

## **Town Of Richmond Discretionary Funding Policy Adopted by the Selectboard on 3/3/25**

### 1. What is Discretionary Funding?

Discretionary funding is a duly-appropriated sum of money in the Town's expense budget allocated to an eligible not-for-profit organization by the Selectboard and approved at Town Meeting.

### 2. What Types of Organizations May Receive Discretionary Funds?

Discretionary funds may only be allocated to not-for-profit; community-based social services providers. In order to receive discretionary funds directly, an organization must be incorporated as a not-for-profit and registered with the State of Vermont., unless exempt and have a Federal Employer Identification Number (EIN).

### 3. What Types of Organizations May Not Receive Discretionary Funds?

For-profit entities may not receive discretionary funds, except when the primary non-profit contractor subcontracts with a for-profit entity as part of the delivery of services. Such subcontracts, however, must be only an ancillary part of the program to be funded, not the primary basis for the discretionary award, and must be approved by the contracting agency.

### 4. What are the Restrictions on the Use of Discretionary Funds?

All public funds, however awarded, must be used for a Town purpose. In general, a Town purpose is defined as an activity or service that is open to all members of the public, regardless of race, creed, gender, religious affiliation, etc., without restriction, and which does not promote a particular religion.

Programs and services provided by religious or religiously-affiliated organization must be able to demonstrate that the program is open to non-members, is not a religious program, and does not promote the religion.

Closed membership groups, which are those to which membership is restricted or subject to eligibility based upon prohibited factors, may generally not receive funding.

Groups that serve a particular population, for example, those age 65 and above in a particular community; are not considered a closed membership group, as long as the program is open and accessible to all seniors in the community. Similarly, tenant organizations in public housing may also receive funding, as long as they provide equal access to all residents of the public housing units they serve.

Funds may only be allocated for a public purpose and may not support political activities and private interests.

### 5. What are the reporting requirements for organizations that are awarded Discretionary Funds?

All organizations that are awarded funds must provide two reports for during the fiscal year in which they received funds. One report is due by January 15 and will provide an update on the organization's activities in the Town of Richmond from July 1 – December 31. The second report is due by August 15 and will provide an update on the organization's activities in the Town of Richmond from July 1 – June 30.

### 6. How to Apply for Discretionary Funding?

All organizations that wish to receive discretionary funding must submit a "Request for Special Appropriations" application to the Town Manager by the Wednesday immediately prior to the second Monday in October. The application elicits information about an organization's experience, qualifications, and integrity, and the project or service for which the organizations is requesting support.

Town of Richmond

**Request for Special Appropriations**

**Request for Fiscal Year: FY2027**

Organization's Name: UVM Health - Home Health & Hospice  
Address: 1110 Prim Rd.  
City, State, Zip: Colchester, VT 05446  
Website address: uvmhomehealth.org

**A. GENERAL INFORMATION**

1. Program Name: UVM Health- Home Health & Hospice
2. Contact Person/Title: Morgan Morris, Grants Manager

Telephone Number: 518-586-6931  
E-mail address: \_mmorris3@ech.org

3. Total number of individuals served in the last complete fiscal year by this program:  
4,547
4. Total number of the above individuals who are Town residents: 95  
Please attach any documentation that supports this number.  
  
Percent of people served who are Town residents: 2 . 0 9 %
5. Amount of Request: \$12,500
6. Total Program Budget: \$29.8M  
Percent of total program budget you are requesting from the Town of Richmond: .04%
7. Please state or attach the mission of your agency: We help people live their fullest lives by providing innovative, high-value, and compassionate care wherever they call home.
8. Will the funding be used to:  
 Maintain an existing program     Expand an Existing Program  
 Start a new program

9. Has your organization received funds from the Town in the past for this or a similar program?

Yes. We are grateful to have received crucial funds from the Town of Richmond, alongside the other 21 Towns in our service area, for many years.

If yes, please answer the following:

- a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase. No
  - b. Were any conditions or restrictions placed on the funds by the Selectboard? No  
If yes, describe how those conditions or restrictions have been met.
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## B. PROGRAM OVERVIEW

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the Town of Richmond?

UVM Health-Home Health and Hospice is a nonprofit home health and hospice agency caring for people of all ages and states of life: from critically ill children to vulnerable families to adults who need rehabilitation, care for chronic illness, adult day services, or end-of-life care. UVM Health-Home Health and Hospice provides medically necessary home and community-based care to individuals and families regardless of their ability to pay. We serve about 4,500 individuals and families throughout Chittenden and Grand Isle Counties every year.

Care at home is proven to provide better outcomes for patients and helps patients avoid re-hospitalization. We are often the sole choice for homebound patients, or those for whom visits outside of the home would be an insurmountable obstacle.

Each year, we provide approximately \$1million in charitable-free or reduced cost-care. We do not turn neighbors away due to lack of ability to pay for the care they receive.

In our most recently completed fiscal year, UVM Health- Home Health and Hospice cared for 95 Richmond residents. This care equates to:

- 138 nursing visits,
- 422 physical and occupational therapy visits,
- 805 social work visits
- 774 speech therapy visits

Please refer to the attached Report for a detailed list of services and charitable care provided in Richmond last year.

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence.

The recipients of Home Health and Hospice services can range from a pregnant person receiving prenatal care at home to an adult who needs rehabilitative therapy following surgery to an individual with a terminal illness who is able to live their final days at home surrounded by family and friends, receiving hospice care. Our programs serve people of all ages and there are no eligibility requirements with respect to age, race, gender, or socioeconomic status. We serve anyone who turns to us in need. Our service area includes residents of Chittenden and Grand Isle Counties.

The number of clients served in a particular town varies from year to year based on community need. Below reflects the number of Richmond residents served by Home Health and Hospice in the past several years. As you can see, the volume varies year by year depending on many factors.

Richmond Residents Served:

2025: 95

2024: 66  
2023:74  
2022: 82  
2021: 81  
2020: 84  
2019: 119  
2018: 125  
2017: 109

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive?

Home Health and Hospice will improve the lives of Richmond residents by offering the following programs and services:

- Family and Children’s Services: strengthening families and improving parents’ capacity to nurture their children through pregnancy and early childhood years by providing nursing care and wrap-around social support services in the home.
- In-Home nursing, physical, occupational, and speech therapy to help people regain their independence after a medical intervention, or to provide care for chronic illness.
- Long-Term, In-Home Care: including our Choices for Care Program which helps people live their best lives in the setting they prefer and avoid institutionalization.
- Adult Day Program: helping older adults stay connected to their community in a safe, stimulating, home-like environment while offering family members respite.
- Palliative Care, in-home Hospice Care and the McClure Miller Respite House providing a home like atmosphere and expert clinical care for those at the end of life.

Home Health and Hospice has a longstanding reputation in the community. We have cared for generations of families, and we often receive feedback from grateful patients and families who refer to their caregivers by name. We care for our clients and often a byproduct of the care provided is respite, education and stress reduction for the clients’ caregivers and families. Many people find out about our services from people they know. We receive most referrals from hospitals and primary care physicians. We also have very strong partnerships with other health and community service providers such as AgeWell and The Howard Center.

Home Health and Hospice also employs a multi-platform strategy to engage the public in traditional media as well as the digital world. Marketing to publicize our programs and services includes press releases, social media, e-newsletters, posts on our website, and a mailed newsletter and Annual Report.

A community is only as healthy as our most vulnerable neighbors. We care for our full community for providing care for all who need us, regardless of their ability to pay.

### 3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide “X” amount of units of service.)

Funding received from the towns in our service area represents a significant portion of our annual funding and allows us to be able to provide approximately \$1million in charitable care each year. Please refer to the attached report for details on the services provided specifically to Richmond residents last fiscal year and the cost of providing that care.

In addition to the charitable care we provide each year, the cost of providing care is often higher than what we are reimbursed by Medicare and Medicaid. Annual contributions from towns in our service area and donations help us cover this difference. The total cost of services provided to Richmond residents last year was \$575,753, of which \$489,584 was reimbursed. Our funding request for the upcoming fiscal year helps offset the \$86,169,783 in charitable care we provided to Richmond residents.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost?

Home Health and Hospice engages in extensive fundraising throughout the year to be able to provide services to our service area. Contributions from the 22 towns and cities in our service area are one way we do so. We are also supported by the United Way of Northwest Vermont, individual donors, federal and foundation grants, as well as fundraising events. We continuously seek diverse funding sources to avoid vulnerabilities should a funding source disappear. That being said, our margins are incredibly tight, and every donor and funder plays a critical role in making our care possible.

### **C. ORGANIZATIONAL CAPACITY**

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise.

UVM Health- Home Health and Hospice is a 100+year-old nonprofit home health and hospice agency with a long history of providing at-home and community-based health services throughout Chittenden and Grand Isle Counties. UVM Health- Home Health and Hospice was founded by a small group of women in Burlington, Vermont who were concerned about the health of the young and vulnerable in the community. At the turn of the last century, Burlington was a bustling community, but one with high rates of infant mortality and a range of other health and social challenges. Our intrepid founder, Julia Smith Wheeler, alongside other concerned citizens, raised the funds to begin hiring nurses to care for people in their homes and communities. The founders established a directive, "to serve all who turn to the VNA (now known as UVM Health- Home Health and Hospice) in their time of need," which still guides our work today. Since 1979, UVM Health Home Health and Hospice has cared for residents in every city and town in Chittenden and Grand Isle Counties, including Richmond.

The management structure of UVM Health-Home Health and Hospice consists of a voluntary Board of Trustees, a President and COO, and Senior Leadership Team, overseeing: Finance, Human Resources, Clinical Programs, Quality and Education, Communications, Development, and IT. Program Directors manage the day-to-day work of our 300+employees. Our staff consists of many licensed professionals such as RNs, Physical, Occupational and Speech Therapists, Medical Social Workers and Licensed Nurses' Aides among others. Some of these professionals also have advanced degrees and certifications in the areas of Care Management, Wound and Ostomy Care, Hospice, and Chronic Disease Management, to name a few.

On January 1, 2018, the then-named VNA joined UVM Health to improve access to care, enhance quality and control costs. We aim to have an integrated team approach to patient care, which means greater coordination between the hospital, physicians and home health providers. We will continue to provide medical services to all who need our care, regardless of ability to pay. UVM Health-Home Health remains a standalone 501c3 organization with a unique Board of Trustees.

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection).

UVM Health-Home Health and Hospice has a Quality Management Plan that is broad and comprehensive. The primary purpose of the plan is to support UVM Health-Home Health and Hospice's mission of "helping people live their fullest lives by providing innovative, high-value and compassionate care wherever they call home." The plan is organized around three primary functions of quality management: quality planning, quality control, and quality improvement. This plan identifies the data we collect, the frequency and source for collection and to whom the data is reported.

Quality planning is performed at several levels of the organization and by a variety of groups such as Quality Councils and a Board-driven Quality Assessment and Performance Improvement Committee (QAPI). Quality planning includes steps such as examining existing data and trends, improving outcomes, reducing errors, etc. Examples of quality planning includes the OASIS Outcomes and Hospice Item Set that are measured and reviewed on a monthly, quarterly, and annual basis for Home Health Services and Hospice. We use these measures to monitor performance in real time and over time and benchmark against Vermont and national outcomes. Many of these outcomes are publicly reported and guide our focus on performance improvement initiatives.

UVM Health-Home Health and Hospice also utilizes an external vendor, Strategic HealthCare Programs, for real-time data analytics. This tool provides a drill down functionality to the clinician, team, and provider level.

Quality Control activities consist primarily of measurement and reporting. Examples of quality control activities monitored on a quarterly basis by UVM Health-Home Health and Hospice are patient and client occurrences such as falls, medication errors, infections, and other events. All programs at the UVM Health Network Home Health and Hospice utilize a tool or process to measure customer satisfaction and client complaints/concerns. We are required to submit much of this data to the state of Vermont as part of the Vermont Homecare Performance Markers.

Our QAPI program involves a number of approaches to achieve Quality Improvement such as improvement project teams, lean management, outcome-based quality improvement, standardization, and staff education.

3. Summarize or attach program and or service assessments conducted in the past two years.

In addition to the above quality management activities, UVM Health-Home Health and Hospice is required to comply with Federal and State regulations for home care through the Medicare Conditions of Participation for Home Health and Hospice and State Designation Rules. We are assessed on a regular basis, usually unannounced, by the following agencies: Vermont Department of Disabilities, Aging, and Independent Living (DAIL); Division of Licensing and Protection; the Veterans Administration (for Adult Day Programs); Vermont Agency of Human Services; United Way of Northwest, VT; and through external auditing of UVM Health Network-Home Health and Hospice finances and accounting practices. In the past we have completed an unannounced Federal and/or State survey of our Home Health Services for Adults, Families and Children, Long Term Care, and our Hospice Program including Vermont Respite House.

4. Does your organization have a strategic plan and a strategic planning process in place? Yes. If yes, please attach your plan.

We engage in a robust, internal strategic planning process, setting goals for each clinical and administrative area, with a goal of working to contain costs, maintain quality, and recruit and retain exceptional employees. Our strategic planning is presented to our Board of Directors but is not a public document.

5. What is the authorized size of your board of directors?

Agency bylaws state the UVM Health Home Health and Hospice Board of Directors must have no fewer than 5 members and no more than 25. We currently have: 13 members.

How many meetings were held by the board last year? 5

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard. I also understand that I must adhere to all rules outlined in the **Town Of Richmond Discretionary Funding Policy, which appears as a cover sheet to this application.**

Signature of Applicant *Morgan Morris* Date 10/7/2025

Morgan Morris, Network Grants Program Manager  
Print Name of Applicant and Title

## Home Health & Hospice

Home Health Services for  
Adults and Children

Long-Term Care

Adult Day Program

Palliative Care

Hospice Care

McClure Miller Respite House

Duncan Wardwell  
Deput Town Manager  
Town of Richmond

Dear Duncan,

UVM Health - Home Health & Hospice provides high-quality compassionate care to Vermonters, regardless of their ability to pay. Together we make a difference in the lives of our neighbors.

Last year, Home Health & Hospice cared for ~4,000 individuals and families and provided millions in charitable care to people throughout Chittenden & Grand Isle Counties, including end-of-life care at the McClure Miller Respite House.

**Annual contributions from the 22 cities and towns we serve are vital to ensure we can continue to meet the needs in your community.**

Attached you will find some helpful documents:

- Impact Report highlighting Home Health & Hospice services provided during our most recent reporting period.
- Funding Request document, illustrating specific care by the numbers and our request for funding in FY2027.

**Community support remains essential to meeting the needs of our patients.** Our talented and compassionate front-line caregivers work to provide the highest level of care where patients want to be – at home. Empowering people to receive care where they are most comfortable leads to better patient outcomes and lower costs for all.

**Thank you for your continued partnership.**

Sincerely,



Maya Fehrs  
Director of Development

# 2025 Annual Report for Richmond

THE  
University of Vermont  
HEALTH NETWORK

Home Health & Hospice

CARING FOR RESIDENTS  
IN OUR COMMUNITY

**95**

Number of  
Richmond residents we  
cared for in the last year.



## OUR PROGRAMS

Family & Children's Program  
Adult Home Health  
Adult Day Program  
Long-Term Care  
Hospice & Palliative Care  
McClure Miller Respite House



## Care at Home. For All Ages and Stages of Life.

Vermont's oldest and largest non-profit home health and hospice agency and the only Medicare-certified inpatient hospice residence.

For more than 100 years, we have provided high-quality, compassionate home health and hospice care wherever our community members call home.

## Experience Matters.

Our patient and family experience of care ratings surpass Vermont and National averages.

The way our patients experience care is important to us. [Medicare's Care Compare website](#) publicly displays our ratings, demonstrating that our patients and their caregivers rate us highly for home health and hospice care and would recommend our agency to their friends and family.

# Town of Richmond

UVM Health- Home Health & Hospice (HHH)  
Request for Funding

HHH is requesting \$12,500 in the FY27 budget

## Care by the Numbers in Richmond:

# of Neighbors Served: 95  
Total Visits to Richmond: 2,236

Social Work: 805

Nursing: 138

Occupational Therapy: 177

Speech Therapy: 774

Physical Therapy: 245

Personal Care Attendant: 97

Cost of Care Provided to Your Neighbors	Amount
Total cost of HHH Care	\$575,753
Amount reimbursed to HHH*	\$489,584
<b>Unreimbursed Care</b>	<b>\$86,169</b>

\*reimbursed through Medicare, Medicaid, private insurance, contracts and patient fees

HHH requests annual contributions from each town and city in our service area. Your contribution is critical to supporting the millions of dollars in unreimbursed care we provide in Chittenden & Grand Isle Counties.

THE  
University of Vermont  
HEALTH NETWORK  
Home Health & Hospice

Data presented is from our most recent available fiscal year

UVMHomeHealth.org