

MidPenn Matters



Mission Statement

MidPenn Legal Services is a non-profit, public-interest law firm dedicated to providing equal access to justice and high quality civil legal services to low-income residents and survivors of domestic violence in 18 counties in Central Pennsylvania.

Ombudsman: Advocate & Educator



By Eileen Barlow, Schuylkill County Long-Term Care Ombudsman

OMBUDSMAN: A word most people mispronounce and cannot define.

The rights of individuals entering long-term care do not change simply because they have left the community for a new place to live.

The Merriam Webster Dictionary describes an “ombudsman” as a noun of Swedish etymology meaning “1: a government official (as in Sweden or New Zealand) appointed to receive and investigate complaints made by individuals against abuses or capricious acts of public officials; and 2: one that investigates reported complaints

(as from students or consumers), reports findings, and helps to achieve equitable settlements.” Now that we’re clear on that, let’s define it in English!

An Ombudsman is an advocate. Perhaps you have contacted a consumer hotline in the past or filed a complaint with the Bureau of Consumer Affairs – if so, you have dealt with an “ombudsman” in the very broadest sense. You have dealt with a ‘consumer advocate.’

The Long-Term Care Ombudsman is a “consumer” advocate as well. An individual living in long-term care is considered a consumer of long-term care services, as the individual is paying to live in the place he or she now calls “home.” As Ombudsmen, our primary purpose is to assure the consumers that their rights are being maintained, to ensure that the care and services being provided are to their liking, and to investigate complaints filed by the residents. While it may sound simple, it is anything but.

The rights of individuals entering long-term care do not change simply because they have left the community for a new place to live. Very often the staff of the facility follows the “medical model” of care without regard to the resident’s request. They have a job to do and only so much time in which to perform daily tasks. The resident is at the mercy of “the schedule.” The Ombudsman assists the resident in finding his or her voice and to promote a more “resident-centered” lifestyle in the facility. When this does not happen, the consumer may

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Executive Director



Ombudsman—Continued From Page 1

file a formal complaint and request intervention by the Ombudsman. At the direction of the resident, we work with the staff to bring resolution to that concern.

Another way residents can find their voice is through a program known as PEER (**P**ennsylvania's **E**mpowered **E**xpert **R**esidents). The PEER Project is overseen by the Pennsylvania Department of Aging and educates and empowers residents of a long-term care facility to advocate for their fellow consumers *from within the facility*. To date, over 350 individuals across the Commonwealth of Pennsylvania have completed the 5-week training course that includes topics such as "Navigating Your New Home," "Conflict Resolution," and "Recognizing and Reporting Abuse." To bring the PEER program into the Ombudsman's region, the Ombudsman must undergo a 2-day training session. The Ombudsman then coordinates the trained PEERs within their counties.

An Ombudsman's training tells us that we are educators, negotiators, facilitators, and a long list of other roles; however, our most important role is that of *advocate*. We may wear many hats, but our primary focus is, and always will be, the Resident. We work with and for them to help achieve the highest quality of care and quality of life. They deserve nothing less.



MidPenn Advocacy:

THE CASE OF THE CALL FOR HOSPICE HELP

Eileen Barlow, Schuylkill County Ombudsman, received a call from a nursing home resident in his early 50s who was terminally ill, in a great deal of pain, and having some difficulties with staff members. Ombudsman Barlow discussed the resident's situation with MidPenn support staff member and Volunteer Ombudsman Carole Wingard, who recommended he receive a hospice evaluation. Nevertheless, a nursing supervisor at the facility informed Ombudsman Barlow that the client was not eligible for hospice care because of his age. The hospice provider, however, indicated that age was not a factor in receiving care; even children could receive hospice care.

After reviewing the resident's chart, Ombudsman Barlow became aware that five weeks earlier the facility had obtained an order for a hospice evaluation but had not acted on it because of the mistaken belief that the resident was too young. Ombudsman Barlow met with the administrator and social services worker, and after reviewing the chart together, they realized Ombudsman Barlow was right about the order date.

The resident received his hospice evaluation on a Tuesday, had his first hospice visit the next day, and was resting comfortably when Ombudsman Barlow saw him again. He asked Ombudsman Barlow if he really deserved such great care from hospice. Hospice had provided an alternating pressure mattress and electric bed, which helped to alleviate a great deal of his pain and made such a difference that one of his "as needed" pain medications was discontinued. Eventually, he passed away. But he was able to die with dignity and at a comfort level consistent with quality care because of Ombudsman Barlow's intervention.

The Regional Ombudsman Coordinator

By Carolyn Tenaglia
Regional Ombudsman Coordinator

“Can a facility ‘ban’ motorized wheelchairs?”

“How can I file an appeal for a reduction in community-based waiver services?”

“Do you have any training resources to help an Ombudsman educate facility staff regarding resident rights?”

These are just a few examples of the types of issues that come across the desk or the computer screen of a Regional Ombudsman Coordinator (ROC). The PA Department of Aging State Long term Care Ombudsman Office has four ROCs working across the Commonwealth.

The primary responsibilities of a ROC are to provide technical assistance to local programs; to conduct trainings for local program staff and volunteers; to assist with the monitoring process of local programs by the state office; and to assist the state Ombudsman office with a variety of tasks – from developing training manuals to writing proposed regulations and monitoring trends in consumer complaints.

Based out of the Schuylkill County MidPenn Legal Services office in Pottsville, I am responsible for eighteen counties in the northeast region of the state. After working in the position of local Ombudsman for several years, I had the opportunity to transition into a regional position, which was a wonderful chance to impact more consumers by providing assistance to eighteen local Ombudsmen.

In addition to my position of ROC, I serve on the Schuylkill County Elder Abuse Prevention task force (SEAPA) and am co-chair of their Public Awareness Committee. The ROC position is actually sub-contracted through the Schuylkill

County Office of Senior Services and it is an honor and pleasure to continue to serve them and the PA Department of Aging.

The support I have received and continue to receive from the entire MidPenn community is one of the most important tools I need to be successful. I spend a tremendous amount of time in my car; eat at innumerable drive-throughs; and drive the MidPenn Finance Department and the Assistant to the Executive Director crazy because I am relatively certain that I am one of the only MidPenn employees who needs to order large quantities of strange supplies and props used in trainings. Being a social worker by trade, my technology skills are quite lacking, so I also present a challenge to MidPenn Tech Support as I try to remain connected to my counties and the state office in my travels.

Since I began regional work, the PEER project has experienced tremendous growth in the northeast region. One of the most fulfilling aspects of this position is the opportunity to provide support to those advocates as well. The PEERs are always a source of tremendous inspiration and motivation and watching this initiative ripple across the state is most gratifying.

The past fiscal year allowed me the opportunity to implement a volunteer recruitment and recognition campaign that was used in each region to assess the successes and struggles of the existing program. It was exciting to gather the regional information, compile a statewide summary, identify best practices, and make recommendations for changes and enhancements. In addition, I research federal and state regulations and help local Ombudsmen and PEERs find resources to assist them in their advocacy efforts. There is never a day that goes by that I do not learn something I did not know before.

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Regional Ombudsman Coordinator-Continued From Page 3

I have trained over a hundred new volunteer Ombudsmen (since becoming a ROC) and have assisted with PEER trainings. I have helped a local Ombudsman successfully advocate for a couple married for over 60 years who were residing together in a facility and were facing separation due to a change in condition of the husband. I was able to help a local PEER group develop a “position statement” that promotes improved dignity and respect in end of life care provided at their facility. I think my most significant accomplishment has been the development of a new training curriculum entitled – “Rights-A Resident’s Perspective.” This module includes a PowerPoint presentation and trainer materials and is to be used to train facility staff with residents (PEERs) as the trainers. It has been so exciting to hear the success stories that have resulted from the implementation of this curriculum. The materials were distributed by the state office to every local Ombudsman program in the Commonwealth. Hundreds of staff heard the message. Having the ability to touch so many lives is just a staggering thought.

Volunteer Ombudsman: Making Extra Time Count

Carole Wingard
Volunteer Ombudsman / Pottsville

Just after retiring from my position as a nursing home administrator and moving to a different county, it quickly became apparent that I had a lot of time on my hands. The answer to my problem came within a few weeks in the form of an appeal for volunteer Ombudsmen that appeared in the local newspaper. After thinking about it for about two minutes, I made the call which resulted in an appointment with Carolyn Tenaglia, who was then the Schuylkill County Ombudsman. Carolyn explained what volunteer Ombudsmen would be expected to do and the training they were required to undergo. She also gave me the dates and location of the next Tier I training session. *“That doesn’t sound so bad,”* I thought, *“and it certainly should give me something to fill some of those empty hours.”*

During the meeting, Carolyn mentioned two nursing homes and asked if I would be interested in visiting either or both of them as my assignment. She didn’t even laugh too loudly when I admitted that I had no idea where either was located! Carolyn took care of that, too, with not only a guided tour and visit to each facility, but also an introduction to the Administrator.

I met a lot of very nice people at the Tier 1 training and learned what volunteers were allowed and not allowed to do. Upon returning home, I put on my badge and went off to put all this into practice. On my first visit to one of “my” facilities, I kept getting lost. The facility actually has a rather confusing floor plan; but to tell the truth, I really didn’t want to admit to being lost and feeling a bit like a gerbil in a wheel! Obviously, I survived. Fortunately, the other facility was much easier to navigate.

My experiences with staff have varied from feeling as if I am invisible to being shadowed by the Director of Nursing—and everything between the two extremes. However, most staff members have been very pleasant and helpful. Over the last seven years I have been privileged to meet some wonderful people who just happened to be residents in a long-term care facility—many of whom have become extended family members. If you or someone you know happens to be looking for an activity in which you can make a difference in the lives of others, I highly recommend becoming a volunteer Ombudsman.

End of Life Care: Do You Have the Facts?

By Christine Heagy
LCSW
PinnacleHealth Hospice



End of life care may be a subject few of us are prepared to discuss, although most of us at some point will be faced with difficult decisions for ourselves or loved ones. According to “Last Acts, Means to a Better End: A Report on Dying in America,” 70 percent of Americans would prefer to be at home with loved ones in their final days, when in fact only 25 percent actually achieve this goal.

For many, having a conversation about death and dying may seem intimidating. Planning ahead can assist in improving the quality of end of life care for you and your loved ones. Alleviating decision making about end of life care can be considered a gift to your loved ones.

In Pennsylvania an advance health care directive is a legal document that allows you to put your health care wishes in writing and/or designate a trusted person to make decisions for you when you are no longer able to speak for yourself. There are three types of advance health care directives in Pennsylvania: a living will, a health care power of attorney, and a combination document that incorporates features of both. Additional information is available at <http://www.myfamilywellness.org/> in “Your Health Toolkit” under “You & Your Physicians.”

Hospice care is considered the “gold standard” for end of life care. It is available to individuals who have an illness that can not be cured, and whose life expectancy is measured in months rather than years. However, there are many misconceptions about hospice care.

Hospice is not about giving up on life, it is about maximizing the quality of life one has remaining. It does not hasten death. In fact, a study published in the March 2007 issue of the *Journal of Pain and*

Symptom Management reports that hospice care may prolong the lives of some terminally ill patients. Patients in the study who chose hospice lived an average of one month longer than similar patients who did not choose hospice care. The study was sponsored by the National Hospice and Palliative Care Organization (NHPCO). J. Donald Schumacher, NHPCO president and CEO, said, “There’s an inaccurate perception among the American public that Hospice means you’ve given up. Those of us who have worked in the field have seen firsthand how Hospice can improve the quality of and indeed prolong the lives of people receiving care.” Many think one must be bed-bound before hospice can become involved. Although some patients are quite ill when hospice care is initiated, others may continue to go to work, and still others take those long anticipated vacations. A common response on hospice care satisfaction surveys is, “I wish we had gotten hospice involved sooner.”

Hospice addresses the physical, emotional, social and spiritual needs of patients and their caregivers. The hospice team consists of physicians, nurses, social workers, spiritual counselors, bereavement counselors, hospice aides, and volunteers. The hospice clinicians are experts in pain and symptom management and realize that pain may be physical, emotional, or spiritual in nature. Hospice care is provided in the home or in care facilities such as nursing homes, assisted living centers, and hospitals.

Hospice involvement does not end at the time of death. Bereavement support is offered to loved ones to assist them during their grieving process. The PA Hospice Network (<http://www.pahospice.org/>) and The National Hospice and Palliative Care Organization (www.nhpc.org) are both excellent resources for additional end of life care information.

WHAT TO LOOK FOR WHEN CHOOSING A LONG-TERM CARE FACILITY

By Dr. Stuart H. Shapiro
President and CEO, PA Health Care Association

Nearly 70% of those turning 65 this year will need long-term care in their lives. For some, that means a nurse to stop by the house to administer medication following surgery. For others, it is moving into a personal care home (also known as an assisted living residence) for help with daily tasks, such as bathing, housekeeping, and meals. And for those whose physical or mental health has deteriorated to a point where family, friends, and even health professionals can no longer safely provide care at home, it means the round-the-clock care provided by nursing homes.

No matter what the situation, deciding what long-term care needs an individual requires can be stressful and confusing. The good news is that Pennsylvania offers a robust continuum of care which allows elderly and disabled long-term facility residents to receive quality, compassionate health care, and continue to experience a wonderful quality of life, too. For example, in many personal care homes and nursing homes around the Commonwealth, residents take trips into the community to attend movies and festivals or to dine at restaurants.

The key to matching yourself or your loved one with the most appropriate and quality care is visiting the facility, talking with residents and staff, and asking the right questions. It is also important to recognize that what is right for one family may not be the best choice for another. For example, families that live far away from loved ones or families that work full-time may make different choices than families who live next door to an elderly loved one. Location, religious preferences, hobbies, and finances can also influence decisions.

The best way to plan for the future is to begin thinking about it today. Whatever your or your loved one's needs, there is quality care available in Pennsylvania. Understanding the different levels of long-term services will ensure that you and your family make the best choice.

Types of Long-Term Care in Pennsylvania

There are three types of care available in Pennsylvania: home and community-based care, personal care homes, and nursing home care.

Home and community-based care provides care in a home or community setting, including adult day care.

Personal care homes help seniors remain independent in a community setting while providing help with daily living, including bathing, dressing, meals, laundry, recreation, and some medication.

Nursing homes meet the needs of the Commonwealth's most frail and vulnerable residents, providing round-the-clock skilled nursing care as well as recreation, activities, entertainment, meals, and other needs.

Signs That You or a Loved One Might Need Long-Term Care

If you wonder whether it is time to think about long-term care for yourself or a loved one, ask yourself these questions:

- Are you or your loved one feeling depressed because of isolation?
- Are sleeping habits, eating habits, or activity levels changing?
- Are you or your loved one having a difficult time walking, dressing, or eating?
- Has there been an increased susceptibility to falling and bruising?
- Is your or your loved one's mental reasoning ability at a level where personal safety and the safety of others is at risk?
- Do you or your loved one need medical care that is hard to provide on your own?
- Do medications need to be increased?
- Do you or your loved one use medical equipment like an oxygen tank or need daily or weekly treatments like dialysis?
- Is rehabilitative care needed, such as after a surgery or injury?
- Is a family caregiver exhausted due to the amount of care you or your loved one need?
- Are you or your loved one's medications being mixed up or not taken at all?
- Are doctor's appointments being missed?
- Can you or your loved one still manage to run a household, such as keeping a checkbook or paying bills?
- Is there a dramatic change in how the house is kept?

If you have answered yes to a significant number of these questions, perhaps it is time to talk about getting assistance.



Where to Start the Process

The best place to start is with your doctor and/or your local Area Agency on Aging office. Both can offer guidance on the type of care needed, what is available in your community, how to pay for that care, and how to arrange visits to facilities.

Choosing the Right Facility

Nursing homes and personal care homes are designed to be small communities where residents can socialize, participate in activities, and build relationships just like they had in their own homes and neighborhoods.

When you are selecting a long-term care facility, think about location. Look for places that are conveniently located for frequent visits from family and friends, with a welcoming and an attractive atmosphere. You want a clean, inviting space. Check activity schedules to ensure they have recreational, religious and social programs that match interests. Ask about outside activities. Ask about pet policies. Ask about visiting hours and whether visitors can dine with residents in the dining room.

Choosing a Long Term Care Facility-Continued from Page 7

Visit a typical room or apartment to make sure the living space is suitable and ask about decorating the space with personal items. The room should be comfortable, safe, and secure. Observe mealtime at the facility and have the dining procedures explained to you. See if you can eat a meal in the dining room and ask if they accommodate special dietary needs like diets that are low salt, vegetarian, or pureed foods.

Observe the staff and how they interact with patients. Make sure necessary medical or therapy programs are available and whether they fit into the basic rate. Remember, nursing homes provide around-the-clock medical care while personal care homes provide only limited medical services.

Nursing homes must be licensed by the Department of Health and personal care homes are licensed by the Department of Public Welfare. Ask to see the latest survey report.

Of course, ask about the cost and how you can pay for it. You should always request a list of specific services not covered in the basic rate. For example, some homes charge extra for beauty services, barbers, specialty foods, personal laundry, etc. Know what is included in the cost and what is not.

For many families the cost of care often is the biggest challenge. Generally, those living in a personal care home pay for it with their own resources. Medicare and Medicaid typically do not cover the cost. However, Medicaid does pay for nursing home care (and some home and community-based care) but individuals must qualify for that coverage. Medicare sometimes pays for nursing home care when seniors are undergoing rehabilitation.

These are just some of things you need to think about. It is a big decision. For a full checklist of all the things to consider when choosing a long-term care facility, visit the Pennsylvania Health Care Association's Web site at www.phca.org and click on the link "For Consumers." More information is available to help you or your loved one make the best choice.

MPLS News

Welcome to New Staff

MidPenn Legal Services is pleased to welcome the following new attorneys to our staff:

Nancy Datres, Chambersburg office;
Lena Monje, Lewistown Office; and
Susan Schwartz, Pottsville Office.

Forty Years of Advocacy

"... providing legal assistance to those who face an economic barrier to adequate legal counsel will best serve the ends of justice and assist in improving opportunities for low-income persons . . ."
U.S. Congress 1974

This year MidPenn celebrates forty years of providing civil legal advocacy in central Pennsylvania.

The history of MidPenn Legal Services is long and distinguished. We thank our founders, the citizens and bar associations who saw the inequalities in the justice system and had the vision and dedication to establish the first legal services programs in our communities. If not for them, thousands of individuals and families would have sought justice and been denied.

SERVICES FOR SENIORS TO REMAIN AT HOME

by Val West, Esquire
MidPenn Attorney

Are you or a loved one having trouble with basic daily living activities? Do you worry about an elderly family member who lives alone? Do you fear going to a nursing home and want to remain in your own home? The Department of Aging's Waiver program may provide the necessary services for you or your loved one to remain at home.

There are numerous programs that may provide a consumer with Home and Community Based Services. Limited coverage is available through Medicare and Medicaid. This article will focus on a program known as the "Aging Waiver" that will provide extended supportive services in the home and community so that an elderly person may avoid moving to a nursing home.

There are income and asset limits for the Aging Waiver – in 2008 the countable income limit is \$1,191/month for an individual and the countable asset limit is set at \$8,000. Not all income and assets count, and there are deductions and disregards. Acceptance into the Aging Waiver provides Medicaid coverage (including full prescription drug coverage and payment of all Medicare premiums, deductibles and co-pays) in addition to the home-based services, even though these income and resource limits are higher than the ones ordinarily used for Medicaid eligibility. Besides the financial requirements, there is also a functional test – the person must meet the criteria to be nursing facility clinically eligible (NFCE). Basically, this means that the consumer is in need of skilled or intermediate care. This may mean that the individual needs assistance to get in and out of bed, has difficulty with routine daily tasks like eating and toileting, needs assistance with taking medications, and the like. An assessment of the applicant's needs and functioning must be done by staff from the local Area Agency on Aging (AAA).

Once a consumer is accepted into the Aging Waiver program, a range of services can be provided with state funding. These include: home health aides, home modifications, specialized medical equipment and supplies, transportation, attendance at older adult daily living centers, companion services, home delivered meals, and others. Supplemental services such as shopping, doing laundry and cleaning can also be provided. The services must be necessary and part of a plan developed with the AAA, which will provide care management and service coordination. Generally, the services are provided by agencies working in the local community. The consumer has a limited ability to have certain relatives approved to provide services or to go outside an agency and hire and supervise providers directly.

Application to the Aging Waiver program is made by contacting the local AAA. The caller should inform staff that the consumer needs supportive services, wishes to stay at home and would like to have his or her needs assessed by the AAA for a "level of care assessment" or a "LOCA." The individual will need a prescription or an assessment form completed by a physician, as well. All determinations about eligibility (financial or functional) and about services (nature, scope, duration, etc.) can be appealed. "The Medical Assistance Estate Recovery Program" applies to the Aging Waiver, just as it applies when Medicaid pays for nursing home care. Under this program, the state may seek repayment after the recipient dies, although there are various exceptions.

MidPenn Legal Services is working with the Pennsylvania Health Law Project on a special project to educate community members and service providers about the Aging Waiver program, as well as to assist persons in applying for the Waiver. Contact your local MidPenn office for more information.

Choices Offer Boomers and Others Bang for Their Buck



by Kevin Hensil, Director of Communications
Pennsylvania Statewide Independent Living Council

Have you noticed that financial investment companies have recently had a lot of TV ads targeting the Baby Boomers about retirement? That's because this huge population is doing it again—forcing society to change. The Boomers' common desire for independence and to make their own life decisions is forcing state and federal governments to speed up the evolution of safe and effective long-term care.

In the recent past, a senior or person with a disability needing assistance with daily living activities had only one primary option for care: live in a nursing home. Depending on the person's situation, this arrangement could continue for months, years or decades. However, studies have shown that most people want to live in their own homes with adequate supports. In fact, a University of Pittsburgh study found 90% of those age 50 and older wish to stay in their community. Plus, 18% of people living in nursing homes today would prefer to receive care in their own home.

Those numbers aren't really surprising. If, due to age or disability, you needed a little extra help bathing would you still prefer to use your own bathtub? If you needed help with meals, wouldn't you still want to eat in your kitchen? At some point in life you might need help keeping track of prescriptions, but you would probably want to take them in your own home. Safe and effective alternatives are no longer a



dream. Thousands of people are being given the choice to use high quality, safe and affordable community services and supports. In the current state fiscal year alone, more than 3,000 older Pennsylvanians and people with disabilities will move out of nursing homes and into their own homes with services provided for with state and federal funds. In addition, many will receive services enabling them to stay at home and to avoid entering a nursing home.

These alternatives are part of a growing trend driven by cost savings and the desire of those needing long-term care. In 1999, Pennsylvania spent 97% of its long-term care dollars on nursing homes and only 3% in the community. The balance is shifting, though we still spend only 12% in the community.

The goal of the state, with the strong support of senior and disability advocates, is a 50/50 split.

Providing services at a person's home is also more cost effective. According to the state, the average cost in tax dollars last year for a single person to live in a nursing home for one year was \$54,500. That is more than double the \$21,400 cost of someone receiving home and community based services.

Cost is particularly important for Pennsylvania, which has the third-oldest population in the country. Most people do not have long-term care insurance and Medicaid pays little toward long-term care services; therefore the state covers most of the bill.

Updating the long-term care system in Pennsylvania offers a rare win-win situation. Taxpayers will get more bang for their buck and people needing the services will have more choices on how they receive care. More frequently, that is at home.

Ombudsmen Help Residents During Personal Care Home Closures

by Jessica Tavara
Lebanon County Ombudsman

The Ombudsman program provides various advocacy services to consumers of long term care facilities. Thanks to the exceptional performance by MidPenn Schuylkill County Ombudsmen Carolyn Tenaglia and Eileen Barlow, the Lebanon County Area Agency on Aging opted to contract for Ombudsman services with MidPenn in Lebanon. With an array of projects ranging from providing guidance to PEERs to assisting with appeals when residents are being unjustly discharged from a facility, Ombudsmen strive to maintain a facility resident's quality of life.

After the new Personal Care Homes (PCH) regulations were adopted in Pennsylvania, the Department of Public Welfare began conducting their annual surveys to distribute new or renewed operation licenses. Several PCHs throughout the Commonwealth were either given provisional licenses until they came into compliance with the regulations or they were closed. Three PCHs closed and no longer operate in Lebanon County. Staff and volunteer Ombudsmen have played a key role in the closure of facilities by ensuring the correct procedure is followed with residents who are uncertain of their future dwelling and are caught in the midst of the transition process. Ombudsman must use an arsenal of tools, such as negotiation skills and creative thinking, to solve problems for residents.

The individuals who resided in the facilities that were closing suffered an incredible amount of stress when they were informed they would need to vacate their home within thirty (30) days. For Ombudsman, time was of the essence. Unlike the residential landlord/tenant eviction process we are accustomed to, no appeal or extension procedure was available to the residents. It was up to Ombudsman to use negotiating skills creatively with PCH Administrators to work things out. Another crucial tool was establishing a Risk Management Team in Lebanon County. Team participants were case workers from agencies or human services organizations such as MHMR, VA, Area Agency on Aging and the Disability Rights Network. The team's goal was to come up with ways for residents to continue to receive services and to share ideas to overcome challenges mutual clients faced during the relocation interval. In the process, we discovered there were eligible clients who were no longer receiving services. These clients were paired with the appropriate agency. Nevertheless, as the facility closing date approached, residents' anxiety levels rose.

Ombudsman made several visits to reassure the residents that they were not alone and that they had done nothing to cause the closure of the home. We explained to the residents that the providers and caseworkers were working together to find them a new place to live. Several residents had become extremely close while they resided at the PCH and considered each other family members. As a result, the Risk Management Team made it a priority to keep as many residents together as possible. Once the relocation took place, I followed up by visiting residents in their new home and making sure their belongings, finances and medications had not been lost in the transition. Volunteer Ombudsman Jack Stein and Nancy Becker also worked diligently with follow-up visits and assisted me throughout the relocation process. Since a number of residents were relocated outside of Lebanon, several referrals were made to Ombudsmen in neighboring counties who then followed up by conducting visits.

Residents trusted us because we were there with them in the beginning, middle and at the end of their journey. We, as Ombudsmen, had the privilege to hold these residents' hands, embrace them and console them during a traumatic event and we were able to *make a difference* in their lives.



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*The first duty of Society to the
poor is not to give them charity but
to secure them justice. --
Lynn Abbott, 1901
Legal Aid Society of New York*

We're on the web!
www.Midpenn.org

**Community Legal Education
Programs**

MidPenn offers free legal education programs to community groups and human services agencies throughout our 18 county service area. Topics include, but are not limited to:

Family Law
Consumer Law
Employment Law
Public Benefits
Housing Law

For more information on our education programs or to schedule a speaker, contact your local legal services office.

MidPenn Legal Services Office Directory

Administration

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Harrisburg, PA 17101
717/234-0492
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Altoona

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