



Office of  
Ombudsman for  
Long-Term Care

# 2025 Annual Report



**Federal Fiscal Year 2025**  
**October 1, 2024 – September 30, 2025**



Pictured: OOLTC staff and volunteers at a volunteer recognition event in Brainerd, Minnesota in October 2024

## Introduction

The role of the Office of Ombudsman for Long-Term Care (OOLTC) is increasingly vital in the long-term care landscape as we navigate the changing climate of long-term care services and supports. With increased scrutiny on waste, fraud, and abuse in long-term care, federal and state funding challenges, and increasing complexity reflected in the needs of those receiving care, the OOLTC remains more important than ever. We continue to work tirelessly to ensure the voices of those receiving long-term care services and supports are reflected in discussions about their care and their lives.

The OOLTC ended the 2025 Federal Fiscal Year (FFY) planning for the departure of our State Long-Term Care Ombudsman, Cheryl Hennen, who announced her retirement after over 20 years with the program. We look forward to working toward our continued mission and vision as we move into the new year with new leadership and the same continued passion for advocacy.

The following pages outline highlights from Federal Fiscal Year 2025 and provide a snapshot of the incredibly important work our Ombudsman staff and volunteers have accomplished throughout the year.



## Table of Contents

<b>Program Overview .....</b>	<b>4</b>
<b>Our Advocates .....</b>	<b>5</b>
<b>Outreach and Activities.....</b>	<b>6</b>
<b>Case and Complaint Work.....</b>	<b>7</b>
<b>Case Examples.....</b>	<b>9</b>
<b>Ombudsman Specialists.....</b>	<b>12</b>
<b>Ombudsman Volunteers.....</b>	<b>13</b>
<b>Legislative Advocacy.....</b>	<b>15</b>
<b>Systemic Barriers.....</b>	<b>16</b>
<b>Funding.....</b>	<b>19</b>
<b>Staff Directory.....</b>	<b>20</b>
<b>Contact Information.....</b>	<b>22</b>

# Program Overview

The Office of Ombudsman for Long-Term Care (OOLTC) advocates for adults in Minnesota receiving or seeking licensed long-term care services and supports. Our mission is to empower, educate, and advocate alongside Minnesotans receiving long-term care services to ensure their rights are upheld. We are a program of the Minnesota Board on Aging and all of the services provided by our program are free and confidential.

## Services We Provide

OOLTC works with residents, their families, providers, and other agencies to resolve individual and systemic complaints and concerns. Program staff and volunteers work directly with residents to support and honor resident rights by:

- Providing information and assistance about consumer rights, facility regulations, long-term care options, and supports and services in long-term care facilities and community settings.
- Empowering residents to self-advocate.
- Investigating and resolving complaints about quality of care or services, rights violations, access to services, discharge or eviction concerns, and public benefit programs.
- Discussing the right to make complaints free from retaliation. Ombudsmen may not discuss or disclose any information without the resident's individual consent.

Additionally, OOLTC works to monitor systems and impact legislative and policy actions to ensure the voices of residents and consumers are reflected in the decisions that impact their lives. OOLTC participates in a variety of multidisciplinary workgroups, advisory councils, and coalitions. OOLTC engages in regularly scheduled meetings to collaborate across state agencies. Some of the systems work includes:

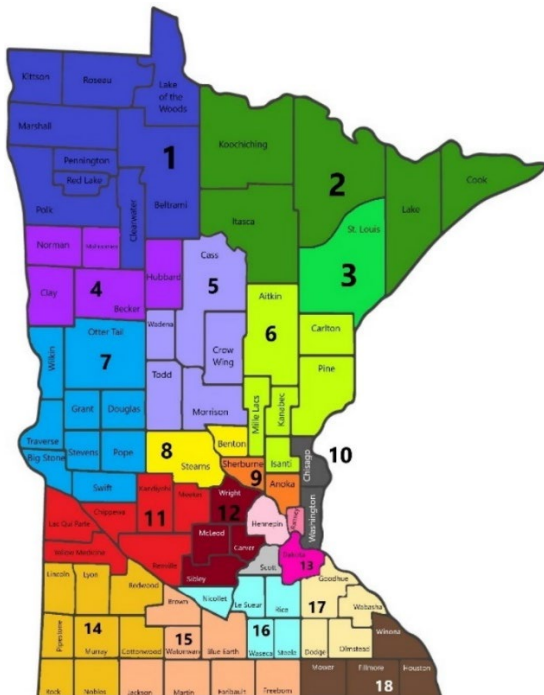
- Developing our own legislative agenda annually.
- Testifying and arranging for resident testimony at the legislature to elevate resident concerns as it relates to proposed changes.
- Giving feedback and recommendations on state and federal agency's legislative agendas and policymaking actions.
- Monitoring legislative activity.

# Our Advocates

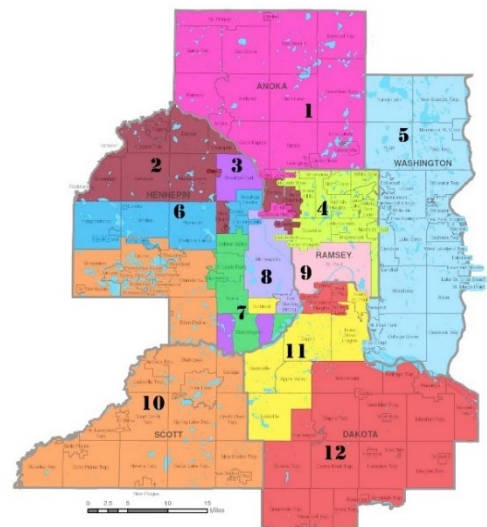
OOLTC staff and volunteers are assigned to designated geographic locations and facilities across the state. This ensures a regular presence which helps promote relationship building with residents, families, and providers. OOLTC has a variety of advocates including:

- 27 Regional Ombudsmen
- 29 Certified Ombudsmen Volunteers (COV)
- 3 Self-Advocacy Specialists
- 1 Resident and Family Council Specialist (RFACE)

*Call 1-800-657-3591 to speak to a Regional Ombudsman in your area*



*Twin Cities Metropolitan Area  
Counties, Cities, and Townships*



Maps show geographical coverage areas of our Regional Ombudsmen. Those outside of the Twin Cities metropolitan area cover larger geographical regions to account for travel time and population density.

Additional OOLTC staff:

- State Ombudsman
- Deputy Ombudsman
- Supervisors (4)
- Policy (3)
- Intake / Notices (3)
- Data (2)
- Volunteer Coordinator

*A full staff directory is included in the final pages of this report.*

# Outreach and Activities

In-person visits are the bedrock of the MN OOLTC program. OOLTC provides many critical activities, including in-person visits, to support quality of life and quality care for residents in Minnesota. Below are some of the activities of the Ombudsman staff and volunteers in FY 25.



## Gov.Delivery

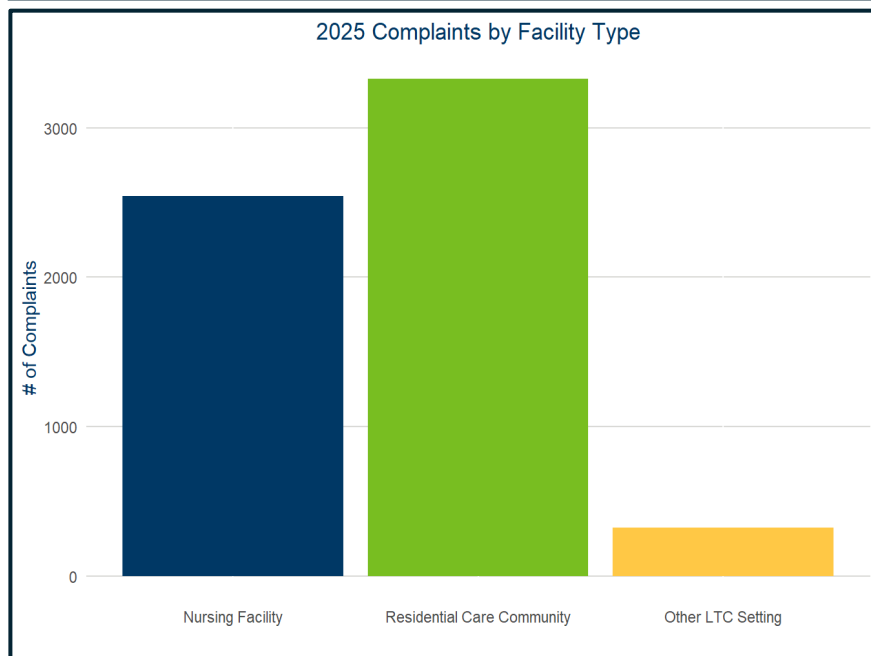
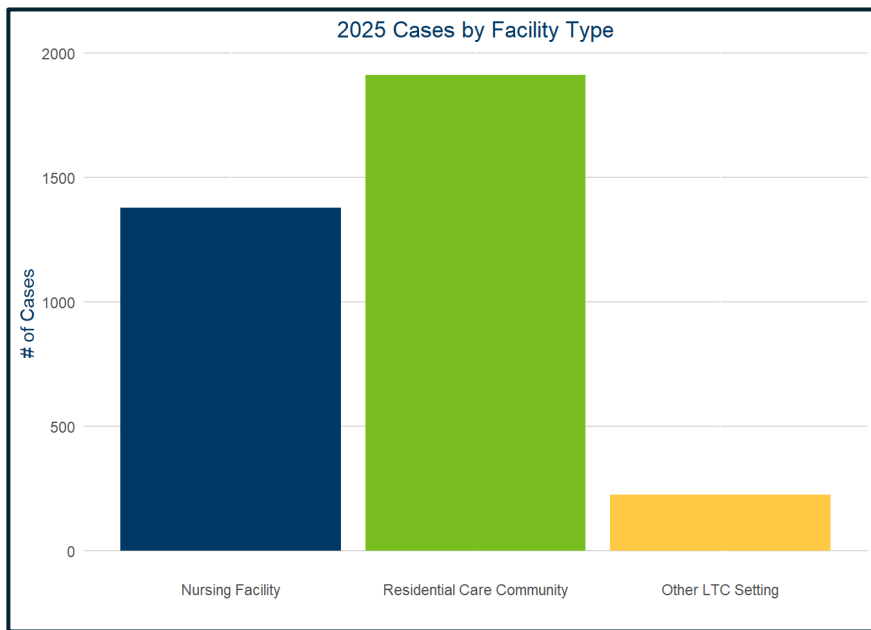
OOLTC sent out 8 publications in FY 2025 to our Gov.Delivery subscribers continuing the mission of keeping consumers informed of important issues regarding OOLTC and long-term care. Topics included:

- Celebrating Resident Rights Month
- Accessing the Uniform Disclosure of Assisted Living Services and Amenities (UDALSA)
- Caregivers and Family Councils
- 2024 Annual Report
- Redesigned OOLTC website
- OOLTC Project report
- Legislative Recap
- Resident Listening Sessions and Activities



# Case and Complaint Work

In FY 2025 OOLTC saw continued trends of increased case and complaint work in assisted living settings. Staff and volunteers responded to complaints from consumers of nursing homes, assisted living facilities (classified in the graphics below as Residential Care Communities as defined in federal language) and various other long-term care settings and provider types. Other LTC settings include: 245D group homes, 245A adult foster homes, home care agencies, hospice organizations and others.



## Cases and Complaints

In FY 2025 Ombudsman staff and volunteers:

- Responded to 6,196 complaints
- Verified 5,034 complaints\*

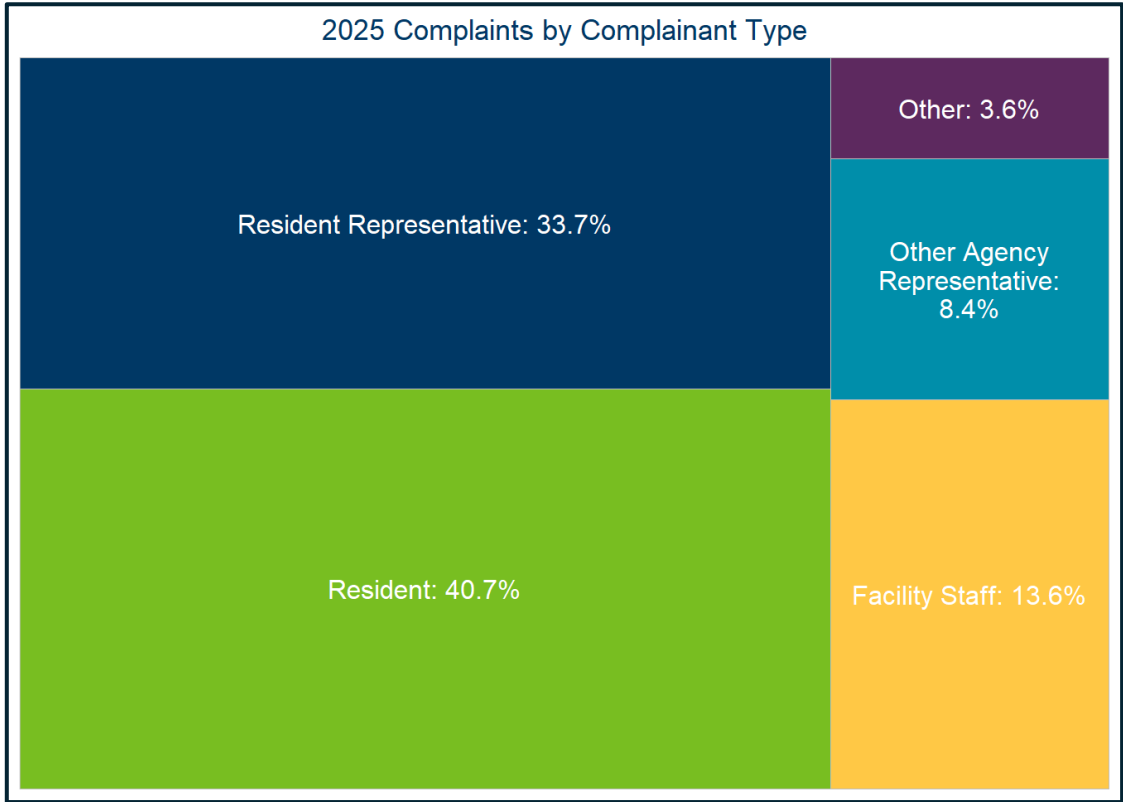
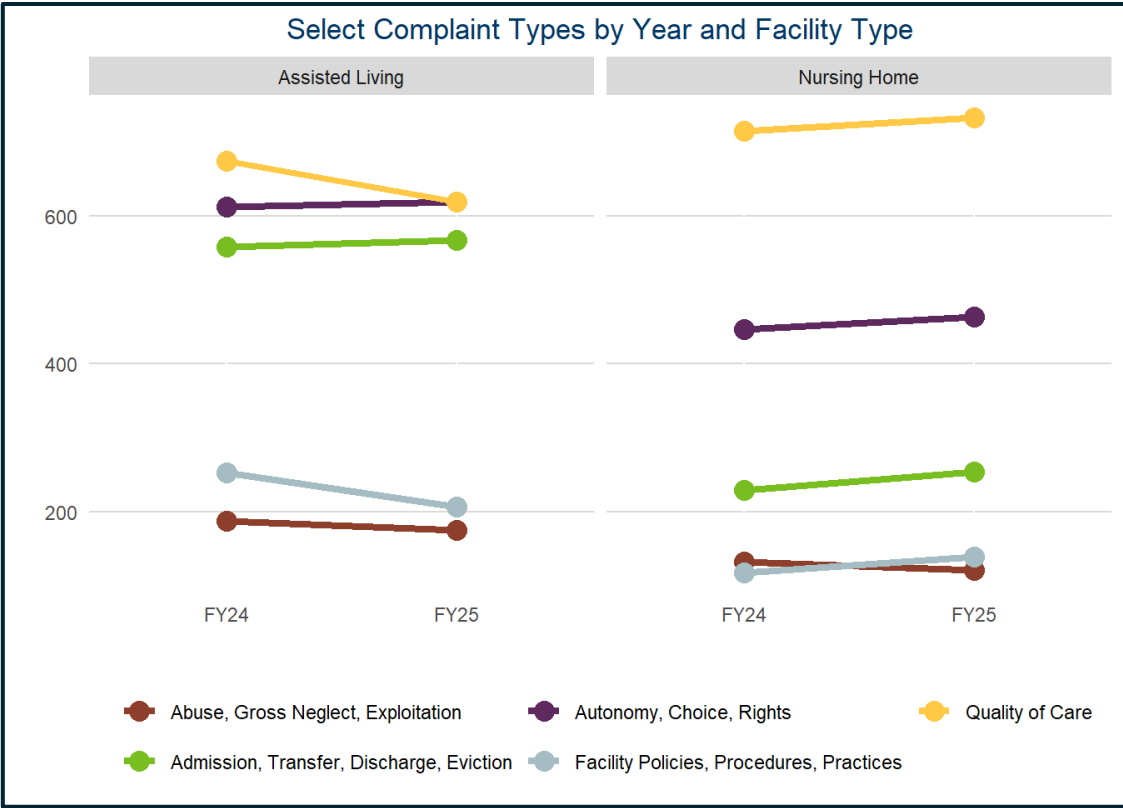
(\*support is offered to residents regardless of verification status)

## Top Complaints

Care concerns:  
1,394

Autonomy, Rights & Choice:  
1,159

Admission, Transfer, Eviction:  
888



## Case Example: Judy

This is a complex case including multiple referrals. Judy\* is an 88-year-old woman who moved to a nursing home for a short-term stay after falling and breaking her hip. She had a history of alcohol abuse and dementia. A guardian was put in charge of her decisions. Initially, the resident reached out to the Regional Ombudsman inquiring about support to terminate her guardianship.

A facility physical therapist conducted cognitive testing that showed deficits and that Judy required significant assistance. The Regional Ombudsman created a plan with Judy to request neurocognitive testing from a neuropsychologist. A plan was then made to connect Judy with a referral for Lutheran Social Services Supported Decision Making program regarding the guardianship request.

During the course of the investigation, the Regional Ombudsman learned that in the 10 months Judy had been residing at the facility, her guardian had only made a \$3,000.00 payment on her nursing home bill. She owed nearly \$73,000. Judy thought she was getting financial support from Medical Assistance and was not aware her bill wasn't being paid. Despite promises to pay for her acute care needs and to file Medical Assistance paperwork, the guardian did not fulfill his guardianship responsibilities. The resident's partner of 40 years had provided necessary financial documents to the guardian and even opened and paid for a health insurance plan so the resident would at least have general health care coverage during this time. The facility eventually issued an involuntary discharge notice due to non-payment, with plans to discharge the resident to her son's home, an environment where she would be unable to have her needs met or the ability to navigate safely due to her physical limitations. The Regional Ombudsman supported Judy to file an appeal of the discharge and referred her to Legal Aid for further support. The Legal Aid attorney was able to successfully work with the facility to get the discharge notice rescinded.

Another concern arose when, at one point during this process, Judy's guardian stopped allowing her to leave the building to visit her partner. This was devastating to Judy. Her partner continued to make requests to take her out; however, when the facility would contact the guardian to ask for permission, the guardian did not answer their calls. Due to advocacy from the Regional Ombudsman, the facility did honor her rights and let Judy go out with her partner.

*\*Name changed to protect the anonymity of the resident*

Judy also got help from OOLTC to file a complaint with the State Court Administrator’s Guardian and Conservator Complaint Program. Given the impending discharge notice and severity of the case, the report was expedited and substantiated. The investigator recommended an audit (the guardian did not comply with the audit), a hearing, a court visitor for Judy, and an attorney be assigned to her. The attorney worked closely with Judy and the Regional Ombudsman to accomplish her goals of having her granddaughter take over guardianship and move to a facility closer to her partner. She is thankful to see her partner almost every day.

At the close of the case, Judy’s response to the Regional Ombudsman saying, “Well, I think our work is officially done,” was:

*“Oh NO! It can’t be.  
I enjoy seeing you too much!”*

### **Regional Ombudsman Actions**

Provided facility with information and assistance to involve Adult Protective Services  
Supported resident through a guardianship complaint  
Filed an appeal of the involuntary discharge notice  
Coordinated with guardian to get resident legal support on discharge

### **Complaints Addressed**

Resident Representative or Family Conflict  
Rehabilitation Services  
Discharge / Eviction  
Request to transfer to community setting

### **Referrals Made**

Lutheran Social Services Supported Decision Making program  
Legal Services of Northwest Minnesota  
Minnesota Elder Justice Center  
State Court Administrator’s Guardian and Conservator Complaint Program (GCCP)

## Case Example: Things are heating up!

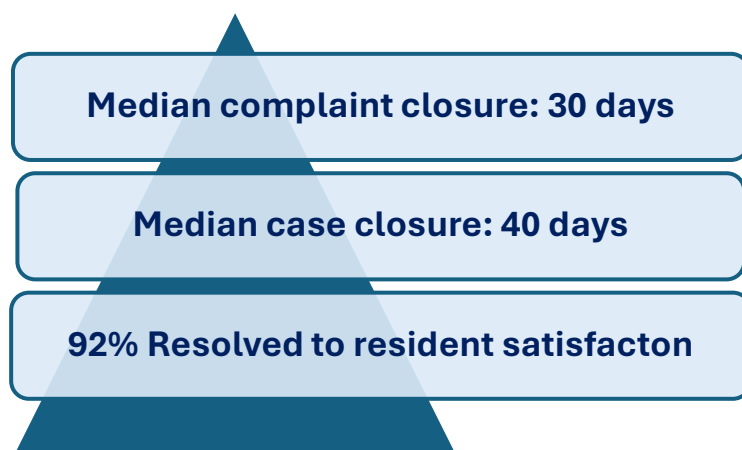
A resident reached out to the Regional Ombudsman and reported that she moved into her assisted living with a fully equipped apartment, including stove and microwave. She said her husband, who had passed away about 10 months ago, had an incident with a tea kettle that rendered the stove non-functional. The resident reported that she had put in at least 3 requests for the stove to be repaired or replaced and for almost a year now, management had been “giving her the runaround” regarding fixing or replacing the stove. The resident had also talked to maintenance staff with no progress on the maintenance request. The Regional Ombudsman learned that management of the facility had been changing hands in the last couple months and had made no progress on getting the stove repaired or replaced.

### Regional Ombudsman Actions

With the resident’s consent, the Regional Ombudsman met with the assisted living’s director. She was not aware of the stove issue. The facility had new management that took over two months prior. The director promised to look into the resident’s concerns. She quickly initiated action on getting the stove replaced and promised to switch out one of the stoves from an unoccupied room. The resident was able to have a working stove back in her assisted living apartment within 7 days of the Regional Ombudsman’s involvement. The resident was very pleased with the outcome.

## Case Complexity and Resolution

The cases outlined illustrate that OOLTC supports residents through varied settings and varying levels of case complexity. In some situations, OOLTC staff are able to resolve a case on a single visit to a facility, while others can take days, weeks or months to resolve.



# Ombudsman Specialists



Pictured: Specialists left to right: Emma Shepard, Kab Nras Lee, Brian Stamschror, Tammy Hollingsworth

Funded by the federal Money Follows the Person Demonstration grant, OOLTC has three full-time Self-Advocacy Specialist staff. They empower residents in long-

term care communities

throughout the state by providing training on rights that teaches residents how to advocate for improved care. By incorporating direct resident feedback, they develop statewide educational materials and offer individualized support to Resident and Family Councils.

## Resident Family Advisory Council Educator (RFACE)

Nursing home provider bed fees fund the Resident and Family Council Specialist (RFACE) program, which supports resident and family councils in skilled nursing facilities statewide. The program emphasizes resident-led councils, reducing reliance on facility staff and strengthening resident engagement. This fiscal year the RFACE specialist has prioritized increasing council involvement in quality improvement efforts within facilities designated as Special Focus Facilities (SFF) or identified as SFF candidates by the Centers for Medicare and Medicaid Services (CMS). Historically, residents have had limited awareness of these designations. Through targeted education and facilitation, the RFACE specialist has improved resident awareness and established more consistent communication between facility leadership and councils regarding identified deficiencies, areas for improvement, and corrective actions.

## Specialist Activities



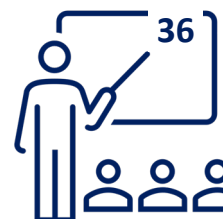
Self-Advocacy Workshops Provided



Professional Trainings Provided



61 Councils Supported



Professional Staff trained in Person-Centered Care



58 Communities Served

## Ombudsmen Volunteers

Certified Ombudsman Volunteers (COV) offer invaluable contributions to our office. COVs assist Regional Ombudsmen with advocacy work and have a regular presence in the facility to which they are assigned. Each COV brings unique experience and background to the program. In addition to the robust training provided by OOLTC, their personal and professional experiences have made them a trusted ally for residents, families, and providers in order to ensure the highest quality of care and services are received by the residents they support. The estimated financial value of one volunteer hour in Minnesota is \$38.16. This rate, often used by nonprofits to calculate the economic impact of in-kind labor, reflects data from the [Independent Sector](#). Our Certified Ombudsman Volunteers provide exceptional advocacy and create valuable relationships with long-term care residents across Minnesota.

29 Certified Ombudsman  
Volunteers supported residents in  
FY2025

2,455 activities performed by  
Certified Ombudsman Volunteers

2,832 COV hours donated in  
FY2025

Estimated financial value  
\$108,069.12

## Volunteer Spotlight

Ann Pabst is a wonderful COV in the nursing home she has served for over 2 years. Ann has built great relationships with the residents and the staff. The residents know they can count on Ann as a good listener and someone who will help take action! Ann is thoughtful and thorough in her approach and makes sure to get as much information as possible to find a positive outcome. Ann has been working with a resident who has been anxiously awaiting discharge to a group home but has experienced a few roadblocks due to county delays. Ann has been persistent in helping him apply for programs needed to make the transition happen. With Ann's help to make phone calls, send emails and communicate with facility staff and case workers, this resident was discharged to the home of his choice.



- *Regional Ombudsman Patty Odlaug regarding COV Ann Pabst*



Ronna Locketz, in her ten plus years as the Certified Volunteer Ombudsman at a nursing home in the north metro, has effectuated many improvements in the care and lives of the residents. However, the biggest strength she brings to her work is in teaching residents how to be their own best advocate. Ronna helps them find their “why” and how to focus on moving forward one step at a time. One such case is a woman who came to the facility with many physical and mental health concerns. Ronna

worked with her to understand her “why,” which was the need for her independence. Ronna focused on getting her occupational therapies and mental health supports so that this young woman could progress towards her goals in the facility. Working together with the resident and the staff, Ronna empowered both to work towards the goal of independence. Soon this resident will go home, stronger and more confident in her own advocacy skills. Ronna was there, week after week, supporting her.

- *Regional Ombudsman Anna Solowiej regarding COV Ronna Locketz*

Progress comes with practice, and practice comes with purpose.

Know your “why.” – Melissa Steginus



Sandy Henry has been a strong and impactful advocate at the nursing home she has served in St. Paul for almost two years. Sandy brings a wealth of experience in advocacy as she was a senior director in the disability field and noted as a “catalyst for change” by her former employer. Sandy has poured energy and experience into her new role as a COV. One of Sandy’s greatest accomplishments so far has been her work with

the resident council. The facility needed change and fresh ideas for the council and Sandy brought that new light. Sandy has been instrumental in empowering residents to understand and exercise their rights. Because of Sandy’s involvement, the resident council is growing, and the resident voices are being heard. I am so grateful to have Sandy as a COV with our program.

- *Regional Ombudsman Patty Odlaug regarding Sandy Henry*

To learn more about becoming a Certified Ombudsman Volunteer, please contact Marie Kessler by email at [Marie.L.Kessler@state.mn.us](mailto:Marie.L.Kessler@state.mn.us) or call 651-890-6308. You can also call the main intake line at 1-800-657-3591.

## Legislative Advocacy

The 2025 legislative session ended with a special session called by the Governor, three weeks after the constitutional end date for regular session. The next weekend, Speaker Emerita Melissa Hortman and her husband Mark were assassinated, and Senator John Hoffman and his wife Yvette were the targets of an attempted assassination. These events were shocking. They have already had a significant impact on the 2026 legislative session in many ways. These lawmakers, along with their colleagues, worked on several changes to long-term care during the 2025 session. Two of these changes are highlighted below.

### The right to stay in your home

Residents have reported to OOLTC that they moved into a particular assisted living because they were promised that if they spent their life savings at the facility, they could stay in their home and use a program such as Elderly Waiver to pay for care. However, when the time came for residents to make this switch, their assisted living told them they could not stay. Residents found themselves leaving what they thought would be their forever-home with far fewer resources and options available to them. Driven by advocacy from OOLTC and our partners in the Consumer Advocates Coalition, the legislature confirmed that this practice is unacceptable. For assisted living contracts signed on or after January 1, 2026, residents who have spent down their assets have the right to stay in their home when the home has advertised or represented that they accept public pay sources.

This change came from a bill that recognized how difficult it is for residents to experience multiple fee increases per year with oftentimes confusing and opaque billing practices. We've heard residents and families talk about the frustration of fees increasing while the services they are already paying for are not being provided. Providing some fee increase guardrails was a change we advocated for, but this part of the bill did not pass in 2025. OOLTC is grateful at the changes that were made – facilities will need to honor their promises to residents going forward.

### On-going work

OOLTC and the Consumer Advocates Coalition also advocated for changes to ownership requirements. When a for-profit entity wants to purchase a non-profit nursing home or assisted living facility, there is now additional information required on the application form to allow for a more thorough assessment of the individuals who would own the facility. Residents will also need to be notified.

There is, however, much more work that needs to be done on this issue. Residents report to advocates that they face a significant reduction in quality of care, number of staff in the building, and availability and quality of food and supplies after a for-profit entity takes over a

non-profit facility. Assisted living facilities and nursing homes should not be investment vehicles. They are a person's home where they should receive good care.

Financial guardrails such as ensuring for-profit entities ensure 75% of taxpayer dollars go to direct care workers, prohibiting self-dealing, and ensuring quality of care does not reduce after a change of ownership are part of a package of prohibited practices OOLTC and the Consumer Advocates Coalition continue to advocate for. These changes are part of ensuring better outcomes for residents by demanding transparency and accountability for how owners spend taxpayer dollars and residents' life savings.

## Systemic Barriers

Every year as part of OOLTC's annual report we review barriers or issues that prevent the OOLTC or the long-term care system from working optimally from a resident perspective. Two specific issues stood out this year in Minnesota. Continued concerns about adequate staffing across long-term care settings remain a top issue in Minnesota. Additionally, residents report increasing fees at assisted livings while they are also reporting not getting the services they have in their care plans. The following paragraphs further describe these barriers to resolving complaints to the satisfaction of residents this year.

### Staffing

Lack of adequate staffing remains an issue across much of the long-term care industry, impacting the quality of care for residents. OOLTC handled 284 specific staffing complaints in FY 2025, but often complaints unrelated to staffing reveal staffing as a contributing factor to the larger concern. Ombudsman staff and volunteers may support a resident to resolve a concern, but increasingly the resolution is not sustainable due to lack of adequate staffing. Staffing concerns have contributed to complaints such as:

- Inability to get basic care needs met; examples include:
  - Bathing and showers
  - Oral hygiene
  - Getting to the bathroom timely
  - Getting dressed and adequately groomed
  - Being repositioned in bed
  - Nail care
- Lack of development and following of resident care/service plans
- Inadequate assessment of care needs or changes in condition
- Medication error
- Cancellation of physical, occupational, speech or restorative therapies supporting healing or independence

- Excessive call light wait times resulting in incontinence, pain or injury for residents
- Falls or injury due to lack of staffing
- Cancellation of resident activities or no activity offerings at all
- Lack of adequate nutritional offerings as a result of short staffing
- Lack of basic housekeeping services
- Lack of adequate social services, administrative, environmental support addressing:
  - Billing and payments
  - Transportation
  - Social services
  - Building upkeep and maintenance

Despite legislative efforts in Minnesota to address staffing issues, like increased reimbursement rates and the implementation of the MN Workforce Standards Board in 2023, barriers continue to remain. OOLTC developed a workgroup on staffing this fiscal year to track and evaluate the incidence of staffing complaints. This group also continues to track staffing-related legislation and explores options for elevating the resident voice and experience where discussions around staffing, workforce shortage, reimbursement rates, and other important issues are discussed. Adequate staffing is anticipated to remain a top complaint for long-term care consumers. This topic will be at the forefront of the work OOLTC leads to ensure quality of life and quality of care for residents is a top priority.

### **Assisted Living Fees**

The Elder Care and Vulnerable Adult Protection Act was signed into law in 2019, making MN one of the last states in the nation to officially license assisted living settings. The law went into effect in August 2021 and at this time, Minnesota has over 2200 licensed assisted livings. As a result of this law, restructuring occurred in the way assisted living providers arrange and bill for services. Facilities are given a tremendous amount of freedom to determine what services they offer and how they structure their packages and pricing. There are no caps or limitations on what an assisted living provider can charge a private pay resident for apartment rental\* or services. There may also be upfront costs associated with moving in (community fees or assessment fees) or additional fees added on that are not included in the service package. Ideally, these are disclosed prior to executing an assisted living contract, but often residents and families have told us they are not aware of what fees are required until the day they move in, or until additional services are needed.

*\*Some municipalities do have rental limitations in place*

OOLTC efforts to support residents to combat these fees has been extensive but the success in overcoming the fees has been minimal. Some residents have been able to get a specified fee waived through negotiation with a facility, or delay a fee for a few days, weeks or a month due to not getting timely notice of the fee. Others have banded together and used the resident or family council as a vehicle to amplify their voices and been successful in reducing or waiving a newly implemented fee, though this is uncommon. OOLTC has developed an internal workgroup to track the implementation of fees in assisted living and its impact on residents. We review assisted living contracts and fee schedules regularly and have added this as an OOLTC legislative priority.

### **Insufficient Services**

In addition to the issue of fees, individuals are also not always getting the services they are paying for as a part of the increasingly high cost of care. This was illustrated in part in the staffing barriers addressed in this section. OOLTC data reveals that from January 2023 through December 2025, *33% of OOLTC case work in assisted living has involved either disputed fees or insufficient service delivery.* This represents services paid for by both private and public dollars that are not being delivered as promised. This data illustrates yet another dynamic of waste, fraud, and abuse which is currently a top focus in MN.

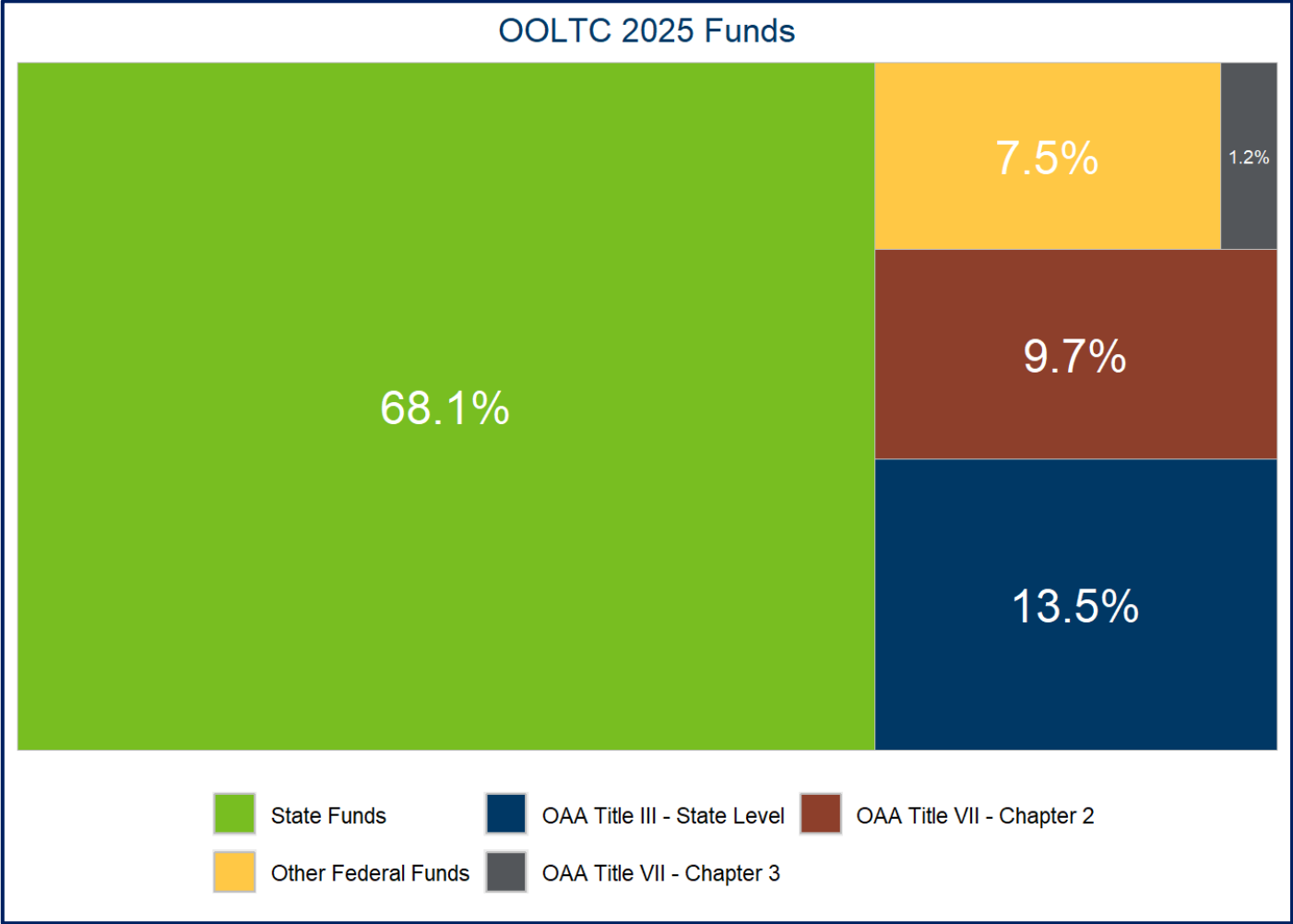
*If residents are not getting the services that their private funds or public dollars are paying for, what is their recourse?*

Private pay residents, even with OOLTC support, are largely unsuccessful in receiving credits or refunds for exorbitant fees or care and services not delivered as promised in their contracts. Those reliant on public assistance have mechanisms to report fraud but have also had limited success holding facilities accountable or getting improvements in the care and services they are supposed to receive. OOLTC will continue to work tirelessly to address these concerns. Continued efforts in this regard will include:

- Educating residents on how to be well-informed of costs and services when choosing an assisted living
- Empowering residents to voice concerns on fees and insufficient care
- Pushing state agencies to investigate maltreatment, waste, fraud, and abuse, and hold providers accountable
- Working towards legislation that will place guardrails on fees and increase notice requirements regarding cost of care and fees in assisted living

# Funding

Funding for OOLTC comes from both state and federal sources, including the federal Older Americans Act (OAA). We're grateful for the support as we continue our efforts to safeguard residents' rights and improve our services for all Minnesotans. The chart below outlines funding allocation sources for the office. Continued strong funding is critical to ensure that the OOLTC can provide a high level of service to long-term care recipients statewide.



# OOLTC Staff Directory

<b>Cheryl Hennen</b> State Ombudsman	<b>Genevieve Gaboriault</b> Deputy Ombudsman	<b>Kristey Vang-Lee</b> Office Supervisor
<b>Jane Brink</b> Regional Ombudsman Supervisor	<b>Linda Suave</b> Regional Ombudsman Supervisor	<b>Paula Wieczorek</b> Regional Ombudsman Supervisor
<b>Maisie Blaine</b> Policy Specialist	<b>Parichay Rudina</b> Policy Specialist Legislative	<b>Alice Hewitt</b> Policy Specialist
<b>Dana Manteufel</b> Data Analyst	<b>Eli Miller</b> Data Analyst	
<b>La'Venia Pitts</b> Office Administrator	<b>Marie Kessler</b> Volunteer Coordinator	<b>Sam Chacon</b> Notices and Data Specialist
<b>Yuvia Rodriguez</b> Office & Admin Specialist	<b>Brian Stamschror</b> Resident and Family Council Education Specialist	<b>Tammy Hollingsworth</b> Self-Advocacy Specialist
<b>Emma Shepard</b> Self-Advocacy Specialist	<b>Kab Nras Lee</b> Self-Advocacy Specialist	<b>Patricia Dominguez-Mejia</b> Regional Ombudsman
<b>Alicia Carrillo</b> Regional Ombudsman	<b>Hanna Sponberg</b> Regional Ombudsman	<b>Michele Christensen</b> Regional Ombudsman
<b>Amanda Caillier</b> Regional Ombudsman	<b>Jami Nyberg</b> Regional Ombudsman	<b>Mitch Muehlhausen</b> Regional Ombudsman
<b>Anna Graner</b> Regional Ombudsman	<b>Kinsley Ayangim</b> Regional Ombudsman	<b>Ntianu Carter</b> Regional Ombudsman
<b>Anna Solowiej</b> Regional Ombudsman	<b>Jamie Kunst</b> Regional Ombudsman	<b>Patty Odlag</b> Regional Ombudsman
<b>Brett Jagodzinski</b> Regional Ombudsman	<b>Jason Mekalson</b> Regional Ombudsman	<b>Sally Schoephoerster</b> Regional Ombudsman
<b>Christopher Bonander</b> Regional Ombudsman	<b>Jeanne Kolo-Johnson</b> Regional Ombudsman	<b>Kate Selseth</b> Regional Ombudsman
<b>Dan Huynh</b> Regional Ombudsman	<b>Jennifer Rogers</b> Regional Ombudsman	<b>Deb Vizecky</b> Regional Ombudsman
<b>Dan Tupy</b> Regional Ombudsman	<b>Julia Lerner</b> Regional Ombudsman	<b>True Lis</b> Regional Ombudsman
<b>Dave Christianson</b> Regional Ombudsman	<b>Erica Hidde**</b> Regional Ombudsman	

\*This reflects staff employed by OOLTC at the end of the FFY on 9/30/2025.

Timothy Hunter started as the new State Ombudsman 3/25/2026, prior to publication date of this report.

\*\*Erica Hidde was the only new staff member to join the Office in FFY 2025.

## Certified Ombudsman Volunteers

<b>Ann Pabst</b>	<b>Jo Hennen</b>	<b>Pat McCormick</b>
<b>Barbara McDonald</b>	<b>Kay Steffen</b>	<b>Pat Westman</b>
<b>Bernice Bertram</b>	<b>Kevin McLane</b>	<b>Patrick Rainbow</b>
<b>Brian Felton</b>	<b>Kirsten Olsen</b>	<b>Ralph Morris</b>
<b>Connie Rosetter</b>	<b>Lorna Leistikow</b>	<b>Ronna Locketz</b>
<b>Doug Johnson</b>	<b>Lori Terhaar</b>	<b>Ruth Steffensen</b>
<b>Fred Simon</b>	<b>Maria Malonado</b>	<b>Sandra Henry</b>
<b>Gary Hennen</b>	<b>Mary Myss</b>	<b>Sara Hoge</b>
<b>Jennifer Burkhardt</b>	<b>Nancy Vyborny</b>	<b>Stephanie Lenartz</b>
<b>Jennifer Wollschlager</b>	<b>Pam Maurelli</b>	

## Contact Us

**540 Cedar Street  
St. Paul, MN 55101**

**1-800-657-3591**

[mn.gov/ooltc/](https://mn.gov/ooltc/)

[Sign up for GovDelivery](#)



Report published on April 10, 2026. This report covers the OOLTC program during the Federal Fiscal Year 2025 from October 1, 2024-September 30, 2025. This document was prepared by Policy Specialist Maisie Blaine. Content was submitted by Marie Kessler, Patty Odlaug, Sally Schoephoerster, Anna Solowiej, Emma Shepard, Tammy Hollingsworth, Brian Stamschror and Parichay Rudina. Charts and graphs were made by Eli Miller. Thanks to editing help from Dana Manteufel, Amanda Caillier, and Deputy Ombudsman Genevieve Gaboriault. Best efforts were made for accuracy.

Contact the OOLTC intake line to request additional printed copies of this report. 1-800-657-3591