

# The Vermont Long Term Care Ombudsman Project

## FY 2015 Funding Request

### Fact Sheet

The Vermont Long Term Care Ombudsman Project (VOP) serves people in long term care facilities and people receiving home and community based services (HCBS). Ombudsmen help these Vermonters solve critical problems that impact their health, financial security and quality of life.

The VOP is seeking **\$257,483** in FY2015 to close a \$45,000 budget gap and hire 2 additional ombudsmen to address a critical need for additional staff. Total funding for the VOP has been almost unchanged in the last 8 years, increasing only by 1.8% (\$11,000).

### VOP Funding History

	<u>Facility Based Grant</u>	<u>HCBS</u>	<u>Total VOP Funding</u>
<b>FY 2006</b>	\$479,633	150,000	\$629,633
<b>FY 2014</b>	<u>\$485,357</u>	<u>155,625</u>	<u>\$640,982</u>
<b>Total Increase</b>	<b>\$ 5,724</b>	<b>\$5,625</b>	<b>\$11,349</b>

The state's failure to provide cost of living increases year after year means that the VOP has been forced to reduce the number of ombudsmen available to respond to complaints on behalf of Vermonters living in long term care facilities. Also, the state's failure to keep up with inflation means that it is no longer meeting its legislative obligation to fund two full time ombudsmen to focus on helping Vermonters who receive HCBS stay in their homes.

Additional funding would:

- ❖ Restore staffing levels for facility based services to where they were in 2006.  
**The number of licensed beds per ombudsman has increased by more than 60%, from 1509 in 2006 to 2466 in 2013.**
- ❖ Satisfy the legislative requirement that the program designate 2FTEs to provide services to people receiving HCBS  
**Current funding pays for only 1.5 ombudsmen for HCBS.**

Even though the number of nursing homes beds has decreased, the number of people in residential care homes and assisted living residences needing nursing home level of care continues to grow. These individuals often have complex medical and behavioral needs. Ombudsman help them get the care and quality of life that that they need and deserve.

Ombudsmen have a very broad mandate and a wide range of responsibilities. They must:

- Investigate complaints on behalf of residents and individuals on HCBS
  - ❖ **583 complaints investigated in FY2013**
- Visit facilities on a regular basis to talk to residents and monitor conditions
  - ❖ **1146 facility visits in FY2013**
- Provide information and advice to consumers, the public and providers
  - ❖ **497 consultations in FY2013**

Ombudsmen strive to provide effective and efficient services. In 2013 they:

- Responded to complaints promptly
  - ❖ **Ombudsmen responded to 95% of the complaints they received within two days of receiving the complaint.**
- Achieved positive results for clients
  - ❖ **80% of the individuals served by the ombudsmen were fully or partially satisfied with the way the resolution of their complaint.**
- Maintained a regular presence in long term care facilities
  - ❖ **100% of all facilities received a visit from an ombudsman at least once a quarter.**

Ombudsmen make a difference in peoples' lives:

*The daughter of a nursing home resident complained that the home would not order new pads for the arms of her mother's wheelchair. Her mother's arms were bleeding because she did not have the right pads. The daughter also complained that an aide had broken her mother glasses. The facility had sent her a bill for new glasses which she had paid. The ombudsman raised these concerns at a care plan meeting. The facility immediately ordered a new wheel chair for the client and reimbursed the daughter for the glasses.*

*Client had been receiving a telephone lifeline unit as part of his CFC service plan for several years. The state threatened to terminate the service because his mother lives with him. However, he suffers from a debilitating disease and has seizures and needs the lifeline service to call the ambulance. An ombudsman was successful in obtaining a variance so they could keep lifeline.*

*A resident complained that the nursing home charged him \$1,000 a month for medications, despite the fact that he was a veteran and entitled to free medication from the VA. The nursing home would not allow him to use the VA pharmacy because it refused to package the medication in blister packs. An ombudsman was able to persuade the nursing home to dispense the medications directly from a bottle, thereby enabling the resident to get his medications from the VA at no charge.*

*A client moved in with his son and was told he had to change his Primary Care Physician because his PCP was located 6.7 miles outside the 30 mile Medicaid transportation limit. Ombudsman was able to obtain a waiver from the 30 mile limit so the client did not have to change doctors.*