NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Older Americans Act Programs and Services

Long-Term Care Ombudsman Program
Senior Community Service Employment Program

Kathryn Lanier

September 18, 2026

Long-Term Care Ombudsman Program

Ombuds What ???

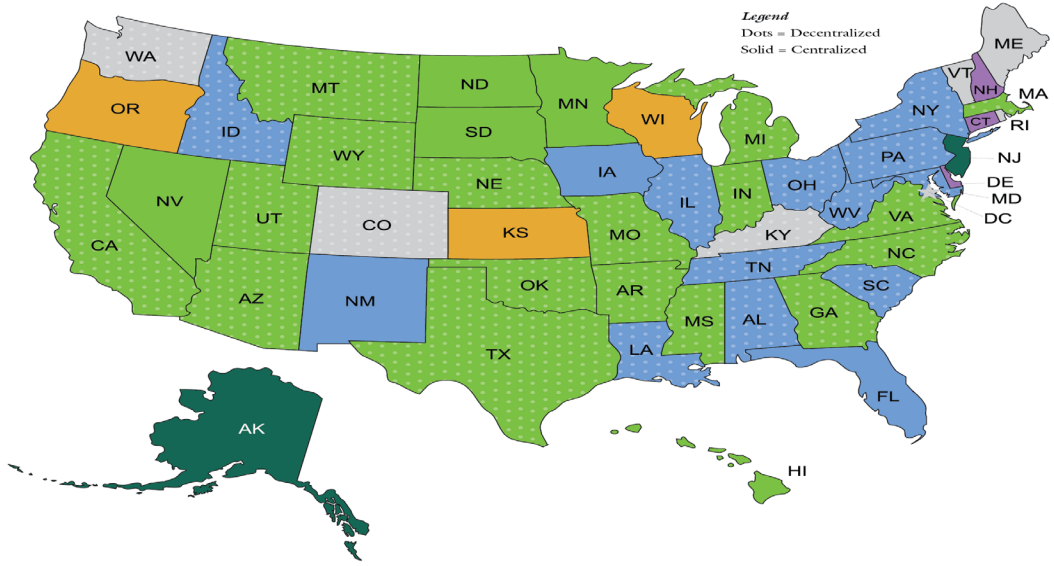
“An Ombudsman is a professional acting as the advocate for their client in exercising their rights, or in helping them to negotiate the complex rules and regulations of a given bureaucracy.”

Program Mission:

To protect residents' rights and improve the quality of care and quality of life for residents in long-term care facilities by providing direct access and advocacy services that assist residents in protecting their health, safety, welfare, and exercising their rights.

Location of Long-Term Care Ombudsmen Programs

Figure 1. Location of Long-Term Care Ombudsman Programs in States*



Within Cabinet-level SUA
Centralized: Florida, Iowa, New Mexico
Decentralized: Alabama, Idaho, Illinois, Louisiana, Maryland, New York, Ohio, Pennsylvania, South Carolina, Tennessee, West Virginia

Within SUA inside an umbrella agency
Centralized: Hawaii, Minnesota, Nevada, North Dakota, South Dakota
Decentralized: Arizona, Arkansas, California, Georgia, Indiana, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, North Carolina, Oklahoma, Texas, Utah, Virginia, Wyoming

Outside SUA but in umbrella agency that includes SUA
Centralized: Connecticut, Delaware, New Hampshire

Within other state government agency
Centralized: Alaska, New Jersey

Independent agency inside state government
Centralized: Kansas, Oregon, Wisconsin

Outside state government
Centralized: District of Columbia, Maine, Rhode Island, Vermont
Decentralized: Colorado, Kentucky, Washington

* Information from *Long-Term Care Ombudsman Program: Structure, Responses, Quality and Funding,* 2000 and revised through direct telephone survey by NASUAD staff January–March, 2015

North Carolina's Ombudsman Structure

A Long-Term Care Ombudsman's Client is ALWAYS the Resident

Long-Term Care Ombudsman: Mandates

- The LTC Ombudsman Program's mandate is to respond to complaints that are made **by** or **on behalf** of a resident.
- When a complaint is received, the first step for our program is to determine if the complaint is appropriate for the Long-Term Care Ombudsman Program.
- The second step is usually for an Ombudsman to visit the resident in the facility.
- Ombudsmen are resident focused and act at the direction of the resident and/or their designated representative

How are Complaints Handled ?

- Empowerment
- Investigation
- Mediation
- Resolution
- Referral
- Training
- Follow Up

Long-Term Care Ombudsman: Principles

- **Confidentiality is the "backbone" of the Long-Term Care Ombudsman Program.**

- **Ombudsmen are recognized by HIPAA as *healthcare oversight agents;* however, per our Program's federal/state law, all Ombudsmen used written informed consent of the resident or legal representative to access medical records.**

Long-Term Care Ombudsman: Principles

- Ombudsman law prohibits retaliation, reprisal or discrimination against residents or any person who shares information with a program representative
- Federal law also prohibits any entity from obstructing an Ombudsman in performing their duty.

Ombudsman Program Parameters

- No regulatory authority
- Do not investigate abuse, neglect or exploitation
- Do not provide legal advice
- Do not provide medical or hands on care

Major Roles of the Long-Term Care Ombudsman Program

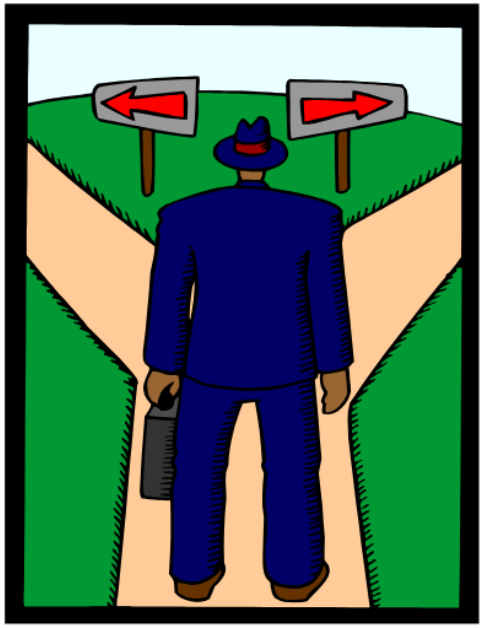
Roles of the Long-Term Care Ombudsman

- **Advocate**
  - Individual Level
  - Facility Level
  - Systemic Level
- **Educator**
  - Residents/Families
  - Facilities
  - Systemically
- **Community Liaison**
  - Volunteers
  - Presentations
  - Trainings

Ombudsman Program Responsibilities

- Collect and report data regarding the number and type of complaints handled and other program activities
- Carry out activities designed for education and prevention of elder abuse, neglect and exploitation
- Work with long term care providers to resolve issues of common concern
- Provide information to public agencies, legislators, and other entities on problems impacting the rights of long-term care residents as well as make recommendations for resolution of identified issues

TRANSITIONS



WHEN HOME IS NO LONGER THE BEST OPTION

Time is of the Essence

Information

Education

Knowledgable Consumers

It's Time To Talk…

- Discussion with family member needing care
- Discussion with all family members
- Research
  - Explore your options/What is available in your community?
  - Cost
  - Eligibility
  - Recommendations

- Action Plan
  - Medical
  - Legal
  - Financial

Admission Criteria

- **Screening and determination document**
  - **FL – 2**
  - **An individual**
  - **Family Member**
  - **Physician**
  - **Social Worker**

Types of Facilities

- Independent Living/Senior Retirement Community
- Continuing Care Retirement Community
- Family Care Homes/ Board and Care
- Assisted Living
- Nursing Home

Living Arrangements

- **Senior Apartments**
  - Individuals grouped by age or personal preference
- **Congregate Housing**
  - Tenants are independent but benefit from a collective meal 1x per/day
- **Multi-Unit Assisted Housing with Services**
  - Tenants are independent but have chronic health care needs that medical supervision is key to maintaining their well-being

Family Care Homes – North Carolina

- Provide services to 2-6 unrelated individuals
- Room and Board
- 3 Meals per/day
- Medication administration
- Transportation
- Social Interaction

Assisted Living *aka* Adult Care Home – North Carolina

- Custodial Model of Care
- Service provision to 7+ more unrelated individuals
- Room and Board
- 3 Meals per/day
- Medication Administration
- Transportation
- Social Supports and Activities

Nursing Homes

- **Medical Model of Care**
- **Provide nursing or rehabilitative care for 3+ unrelated individuals**
- **Care provision for individuals needing short-term or long-term care or maintenance as medically determined**
- **Primary reason for admission is due to medical necessity**

Sources of Payment

- Personal funds and other resources
- Federal
- State

How Do I Reach An Ombudsman ?

- National Long-Term Care Ombudsman Resource Center
  - https://ltcombudsman.org/
- ADvancing States (State Units on Aging)
  - https://www.advancingstates.org/about-advancing-states
- Area Agency on Aging
- Local Department of Aging
- Senior Centers
- Hospital Discharge Planners/Social Workers

Senior Community Service Employment Program

Senior Community Service Employment Program

- An Older Americans Act Program
- Federally funded and managed by the US Department of Labor
  - *Unique in the fact that it is the only OAA program not directly operated by the Administration for Community Living*
- Operates in all (50) states as well as (6) US territories
- (19) National providers

Program Goals

- Foster individual economic self-sufficiency
- Promote useful part-time opportunities in community service activities (subsidized)
- Increase the number of mature workers in obtaining unsubsidized employment in both public & private sectors.
- Augment the work and services of the aging network

Participant Eligibility Criteria

- An individual must be 55+
- Unemployed at the time of enrollment
- Family income must be at or below 125% of the poverty level
- Resident of the county in which services are provided
- Can only participate in the program for a maximum of (48) months unless a waiver is granted

Senior Community Service Employment Providers

- The Senior Community Service Employment Program (SCSEP) was created to serve older workers who face barriers and their likelihood for employment are low
- To provide hands-on job training through part-time work at community service agencies, particularly senior-related organizations
- To assist with the transition of participants to unsubsidized employment
- To provide supportive services to assist participants to obtain and maintain employment

Participant Assessment

- The Participant Intake and Assessment is the starting point
- Creation of an **I**ndividual **E**mployment **P**lan (IEP)
- The IEP is the starting point
- The participant's goal is the endpoint
- The IEP is a living document and can be modified at any time
- Reviews, updates and changes are made to the document semi-annually

Priority of Enrollment

- Veterans and qualified spouses of veterans
- Individuals who are over the age of 65
- Have a disability
- Have low literacy skills or limited English proficiency
- Reside in a rural area
- Are homeless or at risk of homelessness
- Have low employment prospects, or have failed to find employment after using services through the American Jobs System
- Justice involved individuals

Senior Community Service Employment Partners

- Host agencies are non-profit or governmental organizations
- Provide opportunities for direct hands-on experience and exposure to a variety of work environments
- Receive on-site supervision and guidance
- Participants train a maximum of 20 hours per/wk and receive a training stipend typically federal minimum wage.

Benefits of Participation

- Supplement current income
- Foundation for economic independence
- Learn new skills, refine and enhanced knowledge acquired over a lifetime
- Build Self-Esteem
- Annual physical exam
- Workers Compensation
- Leave Without Pay

Supportive Services

- Counseling
- Case Management Referrals
- Transportation (special provision)
- Room and board, if necessary, during training
- Periodic group meetings

Supportive Services
Cont'd

- Work shoes
- Badges
- Uniforms
- Safety glasses
- Eyeglasses
- Work related tools

Continuous Support After Program Departure

- Post-Placement Follow-up First 6-Month Period
- Retention After job placement
- Verify continued unsubsidized employment and verify wages
- Determine the need for supportive services to retain employment
- Post Placement Follow-up at 12-Month Period
- Verify continued unsubsidized employment and verify wages

NC Department of Health and Human Services
Division of Aging

Older Americans Act Overview of Aging Services

Carol R. Burt, Aging Services Section Chief
September 18, 2026

Older Americans Act (OAA)

- Established in 1965
- Federal law designed to support the needs and well-being of older adults
- Helps older adults remain independent, healthy, and connected to their communities
- Services are primarily coordinated through a network of federal, state, and local agencies

Major OAA Updates

- 1965 — Older Americans Act established
- 2000 — OAA reauthorized; National Family Caregiver Support Program created
- 2006 — OAA reauthorized/amended
- 2016 — OAA reauthorized
- 2020 — OAA reauthorized
- 2024 — OAA Final Rule updates regulations implementing the Act
- 2025 — Compliance with the new regulations required

The final rule updated areas including nutrition, family caregiver programs, tribal services, elder abuse prevention, legal assistance, emergency preparedness, long-term care ombudsman programs, and requirements for state and area plans on aging.

OAA Services Eligibility

- Participants generally must be age 60 or older, with a priority focus directed toward individuals in the greatest social or economic need.
- Populations that may receive priority:
  - Low-income older adults
  - Older adults living alone
  - Minority or underserved populations
  - Older adults with disabilities
  - Caregivers

OAA Services Eligibility

Caregiver Exceptions

- **Under the National Family Caregiver Support Program (FCSP)**
  - **older relatives or family caregivers caring for frail older adults**
  - **older adults raising young children—may qualify with different or broader age parameters**

OAA Services: Eligibility, Priority & Voluntary Contributions

- Services are not means-tested (meaning you do not have to prove low income to qualify), but programs prioritize low-income minority seniors, rural older adults, and those with the greatest economic or social needs.
- Donations or voluntary contributions are often encouraged for those who can afford them, but services cannot be denied due to an inability to pay.

Older Americans Act (OAA)

The Division of Aging Services Team provides funding for:

- **Supportive Services (Title III-B)**
- **Nutrition Services (Title III-C1 and III-C2)**
- **Disease Prevention & Health Promotion (Title III-D)**
- **National Family Caregiver Support (Title III-E)**

⭐*Delivered by the Division of Aging Care Navigation Team*

NC Division of Aging OAA Services

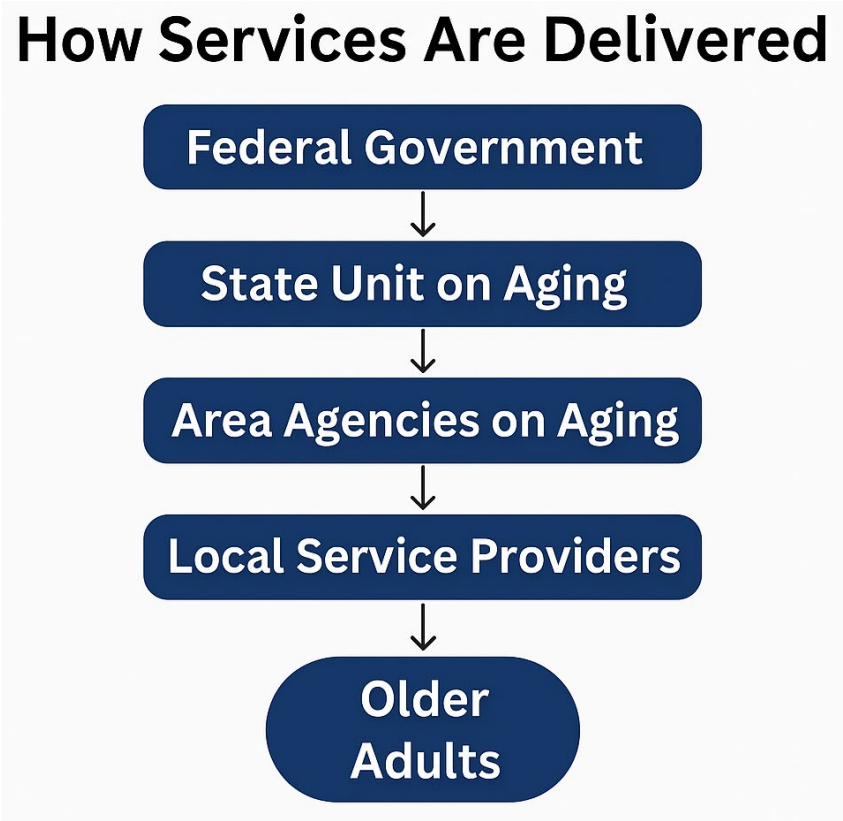
- Adult Day Care/Health
- Congregate Nutrition/Meals
- Home Delivered Nutrition/Meals
- Health Promotion
  - Evidence-Based Programs
  - Non- Evidence-Based
- Legal Assistance
- Transportation
- Information and Assistance
- In-Home Services
  - Chore
  - Homemaker
  - Personal Care
  - Respite
- Other Services
  - Home Modifications/Repairs
  - Senior Centers

NC Division of Aging
OAA Services (Family Caregiver)

- Counseling
- Case Management
- Information and Assistance
- Information Services
- Supplemental Services
  - Assistive technology and devices
  - Consumable medical or care supplies
  - Emergency response systems (Life Alert)
  - Home modifications (ramps, grab bars)
  - Legal Assistance
- Support Groups
- Training
- Respite
  - In-Home Respite
  - Out-of-Home Respite (day)
  - Out-of-Home Respite (overnight)
  - Other Respite

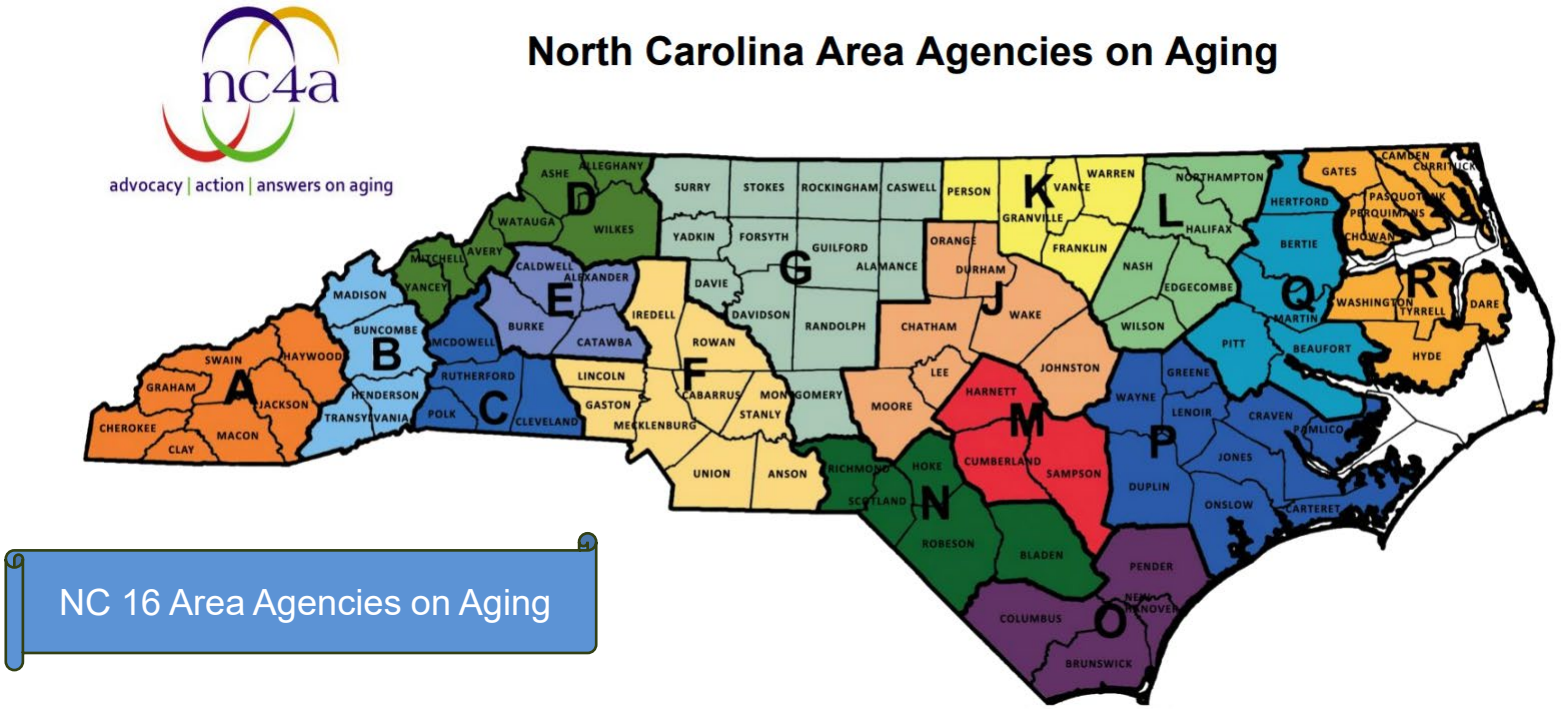
Why These Services Matter

- Promote independence
- Reduce social isolation
- Improve access to food and health care
- Support caregivers
- Help older adults remain in their homes and communities
- Improve overall quality of life



OAA operates through a nationwide aging-services network rather than simply providing every service directly from the federal government.

North Carolina Area Agencies on Aging



NC 16 Area Agencies on Aging

Connection to OAA Services

Challenge → Potential Service

- **Food insecurity** → Congregate or home-delivered meals
- **Transportation barriers** → Transportation services
- **Social isolation** → Senior centers/friendly visits/social activities
- **Difficulty with household tasks** → Homemaker/chore services
- **Difficulty with personal care** → Personal care services

Connection to OAA Services (Continued)

Challenge → Potential Service

- **Caregiver stress → Respite and caregiver support**
- **Home safety concerns → Home modifications and repairs**
- **Difficulty accessing resources → Information/referral/assistance**

These challenges are one reason the Older Americans Act (OAA) emphasizes services that help older adults remain independent and safely in their homes and communities.

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Aging

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