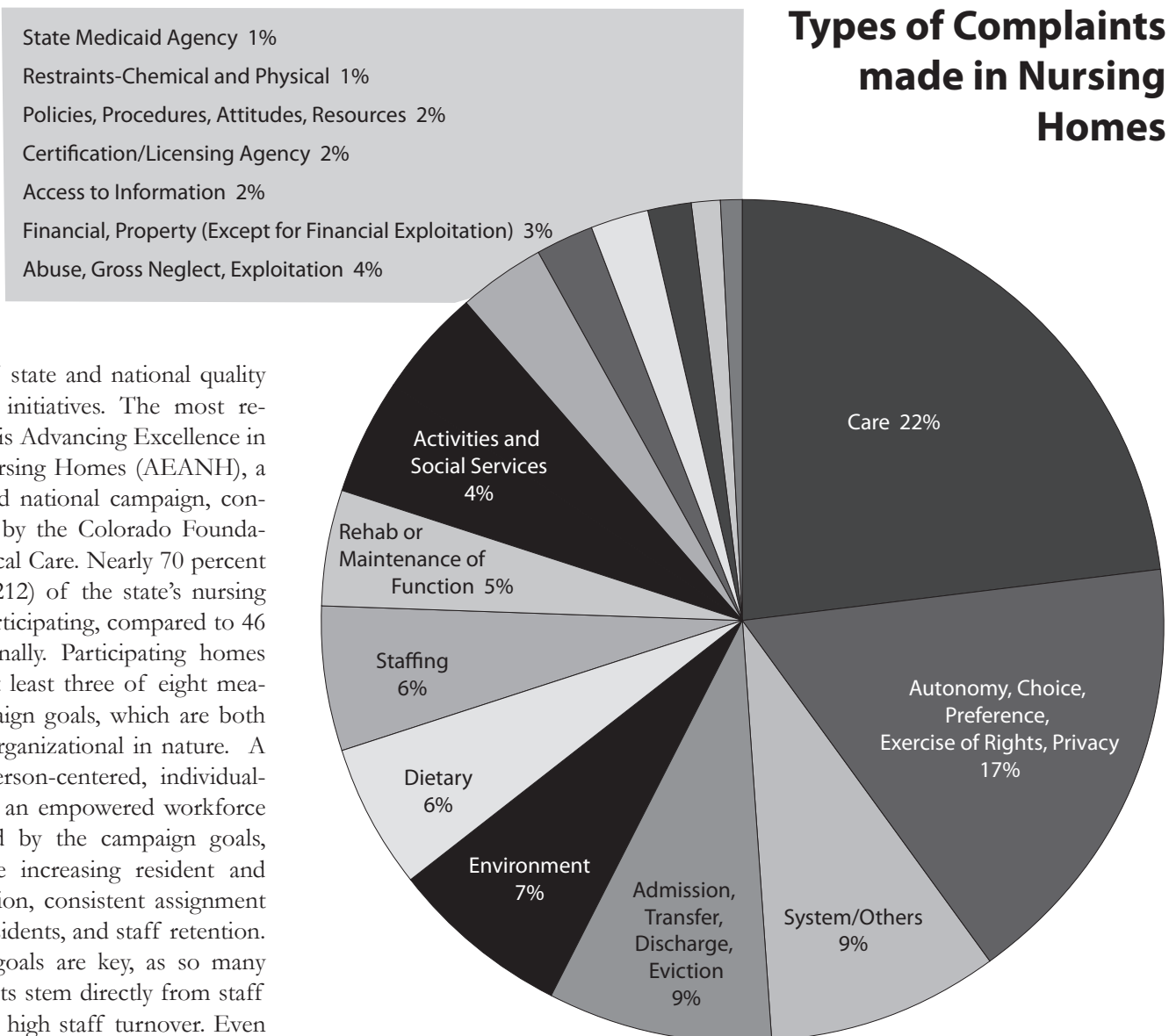
The drop of almost 200 cases overall from last year is testament to the hard work of ombudsmen and facility staff, and

the impact of state and national quality improvement initiatives. The most recent of these is Advancing Excellence in America's Nursing Homes (AEANH), a coalition-based national campaign, convened locally by the Colorado Foundation for Medical Care. Nearly 70 percent (147 out of 212) of the state's nursing homes are participating, compared to 46 percent nationally. Participating homes must select at least three of eight measurable campaign goals, which are both clinical and organizational in nature. A culture of person-centered, individualized care and an empowered workforce are supported by the campaign goals, which include increasing resident and staff satisfaction, consistent assignment of staff to residents, and staff retention. These three goals are key, as so many care complaints stem directly from staff shortages and high staff turnover. Even

low pay and tight facility budgets can be overcome to some extent if residents and staff enjoy a close, supportive and respectful relationship.

Ombudsmen throughout the state are hopeful that last year's passage of House Bill 08-1114, Concerning Medicaid Nursing Facility Reimbursements, with its "pay for performance" component will encourage further improvements in care. Nursing homes will be scored on a variety of factors including quality of care, choice for residents, and empowerment of staff. Facilities with high scores will be rewarded with additional per capita funding to be used to

## Types of Complaints made in Nursing Homes



implement additional improvements. The Colorado Long-Term Care Ombudsman and stakeholders throughout the state, including legislators and policymakers, have worked for many years on this initiative. Local ombudsmen will be working hard in 2009 to support the development of regulations and implementation of this important reform initiative.

### **Autonomy, Choice, Privacy**

This category is once again the number one source of complaints in assisted living residences and the number two issue in nursing homes. Within this category, both nursing homes and assisted living residences generated the most complaints for “lack of dignity and respect, poor staff attitude, and inability to exercise choice and civil rights,” such as the right to smoke or to engage in other activities that the staff may disapprove of or find inconvenient.

This category of complaints must be viewed in the long-term context of changing attitudes. Twenty or even just 10 years ago, most people’s idea of a good nursing home was one where residents were safe and well-cared for in a clean and well-ordered facility. While choice and autonomy are a primary concern of residents, families and ombudsmen, the change in public attitudes—especially those of the baby boomers who are steadily advancing toward long-term care themselves—must be recognized as driving many of these complaints. Our awareness of what can and is being done in innovative nursing homes increases our expectations about the environment and attitudes of staff in long-term care.

### **Staffing**

On a positive note, there are fewer complaints in this category compared with last year. In addition to the major concerns about shortage of staff, staff turnover and unresponsive staff, staffing complaints include issues such as language barriers and communication, poor supervision and lack of training. Low pay, poor working conditions, inadequate reimbursement rates and lack of training have been cited by staff, administrators, and ombudsmen as the reasons for difficulty in attracting and keeping quality caregivers. Culture change philosophies and quality improvement initiatives are beginning to create more enjoyable and rewarding work environments as well as better training for staff. It is too soon to say for sure, but the precipitous decline in the national economy may be a factor in encouraging more workers to seek or return to jobs in health care where the jobs are plentiful and relatively secure.

### **Environment**

Unfortunately, while other categories show a drop in complaints, this category has increased. A quarter of these complaints were over air quality (temperature and ventilation), and a quarter involved poor equipment, unsafe lighting, fire safety, lack of security and other hazards. Cleanliness of the facility, pest infestations, infection control, and odors also generate complaints. It is unclear whether the increase is directly related to deterioration in the living environment, or if it is more a case of changing attitudes and higher expectations.

## **Recommendations to the Legislature**

The following recommendations are all related to the complaint data, with some covering several areas of concern:

### **Change in state statutes governing debt collection**

1. A growing number of seniors are turning to the Area Agency on Aging legal assistance providers for help with medical debts that have been turned over to collection attorneys. Since their income is fixed, they can only afford to make small payments on their medical bills. These payment terms are often rejected by collection attorneys, and clients receive a “summons & complaint,” making them fearful of being placed in jail. These seniors are not trying to avoid their obligations—they simply need an accommodation. In some instances, their bank accounts are “frozen” before they become aware of the Notice of Levy and Claim of Exemption, resulting in bounced checks and additional bank fees – even though their income is exempt from garnishment and attachment.

***Recommendation:** Support a change in the law that recognizes the exempt nature of funds on deposit with banks and places an affirmative duty on the bank to determine which funds are exempt before such funds are frozen and made unavailable for necessary expenses. This should not place an undue burden on the bank, since, for the most part Social Security and SSI checks are deposited directly into the bank by the Social Security Administration.*

2. Related to the above, Colorado is one of only three states (with Minnesota and Virginia) where banks are not required

to protect certain types of exempt income, such as Social Security, when a “Writ of Garnishment” is issued for nonpayment of debts. When provided with a court order, a Colorado bank may simply freeze the account and the bank is not required to notify its owner of this action for 30 days. Ombudsmen and local legal assistance providers have had to step forward several times this year to protect seniors from destitution when their assets were seized for non-payment of medical bills. The bank may assess fees for checks that the client has written in the interim and there is no requirement that these fees be waived if the funds were frozen in error. For some seniors living on very small fixed incomes and with no relatives to assist them, the accumulated bank fees can amount to more than a month’s worth of groceries. Some banks may charge as much as \$100 simply for freezing the account. Unlike in most other states, Colorado debtors are responsible for requesting an exemption for protected funds, something that may be very difficult to do for an older person who is homebound or in a nursing home, especially when the bank does not notify them for 30 days.

**Recommendation:** *A clear ruling to place the responsibility on banks to exempt Social Security funds would help to protect the financial stability of older adults. At the very least, the 30-day notice period should be shortened and banks should be required to notify account-holders as soon as their account is frozen so that seniors do not incur bank fees on returned checks. At a minimum, these protections should include a provision for limiting the amount of any fee the bank may charge to the actual cost of the expense that generated the fee.*

3. Colorado allows the service of a complaint before a case is filed. Many large collection firms routinely do this, so that legal providers never know for sure if a client’s summons is valid without going to court. Collectors control their own docket and can rapidly move to seize assets.

**Recommendation:** *A simple change in court rules to prohibit the service of a summons until after a case is actually filed would clarify the older adult’s situation and make it much easier for legal providers to render assistance before exempt assets are subject to garnishment and/or attachment.*

### **Civil monetary penalties (CMP)**

Currently, the Colorado Department of Health Care Policy and Financing (HCPF) has statutory authority to manage the nurs-

ing home penalty cash fund. HCPF assesses and collects civil monetary penalties (fines) from nursing homes that are out of compliance with federal certification requirements. According to statute, HCPF shares the responsibility for disbursement of these funds with the Colorado Department of Public Health and Environment (CDPHE). These civil monetary penalty (CMP) funds have been used primarily to assist in relocating residents during the closure of a nursing home. In 2008, the fund contained approximately \$2 million and about one quarter of that was utilized during the closure of a nursing home in the Denver metropolitan area for the relocation of more than 90 residents.

In 2002, the Centers for Medicare and Medicaid Services (CMS) issued guidance to the states encouraging the use of CMP funds for projects that would improve the quality of life for people who live in nursing homes. Section 1919(h) (2) (A) (ii) of the Social Security Act gives the states flexibility in the creative use of these funds. To address areas of non-compliance by state nursing homes, a state could allow use of CMP funds for a variety of purposes, such as: educational materials, consulting, staff training, employee recruitment, technical assistance for resident and family councils, or any project that directly benefits residents, including an increase in ombudsman services. These funds could be a powerful resource in helping to transform our state’s nursing homes into places where we would all want to live and work. Illinois, Kansas, Massachusetts, North Carolina and Maryland have been pioneers in similar efforts to use this unique source of funds for quality improvement in their state’s nursing homes.

**Recommendation:** *A change in statute to require HCPF to annually provide a public accounting of the revenues and expenditures in the nursing home penalty cash fund (CMP funds). In addition, broaden the statutory authority of HCPF and CDPHE to allow use of CMP funds for a wide range of quality improvement initiatives without drawing on tax dollars, while retaining a sufficient balance in the fund for future relocation needs.*

### **Privacy and choice**

Numerous studies have shown that having a private room is the single most important factor in a resident’s satisfaction with life in a nursing home. This will be an increasingly important factor for the baby boomer generation. Consumer education, choice and market competition will be critical to the long-term care industry in the years ahead.

**Recommendation:** *Advocate for statutory and regulatory incentives to encourage construction of private rooms in all new and remodeled long-term care facilities.*

## Rebalancing the System

As the state's senior population continues to expand, different models of long-term care are being created. Along the continuum of care are: a wide variety of supportive services that enable seniors to remain in their own homes with supports, different types of assisted living residences, nursing homes, specialty care facilities for residents with Alzheimer's disease, and hospice for end-of-life care. Older adults should be able to consider each of these options on its merits and do what is best for their particular situation at any given time. Sadly, their decisions are too often driven by financial considerations and the complex web of regulations governing the different state and federal benefits. In this complex and confusing environment, older adults can be forced into a living situation that is not of their choosing, and that ends up being more expensive for taxpayers than the senior's preferred, less restrictive living arrangement.

**Recommendation:** *A comprehensive review of the different long-term care options with the goal of simplifying the bureaucracy so that older adults and their families can select the best living arrangement for their needs. Given the current state of the economy, this review is also intended to ensure that taxpayer dollars are directed where they are most effective—for the elder and for the long-term care system as a whole. Review considerations should include the following:*

- *Expand non-institutional alternatives for long-term care, including home health care, care management, smaller residential settings, and person-directed individual caregivers;*
- *Broaden and strengthen the caregiver work force;*
- *Enhance the geriatric competence throughout the continuum—from physicians to CNAs;*
- *Increase the opportunities and financing for nurses and CNAs to enter the field and advance in the profession;*
- *Support alternative models of care for residents with Alzheimer's disease, and better education and training for families and caregivers; and*
- *Expand resources and provide alternatives to nursing home care for younger residents with mental illness or brain injuries.*

## Key Concepts of Culture Change

While not a specific recommendation for legislative change, an understanding of the importance of “culture change” is critical for every single person in Colorado, because they are either current or future consumers of long-term care, or they will be called on to help a loved one make a decision. The concept of culture change should be part of any legislation or rulemaking that addresses the provision of long-term care services. The Colorado Long-Term Care Ombudsman program is a part of the Colorado Culture Change Coalition (CCCC) whose mission is to “transform the culture throughout the long-term care continuum by affirming the dignity and value of each individual who lives and works in these settings.”

CCCC's recommendations include:

- Flexibility in set routines and schedules;
- Consistent staff assignments in order to learn resident's routines and needs;
- Self directed teams;
- Resident choice in time of getting up and going to bed;
- Buffet, restaurant, or family style dining, giving residents a choice of meals and meal times;
- Resident animals and birds for companionship;
- An abundance of living plants inside and landscaping and foliage outside;
- Integrating the presence of children in daily life; and
- Small units of residents made into neighborhoods and households.

(Excerpted from [www.coculturechange.org](http://www.coculturechange.org))

**Recommendation:** *The ombudsman asks legislators to support and promote ongoing efforts to educate the public about culture change in long-term care facilities.*

# Colorado Long-Term Care Ombudsman Program Accomplishments in 2008

## Statewide working groups

In addition to the ongoing work described throughout this report, The Colorado Long-Term Care Ombudsman participated on several statewide working groups, including:

- **Long-Term Care Placements Working Group - JB 07-1374, HB 07-1374 Working Group**

Authorized in the 2007 legislative session, this group tackled a number of problems that unnecessarily delay long-term care Medicaid services for otherwise qualified individuals. The working group was charged with studying the eligibility process to facilitate a seamless transition from a hospital to an appropriate long-term care setting. The recommendations from the working group were submitted to the Department of Health Care Policy and Financing on November 30, 2007.

- **Colorado Health Care Fraud Task Force - Hosted by the U.S. Attorney's Office**

Members include the Colorado Departments of Public Health and Environment and Health Care Policy and Financing, Centers for Medicare and Medicaid, Colorado Foundation for Medical Care, Federal Bureau of Investigations, Office of the Inspector General, Medicaid Fraud Control Unit, and the Colorado State Long-Term Care Ombudsman. Members meet to discuss issues related to fraud and abuse in delivery of health care services in Colorado. In 2008 investigations were conducted related to illegal distribution of medications, abuse and neglect in a home care agency, and fraudulent billing for durable medical equipment such as wheelchairs.

- **Relocation Plan for Nursing Home Closures**

The Colorado Long-Term Care Ombudsman and representatives from the Colorado Departments of Public Health and Environment, Health Care Policy and Financing, Human Services Divisions of Aging and Adult Services, Developmental Disabilities, and Mental Health, developed a plan in 2007 that outlines the role of each agency in assisting residents in the



event of a nursing home closure. A similar relocation plan is under development (to be completed in 2009) for assisted living residence closures. Copies of the plans can be obtained from the Colorado Long-Term Care Ombudsman.

- **Culture Change**

The Colorado Long-Term Care Ombudsman Program was a sponsor of the Colorado Accord, held December 4-5, 2008. Throughout the year, the program worked with other culture change stakeholders to identify needs at the local and state levels, to identify barriers, create partnerships, and develop a plan of action. The conference was attended by 570 people, including legislators, regulators, providers, advocates and consumers. (See page 12 for more information on culture change.)

- **Alzheimer's Coordinating Council.**

SB-08-58 created an Alzheimer's Coordinating Council to develop a state plan to address the epidemic growth in numbers of people diagnosed with Alzheimer's disease. Currently, 65,000 Colorado residents have an Alzheimer's diagnosis and the number is expected to rise to 124, 000 by 2025, resulting in health care costs for treatment and care

that threaten public and private health care systems. The legislature designated the Colorado State Long-Term Care Ombudsman as a member of the council.

- **Colorado Coalition for Elder Rights and Adult Protection**

The Colorado Coalition for Elder Rights and Adult Protection (CCERAP) was selected as a finalist for the R.J. Montgomery Award for Excellence for serving seniors in Colorado by the El Pomar Foundation. In conjunction with this distinction, the coalition received a \$7,500 gift from the foundation. Kathy Rickart, coalition coordinator, and Joanne (Marlatt) Otto, a founder of the coalition, accepted the finalist award at a formal ceremony on November 19 in Colorado Springs. CCERAP promotes statewide understanding of the abuse of seniors and at-risk adults, and the rights and protections available to them. The coalition's goal is to empower seniors and community professionals to recognize and prevent abuse. The Colorado State Long-Term Care Ombudsman serves on the steering committee of CCERAP.

### **Institutions for Mental Disease (IMD) Exclusionary Rule**

Ombudsmen throughout the state were concerned by the Centers for Medicare and Medicaid Services's decision to classify an Alternative Care Facility (ACF) where more than 50 percent of the residents have a mental illness as an "institution for mental disease" (IMD). As this would make the ACFs ineligible for federal funds, countless residents would likely have been required to move from their homes. Negative outcomes of these moves could have resulted in placement in more restrictive, costly and inappropriate settings such as nursing homes, homeless shelters, hospitals or jails.

State and local ombudsmen brought together critical stakeholders including providers, advocates for clients with mental illness and their attorneys, and staff from the Colorado Department of Health Care Policy and Financing (HCPF), Colorado Department of Public Health and Environment, (CDPHE), the Denver Mayor's Office, and the Office of the Governor, to challenge the application of this federal regulation. Through the work of this strong partnership, arguments were drafted and communicated to both HCPF and the Centers for Medicare and Medicaid Services (CMS) that successfully changed the position of both CMS and

HCPF on the applicability of the regulation that could have displaced as many as 300 residents from their homes.

On November 18, 2008 CMS determined that, because of the assurances of HCPF and the ACF providers that mental health services were not provided on the premises of the ACFs, these facilities were not covered by the IMD exclusionary rule and acknowledged that this was a change in the policy guidance they had previously provided to HCPF. CMS acknowledged the collaborative work done by HCPF and all stakeholders in this process. The advocacy, ongoing communication, and follow through from the aging network was key to this change in interpretation.

### **Eldercare Publication**

The Legal Center published "*But I Don't Want Eldercare!*"—*Helping Your Parents Stay As Strong As They Can As Long As They Can*. Written from personal experience by eldercare specialist and consultant, Terry Lynch, this publication provides critical information and advice for older people and their families who are struggling to find appropriate long-term care that enables seniors to retain their dignity, independence and freedom of choice. "*But I Don't Want Eldercare!*" can be an excellent tool for local ombudsmen and others working with older adults and their families as they face difficult choices.

### **Ombudsman Training**

To renew certification, ombudsmen are required to attend at least 15 hours of training annually. The Colorado Long-Term Care Ombudsman Annual Training is the primary opportunity for continuing education and it assures participants of the most up-to-date information on trends, patterns, emerging issues and new legislation affecting long-term care facilities and systems. This year's conference, **Celebrating Our Diversity, Sharing Our Strength** was held June 10-12, 2008 at El Pomar Conference Center in Colorado Springs.

### **Local Long-Term Care Ombudsman Program Evaluations**

Local ombudsman programs in each of the 16 regions are subject to an on-site evaluation by the state ombudsman on a rotating basis to ensure that all program requirements are being met and that residents have regular and timely access to the ombudsman, receive timely responses to complaints, and are appropriately represented. During fiscal year 2008, the state

ombudsman conducted on-site assessments in regions 2B (Weld County), 3B (Boulder County), 8 (Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache counties), and 14 (Huerfano and Las Animas counties). In FY 2009, eight regions will have an on-site evaluation and the remaining eight will complete a “Self-Evaluation and Quality Improvement Tool” provided for use by all state ombudsman programs by the National Ombudsman Resource Center. The process will be reversed in 2010.

### **Legal Assistance Developer Accomplishments in 2008**

During the course of this fiscal year, three attorneys occupied the position of the legal assistance developer. In addition to the ongoing work described through this report, the current legal assistance developer:

- Provided technical assistance to 194 local ombudsmen, consumers and professionals from June- December 2008;
- Conducted on-site evaluations of two local legal assistance programs (Regions 2A and 13) and scheduled two others for early 2009;
- Revised the self-evaluation process for the remaining 12 AAA regions in Colorado;
- Revised the *Colorado Legal Assistance Developer Policy and Procedure Manual*, for distribution in 2009;
- Planned two trainings for legal assistance providers during 2009;
- Served on the “Plan for Aging Well” Leadership Committee for Jefferson County, including the Basic Needs Work Group;
- Attended the National Aging and Law Conference and the National Legal Services Developers Symposium in Arlington, Virginia in December 2008;
- Attended Colorado Long-Term Care Insurance Partnership Stakeholders’ Meetings;
- Provided AARP’s National Legal Training Project with an update on Colorado probate law and advance directives;

- Participated in a two-part continuing legal education webinar on “Fair Housing Law” sponsored by the National Ombudsman Resource Center;
- Participated in the American Bar Association’s online continuing legal education “Ethical Issues To Consider When Providing Legal Services to Older Clients”;



- Participated in the National Medicare Training Workshop sponsored by the Centers for Medicare and Medicaid in Denver;
- Attended the Colorado Bar Association’s continuing legal education “Advanced Elder Law Institute”;
- Participated, with the Colorado Long-Term Care Ombudsman, in the Attorney General’s “Senior Financial Exploitation” summit; and
- Served on the Colorado Bar Association Elder Law Section and Civic & Community Affairs Committee, the Older Americans Coalition, the Colorado Senior Lobby and CCERAP (Colorado Coalition for Elder Rights & Adult Protection).

# Stories from the Field

**This year, it has been** my great joy to advocate for the father of two little girls who overcame a severe disability and a checkered past life so that he could be with his daughters.

This resident's home was a long way from Denver, but he was admitted to one of our region's facilities because he needed specialized care. He had suffered a stroke during life-saving surgery for gunshot wounds, and when I met him he was completely paralyzed and unable to speak.

Our interaction was difficult at first as he was unable to speak, but he persevered with the assistance of a communication board because he wanted me to know about his children and to help him regain the health and strength to return home.

I worked with facility staff to help coordinate a network of support for him—speech therapists, physical therapists, social workers and advocates from a local independent living center. It took six months before he could regain some speech, heal from his surgeries and gain enough strength to even think about living independently. Throughout this entire time, all he wanted was to see his daughters again.

As I got to know this man, he shared more of his past life with me. He had a felony record and although he was the victim of a criminal act, he admitted that if he hadn't been in the wrong place in the wrong company, he would not have been harmed. Because of his injury, he completely changed his attitude and his approach to life. He worked diligently with the independent living center staff that not only assisted with finding him a new place to live but even began helping him to explore his options for future employment. While he had always loved his children, now he was committed to being a supportive father—a role model and someone they could respect and rely on.

A felony record closes so many doors. It meant he wasn't entitled to subsidized housing and that he didn't automatically qualify for the public benefits he needed to live independently. With the help of many other advocates, I persisted to work through the complex bureaucracy that seemed set up to make his life even more difficult than it already was. The smile on his face when we told him that we had found an accessible apartment for him close to his girls was worth all the effort.

I will miss him, but I'm so happy to have been able to play a part in the outcome he wanted, being close to his family and getting another chance to raise his daughters.

*Penny Cook, Program Manager and Lead Ombudsman, Region 3A*



**The "Snowball Pageant"** was the highlight of our year in Region 8. For me, the most rewarding aspect was that four nursing homes worked together to create a wonderful experience for their residents. On a lovely afternoon in October, 42 ladies were each escorted by a gentleman (some had two) to Homelake Veterans' Nursing Home where the pageant was held.

The combined staffs of the four facilities had spent the day decorating the home with twinkling lights and laying the table for a roast beef dinner. Each home gave \$100 for the decorations and contributed part of the meal.

All the ladies had their hair and nails done by volunteers from the community. By the afternoon, they were decked out in their finest. (Anyone lacking a sparkly outfit received one as a donation.) Every lady was given a rose for the occasion as well as a beautiful wide sash with her name on one side and the name of her nursing home on the other.

Some in wheelchairs, some in walkers, and some supported on either side by husbands, sons, grandsons, friends or fellow male residents, the ladies came down the aisle of twinkling lights. As they approached, the master of ceremonies read their story—their name, age, children and a little bit about their life. Their photos were taken and they were later presented with a framed portrait. The entire event was captured on video.

More than one hundred and twenty people had an absolutely wonderful evening. Three judges from the community chose four Snowball Queens (one from each facility) and one Snowball Queen's crown went to a 100-year-old resident. The gentlemen residents really enjoyed dressing up and escorting their female friends and the staff's hard work was rewarded by an evening of joy and laughter at the dinner and dance.

In addition to Homelake, I thank Juniper Village of Monte Vista, San Luis Care Center, and Evergreen Nursing Home for giving so much pleasure to their residents. I look forward to next year's party!

*Billie Ann Washburn, Lead Ombudsman, Region 8*



**I was called into a nursing home** to see a resident who had a urinary tract infection. The woman's daughter, who had power of attorney, was insisting that her mother not receive antibiotics because of the "do not resuscitate" clause in her advance directive (living will). The staff and I asked the resident if she wanted the infection treated to make her more comfortable. She said she did. As this was a case where power of attorney should not even have come into play, I contacted the daughter to explain that this was a simple case of easing her mother's discomfort, but she remained adamant that treatment not be given. The next day, she moved her mother to a hospice, and to my surprise, the hospice staff agreed with the daughter. I requested a meeting with the hospice staff, mother and daughter, and once again asked the resident about her desire for treatment. She said she would like treatment for the infection. Ultimately we got everyone to listen to the resident's request, and she was able to receive the treatment that would make her more comfortable.

*Scott Bartlett, Lead Ombudsman, Region 4*

**In September, I received a call** from a nursing home administrator about a resident who was in a coma following an auto accident. In going through the woman's paperwork, the administrator discovered a living will stipulating that a feeding tube be used for no more than ten days. Legally, the nursing home had to follow the woman's wishes and so the administrator asked if I would notify the family and support them through the process.

The resident was a woman in her late 40's. She had two sons in their early 20's and an extended family living in several different states. Those who could travel came to the care conference; others called in by phone as I gently explained that we must honor her advance directive. Everyone became very quiet and I explained to the sons that no one was choosing to "pull the plug," but merely respecting her written wishes and honoring her choice. I told them they had time to say goodbye—and asked how much time they needed. The two young men talked for a few moments and then turned back to me and asked for two days.

This was such a sad time for a very loving family, but I am so glad that I was able to help them come together to say goodbye with dignity and respect.

*Cindy Webb, Ombudsman, Region 3A*

**I received an order** from the Yuma County Court regarding a petition I fashioned to have a senior's delayed birth certificate corrected. It had been 11 months in the making. The gentleman was born in 1942 and a delayed birth certificate was issued for him with the date of birth listed as 1943. The incorrect year on the new birth certificate caused all sorts of problems with payment of medical bills and public benefits. We will now be able to apply for a birth certificate with his correct date of birth.

Another senior is facing an imminent collections case for a deficiency on an auto loan that she co-signed for her son. She has

## Halloween fun in Julesburg



*Residents of XXX in Region 1 in Julesburg celebrate Halloween with a special canine guest.*

terrible fears that she will be put in jail, so she requires constant reassurance of what can and cannot be done to her.

Another senior I see quite often lately is in a nursing home. She has great hopes to return home, but can no longer care for herself alone. We did some simple estate planning, but she is having difficulty coming to terms that she may lose her home to Medicaid. She has lost her cats and feels out of control and as though she has lost everything. I encourage her in that she has done the best planning she can do and should try not to worry about the future of that property.

I assisted another lady with the immediate reinstatement of her SSI that had been terminated without notice. I actually went into the Canon City office, took a number and asked to see the notices she should have been sent. They immediately authorized release of her payment.

In addition to these cases, I do lots of simple estate plans and powers of attorney, and have represented domestic violence seniors in divorces within the last year.

*Jeanna D. Baitlon, Colorado Legal Services, Staff Attorney, Region 14*

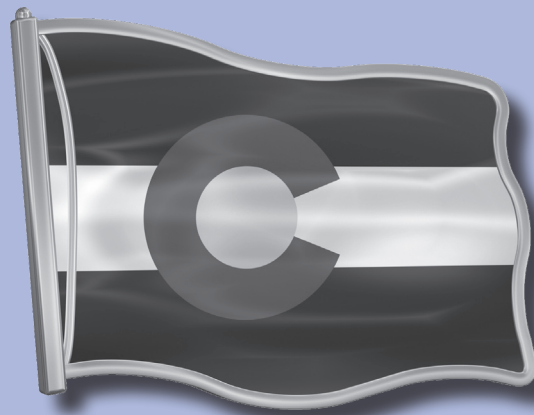
**A disabled client** whose exempt Social Security Disability funds were direct deposited into her bank account had those funds “frozen” when the bank honored a garnishment order. With our help, she filed a claim for exemption and, three months later, was able to bring her exemption claim to court. In the meantime, she had to rely on family to help cover her living expenses, since her only income had been subject to the garnishment.

Another case was a client who had his Social Security income frozen by his credit union in accordance with a judgment. He had had his check deposited automatically for many years with the credit union and Social Security was his only source of income. We assisted this client with filing an exemption and more than two months later the funds were released into his account. This client was charged a \$50 bank fee for freezing the account and the bank refused to waive the overdraft charges (over \$100) that the client incurred as a result of the exempt account being frozen. This client had no family to help him and resorted to eating peanut butter sandwiches and visiting the soup kitchen.

*Sandra Mokine, Colorado Legal Services, Paralegal, Region 4*

## Regional Reports

(following pages)



Colorado has 16 Area Agencies on Aging that operate the regional ombudsman and legal programs.

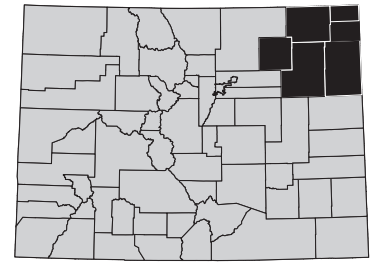
Each nursing home must be visited by an ombudsman at least once a month and each assisted living residence at least once a quarter. In practice, many ombudsmen go far beyond these minimum requirements, often using their own personal time to meet with residents and their families. It should be noted that without the many dedicated volunteers, some of the Area Agencies on Aging would have difficulty in meeting the minimum requirements for visits.

Each AAA has a slightly different approach to providing legal services. They may contract with local legal services nonprofit organizations, contract with private attorneys, or rely on a pool of private attorneys who provide services pro bono. Some use a combination of all three approaches.

# Region 1

## Northeastern Colorado Association of Local Governments

### Logan, Morgan, Phillips, Sedgwick, Washington and Yuma Counties



#### Demographics

Total region population	70,416
Percentage of people 65 and older	15.06
Number of older people	10,605
<i>U.S. Census 2006</i>	

#### Ombudsman Program Statistics

Nursing homes	12
Nursing home beds available	815
Assisted living residences	15
Assisted living beds available	361
Number of paid ombudsmen (FTE)	1.35
Number of volunteer ombudsmen	0

REPORT BY SANDY BAKER,  
LEAD OMBUDSMAN

#### Unique aspects of the region/program

The Northeast Colorado Area Agency on Aging region covers approximately 9,268 square miles and is bordered on the north and east by the states of Nebraska and Kansas.

We have a growing Hispanic population, especially in Morgan County where 31 percent of the residents are Latino. There has also been an influx of refugees from Somalia, some of whom are working as staff in facilities. There continues to be a shortage of qualified people for facilities to hire. Some of the facilities use “pool” staff, but they do not know the residents, the facility, or the community. Their lack of “ownership” makes care very impersonal for the residents. Another serious concern is the number of young people with brain injuries living in facilities geared to the needs of older adults. Consumer Directed Attendant Support Services (CDASS) through the Department

of Health Care Policy and Financing is an option, but not all qualify.

In Region I the senior service coordinators are also the ombudsmen. One of the big issues we face is the large amount of traveling in our area. We have seen a tremendous increase in serious issues. Not simply “I don’t like broccoli”; there is more abuse, dis-

respect for residents, and care issues such as oxygen not being switched on. We need more enforcement of the laws on elder abuse and a clear understanding that it will not be tolerated! Another obstacle that we face is the constant change of administrators. There is no continuity in facilities. The corporations that own the bricks and mortar are not addressing the decline of the buildings. In some facilities we can’t get a wheelchair into the bathroom, and in one facility the residents have to go down the hall and share a community bathroom.

#### Community partnerships to meet the needs of older adults

One facility closed this year, and staff from the Single Entry Point, Adult Protection, Area Agency on Aging, Ombudsman Program, Department of Health, and the Police Department, as well as staff from all facilities in the county, worked really hard to make sure the residents were safe, secure and happy. It is quite a dramatic event when a facility is ordered to close, but with the cooperation of all the different agencies the residents were relocated successfully. All of

the agencies collaborate really well—we need to so we can all survive! No one agency can do it all.

Our strength is our ombudsmen. They are in the facilities and they know the residents and the residents know them. They are respected. Their message is always to value the residents. Also, volunteers from the local communities make a tremendous difference as they provide a variety of programs so residents still feel a part of their community.

#### Financial resources/plans for the future

In Northeastern Colorado, the facilities are beginning to look at culture change. A change of attitude with resident-driven care, and residents, families, staff and community all working together makes it more like home. A new vision!

If we could dream of everything we would want for the Ombudsman Program it would be to be able to spend more time in the facilities. To do this, we really need two full-time ombudsmen for the whole region with six senior service coordinators. We would all like to be able to spend three or four hours a week just visiting residents in each facility. We also need a vehicle for each ombudsman, so that they do not have to use their own vehicles.

In closing, the Ombudsman Program is much needed. We need to value our elders whether they are in the community or in a facility. We need to continue to empower residents and families to have a voice without fear of retaliation.

## Legal Assistance

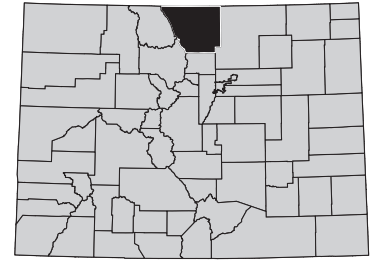
July 1, 2007 – June 30, 2008

The Northeast Colorado Association of Local Governments contracts with a private attorney in Sterling to provide legal services to older adults in a six-county area in northeastern Colorado. Case priorities include: estate planning services; Medicaid and Medicare planning and assistance; Social Security issues and assistance with housing concerns.

Units of service: 73.08    Number of clients served: 101

## Region 2A

### Larimer County Office on Aging Larimer County



#### Demographics

Total region population	276,253
Percentage of people 65 and older	10.50
Number of older people	29,007
<i>U.S. Census 2006</i>	

#### Ombudsman Program Statistics

Nursing homes	13
Nursing home beds available	1,264
Assisted living residences	29
Assisted living beds available	1,054
Number of paid ombudsmen (FTE)	2
Number of volunteer ombudsmen	3

REPORT BY TINA BARKER,  
LEAD OMBUDSMAN

#### Unique aspects of the region/program

The Larimer County Ombudsman Program provides a unique opportunity for students to learn about long-term care while contributing to the program and their community. We accept one internship candidate per semester from applications submitted by students from Colorado State University and the University of Northern Colorado. Interns complete the ombudsman certification training and visit facilities in the community. They work with a variety of individuals, including people with mental illness, older people, facility staff, and other community members.

The program has also worked closely with Colorado State University School of Social Work to complete a needs assessment of assisted living residences. The assessment is being used to determine what training is needed to meet the needs of residents with mental illness. The School of Social Work applied for and received a grant to complete

the needs assessment and provide the training to facilities in our community.

#### Community partnerships to meet the needs of older adults

*Partnership with Larimer Center for Mental Health, Single Entry Point, and Assisted Living Facilities:* As a result of the Centers for Medicaid and Medicare

(CMS) identifying facilities in Colorado at risk of being considered Institutes for Mental Disease (IMD) a group of assisted living facilities, local ombudsmen, the single entry point, and Larimer Center for Health began meeting to discuss the growing concern over the lack of resources for persons with mental illness. The group has outlined several goals and created a reference guide for long-term care providers to help navigate the local mental health system. A glossary was created to help understand the terms. One of the primary goals of the group is to provide education to long-term care providers in order to better meet the needs of persons with mental illness. The ombudsmen connected this group with Colorado State University. The group will collaborate with Colorado State University and help them to educate long-term care facilities using the grant they received.

*Partnership with City of Fort Collins to benefit lesbian, gay, bisexual and transgender (LGBT) elders:* With the assistance of a University of Northern Colorado graduate student, the Larimer County Ombudsman Program partnered with the City of Fort Collins to

conduct a needs assessment of older people who are gay, lesbian, bi-sexual, or transgender. Once all the surveys have been returned, a group of graduate students with Colorado State University School of Social Work will compile and analyze the data. As part of the partnership with the city, "Project Visibility" is a training offered to long-term care and other professionals to bring awareness of aging issues for LGBT people.

#### Financial resources/plans for the future

The Larimer County Ombudsman Program urgently needs to expand the volunteer ombudsman program, so that facilities are visited more frequently. It takes time to get to know the residents, their families and all of the staff. With more exposure in facilities, the program can be more pro-active, increase advocacy efforts for residents, and offer more education in facilities and in the community. We would benefit from having at least ten more volunteers, but that would require a volunteer coordinator to provide training, management and support. With the addition of just one paid position, the program would have the potential to substantially increase the number of ombudsmen in the region and significantly improve life for residents of long-term care facilities.

## Legal Assistance

July 1, 2007 – June 30, 2008

The Larimer County AAA contracts with a private attorney in Ft. Collins to provide legal services to older adults. Priority issues include: assistance with estate planning, powers of attorney and advice on Medicaid eligibility for long-term care. Other legal issues include: preparation of living wills, health care powers of attorney and other advance directives; employment issues; collection actions; landlord-tenant and other housing disputes.

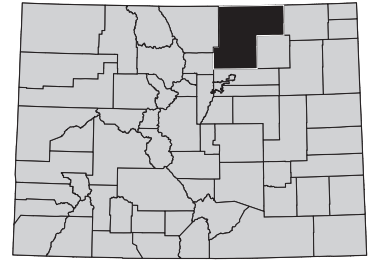
Units of service: 245

Number of clients served: 408

## Region 2B

### Weld County Area Agency on Aging

#### Weld County



#### Demographics

Total region population	236,253
Percentage of people 65 and older	7.9
Number of older people	18,712
<i>U.S. Census 2006</i>	

#### Ombudsman Program Statistics

Nursing homes	7
Nursing home beds available	876
Assisted living residences	19
Assisted living beds available	389
Number of paid ombudsmen (FTE)	2
Number of volunteer ombudsmen	3

REPORT BY RAEGAN MALDONADO,

LEAD OMBUDSMAN

#### Unique aspects of the region/program

A great strength of the Weld County Ombudsman Program is the continuity of our ombudsmen. Both have been with the program for eight years, and both had worked in the long-term care system prior to becoming ombudsmen. Our AAA director has also been an ombudsman in the past and continues to be certified. She is a great supporter of our program and we are fortunate to have her level of expertise available for consultations.

Region 2B's AAA is a single county entity. We are under the same umbrella as the Weld County Single Entry Point. We have our own legal program within the AAA, which allows us the opportunity to brainstorm about such issues as power of attorney and guardianship. Having so many programs under the same umbrella has enabled us to work more effectively with older adults in our community, including long-term care facilities. We have recently merged with

the Department of Social Services and are now in the same department as the Weld County Adult Protection Team, as well as the Aging and Adult Services Assistance Payments Program.

We have a large population of people under 60 who need services. Some of these individuals need assisted living, rather than nursing home

care. Unfortunately, many have Medicaid as their income source and Medicaid assisted living rooms are scarce in Weld County. The Villa in Greeley closed in September 2006 and many of the younger Medicaid residents who had a mental illness diagnosis were moved into the local nursing homes that accept new Medicaid residents.

Most of the nursing homes in Weld County have waiting lists at this time.

#### Community partnerships to meet the needs of older adults

Weld County Tornado: Windsor has an assisted living facility (The Willows) and a nursing home (Windsor Healthcare Center). The Willows was in the direct path of the tornado and sustained significant damage; WHCC was a couple of blocks away and had minor damage. All of the residents at each facility were safe during the storm. There was a gas leak in Windsor and the nursing home was prepared to temporarily evacuate all of its residents to other nursing homes throughout Weld and Larimer counties. The ombudsmen worked closely with the Single Entry Point staff, the Adult Pro-

tection Services staff, as well as facility staff, to ensure that each resident had a place to go while The Willows was being remodeled. This experience has reinforced the necessity of each facility having an emergency preparedness plan and we are currently exploring this project.

We frequently combine efforts with Adult Protective Services and other entities to resolve issues affecting long-term care residents. We have met with local law enforcement about such issues as elder abuse and financial exploitation in nursing homes and assisted living facilities.

#### Financial resources/plans for the future

We anticipate the development of more assisted living facilities and a possible new nursing home in the Windsor area. With additional funding, we could add staff members for increased facility coverage. Volunteer ombudsmen are quite helpful, but, occasionally, it is preferable to have experienced staff respond to matters that are more sensitive and complex.

There is a tremendous need for volunteer guardians to serve low-income individuals who can no longer make their needs known. There are many older adults who have not appointed a power of attorney, or who do not have anyone to appoint. We have discussed the possibility of housing a guardianship program through the Weld County AAA if additional funding was allotted. We attempted to start such a program a few years ago, but limited funding hindered our efforts.

## Legal Assistance

July 1, 2007 – June 30, 2008

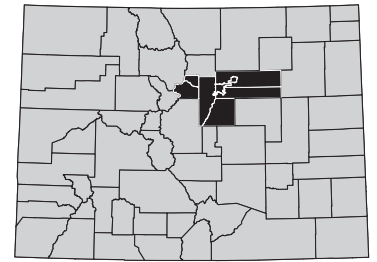
The Weld County Area Agency on Aging has a long-standing contractual arrangement with a private attorney and an experienced paralegal to provide legal services to older adults in Weld County. Both are located in Greeley. The paralegal is able to provide home visits to homebound and institutionalized clients and coordinates community education programs. Case priorities include: elder abuse; denials, reductions and terminations of public benefits; tenant evictions; utility shut-offs; preparation of living wills and powers of attorney; assistance and advice in applying for public assistance programs; and consumer/debtor issues.

Units of service: 1175.4

Number of clients served: 175

# Region 3A

Denver Regional Council of Governments, Aging Services Division  
Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin  
and Jefferson counties



## Demographics

Total region population	2,368,412
Percentage of people 65 and older	9.37
Number of older people	221,918

*U.S. Census 2006*

## Ombudsman Program Statistics

Nursing homes	85
Nursing home beds available	9,112
Assisted living residences	270
Assisted living beds available	7,858
Number of paid ombudsmen (FTE)	10.5
Number of volunteer ombudsmen	58

REPORT BY PENNY COOK,  
LEAD OMBUDSMAN

### Unique aspects of the region/program

Region 3A covers an eight county, mostly urban and suburban area of 4,334 square miles encompassing 85 nursing homes and more than 270 assisted living residences. If current demand continues, it is expected that our region will need 121 nursing homes and 328 assisted living facilities by 2015. The need will be especially great for people with limited resources looking for a facility that accepts Medicaid.

Another growth area is the number of residents under the age of 60. Many of these residents have a mental illness or a traumatic brain injury (TBI). The majority of facilities do not have the training to serve people with a mental illness and there is only one facility in our area that specializes in caring for residents with a TBI. There are also very few facilities that will accept residents with a history of violent or inappropriate sexual behaviors. More and more we are finding that people are staying in hospitals or inpatient psychiatric units longer than necessary because there are no available long-term care beds. The

recent discussion of the possible application of the Institution of Mental Disease (IMD) regulations to Alternative Care Facilities (ACFs), which has since been rescinded, would have exacerbated the problem of limited bed availability if fewer ACFs had been deemed as able to accept people with a mental illness.

We also see tremendous need for secure units in some parts of our region. In the southern section of our area, there are only six nursing homes that have secure units and those beds are usually full. There are currently no known plans to increase those numbers and in fact, throughout our region, we are seeing some facilities close their units because of legal liability and regulatory issues. Further, there are only two assisted living residences that have secure units and accept Medicaid.

### Community partnerships to meet the needs of older adults

The Long-term Care Ombudsman Program in Region 3A has been very active in partnerships with governmental agencies, long-term care providers and other community members in addressing challenges in our area. One example of this occurred in May 2008, during an involuntary closure of a 120 bed nursing home in Jefferson County. The Center for Medicare and Medicaid Services (CMS) gave the facility 30 days to relocate 92 residents. Our program worked with the consulting management company, the Colorado Department of Public Health and Environment (CDPHE), the Colorado Department of Health Care Policy and Financing (HCPF), Adult Protective Services, commu-

nity mental health centers and Single Entry Point agencies to find appropriate placement for all residents. The ombudsmen's role was to educate residents and families about their rights to have choice in the new homes being offered to them, and to provide regular follow-up with all the transferred residents.

Another example is the program's collaboration with the State Ombudsman, providers, HCPF, community mental health centers, legal services and legislators to advocate against the proposal that the Institution for Mental Disease (IMD) regulations be applied to Alternative Care Facilities (ACFs). The Ombudsman Program worked to educate the community about the negative outcomes for residents that would have occurred had they been required to move from their homes. The program has been integral in bringing various parties together to work for the common goal of having the least impact on residents and resulted in a rescission of the application of the rule by CMS.

### Financial resources/plans for the future

The DRCOG Ombudsman Program is always in need of additional funding to serve the needs of long-term care residents. We currently fund only enough positions to meet monthly and quarterly compliance visits, in addition to complaint investigations. Additional funding would enable us to provide increased visits to residents, attend more resident council and neighborhood meetings, put further efforts into developing family councils, and conduct more outreach and education to potential consumers. Lastly, enhanced funding would assist us in retaining and recruiting additional volunteers into our program.

## Legal Assistance

July 1, 2007 – June 30, 2008

The Denver Regional Council of Governments (DRCOG) contracts with the Colorado Legal Services (CLS) office in Denver to provide legal services to older adults in an eight-county area. The current four-year plan (2007-2011) for DRCOG calls for increased efforts to provide legal services to older adults. In particular, we have identified a need for legal representation for low-income residents living in long-term care facilities on legal issues such as financial exploitation, inappropriate discharges, denial of services, advance directives and guardianships. CLS has cooperated with other legal entities such as the Colorado Bar Association and law schools to attempt to meet these needs. Clients are also assisted with estate planning, public benefits, guardianships, housing, and consumer issues.

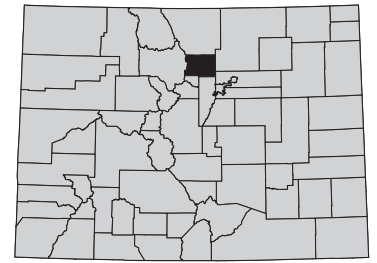
Units of service: 5,330.05

Number of clients served: 2,419

## Region 3B

### Boulder County Aging Services Division

#### Boulder County



#### Demographics

Total region population	282,304
Percentage of people 65 and older	8.5
Number of older people	23,996
<i>U.S. Census 2006</i>	

#### Ombudsman Program Statistics

Nursing homes	9
Nursing home beds available	1,066
Assisted living residences	21
Assisted living beds available	851
Number of paid ombudsmen (FTE)	1.83
Number of volunteer ombudsmen	12

REPORT BY JANET IBANEZ,  
LEAD OMBUDSMAN

#### Unique aspects of the region/program

Boulder County is the 6th largest county in Colorado with a total population estimated to be 282,304. Its population is spread over 741 square miles including mountain communities (Nederland, Allenspark, Ward, Lyons), the eastern plains and the base of the foothills. The largest city is Boulder with a population of 93,051 with additional urban centers of Longmont (79,556), Lafayette (23,884) and Louisville (18,417).

Boulder County is unique in having a very large University of Colorado campus in the city of Boulder, serving about 28,000 students. We find that the needs and varying schedules of students don't lend themselves to participation in the training and ongoing service needed in our volunteer program. However, we have spoken to classes on elder abuse and the Ombudsman Program, and we try to recruit retired staff as volunteers.

Boulder County is seen by many as a very attractive place in which to retire. Many adult children bring their parents here to be closer to them. Boulder County was reported to be

the 7th wealthiest in the nation in 2005 as measured by per capita income. Yet, one out of every 10 residents lives below the poverty line, and even more live below the self-sufficiency standard. Latinos are the fastest growing ethnic group, more than doubling in the past decade and more than one out of every 10 residents speaks a language other than English at home, with Spanish

being the most common.

Our AAA is fortunate in having a wide range of community based services for elders that in many instances makes it possible to remain living in the community, delaying the choice of an assisted living or nursing home. Another unique attribute of our county is the county government and taxpayer willingness to support non-profit human services organizations through taxes.

A serious gap in long-term care services is that we have no Medicaid beds in any of our secured assisted living homes, forcing people to choose a nursing home or an assisted living home outside of our county. There are no long-term care facilities in our mountain communities; the options are to come down below to Boulder, Longmont, Lafayette or Louisville, or to go to Estes Park (Larimer County). Additionally, it can be difficult to obtain home health services in mountain communities.

#### Community partnerships to meet the needs of older adults

One of our AAA's "works-in-progress" is the development of an Aging and Disability Network that will produce a seamless system of service referrals countywide, from information and referral through care coordination.

Project Visibility is a nationwide and state-wide training program begun by the community programs team at our AAA. Its focus is on training service providers, particularly staff in long-term care facilities, about the rights and needs of elders who are lesbian, gay, bisexual or transgender.

Another collaborative effort is the participation of an ombudsman on the Adult Protective Services (APS) Review Team. This commissioner-appointed team meets monthly to give Adult Protective Services staff input and suggestions on their cases. Community representation includes the Single Entry Point (SEP) agency, the District Attorney's Office, the Sheriff's Office, and many community service providers, including agencies serving victims of domestic violence and persons with developmental disabilities.

We have a solid volunteer program, ranging from 8-14 volunteers. Our new volunteers participate in the three-day DRCOG Tier I training, finding it very stimulating and helpful. We've also had some wonderful local training sessions for our staff and volunteers from local agencies.

#### Financial resources/plans for the future

With more resources, we would add another staff position so that we could be more proactive in training facility staff, developing family councils and improving resident councils. We want to put more focus and effort on promoting resident-centered care at each facility. We dream that with more family councils, and better resident councils, the quality of life and care will increase for residents, including the promotion of inter-generational experiences.

## Legal Assistance

July 1, 2007 – June 30, 2008

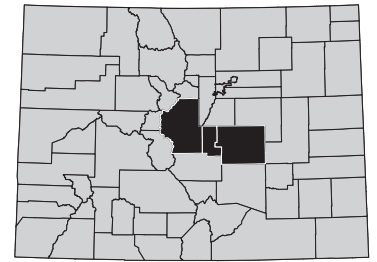
The Northeast Colorado Association of The Boulder County Area Agency on Aging contracts with the Colorado Legal Services office in Louisville to provide legal services to older adults in Boulder County. Case priorities include: assistance with public benefits, including SSI, OAP, HCA, HCBS, TANF, and Food Stamps; eligibility for and denials of Medicaid for long-term care; Medicare Part-D inquiries; housing issues and consumer debt collections.

Units of service: 263.7

Number of clients served: 97

## Region 4

### Pikes Peak Area Agency on Aging El Paso, Park and Teller counties



#### Demographics

Total region population	616,284
Percentage of people 65 and older	9.21
Number of older people	56,746
<i>U.S. Census 2006</i>	

#### Ombudsman Program Statistics

Nursing homes	22
Nursing home beds available	2,005
Assisted living residences	55
Assisted living beds available	1,427
Number of paid ombudsmen (FTE)	2
Number of volunteer ombudsmen	1

REPORT BY SCOTT BARTLETT,  
LEAD OMBUDSMAN

#### Unique aspects of the region/program

The Pikes Peak region currently serves 1,381 residents in 55 assisted living facilities and 2,005 residents in 22 nursing homes. In addition to serving seniors, we serve younger residents with mental illness and brain injuries. Ten facilities specialize in serving this population, but some young residents with mental illness or brain injury currently reside in other assisted living homes and nursing homes that do not specialize in this population.

Citizens of our region who apply for Home and Community-Based Services Medicaid programs must typically wait two months or more for approval. As a result, many assisted living residences and nursing homes are no longer accepting new residents whose Medicaid applications are pending. This has caused some frustration and concern from providers and citizens of the region.

Other challenges impacting the Ombudsman Program are involuntary discharges due to problematic behavior related to mental illness, dementia, or Alzheimer's. Many of these residents are sent to the emergency rooms of our local hospitals but do not have options afterwards. We are taking a closer look at community resources, questioning involuntary discharge procedures from facilities, and pursuing other options in these challenging cases.

#### Community partnerships to meet the needs of older adults

Over the past several years, the Ombudsman Program has been involved in a local group called the Coalition Against Abuse in Later Life, or CALL. The goal of this coalition is to promote dialogue among community agencies in law enforcement, the judicial system, advocacy, and senior services to address abuse against citizens age 55 and older in the Pikes Peak region. The coalition meets monthly to discuss cases, talk about community resources and identify what works and what requires improvement to protect elders in our region.

The coalition applied for a three-year federal grant to provide training to law enforcement about abuse in the senior population. Two of our ombudsmen will be providing training to officers in the local police departments as well as the Sheriff's Office. The Colorado Springs police chief has made the training

program mandatory for all peace officers in his department.

The ombudsmen continue to attend the El Paso County Medical Society's Long-Term Care Ethics Committee to discuss issues that impact the residents they represent. Topics from the last year have centered on the right to vote, end of life decisions, and the growing need for geriatric psychiatric services in our region. We also attend monthly meetings with El Paso County Adult Protection Services to discuss and review protective cases. We will be attending the same meetings for Teller County next year. These meetings are valuable to promote dialogue between our agencies, which translates to better outcomes for seniors in difficult circumstances.

#### Financial resources/plans for the future

As a program we continue to be more involved in systemic issues that impact the residents in our region. With the number of facilities we serve and the complaints we investigate, it is difficult for us to also participate in committees and systemic advocacy without compromising our primary responsibilities. If we were to secure additional funding for adding paid staff we would be in a better position to recruit, train and provide oversight of additional volunteers, and to participate more fully in systemic advocacy where it is necessary.

## Legal Assistance

July 1, 2007 – June 30, 2008

The Pikes Peak Area Agency on Aging contracts with the Colorado Legal Services (CLS) office in Colorado Springs to provide legal services to older adults in three counties. The CLS office in Colorado Springs teams up with the CLS in Pueblo to provide legal services in a fourth county in south central Colorado and also works cooperatively with the CLS office in Salida to provide services to a fifth county in the area. These services include outreach to homebound and institutionalized clients and community education programs. Case priorities include: collections, foreclosures, landlord-tenant disputes, assistance with public benefits, wills, powers of attorney and other advance directives, and planning for Medicaid eligibility for long-term care.

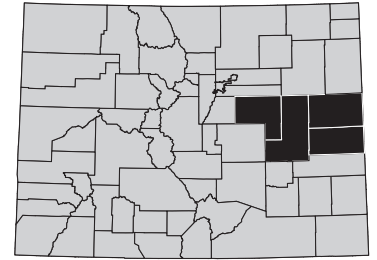
Units of service: 636

Number of clients served: 86



## Region 5

### East Central Council of Governments Area Agency on Aging Cheyenne, Elbert, Kit Carson and Lincoln counties



#### Demographics

Total region population	38,135
Percentage of people 65 and older	10.8
Number of older people	4,119
<i>U.S. Census 2006</i>	

#### Ombudsman Program Statistics

Nursing homes	4
Nursing home beds available	140
Assisted living residences	7
Assisted living beds available	121
Number of paid ombudsmen (FTE)	1.25
Number of volunteer ombudsmen	0

REPORT BY DEBBY CONRADS,  
LEAD OMBUDSMAN

#### Unique aspects of the region/program

Our region's four-county area is a large geographic area, comprising 8,400 square miles, primarily rural in nature. With a sparse population and an average of 2.9 people per square mile, these two issues present both strength and weakness in providing services. There are four nursing homes and seven assisted living facilities in the region and most residents—and staff—have strong community ties. The AAA is fortunate to have long-term staff with knowledge of the area and facility residents, which is very helpful in effective service provision. However, the large geographic area and limited funding present a challenge in service provision in terms of travel and time constraints. The two paid ombudsmen and one lead ombudsman must travel many miles, and as the number of facilities in the region grows, so will the challenge in efficient service provision.

Region 5's program does not have volunteer support. This AAA feels that because of the sensitive nature of the service and the cost of getting the required certification, it is highly unlikely we could recruit and keep volunteers. Local businesses find it difficult to recruit and keep paid staff.

#### Community partnerships to meet the needs of older adults

The ombudsmen and other administrative staff attend joint agency meetings quarterly, and the program is a member of the adult protection teams in three counties. A team has not been established in the fourth county. In 2007, our ombudsmen worked closely with the Department of Human Services, Centennial Mental Health, and the Single Entry Point during the closure of a facility, making the transition of residents to a new facility with as little disruption as possible. Because the ombudsman was familiar with

all area facilities, she was able to assist with matching residents to other facilities, where they would be comfortable and feel safe.

#### Financial resources/plans for the future

Additional funding for another position would make it much easier for ombudsmen to divide the visiting and complaint resolution duties across our huge geographic area, making better use of their time and more efficient use of their vehicles.

#### Legal Assistance

July 1, 2007 – June 30, 2008

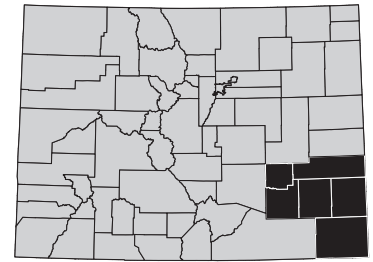
The East Central Council of Governments oversees the delivery of legal services to older adults in four counties in East Central Colorado through a series of contracts with legal providers on an ad hoc basis.

Units of service: 4

Number of clients served: 4

# Region 6

## Lower Arkansas Valley Area Agency on Aging Baca, Bent, Crowley, Kiowa, Otero and Prowers counties



### Demographics

Total region population	49,595
Percentage of people 65 and older	15.78
Number of older people	7,826

*U.S. Census 2006*

### Ombudsman Program Statistics

Nursing homes	10
Nursing home beds available	788
Assisted living residences	8
Assisted living beds available	86
Number of paid ombudsmen (FTE)	0.5
Number of volunteer ombudsmen	3

REPORT BY CELESTINO SANTISTEVAN,  
LEAD OMBUDSMAN

### Unique aspects of the region/program

Region 6 is a very rural area with a population accustomed to helping each other out, and not relying on government. With a small population spread over a wide area, we also have a disproportionate number of older adults compared to most of the other regions. This has been a problem with a shortage of guardians for incapacitated seniors with no family members, or where the guardian is acting inappropriately. In just the past year, we have had three difficult cases where we have had to go to court to change guardians and appoint a *guardian ad litem*.

### Community partnerships to meet the needs of older adults

The ombudsmen work closely with long-term care agencies, participate on adult protection teams, and support other health and well-being activities in the community.

The community truly came together in April when a huge prairie fire burned 8,900 acres in Crowley County. The blaze damaged or destroyed several dozen homes and threatened Ordway, causing numerous evacuations, including a nursing home in the path of the fire. None of the residents were injured and in the end, the home was spared. Everyone helped to evacuate the residents safely. The main problem came when the home re-opened and we were unable to account for some of the residents. With the power outages and communication difficulties, some of the families didn't realize that there were "missing" residents. Emergency preparedness has since been a major issue for everyone in the region and the topic is being repeated continuously with seniors and with facilities.

Thanks to our collaboration with the local R.S.V.P. volunteer network, we have an excellent volunteer program. The ombudsman

program has three volunteers, and throughout our region a total of 389 volunteers work on a variety of community programs.

### Financial resources/plans for the future

With only the lead ombudsman and another half-time position, we urgently need another paid staff person. We are most grateful for our volunteers, but volunteers need training and support, and there are some tasks that only a professional ombudsman can undertake, such as talking with facility staff about serious complaints and concerns.

### Legal Assistance

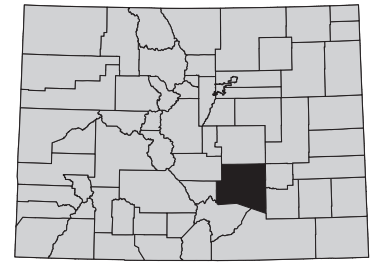
July 1, 2007 – June 30, 2008

The Lower Arkansas Valley Area Agency on Aging has a long-standing contractual relationship with a private attorney to provide legal services to older clients in six counties in southeastern Colorado. These services include: preparation of wills, powers of attorney, advance directives, deeds, contracts and other legal documents. Additionally, the attorney represents clients in Medicaid and SSI appeals and meets with homebound and institutionalized clients, as needed.

Units of service	223
Number of clients served	176

# Region 7

## Pueblo Area Agency on Aging Pueblo County



### Demographics

Total region population	152,912
Percentage of people 65 and older	14.8
Number of older people	22,631

*U.S. Census 2006*

### Ombudsman Program Statistics

Nursing homes	11
Nursing home beds available	1,040
Assisted living residences	26
Assisted living beds available	618
Number of paid ombudsmen (FTE)	1.6
Number of volunteer ombudsmen	4

REPORT BY REBECCA ESPINOZA,  
VOLUNTEER COORDINATOR

### Unique aspects of the region/program

Pueblo County is located in the southern region of Colorado that includes the City of Pueblo, Pueblo West, Avondale, Beulah, Colorado City, Boone and Rye. These communities range from large residential developments to small mountain and farm communities. The City of Pueblo serves as the principal health care center and has been an important transportation crossroads and trading center for more than 150 years.

In the 1880s, the emerging steel industry in Pueblo was a magnet to Eastern and Southern European immigrants seeking employment opportunities in America. As with much of the Southwest, Pueblo has been the home to numerous diverse populations, across generations, including a rich legacy of Latino and indigenous populations. Today, despite a decline in manufacturing jobs, Pueblo continues to serve as the cultural center of Southern Colorado. Because of this diversity, the varying cultural needs of seniors aging in long-term care

facilities present challenges and opportunities to our long-term care facilities. They serve numerous non-English speaking residents, and because of their proximity to the Colorado Mental Health Institute of Pueblo, they also serve a disproportionately large number of residents who are chronically mentally ill. The caring and compassion of Pueblo County's ombudsmen, using the guiding principles that place respect for residents as foremost, enables them to handle numerous complicated incidents with professionalism.

### Community partnerships to meet the needs of older adults

Two examples of our many community partnerships are:

- Ombudsmen helped design the Culture Change Program at Pueblo Extended Care. This program will create a residents' home within a nursing home, offering residents more flexibility along with a sense of ownership. Pueblo Extended Care has implemented pieces of the program by providing restaurant dining where residents can choose from a range of menu items. And, because high staff turnover can severely disrupt a resident's sense of wellbeing, all staff members hired for this program will be placed permanently in each "neighborhood." Each resident will have a personal address, in comparison to traditional programs where residents become known by room numbers or bed assignments. Each neighborhood has a kitchen, a full dining area and a comfortable

living room where family and residents will be able to eat together.

- Our ombudsmen worked with the Alzheimer's Association to develop an activities program for Alzheimer's units in Pueblo County. Through the ombudsman's assessment, they found that the residents in these units felt ignored and were striking out at one another, which resulted in numerous injuries. The program was so effective that other secured units within Region 7 adopted and implemented its model. This program has reduced the number of negative incidents within these facilities by 50 percent in the last year, giving the residents a quality of life they did not have prior to the program.

### Financial resources/plans for the future

Our "Program Dream" is to help older persons dealing with the severe complications caused by AIDS to gain acceptance into nursing homes in Region 7. The ombudsmen have found that a number of older persons feel abandoned by family, friends and society, and have little sense of worth. They encounter hostile and prejudiced nursing facilities that refuse them admittance, and that further impairs their health. In short, they desperately need help. We would like to teach health care professionals about the stigma and discrimination of AIDS, and to train them to deal with the complications and various needs of people living with AIDS. This program would help to ensure that our historic region's many diverse residents, regardless of their socio-economic status, culture, health status or sexuality, live a high quality of life as they age.

## Legal Assistance

July 1, 2007 – June 30, 2008

The Pueblo Area Agency on Aging contracts with the Pueblo office of Colorado Legal Services (CLS) to provide legal services to older clients in Pueblo County. The CLS office in Pueblo also teams up with the CLS offices in Colorado Springs and Salida to provide services to several other counties. These services include outreach to homebound and institutionalized clients and community education programs. Case priorities include: adult protection services, including restraining orders to prevent emotional abuse of the elderly, guardianships, defense of guardianships, conservatorships and protective proceedings. Other case priorities include: collections, foreclosures, landlord-tenant disputes, assistance with public benefits, wills, powers of attorney and other advance directives and planning for Medicaid eligibility for long-term care.

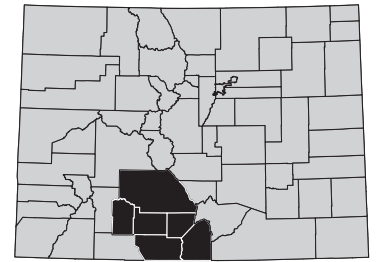
Units of service: 1,926.41

Number of clients served: 122

## Region 8

### South Central Colorado Seniors, Inc.

#### Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache counties



#### Demographics

Total region population	46,949
Percentage of people 65 and older	13.68
Number of older people	6,422

*U.S. Census 2006*

#### Ombudsman Program Statistics

Nursing homes	5
Nursing home beds available	290
Assisted living residences	3
Assisted living beds available	137
Number of paid ombudsmen (FTE)	0.4
Number of volunteer ombudsmen	0

REPORT BY BILLIE ANN WASHBURN,  
LEAD OMBUDSMAN

#### Unique aspects of the region/program

The San Luis Valley's six counties encompass 8,204 square miles. The region is at an elevation of over 7,700 feet and is surrounded by mountain passes. The main industry is agriculture. The Valley is unique in its cultural diversity. Numerous service organizations serve the entire Valley, and for many of them the Valley is considered as one community. Our nursing homes have a large population of Spanish-speaking residents. We are fortunate to have a Veterans' nursing home.

#### Strengths:

- During a crisis, the five independent nursing homes join together and assist one another. During the Salmonella water crisis, nursing homes that were not affected offered their laundry and shower facilities to those that were impacted.
- One of our three assisted living facilities is dedicated to residents with mental illness and substance abuse. These Medicaid residents are also receiving other community services.

- One of our nursing homes has an intergenerational resident community as well as a day care center for children of the staff and other community members. The children make regular visits to the nursing home residents and put on weekly entertainment.

#### Challenges:

- We have a growing senior population that is expected to increase by 22 percent by the year 2011. At the current time, 14.6 percent of adults 65 and older in the San Luis Valley have an income below the federal poverty level. Three of our six counties are in the top four poorest counties in the entire state. When they need long-term care, they will be candidates for Medicaid, but we are limited in the number of Medicaid beds that facilities can financially handle.

- The Valley is a minimum of 3.5 hours from large hospitals with geriatric experience such as those in Colorado Springs and Denver, which presents some problems. However, our local hospital does make use of the flight for life services.
- We have experienced a shortage of nurses and certified nursing assistants at different times but are fortunate to have Adams State and Trinidad Junior colleges here in the Valley and both have nursing and certified nursing assistant (CNA) educational programs to help staff our nursing homes. A positive feature of all the nursing homes and assisted living facilities is that they are very active in culture change and have a high resident satisfaction rating.

#### Community partnerships to meet the needs of older adults

Just one example: There was a surprise facility closure this year and 23 residents had to be relocated. The other nursing homes came together to make presentations to residents and families. This helped families make educated decisions on the placement of their loved one. Adult Protection Services and Options for Long-Term Care professionals from the various counties also assisted residents, families and receiving nursing homes. The Ombudsman program, together with other community professionals, county commissioners, congressmen and senators, formed a Nursing Home Task Force Committee, which was successful in attracting a corporation to the south end of the valley that will be starting construction on a new nursing home in the spring of 2009.

#### Financial resources/plans for the future

Residents on Medicaid have many personal needs that are not covered. I would like \$8,000 dollars a year dedicated to the dental needs of Medicaid Residents in nursing homes. At this time I know of five residents that are Medicaid-only and in urgent need of dentures, extractions and denture repairs, but can't afford to have it done.

The Ombudsman and AAA are competing with more than 230 other 501(c) (3)s in the San Luis Valley for volunteers and at the present time the program does not have any volunteers. The Ombudsman position at this time only has funding for a part-time paid position of 70 hours a month and as ombudsman I am donating an additional 20 to 40 hours a month to meet the needs of the community. Funding is needed to support an additional paid position.

## Legal Assistance

July 1, 2007 – June 30, 2008

South-Central Colorado Services, Inc., of Alamosa, currently contracts with the Colorado Legal Services office in Alamosa to provide legal services to older adults in six counties. Prior to this contract, there was a contract with a private attorney in Alamosa. Current services include: preparation of simple wills, living wills, other advance directives and powers of attorney and advice on Medicaid eligibility for long-term care and public benefits. Additionally, cases involving allegations of financial exploitation are reviewed and Medicare, SSA and SSI cases are referred, if possible. *Due to a change in providers, not all statistical data for this period is available.*

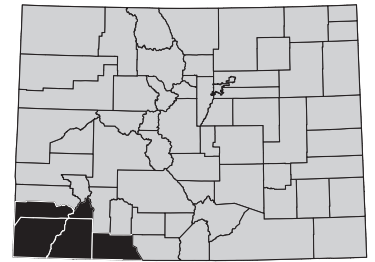
Units of service: 5.5

Number of clients served: 2

# Region 9

## San Juan Basin Area Agency on Aging

### Archuleta, Dolores, La Plata, Montezuma and San Juan counties



#### Demographics

Total region population	<b>88,028</b>
Percentage of people 65 and older	<b>12.36</b>
Number of older people	<b>10,882</b>
<i>U.S. Census 2006</i>	

#### Ombudsman Program Statistics

Nursing homes	5
Nursing home beds available	427
Assisted living residences	9
Assisted living beds available	191
Number of paid ombudsmen (FTE)	.75
Number of volunteer ombudsmen	0

REPORT BY BARBARA ELLIOTT,  
LEAD OMBUDSMAN

#### Unique aspects of the region/program

*Challenges facing Region 9 include:*

- Difficulty attracting skilled, reliable LTC staff at lower pay rates as compared to more densely populated areas of Colorado;
- Lack of residential and interim facilities for people with mental illness, victims of substance abuse, and veterans;
- Insufficient number of Medicaid beds;
- Difficulty meeting cultural, generational, and physical comfort needs with the antiquated environmental and structural features in many regional facilities;
- Inaccessibility of remote areas in the winter and general wintertime travel difficulties throughout the region;
- Multiple cultural and language differences throughout the region (also a strength);

- Lack of adult respite (day-care) resources throughout the region; and

- Competing priorities for funding, especially in the most senior-populated county.

*Strengths of Region 9 include:*

- Large numbers of active, participating seniors in all levels of community service;

- Relative wealth among the retiree population of the most senior-populated county;

- Diverse cultural groups with strong family traditions as related to the care of elders;
- Scenic, attractive location for living and working; and
- Stable and experienced staff working in the Region 9 Ombudsman Program.

#### Community partnerships to meet the needs of older adults

Several groups interact locally and regionally to address problems related to long-term care and aging. These include: Adult Protection Services, Long-Term Care Committee, Alzheimer's Association, Local Councils on Aging, and various advisory groups to the regional county commissioners. Other partnerships include the regional health departments, the regional nonprofit serving the mentally ill, local housing agencies and authorities, and local agencies serving people with developmental disabilities.

The Region 9 ombudsman and the executive director attend and participate in these meet-

ings on a regular basis, addressing needs with knowledgeable recommendations, funding solutions and supportive research as needed. At a recent meeting of the Region 9 Regional Advisory Council, we discussed the need for expanded and diverse solutions to the need for more and better adult respite care. It was proposed that the group gather information among their local constituents as to the numbers and specifics of this need in the area and report back to the Council.

In conjunction with the State Unit on Aging, the Ute Mountain Ute Tribe and the Southern Ute Tribe, Region 9 is currently in the planning phases of a large, multi-state Wellness and Caregiver Summit. This Summit is tentatively scheduled for August 2009, to be hosted by the Southern Ute Tribe at their facilities in Ignacio, while utilizing the expanded communication capacity of the Ute Mountain Ute Tribe to enhance presentations and dialogue via radio and other satellite means.

#### Financial resources/plans for the future

*Urgent needs are:*

- New construction and /or upgrades to facilities;
- Outreach and training funds;
- Media and meeting costs to find efficiencies and solutions to the mixed generational, cultural, mental health, veteran and substance abuse issues;
- Less competition among ombudsman, personal care and transportation programs for the same dollars.

## Legal Assistance

July 1, 2007 – June 30, 2008

The San Juan Basin Area Agency on Aging contracts with the Durango office of Colorado Legal Services and with a private attorney in Cortez to provide legal services to older adults in three counties in southwestern Colorado. CLS also serves residents of the Southern Ute and Ute Mountain Ute Reservations. Case priorities include: simple wills; limited guardianship cases; assistance with public benefits; assistance with domestic law issues; housing, consumer, and employment issues. Community education programs are also provided. Some legal services may be referred to pro bono attorneys.

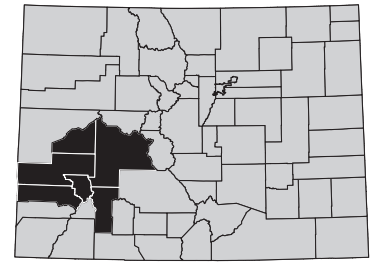
Units of service: 151

Number of clients served: 36

# Region 10

## League for Economic Assistance and Planning

### Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel counties



#### Demographics

Total region population	95,560
Percentage of people 65 and older	14.82
Number of older people	14,166
<i>U.S. Census 2006</i>	

#### Ombudsman Program Statistics

Nursing homes	8
Nursing home beds available	578
Assisted living residences	13
Assisted living beds available	320
Number of paid ombudsmen (FTE)	1
Number of volunteer ombudsmen	3

REPORT BY JANE POULOS,  
LEAD OMBUDSMAN

#### Unique aspects of the region/program

The Western Slope of Colorado has become a retirement haven for seniors wishing to flee urban areas. This phenomenon has been both a blessing and a challenge for the region. This group of older adults has brought an influx of talent, enthusiasm, money and needs to a sparsely populated area. The aging services infrastructure has been stretched to absorb this influx of population. The current programs supporting the elderly have not caught up with the various needs of this growing population, and it will be many years before need and availability are in balance.

Region 10 is also challenged by its geography. Many miles separate programs and facilities. Mass transit is not available between communities and programs. The Ombudsman Program has always been challenged by the vast area and remote communities. Seniors and their families are often frustrated by the

need to find alternative transportation to medical appointments, shopping and entertainment. Older adults often face a choice of significantly changing their lifestyles to remain in their current community due to transportation limitations.

Volunteers have created a new life for the Ombudsman Program in Region 10. The

volunteers who service the community in which they live are making a greater number of nursing home and assisted living visits. The increase in trained staff has increased the ability to help facilities serve their residents better. Each volunteer has a greater knowledge base about people and resources in their community than any one individual could have about the entire region. They also understand the nuances of their community, which creates better rapport.

#### Community partnerships to meet the needs of older adults

The Ombudsman Program has developed partnerships with the two single entry points which serve their residents. The lead ombudsman is a member of the adult protection teams for each county and has served as chairperson for the Delta County Adult Protection Team for two years. The lead ombudsman works with the Suicide Prevention Task Force and Midwestern Colorado Mental Health Center on a regular basis. The lead ombudsman is a member of the senior resource councils in the region. Ombudsman

information is available at all the senior fairs and workshops in the area.

#### Financial resources/plans for the future

The dreams for the Ombudsman Program in Region 10 are to become more proactive in senior care and well being. We want to be in the forefront in developing innovations that can improve the quality of life for residents in long-term care. With more education, more staff and greater funding we can create above-average care for the elderly population. We need to be involved in solving problems before they arise instead of trying to fix individual problems that have already caused suffering to the elderly residents.

## Legal Assistance

July 1, 2007 – June 30, 2008

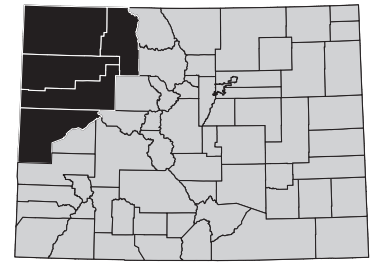
The Region 10 Area Agency on Aging contracts with the Uncompahgre Volunteer Lawyers to provide legal services to older adults in five counties in western Colorado, through the use of pro bono attorneys. It also contracts with Northwest Colorado Legal Services in one additional county. Cases are assigned on an ad hoc basis.

Units of service: 513

Number of clients served: 145

# Region 11

## Associated Governments of the Northwest Colorado Garfield, Mesa, Moffat, Rio Blanco and Routt counties



### Demographics

Total region population	<b>227,537</b>
Percentage of people 65 and older	<b>12.41</b>
Number of older people	<b>28,853</b>
<i>U.S. Census 2006</i>	

### Ombudsman Program Statistics

Nursing homes	15
Nursing home beds available	1,120
Assisted living residences	38
Assisted living beds available	1,139
Number of paid ombudsmen (FTE)	1.8
Number of volunteer ombudsmen	0

REPORT BY DAVE NORMAN,  
LEAD OMBUDSMAN

### Unique aspects of the region/program

The older residents of this region are very self-sufficient and have excellent family and community support networks. They are challenged by the growth of the resort and energy industries, whose rapid and large-scale developments have impacted all the communities of the area. The greatest impact to long-term care is the inability to compete with these industries for staff. Many facilities are under-staffed and not able to provide trained staff to meet standards.

### Community partnerships to meet the needs of older adults

The Region 11 Area Agency on Aging and Region 12 Alpine Area Agency on Aging have developed a working group of their ombudsmen program grantees, Colorado Legal Services, Alpine Legal Services, the Routt Council on Aging, and the State Long-Term Care Ombudsman, to discuss the sharing of

resources to enhance the program in the 10 counties served by these two AAAs.

The Region 11 AAA participates in the Mesa County Adult Protection Review Team, Garfield County Adult Protection Team, Mesa County Gold Commission Adult Resources for Care and Help (ARCH), Western Colorado 211 Consortium, and Mesa and the Northwest Colorado Option Program. The AAA is also a founding member of Home Connections, a partnership to develop long-term care services for adults in Mesa County. This partnership includes consumers, services providers, facility owners, long-term care insurers, and health care professionals.

## Legal Assistance

July 1, 2007 – June 30, 2008

Associated Governments of Northwest Colorado contracts with Northwest Colorado Legal Services to provide legal services to older adults in three counties in Northwest Colorado through the use of pro bono attorneys. It also contracts with the Colorado Legal Services office in Grand Junction to provide services to one other county by an attorney and a paralegal. Cases are assigned on an ad hoc basis.

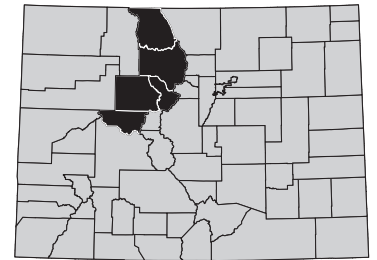
Units of service: 1,245

Number of clients served: 522

# Region 12

## Alpine Agency on Aging

### Eagle, Grand, Jackson, Pitkin and Summit counties



#### Demographics

Total region population	104,094
Percentage of people 65 and older	5.66
Number of older people	5,896
<i>U.S. Census 2006</i>	

#### Ombudsman Program Statistics

Nursing homes	0
Nursing home beds available	0
Assisted living residences	2
Assisted living beds available	42
Number of paid ombudsmen (FTE)	.2
Number of volunteer ombudsmen	1

REPORT BY JEAN HAMMES,  
LEAD OMBUDSMAN

#### Unique aspects of the region/program

Region 12 is situated in North Central Colorado just west of the Front Range and the Continental Divide, stretching approximately 140 miles southward from the Wyoming border. The service region includes 22 municipalities within the five counties. The total land area consists of 6,779 square miles of mountainous terrain with very high overall average elevation of 8,751 feet above sea level. This planning and service area includes both densely populated “urban clusters” and rural “frontier” areas, where there are many miles between residences, creating a challenge for the delivery of services.

From a strengths perspective, older adults in the region are happy, active, healthy, and independent. They enjoy a clean and beautiful environment, and describe a high quality of life. Extreme housing costs can be a significant weakness as the cost of living limits choices for older persons and can also be a challenge in getting adequate staff. By 2020, there will be a dramatic increase in the average age of

the older population. This shift in the average age of the population, coupled with increased longevity, and a projected trend of a slower growth rate of the younger adult workforce will significantly impact and strain the ability to meet formal and informal service needs correlated with age.

There are unique attributes that are both a strength and a limitation in the delivery of a continuum of long-term care: availability, accessibility, and affordability. Facilities for Alzheimers and rehabilitation care services do not exist. Within Region 12 there are only two small care facilities and one small swing-bed facility. These facilities have a very caring staff and staffing needs are supported by the local population. The size also allows for residents to receive more one-on-one personal and individualized attention and care.

#### Community partnerships to meet the needs of older adults

In 2008 the Ombudsman Program initiated a focused outreach and education effort to recruit and expand the number of volunteers for the program. The ombudsman continues to be an active participant and representative in community and regional efforts to help solve problems and to advocate for the needs of residents. The Ombudsman Program also advocates for issues, policies, and programs which affect the frail elderly population and the public at large. During the past year the ombudsman has attended the regular meetings of the region’s respective Adult Protective Service teams, Senior Link, N.W. Options for Long-Term Care, and the Regional Advisory Council.

The Region 12 and Region 11 programs have begun joint telephone trainings. This broader and cross-regional collaboration effort is also working to develop common tools and trainings, and ways to expand the volunteer program. The two regional programs are in the process of formalizing a memorandum of understanding for the cooperative provision of ombudsman services.

#### Financial resources/plans for the future

More financial resources would be helpful to offset the costs for program oversight and transportation, given the geographic distances of the service delivery area. State funding through the Older Coloradans Act has been used to replace the basically “flat” funding from OAA funds that Region 12 receives. Through advocacy, support, and strengthened partnerships, Region 12 hopes to demonstrate the value of the Ombudsman program and realize increased local financial resources. The joint collaboration between Region 12 and Region 11 leverages resources to reduce the cost of service provision without losing the quality of the ombudsman services. Having a set of approved common tools, resources, and materials available and used by the statewide network of ombudsman programs would also result in cost efficiencies programmatically.

The forecasted growth in the older populations continues to have an effect on the planning for and provision of aging services in the region. The desire of older adults to “age in community” and the large number of persons retiring to this region will reflect a shift in the average age of older persons. This will create a real challenge in the region to continue to provide services when program funding and the Medicare and Medicaid reimbursement rates remain as barriers to meet the need.

#### Legal Assistance

July 1, 2007 – June 30, 2008

Alpine Area Agency on Aging contracts with the Northwest Colorado Legal Services Project to provide legal services to older adults in five counties in Northwestern Colorado through the use of pro bono attorneys. Cases are assigned on an ad hoc basis and community education events and free legal clinics are scheduled on a regular basis.

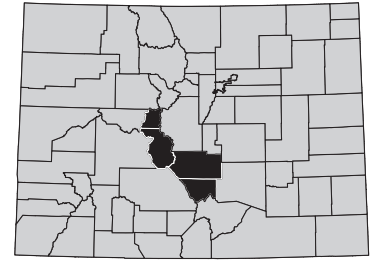
Units of service: 104.45

Number of clients served: 138



# Region 13

## Upper Arkansas Area Agency on Aging Chaffee, Custer, Fremont and Lake counties



### Demographics

Total region population	<b>76,668</b>
Percentage of people 65 and older	<b>15.41</b>
Number of older people	<b>11,815</b>
<i>U.S. Census 2006</i>	

### Ombudsman Program Statistics

Nursing homes	8
Nursing home beds available	648
Assisted living residences	6
Assisted living beds available	107
Number of paid ombudsmen (FTE)	1
Number of volunteer ombudsmen	7

REPORT BY ALAINA GARCIA, VOLUNTEER  
OMBUDSMAN COORDINATOR

### Unique aspects of the region/program

Region 13 has the challenge of providing care to the long-term care population with limited facilities within three of the counties: Lake County has only an extended care unit within the hospital, Chaffee County houses one nursing home and one assisted living residence, and Custer County has one assisted living residence. We are fortunate to have six nursing homes and five assisted living residences within Fremont County.

Our counties consist of mostly small mountain communities. The people in those communities are vested in the communities they have lived in and do not want to leave. Many are forced by needs to relocate to another community to get the services necessary to their well-being.

### Community partnerships to meet the needs of older adults

We are fortunate to have the support of seven volunteers, two of whom are seasonal volun-

teers. The volunteers are all busy people able to give only a couple of hours a month to the volunteer program. We consistently work to increase our volunteer numbers to provide coverage of the facilities.

We have one paid ombudsman who coordinates all volunteer activities. In addition, she serves on the Domestic Violence against Women over 60 Coalition, the adult protection teams in Chaffee, Fremont and Lake counties, and the Options for Long-Term Care team; she also participates in the monthly eldercare luncheon and provides training to service providers within the area.

### Legal Assistance

July 1, 2007 – June 30, 2008

The Upper Arkansas Area Agency on Aging contracts with the Colorado Legal Services (CLS) offices in Salida and Colorado Springs to provide legal services to older adults in four counties in south-central Colorado. Case priorities include: collections, consumer issues, landlord-tenant disputes, public benefits, Medicaid planning for long-term care, simple wills, powers of attorney (medical and financial) and family law issues. Some cases are referred to pro bono attorneys. Services are provided to homebound and institutionalized clients, as needed, and community education programs are offered on a continuing basis.

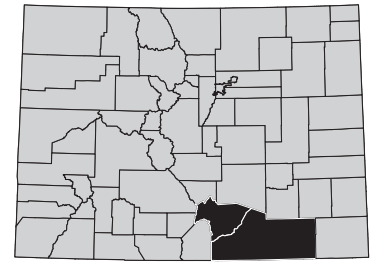
Units of service: 200

Number of clients served: 47

# Region 14

## South Central Council of Governments

### Huerfano and Las Animas counties



#### Demographics

Total region population	<b>23,372</b>
Percentage of people 65 and older	<b>18.27</b>
Number of older people	<b>4,270</b>
<i>U.S. Census 2006</i>	

#### Ombudsman Program Statistics

Nursing homes	3
Nursing home beds available	311
Assisted living residences	2
Assisted living beds available	37
Number of paid ombudsmen (FTE)	.25
Number of volunteer ombudsmen	0

REPORT BY CAROL REYNOLDS,  
LEAD OMBUDSMAN

#### Unique aspects of the region/program

Living in a community as small as ours is a big plus when it comes to the Ombudsman Program. Many of the staff are residents of the community and it makes getting issues in the facilities resolved in a timely manner. Working in the Area Agency on Aging, I interact with the seniors on a daily basis and am readily available to answer questions or assist with their needs involving long-term care. The problem I face is a 40-mile drive between counties to reach one of the Long-Term Care facilities and two Assisted Living facilities.

#### Community partnerships to meet the needs of older adults

Las Animas County had one assisted living facility close in April of this year. I was able to assist by getting information to the families on alternative facilities and to make sure that they were adjusting well to their new environment.

The Adult Protection Team is readily available and frequently will be in contact with me on any issues that affect long-term care residents.

We do not have any volunteers at this time. There were two people this year who expressed interest and were in training, but decided not to continue due to other commitments.

Multi-disciplinary programs available in our counties include: Trinidad State Nursing Home's Adult Day Care Program, Trinidad Senior Center, and the Walsenburg Senior Center.

#### Financial resources/plans for the future

If additional funding were available in our region we would be able to hire additional staff to be more efficient in facility visitation, problem-solving and training to help facility staff better understand residents' rights and also the role of the ombudsman. At this

time I am the only ombudsman in the area and, due to lack of time, cannot perform the duties of ombudsman as effectively as I would like.

## Legal Assistance

July 1, 2007 – June 30, 2008

The Huerfano/Las Animas Area Agency on Aging contracts with three private attorneys to provide legal services to older adults in three counties in South Central Colorado. Legal services are focused primarily on document preparation, including powers of attorney and wills, and estate and Medicaid planning.

Units of service: 8

Number of clients served: 8

# Local contact information

*Continued from front cover*

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