

New Jersey Office of the State Long-Term Care Ombudsman
ANNUAL REPORT FEDERAL FISCAL YEAR 2024
GUIDANCE. SUPPORT. ADVOCACY.



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A Message from the State Long-Term Care Ombudsman

Dear New Jersey Residents,

This report details my office's operations during Federal Fiscal Year 2024 — the 12 months ending Sept. 30, 2024 — as we continued building on efforts to transcend our traditional role and emerge as a powerhouse of proactive, person-centered advocacy for long-term care residents in New Jersey.

The Long-Term Care Ombudsman (LTCO) office is perhaps best known for investigating allegations of abuse, neglect, and exploitation in long-term care settings, and that remains a key function of our office. In Fiscal Year 2024, LTCO staff investigated 19,387 complaints, a 13.3% increase over 2023. It was the sixth consecutive year that we saw an increase in complaints.



At the same time, relatively new LTCO programs (Resident Experience, pages 16-17, and Community Engagement, pages 22-24) continued making a mark as innovative exercises in resident advocacy.

Resident Experience is an evolution of our Social Isolation Project, an initiative launched during the COVID-19 emergency to check in and engage with residents who have been isolated from loved ones and fellow residents.

Community Engagement, on the other hand, strives to empower residents to become their own best advocates.

The two programs complement our more established proactive efforts: the Certified Volunteer Advocate program and I Choose Home NJ, a federal-state partnership that helps people leave nursing homes for their own homes in the community.

All of our programs are vital to our broader mission of helping residents make better lives for themselves in long-term care. I commend our staff for pursuing that goal every day, and I thank our many partners in the executive branch, the state Legislature, and the advocacy community for their invaluable support and assistance.

Sincerely,

Laurie Faccirossa Brewer

New Jersey Long-Term Care Ombudsman

NEW JERSEY OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN OVERVIEW

The New Jersey Office of the Long-Term Care Ombudsman (LTCO) is an independent state entity promoting person-centered treatment and services for individuals receiving long-term care. LTCO representatives work with residents to help them address challenges. The LTCO also seeks opportunities to bring about change on the local, state, and federal levels by advocating for policy and legislative initiatives and participating in activities that advance the rights, dignity, and self-determination of individuals living in long-term care. The LTCO operates five programs:



- Investigations and Advocacy — The LTCO's primary function is to investigate and resolve complaints made by or on behalf of residents in long-term care facilities.
- Certified Volunteer Advocate Program — Highly trained Certified Volunteer Advocates are placed with nursing homes throughout the state to observe the quality of services and advocate for residents' rights.
- I Choose Home NJ — LTCO staff members work with the NJ Department of Human Services and the U.S. Centers for Medicare and Medicaid Services to administer this program, which provides services and supports to empower willing and eligible nursing home residents to transition from nursing homes to the community.
- Resident Experience Program — Staff members proactively visit with long-term care residents to assess their quality of care and quality of life. The program addresses social isolation and loneliness among long-term care residents who have been restricted to their facility, and often to their rooms, for long periods of time.
- Community Engagement — The LTCO's newest program works with residents to build community, amplify their voices, and advocate for lasting change in nursing homes.

INVESTIGATIONS AND ADVOCACY

Guidance. Support. Advocacy.

The LTCO is authorized by federal and state law to:

- Accept confidential complaints from any source or anonymously by phone, fax, mail, or email;
- Investigate those complaints and resolve or refer them to regulatory or law enforcement entities for further action;
- Conduct public or private hearings;
- Subpoena documents or personal testimony;
- Access residents of long-term care facilities and their records without restriction; and
- Work with nursing home resident councils to empower residents to advocate for themselves.

Once a case is opened and assigned, the investigator makes an unannounced visit to the facility; meets the resident to obtain consent to proceed; conducts a complete review of the facts; obtains records; and interviews the resident, staff, and other relevant witnesses.

The primary goals of each investigation are to resolve the issues to the satisfaction of the residents and ensure that residents are safe and their rights and dignity are being upheld.

If the investigator suspects the resident has been the victim of abuse, neglect or exploitation, the investigator will refer the findings to a regulatory or law enforcement entity for possible further investigation and action.



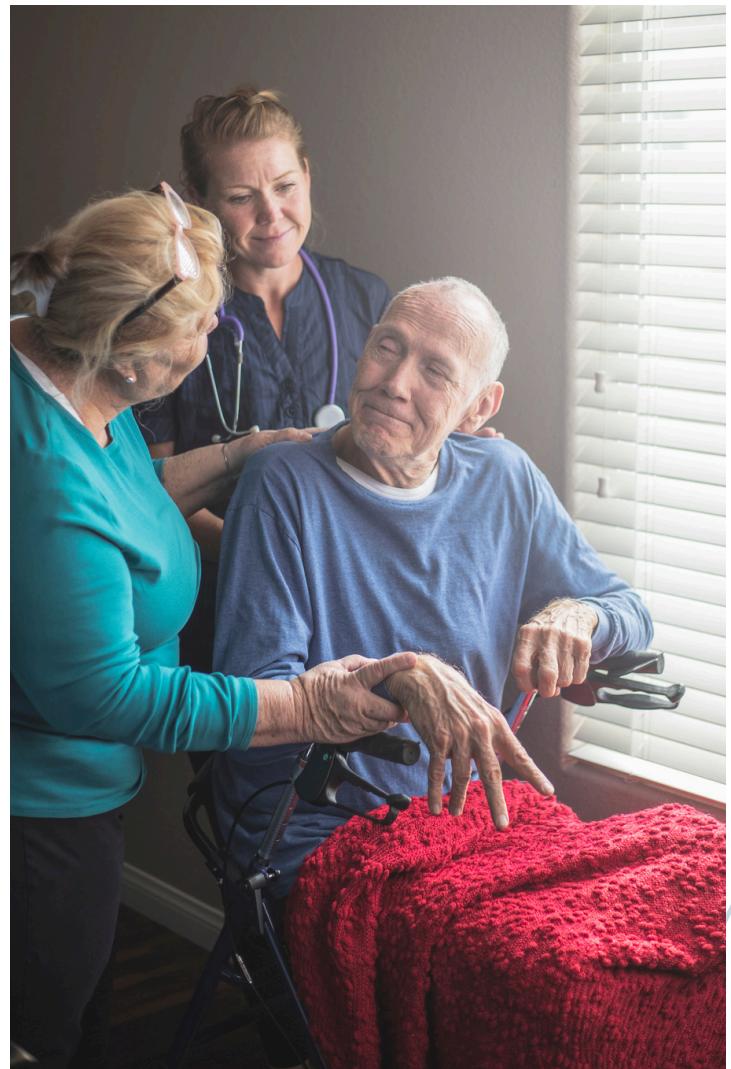
INVESTIGATIONS AND ADVOCACY SPOTLIGHT

Case Example: A woman who had been hospitalized and then placed in a nursing home for physical therapy wanted to return home to an assisted living facility where she had lived the previous seven years. The facility refused, claiming the resident needed a higher level of supervision than they could provide due to her visual and hearing impairment. The LTCO investigator interviewed and observed the resident and also reviewed an assessment that was completed before her hospitalization. The investigator determined that her condition had not changed significantly, and the facility's concerns could be alleviated with minor adjustments, such as removing excess furniture and other physical obstacles in the resident's apartment.

Outcome: The assisted living facility ultimately agreed to let the resident return.

Case Example: LTCO received a report that a nurse was working at a South Jersey nursing home despite having been arrested and criminally charged on allegations that she stole prescription drugs while previously working at another nursing home. Investigators documented the prior arrest and also verified allegations that the nurse had diverted narcotics at her current job. The nurse had been working at the nursing home for two years. The arrest was not detected when the nursing home completed a background check. LTCO referred its findings to the Board of Nursing.

Outcome: The nurse was terminated by the nursing home, and her license was suspended by the Board of Nursing, pending an investigation.



INVESTIGATIONS AND ADVOCACY SPOTLIGHT

Case Example: A woman admitted to a North Jersey nursing home for rehabilitation following a hospital stay wanted to return to an assisted living facility where she lived for 28 years before her hospitalization. The assisted living facility was in favor of her return, but the nursing home administrator said the resident told her staff and a Medicaid case manager that she did not want to go back to the assisted living center. The LTCO investigator visited the resident, confirmed her wishes, and then worked with representatives of both facilities to ensure that an assessment was completed to determine that the assisted living facility could meet her needs.

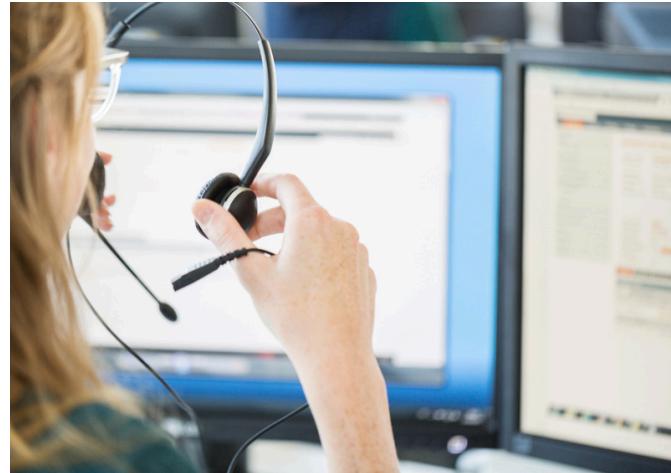
Outcome: The resident returned to her longtime home in the assisted living facility.



ACTIVITIES AND ACCOMPLISHMENTS

In FFY 2024, the LTCO:

FIELDED 10,694 calls made to the LTCO toll-free intake line (1-877-582-6995). An additional 3,946 complaints were received by email or fax.



INITIATED 7,890 investigations and closed out 9,931 investigations involving 19,387 separate complaints.



RESOLVED or partially resolved more than 90% of these complaints to the satisfaction of the resident.

CONSULTED with 15,789 individuals seeking information on a wide variety of topics including: residents' rights, LTCO services, care concerns and involuntary discharge.



PROVIDED information to 3,044 facility staff members on a range of topics including: emergency transfer requirements, involuntary discharge, mandatory reporting and residents' rights.

ATTENDED 696 resident council meetings.

PROVIDED information and input to state surveyors in 53 facilities.

ENGAGED the community during 80 community education sessions.

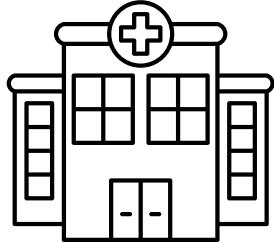
TYPE OF COMPLAINTS

Complaint Type/Category	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
Abuse, Gross Neglect, Exploitation	3,187	640	111	3,938
Access to Information	452	66	17	535
Admission, Transfer, Discharge, Eviction	1,268	461	54	1,783
Autonomy, Choice, Rights	2,707	383	51	3,141
Financial, Property	499	139	17	655
Care	5,005	813	88	5,906
Activities and Community Integration and Social Services	394	53	13	460
Dietary	650	85	12	747
Environment	763	167	18	948
Facility Policies, Procedures, and Practices	644	147	15	806
Complaints About an Outside Agency (Non-Facility)	27	12	2	41
System and Other	296	114	17	427

LTCO JURISDICTION/BUDGET

Long-Term Care

Skilled Nursing



377



51,810

Other



Adult Day Health Care Services

Independent Living of CCRC

Developmental Center

Specialty Hospital

Comprehensive Rehabilitation

Psychiatric Hospital

Adult Family Care Homes

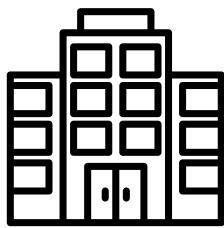
Assisted Living Programs Social

Daycare Facilities

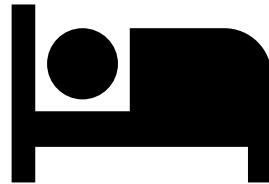
Board and Care

Assisted Living Residence,
Residential Dementia Care,
Residential Health Care

Boarding Homes,
Freestanding RHCF, Comp.
Personal Care Home



553



30,512

Federal Fiscal Year 2024
Spending

Federal Funds: \$1,449,888

State Funds: \$4,629,380

Total: \$6,079,718

State Fiscal Year 2024
Appropriation

Federal Funds: \$1,689,000

State Funds: \$4,402,000

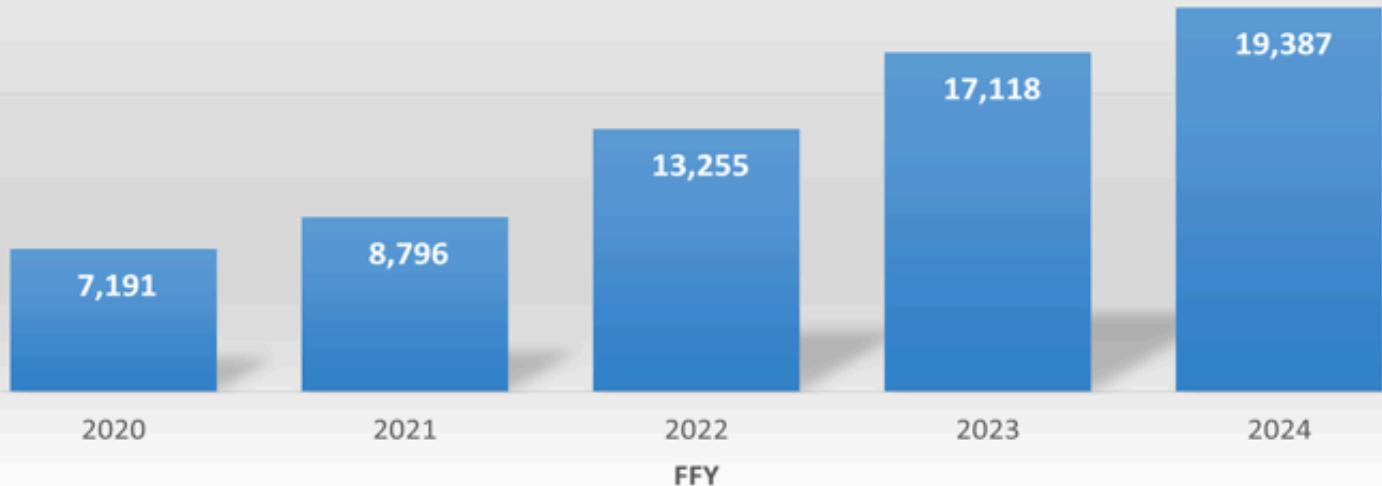
Total: \$6,091,000

CASE TRENDS

CASES OPENED (FEDERAL FISCAL YEAR) Ombudsmanager-LTCO Case Management System



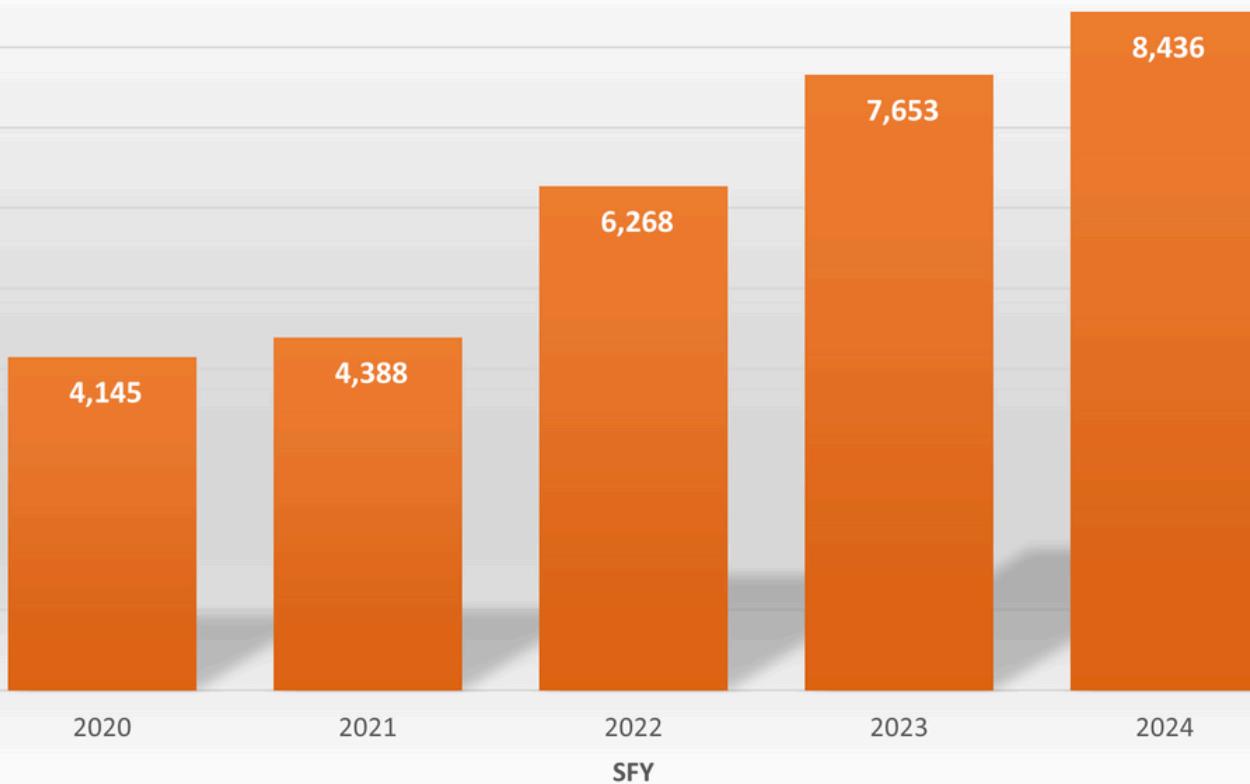
COMPLAINTS INVESTIGATED (FEDERAL FISCAL YEAR)



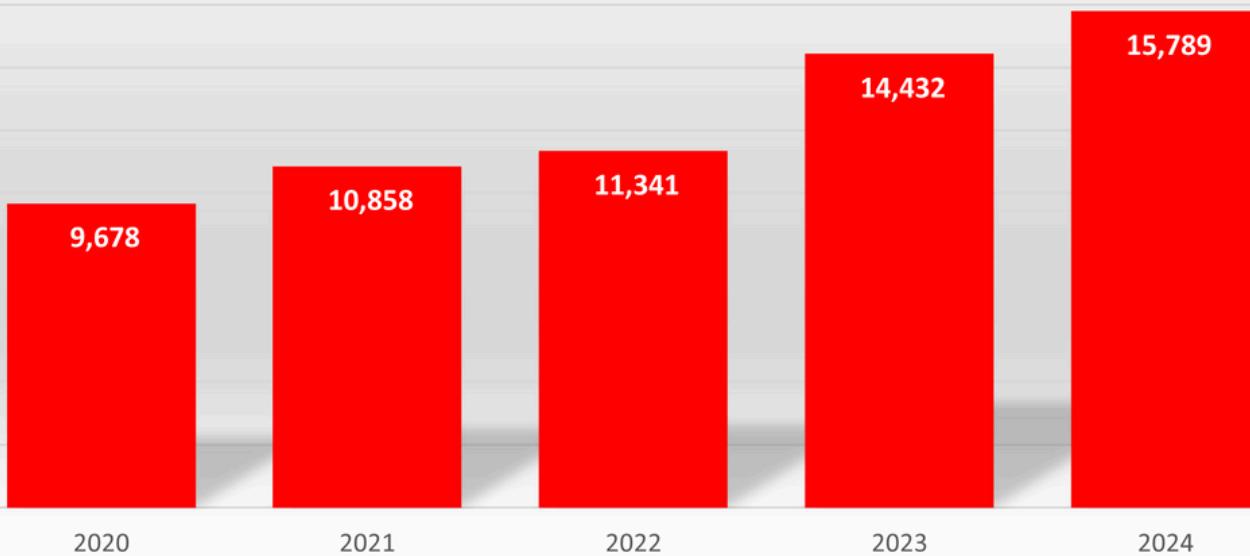
**Each case can involve multiple
complaints**

CASE TRENDS

CASES OPENED (STATE FISCAL YEAR)



CONTACTS FOR ASSISTANCE (FEDERAL FISCAL YEAR)



CERTIFIED VOLUNTEER ADVOCATE PROGRAM

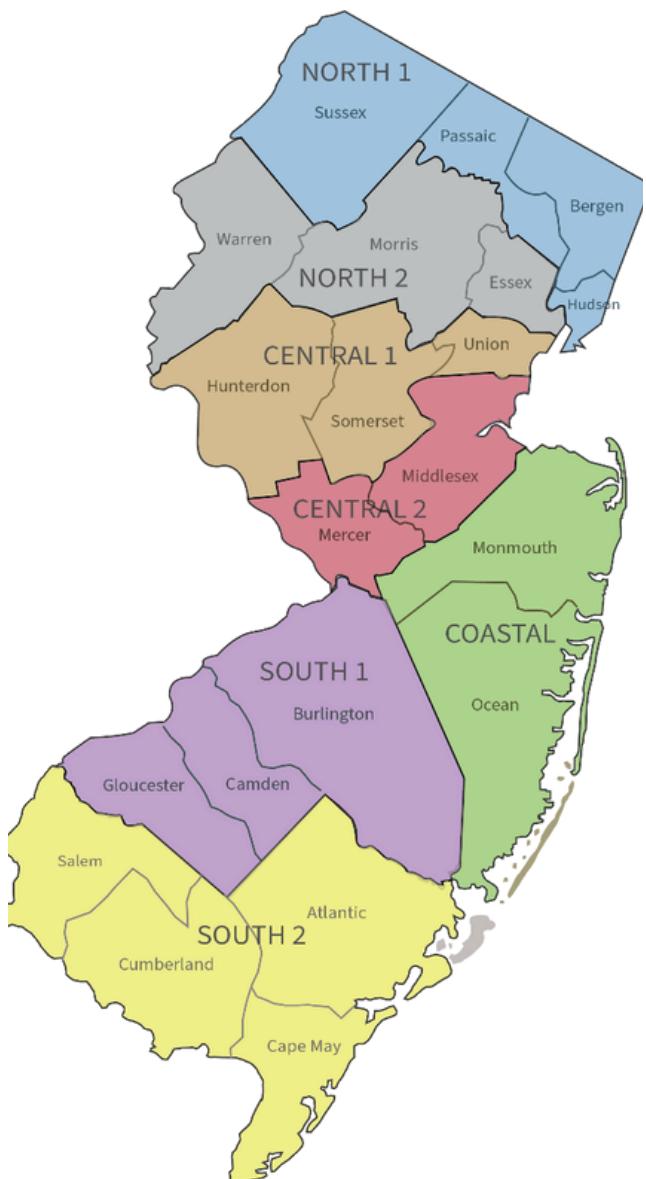
Making a Difference through Advocacy

Certified Volunteer Advocates (CVAs) play a crucial role, proactively visiting nursing homes to help solve problems for residents and ensure they are treated with dignity and respect. The CVAs are trained on how and when to intervene and advocate for residents facing common concerns, such as staff responsiveness, food, hygiene, lack of activities, and missing personal belongings.

When serious issues are identified, such as abuse, neglect or exploitation, the LTCO assigns a staff member to investigate and resolve them.

The CVA Program is organized into seven regions. Regional Coordinators manage CVAs at the local level under the direction of Jeff Findlay, Supervisor of Field Operations/Certified Volunteer Advocate Program.

North 1— Sussex, Passaic, Bergen, Hudson
North 2— Warren, Morris, Essex
Central 1— Hunterdon, Somerset, Union
Central 2— Mercer, Middlesex
Coastal— Monmouth, Ocean
South 1— Burlington, Camden, Gloucester
South 2— Salem, Cumberland, Atlantic, Cape May



CERTIFIED VOLUNTEER ADVOCATE PROGRAM

Training

CVAs receive 36 hours of in-depth, virtual training that provides an overview of the program and covers subjects such as:

- Demographics of the Elderly Population
- Normal and Abnormal Conditions of Aging
- Medication and the Elderly
- Communication Skills
- The Long-Term Care Setting
- Social, Financial, Legal, and Ethical Issues
- Residents' Rights
- Elder Abuse, Neglect, and Exploitation
- The LTCO Complaint Process
- Visiting a Long-Term Care Facility

Prospective Advocates must pass a certification exam after completing the training. Once certified, new CVAs shadow experienced Advocates until they are ready for placement in a nursing home near where they live. The Regional Coordinators handle the new CVAs' placement and orientation.

CVAs Honored at World Elder Abuse Awareness Day Event



Our CVAs were honored guests at a June 14, 2024 World Elder Abuse Awareness Day event hosted by the Office of the Attorney General, Office of the Insurance Fraud Prosecutor, and the New Jersey Elder Protection Task Force.

Visit <https://tinyurl.com/2V9AAT4X> for more information and photos from the event.

Continuing Education

Ongoing training is essential to the success of the program. CVAs stay informed on their role by attending quarterly regional meetings or annual state conferences. Training curricula and methods are continuously reevaluated and revised as needed. Experts in geriatrics, disability services, visual impairment, cultural diversity, long-term care assessment and licensing, activities, person-centered care, and residents' rights have presented to Certified Volunteer Advocates and LTCO staff.

CERTIFIED VOLUNTEER ADVOCATES: 150

TOTAL VOLUNTEER HOURS: 18,772

CERTIFIED VOLUNTEER ADVOCATE SPOTLIGHT

Doshia Milroy Helps a Veteran Make a Better Home for Himself

It's a lively weekday morning at the New Jersey Veterans Memorial Home in Vineland. Mohammed Didin has already attended a group activity and is in the dining room, visiting with Doshia Melroy, a CVA with the Office of the Long-Term Care Ombudsman (LTCO). Doshia made a special trip to check in with Mohammed. Until recently, he had lived at a Burlington County nursing home that Doshia visits regularly as part of her volunteer advocacy with the LTCO. That nursing home was not a great fit for Mohammed. The available activities didn't especially interest him, and he was not receiving the level of physical therapy that he needed. Mohammed spent most of his time alone in his room, watching cowboy movies on TV. Doshia was a new CVA when she first knocked on his door. They seemed to have little in common until they got to talking about music, especially the oldies — the Motown and Rock n' Roll hits of the 1950s and early 1960s. They bonded over Little Richard.



Mohammed grew up in Springfield, Pa., and joined the U.S. Air Force straight out of high school. After his first stretch in the Air Force, Mohammed attended Cheyney University, graduating in 1975 with honors. He found his way back to the service and served a total of 31 years before retiring for good. Age and chronic health conditions took a toll on his body. Mohammed needed more care than his longtime companion, Frieda, could provide. So he moved to a nursing home in Burlington County that was close enough for Frieda to visit. Sadly, Frieda died of COVID in 2023, leaving him shocked and bereft.

Doshia knew none of this history that first time she knocked on Mohammed's door. She only knew that it seemed he could use someone to take the time to listen to him. As a CVA, Doshia is trained and certified to engage with residents and, with consent, advocate on their behalf to address issues in the nursing home. But Mohammed did not have just one issue — he wanted out of the Burlington County nursing home entirely. He had only lived there to be close to Frieda. Doshia took on the challenge to help him navigate the time-consuming, intensive admission process for the Veterans Memorial Home. It took about a year and half, but they got it done.

Doshia still visits occasionally for social calls. The LTCO has another Certified Volunteer Advocate, Denise Kues, who regularly visits the Veterans Home and is a resource to Mohammed and his fellow residents. Read the full story at <https://www.nj.gov/ooie/pdf/cva/CVAMohammedDidin.pdf>.

RESIDENT EXPERIENCE PROGRAM

Engaging Residents Where They Live

The Resident Experience Program is an innovative program dedicated to fostering person-centered care and the dignity and well-being of people living in long-term care facilities.

Staff members known as Resident Experience Investigators (REIs) make unannounced visits to long-term care facilities, including nursing homes, state-run veterans' homes, state psychiatric hospitals, residential health care facilities, and assisted living residences.

The goals are to protect residents' rights and ensure that they enjoy opportunities to engage in structured, meaningful leisure time and can access services — hair and nail care, for example — that boost their self-image.

The program is an evolution of the Social Isolation Project, which was launched during the COVID-19 emergency to address depression, loneliness, anxiety, and cognitive issues many residents experienced after being cut off from family, friends, advocates, and regular activities.

REIs visit long-term care facilities quarterly — or more frequently, if warranted, based on complaints or input from residents.

During their visits, REIs will:

- Communicate directly with residents about ongoing quality-of-life and care issues and, with residents' consent, address them with the facility staff.
- Ensure that residents and staff understand the rights of residents in long-term care.
- Assist staff members of the Mission Critical Teams that are sent to struggling nursing homes to help improve the quality of care.
- Monitor compliance with the LGBTQ+ and HIV-positive Bill of Rights.

REI visits focus on making sensory observations, evaluating patient-staff interaction, reinforcing residents' rights, and observing the residents' living conditions.



RESIDENT EXPERIENCE PROGRAM

Engaging Residents Where They Live (continued)

REIs are trained to consider several key indicators when interacting with residents:

Sensory Observations

- Are there strong or offensive odors?
- Is it noisy inside the building?
- Do the overhead speakers play music or broadcast messages?
- Can you hear loud voices in common areas?
- Do the common areas and bedrooms receive plenty of natural light?
- Are there plants and other homelike touches in the common areas?



Patient-Staff Interaction

- Are residents always treated with dignity and respect?
- Do staff members respond promptly to call bells?
- Do staff members knock before entering residents' rooms?
- Are staff members appropriately attentive to residents who need assistance during meals?
- Are employee nametags worn so they are visible to visitors and residents, especially those who are visually impaired?

Residents' Rights

- Are residents free to receive visitors despite ongoing health outbreaks?
- Does the facility have a resident council that operates free of facility interference?
- Do residents have access to group and individual outings and activities?
- Are posters on display informing residents how to report concerns to the LTCO?

Living Conditions

- Are bedrooms large enough to accommodate the residents' mobility needs?
- Is there enough seating for visitors?
- Do residents have private closets?
- Can residents go outside when they want, whatever the weather, or enjoy time in indoor areas with ample natural light?
- Do residents have the capability to speak on the phone privately?
- Are residents groomed in a way that is to their individual liking?



I CHOOSE HOME NJ

A Nursing Home May Not Be the Only Option

Advocacy and Outreach

I Choose Home NJ — a program called *Money Follows the Person* at the federal level — provides support services that enable residents of nursing homes and developmental centers to move to homes in the community. Reducing the number of people in institutional care saves money that the state must reinvest in more home- and community-based services. The LTCO works closely with the state Department of Human Services and federal Centers for Medicare and Medicaid Services (CMS) to fulfill this critical mission. Since 2008, the I Choose Home NJ team has successfully transitioned 4,633 people into homes in the community for a savings of more than \$48 million.

Outreach and Advocacy Coordinators representing I Choose Home NJ are authorized to freely enter nursing homes, speak confidentially with residents, and review their records (with consent). The goals are to identify residents who want to move out, advocate for them, and help remove any barriers to them living well in the community. LTCO staff members also educate nursing home staff, community health care providers, caregivers, families, and the public about the program.

2008 - 2024

Older Adults - 1,818

Intellectual/Developmental Disabilities - 1,010

Adults w/ Physical Disabilities - 1,805

Total transitions - 4,633

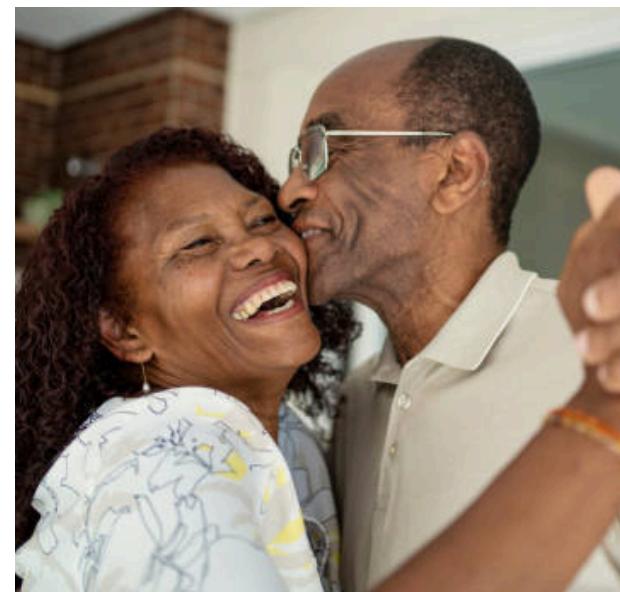
2024

Older Adults - 194

Intellectual/Developmental Disabilities - 37

Adults with Physical Disabilities - 232

Total transitions - 463



Helping to Identify and to Create Affordable and Accessible Housing

I Choose Home NJ continues to increase access to housing vouchers through local housing authorities and the Money Follows the Person Housing Partnership Program (MFPHP), a collaboration between the state Department of Human Services and the Housing Mortgage Finance Agency that offers developers capital funding to build affordable housing for people waiting to leave nursing homes. The MFPHP launched in December 2015 and has provided \$83 million to develop 92 affordable, accessible apartments, 64 of which are completed.

I CHOOSE HOME NJ

Continued

Quality Assurance

I Choose Home NJ has a Quality Assurance Specialist who visits or contacts participants within 30 days of transition to the community to assess any issues that might prevent the person from thriving in the community. For example:

- Do they need more personal care assistant hours?
- Medical equipment?
- Access to transportation?

If there are potential barriers, the specialist works with managed care liaisons and other community partners to resolve the issues. Data collected during this outreach measures the successes and challenges of I Choose Home NJ and also identifies any broader issues in the managed long-term services and supports system. The most common challenges reported were outstanding needs for medical equipment vital to day-to-day well-being, delays with home accessibility modifications, and limited knowledge of non-medical transportation benefits vital to exploring and integrating in one's community. This data is shared biannually with managed care and state partners to keep them informed about participant experiences and potential areas for improvement.

I Choose Home/Long Term Care Stakeholder Group

This group meets regularly to offer space for a dialogue centered on the perspectives and experiences of individuals and their caregivers trying to improve New Jersey's long-term care system. The group brings together nursing home residents, I Choose Home participants (former residents living in the community), caregivers, advocates, policymakers, providers, researchers, and family members. Stakeholders have proposed improvements to I Choose Home NJ services as well as policy and legislation to address challenges in the long-term care system as a whole.



I CHOOSE HOME NJ

Continued

Enabling Younger Nursing Home Residents to Return to the Community

I Choose Home NJ staff helped 283 adults obtain Non-Elderly Disabled (NED) housing vouchers that were made available by the Department of Community Affairs during Fiscal Year 2024.

NED vouchers help recipients pay rent on housing in the community. The vouchers were available to nursing home residents ages 18 to 61 with a physical, intellectual, or mental health disability.



A Nursing Home May Not Be the Only Option

Robert, ICH-NJ Spotlight

Robert and his son Brendan are watching a replay of last night's Yankees game, which Brendan missed because he works nights. Robert lives with his son and Brendan's girlfriend Stephanie, after six years at a Passaic County nursing home. He was able to leave the nursing home thanks to I Choose Home NJ, a federally funded program that helps people move from institutional care to the community. The program connects individuals to services such as personal care assistance, meals, and transportation that are provided through Medicaid's Managed Long-Term Supports and Services program.



How Robert ended up in a nursing home in the first place is a long story that begins with health problems that were exacerbated by smoking and many years working construction and inhaling all sorts of things that are not lung friendly. Robert developed COPD and later sustained a stroke that resulted in an extended hospital stay.

When he was ready to leave the hospital, Robert was transferred to the nursing home for physical therapy and other rehab services to continue his recovery. Robert's former home in West Milford, a township on the New York border, had been sold off by then to help pay for his care. So, when he was ready to leave the nursing home, he had nowhere to go.

Robert was on an affordable housing waiting list for several years. Last year, when an apartment opened up, Robert went to check it out with Brendan. The place was in a remote location, and Brendan advised him it wasn't a great fit.

Eventually, Brendan suggested that Robert move in with him and Stephanie. Robert is grateful that they welcomed him in and that the I Choose Home NJ team helped make it happen.

There are times when Robert misses West Milford. He had a nice place, right on the lake. But he harbors no bitterness. He is grateful for where he is.

"This was God's plan for me," he says.

Read about Robert and others at <https://www.nj.gov/ooie/ichoose/successstories.shtml>.

COMMUNITY ENGAGEMENT PROGRAM

Doing With Residents, Not For Them

LTCO's Newest Program Helps Residents Become Their Own Best Advocates

The Community Engagement Program was launched in 2023, rooted in the premise that residents are the experts of their own experiences. They know what happens in nursing homes. They know how it affects their lives. And with the right tools, they can be their best advocates.

Community Engagement's role is to provide support and technical assistance while giving residents the space to lead. The mantra is, "We do with residents, not for them." The program's work expands the traditional role of the LTCO and helps to ensure that long-term care advocacy is rooted in the perspectives and experiences of residents.

In its first year, 2023, Community Engagement focused on building relationships with residents and co-creating a framework for working together. Community Engagement's goals include:

- Building community among residents of different facilities by hosting regular virtual meetings to discuss common problems and potential solutions.
- Supporting residents' efforts to lobby for legislation and policies that would improve their lives and protect their rights.
- Helping to strengthen resident councils, which are independent, resident-led groups that can play a crucial role in improving care and the quality of life in a nursing home.
- Facilitating residents' conversations with policymakers and advocates.
- Amplifying residents' voices by helping them participate in workshops and conferences as panelists and produce videos and other public outreach materials.



COMMUNITY ENGAGEMENT PROGRAM

Doing With Residents, Not For Them (Continued)

During Fiscal Year 2024, in addition to expanding on its work from 2023, Community Engagement provided support and technical assistance to residents as they: submitted comments supporting a federal rule to implement minimum nurse staffing; met with policymakers and journalists to discuss needed reforms; and participated in an online forum facilitated by the LTCO and the FACE-NJ advocacy group about the importance of resident and family councils.

Residents presented at two major conferences: the InnovAGING NJ Summit, hosted by Rutgers University in March 2025, and the National Consumer Voice Conference in late September 2025. Both presentations focused on how to transform advocacy by elevating and centering the voices of residents. Many residents were also integral in an effort to increase the personal needs allowance.

See page 24 for more on the personal needs allowance.



COMMUNITY ENGAGEMENT PROGRAM

Continued

Resident Advocacy in Action—Case Study: Personal Needs Allowance

In New Jersey, nearly two-thirds of all nursing home residents are covered by Medicaid, a federal- and state-funded program for low-income individuals. Any income those residents receive — such as Social Security or a pension check — goes to the nursing home to cover the cost of care. The residents get to keep only \$50 a month as a personal needs allowance (PNA).

There is a misconception that residents get everything they need from the nursing home, so they don't really need money. But the truth is that residents have to pay for their clothes, shoes, haircuts, and supplies for their hobbies. If residents want supplements, snacks, or an occasional takeout meal to escape the institutional cuisine, it comes out of the PNA as well. And \$50 doesn't go very far in New Jersey, one of the most expensive states in which to live. Thirty-two states and the District of Columbia provide a higher PNA than New Jersey.

Residents and advocates have been working to increase the PNA for nearly a decade, and 2024 was the year that residents grabbed the bull by the horns. Nursing home resident Stacy Moore worked with her state Assembly representatives to draft a bill that would increase the PNA to \$140 a month and establish yearly adjustments to keep up with the cost of living. Assembly Bill A3908 was introduced in February 2024. An identical bill, S3319, was introduced in the Senate.

Community Engagement staff provided technical assistance to other residents who called and emailed their representatives to urge them to sponsor (or at least vote for) A3908/S3319. In June 2024, the Assembly Aging and Human Services Committee unanimously approved A3908.

Residents continued outreach efforts over the next several months, and then in early October 2024, Bill S3319 got its hearing in the Senate Health, Human Services, and Senior Citizens Committee. Stacy Moore testified by phone, residents Gail Smith and Ray DiFrancesco provided written testimony, and dozens of additional residents submitted messages to the committee supporting S3319.

The bill was approved 8-0.

Resident advocacy for A3908/S3319 continued into Fiscal Year 2025. The bills needed approval from two more committees — Assembly Appropriations and Senate Budget and Appropriations — before votes by the full Assembly and Senate.

To become law in New Jersey, bills must be approved by both chambers of the Legislature and signed by the governor.



LTCO POLICY AND LEGISLATIVE ACTIVITIES

LTCO's Three Key Legislative Priorities for 2024 (and Beyond)

Financial Transparency for Nursing Home Owners and Related Companies

Senate Bill S1948 and its Assembly twin, A1872, were introduced on Jan. 9, 2024, Day 1 of the 221st New Jersey Legislature. The bills would require audited financial statements for each nursing home and any related parties — companies owned by the same people who own the nursing home — involved in their operations. Companies that own multiple nursing homes would be required to submit audited statements that consolidate financial data across all of their nursing homes. Similar bills supported by the LTCO had died at the end of the previous two-year legislative session.

The current lack of transparency enables nursing home owners to pay higher-than-market rates to related parties for various purposes. For example, a nursing home might lease the real estate and purchase services (such as property management, pharmacy, and staffing resources) from related parties. The inflated payments siphon money away from patient care into hidden profits for the owners. The situation can make it appear that profitable nursing homes are losing money and need additional public funds to properly care for residents. This ability for owners to prioritize profits over people is a growing concern, as the trend toward corporate consolidation and private equity ownership of nursing homes continues. As of October 2024, this bill had not moved.

Increasing the Personal Needs Allowance for Medicaid-Eligible Residents

New Jersey is a pricey place to live — the fifth-most expensive state in the U.S., according to Forbes Advisor — and most New Jersey nursing home residents get by on a personal needs allowance (PNA) of only \$50 per month. Bill A3908/S3319 would increase the PNA to \$140 a month.

Nursing home residents led the advocacy efforts for this bill. Read more on page 24.

Ensuring Visitation Regardless of Emergencies or Future Pandemics

The third legislative priority is Bill A4040/S1825, known as the Essential Caregivers Act, which would give residents the right to designate at least two essential caregivers who must be allowed to visit regardless of any emergency or outbreak affecting the long-term care facility. Essential caregivers can be anyone the resident chooses, such as a family member, friend, or religious or spiritual guide.

LTCO staff members witnessed firsthand how visitation restrictions imposed during the COVID-19 pandemic resulted in social isolation that harmed residents' well-being. The LTCO will continue reaching out to the sponsors and other legislators to advocate for the bill.

LTCO POLICY AND LEGISLATIVE ACTIVITIES

Task Force on Long-Term Care Quality Issues Long Awaited Report

The New Jersey Task Force on Long-Term Care Quality and Safety released a final report in May 2024 urging state officials to pursue policies and investments that would facilitate efforts to:

- Promote home- and community-based services, instead of nursing homes;
- Transform nursing homes into smaller, homelike settings; and
- Empower and retain long-term care direct staff members.

The full report is available online at <https://tinyurl.com/bdsj26s3>.

"I am pleased that task force members seized the opportunity to fundamentally rethink how long-term care services should be delivered," said Long-Term Care Ombudsman Laurie Facciarossa Brewer, who was an ex-officio member of the task force. "New Jersey has historically relied too heavily on institutional care such as nursing homes. The report recognizes this shortcoming and recommends that the state continue to invest in and rapidly expand its system of home- and community-based services."

Read her full statement at <https://tinyurl.com/brfn4vwu>.



LTCO POLICY AND LEGISLATIVE ACTIVITIES

Continued

Rewarding Nursing Homes for Performance on Quality, Staffing

In 2024, the New Jersey Department of Human Services revamped its Quality Incentive Payment Program (QIPP), which provides bonus payments, on top of the regular Medicaid rate, to nursing homes that meet certain quality measures. LTCO, together with other advocates, pushed for the QIPP to include a staffing metric because our experience tells us that staffing is the basis of quality for resident care.

LTCO also urged that facilities with a one-star rating should be excluded from QIPP because, by definition, they are not providing a baseline of general quality. The advocates prevailed, and the QIPP now includes a staffing metric and excludes the lowest performing facilities from receiving QIPP funds.



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