Report to
The Vermont Legislature

Annual Report on
The Adequacy of the CFC Provider System

In Accordance with 2013 Acts and Resolves No. 50, Sec. E.308(c): An act relating to making appropriations for the support of Government; Choice for Care; Savings, reinvestments, and system assessment.

Submitted to: Representative Martha Heath, Chair,
House Committee on Appropriations

Representative Ann Pugh, Chair,
House Committee on Human Services

Senator Jane Kitchel, Chair,
Senate Committee on Appropriations

Senator Claire Ayer, Chair,
Senate Committee on Health and Welfare

CC: Harry Chen, MD, Interim Secretary
Agency of Human Services

Submitted by: Susan Wehry, M.D., Commissioner
Department of Disabilities, Aging and Independent Living

Prepared by: Megan Tierney-Ward, Director
Adult Services Division

Report Date: October 1, 2014

AGENCY OF HUMAN SERVICES
Department of Disabilities, Aging and Independent Living

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I. Executive Summary

In Accordance with 2013 Acts and Resolves No. 50, Sec. E.308(c): An act relating to making appropriations for the support of Government; Choice for Care; Savings, reinvestments, and system assessment (c) *The Department in collaboration with long-term care providers shall conduct an annual assessment of the adequacy of the provider system for delivery of home- and community-based services and nursing home services. On or before October 1 of each year, the Department of Disabilities, Aging, and Independent Living shall report the results of this assessment to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare for the purpose of informing the reinvestment of savings during the budget adjustment process.*

This report provides an overall assessment of the availability of Choices for Care home and community-based services and nursing home services for Vermonters who need and choose them. The report includes information from the following sources:

- VT Long-Term Care Consumer Satisfaction Survey: The 2013 survey results highlighted the ***Provision of Services***, ***Staff Attributes*** and ***Consumer Choice*** as areas of the survey with the highest "potential" for improving and maintaining satisfaction.
- Choices for Care Independent Evaluation: The May 2014 evaluation results recommend a focus on Moderate Needs homemaker services and increased consumer choice.
- Choices for Care Policy Briefs: The 2013 Alzheimer's Disease and Related Disorders report recommends that DAIL focus on Adult Family Care, exploring other options to create more potential "closer to" 24 hour care settings in the community, and adding non-medical providers as a service option. The 2012 Non Medical Providers report also recommends that Vermont add non-medical providers to the Choices for Care home and community-based system.
- Choices for Care Data: While total enrollment continues to increase, nursing facility utilization continues to decline and data indicates slow growth in Enhanced Residential Care (ERC) and the new service Adult Family Care (AFC). Additionally, people continue to apply for Moderate Needs homemaker, increasing local wait lists for services.
- Money Follows the Person (MFP): Experiences and data from the MFP grant highlights the need to create more housing and care options for people who wish to leave the nursing home and live in the community.
- Stakeholder Survey: The August 2014 stakeholder survey highlights challenges related to ***access to services, lack of staffing, serving people with dementia, mental health and challenging behavioral needs, and lack of residential options***. The survey also highlights other areas such as awareness of available services and other barriers such as housing, transportation, mental health services, dental care, hearing aids and eye glasses.

II. Introduction

The mission of the Department of Disabilities, Aging and Independent Living (DAIL) is to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence. We strive to support quality, access, flexibility and choice in all of our programs. DAIL's strategic plan aligns to the Agency of Human Services priority goals that support individuals

and families by 1) decreasing the lasting impacts of poverty and creating pathways out of poverty, 2) promoting health, wellbeing, and safety, 3) enhancing program effectiveness, accountability for outcomes, and workforce development and engagement, and 4) ensuring all Vermonters have access to high quality health care.

This report provides an overall assessment of the adequacy of the provider system for delivery of Choices for Care (CFC) home and community-based services and nursing home services. For the purpose of this report, "adequacy" means availability of services to Vermonters who need and choose them.

The following information was used for this report:

- VT Long-Term Care Consumer Satisfaction Survey (2013)
- Choices for Care Independent Evaluation (May 2014)
- Choices for Care Policy Briefs (2013 Alzheimer's Disease and Related Disorders & 2012 Non Medical Providers)
- Choices for Care Data
- Money Follows the Person Demonstration Grant
- Stakeholder Survey (August 2014)

In an effort to be succinct, the report will focus on the *availability of services* and information that demonstrates areas for improvement only. Please refer to referenced documents for complete information including successful outcomes of home and community based services and nursing facility care.

III. Consumer Satisfaction

In January 2014, Thoroughbred Research Group published the *2013 Vermont Long-Term Care Consumer Survey*. (http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-survey-2013-1)
Based on the report, "… the survey suggests that the large majority of consumers are satisfied with DAIL programs, satisfied with the services they receive, and consider the quality of these services to be excellent or good" and "based upon the views and attitudes of the large majority of consumers, ***the survey results did not identify any major systemic problems with the programs and services provided by DAIL.***"

Though the survey results continues to show high levels of satisfaction for people enrolled in DAIL managed long-term services and supports, the report also indicated that the ***Provision of Services***, ***Staff Attributes*** and ***Consumer Choice*** areas of the survey have the highest potential for improving and maintaining satisfaction.

The University of Massachusetts Medical School (UMMS) Choices for Care evaluation incorporated the consumer satisfaction survey results to ***recommend areas for improvement: Moderate Needs homemaker services and consumer choice***. See below for a summary of the UMMS evaluation report.

IV. Choices for Care Independent Evaluation

In May 2014, the University of Massachusetts Medical School (UMMS) independent evaluators for Choices for Care published its annual report. (http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-report-yrs-1-8) Overall data indicate that CFC improved or maintained positive gains in *Information Dissemination, Access, Effectiveness, Experience with Care, Quality of Life, Waiting Lists, Budget Neutrality, Health Outcomes* and *Service Array and Amount*.

Highlights that may be most relevant to "adequacy" include:

- **Access**: Timeliness of services.
- **Experience with Care**: Homemaker service participants gave a lower rating to their receiving services where they needed and wanted them.
- **Waiting list***:* Individuals remained on Moderate Needs Group homemaker and adult day wait lists.

In response to the report, DAIL has focused efforts on "experience with care" and "waiting lists" by increasing funding and flexibility for the Moderate Needs Group. The following work was accomplished over the last year:

- September-December 2013: UMMS policy brief research and interviews
  - Conducted research on similar options
  - Analyzed secondary data
  - Interviewed program participants, individuals and group stakeholders
  - Provided feedback and recommendation for flex funds model
  - UMMS policy brief final, "*Flexibility for Moderate Needs Group in Choices for Care*". (http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys.)
- October-December 2013: Held five stakeholder workgroup meetings
- February 2014: Received CFC reinvestment legislative approval and notified providers of increased allocations
- March 2014: Finalized new flex funds service definitions, policies, procedures, and forms
- April 2014: Held three provider trainings and implemented funding & new service
- Ongoing: Technical assistance and data analysis

As of June 30th, homemaker providers have reduced their wait list of people who applied before 1/1/14 by 45% (210 people), with the goal 100% by December 1, 2014. Some agencies with wait lists in excess of 100 people have expressed a challenge with hiring enough staff to meet the demand. The new Flexible Funds option gives people the ability to hire their own homemaker if desired, though funding is limited.

V. Choices for Care Policy Briefs

DAIL contracts with the University of Massachusetts Medical School (UMMS) to conduct an annual Choices for Care policy brief which informs the overall program management and helps to set priorities.

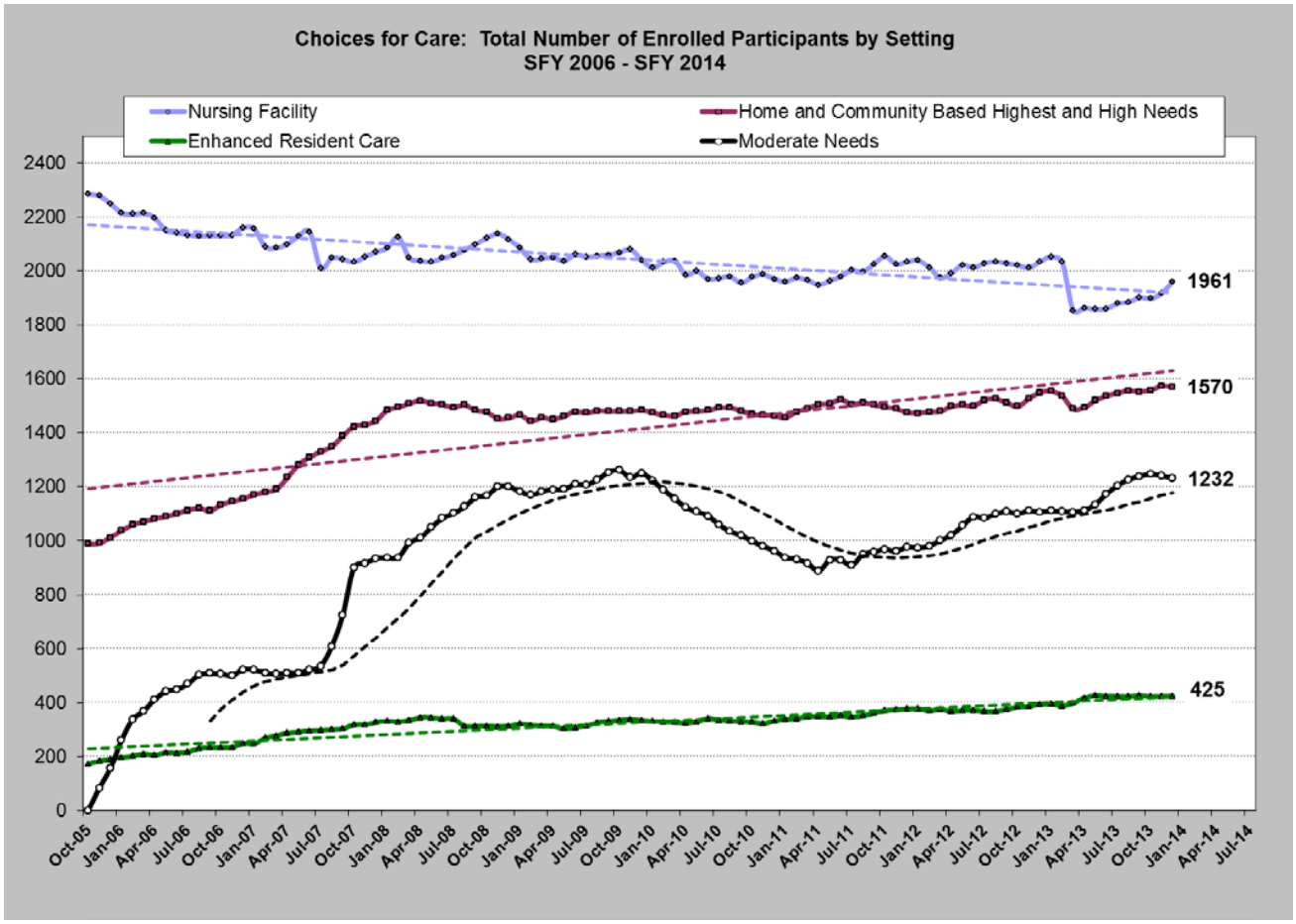
The last three policy briefs provided recommendations that may indicate areas of need.

- Choices for Care: Non-Medical Providers (April 2012): The UMMS was asked to provide a policy brief, focusing on the scope of providers that the department may contract with to provide services under the Choices for Care (CFC) program. Through research, analysis and stakeholder interviews, UMMS provided the following conclusions: "*The findings suggest that the addition of non-medical providers would improve access, choice and quality. The findings further suggest that adding providers would have either a neutral or positive impact on cost by decreasing service costs but adding some new State administrative and oversight costs. The findings also suggest some changes to the processes and the structure of the CFC service delivery system should be addressed if non-medical providers are added. The inclusion of non-medical providers would fundamentally expand participants" options of PCA and homemaker services.*" http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/umass-plicy-bried-non-medical-providers-april-2012
- Choices for Care: Alzheimer's Disease and Related Disorders (February 2013): The UMMS was asked to provide a policy brief related to the provision of CFC services to people with Alzheimer's Disease and Related Disorders (ADRD). After performing stakeholder interviews, literature reviews and researching the policies/programs of other states/agencies, the UMMS found that DAIL had some specific opportunities to increase the effectiveness of its services for eligible individuals with ADRD and their families. Recommendations related to adequacy of services included implementation of Adult Family Care (done), allowing non-medical providers to perform reimbursable services, implement a flexible option for people with moderate needs (done) and enhanced worker training. http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-adrc-policy-brief-feb-2103-2
- Flexibility for Moderate Needs Group in Choices for Care (December 2013): The UMMS was asked to provide a policy brief informing DAIL on the concept of flexible funding for people with moderate needs. After performing research, data analysis and stakeholder interviews, the UMMS provided recommendations that supported increase consumer choice and flexibility for people with moderate needs and guided the implementation of the new Moderate Needs Flexible Funds option that occurred April 2014. http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys

VI. Choices for Care Data

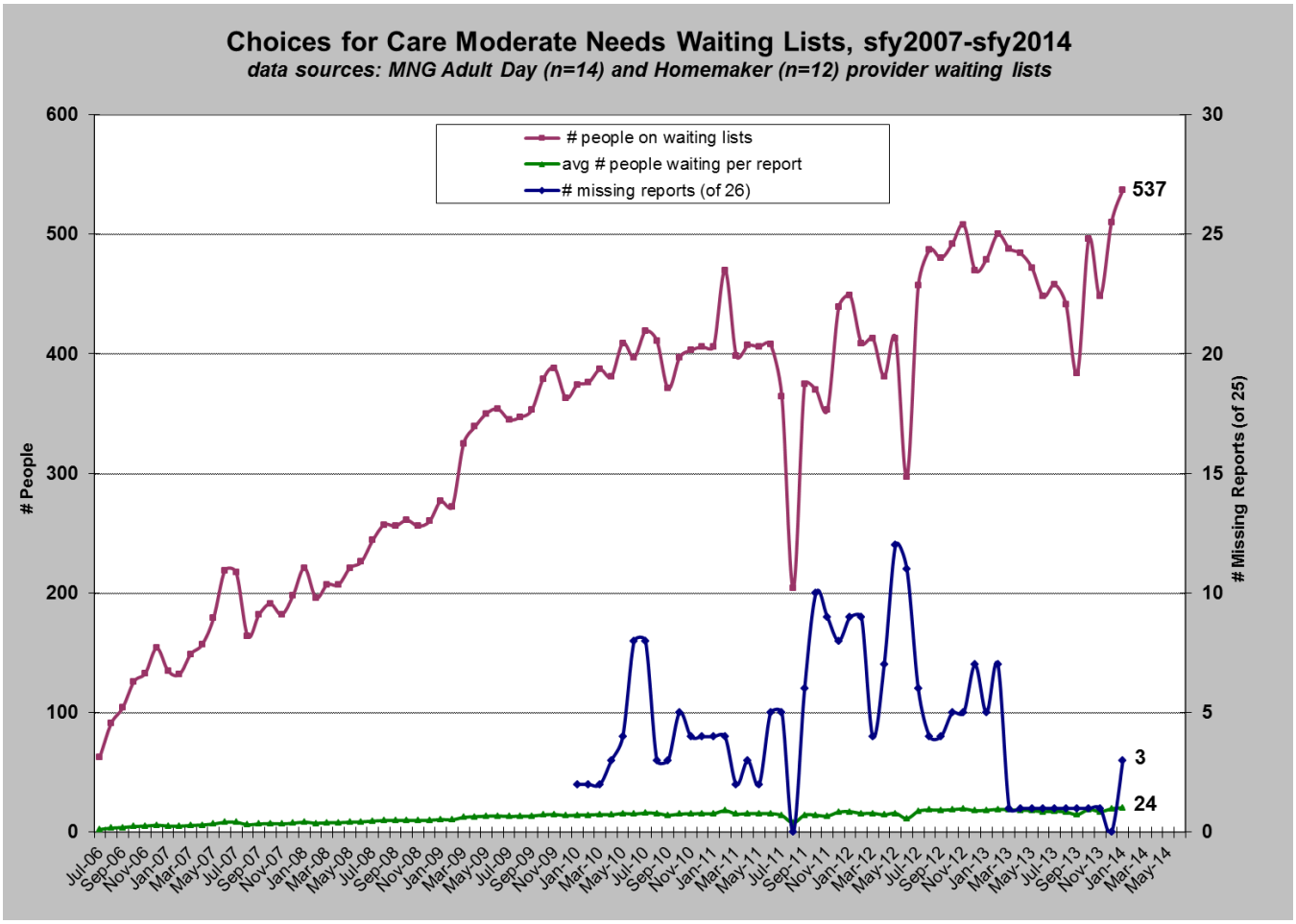
DAIL generates Choices for Care (CFC) data for the purpose of monitoring utilization and providing data for the annual CFC independent evaluation. Data that may be most relevant to "adequacy" include (*See Appendix A for more data tables*):

- Choices for Care Utilization: One goal of CFC is to increase overall utilization and home and community-based settings, which continues to be the case. However, data shows that:
  - **Enhanced Residential Care** setting has shown very little growth over the years and is the lowest area of utilization, although stakeholders indicate it is an unmet need in many communities.
  - Though **nursing facility** utilization continues to decline, leaving more open beds statewide, stakeholders indicate there is an unmet need for nursing home beds for people with dementia and/or challenging behaviors.
  - **Adult Family Care** (24-hour shared living), is a new service and data shows very slow growth at only about 36 people total. Stakeholder feedback indicates that lack of participating Authorized Agencies, AFC home providers and the reimbursement rate makes access challenging in some areas of the state.



- Wait Lists: There are no wait lists for people who meet the Choices for Care highest and high need clinical criteria. Agency-based wait lists for people with moderate needs wanting

homemaker and adult day services still exist. Though about $3.0 million was approved through the CFC reinvestment process to prioritize people with moderate needs waiting for services, new people with moderate needs continue to apply, adding to the existing wait lists. For example, as of June 2014, there were 501 people with moderate needs wanting homemaker services statewide even though over 200 people have been taken off the homemaker wait list since January 1, 2014. About 247 (50%) of the people applied after January 1, 2014. By design, the Moderate Needs expansion group is not an entitlement program and services are limited by available funds. Therefore, due to the potentially very large number of people in the state with moderate needs, it is likely that people will continue to wait for services. (See Appendix B)



VII. Money Follows the Person Demonstration Grant (MFP)

The MFP program uses grant funds to provide services to help people who wish to transition out of nursing facilities into a community-based setting of their choice. While the MFP program staff have a goal of educating everyone who resides in a nursing home about their options, many people are not able to leave as they would wish, due to the lack of housing and 24/7 care options. Between

January 2012 and March 2014, approximately 1498 people have been educated by MFP about their options. Of those, 195 indicated that they wished to transition to the community and were enrolled into MFP services. However, only 99 (51%) were able to transition to the community. ***Many of those currently enrolled onto MFP and are still waiting for a feasible community-based option that can support both their housing and care needs.*** Though the Adult Family Care (AFC) option was created to help fill this gap, the lack of participating Authorized Agencies, AFC home providers and reimbursement rate appear to be a barrier for some people.

VIII. Stakeholder Survey Data

Purpose: The purpose of this survey was to solicit input from long-term services and supports providers and stakeholders regarding the adequacy of Choices for Care service capacity, as required by the Vermont legislature:

"The Department in collaboration with long-term care providers shall conduct an annual assessment of the adequacy of the provider system for delivery of home- and community-based services and nursing home services."

Note that consumer feedback is not included in this survey and is instead provided via the consumer satisfaction survey highlighted in Section III.

Method: A survey was created in Survey Monkey, comprised of twenty-three (23) scaled questions with an option to enter written comments for each question. The survey included two subsections: the first asked respondents to rate the availability and accessibility of Choices for Care services, and the second asked respondents to rate the availability and accessibility of other services used by Choices for Care participants. The survey also included two open-ended questions.

The survey was widely distributed to organizations that provide Choices for Care services, advocacy and other related services. The survey was available for a total of twelve (12) working days. A total of 120 individuals responded, who were associated with twelve (12) different types of organizations.

Results: Highlights that may be most relevant to "adequacy" include:

1. Access: Many respondents reported that Choices for Care participants face challenges in receiving the services that they need, when and where they need them.
2. Staff availability/skill/training: Respondents often identified a need for increased availability of paid caregivers, and for improved training and skills.
3. Residential options: Many respondents s noted a need for increased capacity/availability of residential care options. This included comments about Assistive Community Care Services (ACCS), meaning people who are not eligible for Choices for Care, as well as Enhanced Residential Care (ERC), meaning people who are eligible for Choices for Care.
4. Service awareness: Many respondents were unfamiliar with flexible choices, adult family care, personal emergency response systems, and assistive devices/home modifications. This may be

due to a combination of (a) respondents who are not Choices for Care providers and (b) generally weaker awareness of these services within the Choices for Care provider network.

5. Dementia/mental health/substance abuse/challenging behaviors: Many respondents identified a need for improved access to services by people with dementia, psychiatric diagnoses, substance abuse, or challenging behaviors. It appears that this included people who are eligible for Choices for Care and people who are not.
6. Housing and transportation: Respondents frequently identified affordable/accessible housing and affordable/accessible transportation as challenges.
7. Funding: Many respondents identified a need for more funding for a wide variety of services including home access needs.

Survey Comments:

1. In written comments, many respondents described the challenges faced by people who are not eligible for Choices for Care. This may have influenced their ratings of Choices for Care.
2. The responses of providers/stakeholders tend to present a less positive view of Choices for Care than the Choices for Care consumer satisfaction survey. This may have been influenced by a focus on the subset of people who are served less effectively in Choices for Care, and/or by a focus on people who are not eligible for Choices for Care.

*Survey details can be found in the Appendix. Note that identifying names of people and phone numbers have been replaced with **.*

IX. Conclusions

There are many areas of success and strength in the Choices for Care (CFC) program. Some of them include:

- Overall, consumers report high levels of satisfaction
- CFC continues to enroll more people
- CFC continues to offer more community-based options and support choice and flexibility
- Last year CFC implemented a new Adult Family Care service
- Moderate Needs recently increased funding, started serving more people and implemented a new flexible funds option
- Stakeholders indicated areas of strength such as Adult Day, Enhanced Residential Care and Ombudsman services.

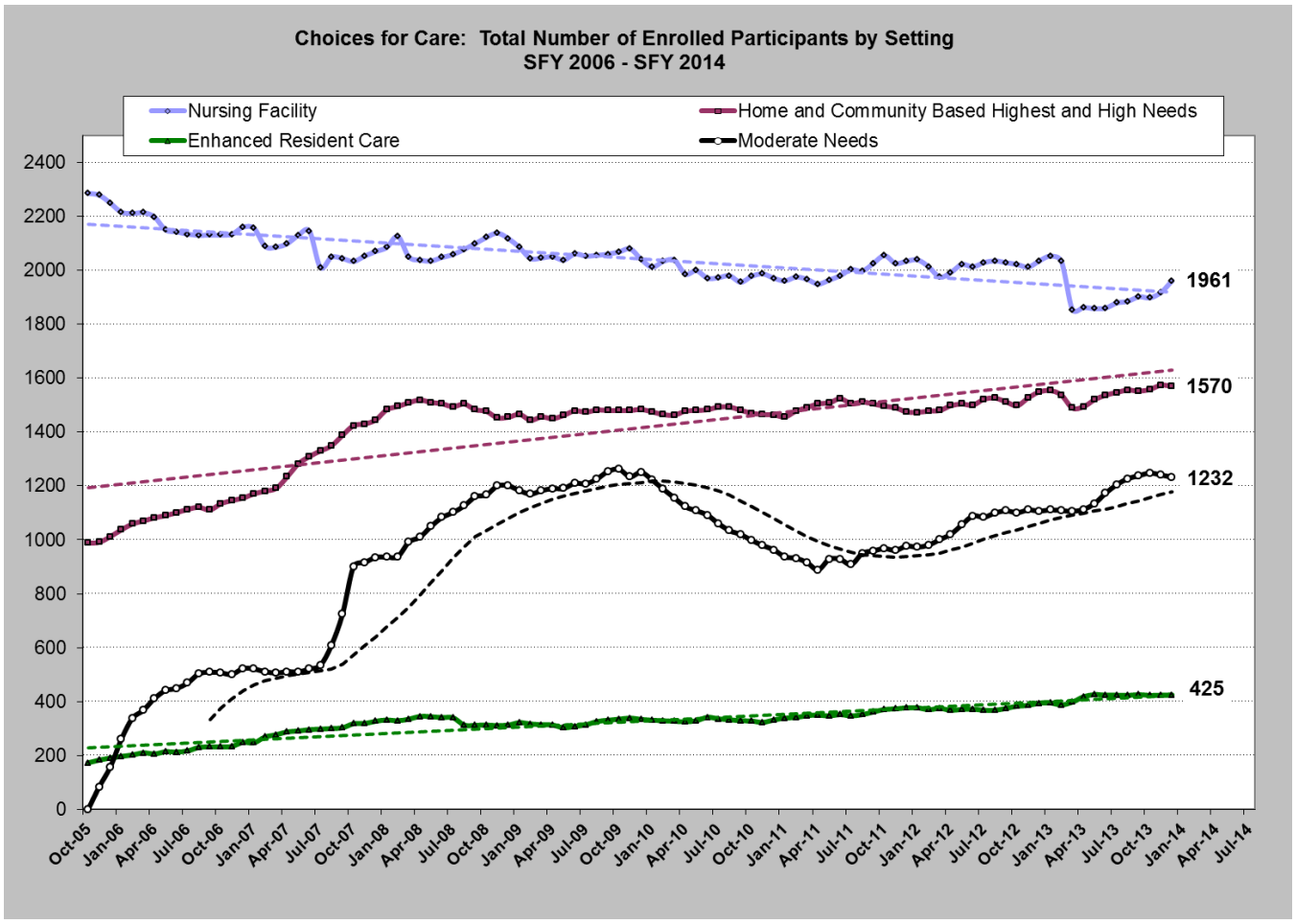
As a whole, the information included in this report indicates there may be adequacy issues in the following areas, resulting in reduced choice and flexibility for some people:

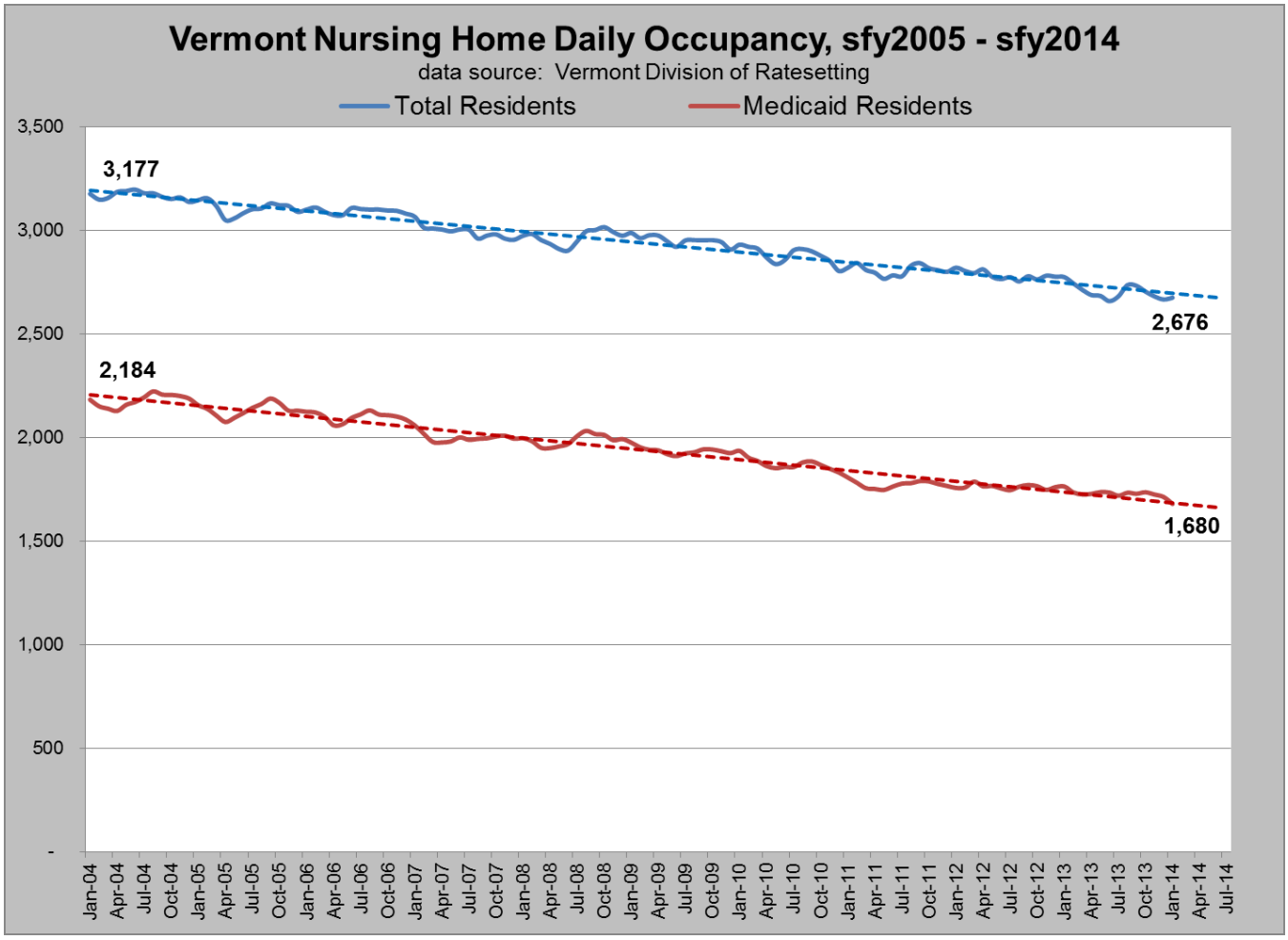
- Inadequate staffing for home-based services (personal care, companion, respite)
- Inadequate staffing for homemaker services
- Lack of residential options (Adult Family Care/Enhanced Residential Care)
- Inadequate options for people with dementia, mental health, traumatic brain injury and other challenging behaviors
- Inadequate reimbursement/funding for Adult Family Care (AFC), Assistive Community Care Services (ACCS) and mental health/behavioral challenges

The stakeholder survey also indicated numerous adequacy issues for services not directly paid by CFC including:

- Housing
- Transportation
- Mental health services
- Substance abuse treatment services
- Vision/eye care
- Dental care/dentures
- Hearing aides

Appendix A
Choices for Care Data




Vermont Nursing Home Daily Occupancy, sfy2005 - sfy2014
data source: Vermont Division of Ratesetting
Total Residents
Medicaid Residents
3,177
2,676
2,184
1,680
3,500
3,000
2,500
2,000
1,500
1,000
500
-
Jan-04
Apr-04
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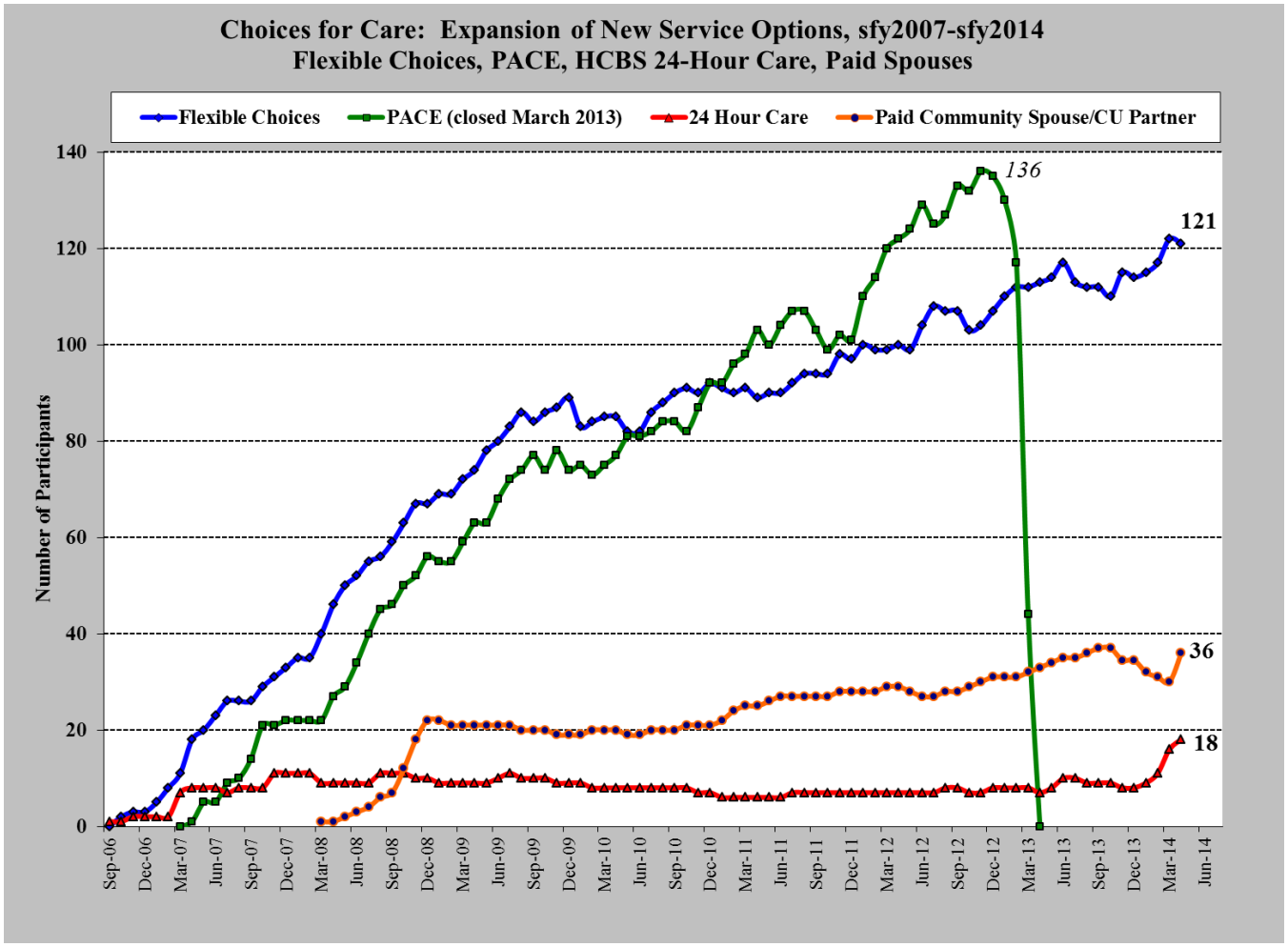
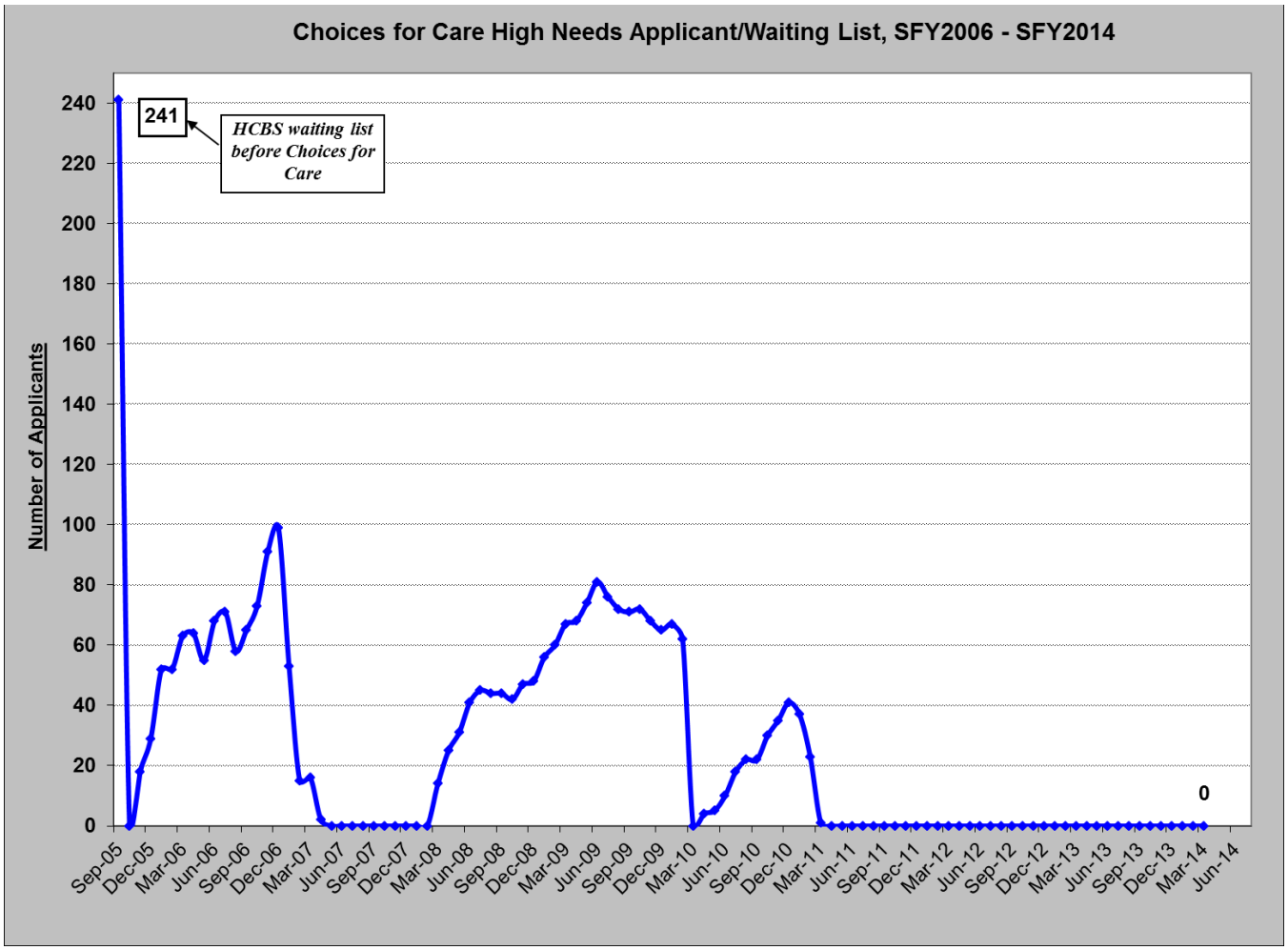
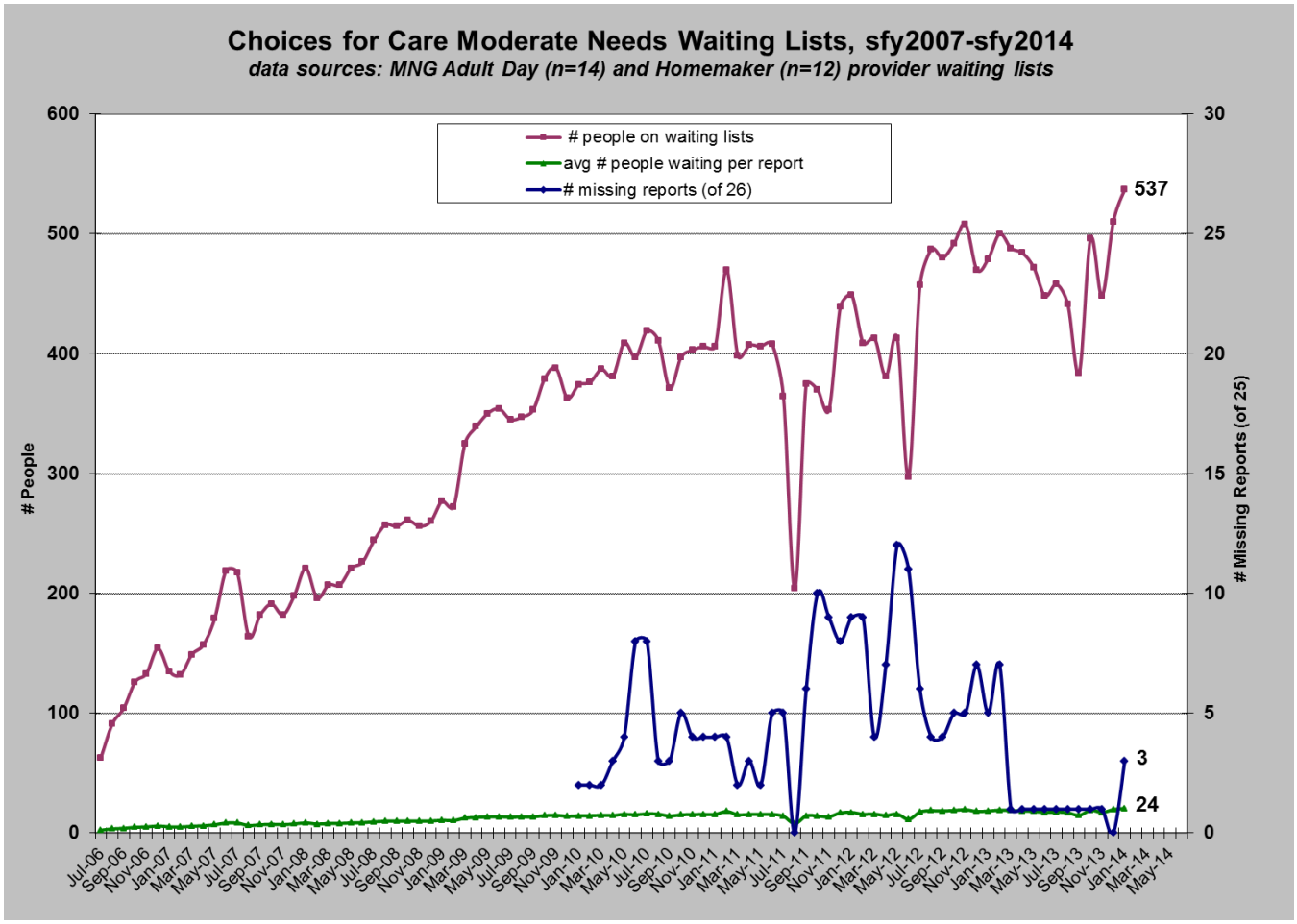


(Note PACE closure March 2013)

Appendix B
Wait Lists



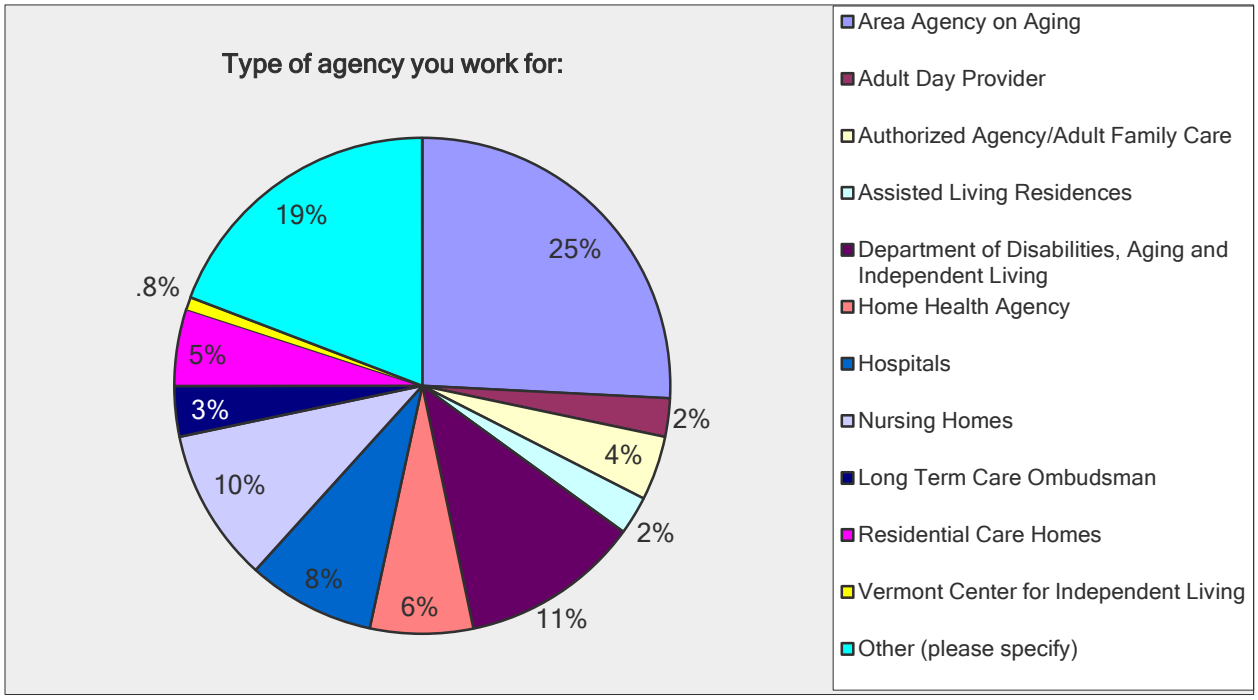

Choices for Care Moderate Needs Waiting Lists, sfy2007-sfy2014
data sources: MNG Adult Day (n=14) and Homemaker (n=12) provider waiting lists
people on waiting lists
avg # people waiting per report
missing reports (of 26)
People
Missing Reports (of 25)
537
3
24

Moderate Needs Wait Lists: June 2013 & June 2014

Home Health Agency Name (Homemaker)	***June-13*** *Tot #*	***Jul -14*** *Tot #*
Addison County Home Health & Hospice	14	14
Bayada Professional Nurses	0	0
Caledonia Home Health Care, Inc.	8	0
Central Vermont Home Health Agency & Hospice	22	11
Franklin County Home Health & Hospice	86	97
Lamoille Home Health Agency & Hospice	14	21
Manchester Health Services	0	0
Orleans / Essex VNA Association & Hospice	0	0
Rutland Area VNA & Hospice	0	67
VNA & Hospice of Southwestern VT Health Care	21	12
VNA of Chittenden & Grand Isle Counties	153	184
VNA of Vermont & New Hampshire	84	95
TOTAL Homemaker Wait List	**402**	**501**
Adult Day Provider Name (Adult Day Services)	***Jun-13 Tot #***	***Jun-14 Tot #***
Barre Project Independence	31	
Bennington Project Independence	0	0
CarePartners Adult Day Center	0	0
Elderly Services, Inc.	8	0
Gifford Medical Center Adult Day Center	4	
Green Mountain Adult Day Svc of Orleans County	0	
Interage Adult Day Services	0	0
Out & About/Lamoile Area DayRiverside	0	
Oxbow Senior Independence Program	3	
Riverside Life Enrichment Center	0	
Springfield Area Adult Day Services	0	
The Gathering Place	0	
The Meeting Place	0	
VNA Chittenden/Grand Isle Adult Day		
TOTAL Adult Day Wait List	***46***	***0***

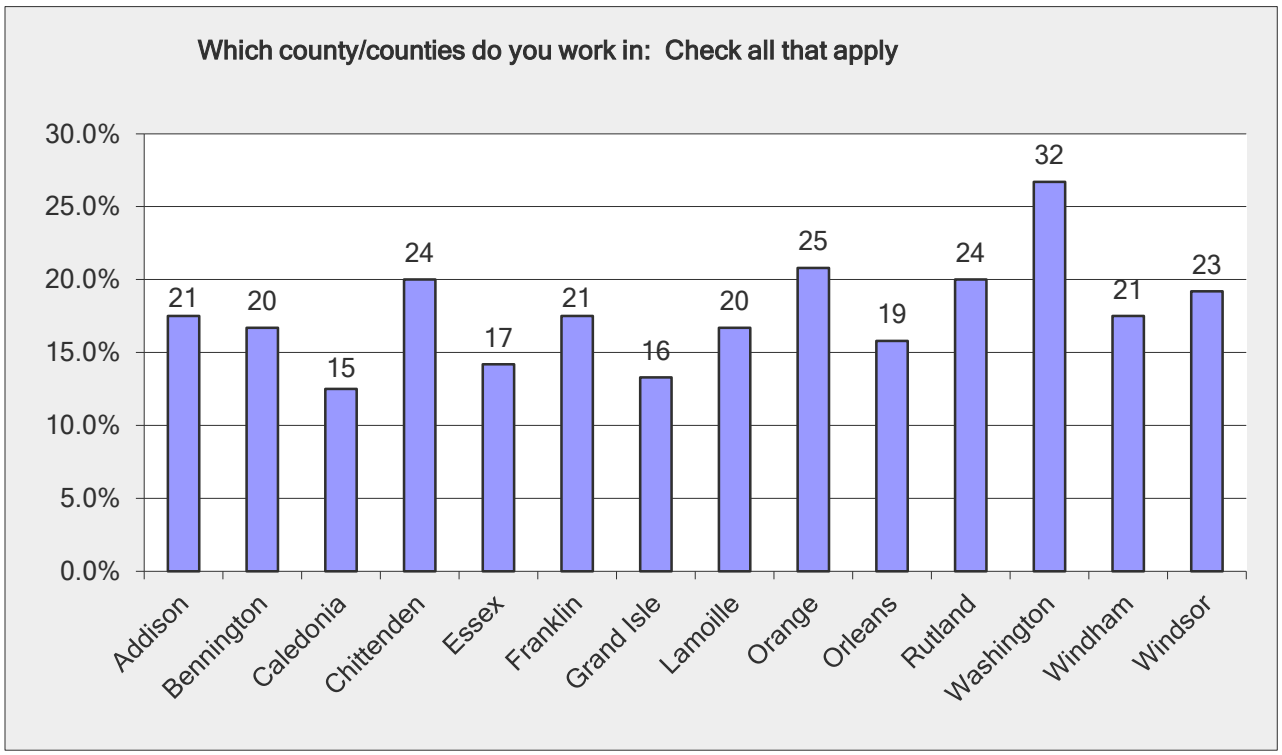
Appendix C
Choices for Care Stakeholder Survey Results: Adequacy of Provider Capacity
(August 2014)

Question 1: Type of agency you work for:		
Answer Options	**Response Percent**	**Response Count**
Area Agency on Aging	25.8%	31
Other (please specify)	19.2%	23
Department of Disabilities, Aging and Independent Living	11.7%	14
Nursing Homes	10.0%	12
Hospitals	8.3%	10
Home Health Agency	6.7%	8
Residential Care Homes	5.0%	6
Authorized Agency/Adult Family Care	4.2%	5
Long Term Care Ombudsman	3.3%	4
Adult Day Provider	2.5%	3
Assisted Living Residences	2.5%	3
Vermont Center for Independent Living	0.8%	1



Question 2: Which Agency do you work for:		
Answer Options	**Response Percent**	**Response Count**
Other (please specify)	21.7%	26
Central Vermont Council on Aging	12.5%	15
Department of Disabilities, Aging and Independent Living	10.8%	13
Southwestern Vermont Council on Aging	7.5%	9
Council on Aging for Southeastern Vermont/Senior Solutions	3.3%	4
Addison County Home Health & Hospice	3.3%	4
Ombudsman	2.5%	3
Franklin County Rehabilitation Center	2.5%	3
Champlain Valley Agency on Aging	1.7%	2
Visiting Nurse Association of Chittenden and Grand Isle Counties	1.7%	2
Franklin County Home Health Agency	1.7%	2
Lamoille Home Health & Hospice	1.7%	2
Bel-Aire Quality Center	1.7%	2
Gifford Medical Center	1.7%	2
Converse Home	1.7%	2
United Counseling Service, Inc.	1.7%	2
Northeastern Vermont Area Agency on Aging	0.8%	1
Bayada	0.8%	1
Caledonia Home Health and Hospice	0.8%	1
CarePartners Adult Day Center	0.8%	1
The Gathering Place	0.8%	1
InterAge Adult Day Program	0.8%	1
Cedar Hill Health Care Center	0.8%	1
Centers for Living and Rehabilitation	0.8%	1
St. Albans Healthcare and Rehabilitation Center	0.8%	1
The Manor	0.8%	1
Union House Nursing Home	0.8%	1
Vermont Veterans' Home	0.8%	1
Wake Robin-Linden Nursing Center	0.8%	1
Northwestern Medical Center	0.8%	1
Meadows At East Mountain	0.8%	1
Vernon Assisted Living Residence	0.8%	1
Counseling Services of Addison County	0.8%	1
Head Injury Stroke Independence Project	0.8%	1
Howard Center	0.8%	1
Northeast Kingdom Human Services	0.8%	1
Upper Valley Services	0.8%	1
Champlain Community Services	0.8%	1
Ascutney House	0.8%	1
Heaton Woods	0.8%	1
Living Well Residential Care Home	0.8%	1
Our Lady Of Providence Residence	0.8%	1
The Bradley House f.k.a. Hilltop House	0.8%	1
Other (please specify)		34

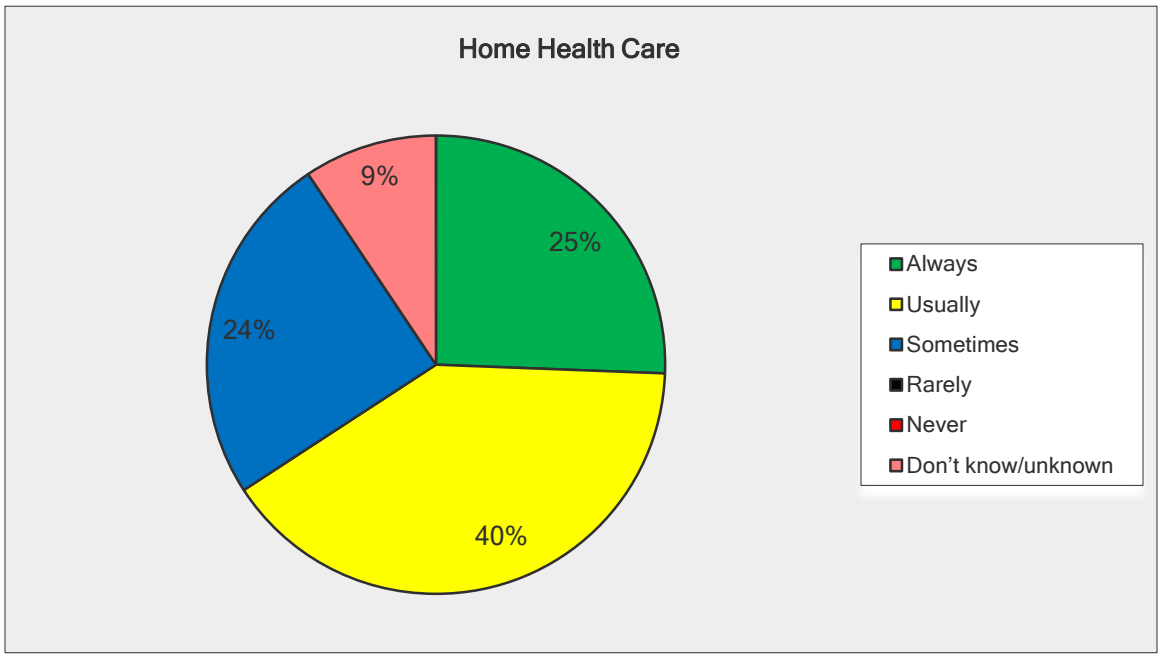
Question 3: Which county/counties do you work in: Check all that apply		
Answer Options	**Response Percent**	**Response Count**
Washington	26.7%	32
Orange	20.8%	25
Chittenden	20.0%	24
Rutland	20.0%	24
Windsor	19.2%	23
Addison	17.5%	21
Franklin	17.5%	21
Windham	17.5%	21
Bennington	16.7%	20
Lamoille	16.7%	20
Orleans	15.8%	19
Essex	14.2%	17
Grand Isle	13.3%	16
Caledonia	12.5%	15
Other (please specify)	2	2



PART 1

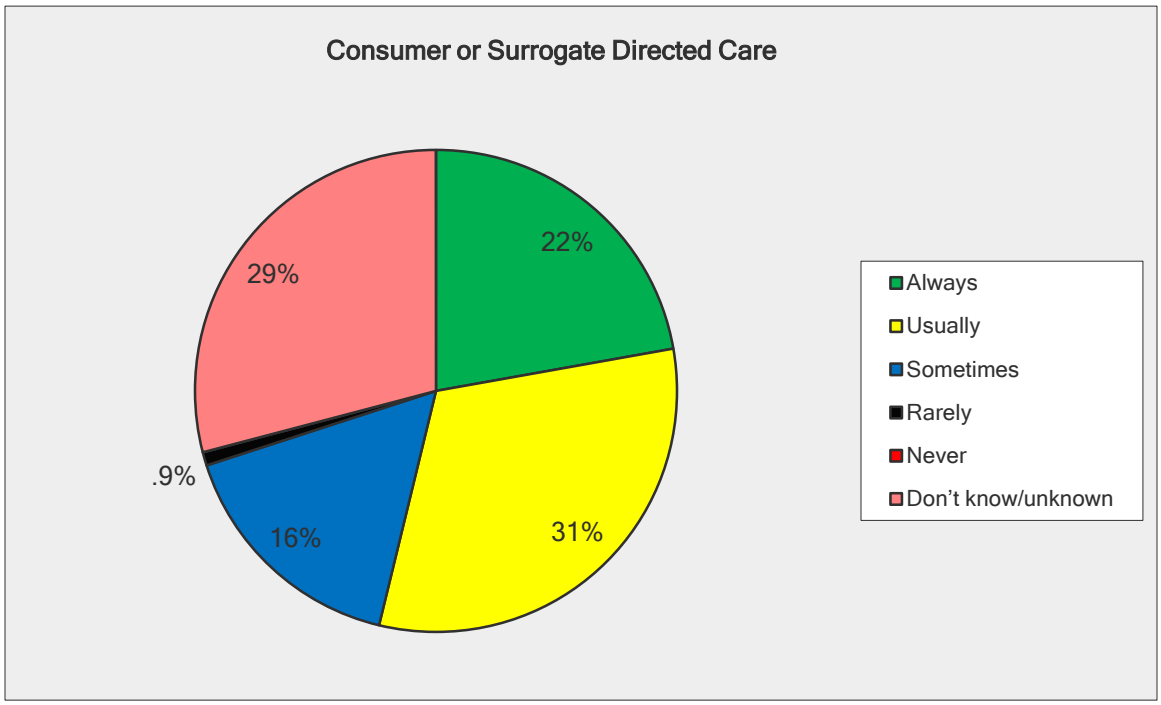
In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

Question 4: Home Health Care		
Answer Options	**Response Percent**	**Response Count**
Always	25.6%	30
Usually	40.2%	47
Sometimes	24.8%	29
Rarely	0.0%	0
Never	0.0%	0
Don't know/unknown	9.4%	11



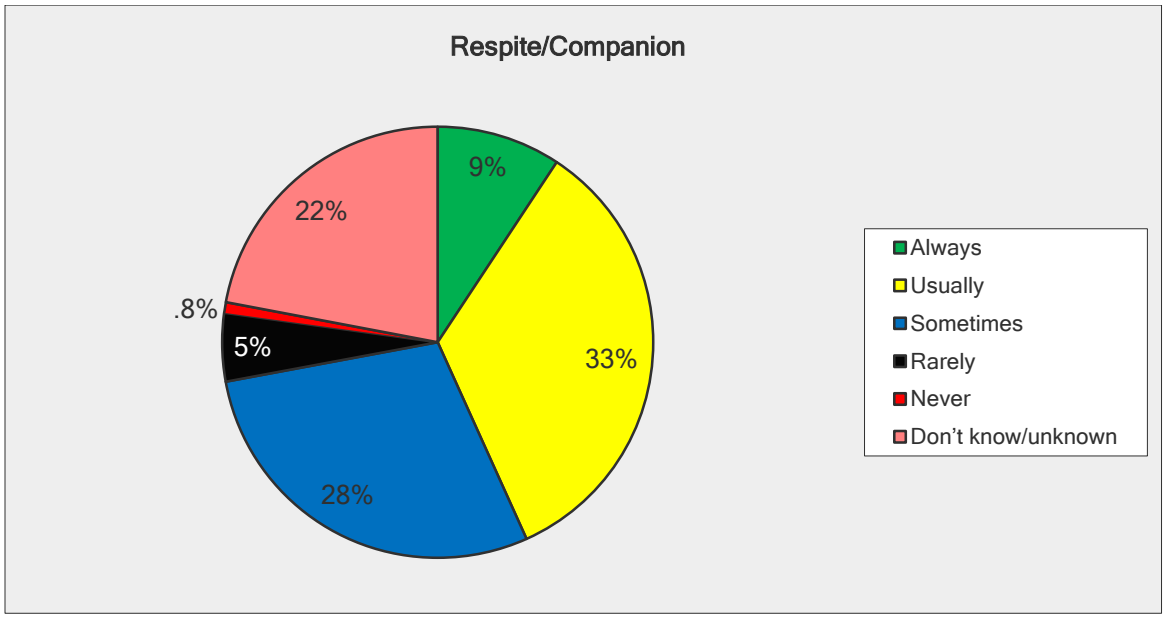
In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

Question 5: Consumer or Surrogate Directed Care		
Answer Options	**Response Percent**	**Response Count**
Always	22.2%	26
Usually	31.6%	37
Sometimes	16.2%	19
Rarely	0.9%	1
Never	0.0%	0
Don't know/unknown	29.1%	34



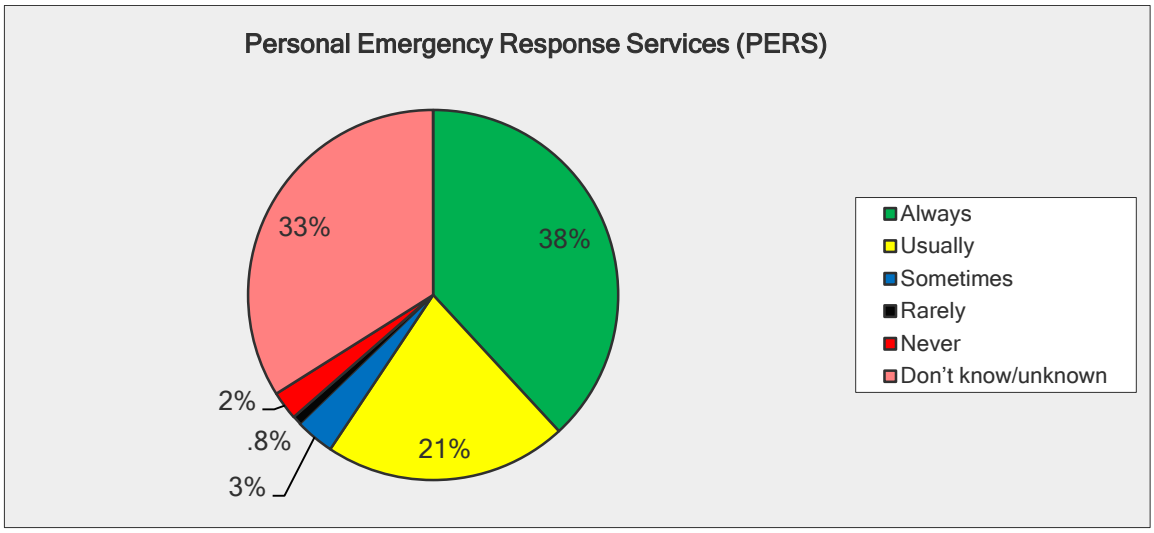
In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

Question 6: Respite/Companion		
Answer Options	**Response Percent**	**Response Count**
Always	9.3%	11
Usually	33.9%	40
Sometimes	28.8%	34
Rarely	5.1%	6
Never	0.8%	1
Don't know/unknown	22.0%	26



In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

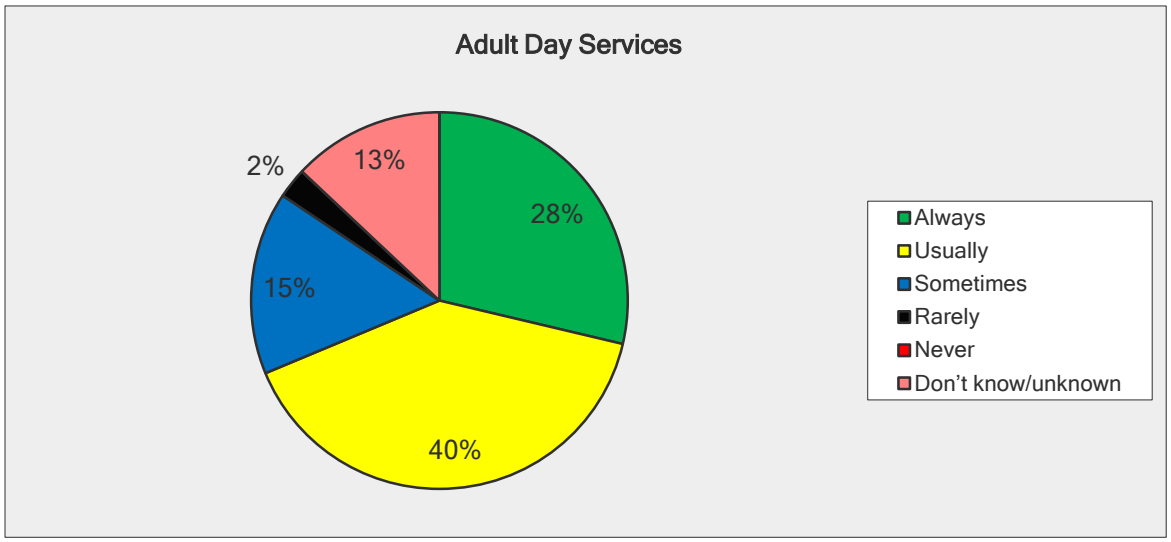
Question 7: Personal Emergency Response Services (PERS)		
Answer Options	**Response Percent**	**Response Count**
Always	38.1%	45
Usually	21.2%	25
Sometimes	3.4%	4
Rarely	0.8%	1
Never	2.5%	3
Don't know/unknown	33.9%	40



In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

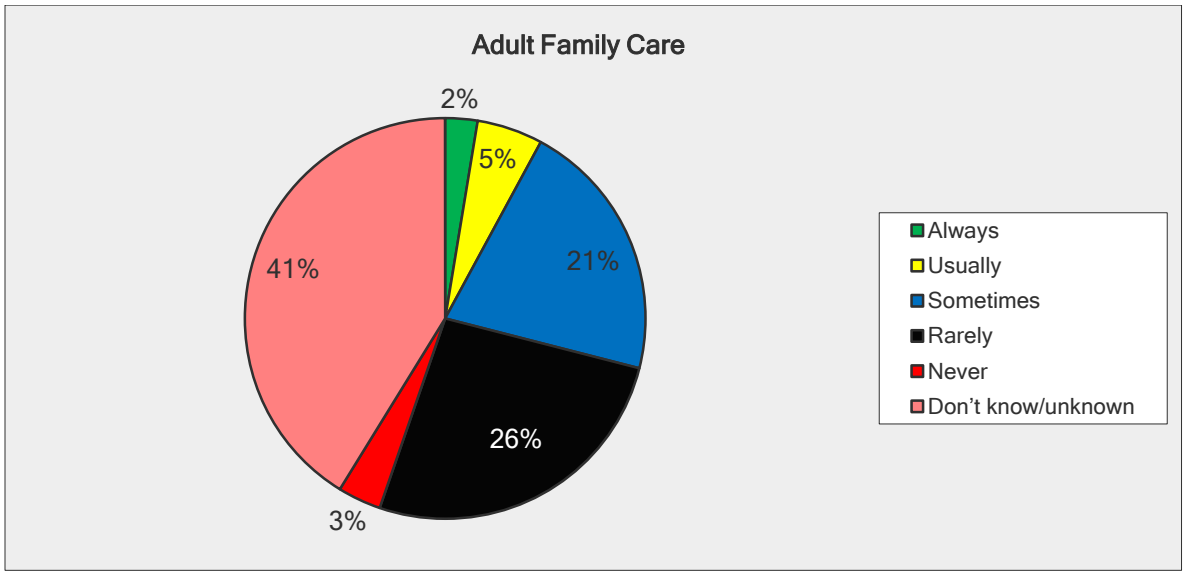
Question 8: Adult Day Services

Answer Options	Response Percent	Response Count
Always	28.7%	33
Usually	40.0%	46
Sometimes	15.7%	18
Rarely	2.6%	3
Never	0.0%	0
Don't know/unknown	13.0%	15



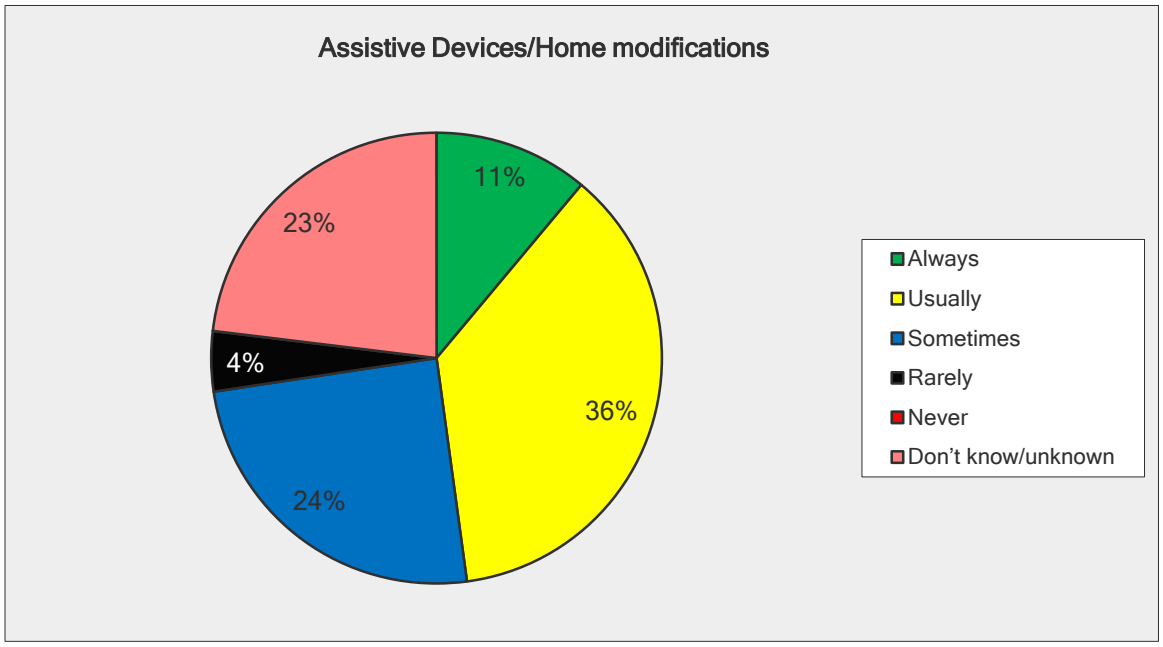
In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

Question 9: Adult Family Care		
Answer Options	**Response Percent**	**Response Count**
Always	2.6%	3
Usually	5.3%	6
Sometimes	21.1%	24
Rarely	26.3%	30
Never	3.5%	4
Don't know/unknown	41.2%	47



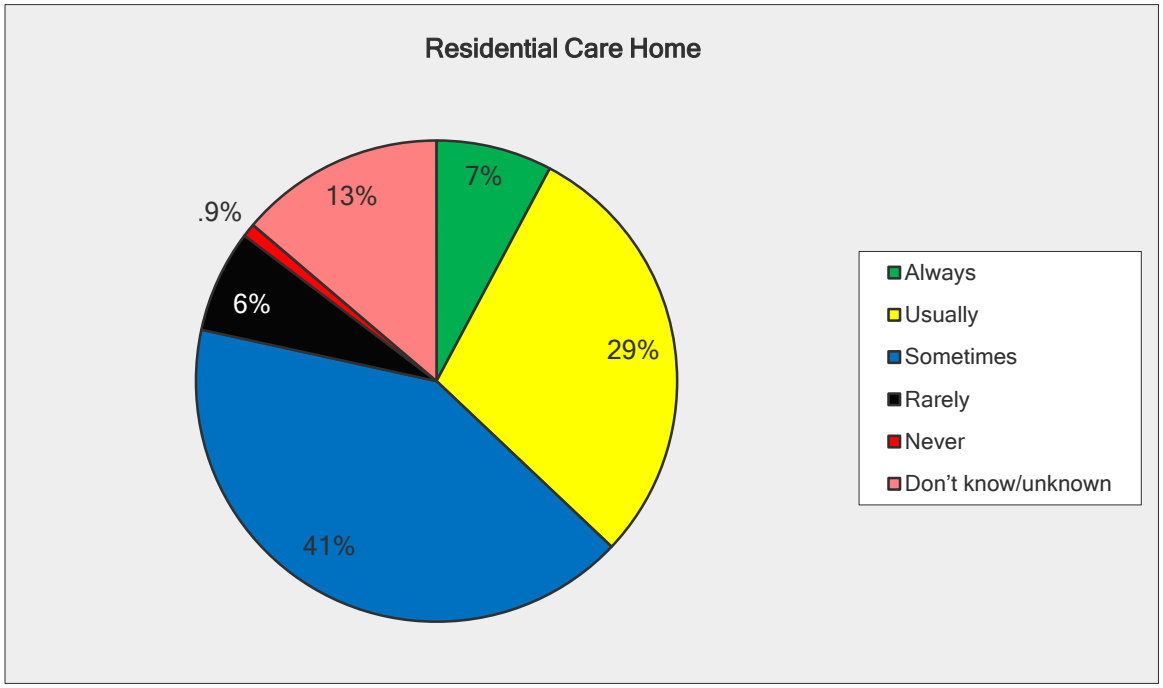
In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

Question 10: Assistive Devices/Home modifications		
Answer Options	**Response Percent**	**Response Count**
Always	11.1%	13
Usually	36.8%	43
Sometimes	24.8%	29
Rarely	4.3%	5
Never	0.0%	0
Don't know/unknown	23.1%	27



In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

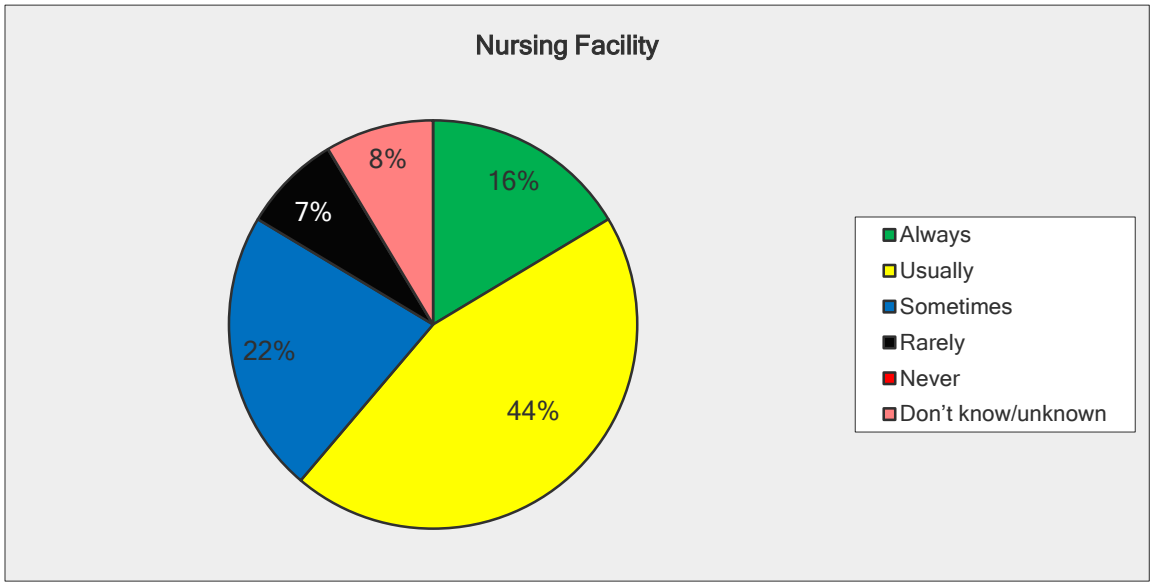
Question 11: Residential Care Home		
Answer Options	**Response Percent**	**Response Count**
Always	7.8%	9
Usually	29.3%	34
Sometimes	41.4%	48
Rarely	6.9%	8
Never	0.9%	1
Don't know/unknown	13.8%	16



In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

Question 12: Nursing Facility

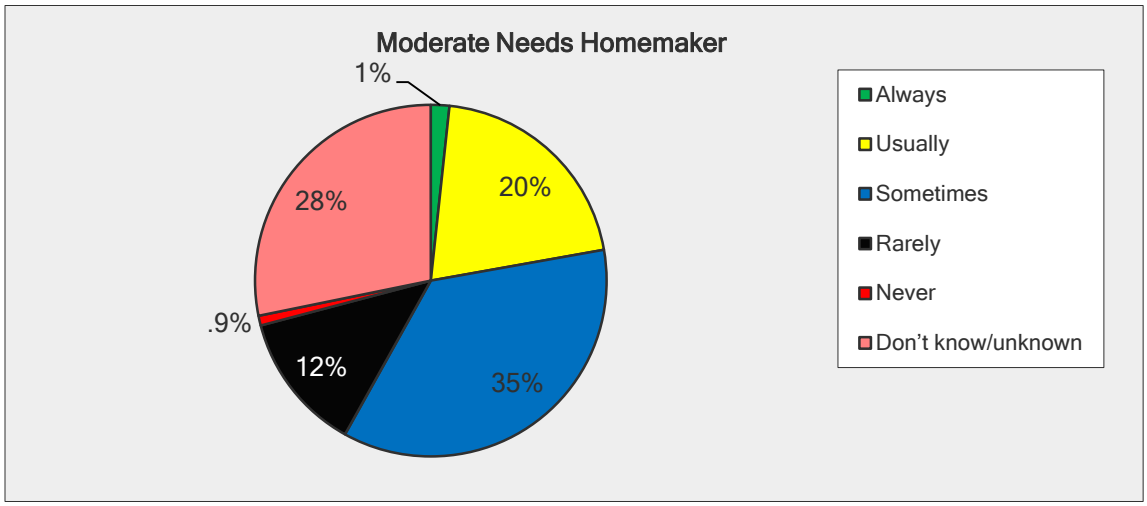
Answer Options	Response Percent	Response Count
Always	16.4%	19
Usually	44.8%	52
Sometimes	22.4%	26
Rarely	7.8%	9
Never	0.0%	0
Don't know/unknown	8.6%	10



In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

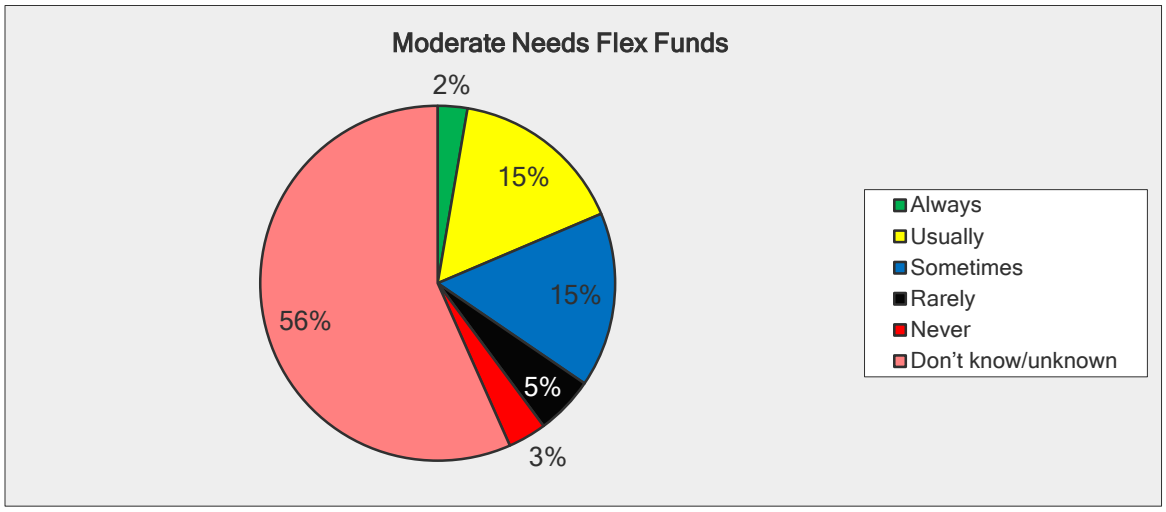
Question 13: Moderate Needs Homemaker

Answer Options	Response Percent	Response Count
Always	1.7%	2
Usually	20.5%	24
Sometimes	35.9%	42
Rarely	12.8%	15
Never	0.9%	1
Don't know/unknown	28.2%	33



In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

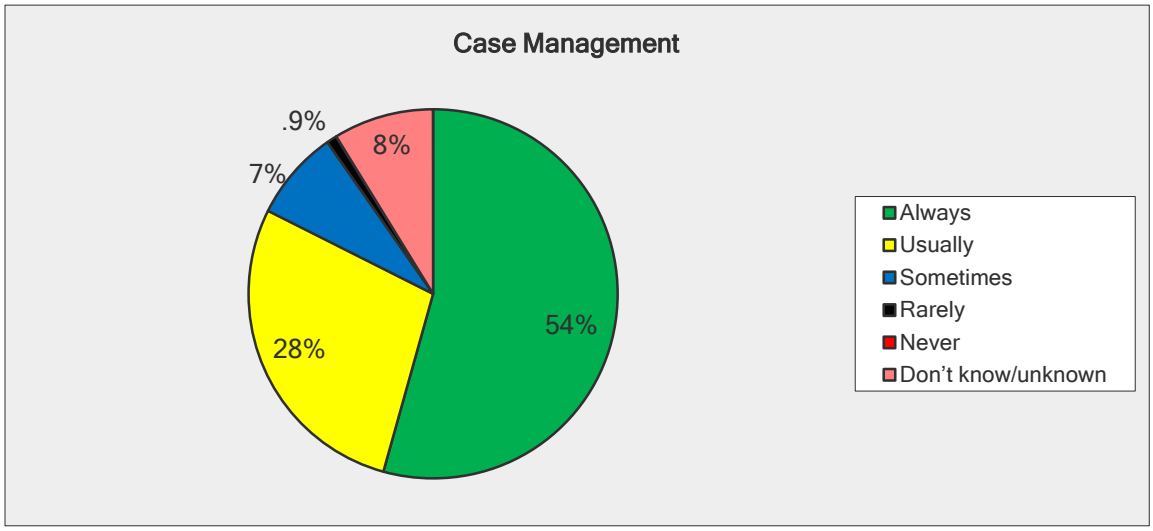
Question 14: Moderate Needs Flex Funds		
Answer Options	**Response Percent**	**Response Count**
Always	2.7%	3
Usually	15.9%	18
Sometimes	15.9%	18
Rarely	5.3%	6
Never	3.5%	4
Don't know/unknown	56.6%	64



In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

Question 15: Case Management

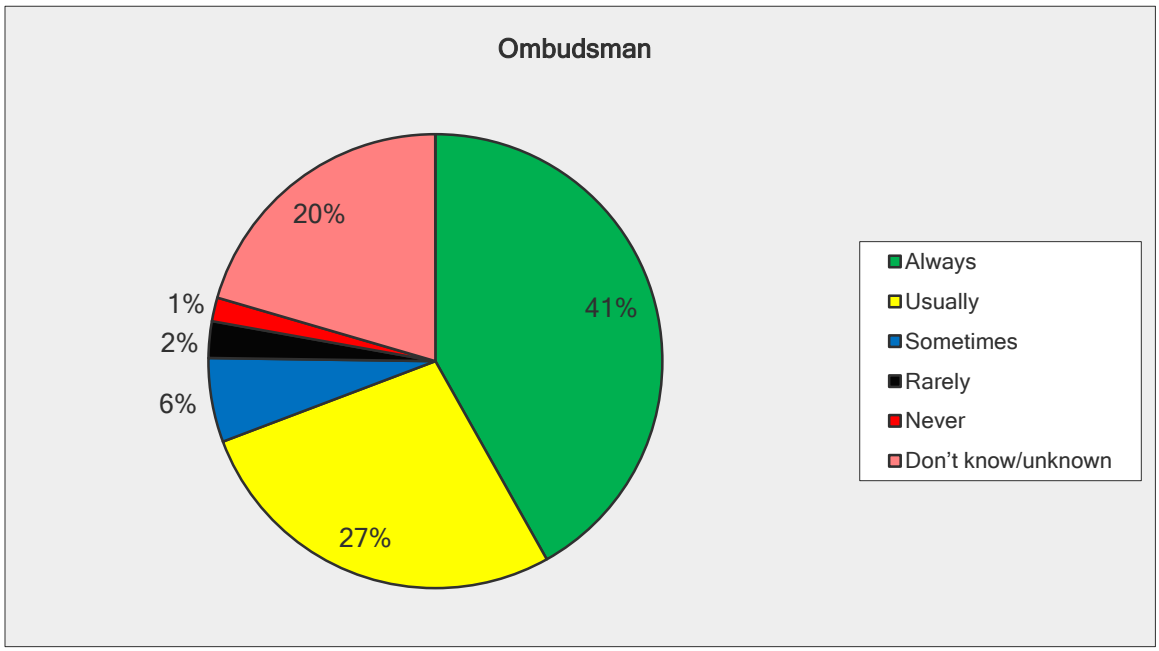
Answer Options	Response Percent	Response Count
Always	54.4%	62
Usually	28.1%	32
Sometimes	7.9%	9
Rarely	0.9%	1
Never	0.0%	0
Don't know/unknown	8.8%	10



In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

Question 16: Ombudsman

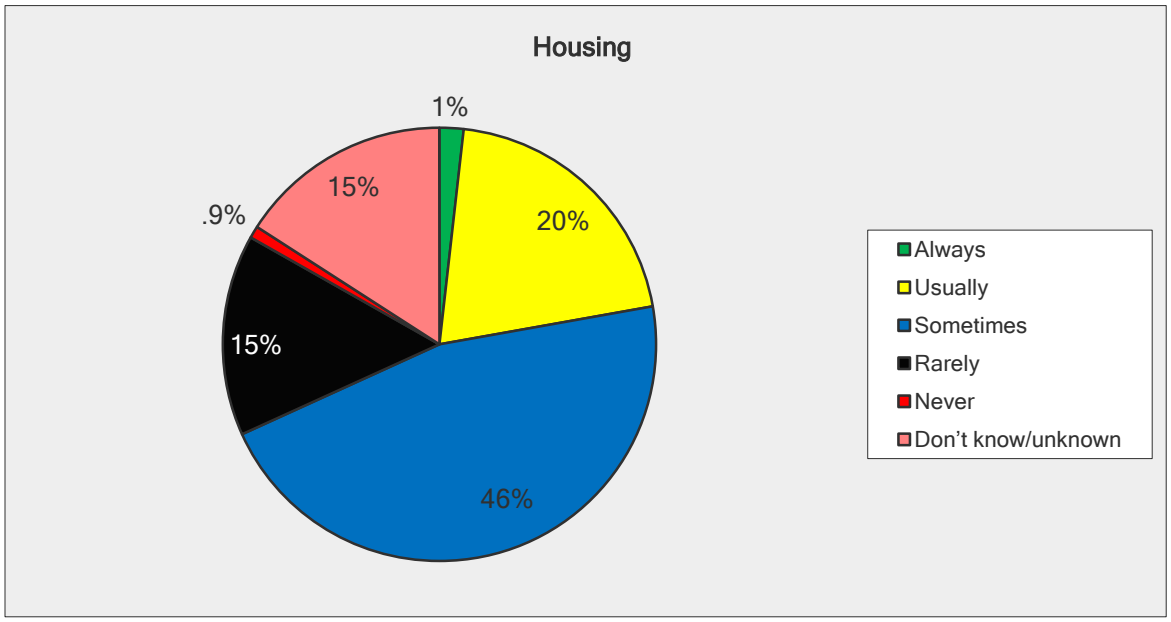
Answer Options	Response Percent	Response Count
Always	41.9%	49
Usually	27.4%	32
Sometimes	6.0%	7
Rarely	2.6%	3
Never	1.7%	2
Don't know/unknown	20.5%	24



PART 2

In your work experience within the county/counties you chose, are the following other services available and accessible to the Choices for Care (CFC) participants who want them?

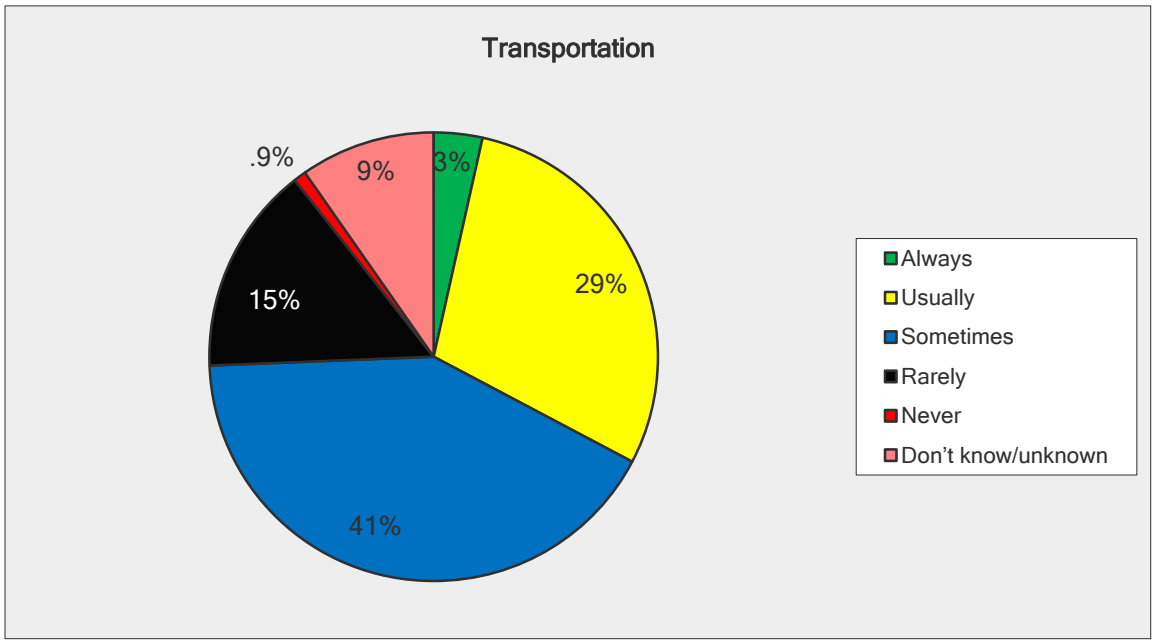
Question 18: Housing		
Answer Options	**Response Percent**	**Response Count**
Always	1.8%	2
Usually	20.4%	23
Sometimes	46.0%	52
Rarely	15.0%	17
Never	0.9%	1
Don't know/unknown	15.9%	18



In your work experience within the county/counties you chose, are the following other services available and accessible to the Choices for Care (CFC) participants who want them?

Question 19: Transportation

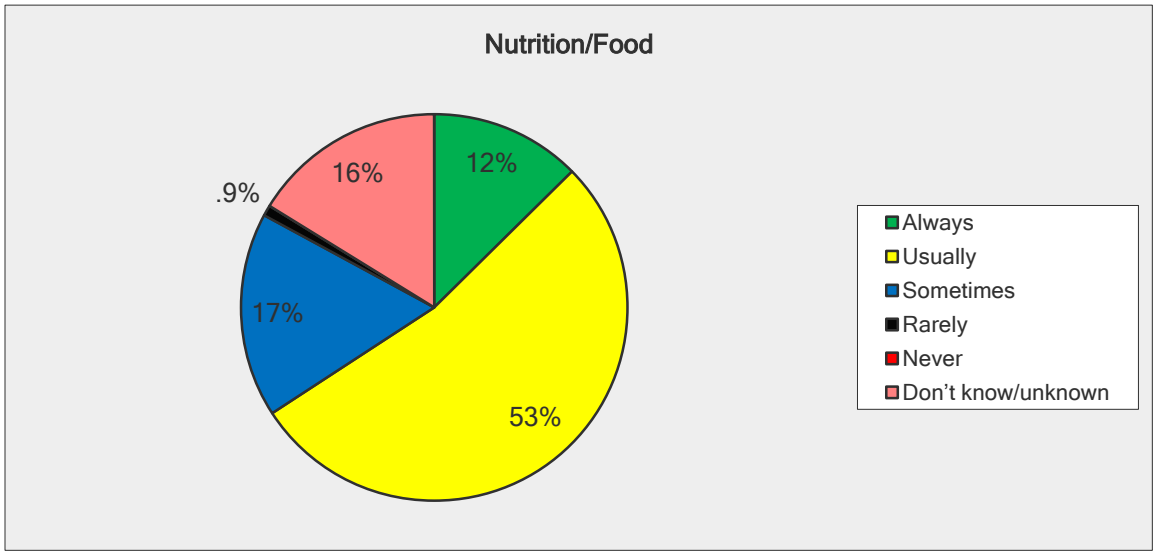
Answer Options	Response Percent	Response Count
Always	3.5%	4
Usually	29.2%	33
Sometimes	41.6%	47
Rarely	15.0%	17
Never	0.9%	1
Don't know/unknown	9.7%	11



In your work experience within the county/counties you chose, are the following other services available and accessible to the Choices for Care (CFC) participants who want them?

Question 20: Nutrition/Food

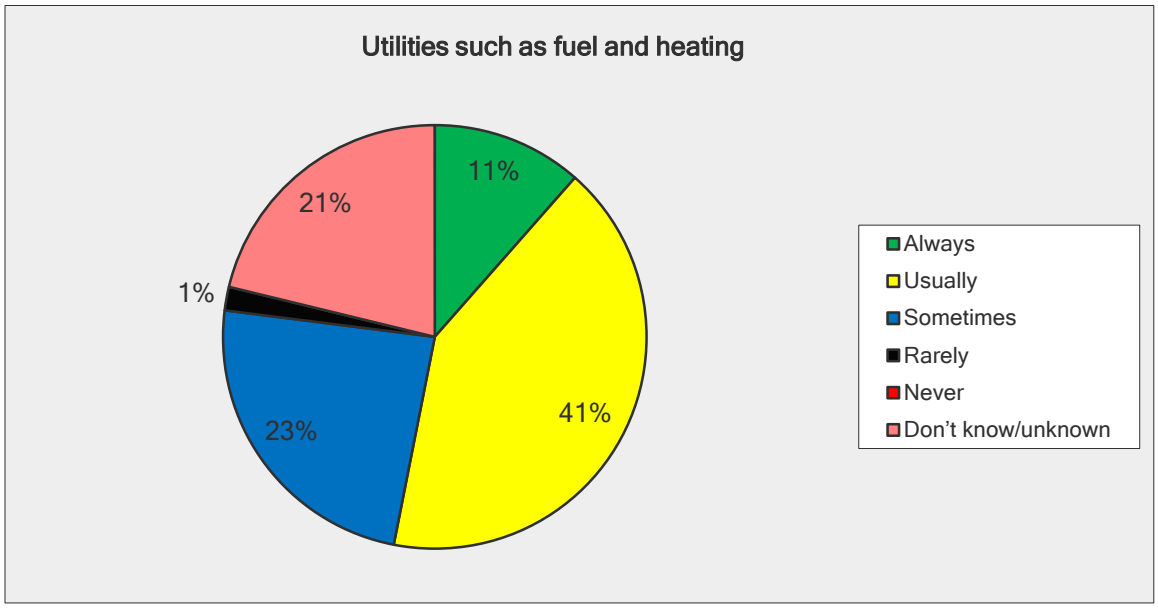
Answer Options	Response Percent	Response Count
Always	12.6%	14
Usually	53.2%	59
Sometimes	17.1%	19
Rarely	0.9%	1
Never	0.0%	0
Don't know/unknown	16.2%	18



In your work experience within the county/counties you chose, are the following other services available and accessible to the Choices for Care (CFC) participants who want them?

Question 21: Utilities such as fuel and heating

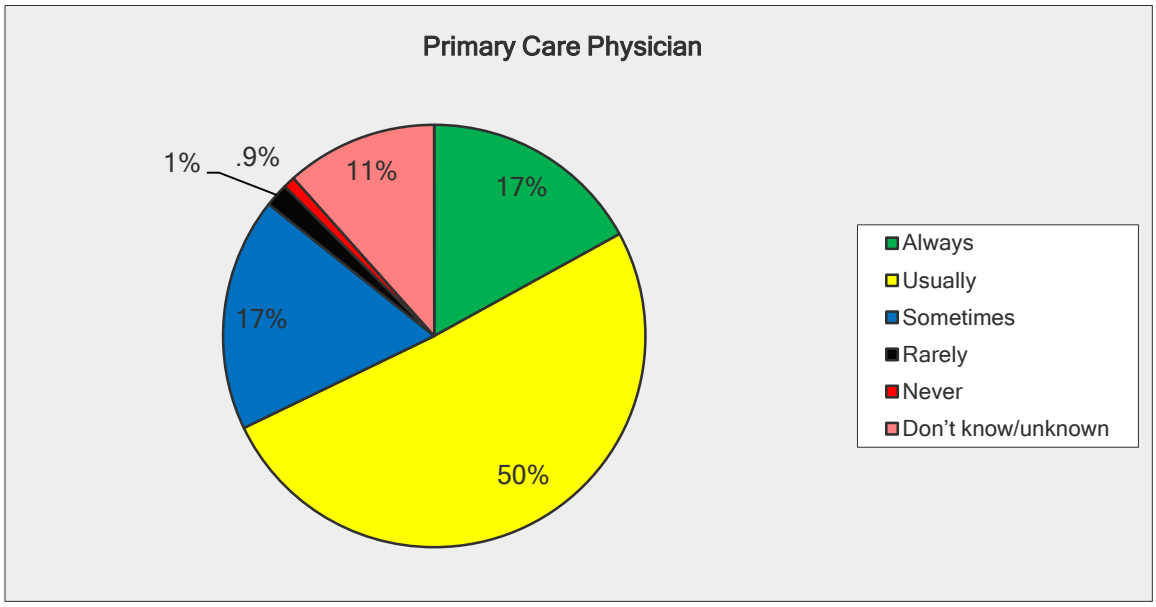
Answer Options	Response Percent	Response Count
Always	11.5%	13
Usually	41.6%	47
Sometimes	23.9%	27
Rarely	1.8%	2
Never	0.0%	0
Don't know/unknown	21.2%	24



In your work experience within the county/counties you chose, are the following other services available and accessible to the Choices for Care (CFC) participants who want them?

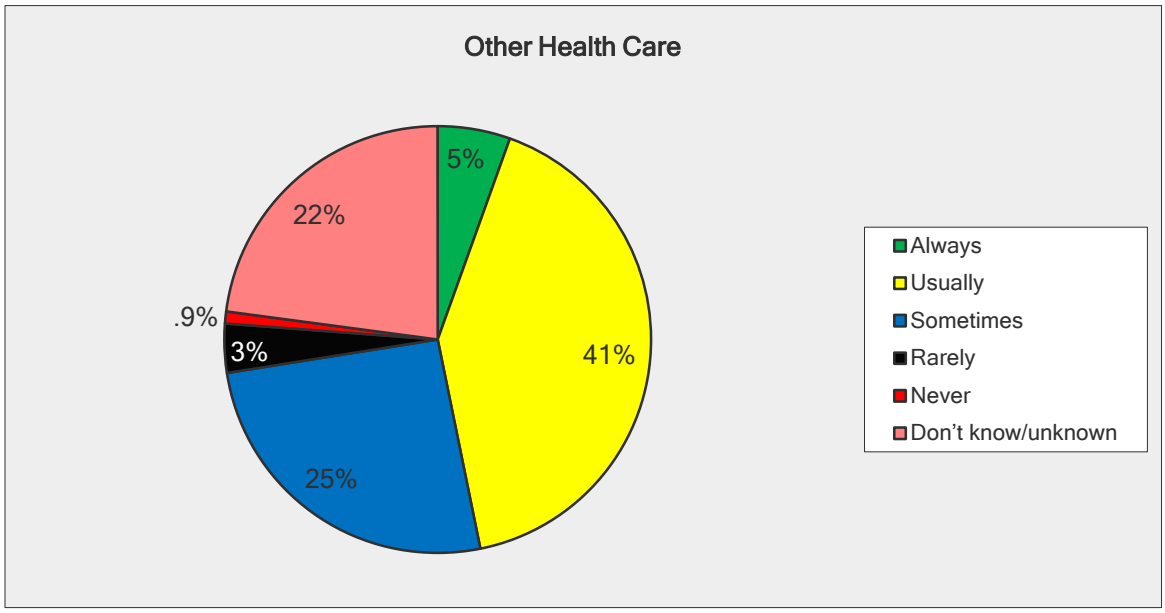
Question 22: Primary Care Physician

Answer Options	Response Percent	Response Count
Always	17.0%	19
Usually	50.9%	57
Sometimes	17.9%	20
Rarely	1.8%	2
Never	0.9%	1
Don't know/unknown	11.6%	13



In your work experience within the county/counties you chose, are the following other services available and accessible to the Choices for Care (CFC) participants who want them?

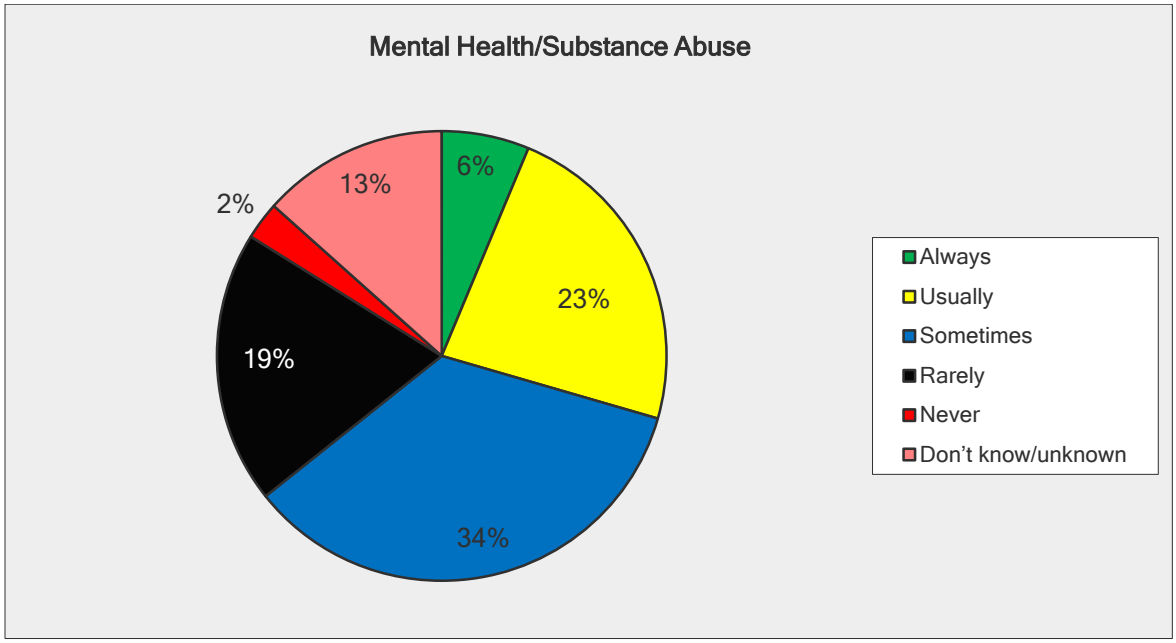
Question 23: Other Health Care		
Answer Options	Response Percent	Response Count
Always	5.5%	6
Usually	41.3%	45
Sometimes	25.7%	28
Rarely	3.7%	4
Never	0.9%	1
Don't know/unknown	22.9%	25



In your work experience within the county/counties you chose, are the following other services available and accessible to the Choices for Care (CFC) participants who want them?

Question 24: Mental Health/Substance Abuse

Answer Options	Response Percent	Response Count
Always	6.3%	7
Usually	23.2%	26
Sometimes	34.8%	39
Rarely	19.6%	22
Never	2.7%	3
Don't know/unknown	13.4%	15



Verbatim responses to survey questions: *Note that identifying names/phone numbers of people have been replaced with **.*

In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participant who want them?

Question 4: Home Health Care

We have 3 agencies. Lamoille and Washington do a fair job although always a challenge to fill all hours a person is granted on the service plan. Orange it is very inconsistent in certain areas and rarely fill all hours requested.
Referrals to facility mention costs of home health aide service as compared to facility rate for 24 hours
It took a while for the waiting list to open up. Now it may be returning to another wait for folks who need it.
At times clients are refused services due to a problematic past history with an agency.
Issues with qualified PCA's being available on a consistent basis. Often scrambling to fill the PCA needs. Clients often have new PCA's daily who are not familiar with their care needs. On-going consistent care an issue.
I work in Intake at HowardCenter, Developmental Services. We do not have home health care, however we do have in home residential supports.
Home Health Agencies experience a high turnover of pca's and this affects individuals accessing CFC MNG and high/highest services. They are often not able to staff the full amount of hours authorized on a service plan.
Skilled care yes-non-skilled agencies are prohibited from providing care under waiver
Evening/ Nighttime PCA's difficult to find. For Agency-Directed services: We have clients who refuse a PCA if they are not "exactly" at the time they want them to come. [Ex Client wants 9am - PCA available 11AM - 1PM: Client refuses PCA altogether.)
But it is waiting 3-6 months to get the program started that does not work, or lack of hours that cannot get filled.
Home health's ability to staff hours seems to be an issue.
Always hiring more paraprofessional staff
Staffing issues arise so hours not always covered or filled in by agency
The VNA is consistently understaffed-particularly when it comes to providing homemaker services under the Moderate Needs program.
Nursing/LNA services are always available as long as the client has a physician's order.
The home health agency also provides homemaker services via the MNG program.
There is a waitlist in our area at this time.
Most times clients have to wait 2-3 wks for services for PCA from Home Health
Exceptions could be over night and holidays
Home health seems to have difficulty accessing folks who live a bit off the beaten path. They seem to have great difficulty with dirt roads. This is unfortunate- given that so many of the clients we serve live on dirt roads.
it seems that VNA has very strict guidelines regarding what is a safe environment otherwise they may not offer services
Eligibility takes too long to be determined.
There is often a wait time to fill need, or not enough people to increase it when needed.

People sometimes aren't clinically eligible soon enough for the client or their family, especially those with dementia. If they qualify for MNG, there is a LONG waitlist, so it's not very helpful for those with immediate needs. People also wait too long for their LTC M'caid application to be processed.
We have seen an increase in home base waiver applications for Long Term Care Medicaid
All counties have active VNA/Home Health agencies; the high turnover of PCAs often results in delays in service, gaps and shifts in service and/or reduction of hours VNA/HH staff is able to serve
Moderate needs caregivers not available
Personal care should be available through independent non-medical agencies and not just through home health agencies.
Homeless clients are difficult to serve because they are difficult to find if they are not staying at a shelter.

Question 5: Consumer or Surrogate Directed Care

We use rewarding work a great deal but it needs better advertisement to get workers to sign up.
Just starting--ask next year this time.
Finding care givers can be a serious barrier.
If client not able to do consumer directed not always a qualified surrogate available.
Our Individual Support Agreements are person centered when developed.
Some consumers report difficulty in finding quality and reliable caregivers if they are searching outside of family and friends.
Almost always.
Again the length of time it takes to get program started
At times difficulty finding a caregiver available when care is needed or requested.
Always an option an available if client and/or surrogate can find the caregivers to hire.
CMs assess clients' ability to self-mange services, or appropriateness of surrogate.
Not a service that I have tried to access for a resident. This is done by a case manager
Some consumers/families cannot locate or trust caregiver populations
If eligible. Can be difficult to find caregivers in the community for folks without existing help from family, etc.
Consumer-directed serves are generally an option for those found eligible clinically and financially; finding appropriate surrogates for clients with cognitive decline/dementia remains a particular challenge; evening and weekend care also remains a challenge with limited agency availability for care outside the "standard" working day
Burden on individuals to find and manage qualified caregivers.

Question 6: Respite/Companion

rarely thru home health agencies but through surrogate is fair
Weekend coverage is at times a problem.
It can be difficult to get these hours covered by the local VNA.
Same issues as with Home Health Care.
We have not served a consumer currently through an AFC option. We are working currently in process and expecting to be serving a CFC consumer soon. Respite will be provided when we are serving the individual.

Some consumers report difficulty in finding quality and reliable caregivers if they are searching outside of family and friends.
Non-skilled agencies are prohibited from providing
Seems that home health has a hard time staffing these hours. This is always available for Consumer/Surrogate pending client/surrogate able to find one to hire.
Area nursing homes which provide respite can get booked since space is limited.
Never through Home Health but o.k. if ARIS directed.
More challenging to find and sometimes more critical due to memory issues
There are not enough people to fill the need or increase it when needed. Sometimes people have to wait or choose other options.
I don't see the service plan, but I'm sure each plan has respite/companion
Respite and companion services are offered, but can be difficult to fulfill when working with VNA/HH agencies that are understaffed; at times and in some areas (e.g. Orange county), VNA/HH is unable to serve the respite needs of CFC clients; respite options are very limited for caregivers - and this is particularly true for caregivers coping with dementia/cognitive decline

Question 7: Personal Emergency Response Services (PERS)

Different vendors have different levels of support.
Lots of new options these days with cell phones and mobile units.
A new provider is providing this service to participants with cell phones now which is very helpful.
It is available, but not everyone can afford it.
nobody in area to install equipment
If eligible for CFC.
Not sure what this is
there are several service providers available to meet these needs in our coverage areas; the problem isn't access, but affordability with many seniors unable/unwilling to pay services fees of $25-$50 per month; services that aren't linked directly to a landline are more expensive, but would offer more safety/security when outside their home

Question 8: Adult Day Services

It is an option; there are very limited choices if it is not a good fit.
Project Independence does a great job!
There are seldom wait lists anymore, but waits still do happen at times.
Transportation an issue if a more flexible schedule is needed for a client who can't do a full day or if can't do the bus service, needs a volunteer driver with car instead.
The consumer we are planning to serve will have an adult day program in place.
Some areas have a waitlist on occasion.
Some people in nursing homes would really like to go to adult day, but CFC won't pay.
For people who live near Barre, there is access, but for patients who live more rurally, it is not an option - like Marshfield, Cabot...
Excellent in Lamoille
not available for individuals w/ brain injury
Dependent on AD availability
There are problems with the Rutland program accepting some participants
certain areas of counties require long driving times to access adult day program

Adult Day services are usually full in the area no leaving room for those that need the service.
If eligible for CFC. Transportation sometimes an issue.
Again, since I don't see the service plan, I'm unsure.
"Providers do a good job of meeting AD needs and flex to meet participants financial, health, cognitive and emotional needs
If there's a gap, it's in programs targeted to meet the needs of cognitively alert individuals who would thrive in more diverse/challenging settings"
Bennington County has an excellent program, Rutland County is lacking in meeting the needs of clients
Not always considered by case managers.

Question 9: Adult Family Care
We are seeing them take hard to place folks but it is not an easy process and requires a great deal work.
Not yet but believe it will be coming up on the radar soon.
There are few to no providers.
It has been very difficult to provide the necessary services and support through the current model. Most referrals' needs exceed what can be implemented with the model that is in place.
It can take time to find a home provider match. AA's tend to feel like the tier rate will not work for home providers, so they do not complete a search. Some AA's have list of experienced home providers, but others do not.
This needs to be energized
not sure what this refers to
1 client actually placed in AFC home in Lamoille County. Unsure of Washington or Orleans.
Love this option, however finding home providers seems to be a challenge. The option exists, but it seems like there is so much red tape, confusion, and then the tier rates are low for the populations looking for this option.
Services depend on resources for providers and accessible home.
Very limited, work in progress. It has been difficult for people with dementia due to reimbursement, special rates have been requested. There continues to be a need for 24 hour care in a community setting.
Not currently available in Windham County-am not sure why not
We have not used this service, but have been made aware there is an authorized agency in the area.
Not many homes in this county. Unknown homes at this time. DAA has not published
The matching process for AFCH can be tedious.
This option seems difficult to put in place, as the AAA's do not seem to support the concept and yet they are a required part of the process.
I only have one person in ARC. Have not had to look further up in Washington county, where most of my clients are.
Our experience with AFC homes is limited; the program fits a definite niche need but there are still kinks to be worked out, given the challenging clients we have been working with lately! The number of agencies and homes needs to grow to meet the

needs of clients who could work well in an AFC setting but who are reluctant to leave the geographical community they've grown up in.
Long wait lists for these homes

Question 10: Assistive Devices/Home modifications

They are far too restrictive to creatively do what folks need to remain in homes safely...process to fight it seems like a waste of time.
When items are available, they are terrific. When not, it is a long wait. I am still working on getting a hoyer lift going back a year--thought I had it set & still waiting!
Regarding home modifications: getting a good contractor to do the work correctly has been a frequent problem. Also getting the work done quickly can be a challenge.
This fund should be more flexible, too restrictive.
We have been working with one Individual/ consumer and we have successfully been able to make necessary home modifications to support the transition from the nursing home to the AFC home.
There are some DME providers that do not accept assignment for certain items. There are certain items that CFC will not approve that insurance will also not cover, but would benefit the individuals health, safety, welfare and independence at home.
Lift Chairs: Case managers have a great deal of difficulty caused by MEDICAL SUPPLY PROVIDERS in obtaining Lift Chairs and sometimes other AD/HM equipment. Lamoille CO case managers seem to have the most difficulty with Keene Medical.
Until the current process is changed, there are limitations to devices that can be approved (as with any service).
The process to obtain items such as a power chair is often difficult-between the vendor and Medicare & Medicaid.
Again, depends on if the individual can afford it or if their insurance will cover it.
Some devices are not covered
VCIL administers a program for assistive technology and home modifications. Both have long waiting lists to access the services because there is not enough money to cover the cost of all the applicants. We average 10-12 applications per month, however, over the last three months this increased to an average of 15 applicants per month.
Whereas I don't know, I have heard our LTCCC talk about this at waiver meetings so I'm sure some people are accessing this benefit
May take an unreasonable amount of time, however.
This works fairly well for CFC clients, but low- to mid-income clients with health challenges that don't meet LOC for long-term Medicaid have few options available to them

Question 11: Residential Care Home

not enough beds but ones we have are great.
Depending on bed availability
We have a large waiting list-family members indicate there is a shortage of residential care that will accept Medicaid residents. $ are exhausted on the community services, and then when the person is too fragile or family are exhausted or cannot keep up with the needs, they are making referral to residential care for care.
Only had one case that was ERC.

The ERC program is not offered at all the RCH's in my territory. Getting an ERC bed in Caledonia County is impossible.
am not sure about availability if someone is on choices for care.
Often no openings for this program or Res Care too restrictive in who they will take. Especially difficult to find suitable placement for younger population. Often not appropriate activities available for either older or younger population.
Not enough ACCS only beds. If an individual has CFC, then ERC beds are more accessible.
We have residential care homes but it is hard to place some of our mental health clients in them
ACCS beds (non-CFC) are rare. CFC ERC Beds are difficult to find.
There is a major need for more Res Care. For people who don't clinically qualify for CFC/ERC, there really are rare Medicaid options for Level III (most homes will not take ACCS alone). Big problem for homes that take people private pay, client runs out of money, applies for CFC and not clinically eligible and home makes them leave. Most homes are also full with VERY long wait lists. Some areas of the state have NO residential care homes at all. Big need.
Only one ERC facility in St. Johnsbury area district & has very limited availability. We need ERCs in this area, a very limited resource here.
We sometimes have difficulty placing patients with psychiatric diagnoses.
Challenging if a person is on Medicaid. Private pay is no problem
Wait lists.
Few Medicaid beds available
Residential Care Homes often seem to save their ERC beds for their private pay patients who run out of money.
Forest Hill and Maple Hill work closely and efficiently with us and when bed is needed and available will accept clients referred by us.
Availability rare due to populations not shifting much
ACCS beds are not easy to come by.
Not in Northern Washington county.
Sometimes there aren't any openings for folks when they need placement, or if there is an opening, it's very far away from their home/community.
Client may be forced to leave their geographic area in order to find an open bed. Some clients are also hard to place, may not be accepted by any homes in their area.
there are wait lists
I only put sometimes since we don't have a lot or residential care homes in Rutland and it all depends on availability
Availability of residential care facilities differs greatly from one town/county to the next; with many facilities limiting/outright rejecting potential ACCS residents, residential care remains inaccessible to many. As noted above, this is particularly true for clients with moderate to advanced dementia who remain physically healthy, but present behavioral and/or mental health challenges
Bed availability can be an issue. If someone have behavior problems it can be difficult to find a bed.

Question 12: Nursing Facility

difficult for challenging folks to find beds...particularly with behavior issues

Depending on bed availability
Many of the people on our Residential Care Waiting list are low to moderate level nursing home care and we would need waiver to accept them
refuse to admit clients who need care and have dementia or other behaviors
Barriers include low case mix score, behavior problems (mostly due to lack of mental health services and supports), and at times getting into a nursing home without a three day hospital stay and Medicare eligibility.
Nothing really available that appropriately meets the needs of those with dementia.
NF's have become extremely selective in our area of who they will accept. Mostly do not want to deal with patients who have any hint of "behaviors".
NF's are resistant to serving individuals with criminal backgrounds, behaviors and significant mental health issues.
We have nursing facilities but it is hard to place some of our mental health clients in them
I believe Windham County to be one of 3 that has yet to achieve the target balance very difficult to get persons with mental health histories admitted to nursing homes, still lots of stigma and bias in this area
Lamoille Co often times cannot stay in there Co, need to look elsewhere for placement.
Most all homes have beds available. However a difficult client with past history may have "burned bridges" and nursing homes will not accept them back. That's why I didn't check "always".
The LTC Medicaid financial determination process can take a long time & nursing facilities have many pending clients in their homes that they are not getting paid for so are becoming very hesitant to take pending clients, some have declined them.
WE have EXTREME difficulty placing patients with psychiatric diagnoses, regardless of their stability. Nursing homes in Washington County RARELY accept these patients, and in more than 17 years working at CVMC Woodridge has NEVER accepted one of these patients. Our advocacy, and the patient stability, means nothing. We often have to send these local community patients as far away as Glover, or Springfield, or Bennington. This is a scandal in our county.
Sometimes people need to be place
Wait lists.
We can rarely get someone into a nursing facility on Choices for Care unless they have already been on the program. Nursing homes are afraid they won't get paid.
But we only have 1 N.H. and not always available in our county but outreach happens.
Availability issues-varies
depends on pt's needs. If they need a locked or specialized unit, we do not have that locally.
It is hard to find a placement for elders with mental health issues or behavior problems. If they are discharged from a hospital to a facility, it works okay, but not if they need to go from home into a facility.
If it's not Home Base Waivers, then it's usually nursing home, sometimes ERCs
Availability of nursing facilities is very limited in much of the area we cover. Most of the facilities our clients have access to are in Washington County, with limited options in Lamoille, and even less in Orange County with just one NF. There are few options for seniors struggling with mental health or dementia issues. The quality of care can differ greatly from one facility to the next, leaving some families feeling like there are no real

options for them. Wait lists are long at the better facilities. Given the available statistics about our aging and needy clients, this lack of ing population that faces us in the coming available, quality options needs to be faced head-on and soon
Again, locating a bed can sometimes be challenging.

Question 13: Moderate Needs Homemaker
hours are always sparingly given based on what the agency can offer versus what the consumer wants or needs.
Finding someone to help and also not being too finicky about hoarders might improve service.
At times there are wait lists, although I don't think there are any right now. Seldom can a client get 6 hours per week, and often clients home maker hours are cut in order to allow someone else to get a couple hours per week.
This past year an issue with lack of homemakers available thru home health agency.
Again inconsistency, where many different people filling in for one client, so do not have a good handle on how to work with client and their needs. Many homemakers do not have the skills they need to provide services needed by client: can't cook, clean, etc. This isn't going to change unless they pay more, more benefits, so higher qualified people are attracted and stay for any length of time.
I do not have much experience with this program, other than referring individuals who are not eligible for developmental services and are in need of home support.
Wait list continue to be lengthy esp for non-M'Caid folks and lack of VNA staffing persists and limits the amount of hours for those who could/need to have more than 2-4 hour per week. Schedule consistency also remains an issue
There is typically a waitlist for these services.
Please refer to comment in question 1
Big wait lists. Needs more funding.
LONG wait list-
"The VNA is consistently understaffed-particularly when it comes to providing homemaker services under the Moderate Needs program
Also, anyone with Medicaid has priority-some people without Medicaid have been on the wait list more than a year."
Wait lists.
When applying for Moderate Needs the wait time is lengthy.
H.H. always has a waiting list
Many choose traditional though the flex choice exists. Consumers do not have individuals or request HH staff
Orange and Windsor counties are the worst. People never come off the wait list, especially if they do not have Medicaid.
waitlist
It depends on which home health agency is being used.
Given CVHH&H's staffing issues- I have clients who have been approved for the program but are waiting 3-4 months to receive services
This is a difficult question to answer in a Always or Usually fashion as the availability is impacted by funding available and the amount of reimbursement being paid for the service.
local vna has lengthy wait list for MNG, states can't find staff.

People are waiting far too long. I have clients who have waited over 2 years because they didn't have Medicaid. Even those that have Medicaid wait longer than desired. Availability varies greatly between the three counties. We are also seeing agencies doing intake, so the client is officially off the waiting list, but then are unable to start services because of lack of staff. Our case mangers frequently don't apply for this program because they see no hope of the client ever receiving the services.
this has been a problem with long wait lists
I don't run across too many cases where they are on Moderate needs before approving LTC Medicaid. I know we have a moderate needs list, but honestly I don't review it as it doesn't pertain to my job
After a very long wait on a list of over 1 year
Availability, again, differs from one town/county to the next. Hours allotted to clients are frequently reduced due to VNA/HH difficulty with finding and retaining adequate and well-trained staff. Even when funding is available, eligible clients wait for services until staffing is finally available. Some homemakers are amazing flexible, committed and skilled; unfortunately, and as attested by the high turnover of VNA/HH HM staff, others are less committed, organized or skilled. This is true in all of the areas we serve, but particularly true of Orange county
Funding can be an issue. Problem that program is mostly limited to those on Medicaid rather than need.
Should be offered by non-medical agencies and not just home health.
There is a waiting list in our counties. The list grows as fast as we admit people. Once someone is at the top of the list, and we have funding (which we do right no) the person can be admitted.

Question 14: Moderate Needs Flex Funds
this is so new that I can't comment. It has the potential to be a great option but the cumbersome nature of how the goods/ services were set up make it a challenge....modeling after VIP would have made this a no brainer.
Just starting, it takes time
Waiting for first client to step up.
No experience with this as of yet.
Haven't done yet, just beginning the program.
This new program has been difficult to get off the ground. We are hoping to have our first 2-4 recipients very shortly. We are awaiting paperwork both for the program and ARIS employment paperwork back.
So far flex funds have made goods and services more accessible to individuals versus traditional MNG services.
Currently approximately 20 clients on Wait List in Lamoille CO. [Unsure of Washington or Orleans].
Again, big wait lists in some areas of the state. Some active client's might not have access to flex funding option (as much as they'd like any way) due to agency budget and needing to prioritize taking people off the wait list.
Limited funds in some provider agencies.
we have yet to see these, but I do know they are in the works
same issue with the wait list & Medicaid
We are in the process of integrating this.

Time factor.
Not enough funds
Dependent on funding and AAA decision for usage
No one I have put on recently has been able to use them because it is being used to clean up the wait list.
too soon to comment
Haven't had the opportunity to use the flex funds yet.
Too new. As of right now- the flex funds are going towards Orange Co. folks whop have been on the waiting list for quite some time.
I believe they are available but I haven't used them yet.
It is working out for those ready to come off the waiting list, but not yet available to others who are still waiting or have traditional services in place with the VNA.
Since funds are first used to clear the waiting lists, it is unclear if any funds will still be available to provide for other needs.
We talk about the flex funds at each waiver meeting. At times it would be nice if we could have more money
This program is still fairly new and we'll need to see how it goes over the coming year before attesting to its efficacy. The greatest challenge we face as an AAA is that the funding is extremely limited, allowing us to serve just a small portion of those who might benefit from it. Additionally, the soft cap of $3500 per person remains leaves a large financial gap between this program and the traditional program where VNA/HH hourly reimbursement rate can provide more hours at a higher overall expense. I appreciate the client-directed nature of the program and the flexibility that's built in...but we need a lot more of that if we really want to see how successful the program can be.
Have yet to implement program due to billing/Aris issues
Case managers within home health agencies seldom consider outside resources for homemaker service.

Question 15: Case Management
In extreme cases, there should be a team.
At times clients are refused services due to a problematic past history with an agency.
In my experiences, it has seemed challenging to have a case worker identified through CVAA.
All Individuals/ consumers I have worked with through have assigned case managers.
Cm services are always provided, however CM's have very high case loads and often report they do not have enough time to assist individuals who have very intense or complex needs.
Always, but CVCOA don't know the Healthcare side and Home Health Case Managers don't know the program, spend downs, legal aid side of it.
response is within 3 working days
not generally available for individuals w/ brain injury
CVHHH available, CVAAA not so much
The only issue I have here is the case managing agencies are not following up when the get the 803 form within 2 weeks. Their reasoning is it takes us too long to process and they don't want to put their time in and have us deny the case. They need to be reminded they have to meet the client within 2 weeks of receiving the 803. There's been

a lot of times were we are ready to grant and there is no service plan, and case has been pending for months
CFC and OAA funding provides a base for case management availability. Support for caregivers needs to expand, as do programs/supports for specialized programs, e.g. seniors with dementia or coping with depression/mental health. Finding mental health services that are preventative, early-intervention, or ongoing in nature remains a strong challenge...too few providers, too few programs, to little funding.
Conflict of interest when case managers are inside home health agencies.

Question 16: Ombudsman

workload is high and therefore doesn't always seem like the best option.
** does a great job!
I am an ombudsman.
The Ombudsman program has been very responsive, even throughout transition with provider in Chittenden County following ** departure.
As needed
Our Ombudsman carries a very heavy caseload! But she is always available when a client needs her.
The state should plan for more nursing home and or level 3 type care for elderly /psychiatric patients. Most of these pts cannot safely live at home without 24 hour support and many do not have family or friends to take advantage of the CFC program.
Moderate needs housekeeping program money is not always going to the most physically infirm or needy, and this should be the priority.
I believe there is a local ombudsman
LTC Ombudsman is very busy.
In our area ** is always on top of things and available.
not helpful
Have never used one.
Sometimes may require a wait for services because of low staffing, although emergency situations are generally handled quickly.
I have meet ** and have worked with her from time to time, but I'm unclear what she really does
accessible and competent, especially when dealing with CFC issues

In your work experience within the county/counties you chose, are the following other services available and accessible to the Choices for Care (CFC) participants who want them?

Question 18: Housing

long wait lists
Since Irene, housing has been at a premium & not always available.
There are generally long waits for housing, especially if the client needs handicap accessible housing.
Despite booming senior housing construction in Chittenden county, it seems as though there is always a long wait.
Long wait list for subsidized housing.

All of the referrals I have reviewed are consumers who are currently in nursing homes and are looking for an AFC home option. It has been difficult to find housing options for the referrals I have reviewed.
Accessible housing is difficult for individuals to obtain. The process is complex and time consuming.
Need more affordable housing and creative approaches such as pods, etc
Accessible housing is hard to find.
Housing is a problem in Chittenden County especially. Long wait lists for Section 8. Hard to get a "handicapped" accessible apartment. 1st floor apartments very hard to come by. Alarming numbers of refugees being settled ONLY in Chittenden county needing housing. Refugees who are disabled being placed in 2nd/3rd floor apartments who aren't able to navigate stairs or get out of apartment. Housing is a major issue.
wait lists are long for subsidized & affordable housing
Right now there is availability, but not always.
Consistently a challenge
Very long waitlists in our area
There is senior housing in my area, but people wait a long time to qualify due to a lengthy waiting list.
Housing is a huge issue in all three counties, accessible housing is difficult to find and has a long waiting list, for all clients, not just CFC.
I believe housing is, but the question may be is affordable housing available
Adequate and safe shelter remains a challenge, especially when it's an urgent need.
Section 8 funding is closed, wait lists for many senior housing sites are long, and options are geographically limited.
2nd requested need in our planning service area
Homeless clients with co-morbidities, especially mental health disorders, are often difficult to find housing for.

Question 19: Transportation

gets difficult when someone needs someone to go with and assist with getting in somewhere.
Ticket to Ride performs an admirable service.
Nursing homes and some RCH's are resistant to providing transportation unless they can't get out of doing so (ie: by having family take the person to an appointment).
Medicaid funded transportation (such as RCT) won't go to some RCH's despite clients there being eligible for the service. Some clients in the community can only get RCT for appointments, but maybe not shopping. Some clients experience frustration with RCT's scheduling.
Volunteer drivers with cars very scarce for those clients who cannot access the bus.
Except for the very rural areas of our coverage
Many individuals have difficulty using public transportation or live in a rural area where it does not exist, so grocery shopping can be a challenge. Most individuals are able to use Medicaid transportation to appointments, if needed.
Future capacity concerns me
Transportation is a huge issue for the county.
Transportation with the guidelines the provider needs to follow is becoming harder for clients to schedule & receive transportation needed.

very challenging in a rural area
There is limited public transportation and the only other option is RCT. If a person qualifies for RCT then they are usually available.
If they have Medicaid and no personal car they can use the CRT. If they have a car it can be a little tricky. There are other factors that may make it easier.
Only RCT/Medicaid
Rural options are limited and flexibility usually not an option
ok for medical transportation, but social transportation has limited funding
Has gotten better, but still have clients that struggle with them.
transportation to far flung medical facilities is sparse
non -Medicaid medical or other rides for grocery shopping or other essentials not easily accessible
This is a big need. Most medical rides are met, but other needs, like shopping , banking and errands are a big problem. Also, getting to a dispensary for medical marijuana is not covered by Medicaid, and is a definite need.
For MNG clients without Medicaid, the transportation can be expensive or more difficult to get.
Another very difficult area, VNA PCA's do not do transportation, so if a client needs to be accompanied to an appointment, there are few if any options. In Orange County transportation options are minimal and may require that the client get to a pick up point, which is often impossible.
big problem in orange cty
Whereas we have public transportation, I'm not sure it's convenient for the elderly,
Apart from larger cities/towns, where limited but decent options are available, transportation is tough. The more rural you are, the more difficult it gets.
Number 1 requested need in our planning service area

Question 20: Nutrition/Food

Meals on Wheels and Food Shelves & Kitchen help quite a bit, but it remains a struggle. CFC clients are most at risk for nutritional health and yet because of the way the care plans work, if Meals on Wheels becomes part of the plan, they are not eligible for all of the personal care they may need. Consequently most CFC clients receive extra care rather than a nourishing meal 5-7 days a week. They are most likely to have chronic conditions that could be better self-managed with a proper diet, as opposed to a sandwich or opening a can of high sodium soup. The $5-6 dollar meal and the daily safety check, visit, is priceless.
Home delivered meals are accessible to folks, however the quality should be evaluated. Sometimes consumers under the age of 65 who need home delivered meals. Is there a wait list for VCIL home delivered meals? Not sure.
Always a need for more
MOW
People have to travel for groceries or to food shelves, and often don't have a ride.
A lot of our home base waivers are on 3SqauresVT program
3SVT benefits, senior meal sites, home delivered meals, and food pantries provide assistance to many. Too few seniors take advantage of 3SVT benefits. Numbers are growing, but our response is too often limited by the available funding.

Question 21: Utilities such as fuel and heating

Often have to use CART funds
The State & cooperating agencies do all that they can but the rising cost of fuel makes me worry when November approaches. It also helped tremendously to keep client's on eligibility list rather than have them re-apply in early winter.
This is a huge issue for those on fixed income trying to stay in their own home.
Many of the folks we serve have very low incomes. They may receive funding for fuel, but it does not cover all that is needed when the winter is long and cold.
Difficult when LIHEAP funds are reduced.
But not ability to pay for them
I believe there is assistance, I don't know the limits.
People are asking for assistance & case managers looking for additional resources to assist.
The rising prices are a challenge for clients on a fixed income
They are available, but sometimes people can't afford them, even with assistance.
It depends on their housing situation. It is more difficult for people who own their own homes.
Heat is often an issue, many clients are forced to keep their thermostats set very low in order to make their fuel last as long as possible. With a 2 week wait to apply for Crisis Fuel, keeping warm has been at a crisis point this past winter.
Most of our home base waivers are on supplement fuel
Colder/longer winters and higher prices make meeting the needs of low- and mid-income more difficult. Many people remain in need because the financial eligibility guidelines exclude them despite their need. The rush of requests for assistance after state funding was depleted was difficult to manage and respond to.

Question 22: Primary Care Physician

some areas have waits for new docs which makes it hard if you don't like the one you have.
It is getting more difficult to find PCP who will follow residents in the residential care setting - Chittenden County seems to have less of those Drs who are willing to take on new residents
On occasion, I talk to the pcp, but more often I go through the Community Health Care Nurse.
There is a severe lack of PCP's.
Often not taking on new patients. No geriatric MD's.
Some area's are lacking PCP's.
Often there is a long wait...recently a participant waited almost 90 days to see a new PCP when an MD left the area.
becoming hard to find a PCP
Some MD's no longer taking new clients/ physicians relocating to other areas are a problem currently.
Transportation and insurance are more difficult than finding a physician.
high turnover at the Brattleboro Primary Care office the past 5 yrs or so
Physicians are limited. We recently seen an increase though.
Unless they are a challenging patient or a patient with a history of breaking a narcotic contract.

No physicians in Lamoille or surrounding areas are accepting new patients.
Not enough doctors in our community to meet the need
It is difficult in the area to establish a primary care physician.
It can be difficult for some to get to their PCP due to difficulty ambulating, incontinence issues, transportation issues, etc.
health centers have trouble keeping drs

Question 23: Other Health Care

I find the lengthy process of keeping bills, answering the same questions again and again, and re-applying through the same forms totally distasteful. It is a degrading exercise at best.
No dental care, denture funding, adequate hearing aid funding, eye glass funding for many.
Seldom do clients on Medicaid have access to low cost dental care, vision or hearing, or access to mental health services.
Hospitals, Federally Qualified Health Centers. Dentists that accept Medicaid are few and far between and gaps in insurance coverage are an issue- dental, medication formularies, alternative therapy coverage.
Lack of OT and ST in our area
Accessibility to vision and dental care is limited for those on Medicaid.
Specialty services can take a long time to access.
Dental care, eye care
Yes to hospital, ED, Express Care, no to long term care.
Dental services.
Challenges in accessing services via the hospital
rural area with long distances to specialists
EMT SERVICES ARE NO LONGER AVAILABLE OVERNIGHT OR ON THE WEEKENDS, BUT THEY ARE WORKING ON THIS PROBLEM W/ WRVA
Specialists are few and far between.
Dental health remains unaffordable for many, as do eye care and audiology. VT does a good job of meeting many of the health needs of its residents but as the population ages and is more in need of dental, vision and hearing assistance, few affordable or locally available options exist

Question 24: Mental Health/Substance Abuse

sparse resources and if you don't want to use the CMHS services very limited.
HCRS is a challenge here to get people in and treatments.
difficult for resources to help residential care with those who might benefit from additional services.
Neither the state nor the nation nor the citizenry have recognized mental health as an issue. With the increasing number of elders getting Alzheimer's, it has begun to be recognized.
It is difficult to work with the mental health system, and often they will not serve or help with clients in need particularly within nursing homes. This system needs a lot of improvement.
I find it difficult to find home-based clinicians in geriatrics.

Lots of gaps in finding adequate services for those who need it. No geriatric psychiatrists in area. Very few psych's taking new patients.
Medicare covers little if any costs, Medicare not much more.
But getting more difficult to access for some folks with mental health issues which negatively affects access to other basic services
Need more elder care clinicians; DA's are difficult to engage when CFC participants are in need of mental health services.
I see a lot of needs not being met. Groups and support systems are closing down, not opening up.
There are very few providers who accept Medicare
"It seems that there is a large gap here. CRT requirements are strict which leaves consumers not getting their mental health needed services. CFC receives a significant amount of applications for consumers that have a primary mental health disability, who really do not qualify for CFC, but there are no other services to meet their needs.
Refugees: So many PTSD issues, they become bed bound b/c major depression, family caring for them due to that, asking to be paid via CFC, but mental health issues not being addressed. Some refugees with Developmental disabilities not identified upon entry, not in medical records, etc.
Clients ""stuck"" in hospital ""nobody"" will take. Mental health services not enough to provide oversight or community housing they need, they want to d/c them to a nursing home or res care facility which is inappropriate..."
Need for more mental health case management & services to support people with mental health needs in the community.
The local community mental health agency, Washington County Mental Health, provides very comprehensive and reliable services.
HCRS is difficult for elders to navigate. Some people need more than the Eldercare program can provide.
This is the area that is lacking the most for nursing home residents. Getting access to mental health services is difficult.
Someone who qualifies for Choices for Care is seen by our community mental health agency as someone they can no longer follow as they have psychiatric experience, not experience with chronic medical conditions.
Lamoille County Mental Health does not work with us well. BUT Elder Care Clinician is always available if client is Medicaid.
Medication management by a neuropsychiatrist is lacking which often leads to crisis management by staff that do not understand brain injury sequalae.
Prolonged wait lists at times
We have our own substance abuse counselor, but it is a major challenge to get inpatient assistance. We have problems accessing mental health services via our local mental health agency (except for our eldercare clinician)
I have not found the mental health agency to be very effective in the areas I cover.
trying to forget stronger partnership with local designated agency
If they are over 60, they can get help from the ECC which is helpful for those who have difficulty getting out.
It is sometimes difficult to get services for clients who are hard to work with. They may not meet specific criteria, even though they clearly have a mental health diagnosis.
MENTAL HEALTH SERVICES COULD BE IMPROVED/

Combining these two topics into on area seems, to me at least, to be a mistake. Comments on the inadequacy/lack of availability of mental health services was noted above. There seems to be a greater awareness of substance abuse issues and drive to create the needed programs...which is a good start. More attention needs to be given to an aggressive and affordable care for people struggling with anxiety, depression, etc.
Due to the addition of an LDAC counselor
Not enough funding for Elder Care Clinician program. Useful program, could use more funding.

Additional comments – Choices for Care Services:
public advertising around seeking folks thru say rewarding work; expansion of moderate needs to be outside of home health but with other agencies would be great. We have a lot of folks who don't want flex option due to the demands of hiring / managing.
Shortage of facilities and shorter deadlines have not helped.
More resources are needed to keep clients in their own homes and communities. This not only includes funding, but also trained, willing and able workers.
As mentioned earlier, I work for HowardCenter, Developmental Services. I am the intake coordinator and have been reviewing the requests for AFC home options. I do not have a lot of the information needed for this survey. If there is more information I can provide to better assist with gathering the information you are looking for I can be reached directly at **. I am not sure if I completed this correctly and would be more than happy to share the information I have from the referrals the HowardCenter has reviewed.
Very few facilities accept patients with mental illness therefore they stay in the hospital for unnecessarily long times.
The are 2 Adult Day programs in VT offering non-skilled home care services to their respective communities. This service provides a revenue stream to support Standards required sliding fee options for low-income non-Medicaid eligible consumers. Understanding the need to support VNA organizations across state and knowing that need for non-skilled services in the home far exceed capacity in some areas it makes perfect sense to launch a small pilot using the 2 Adult Day programs to provide homemaker services under Choices for Care. I would be happy to discuss this and how we have structured our service to exceed any future licensure requirements to assure the safety of those we serve.
When I answered "usually", it was based on the knowledge that such services are available in my area, but I do not know if they are always available to everyone in need.
More resources and support are needed for Economic services to complete financial determination for LT Medicaid & retain the staff that they train. The transition of a CFC client from high/highest needs to other programs is no longer seamless with regards to financial eligibility, going from LT Medicaid to Community Medicaid they now need to reapply.
Please attend to the placement needs of mental health consumers in Washington County. Thank you.
Licensed nonprofit CCRC - community does not have Medicaid.
Transportation and not enough Senior Companions are big issues

Many of these services through the CFC program I have not had personal experience trying to arrange as a nursing home social worker. These services are usually coordinated with an outside case manager.
The biggest gap I see in the state is lack of long term care for our aging population of Vermonters with psychiatric diagnoses who now have chronic health conditions such as COPD with O2 dependency. Nursing homes don't have the psychiatric support to accept these patients and our mental health organizations aren't comfortable taking care of their clients' medical needs, even as simple as someone being on home O2.
When a client is discharged from the Nursing Home or Hospital services for personal care IADLs or IDLS are rarely available.
CFC criteria often is difficult for individuals w/ brain injury to meet due to the fact that their difficulties are often with cognition and behavior more than physical issues. Decision-making, planning and self-monitoring are just a few of the cognitive skills that are important to be able to do ADLs successfully.
So many options the consumers /families are being confused and diluted "real good individual options" is adding to confusion when choice is presented, even when CM are clear about differences. Difficult to sort out "soft money" options for consumers.
At the hospital we see a huge need for skillled nursing facilities that accept pt's with Mental illness. There is only one facility in VT, and if they are full pt's end up having to stay in the hospital which is not good.
Something needs to be done about the homemaker services in Windsor and Orange counties. Even when people come off the wait list, they still are not staffed enough to provide the hours the person needs and has been granted.
The Medicaid side of the program has become very long and difficult process.
While I think it is important to survey the availability of services I think it is also important to understand the underlying financial/system's constraints that impact the availability of services.
The traditional homemaker assistance clients are entitled to is not adequate. The waitlist is too long and then the services from home health are inadequate (not enough staff, inconsistent schedules, etc.). The flex fund option is better in that folks can also get personal care or PERS if they need it, but again, they are waiting a very long time to have services available to them. If folks want the traditional model, we should open it up to local home care agencies. They seem to have more reliable caregivers and better supervision of staff.
Moderate Needs remains a huge bottleneck. Even when a client's name comes up on the waiting list they may not be able to receive all the hours they are eligible for and need, and in a number of cases may not receive any services at all.
I would like to see ESD and DAIL office get together and really talk about how ESD has to deal with cases. We have complicated cases which take time or clients just don't provide information that we need even though they believe they have. I would like to see where both agencies understand each other's protocols

Additional Comments – Other Services:
Folks are trying their best but the supports and the necessary systems are far from meeting the ever-increasing needs.
Mental health services continue to be very scarce.

CFC applications through the White River office are sometimes very long and frustrating for clients.
In the Brattleboro area there is a concentration of providers of medical, dental, and mental health/substance abuse providers. Residents of the Deerfield and West River valley areas without transportation have limited access to these services, as public transportation is not adequate.
Elder Care Clinicians are a very valuable resource for people in their homes but are a very limited resource as well.
as previously stated. Not for profit licensed CCRC - services are provided within the community for it's residents.
Transportation is huge issue
It is nearly impossible to find long term placement for someone with both psychiatric and chronic medical conditions.
Need to look at the quality of the CD/SD plans under CFC. Who is doing quality checks, what is the criteria, do surrogates ever have follow up ,staffing and care monitoring is done by whom and how does this get monitored by the QI dept at DAIL
The length of time between original application and time of official enrollment continues to be a problem that is out of our control.
We need to expand the Moderate Needs program to include local home care agencies so that there is more choice for our clients, as well as competition for the home health agencies. Perhaps that would motivate them to do a better job at serving our clients.
Let's give the AAA's more localized control of the use of our funds. The MNG program also needs to expand (as it seems to be with the flexible fund option), to include personal care, MOW and PERS. The problem right now, is that the Flex funds aren't available to my existing MNG clients who are receiving less than adequate services from the VNH.