EXECUTIVE SUMMARY

The Indiana Long-Term Care Ombudsman Program (LTCOP or Program) continued its work throughout FFY25 to safeguard the rights, dignity, and well-being of nearly 60,000 Hoosiers living in licensed long-term care settings. This year was marked by transition: staffing changes at both state and local levels, ongoing reliance on temporary federal funds, and a growing demand for resident-centered advocacy across Indiana's nursing facilities and licensed assisted living communities.

Even amid turnover within local ombudsman programs, the LTCOP maintained a steady presence in facilities statewide. Local ombudsmen continued conducting routine access visits, responding to residents' concerns, and supporting complaint resolution. At the state office, a small team provided training, quality oversight, documentation review, and statewide coordination, including the program's first formal quarterly documentation audits to strengthen consistency and compliance.

Temporary federal COVID-related funding remained essential in FFY25. These resources supported an assisted living specialist position, temporary statewide intake coverage, improvements to the external transfer/discharge portal, and project-based quality enhancements, all of which helped stabilize the Program during ongoing turnover. However, the temporary nature of these funds underscores an urgent need for long-term sustainability.

Throughout the year, the state office supported hiring processes across area agencies on aging (AAAs); collaborated with peer states, researchers, and advocacy organizations; responded to facility crises and ownership transitions; and continued establishing standardized documentation expectations. FFY25 also saw strengthened state-local coordination during survey issues, facility closures, and systemic challenges.

As we move into FFY26, the LTCOP is positioned for deeper systems advocacy, expanded legislative engagement, and renewed attention to sustainable funding. Goals include stabilizing statewide staffing, expanding the volunteer program, increasing the Program's visibility, and continuing to address systemic issues such as involuntary transfers/discharges, ownership transparency, and long-term care workforce strain.

While the program continues to meet its federally mandated responsibilities, Indiana's decentralized structure and reliance on time-limited funding require ongoing coordination, adaptability, and sustained effort at both the state and local levels.

This report reflects a program navigating complexity with resolve and maintaining a clear commitment to residents, ensuring that every individual in long-term care has a voice, and that their rights remain at the center of Indiana's long-term care system.

Indiana Long-Term Care Ombudsman FFY25 Annual Report

The Indiana Long-Term Care Ombudsman Program (Program or LTCOP) is a federally mandated long-term care (LTC) resident advocacy program established under the Older Americans Act (OAA) and Indiana law (CFR 45 §1321 and §1324; IC 12-10-13). The Program protects the rights, dignity, and well-being of people living in licensed nursing homes and assisted living facilities, and other licensed residential care facilities. LTC Ombudsmen are trained and certified advocates who work at the expressed direction of residents to address concerns related to care, services, quality of life, and residents' rights. All services are free, confidential, and resident-directed.

With the above statutory responsibility as its foundation, during FFY25 (October 1, 2024 to September 30, 2025) the program focused on building capacity, recalibrating staffing and infrastructure, and working to strengthen its ability to meet the growing complexity of resident needs across Indiana's long-term care system.

Program Structure

Indiana's LTCOP operates under a decentralized organizational structure, permitted under the OAA and its implementing regulations. In this framework, the State Long-Term Care Ombudsman is a state employee but retains full programmatic authority, including training, certification, policy direction, data oversight, and decertification of local ombudsmen, while the local ombudsmen are employed by host agencies, primarily AAAs or their subcontractors, across the state.

Indiana has 510 nursing homes and 377 assisted living facilities, with approximately 58,000 LTC residents.

As of 9/30/25, the state has 22 certified LTC Ombudsmen working in the field to advocate for residents.

Federal law allows this division of responsibility to accommodate states' differing administrative systems, funding flows, and service delivery models, while preserving the ombudsman's independence and resident-directed advocacy role. Indiana's decentralized model offers important benefits, including a strong local presence, regional knowledge of facilities and communities, and the ability to leverage established local infrastructure. At the same time, it requires coordination and clear policies to ensure statewide consistency, accountability, and adherence to federal LTCOP standards.

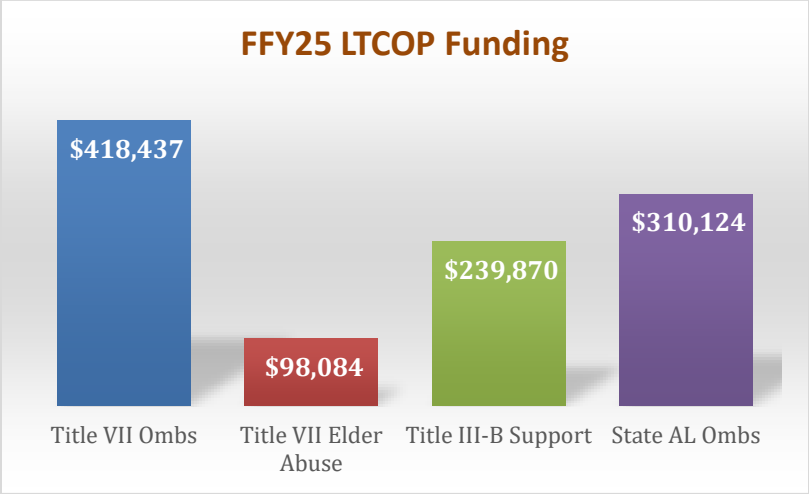
Program Staffing

At the start of the fiscal year, Indiana's LTCOP had 20 certified local ombudsmen statewide. By September 30, 2025, that number had increased to 22. Eight ombudsmen worked part-time hours, consistent with the program's longstanding staffing structure. Throughout the year, the state office supported hiring in local entities by reviewing applications, participating in interviews and hiring decisions, and delivering tailored onboarding to new staff.

Despite multiple ombudsman vacancies over the year, interim coverage by the state office deputy director, neighboring local ombudsmen, and the Indiana Legal Services (ILS) team manager, ensured that residents continued receiving timely advocacy. These transitions also often required ombudsmen to manage large geographic areas, further underscoring ongoing challenges in meeting the longstanding *Institute of Medicine* recommendation[1] of one FTE ombudsman per 2,000 facility beds.

Program Funding

In FFY25, the LTCOP operated using a combination of federal and state resources that supported both statewide coordination and local service delivery. Federal OAA funds, primarily Title VII Ombudsman and Elder Abuse allocations, remained the program's core funding streams. Supplemental Title III-B funding supported the deputy director position, enabling the state office to carry out statewide oversight and coordination with a staff of only two.



State funding continued to support assisted living (AL) advocacy within Indiana's licensed residential care facilities, allowing local ombudsmen to provide services in certain settings that fall outside federal nursing facility regulations.

Federal funding for the Long-Term Care Ombudsman Program (LTCOP) is administered through Indiana's State Unit on Aging and distributed through contracts with the state's Area Agencies on Aging (AAAs). Each AAA receives Older Americans Act (OAA) funding for Ombudsman services and either operates the program directly or subcontracts with ILS or a qualified nonprofit entity (see Appendix A).

Final Use of Covid-Related Temporary Funding

FFY25 marked the final year of significant temporary federal COVID-related funding, particularly the second round of American Rescue Plan Act Funds (ARPA2). For the last three years (FFY23-FFY25), this particular additional funding allowed the LTCOP to maintain continuity and support functions that would otherwise have been difficult to sustain. Interestingly, rather than driving program growth, APRA2 funds allowed the LTCOP to demonstrate its capacity and impact when

[1] Institute of Medicine (US) Committee to Evaluate the State Long-Term Care Ombudsman Programs. Real People Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act. Harris-Wehling J, Feasley JC, Estes CL, editors. Washington (DC): National Academies Press (US); 1995. PMID: 2510/1383.

appropriately resourced. This temporary funding supported the following capacity-building activities:

1. A temporary contractor Assisted Living (AL) Specialist position expanded advocacy for residents living in residential care facilities, strengthened resident council engagement, and provided specialized technical support to local ombudsmen with residents living in AL facilities.

2. Continued fifteen hours per week of temporary contract staffing by a part-time local ombudsman working additional hours, ensuring timely responses to calls and emails, particularly during periods of local ombudsman vacancies.

3. Updated outreach and educational materials including new Residents' Rights posters, tote bags, magnets, and materials for AL Resident Councils, which were distributed statewide to strengthen ombudsman visibility for residents and families.

4. Targeted database improvements by the LTCOP software developer to correct routing issues within the external portal used by providers to submit Notices of Transfers and Discharges to the SLTCO, resulting in fewer submission errors and reduced delays in State Office workflow.

The conclusion of temporary federal funding on September 30, 2025 represents a pivotal moment for the program. While these resources enhanced statewide capacity over several years, FFY26 begins without the supplemental staffing and project-based support previously available. As a result, the program is exploring long-term funding mechanisms that align with its statutory responsibilities and the growing needs of Indiana residents living in long-term care. Potential options include pursuing Medicaid Administrative Claiming for eligible advocacy activities and establishing a non-reverting LTCOP fund to support program functions such as volunteer recognition, which reinforces retention, morale, and sustained engagement. The SLTCO is also exploring strategic partnerships with organizations such as Indiana Disability Rights to strengthen and sustain resident advocacy.

Volunteer Program Development

Volunteers remain one of the most effective ways to increase presence in facilities and strengthen resident engagement, particularly in large or rural regions. FFY25 was a year of quiet rebuilding for the statewide volunteer program.

As of September 30, 2025, the LTCOP recorded:

- *15 certified volunteers*
- *1 non-certified volunteer*
- *1 in volunteer training*

Without a full-time volunteer program coordinator in place, the program relied heavily on one dedicated local ombudsman, with additional support and oversight provided by the program's deputy director, both of whom devoted time to keeping volunteer recruitment and onboarding

active. Their contributions played a significant role in bringing several new volunteers into service and maintaining forward momentum.

These numbers reflect a program in rebuilding mode, supported by public interest and the dedication of key staff. FFY25 laid the groundwork for a stronger volunteer network. Priorities for FFY26 include filling the Coordinator/Program Director position in the state office and stabilizing a permanent volunteer program.

Marketing, Social Media, Media Engagement

During FFY25, the program's outreach and visibility efforts reflected a continued emphasis on direct, resident-focused engagement within long-term care settings, alongside limited capacity for centralized social media activity. In the absence of a dedicated staff position to manage external platforms, outreach efforts prioritized in-person communication and consistent messaging delivered through local ombudsman presence in facilities. Strategies focused on increasing awareness of residents' rights, normalizing the role of the ombudsman, and ensuring residents and family members understood how to access advocacy services as concerns arose.

The AL Specialist worked to refresh and distribute Residents' Rights materials for residents of AL facilities as part of a broader outreach and visibility effort. Local ombudsmen also shared updated Residents' Rights posters directly with Resident Council presidents, using these touchpoints to reinforce the ombudsman's role, explain how residents can seek assistance, and normalize Resident Council engagement. To support resident orientation and awareness, ombudsmen also provided LTCOP tote bags and magnets, and welcome packets for new residents. These materials were designed to support program visibility within facilities and promote consistent messaging about Residents' Rights and available advocacy services, particularly for new residents and Resident Council members.

Media engagement during FFY25 focused on elevating the program's policy voice and responding to emerging issues affecting long-term care residents. An interview with Fox59 featured the SLTCO discussing Westfield's new city ordinance to charge fees for non-emergent 911 calls at residential care facilities. The State Ombudsman also provided background and comment to local media in response to several facility-specific situations.

Program Data Collection

Reliable LTCOP data collection is essential not only for federal reporting compliance but also to ensure that residents' experiences are accurately represented, and to identify statewide trends and support systems advocacy. FFY25's improvements to the LTCOP software laid the groundwork for continued refinement in FFY26 as the program balances increasing demand with limited technology resources.

Local Ombudsman Activities

Local ombudsmen provided direct, resident-centered advocacy across Indiana throughout FFY25. These activities represent the heart of the program's mission: ensuring that residents

living in long-term care have a voice and that their rights are protected. During FFY25, ombudsmen documented a wide range of activities.

Although overall activity counts in FFY25 (such as I&A to individuals and staff, and complaint-related visits) are lower than in FFY24, these variances do not necessarily reflect a reduction in resident need or ombudsman effort. During FFY25, the National Ombudsman Reporting System (NORS) reporting conventions were updated by the Administration for Community Living and reflected in the revised guidance. Updates included clarified definitions for certain activities and emphasized more precise documentation.

Instances of Ombudsman Activities, FFY25

	FFY24	FFY25
Information & assistance to individuals	3,719	2,355
Community education	57	104
Training sessions for facility staff	6	10
Information & assistance to staff	1,404	1,264
Participation in facility survey	479	477
Resident council participation	192	143
Family council participation	16	21
Complaint-related visits	633	365
Continuing education	361	181
Routine access visits	1,886	2,526

As a result, some interactions that may previously have been counted as discrete I&A events were instead documented within complaint investigation or other reportable activity categories, consistent with updated NORS definitions and training. In addition, ombudsmen devoted substantial time to complex cases involving serious concerns, which often require multiple contacts and extended follow-up without generating higher numbers of individual reportable events.

FFY25 Complaints

The LTCOP received and investigated 1,699 complaints in FFY25, 74% of which were verified. Sixty percent of the total complaints were partially or fully resolved to the satisfaction of the complainant. These complaints reflect a wide range of resident concerns, with the majority concentrated in long-standing areas of concern, including Residents' Rights, quality of care, and transfer/discharge issues. While complaint volumes vary by region and facility type, the underlying themes mirror national trends as resident acuity continues to increase.

A small number of recurring issues account for a substantial share of ombudsman casework each year. The table below summarizes the five most frequently reported complaint categories during FFY25, including their share of total complaints and changes from the prior year. Selected trends are discussed briefly to provide context for the data.

Complaint Area	# in FFY25	% of total complaints
Res. Rights – Discharge/Eviction	195	11.47%
Res. Rights – Gross neglect	81	4.77%
Non-Facility – Res. rep or family conflict	75	4.41%
Care – Medication Errors	69	4.06%
Care – Personal hygiene	61	3.59%

Transfers, Discharges, and Evictions

Complaints involving involuntary transfers, discharges, and evictions remained one of the most common issues during FFY25. These cases are often complex and time-intensive, as residents face significant disruption and ombudsman work to ensure legal protections and due process are followed.

Gross Neglect

Complaints involving gross neglect represented some of the most serious cases handled by the program during FFY25. These complaints typically involve residents with complex needs and require extensive investigation, coordination, and follow-up to address risks to health and safety.

Resident Representative/Family Conflict

Conflicts among resident representatives or family members continued to account for a significant share of non-facility complaints. These cases arise when family members disagree about a resident's care decisions, finances, or living arrangements, even when the resident's wishes are clearly expressed. Substantial ombudsman involvement is often required to support resident autonomy, clarify decision-making authority, and prevent escalation.

Complaint data are essential, but they tell only part of the story. Behind each complaint is a resident who may be confused, frightened, uncomfortable, unheard, or unsure of their rights. Ombudsmen help residents regain a sense of control and dignity, ensuring that their concerns lead to meaningful action.

Medication Errors

Medication error complaints continued to be a frequent concern, reflecting issues such as missed or delayed doses, insufficient supply, administration errors, or inadequate monitoring. These complaints raise serious safety concerns and often intersect with broader care planning and staffing challenges.

Personal Hygiene and Basic Care

Complaints regarding personal hygiene persisted as a key indicator of unmet care needs particularly for residents requiring hands-on assistance. These cases frequently reflect staffing constraints and failure to provide care consistent with residents' dignity, acuity, and care plans.

State Office Activities

Throughout FFY25, the state office led, coordinated, and strengthened the LTCOP. With only three full-time staff for part of the year—the SLTCO, the deputy director, AL specialist, and a temporary ombudsman intake contractor—the state office carried out responsibilities essential to maintaining the program's integrity, ensuring regulatory compliance, and supporting statewide impact.

In addition to operational responsibilities, the SLTCO provides statutory and strategic leadership for the program. This includes establishing statewide priorities, ensuring compliance with federal and state requirements, overseeing program performance, policies and procedures establishment and updates, and leading systems advocacy. The SLTCO represents the interests of long-term care residents in public, legislative, and interagency settings, helping ensure that resident experiences inform statewide policy and regulatory discussions.

FFY25 marked the first year of formal quarterly documentation reviews with local ombudsmen. Conducted by the deputy director, these reviews assessed case narratives, complaint coding, timeliness, activity documentation, and informed targeted trainings to strengthen statewide consistency. The process also identified recurring documentation challenges, particularly among newly onboarded ombudsmen.

Despite ongoing turnover and new hires in several regions, the state office made measurable progress in improving the accuracy and consistency of ombudsman documentation statewide. This included providing ongoing training, technical assistance, and quality review to ensure alignment with the federal National Ombudsman Reporting System (NORS).

The State Office planned and delivered the Program's three-day statewide training in June 2025, covering Residents' Rights, documentation standards, suicide prevention strategies, survey processes, and guardianships and Powers of Attorney (POAs). Evaluations reflected strong engagement, and the training reinforced consistent expectations for Ombudsmen across the program.

In addition, the state office provided individualized onboarding for new ombudsmen, establishing a strong foundation in Residents' Rights, ethics, investigation and resolution practices, documentation standards, and program requirements.

The state office also participated in national and statewide networks, including Indiana's Multi-Sector Plan on Aging (*Age Forward Together*) and ADvancing States' technical assistance initiative. These activities reflect a program managing high demand with limited resources while maintaining a strong commitment to Residents' Rights, program integrity, and statewide coordination.

Systems Advocacy

Systems-level advocacy remained a central focus of the program during FFY25. While local ombudsmen address individual resident concerns, the state office monitors statewide trends,

identifies recurring issues, and elevates resident experiences to policymakers and regulatory partners. This work ensures that resident perspectives inform long-term care policy, planning, and oversight.

Throughout the year, the SLTCO engaged primarily with state agencies, advocacy organizations, and national partners, with legislative engagement increasing toward the end of the year. Distinct from individual complaint work, these efforts support a more transparent, accountable, and resident-centered long-term care system.

Collaboration with other State Agencies

The SLTCO and deputy director met regularly with the Indiana Department of Health (IDOH) Long-Term Care Division throughout FFY25. These meetings provided opportunities to discuss complaint and survey trends, transitions and facility closures, enforcement actions and compliance concerns, staffing and behavioral health challenges, and emerging systemic issues affecting facility operations. These conversations helped ensure resident experiences were visible in regulatory decisions and that oversight efforts remained aligned across agencies.

National Advocacy and Federal Policy Work

The program participated in national ombudsman networks, responded to federal comment periods on proposed regulations, and collaborated with national organizations such as Consumer Voice. These activities addressed issues including staffing standards, nursing home ownership transparency and accountability, involuntary transfer and discharge protections, appeals processes, and federal oversight of long-term care facilities.

RESPONDING TO FACILITY CRISES AND SYSTEMIC EVENTS

Local Ombudsmen played key roles during several significant events in FFY25:

- *At Tranquility Nursing and Rehab in Indianapolis, Ombudsmen supported residents through a highly disruptive facility closure. Collaborating with IDOH surveyors and facility consultants, they helped residents understand their rights, navigate challenging decisions, and prepare for relocation.*
- *Following a shooting at Rosewalk at Lutherwoods assisted living facility in Indianapolis, the local Ombudsman provided on-site support, ensuring residents' safety and emotional well-being and responding to questions about next steps.*

Academic and Research Partnerships

The Program collaborated with academic partners such as the IU McKinney School of Law and IU School of Medicine. These partnerships advanced research into involuntary discharges, care transitions, facility operations, and resident protections, while also supporting public education and training for emerging professionals.

Looking Ahead to FFY26

Several positive developments underway at the start of FFY26—including expanded legislative outreach, planning for legislator facility visits, and confirmation of compliance with the new OAA Final Rule—position the program for increased visibility and impact. The program enters the year with both challenges and opportunities, guided by a continued commitment to protecting the rights, dignity, and well-being of long-term care residents across Indiana.

Late in FFY25, the SLTCO began meeting with legislative assistants from the Indiana House Democratic Caucus, laying the groundwork for increased facility visits and deeper engagement with policymakers. These conversations support a better understanding of daily life in long-term care settings and elevate resident perspectives in discussions about system improvement. Legislative education and engagement will continue to expand in FFY26.

With temporary ARPA funding concluded, FFY26 presents an important opportunity to explore longer-term funding strategies. This includes evaluating Medicaid Administrative Claiming (MAC) as a potential resource, reviewing successful funding approaches used in other states, and strengthening awareness among policymakers and agency partners regarding the program's ongoing funding challenges. Sustainable resources will be essential to maintain statewide coverage, support routine access visits, and strengthen capacity.

A high priority for FFY26 is stabilizing staffing within the state office. This includes hiring and onboarding a volunteer program coordinator, evaluating long-term needs, and assessing whether a dedicated Hearings and Appeals Ombudsman Specialist position is warranted as involvement from the Office of Administrative Law Proceedings during appeal hearings continues to increase. Strengthening state office capacity will support consistent oversight and service delivery statewide.

The program will also focus on rebuilding and strengthening Indiana's statewide ombudsman volunteer program. Priorities include streamlining onboarding, clarifying expectations, and improving retention strategies. Volunteers remain critical to expanding the program's presence, particularly in large or underserved regions.

Finally, the program intends to reestablish consistent communication across social media platforms in FFY26. With anticipated support from the volunteer program coordinator, efforts will focus on consumer-friendly education, Residents' Rights awareness, volunteer engagement, and increased public understanding of the Program's role. Outreach activities will be balanced carefully with program capacity to ensure sustainable and responsible visibility, ensuring responsible and sustainable communication.

APPENDIX A

The Indiana Long-Term Care Ombudsman Program (LTCOP) was established under the Older Americans Act and Indiana Code 12-10-13 to serve as an independent advocate for individuals living in long-term care settings. Ombudsmen listen to residents, elevate their concerns, and work with them to protect their rights, dignity, and well-being. The work is confidential, resident-directed, and grounded in the belief that every person living in a nursing home, licensed residential care facility, or Medicaid-certified assisted living community deserves to have their voice heard and their choices respected.

Indiana's LTCOP structure is decentralized, a model that has shaped the program for decades. Rather than operating as a fully centralized state-run system, Indiana relies on a network of local ombudsmen employed by host agencies across the state. Host agencies include Area Agencies on Aging (AAAs), which may operate the ombudsman program directly or subcontract services to qualified organizations such as Indiana Legal Services and other local nonprofit organizations. This decentralized structure allows ombudsmen to remain rooted in their communities, while responding directly to concerns as they arise.

At the state level, the program is led by the State Long-Term Care Ombudsman (SLTCO), housed within FSSA's Office of General Counsel. The state office sets the program's overall direction, ensures compliance with federal regulations, certifies local ombudsmen, provides statewide training, reviews documentation, and carries out systems advocacy. This leadership role is distinct from day-to-day casework; the SLTCO is responsible for the overall health of the program, including its integrity, consistency, alignment with federal protections, and ability to elevate resident experiences to policymakers and agency partners.

In this decentralized model, the state office and the local ombudsmen work closely together. Local ombudsmen bring forward the experiences of residents they meet with in facilities every day, and the state office ensures those experiences inform training, oversight, and systems-level conversations. The relationship is iterative: local practice informs statewide policy; statewide guidance strengthens local advocacy. It is a system built on interdependence.

Over the past several years, Indiana Legal Services (ILS) has become one of the program's most significant and stabilizing partners. As of FFY25, twelve of the sixteen AAAs subcontract with ILS for ombudsman services. This shift has added a new layer of consistency and professionalism across large regions of the state. ILS also established a Team Lead — a seasoned ombudsman — who supports documentation, mentors new staff, and maintains continuity when vacancies occur. This collaborative structure has strengthened the program and reduced administrative strain on the small state office.

For residents, Indiana's hybrid model means they have access to advocates who know their communities yet operate under a statewide umbrella that protects their rights. It means an ombudsman may help a resident understand an involuntary discharge notice one day, speak with facility leadership the next, and later bring systemic patterns to the attention of state partners. The structure allows for both personalized advocacy and coordinated statewide oversight.

Federal law reinforces the program's independence. The ombudsman's views and statements do not represent those of the state agency — a requirement designed to keep the program free from conflicts of interest and fully aligned with resident wishes. This independence is not symbolic; it is essential. It allows ombudsmen to challenge facility decisions, raise concerns about systemic problems, and advocate for residents without fear of institutional pressure. Resident confidentiality is similarly protected by federal law, ensuring that sensitive information shared with ombudsmen remains private unless the resident authorizes disclosure.

This appendix provides the structural context behind the program's work: how Indiana's ombudsman system is organized, why its independence matters, and what this means for the nearly 60,000 long-term care residents across the state. The pages that come before it document the year's activities, challenges, and progress, but this section explains the framework that makes that work possible.

The Office of the State Long-Term Care Ombudsman is a programmatically independent advocacy service located within Indiana's Family and Social Services Administration. Points of view, opinions, or positions of the Ombudsman do not necessarily represent the view, positions, policy of the Indiana Family and Social Services Administration [45 CFR Part 1324.11(e)(8)].

This annual report is compiled and distributed to meet state law requirements.

Please direct any questions, comments, or discussion about the contents of the report or issues affecting the residents of long-term care facilities to the State Long-Term Care Ombudsman.

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