



56 Pickering Street Needham, MA 02492 T: (781)453-1166 F: (781)453-1167
www.bailit-health.com

*The Role of Ombudsmen Today and Recommendations for Roles under
the Department's Demonstration to Integrate Care for Full Benefit
Medicare-Medicaid Enrollees*

Submitted: January 24, 2013

to the Colorado Department of Health Care Policy and Financing

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1. Introduction and Report Purpose

In April 2011, Colorado was one of 15 states to be awarded a contract to develop new ways to coordinate care for individuals eligible for both Medicare and Medicaid.ⁱ The other 14 states included California, Connecticut, Massachusetts, Michigan, Minnesota, New York, North Carolina, Oklahoma, Oregon, South Carolina, Tennessee, Vermont, Washington and Wisconsin. From April 2011 through May 2012, Colorado's Department of Health Care Policy and Financing (the Department) engaged in a comprehensive planning process for the Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees (the Demonstration).

In May 2012, Colorado submitted a proposal to the Center for Medicare and Medicaid Innovation (CMMI) within the Centers for Medicare and Medicaid Services (CMS) outlining its plan to integrate care for approximately 45,000 Coloradans who are fully eligible for Medicare and Medicaid and are not already participating in another recognized system that provides care coordination.^{ii,iii} The Department intends to expand upon its current Accountable Care Collaborative (ACC) managed fee-for-service program which is providing care for a number of Medicaid clients in Colorado. The ACC is comprised of three core components: Regional Care Collaborative Organizations (RCCOs), Primary Care Medical Providers (PCMPs), and the Statewide Data and Analytics Contractor (SDAC). Using the ACC, the Department's goal is to improve care for Medicare-Medicaid enrollees in Colorado, improve health outcomes and client experience of care, and reduce unnecessary and duplicative services and resulting expenditures.

In December 2012, the Department contracted with Bailit Health Purchasing (Bailit) to develop a plan to assess Ombudsmen processes related to the Demonstration in Colorado. As part of the assessment, Bailit participated in the December 11, 2012 Medicare-Medicaid Enrollee Advisory Subcommittee meeting. In addition, Bailit conducted a series of individual and group interviews both in person and by telephone. This report is a summary of the information collected by Bailit and will help the Department and its Ombudsman and advocate partners evaluate existing processes. This work is intended to foster administrative simplification and better coordination across Ombudsman and advocacy programs to improve state, provider and consumer satisfaction. Most importantly, it seeks to improve outcomes for participants in the Demonstration.

2. Background

a. Overview of Current Programs

As part of this project and for this report, in-person interviews were conducted with each of the following organizations described below, both separately and as a group:

Medicaid Managed Care Ombudsman (MMCO)

The Department contracts with MAXIMUS to operate the Medicaid Managed Care Ombudsman (MMCO). In this role MAXIMUS is responsible for assisting Coloradans with Medicaid managed care questions and complaints. Medicaid managed care in Colorado is defined broadly and includes a variety of entities including Managed Care Organizations (MCOs), the Primary Care Physician Program (PCPP), the Accountable Care Collaborative (ACC), and Behavioral Health Organizations (BHOs).^{iv} Upon a client's request, the MMCO acts as the client's representative and/or mediator in the resolution of a client's complaints about quality of care issues, denial of medically necessary services and benefits, and issues regarding access to services and benefits. Further, the Ombudsman is a resource for community services and an educator of client rights and responsibilities.^v

The MMCO is a statewide organization that currently has three staff and responds to Medicaid Managed Care complaints mostly through telephone calls from clients. Individuals find out about this program through Colorado's Medicaid handbooks for the programs described above. In state fiscal year 2011-2012, the MMCO responded to 733 calls and processed 167 formal grievances or appeals.

Long-Term Care Ombudsman (LTCO)

The Long-Term Care Ombudsman (LTCO) program is made up of 33 paid local Ombudsmen who work full or part time through the 16 Area Agencies on Aging (AAAs), three state staff, and 35 certified volunteer Ombudsmen across the state. These individuals regularly visit assisted living facilities and nursing homes and investigate complaints, contributing a total of 36,921 volunteer hours across 16 regions throughout Colorado. Each region includes a lead Ombudsman, a legal assistance developer, and a contact at the AAA.^{vi} The LTCO program operates a toll-free statewide telephone line but responds to most inquiries and complaints through face-to-face visits in nursing homes and assisted living residences.

In federal fiscal year 2011-2012, the three state LTCO office staff provided consultation to 1,793 individuals for a total of in-person or telephone consultations of 6,970. Much of the work is done over the telephone like the MMCO. It is only in specific complaint investigations that the LTCO's on-site presence in a nursing home or assisted living facility is necessary to speak with residents, family, and staff to gather information and resolve issues.

During the same time period, the LTCO attended 1,562 resident council meetings where they provided education and consultation on resident rights, participated in 109 family councils in facilities, and conducted 793 community education sessions. The LTCO conducted 2,832 visits to nursing homes and 4,383 visits to assisted living residents.

The LTCO is charged with protecting the rights of people living in nursing homes and assisted living residences in Colorado. Each of the 16 AAAs in Colorado has a legal assistance developer who is either a private attorney or affiliated with Colorado Legal Services, an organization that offers free legal help to elderly Coloradans. In federal fiscal year 2011-2012, the LTCO handled 2,108 cases representing 3,959 complaints involving the following issues: quality of care, quality of life, environmental issues in the facility, systems and benefits, issues with other agencies, staffing, admissions or discharges, and eviction issues. Individuals call and consult with LTCO staff on general and more specific issues about long-term services and supports (LTSS), such as the basic differences between a nursing home and an assisted living residence, how to apply for Medicaid, if Medicare pays for nursing home care, how to appeal a Medicare decision, and termination and denial of benefits.

Individuals learn of LTCO services through nursing facilities, including posters and face-to-face interactions with LTCO staff or volunteers, informational packets provided to nursing home clients at both admission and discharge, and from referrals from other agencies.

State Health Insurance and Assistance Program (SHIP)

The State Health Insurance and Assistance Program (SHIP) operates a statewide office through the Department of Regulatory Agencies, Division of Insurance. The SHIP office has existed in this format for 20 years. The SHIP has the equivalent of three full-time state staff, the equivalent of 10 to 15 full-time contracted staff, and over 100 volunteers through 18 contracts with affiliate organizations around Colorado including Retired Senior Volunteer Programs (RSVPs), AAAs, and hospitals.

The SHIP operates a statewide toll-free number and responds to Medicare enrollment questions for Medicare Part C (managed care) or Part D (prescription drugs). The Medicare annual enrollment period running from October to December is the busiest time of year for SHIP staff and volunteers; however, they receive many calls during the entire year. In 2011, the SHIP responded to 20,955 telephone inquiries, including 15,000 new contacts and over 5,000 consumers who had previously called. The SHIP estimates that 6,720 calls (32%) related to individuals eligible for both Medicare and Medicaid.

CMS and Colorado provide notices to beneficiaries regarding the availability of the SHIP. Individuals may also be referred to the SHIP from other agencies.

b. The Medicare Quality Improvement Organization (QIO)

The Colorado Foundation for Medical Care has served as the Medicare Quality Improvement Organization (QIO) in Colorado since 1974. Funded by Medicare, the QIO operates a statewide toll-free line and has 100 paid staff.^{vii}

The QIO receives appeals and complaints focused exclusively on the Medicare program and related to quality of care for any health care service paid for by Medicare and termination of coverage for services, including hospitals, nursing homes, comprehensive outpatient rehabilitation facilities, and home health agencies. Medicare places several requirements on the QIO, including being available 24 hours a day, seven days a week. This requirement is satisfied by having a helpline that is open and answered live during business hours, Monday through Friday from 8:00 a.m.-4:30 p.m. Calls outside of business hours go to voicemail. Most appeals must be processed within 72 hours.

Medicare provides information about the QIO through notices and the *Medicare and You* handbook. The call volume for the QIO varies. The QIO receives few referrals from LTCO, MMCO, or the SHIP. In limited circumstances, the QIO might refer a caller to the SHIP for a Medicare enrollment issue or to the Medicare Administrative Contractor (MAC) that processes claims for Medicare if it is a Medicare billing issue.

3. Summary of Interviews and Key Findings

a. Ombudsmen

As noted above, Bailit interviewed staff from each of the three Ombudsmen individually and utilized the interview guide included as Appendix A. The Ombudsmen responded consistently to the questions posed. Each provided a similar general understanding of the Demonstration, viewing it as intended to provide comprehensive coordination for individuals eligible for both Medicare and Medicaid in a manner that would save money for both the federal and state governments.

Each organization is small, with centralized staff. Both the LTCO and the SHIP have contracts with AAAs to provide services locally, utilizing volunteers to bolster resources. Each organization conducts trainings for its staff and volunteers. All three Ombudsmen operate toll-free numbers.

The numbers and types of cases varied across the three different Ombudsman organizations as illustrated in the table on the following page. Case definition varied, in that the SHIP utilizes a federal definition while MMCO and LTCO utilize a state definition. Interactions may be with either an individual in need of assistance or a family member. The SHIP staff indicated that their workload fluctuated during the year and that the greatest demand occurred during open enrollment for Medicare Part D.

Ombudsmen	Cases	Primary Assistance	Primary Method of Contact	Other Method of Contact
SHIP	20,955	Enrollment	Telephone (85%)	In-person or e-mail
LTCO	2,108 representing 3,959 complaints	Complaints/Grievances ** note that LTCO has a significant in-person presence described previously in the document for services other than complaints/grievances	Telephone (80%)	In-person or e-mail
MMCO	167	Complaints/Grievances	Telephone (95%)	In-person or e-mail

The cases and modes of contact speak to the specific requirements of each program. The SHIP handles Medicare enrollment issues, primarily by telephone, and is able to accommodate more calls due to a large number of volunteers. The LTCO handles complaints and grievances primarily by phone. The Older Americans Act requires the LTCO staff to visit each nursing home at least monthly and each assisted living residence at least quarterly. Like the SHIP, the LTCO is able to handle a larger caseload based on the 16 staff and approximately 40 volunteers who frequently visit long-term care facilities. On the opposite end of the spectrum, the Medicaid Managed Care Ombudsman handles a small number of complaints and grievances, almost entirely by telephone, and is limited in capacity given it has only three staff and no volunteers. It is rare for the Ombudsmen to refer to other programs, and no referral protocols are currently in place.

Each organization believes that the implementation of the Demonstration might increase the work that it does; however, each would like more clarity in terms of its specific roles under the Demonstration. In addition, each raised questions about its ability to expand its service capacity and/or coordinate with other Ombudsman programs. The organizations are willing to help; however, they are concerned about an ability to help given the existing funding for each of the programs.

Each organization indicated that it would be helpful for all four organizations to hold routine meetings together to exchange information and share best practices. Each also emphasized the importance of having clearly defined roles in the Demonstration that are articulated to each other and to beneficiaries, which would allow for appropriate referrals. Each also believes it would be helpful to have a specific state contact, with a backup available, to provide information and context to the Ombudsmen.

Each organization is hopeful that under the Demonstration:

- Services are better coordinated.
- Individuals are able to get services they currently are not able to access.
- Providers talk to each other.

The SHIP also hoped that, under the Demonstration, accountability for Ombudsman programs, providers, and the Department would be clear. Based on experience working with the full-benefit Medicare and Medicaid population in Colorado, the SHIP's staff expressed concern about consistent, ongoing, and easily available access to both county and state Medicaid staff for purposes of assessing an individual's Medicaid status and solving problems. This will be critically important for SHIP staff to assist Medicare-Medicaid enrollees participating in the Demonstration.

b. Consumers

Of the consumers and advocates interviewed, all had the same general understanding of the Demonstration: improving care coordination and saving money for the state and federal governments. However, clients and advocates had a mixed understanding of the different Ombudsman programs, including the SHIP, LTCO, MMCO, and QIO. While most understood the SHIP program and many knew of LTCO and MMCO, none of the interviewees knew the QIO's role and responsibility for Medicare enrollees.

All interviewees expressed some level of fear about access issues under the Demonstration. They were concerned that clients may not be able to access the same type of services as today or that, even if a service is available, it may be more difficult to utilize.

Each of the interviewees understood that grievances and complaints are held confidential. One respondent indicated that it is not helpful that grievances and complaints are held confidential. In some instances, it is impractical; if the grievance or complaint is specific, it is impossible to keep it confidential. Most expressed concerns about retribution if a complaint is filed, especially if the complaint is about a provider.

Each client and advocate indicated a desire for reduced bureaucracy and greater service flexibility under the Demonstration. Each also saw a need for hospitals and doctors to

improve communication with long-term care services and supports (LTSS) staff and for a stronger client voice with assistance from an Ombudsman.

Other comments included:

- Concern about the autonomy and independence of the MMCO office and its structural and funding limitations.
- Concerns about the abbreviated timeframe for the Demonstration's implementation, which may result in an increased number of complaints.
- The need for the Department to reinforce that filing a complaint does not impact eligibility or coverage under the Demonstration and to educate individuals and stakeholders that there is no impact to an individual's disability status.
- Importance to use a variety of media to explain the program as many people cannot read but would understand a television or radio advertisement.
- A focus on implementing the right public policy changes and not solely on saving money.

Several respondents mentioned concerns about the ability of RCCOs to coordinate with LTSS providers and indicated a need to include client input in the process of coordinating with LTSS providers.

4. Proposed Roles and Referral Protocols

a. Continue Current Focus

Each Ombudsman program provides unique and distinct services to individuals with Medicare and Medicaid benefits. Interviewees representing each of the organizations expressed little enthusiasm to take on a new type of advocacy work. Given that reluctance, each organization should continue to provide the same advocacy work for the Demonstration as it does now and focus on what it currently does within its own organization.

b. Communicate Formally

Currently, communication that exists between the organizations has been both intermittent and ad hoc. All of the organizations are dedicated to the work that they do on behalf of clients and believe that there is benefit in more formal and ongoing communication, which would encourage sharing information and best practices.

Meetings should be structured and could be conducted in person, by teleconference, and/or by webinar depending upon the frequency and the topic.

c. Develop Protocols

Some referrals occur between the Ombudsman organizations and Colorado Legal Services. All organizations would benefit from formalizing the referral process by establishing protocols that clearly identify the role of each Ombudsman organization and Colorado Legal Services. Protocols could be developed through a series of collaborative meetings of all organizations structured to elicit input from all participants.

d. Create Combined Brochure

A combined brochure including information about all four programs could be created and used for several purposes. First, each of the programs would have specific information about what the other programs do to assist staff and volunteers in each program to appropriately refer clients as needed. Second, the brochure could be used in mailings to clients and/or made available on the Department's website and the websites for each of the four programs. The brochure could be updated as any program responsibilities change during the Demonstration. Appendix B of this report contains information from each organization which could be used as a basis for creating a combined brochure.

5. Additional Roles in the Demonstration's Implementation

a. Review Letters and Handle Calls

The Department has engaged the Center for Health Literacy at MAXIMUS^{viii} to assess current enrollment materials and to develop and test materials that are consumer friendly and can be easily read and understood by Medicare-Medicaid enrollees. It may be useful to have LTCO, MMCO, QIO and the SHIP also field test client letters related to the Demonstration. Information sent to clients should include contact information for the LTCO, MMCO, QIO and SHIP offices explaining how each organization can help clients. During the Demonstration's implementation, the Ombudsman program staff at LTCO, MMCO, QIO and SHIP should be prepared to respond to inquiries based upon existing responsibilities and to appropriately refer to other Ombudsman programs as needed.

b. Funding

CMS has issued a rolling Funding Opportunity Announcement (FOA)^{ix} to allow funding for the SHIP and Aging and Disability Resource Centers (ADRCs) to assist in

providing direct information to beneficiaries under the Demonstration.^x A state may only apply if it has an approved MOU with CMS for the Demonstration. Funding is based on the state's number of eligible enrollees and can be between \$250,000 and \$1,000,000. The SHIP and ADRC staff have met with the Department to discuss the details of this FOA and to discuss an application to CMS. The current deadlines for this funding opportunity are: April 4, 2013; June 6, 2013; and August 15, 2013. The Department will also review options for including additional Ombudsman support in its administrative budget request to CMS for implementation funding for the Demonstration.

Appendix A

Ombudsmen Interview Guide

December 2012

Purpose: This interview guide is intended to provide a standard set of questions for interviews with Colorado's different Ombudsmen, including LTCO, the SHIP, and the Medicaid Managed Care Ombudsman (MMCO) through MAXIMUS. The questions will also be utilized for a later interview with Colorado's QIO. The results of these interviews, coupled with a review and analysis of current Ombudsman rules and regulations, will be utilized to develop a report recommending the role of the Ombudsmen under Colorado's Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees. All interviews will be conducted by Brendan Hogan of Bailit Health Purchasing. Where possible, interviews will be conducted in person but may occur by telephone.

Interview Questions

1. Please provide your name, title and contact information, including telephone and/or e-mail to allow for follow-up questions.
2. Please describe how your organization is structured.
3. Do you provide services statewide?
4. Do you have local offices?
5. Do you operate a toll-free telephone line?
6. Do you have a website that is accessible to all clients and family members?
7. How many paid staff work for your organization?
8. How many volunteers work for your organization?
9. How many total clients are served, and how many Medicare-Medicaid enrollees does your organization serve on an annual basis?

10. Do your client service statistics vary depending upon the time of the year and depending upon whether a client has both Medicare and Medicaid or other insurance?
11. How does a person eligible for both Medicare and Medicaid know about your organization's services?
12. Does your organization offer direct health insurance and/or long-term care services and supports information?
13. How long has your organization been serving Medicare-Medicaid enrollees?
14. How much does your work fluctuate based on open enrollment periods for Medicare Advantage and/or Medicare Part D?
15. Do you have additional staff or volunteers at different times of the year?
16. What are your statistics in terms of call volume?
17. How does call volume vary over the course of a year?
18. How do you define a case?
19. If the definition of the cases is based upon multiple requirements, how do you differentiate between the requirements?
20. What are your statistics in terms of active and closed cases?
21. How do you define active and closed cases?
22. Is the definition of active and close cases based upon regional, state or national requirements?
23. How frequently do you interact with clients?
24. How frequently are the interactions in person, by telephone, by e-mail, or by other mode of communication?

25. How frequently is your client interaction also involving a family member?
26. Does someone in your organization attend national meetings to receive training on new changes to Medicare or Medicaid on at least an annual basis?
27. Do you have a training curriculum that you have developed to train your staff?
28. How frequently do you refer a client to another Ombudsman program?
 - a. The SHIP to LTC
 - b. The SHIP to MMCO
 - c. LTC to the SHIP
 - d. LTC to MMCO
 - e. MMCO to the SHIP
 - f. MMCO to LTC
 - g. Any referrals from any of you to any other organizations
29. Do you have a protocol for cases that should be cross referred to another organization?
30. How do you think the new Medicare-Medicaid Demonstration will impact your work?
31. Does your organization help individuals with appeals and grievances?
32. If your organization helps with appeals and grievances, what level of assistance does your organization provide to individuals who are Medicare-Medicaid enrollees?
33. If your organization deals with appeals and grievances, when and how do you refer the client to someone else to assist with a complaint or grievance?
34. What is the process to ensure the complaint or grievance has been resolved?
35. If your organization does not help with appeals and grievances, when and how do you refer the beneficiary to someone else to assist with a complaint or grievance?

36. Does your organization help with enrollment into Medicaid?
37. Does your organization help with enrollment into any part of Medicare?
38. What type of reporting requirements does your organization have in terms of monthly or quarterly statistics? Are the reports publically available, and can you share some of your reports?
- a. Medicare requirements
 - b. Medicaid requirements
 - c. Medicaid managed care requirements
 - d. Medicaid long-term care requirements
 - e. Medicaid home and community-based waiver requirements
 - f. Older Americans Act requirements
39. How do you think the SHIP, LTC, MMCO, and the QIO could work better together to serve Medicare-Medicaid enrollees?
40. What concerns do you have as the Department works toward implementation of the Demonstration??
41. Are there additional questions that you would have liked me to ask?

Appendix B

Clients, Family Members, Advocates, and Concerned Citizens Interview Guide

December 2012

Purpose: This interview guide is intended to provide a standard set of questions for interviews with beneficiaries (including family members and advocates) in Colorado about how they utilize Colorado's different Ombudsmen, including LTC, the SHIP, MMCO, and the Medicare QIO. The results of these interviews, coupled with interviews with the Ombudsmen and a review and analysis of current Ombudsman rules and regulations, will be utilized to develop a report recommending the role of the Ombudsmen under Colorado's Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees. All interviews will be conducted by Brendan Hogan of Bailit Health Purchasing. Where possible, interviews will be conducted in person but may occur by telephone.

Interview Questions - Clients and Family Members

1. Please provide your name and contact information, including telephone and/or e-mail for follow-up, and organization with which you are affiliated (if an advocate).
2. Please briefly explain what you understand about the Colorado Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees.
3. Are you eligible for both Medicare and Medicaid in Colorado (or is someone in your family eligible)?
 - a. How long have you been eligible for both Medicare and Medicaid?
 - b. Who has assisted you with issues you may have had for coverage of health care services?
 - c. Who has assisted you with long-term care service issues?
 - d. Has anyone had to help assist you with complaints or grievances?
 - e. What types of complaints or grievances have you had?
 - f. Were the complaints or grievances resolved?

- i. If yes, how?
 - ii. If no, why or what barriers prevented resolution?
- g. Were you confident that the process was confidential and anonymous?
- h. How could the complaint and grievance process be improved?
- i. Do you know which Ombudsman program you used?
- j. Do you know what the SHIP program is and what it does?
- k. Do you know what the LTC Ombudsman program is and what it does?
- l. Do you know what the Medicaid Managed Care Ombudsman program is and what it does?
- m. Do you know what the Medicare QIO is and what it does?
- n. How can coordination between the QIO, LTC, MMCO, and the SHIP be improved in your opinion?
- o. Do you have any other information about your hopes and/or concerns about the Demonstration that you want to share that I have not asked you about today?

Interview Questions - Advocates and Concerned Citizens

1. Please provide your name and contact information, including telephone and/or e-mail for follow-up.
2. Please briefly explain what you understand about the Colorado Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees.
3. Are you an advocate and/or concerned citizen interested in the Demonstration?
 - a. How long have you been an advocate or concerned citizen with respect to individuals eligible for both Medicare and Medicaid?

- b. What types of issues have you assisted people with in terms of coverage of health care services?
- c. What types of issues have you assisted people with in terms of long-term care service issues?
- d. Have you helped anyone with complaints or grievances?
- e. What types of complaints or grievances have you assisted with?
- f. Were the complaints or grievances resolved?
 - i. If yes, how?
 - ii. If no, why or what barriers prevented resolution?
- g. Were you confident that the process was confidential and anonymous?
- h. How could the complaint and grievance process be improved?
- i. Do you know what the SHIP program is and what it does?
- j. Do you know what the LTC Ombudsman program is and what it does?
- k. Do you know what the Medicaid Managed Care program is and what it does?
- l. Do you know what the Medicare QIO is and what it does?
- m. How can coordination between the QIO, LTC, MMCO, and the SHIP programs be improved in your opinion?
- n. Do you have any other information about your hopes and/or concerns about the Demonstration that you want to share that I have not asked you about today?

Appendix C

Combined Brochure Draft Information

Long-Term Care Ombudsman^{xi}

Long-Term Care Ombudsman (LTCO) 1-800-288-1376

LTCO staff are available to help residents in nursing homes or assisted living residences advocate for residents' rights.

Rights include:

- To be treated with dignity and respect
- To make independent choices
- To participate in social, religious, and community activities outside the facility, including the right to vote
- To privacy during care and treatment of your personal needs
- To privacy and confidentiality regarding medical, personal or financial affairs
- To raise concerns or complaints
- To be free from involuntary confinement
- To secure your possessions
- To refuse medication and treatment
- To receive mail unopened
- To be free from neglect and mental, sexual and physical abuse
- To private consensual sexual activity
- To be free from chemical and physical restraints
- To be informed in your own language
- To participate in your own care
- To private and unrestricted communication with the person of your choice
- To manage your own finances
- To be informed of the local Ombudsman's name and telephone number
- To be free from financial exploitation

Services Provided by the Ombudsman Program^{xii}

- Each Ombudsman Program throughout the state is required to visit each nursing home in its area at least one time per month. Assisted living residences in its area

must be visited at least one time each quarter. Licensed facilities are required to allow Ombudsmen to enter the facility and visit with residents, without interference from facility staff. Routine visits involve a general overview of the facility to ensure that common areas are clean, required notices are posted, and meals and activities are being provided as posted, among other things. The routine visits involve meeting with individual residents to ensure that their care needs are being met.

- The Ombudsman Program receives complaints from residents, family members, and others and, with the resident's consent, investigates the complaints. Complaints are typically received by telephone or may arise during a routine visit. The role of the Ombudsman is to act as an advocate for the resident and assist the resident in resolving issues related to care, health, safety, or the resident's rights. Complaints range from simple quality of care issues, such as a resident's preferred time for breakfast, to very serious, sometimes life-threatening, concerns involving abuse and neglect. When necessary, the Ombudsman will work cooperatively with other agencies such as the Colorado Department of Public Health and Environment, which licenses long-term care facilities, local law enforcement, and Adult Protective Services to resolve concerns identified during a complaint investigation.
- Local Ombudsmen can provide assistance in locating a facility that best meets the needs of the prospective resident.
- The Ombudsman is able to provide guidance to residents, family members, or friends who would like to resolve an issue without Ombudsman intervention.
- Other services include attending family and resident council meetings at a licensed facility, providing community education, and providing training to facility staff and other professional agencies that work with at-risk adults and residents of long-term care facilities.

Colorado Area Agencies on Aging Regions - Contact for Long-Term Care Ombudsmen^{xiii}

1. Sandra Baker, AAA Director Single Entry Point (SEP)

Northeastern Colorado Association of Local Governments, 231 Main Street, Suite 211, Fort Morgan, CO 80701

Phone: 970.867.9409, Fax: 970.867.9053, Email: sbaker@necalg.com, Website:

www.NortheasternColorado.com

Counties: Washington, Yuma, Logan, Morgan, Phillips, Sedgwick

SUA Contact: Peggy Spaulding 303.866.2867

2A. Margaret A. Long, AAA Director

Larimer County Office on Aging, Larimer County Human Services, 2601 Midpoint, Suite 112, Fort Collins, CO 80524

Phone: 970.498.7750, Fax: 970.498.7605, Email: mlong@larimer.org, Website: www.larimer.org/seniors

County: Larimer

SUA Contact: Peggy Spaulding 303.866.2867

2B. Eva Jewell, AAA Director Single Entry Point (SEP)

Weld County Area Agency On Aging, P.O. Box 1805, 315 C. N. 11th Ave., Greeley, CO 80631

Phone: 970.346.6950, Fax: 970.346.6951, Email: EJewell@co.weld.co.us, Website: www.co.weld.co.us

County: Weld

SUA Contact: Peggy Spaulding 303.866.2867

3A. Jayla Sanchez-Warren, AAA Director

DRCOG Area Agency on Aging, 1290 Broadway, Suite 700, Denver, CO 80203

Phone: 303.455.1000, Fax: 303.480.6790, Email: jswarren@drcog.org, Website www.drcog.org

Counties: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson

SUA Contact: Todd Coffey 303.866.2750

3B. Sherry Leach, AAA Director

Boulder County Aging Services Division, P. O. Box 471, 3482 North Broadway, Boulder, CO 80306

Phone: 303.441.3570, Fax: 303.441.4550, Email: bcaaa@bouldercounty.org, Website: www.bouldercountyseniors.info

County: Boulder

SUA Contact: Audrey Krebs 303.866.2846

4. Guy Dutra-Silveira, AAA Director

Pikes Peak Area Agency on Aging, 15 South 7th Street, Colorado Springs, CO 80905

Phone: 719.471.2096, Fax: 719.471.1226, Email: gdutra@ppacg.org, Website: www.ppacg.org

Counties: El Paso, Park, Teller

SUA Contact: Audrey Krebs 303.866.2846

5. Terry Baylie, AAA Director

East Central Council of Governments, P. O. Box 28, 128 Colorado Avenue, Stratton, CO 80836

Phone: 719.348.5562, ext. 5, Fax: 719.348.5887, Email: baylie@prairiedevelopment.com
Website: <http://ecaaa.tripod.com>

Counties: Cheyenne, Elbert, Kit Carson, Lincoln

SUA Contact: Peggy Spaulding 303.866.2867

6. Celestino Santistevan, AAA Director Single Entry Point (SEP)

Lower Arkansas Valley Area Agency on Aging, P.O. Box 494, 13 West Third St Room 110, La Junta, CO 81050

Phone: 719.383.3166, Fax: 719.383.4607, Email: celestino.santistevan@state.co.us,
Website: www.oterogov.com

Counties: Baca, Bent, Crowley, Kiowa, Otero, Prowers

SUA Contact: Peggy Spaulding 303.866.2867

7. Virginia Jimenez, Aging Program Administrator

Pueblo Area Agency on Aging, Southern Region, 2631 E. 4th Street, Pueblo, CO 81001

Phone: 719.583.6110, Fax: 719.583.6323, Email: virginia.jimenez@co.pueblo.co.us,

Website: www.co.pueblo.co.us

County: Pueblo

SUA Contact: Audrey Krebs 303.866.2846

8. Frances Valdez, AAA Director

South-Central Colorado Seniors, Inc., P.O. Box 639, 1116 3rd Street, Alamosa, CO 81101

Phone: 719.589.4511, Fax: 719.589.2343, Email: francesv@qwestoffice.net, Website: None

Counties: Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache

SUA Contact: Todd Swanson 303.866.2651

9. Christina Knoell, AAA Director

San Juan Basin Area Agency on Aging, P.O. Box 5456 (450 Lewis Street, B1), Pagosa Springs, CO 81147

Phone: 970.264.0501, Fax: 1.888.290.3566, Email: christinaknoell@sjbaaa.org, Website: www.sjbaaa.org

Counties: Archuleta, Dolores, LaPlata, Montezuma, San Juan

SUA Contact: Todd Swanson 303.866.2651

10. Lee Bartlett, AAA Director

Region 10 Area Agency on Aging, Drawer 849, 300 N. Cascade Ave., Montrose, CO 81402

Phone: 970.249.2436, Fax: 970.249.2488, Email: lee@region10.net, Website: www.region10.net

Counties: Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel

SUA Contact: Audrey Krebs 303.866.2846

11. Dave Norman, AAA Director

Associated Governments of Northwest Colorado, P.O. Box 20000-5035, 510 29 1/2 Road,
Grand Junction, CO 81502

Phone: 970.248.2717, Fax: 970.248.2702 or 970.248.2849/2883, Email:

dave.norman@mesacounty.us, Website:

<http://www.humanservices.mesacounty.us/index.cfm?id=160>

Counties: Garfield, Mesa, Moffat, Rio Blanco, Routt

SUA Contact: Todd Swanson 303.866.2651

12. Jean Hammes, AAA Director

Northwest Colorado Council of Governments, Alpine Area Agency on Aging, P.O. Box
2308, 249 Warren Ave., Silverthorne, CO 80498

Phone: 970.468.0295, Fax: 970.468.1208, Email: aaa12@nwc.cog.co.us, Website:

www.nwc.cog.co.us

Counties: Eagle, Grand, Jackson, Pitkin, Summit

SUA Contact: Todd Swanson 303.866.2651

13. Steve Holland, AAA Director

Upper Arkansas AAA – Southern Region, 139 East 3rd Street, Salida, CO 81201-2612

Phone: 719.539.3341, Fax: 719.539.7431, Email: s-holland@qwestoffice.net, Website:

www.upperarkansasareaagencyonaging.org

Counties: Chaffee, Custer, Fremont, Lake

SUA Contact: Todd Swanson 303.866.2651

14. Jim Davis, AAA Director

Huerfano/Las Animas Area Council of Governments, d/b/a South Central Council of
Governments AAA, 300 Bonaventure Avenue, Trinidad, CO 81082

Phone: 719.845.1133, Fax: 719.845.1130, Email: jdavis@sccog.net, Website:

www.sccog.net

Counties: Huerfano, Las Animas

SUA Contact: Audrey Krebs 303.866.2846



Ombudsman For Medicaid Managed Care

"Helping You Solve Problems with Your Health Care"

What is the Ombudsman?

- Help to resolve problems with your health care (both physical health and mental health)
- Help when you cannot get care through your health plan

Who does the Ombudsman Help?

- Members of a Medicaid Managed Care health plan
- Members of a Medicaid BHO (Behavioral Health Organization)

Call the Ombudsman to:

- Solve problems with your Medicaid Managed Care health plan
- Solve problems with your Medicaid BHO
- Help solve problems with the quality of care you or your family member is getting
- Help in filing grievances and appeals
- Help you exercise your health care rights



If you are a member of a Medicaid Managed care health plan or BHO, you can get free help from the Ombudsman for Medicaid Managed Care.

How do I contact the Ombudsman?

CALL: 303-830-3560 within Metro Denver 1-877-435-7123 outside Metro Denver

TTY: 1-888-876-8864 for hearing impaired

FAX: 303-832-8352

E-MAIL: help123@mscimmx.com

WRITE: Ombudsman for Medicaid Managed Care 303 East 17th Avenue, Suite 105 Denver, Colorado 80203

Colorado State Health Insurance and Assistance Program^{xv}

The State Health Insurance Assistance Program, within the Colorado Division of Insurance, helps people eligible for or enrolled in Medicare with questions about health insurance.

The program has counselors working through regional organizations around the state to provide: individual counseling and assistance; public education presentations about Medicare, related health insurance, and Medicare fraud; and distribution of printed materials about these health insurances

For free Medicare counseling at the SHIP nearest you, call 1-888-696-7213.

County/City

Archuleta County/Pagosa Springs

Archuleta County Senior Services
(970) 264-2167

Boulder County/Boulder

Boulder County Area Agency on Aging
(303) 441-4995

Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Eagle, Gilpin, Grand, Jefferson, Summit and Pitkin Counties and Out-of-State Calls

Centura Health Insurance Counseling for Seniors
(720) 321-8860, (800) 544-9181

Adams, Arapahoe and Denver Counties

Seniors, Inc. Denver
(303) 300-6900

Cheyenne, Elbert, Kit Carson and Lincoln Counties

Colorado East Community Action Agency
(719) 348-5303

Garfield County/Glenwood Springs

High Country RSVP
(970) 384-8744

La Plata and San Juan Counties

La Plata County Senior Services
(970) 382-6442

Baca, Bent, Crowley, Kiowa, Otero and Prowers Counties	Lower Arkansas Valley Area Agency on Aging (719) 383-3166, (800) 438-3752
Mesa County	Mesa County RSVP (970) 243-9839
Montezuma and Dolores Counties	Montezuma Senior Services Program (970) 565-4166
Logan, Moran, Phillips, Sedgwick, Washington and Yuma Counties	Northeast Colorado Area Agency on Aging (970) 867-9409 ext. 234
El Paso, Hinsdale, Park and Teller counties	Pikes Peak Area Council of Governments (719) 471-7080, (719) 635-4891
Larimer County	Poudre Valley Health System (970) 495-8558 (970) 495-8560
Moffat, Routt, Jackson and Rio Blanco Counties	Routt County Council on Aging (970) 879-0633
Montrose, Delta, Gunnison, Ouray and San Miguel counties	RSVP Colorado West (970) 249-9639
Huerfano and Las Animas counties	Alta Vista Alternatives (719) 846-4631
Pueblo County	SRDA (719) 583-6611
Alamosa, Conejos, Costilla, Rio Grande, Mineral and Saguache Counties	South-Central Colorado Seniors (719) 589-4511
Chaffee, Custer, Fremont and Lake	Upper Arkansas Valley Area Agency on

Counties	Aging (719) 539-3342
Weld County	Weld County RSVP (970) 351-2588
Statewide Spanish Language Counseling	(866) 665-9668

Colorado Medicare QIO^{xvi}

Colorado Foundation for Medical Care
23 Inverness Way East, Suite 100
Englewood, CO 80112-5708
Telephone: 303.695.3300
Fax: 303.695.3343

CFMC is a nonprofit organization working under a contract with the Centers for Medicare & Medicaid Services (CMS). We provide the following information to help patients, families, and Medicare beneficiaries make informed decisions about healthcare:

- [Choosing a Home Health Agency](#)
- [Choosing a Hospital](#)
- [Choosing a Nursing Home](#)
- [Health Information](#)
- [Medicare Information](#)

Medicare Information

Colorado Foundation for Medical Care (CFMC) is committed to improving the quality of healthcare provided to Colorado Medicare beneficiaries. We have a staff of qualified physicians and nurses who are ready to address any concerns you may have about the quality of care you received during a hospital stay. We offer a hotline service and we review cases to determine what appropriate steps should be taken - 1.800.727.7086.

- Appeal a Health Plan's Decision to End Coverage of Services
- Important Message from Medicare
- Resources
- What to Do If the Hospital Asks You to Leave Before You Are Ready
- Your Responsibilities
- Your Rights

Quality of Care Complaint

Colorado Foundation for Medical Care (CFMC) is committed to improving the quality of health care provided to Colorado Medicare beneficiaries. The Beneficiary and Family Centered Care program at CFMC is focused on activities that provide opportunities for listening to and addressing beneficiary and family concerns; provide resources in decision making; and use information from individual experiences to improve Medicare's entire system of health care. We have qualified physicians and nurses who are available to address your concerns about the quality of care received during your health care experience. For assistance, please call our beneficiary help line service at 1.800.727.7086

Endnotes and Citations

ⁱ <http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3929&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numdays=3500&sr>

ⁱⁱ From Colorado proposal, the number is based on fiscal year 2011. Colorado's fiscal year refers to each twelve-month period beginning on July 1 and ending on June 30.

ⁱⁱⁱ From Colorado proposal, The difference between 69,787 and 62,982 is attributable to the approximate number of Medicare-Medicaid enrollees who have already chosen to be part of another program, such as the Colorado Alliance for Health and Independence (CAHI), the Denver Health Medicaid Choice Plan, an Intermediate Care Facility for People with Intellectual Disabilities (ICF/ID), the Program of All-inclusive Care for the Elderly (PACE), or Rocky Mountain Health Plan.

^{iv} Colorado Ombudsmen for Medicaid Managed Care 2011 Annual Report.

^v Ibid

^{vi} Based on interview with LTCO and information from Annual Reports for Colorado LTCO

^{vii} Based on interview with QIO and from <http://www.cfmc.org/default.aspx>

^{viii} <http://www.maximus.com/services/health/health-literacy>

^{ix} Solicitation number: 93.626, issued from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

^x <https://www.cFDA.gov/?s=program&mode=form&tab=step1&id=0cfa50f119f8fecca3aed655cba95dd0>

^{xi} <http://www.colorado.gov/cs/Satellite?c=Page&childpagemame=CDHS-SelfSuff%2FCBONLayout&cid=1251583764640&pagemame=CBONWrapper>

^{xii} <http://www.colorado.gov/cs/Satellite?c=Page&childpagemame=CDHS-SelfSuff%2FCBONLayout&cid=1251583764640&pagemame=CBONWrapper>

^{xiii} <http://www.colorado.gov/cs/Satellite?c=Page&childpagemame=CDHS-SelfSuff%2FCBONLayout&cid=1251583764640&pagemame=CBONWrapper>

^{xiv} http://www.coloradohealthpartnerships.com/members/rights/mbr_ombudsman.htm

^{xv} <http://www.colorado.gov/cs/Satellite?c=Page&childpagemame=DORA-DI/DORALayout&cid=1251623445671&pagemame=CBONWrapper>

^{xvi} <http://www.cfmc.org/>