

**Annual Report to the Vermont Legislature
January 15, 2025**

VERMONT OFFICE OF THE LONG-TERM CARE OMBUDSMAN

**Submitted by:
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Reporting Requirement to Vermont Legislature and Governor

The Office of the State Long-Term Care Ombudsman's duties include providing information and recommendations to Vermont's General Assembly and state agencies on issues related to long-term care services and supports. The Office reports to the General Assembly and Governor on or before January 15th of each year, as directed by 33 V.S.A. §7503.

We are pleased to present our annual Legislative Report covering federal fiscal year 2024.

A special thank you to Nancee Schaffner, our dedicated Volunteer Ombudsman, for contributing her time and efforts to advocate for Vermonters in long-term care facilities.

The Vermont Office of the State Long-Term Care Ombudsman

Vermont's Office of the State Long-Term Care Ombudsman, also known as the Vermont Ombudsman Program (VOP), protects, supports, and takes direction from Vermonters who receive long-term care. We serve as watchdogs and advocates. We empower and protect long-term care recipients by providing information on resident rights and facility responsibilities; voicing care recipients' concerns; bringing care recipients, families, and long-term care staff together to solve problems; and reporting long-term care regulatory violations. Our work helps to prevent abuse and neglect and to restore care recipients' dignity.

I. The VOP in Federal FY2024, At-a-Glance:

- Our staff consisted of one State Long-Term Care Ombudsman, six local ombudsmen, and one volunteer ombudsman.
- We investigated and addressed **589** complaints on behalf of Vermont long-term care recipients.
- We resolved **84.5%** of complaints to the satisfaction of the care recipient.
- The most common complaint topic in FY2024 concerned the quality of care.
- In addition to our complaint resolution work, we completed:
 - Over **600** visits to long-term care facilities.
 - **370** instances of providing advice and information to individuals.
 - **175** instances of training to or consultation with facility staff.

II. How Ombudsmen Solve Vermonters' Long-Term Care Problems

Below are examples of the work performed by Vermont ombudsmen during FY2024 to protect care recipients' rights, restore their dignity, and ensure they receive appropriate care:

- A woman called the local Ombudsman asking for help for her husband who was receiving poor care in a nursing home. Her husband was struggling with end stage dementia and unable to verbally communicate. Staff were not feeding him correctly and he had lost a substantial amount of weight. He was being left in dirty clothes, unwashed bedding, and his wheelchair was filthy. Staff had shaved his face without water or shaving cream, leaving his skin raw and inflamed. The local Ombudsman worked with the facility to ensure they were providing good care including providing him with a puréed diet and improving cleanliness. The local Ombudsman also worked to have him transferred to McClure Respite House where the family could see him daily. He passed away peacefully there.
- A woman went to a skilled nursing facility for physical therapy after a stroke. She complained to her local Ombudsman that her son, who held power of attorney, did not provide her with any information about her finances. She was concerned about the cost of her current facility, which was \$12,000 per month, but she was unable to reach her son or to discuss options with him. After a concerted but failed effort to establish communication with her power of attorney, the local Ombudsman connected her with Vermont Legal Aid's Elder Law Project. The resident was able to revoke the current power of attorney and to appoint her sister, with whom she speaks daily, to be her new power of attorney. Once she had this support in place, she

was able to move to a facility near her sister where she was able to have more family contact.

- The local Ombudsman received a call from a woman who had been placed in a memory care residence following a stroke. She was well educated and able to describe discriminatory practices in the memory care unit: residents were not offered stimulating activities, as advertised. She was an avid fabric artist and described staff removing her supplies from her room for "safety reasons". The local Ombudsman met numerous times with the woman, the unit manager, and the woman's family. Staff began treating the woman with more dignity and respect. In addition, this resident was granted another memory test. It was determined that she had improved enough that she was able to move out of the memory unit and into Assisted Living.
- A woman living in an assisted living facility was issued an involuntary discharge (eviction) notice for being unwilling to move downstairs to a smaller room. The facility claimed that they needed her to move to be in "fire safety compliance." The local Ombudsman helped the woman to appeal both the involuntary discharge and the order to change rooms to the state regulatory agency. The woman won both appeals. She was able to continue living in her room.
- A social worker called the local Ombudsman to seek assistance for a woman who was in a rehabilitation facility and wanted to return home to be with a loved one. Both her primary care doctor and the local home health agency were refusing to support her return home. The local Ombudsman worked with the family and facility on a discharge plan. The local Ombudsman recommended a referral to another visiting nurse agency and worked with the doctor to order hospice services to support her. The woman successfully returned home.

- A nursing home administrator contacted the local Ombudsman to seek support on a situation involving a husband and wife. The wife, who has dementia, had been reported to Adult Protective Services for assaulting her husband, who was on comfort care. The husband and wife were separated and not allowed to visit one another. The husband and wife greatly missed each other. The Local Ombudsman was able to work with the couple and the facility to allow the husband and wife to have meals and visits together with staff present. Ultimately the husband passed away in the arms of his wife.
- A woman's health care agent reached out to the local ombudsman to seek assistance with poor care the woman was receiving at a nursing facility. The woman had falls due to lack of staff supervision, severe skin breakdown due to lack of help with toileting, and medication issues. The Department of Licensing and Protection cited the facility on these deficiencies. The local Ombudsman facilitated communication with the Nurse Practitioner, Administrator, and Power of Attorney and regularly met with the woman. Together, these parties created a plan to address these issues and improve the woman's care, health, and quality of life.
- The local Ombudsman heard from a family of a couple living in an assisted living facility. The family reported that they had used the facility's grievance procedure to try and address complaints, but that approach seemed to create a divide and distrust between the facility staff and the family. With the help of the local Ombudsman, there was an in-person meeting between the staff and the family. The meeting broke down the barriers and initiated a more productive dialogue between the parties. One of the nursing staff sends an email weekly to report on the condition of the couple they have in their care. Issues still arise, but the family and facility administration are now better at collaborating to find solutions.

- The ombudsman program heard from a younger man in a nursing home who had complaints that the facility was not providing enough physical therapy or access to healthy foods. The man's physical therapy goal was to work on standing and then eventually walking again. The facility only wanted to work on the goal of transferring from his wheelchair. The local Ombudsman participated in care plan meetings with the man, advocating for him to be able to choose his own physical therapy goals. The local Ombudsman also suggested the man could ask to meet with his doctor to see if more physical therapy should be prescribed. His doctor prescribed intensive physical therapy. This allowed the man to have more input on his own physical therapy goals. As for the dietary issue, the man had been trying to reduce his weight to improve his mobility, but he was not offered healthy foods. The local ombudsman worked with the facility and the Dietary department to have fresh fruits and vegetables available to the man, including snacks. The facility provided a small dorm refrigerator for the man to have these items available for snacks and condiments for salads at lunch. The local Ombudsman reported that it was surprising how much effort was needed to ensure that a resident had a healthy diet with fresh fruits and vegetables.
- The Ombudsman's office was contacted by a case manager at an authorized agency who reported that she could not reach a client who was in a facility but wanted to return home. Upon investigation, the local Ombudsman identified that the facility's phone system was not working. The facility agreed to address and repair these issues. The local Ombudsman also facilitated a discharge planning meeting involving the authorized agencies and the nursing facility. As a result, the client was successfully discharged home with appropriate supports in place, honoring their wishes.

- A man contacted the Ombudsman's office because he was being required to leave his Adult Family Care (AFC) home. The man had received a 30-day notice to vacate from his AFC home provider. He had been unable to find another home that could meet his high care needs. He expressed a desire to remain in his current home. He reported that he and his current home provider had resolved their initial dispute, which the home provider confirmed. However, the authorized agency overseeing the placement was attempting to enforce the move, stating that the situation was unstable, even though they had not found another place for him to live. The local Ombudsman collaborated with the client and the Department of Aging and Independent Living's (DAIL) Complex Care Team to advocate for the client's wishes. As a result, the agency agreed to allow the client to remain in his current home.
- The local Ombudsman was contacted by a nursing facility's administration regarding a person living in a facility who had chosen to stop all medications, expressing a wish to die naturally. The administration voiced concerns that the person's family might be influencing this decision. The Ombudsman met privately with the client to discuss their decision and assess their understanding and conviction. The client affirmed their choice, demonstrating clear understanding that discontinuing medications would likely lead to their death. The facility ultimately agreed to honor the client's right to make their own healthcare decisions, including the choice to discontinue medication, and committed to supporting the resident's wishes.

III. Conditions in Long-Term Care Facilities and the Quality of Long-Term Care

The Vermont Ombudsman Project is required to report on conditions in long-term care facilities and the quality of long-term care. Below are the top concerns for Local Ombudsmen:

- A lack of sufficient staffing for nursing facilities or home health care;
- Inadequate coordination between facilities and home health agencies before a facility discharges a resident to the community;
- Facilities transferring their residents to the hospital because they feel they cannot take care of them;
- The poor quality of food for care recipients;
- A lack of access to physical therapy; and
- A lack of compassionate and skilled care for individuals with mental health challenges who need long-term care.

Long-term care is not affordable or accessible in Vermont. According to a national survey conducted by AARP, Vermont is in the bottom-half of the country in terms of affordability and access to long-term care services at home and in nursing facilities.¹

Vermont's inability to maintain consistent and adequate long-term care staffing has negatively impacted the quality, availability, and affordability of care in all settings. In 2024, the most common complaints the VOP received show that many facility residents are struggling to have their basic needs met. The top complaints were on the topics of facility staff not responding to individual's requests for assistance and resident involuntary evictions. Complaints to the Ombudsman program about staff not responding to individuals' requests for assistance increased by almost 40% in 2024 compared to 2023.

¹ AARP, 2023 LTSS Choices Scorecard Report, Vermont: <https://ltsschoices.aarp.org/scorecard-report/2023/states/vermont>.

High staff turnover is a big issue in Vermont. The AARP report found that Vermont has one of the highest rates of nursing staff turnover in the country.² The AARP report also found that Vermonters in nursing homes inappropriately administered antipsychotics at an above-average rate compared to other states.³ Antipsychotics are inappropriately used to sedate or subdue residents when there are not enough staff available.

Most older Americans prefer to remain at home as long as possible.⁴ Yet, in-home care is extremely difficult to secure in Vermont due to staffing shortages. Often Vermonters are forced into nursing homes which are more expensive both for the individual and for Medicaid, because there is no in-home care available. The long-term care shortage is especially pronounced for individuals whose payment source is Long-Term Care Medicaid.

Many Vermonters remain in hospitals or are sent to nursing homes out of state because they don't have sufficient in-home services, and they cannot find a nursing home bed in Vermont. These living situations significantly reduce their quality of life and weaken their support system.

Individuals with mental illness are hit the hardest by the long-term care shortage in Vermont. It is very hard for Vermonters to find long-term care if they also need mental health support. Here are two examples of Vermonters who have been unable to get the long-term care and mental health care they need:

- An ombudsman visiting a long-term care facility observed a resident loudly crying out. The resident seemed to be unable to say what her needs were. She does not have dementia, but several psychiatric diagnoses. The Director of Nursing Services said, “we do our best

² Id.

³ Id.

⁴ See e.g. “Where We Live, Where We Age: Trends in Home and Community Preferences, November 19, 2021, AARP, <https://www.aarp.org/pri/topics/livable-communities/housing/2021-home-community-preferences/>.

with her, but our staff is not trained to meet her specific needs". They were the only place that would accept her that is close enough for family to visit.

- A local Ombudsman met with the son of a nursing facility resident who had tried to commit suicide the week before. She had been transferred to the local hospital. He was packing up her stuff and expressed with emotion how tragic it is that there is no place that will take her "now".

IV. Policy Recommendations:

To address some of the systemic issues faced by long-term care recipients, the Vermont Long-Term Care Ombudsman Program recommends the following:

1. **Protect Vermonters from predatory health care ownership models by supporting legislation that restricts health care businesses, including nursing facilities, from being able to prioritize profits over patient welfare.**
2. **Increase Vermonters' access to Home and Community Base Services by supporting H.13.** Introduced by Representatives Wood and Noyes, H.13: "An act relating to Medicaid payment rates for home-and-community-based service providers and designated and specialized service agencies" requires Vermont to determine reasonable and adequate Medicaid payment rates for home-and-community-based services including an annual inflationary adjustment.
3. **Ensure that Vermonters' personal needs allowance keeps up with inflation.** Vermont does not have a system in place to increase the amount of money residents who are on Long-Term Care Medicaid

can keep for their personal expenses so that their purchasing power keeps pace with inflation. This money pays for anything not provided by the facility including clothing, shoes, telephone, cable, internet, reading material, and activities away from the facility. This spending power is especially important when facilities are not providing adequate care.

4. **Ensure that a sufficient amount of Medicaid dollars go to direct workers' wages.** For example, some states require that a certain percentage of rates paid to employers go to the workers.⁵
5. **Consider employment protections for Vermonters with caregiving responsibilities.** Seven states, including Maine and New York, protect family caregivers from employment discrimination.⁶ Because Vermont has an extreme shortage of long-term care workers, we must support family caregivers as much as possible.

V. VOP Long-Term Care Complaint Data

Across FY2024, the VOP worked on **368 cases** and **589 complaints**. Over eighty-four and a half percent (**84.5%**) of the complaints closed in FY2024 were fully or partially resolved to the satisfaction of the resident, participant, or complainant. Below, we break down these numbers by setting and complaint topic.

⁵ See, e.g. LTSS Worker Wage Pass-Through, AARP: <https://ltsschoices.aarp.org/scorecard-report/2023/dimensions-and-indicators/ltss-worker-wage-pass-through>.

⁶ See, e.g. Family Responsibility Protected Classification, AARP <https://ltsschoices.aarp.org/scorecard-report/2023/dimensions-and-indicators/family-responsibility-protected-classification>.

A. FY2024 Cases and Complaints by Long-term Care Setting

The VOP supports all long-term care residents including those in nursing homes, residential care homes, and assisted living facilities. The VOP also supports individuals who receive home-and-community-based services through the Choices for Care (CFC) program. The table below shows the number of cases and complaints by long-term care setting.

Number of Cases and Complaints by Setting

Setting	Cases	Complaints
Nursing Homes	224	369
Residential care home and assisted living residence	93	161
CFC Home and Community Based services	51	59

B. Major complaint categories for all settings

Ombudsmen work on a wide range of complaints. The top three primary complaint categories for FY 2024 were (1) Care; (2) Admission, Transfer, Discharge, Eviction; and (3) Autonomy, Choice, Rights. Together, the three categories make up 63% of the complaints the VOP received.

Each major category can be broken down into several subcategories. By far, the top complaint subcategory for FY2024 concerned residents who were being involuntarily discharged (evicted) from facilities.

The following table shows major complaint categories in all settings for all cases opened or closed in FY2024.

***All Settings: Number and Percentage of Complaints to Ombudsmen
 by Complaint Category***

Major Complaint Category	Number of Complaints	Percent (%)
Care	192	33%
Autonomy, Choice, Rights	96	16%
Admission, Transfer, Discharge, Eviction	82	14%
Financial, Property	32	5%
Dietary	30	5%
Access to Information	29	5%
Complaints about an Outside Agency	25	4%
Abuse, Gross Neglect, Exploitation	24	4%
Activities, Community Integration, and Social Services	23	4%
System - Others (non-facility)	23	4%
Environment	21	4%
Facility Policies, Procedures, and Practices	12	2%
Total	589	100%

FY2024 Facility Resident Complaints to VOP by County

Counties	Complaint Number
Chittenden county	108
Windsor county	105
Washington county	97
Rutland county	89
Caledonia county	42
Franklin county	27
Windham county	27
Bennington county	21
Orange county	12
Orleans county	9
Addison county	1
Lamoille county	1
Total	539

C. Major complaint categories for each setting

The VOP receives complaints about nursing homes, residential care homes, assisted living facilities, and home-based care received through the Medicaid Choices for Care Program.

1. Nursing Homes

In FY 2024, most complaints to the VOP were made by a nursing home resident or by an individual concerned about a nursing home resident. Complaints about quality care made up 42% of nursing home complaints.

The table below shows the distribution of complaints to the VOP regarding nursing homes by complaint category.

Nursing Homes: Number of Complaints to VOP by Complaint Category

Major Complaint Category	Number of Complaints	Percent (%)
Care	144	39%
Autonomy, Choice, Rights	57	15%
Admission, Transfer, Discharge, Eviction	30	8%
Dietary	28	8%
Financial, Property	24	7%
Abuse, Gross Neglect, Exploitation	20	5%
Access to Information	18	5%
Activities, Community Integration, and Social Services	14	4%
Environment	14	4%
Facility Policies, Procedures, and Practices	7	2%
Complaints about an Outside Agency	7	2%
System - Others (non-facility)	6	2%
Total	369	100%

2. Residential Care Homes & Assisted Living Residences

In FY2024, a quarter of complaints to the VOP for residential care home and assisted living facility residents were regarding Admission, Transfer, Discharge, and Eviction.

The table below shows the total distribution of complaints to the VOP regarding residential care homes and assisted living facilities by complaint category for FY2024.

Residential Care Home and Assisted Living Facilities: Number of Complaints to VOP by Complaint Category

Major Complaint Category	Number of Complaints	Percent (%)
Admission, Transfer, Discharge, Eviction	41	25%
Care	38	24%
Autonomy, Choice, Rights	35	22%
Access to Information	8	5%
Activities, Community Integration, and Social Services	7	4%
Environment	7	4%
Financial, Property	6	4%
Facility Policies, Procedures, and Practices	5	3%
Complaints about an Outside Agency	5	3%
System - Others (non-facility)	5	3%
Abuse, Gross Neglect, Exploitation	2	1%
Dietary	2	1%
Total	161	100%

3. Home and Community-Based Cases and Complaints

The VOP advocates for individuals who receive home-and-community-based services in their homes through the Medicaid Choices for Care Program. In FY2024, about half of complaints to the VOP concerning home-and-community-based services were related to admissions, transfer, discharge, and eviction and systemic issues.

The table below shows the distribution of complaints to the VOP regarding Choices for Care funded home-based services by complaint category for FY2024.

Home-Based Choices for Care: Number of Complaints to VOP by Complaint Category

Major Complaint Category	Number of Complaints	Percent (%)
Complaints about an Outside Agency	13	22%
System - Others (non-facility)	12	20%
Admission, Transfer, Discharge, Eviction	11	19%
Care	10	17%
Autonomy, Choice, Rights	4	7%
Access to Information	3	5%
Abuse, Gross Neglect, Exploitation	2	3%
Financial, Property	2	3%
Activities, Community Integration, and Social Services	2	3%
Dietary	0	0%
Environment	0	0%
Facility Policies, Procedures, and Practices	0	0%
Total	59	100%

A. People Who Report Concerns to the VOP

The VOP receives concerns about long-term care services from many sources including long-term care recipients, family members of long-term care recipients, and long-term care facility staff. In FY2024,

- 52% of complaints were reported by facility residents or individuals receiving services at home through the Choices for Care program.
- Friends, relatives, and other close contacts of the resident or Choices for Care participant reported 32% of complaints.
- The remaining 16% of complaints were submitted by representatives of other agencies, facility staff or administration, or originated with ombudsman staff.

The table below shows who reported complaints in different settings for cases closed in FY 2024.

Number of Complaints by Complainant Type in FY2024

Person who submitted the Complaint	Nursing Home	Residential Care	Assisted Living	Community Setting/ Hospital/ Other	Total Complaints Opened	% Of Total Complaints
Care Recipient	164	22	20	33	239	52%
Relative/ Friend	93	18	23	13	147	32%
Facility Employee	12	18	4	0	34	8%
Ombudsman	15	3	4	0	22	5%
Representative of Other Organization	11	1	2	2	16	3%
Other	1	0	0	2	3	<1%
Total	296	62	53	50	461	100%

VI. Additional Ombudsmen Advocacy Work

Ombudsmen have responsibilities outside of complaint-based casework:

- Performing general visits to observe the conditions and care residents are receiving at long-term care facilities and to ensure that residents are aware of our services.
- Educating residents on their rights.
- Providing residents, Choices for Care participants, and their representatives with guidance and information about how to communicate with providers about their concerns and how to submit complaints to facilities and state regulatory agencies.
- Supporting resident and family councils in addressing facility issues and concerns.
- Assisting residents with health care advance directives.
- Educating facility and home health staff on resident rights and the role of the VOP.

The table below summarizes some of the duties performed by ombudsmen outside of complaint casework in FY2024.

Ombudsmen Work Outside of Complaint Casework

Activity Types	Number Completed
Advice and Information to Individuals	370
Trainings and Consultations to Facilities/Agencies	175
Facility Visits	643
Assist with Advance Directives	23
State Facility Inspection Participation	21
Work with Resident Councils	44

VII. Ombudsman Systemic Advocacy

The VOP's state and federal statutory role includes addressing systemic problems with long-term care that impact Vermonters' quality of care and life. The VOP guides our systemic advocacy with information we gain through our daily work with nursing facility residents, Choices for Care participants, family members of people receiving long-term care, long-term care staff, and other stakeholders.

In FY2024, representatives of the VOP tracked and commented on several proposed federal and state regulations related to long-term care and provided testimony before the state legislature. Focuses included the new state rules for residential care homes and assisted living facilities and the new federal staffing rule. We also participated in a national study on nursing facility residents' fear of retaliation.⁷

In addition, the VOP advocates for long-term care recipients while serving on numerous workgroups, committees, and task forces related to long-term care services and supports in Vermont. In FY2024, representatives of the VOP served on the Vermont Vulnerable Adult Fatality Review Team, the Governor's Council on Alzheimer's Disease and Related Diseases, Vermont Legal Aid's Health Law Task Force, NALLTCO (National Association for Local Long-term Care Ombudsmen), NASOP (National Association for State Ombudsman Programs), and Vermont's regional Choices for Care Waiver Teams. We also collaborated with the Alzheimer's Association, the Department of Disabilities, Aging, and Independent Living, MFRAU (Medicaid Fraud and Residential Abuse Unit), Meals on Wheels, Central Vermont Medical Center, Helen Porter Hospital, Rural Edge, and Disability Rights Vermont.

⁷ A Bridge over Scary Water, Eilon Caspi PhD.: https://portal.ct.gov/-/media/lrcop/pdf/report---a-bridge-over-scary-water---december-1-2024---pdf---final_compressed.pdf?rev=d3ec9dd008ae42d382f4de23e491d0ab&hash=7FF031568829981231B522F0B2D8B4A8

VIII. VOP Expenditures

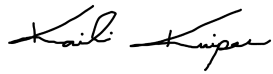
The VOP spent \$991,465 to provide ombudsman services across Vermont in FY2024.

FY2024 spending included both state and federal monies, as shown below:

Federal OAA Title VII, Chapter II	\$ 86,219
Federal OAA Title III, State Level	\$311,862
CFDA 93.778 Federal Medical Assistance Program (Global Commitment)	\$242,347
State General Funds	\$351,037
Total:	\$991,465

The VOP team is proud of the work we do to protect, support, and empower Vermonters who receive long-term care. Thank you for taking the time to review the VOP's FY2024 annual report.

Respectfully Submitted,



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Appendix 1

HISTORY AND ROLE OF THE OMBUDSMAN PROGRAM

I. History

A. At the National Level:

The Long-Term Care Ombudsman Program originated as a five-state demonstration project to address quality of care and quality of life in nursing homes. In 1978 Congress required that states receiving Older Americans Act (OAA) funds must have Ombudsman programs. In 1981, Congress expanded the program to include residential care homes. The Nursing Home Reform Act of 1987 (OBRA '87) strengthened the Ombudsman's ability to serve and protect long-term residents. It required residents to have "direct and immediate access to ombudspersons when protection and advocacy services become necessary." The 1987 reauthorization of the OAA required states to ensure that Ombudsmen would have access to facilities and to patient records. It also allowed the state Ombudsman to designate local Ombudsmen and volunteers to be "representatives" of the State Ombudsman with all the necessary rights and responsibilities.

The 1992 amendments to the OAA incorporated the Long-Term Care Ombudsman program into a new Title VII for "Vulnerable Elder Rights Protection Activities." The amendments also emphasized the Ombudsman's role as an advocate and agent for system-wide change.

B. In Vermont:

Vermont's first Ombudsman program was established in 1975. Until 1993, the State Ombudsman was based in the Department of Aging and Disabilities (DAD), currently DAIL (Department of Aging and Independent Living). Local Ombudsmen worked in each of the five Area Agencies on Aging. In response to concerns that it was a conflict of interest to house the State Ombudsman in the same Department as the Division of Licensing and Protection, which is responsible for regulating long-term care facilities, the legislature gave DAD the authority to contract for Ombudsman services outside the Department.

DAIL has been contracting with Vermont Legal Aid (VLA) to provide Ombudsman services for over 20 years. The Vermont Long-Term Care Ombudsman Program at VLA protects the rights of Vermont's long-term care residents and Choices for Care participants. The program also fulfills the mandates of the OAA and OBRA '87. The State and Local Ombudsmen work in each of VLA's offices, which are located throughout Vermont.

In 2005, the Vermont legislature expanded the duties and responsibilities of the Vermont Long-Term Care Ombudsman Program. Act No. 56 requires Ombudsmen to service individuals receiving home-based long-term care through the home-and-community-based Medicaid waiver, Choices for Care.

II. Vermont Office of the State Long-Term Care Ombudsman's Advocacy Role

Vermont's Office of the State Long-Term Care Ombudsman is also known as the Vermont Ombudsman Project (VOP). The VOP is housed in Vermont Legal Aid. The VOP is staffed by advocates called long-term care ombudsmen. Ombudsmen are trained to resolve problems that long-term care recipients experience regarding their care.

A. The VOP's focus

- Work one-on-one with long-term care recipients to promote their dignity and safety.
- Advocate for changes that lead to better care and greater quality of life for all long-term care recipients.

B. The VOP's clients

- The VOP helps individuals who receive long-term care in
 - Nursing homes
 - Residential care homes
 - Assisted living residences
 - Home-and-community-based settings through Choices for Care

C. The VOP's responsibilities and duties include:

- Visiting nursing homes, residential care homes, and assisted living residences regularly to interact with residents and monitor conditions.
- Investigating problems and concerns about long-term care services and supports.
- Helping individuals make their own decisions about their long-term care services and supports.
- Assisting persons receiving Choices for Care with issues related to their long-term care services and supports in the home-and-community-based settings.
- Educating care providers about the rights and concerns of Vermonters receiving long-term care services and supports in facilities and at home through Choices for Care.
- Identifying problem areas in the long-term care services and support systems and advocating for change.
- Acting as “explainers” for individuals who wish to execute an Advanced Directive
- Providing information to the public about long-term care services and supports.

D. The VOP is an independent voice:

- The VOP is housed within Vermont Legal Aid, an independent non-profit. This organizational structure enhances the VOP's ability to operate free of outside influence.
- No ombudsman or immediate family member of an ombudsman is involved in the licensing or certification of long-term care facilities or providers, nor do they work for or participate in the management of any long-term care facility.
- Individual conflicts of interest for ombudsmen are identified and remedied.
- Each year the Commissioner of the Department of Aging and Independent Living (DAIL) certifies that the VOP can carry out its responsibilities and duties free of conflicts of interest. (See Appendix 3, last page of this report).

E. Long-Term Care Ombudsman Certification Process

Before becoming a certified ombudsman, all paid staff and volunteers must complete a comprehensive training program. The training program requires 20 hours of classroom training and independent study, and an additional 30 hours spent shadowing a local ombudsman. When a trainee passes a conflict-of-interest review and background check, satisfactorily completes both the classroom and facility-based requirements, and no concerns arise regarding the individuals' suitability for the job, they will officially be certified as a representative of the office.

F. Staffing for the Vermont Long-Term Care Ombudsman Program:

- In federal fiscal year 2024 (October 1, 2023 to September 30, 2024), paid full-time VOP staff consisted of one State Long-Term Care Ombudsman and six local ombudsmen positions.
- One of the six local ombudsman positions was open for a significant portion of fiscal year 2024. The VOP hired two former Long-Term Care Ombudsmen into part-time temporary positions to help reach residents across the state during a staffing shortage. In July 2024, we hired a sixth full-time ombudsman who completed their training program and who is now a certified long-term care ombudsman.
- The VOP has one certified volunteer ombudsman who monitors facilities and assists residents with their issues and concerns in Rutland county. In FY2024, this volunteer ombudsman donated 312 hours to the program.
- Across the state of Vermont, the VOP's small staff covers over 6,000 long-term care beds plus all individuals receiving long-term care in Vermont through the Choices for Care program.

Appendix 2

VERMONT LONG-TERM CARE OMBUDSMAN PROJECT

Vermont Legal Aid

Hotline: 800-889-2047, Option 3

Hotline email: vophelpline@vtlegalaid.org

Fax: 802-495-0444

JANUARY 2024 STAFF ROSTER

State Long-Term Care Ombudsman:

Kaili Kuiper

56 College Street
Montpelier, VT 05602
802.839.1329

Local Ombudsmen:

Michelle R. Carter
(Statewide Hotline)

Dawn Donahue
(Washington, Orange, &
Addison Counties)

Terry Kalahar
(Chittenden & Grand Isle
Co.)

Nadia Lucchin
(Bennington Co.)

Randi Morse
(Caledonia, Franklin,
Lamoille Essex, &
Orleans Counties)

Alicia Moyer
(Windham & Windsor
Counties)

Kerry White
(Rutland Co.)

Volunteer Ombudsman:

Nancy Schaffner
(Rutland Co.)



Appendix 3

**Department of Disabilities, Aging and
Independent Living
Commissioner's Office**
280 State Drive/HC 2 South
Waterbury, VT 05671-2020
www.dail.vermont.gov

[phone] 802-241-2401
[fax] 802-241-0386

Agency of Human Services

December 23, 2024

Kaili Kuiper, State Long Term Care Ombudsman
Vermont Legal Aid
264 North Winooski Avenue
Burlington, VT 05401

Dear Ms. Kuiper,

Pursuant to 33 V.S.A. §7503(10), on or before January 15 of each year the Office of the State Long-Term Care Ombudsman must “[s]ubmit to the General Assembly and the Governor a report on complaints by individuals receiving long-term care, conditions in long-term care facilities, and the quality of long-term care and recommendations to address identified problems.” 33 V.S.A. §7509 provides that the Department of Disabilities, Aging and Independent Living (“Department”) shall prohibit any Ombudsman, either paid or volunteer, Vermont Legal Aid staff and board, or any immediate family member of any Ombudsman, or Vermont Legal Aid staff and board, from having any interest in a long-term care facility or provider of long-term care which creates an organizational or individual conflict of interest in carrying out the Ombudsman’s responsibilities and directs the Department’s Commissioner to establish a committee of no fewer than five persons, who represent the interests of individuals receiving long-term care and who are not State employees, to assure that the Ombudsman is able to carry out all prescribed duties in the Older Americans Act and in state statute without a conflict of interest.

The Department utilizes the DAIL Advisory Board as the aforementioned committee. During its regularly scheduled monthly meeting on November 14, 2024 a subcommittee reported that assurances were received from you, the State Long Term Care Ombudsman, that to the best of your knowledge no Vermont Legal Aid staff, board, volunteers or their immediate family members have any interest in a long-term care facility or provider of long-term care which creates an individual or organizational conflict of interest in carrying out the Ombudsman’s responsibilities. By a unanimous vote the committee determined that the Ombudsman is able to carry out all prescribed duties without a conflict of interest, and the committee recommended that the Commissioner convey its assessment to both the General Assembly and the Governor as required by statute. This writing serves that purpose and is hereby submitted as an appendix to the Ombudsman’s annual report, as required by 33 V.S.A. §7509(b).

Respectfully submitted,

Signed by:

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Dr. Jill Bowen, PhD
DAIL Commissioner

CC: Jason Pelopida, State Unit on Aging Director, DAIL
Jane Catton, Chair, DAIL Advisory Board