

Policy Brief

Vermont Choices for Care Policy Brief: Self-Direction

Summary

We analyzed the following policies and procedures to assess whether they are effective in promoting consumer choice: employer certification processes; intermediary service organization and support brokerage policies; Flexible Choices' allowance development and discounting policy; and Consumer-Directed (CD) and Surrogate-Directed (SD) Care's policies related to independent workers. Overall, we found these policies generally supported consumer choice while providing adequate assistance to consumers to self-direct (i.e., hire/fire their own workers and/or make long-term care purchases using a monetary allocation). We also identified policies whose implementation may warrant heightened attention from the Vermont Department of Disabilities, Aging, and Independent Living (DAIL): the potential conflict of interest inherent in having agency case managers "educate" and certify consumers as employers and the lack of explicit qualifications of consultants and case managers who support self-directing participants. DAIL may also want to consider expanding consumer choice by exploring viable ways of cashing out adult day services as well as updating written policies to reflect the actual flexibility CD and SD Care participants have in determining worker-related domains (e.g., determining worker wages and responsibilities).

Purpose

This policy brief is the fourth in a series of reviews of policies and procedures related to the implementation of the Vermont Choices for Care (CFC) initiative. The purpose of these policy briefs is to examine key policy questions and provide an external perspective to help DAIL ensure that policies and procedures are as effective as they can be in supporting CFC goals. This policy brief analyzes a) selected CFC policies related to Consumer-Directed Care, Surrogate-Directed Care, and Flexible Choices for their consistency with and distinction among each other and b) Flexible Choices' selected policies for their comparability with those in the original Cash and Counseling states. The policy brief concludes with a set of recommendations for changing current policies in the three service options.

Overview/Background and Key Questions

Choices for Care currently has three options that allow participants and/or their surrogates to exercise more control over their home- and community-based supports (HCBS) than is possible under traditional, agency-directed HCBS. CFC participants may choose one of the following three options:

- Consumer-Directed (CD) Care
- Surrogate-Directed (SD) Care
- Flexible Choices

These options, together with the agency-directed service option, fall along a continuum in terms of the level of participant direction (see Figure 1). At the opposite ends of this continuum are agency-directed services (lowest consumer choice and control) and Flexible Choices (highest choice and control), with CD and SD Care falling between the two ends. With these three self-directing options available, CFC allows consumers to choose the option with the kind and level of choice they desire.

While CD and SD Care had been available in Vermont before 2005 (when CFC began), Flexible Choices was implemented in 2006. These three options overlap and also differ in some important ways. Flexible Choices was partially built upon existing CD and SD Care policies and procedures and serves the same target population. Under CD and SD Care, participants/surrogates choose and hire workers to provide personal care, respite, or companion services. The only difference between CD and SD Care is whether the consumer, or a surrogate acting on behalf of the consumer, is the employer. In contrast, under Flexible Choices, participants or their surrogates can make a wide range of purchases using an allowance; this includes hiring workers or purchasing other goods and services, up to the limit of the allowance.

Because CD Care, SD Care, and Flexible Choices are all available to the same target group (CFC high/highest needs participants), it is reasonable to expect CFC to ensure that design features common to these three options are consistent.

For instance, individuals with comparable needs should have equal access to services, whether they are enrolled in CD Care, SD Care, or Flexible Choices. Simultaneously, some distinctions should be maintained in order to appeal to varying consumer preferences for self-direction. By design, the three options target different consumer preferences and capacity for self-direction. This difference should be preserved. In addition to ensuring internal consistency of the policies of the three self-directing options as described, upon Division of Disability and Aging Services (DDAS) staff's request, we examined how several key aspects of Flexible Choices (without any equivalents in CD and SD Care) compare or contrast with the three original Cash and Counseling programs (New Jersey, Florida, and Arkansas) as a way of providing a broader context in which to analyze the findings.

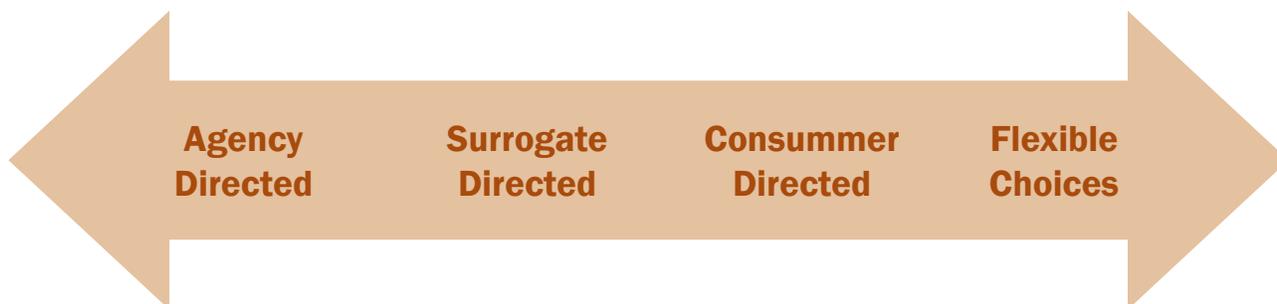
Based on Vermont's interest, in this policy brief, we focused on four policy areas common to all three options, and selected policies unique to Flexible Choices:

- A. Certification of employers
- B. Intermediary Support Organization (ISO) and consultant requirements
- C. Process for determining the amount over which consumers have discretion
 - Flexible Choices' savings policy
 - Absence of a discount in Flexible Choices allowance development
- D. Independent worker-related policies

Our review of these policies was guided by these questions:

- In which ways are these four policy areas uniform or distinct for the three self-directing options?
- Where uniform, is there adequate justification for the policies across options to be similar? Where distinctive, is there adequate justification for the policies to differ from each other?
- How do Vermont Flexible Choices' selected policies

Figure 1. Continuum of Participant Direction by CFC Service Delivery Option



compare or contrast with policies in the original Cash and Counseling states?

- What opportunities exist to strengthen policies to increase their effectiveness in promoting consumer choice?

Findings and Discussion

A Certification of Employers

Prior to enrollment in CD Care, SD Care, or Flexible Choices, participants must be determined able to carry out their responsibilities under these program options. Through an employer certification process, case managers assess an individual's capacity to carry out employer responsibilities using a uniform set of questions. All questions focus on whether candidates can communicate or "describe" their personal needs and how they would go about performing certain key employer responsibilities. For example, the case manager assesses whether or not the individual can "describe the disability," "describe housekeeping needs," and "describe how to hire, train, and supervise an employee." In addition, the certification process includes a determination that the individual is "legally competent" and whether an individual has a legal guardian. Individuals who do not meet all criteria would be offered the SD Care option or encouraged to find a surrogate if they wish to enroll in Flexible Choices. (An individual meeting all criteria but preferring SD Care would be allowed to enroll in SD Care.)

Even though CFC employer certification serves as a screening mechanism, employer certification policies appear to allow self-direction options to remain largely open to many interested and willing CFC participants. The definition of "communication" appears to be broadly defined to include both verbal and nonverbal communicative ability. The self-screening mechanism for Flexible Choices includes a question that asks "do I communicate easily with others, either by talking, writing, through a translator or an assistive device." This implies that this definition of communication would also apply in the employer certification for CD and SD Care. Because the criteria focus on one's willingness and ability to communicate information that is directly relevant to being a CFC employer, the criteria appear to be reasonable requirements of a potential employer.

In fact, Vermont seems to be leading other states in terms of developing a mechanism to screen individuals enrolling in a Cash and Counseling option. For example, the original Cash and Counseling states did not have a structured screening

process¹ because of concerns about the feasibility of developing a valid screening process/tool and the potential legal liability if a consumer contested the decision. However, all three states allowed their program directors to reserve the right to refuse enrollment or to disenroll an individual in the event of abuse or exploitation. Without a formal screening process, these states instead provide consumers with written rights and responsibilities² as a way to help participants "self-screen." What appears to be a strength of the Vermont's employer certification and self-screening processes is they provide a transparent mechanism that applies to every individual seeking to self-direct.

One potential issue with the certification process is whether case managers encounter a potential conflict of interest when certifying participants as employers. For case managers employed by home health agencies, the source of potential conflict derives from the fact that the personal care/respite/companion services a participant in any of the three self-directing options might purchase could be provided either by the home health agencies (the case managers' employers) or other sources. In addition, case managers both at home health agencies and at area agencies on aging may face a potential source of conflict of interest because Flexible Choices cashes out case management and therefore participants can choose whether or not to purchase case management services. With consumer choice comes the potential for individuals to choose to purchase services from sources other than the agency that might otherwise provide these services. DDAS anecdotal evidence suggests that some case managers may actually be more "liberal" in certifying participants once the participants have decided they want to enroll in CD or SD Care (a gateway for enrolling in Flexible Choices as well). Instead, case managers' attitudes towards self-direction may affect how a case manager presents the three self-directing options or answers consumer questions regarding these options prior to the certification process. So, individuals may be discouraged from requesting certification rather than assessed and turned down during the certification process.

B What Assistance is Available to Consumers in CD Care, SD Care, and Flexible Choices to Self-Direct?

Individuals enrolling in CD Care, SD Care, or Flexible Choices have access to agency assistance to help them to meet their employer- or allowance-related responsibilities. Under all three options, consumers or their surrogates hire and manage their own workers to provide personal care, respite, and companion

¹Phillips, B. and Schneider, B. (2004). *Changing to Consumer-Directed Care: The Implementation of the Cash and Counseling Demonstration in Florida*. Final Report. July 2004.

² Ibid

services. For instance, participants must find and hire workers, assume some payroll responsibilities, and train and oversee workers. Under the Flexible Choices plan, participants must assume all the aforementioned responsibilities, as well as develop and execute their entire budget. For example, within their set allowance, Flexible Choices participants decide whether to hire workers and set any workers' wages and job description. They also decide which purchases to make to increase their independence. In all three self-directing options, the consumer/surrogate is responsible for the quality of the service, purchase, or worker.

To support consumers to self-direct in CD Care, SD Care, or Flexible Choices, while ensuring proper use of public funds, several agency supports are available to consumers, depending on the self-direction option chosen:

- **ARIS Solutions as the ISO:** As the Intermediary Services Organization (ISO) contractor for all three self-directing programs, ARIS Solutions is responsible for several major tasks: conducting background checks on all employees³, withholding taxes and payroll deductions and disbursing payroll checks and vendor checks; and providing orientation and assistance to CD and SD Care participants so they may “learn and carry out [employer] responsibilities.”
- **Transition II and individual consultants:** As the support brokerage (or “supportive ISO” as support brokerage is called in the Vermont contract) contractor for Flexible Choices participants, Transition II and their employees who serve as Flexible Choices consultants (or advisors) provide assistance to Flexible Choices participants with all aspects of managing an allowance. According to the grant agreement between Transition II and the state of Vermont, individual consultants are responsible for participant orientation and “monitoring and troubleshooting” and “educating and supporting Flexible Choices participants in their role as employer,” among other tasks.
- **Case managers:** Case managers can provide “some advisory assistance” to CD and SD Care participants, in addition to their core responsibilities of assessment and monitoring. Case managers, however, do not support Flexible Choices participants unless the participant uses his or her allowance to purchase case management.

In addition to supports to self-directing consumers, CFC also provides each self-directing consumer with an Employer Handbook tailored to CD and SD Care and to Flexible Choices. The handbook provides information to guide individuals in the completion of necessary paperwork (e.g., W-9s, timesheets, etc.). In addition, the handbook describes roles and responsibilities of the ISO and case manager while providing resources to help consumers find workers. One lesson from the original Cash and Counseling program

that CFC incorporated into its policies is that supports to self-directing participants should be flexible to accommodate the different types and levels of assistance an individual may require. Vermont has specified in its contracts with both ARIS and Transition II that the two entities “adapt [their] procedures to reflect that participating employers [i.e., consumers] are not professionals and need support, patience, and clear instructions.” This explicitly describes Vermont’s expectation that providers be open and responsive to different scenarios that may arise and to different individuals’ needs. Furthermore, the grant agreement with Transition II states that participants are not limited on how much assistance they can ask for from consultants. Similarly, ARIS is paid a fixed rate per member/per month, a mechanism designed by DAIL to encourage consumers to use the support as needed. This stipulation helps ensure that participants feel free to seek any assistance they may want or need. Thus, Vermont has set a clear, general expectation that agencies assisting self-directing consumers be flexible and supportive.

In addition to having flexible supports to self-direct, consumers are likely to need ongoing or periodic assistance with worker-related issues. For instance, individuals may need assistance with recruiting workers, handling issues such as tardiness or quality of service, or finding back-up workers. The contract indicates that the ISO and the case manager share the responsibility for providing such assistance — ARIS provides “general assistance” to participants while the case manager’s assistance to participants in CD and SD Care is limited to “some advisory assistance.” However, in practice, ARIS is responsible for “day-to-day troubleshooting” in payroll while the case manager directly supports consumers in the interface with workers. Up to now, DAIL has given ARIS high marks for their contract performance.

DDAS noted that case managers and ARIS are fairly clear on who is supposed to do what with respect to supporting self-directing participants. However, the contract does not specify that staff at these agencies are adequately trained for their respective responsibilities.

- The Transition II training manual for consultants does not encompass more substantive training on employer-related responsibilities such as recruiting workers or handling worker tardiness. Although some consultants may have received relevant training or experience while supporting other programs at Transition II, such as in self-direction of developmental disability waiver services, there is no guarantee that such staff would be assigned as Flexible Choices consultants. Individual consultants’ qualification requirements could be made more explicit in the Transition II grant agreement. The Transition II grant agreement could more explicitly state that individual consultants possess training and experience relevant to assisting individuals in key aspects of allowance management.

³ Four types of background checks are mandated for all employees: Adult Protective Services, Department of Children and Families, Vermont Crime Information Center, and Office of Inspector General. A background check with the Department of Motor Vehicles may be requested by participants.

- Given that case managers are expected and are currently believed to be taking the lead in supporting participants in CD and SD Care, case managers' responsibilities can more fully described in the Employer Handbook, as is the case with the consultant's role.

C Process for Determining How Much Service/ Allowance Consumer Will Self-Direct

All CFC HCBS participants (highest and high needs) are eligible for the following types of agency services:

- Personal care
- Respite/companion
- Case management
- Adult day
- Assistive device/Home modification
- Personal Emergency Response System (PERS)

The Independent Living Assessment (ILA) and the Home Based Service Plan development processes determine how much of each of the above services consumers can receive from CFC. More specifically, the information gathered from the ILA informs the identification of the types and amounts of the above services a consumer needs and should receive – with one exception. Unlike other HCBS, the adult day service amount an individual is authorized to receive is based on “want,” rather than specific assessment of “need.” The types and amounts of services are then documented in the Service Plan. Developed by the consumer and case manager or consultant, both the ILA and Service Plan are then approved by the long-term care clinical coordinator (LTCCC).

If an HCBS individual chooses to receive all CFC services through an agency provider, the Service Plan would indicate the monthly hours and cost authorized for each agency

service. If an HCBS individual chooses to self-direct under CD or SD Care, the Service Plan would reflect a) authorized hours and authorized costs for independent workers for personal care, respite, and/or companion services based on need, and b) authorized monthly costs for all other agency services, including ISO fees.

If an individual chooses Flexible Choices, his or her Service Plan, as developed in the process described above, would then be cashed out to derive the participant's allowance. The allowance for an individual enrolling in Flexible Choices is the total dollar amount consisting of the following subtotals from the Service Plan:

- Monthly dollar costs reflecting Service Plan's authorized hours of personal care and adult day services
- Monthly dollar amount reflecting the maximum allowable hours for all other agency services CFC highest/high needs participants are eligible for (respite/companion, case management, personal emergency response system (PERS), home modifications)
- Predetermined monthly per participant ISO fees

(Personal care and respite/companion hours are cashed out using the CD and SD Care reimbursement rates set by the state while other agency services (i.e., case management, PERS, and home modifications) are cashed out using agency reimbursement rates.)

Vermont ensures that individuals enrolling in any of the three self-directing options have equal access to personal care services. Such parity is established because personal care hours are developed using the ILA and Service Plan. Regardless of whether an individual self-directs his or her personal care or receives it from a CFC agency contractor, the number of personal care hours is the same across the four service delivery options. Similarly, the adult day hours a CFC participant receives is based on the individual's request for adult day, as reflected in the Service Plan, not on the service delivery option. Therefore, an individual could request and receive the same number of adult day hours, regardless of

Table 1: Formal assistance to self-directing consumers for key tasks

	Consumer- and Surrogate-Directed Care	Flexible Choices
Orientation to consumers	ARIS Solutions and case manager	Transition II Consultant
Advisory assistance on hiring, training, overseeing, and firing workers	Case manager	Transition II Consultant
Payroll for consumers' workers	ARIS Solutions	ARIS Solutions
Advisory assistance on budget development and execution		Transition II Consultant

whether he or she changes from agency-directed to self-direction or vice versa.

However, there are two mechanisms that make Flexible Choices more generous than CD and SD Care (even when leaving aside the ability of Flexible Choices participants to purchase a wider range of goods/services than CD and SD Care participants):

- **Adult Day:** An individual's authorized adult day hours are converted to cash and added to the allowance. This portion of the allowance can be spent in one of two ways: attendance at an adult day center or care for times when the participant cannot attend adult day care. In contrast, if a participant under CD Care or SD Care unexpectedly cannot attend adult day one day, the authorized cost for adult day on that day cannot be converted to support the individual in another setting, e.g., his or her home.
- **Savings:** Flexible Choices participants can save any unspent amount of their biweekly allowance toward future spending within the year and carry over a very small amount (up to \$500) for spending in the next fiscal year. With this savings policy, Flexible Choices participants may "save" costs from un-filled worker hours in one year and spend this later. For CD or SD Care participants as well as agency-directed care participants, any un-filled worker hours within a service authorization period cannot be added to the next service authorization period. Savings is a unique feature in Cash and Counseling-based programs, present in Vermont and other Cash and Counseling states. The savings policy makes Flexible Choices more generous as a program option than CFC's other two self-directing options. Although the savings policy contributes to the high cost of service utilization under Flexible Choices, DDAS considers this feature of Flexible Choices a defining characteristic of the program and one that may allow participants to meet their personal needs more effectively.

Flexible Choices' cashing out policy is generous compared to other Cash and Counseling programs. For example, case management and home modifications are cashed out along with personal care and respite, with no downward adjustment to the allowance. However, Flexible Choices, CD Care, and SD Care do not currently allow adult day services to be fully cashed out. DAIL noted two rationales underlying this position. First, the fact that adult day allocation is based on an individual's "want," rather than "need," would significantly increase expenditures if more individuals could include and then cash out adult day costs. Second, DAIL expressed concerns that allowing the cashing out of adult day might encourage participants to forego this service and that, in a small, rural state, this could lead to the dissolution of capacity of a key HCBS.

Nevertheless, the fact that adult day services are not fully cashed out appears in striking contrast with the spirit of Flexible Choices, which maximizes consumer choice by cashing out all other agency services. From the consumer's perspective, it is difficult to justify not cashing out adult day services when all other CFC agency services, such as case management and personal emergency response system, are cashed out. Additionally, ensuring the use of a service, even one considered beneficial, may be perceived as undermining consumer choice. The current financial policy is more provider-centered than consumer-centered, although the financial policy is consistent with funding history and the methods used in Vermont to support the development of provider capacity. For these reasons, Flexible Choices' policy regarding adult day merits reconsideration.

Discounting

Like the three original Cash and Counseling states, Vermont Flexible Choices uses the care planning process to determine each participant's individual allowance. Also called a "retrospective" budgeting process, this method contrasts with a "prospective" budget process, in which an individual's allowance is determined prior to the care planning process. For programs like Flexible Choices that use the retrospective budgeting process, a key policy decision that must be made is whether to adjust the allowance that was developed through the care planning process. In adjusting or discounting an allowance, a program reduces the allowance, primarily to ensure budget neutrality. Since utilization under consumer-direction can be higher than utilization of equivalent agency services, adjusting allowances downward is one way to ensure that the spending under the Cash and Counseling option does not exceed spending in the absence of such an option. The three original Cash and Counseling states compared historical levels of service use with authorized levels of service use to help them decide whether to apply a discount. Both Florida and Arkansas adjusted budgets developed through the assessment process; New Jersey did not apply a discount factor since historical utilization was close to authorized utilization. The discounting policy in Vermont's Flexible Choices option unfolded in a rather unique manner. Flexible Choices was originally implemented with a discount component, but consumer opposition led Vermont to discontinue the discount policy.

Given that Flexible Choices enrollment is below 100 and budget neutrality is not a major concern for CFC, as it was for other Cash and Counseling programs, DAIL nevertheless wants to ensure that the Flexible Choices discount policy is sound. In other words, DAIL seeks to ensure that per participant spending in Flexible Choices is not out of line with the spending of the other self-directing or agency-directed participants and that spending is commensurate with outcomes. Thus far, it has been documented that Flexible Choices clients in general incur higher service spending than

non-self-directing clients, i.e., Flexible Choices client spending was higher than clients' pre-Flexible Choices spending (DAIL, 2010). Thus, although Flexible Choices does not have a discount policy, DAIL is monitoring enrollment and spending in Flexible Choices for any changes in spending patterns. Such data would be useful to help DAIL understand the financial impact of Flexible Choices on the overall CFC budget. Additionally, because DAIL is trying to balance multiple goals with respect to Flexible Choices — making this highly flexible option available to support individuals living independently and managing Flexible Choices spending — DAIL should use the discounting policy to advance the most important goal.

D Worker Policies

All three options allow consumers to hire their own workers. Specifically, participants in all three self-directing options are able to do the following under CFC:

- Set their worker wages (as long as it is set at or above the federal minimum wage) and at or below “prevailing regional wage standards”
- Set the mix of personal care and respite/companion hours (i.e., receive more than 720 companion hours by decreasing spending for other supports), or exchange worker supports for other supports
- Determine worker tasks/responsibilities, which may include tasks other than personal care, respite, and companion (e.g., work-place supports)

Although written CD and SD Care policies do not indicate that participants in these two options had discretion over these three worker-related areas of responsibilities, in actuality, they do. DAIL may want to revise written policies to be more consistent with actual implementation.

Policy Options

We propose three broad policy options for Vermont to consider. The first two options focus on increasing the effectiveness of CFC procedures and would not substantively change the scope of services consumers can direct. The third option could expand the scope of services for self-direction by Flexible Choices participants.

Certification of Employers: The Vermont guidelines for certification of employers, compared to similar processes in several other states, are substantially more comprehensive. At the same time, these guidelines do not appear unnecessarily restrictive as to discourage or disallow most interested individuals from self-directing. Instead, they appear reasonable and provide a form of safeguard to the three options by allowing consumers and providers alike to

recognize and discuss an individual's potential needs as an employer. However, there may be a potential source of conflict of interest with case managers, as previously noted. It is unclear the extent to which this potential conflict of interest manifests itself (DDAS noted that case managers are generally “liberal” in certifying individuals as employers whereas procedures raise the possibility of a conflict of interest). One way DAIL could investigate this further is by looking at the rates of certification requests and denials to determine whether any case management agency has a particularly higher rate of denials, a review that could be done during case management agency provider reviews. Other mechanisms exist to investigate this hypothesis: an independent certification or interviews with denied/certified participants, although these mechanisms may involve higher cost to DAIL than reviewing case management agency records. In addition, reviewers could also ask agency staff how they have handled situations, if any, in which they believed a consumer was not a strong candidate for self-direction, as a way of probing into the anecdotal evidence described above. In addition, even though DAIL noted that the final decision of certification rests with the case management agency (a cost-effective mechanism), participants should still have a mechanism of recourse or appeal if they disagree with the outcome of the certification process.

Supportive Infrastructure: To ensure that consultants and case managers adequately support self-directing participants, policies regarding staff qualifications would benefit from further clarification. For example, policies should specify that consultants and case management staff receive adequate training to assist participants with employer-related responsibilities, such as management of workers. While Transition II already specializes in helping individuals to self-direct and secure employment, it is important to require that their staff serving as consultants possess these experiences or training, because Transition II staff might not all be equally qualified to serve as consultants. In addition, policies should make explicit the requirement that case managers working with CD and SD Care participants received adequate training to provide participants competent employer-related assistance.

“Allowance” Determination: As noted above, adult day services are only partially cashed out for Flexible Choices participants whereas all other agency services are fully cashed out. (Flexible Choices participants may receive in-home supports at times when they unexpectedly cannot attend adult day but cannot fully cash out the adult day services on a regular basis.) This policy inconsistency arises out of the state's desire to maintain provider capacity, but favors adult day as a provider group over other provider groups, such as case management. From a consumer's perspective, this essentially means that adult day service is a “use it or lose it” service, rather than “use it or replace it with another service,” as is the case with other HCBS. This appears to go against the spirit of Flexible Choices, which aims to put service dollars in the consumer's hand.

Conclusion

Vermont's multiple CFC options – and the varying degrees of consumer choice they offer – mean that consumers can choose the option most suitable to their wishes and needs. For those who want a high degree of choice, Flexible Choices is designed so that budgets can be allocated among a broad list of allowable services and goods, rather than a limited list of CFC agency services. In our analysis, we noted that case managers may encounter a conflict of interest while executing their responsibilities for educating clients on options to self-direct and certifying employers. This constitutes an area that may warrant more attention from DAIL. We also noted that the competency/qualifications of the supportive infrastructure staff could be made more explicit.

Finally, although this policy brief has focused on examining the three self-directing options, there may be ways to bring more flexibility to participants in nursing homes or enhanced residential care facilities, who still constitute the majority of CFC participants. Specifically, CFC currently allows individuals to receive case management 180 days before nursing home discharge, which is intended to help individuals arrange for such a transition. In addition, in previous transition initiatives, access to financing for rental/utility deposits, basic groceries, and furniture was cited as critical; assistance on the day of moving is also helpful. To meet these needs, Vermont noted several sources of transition funding other than CFC. Therefore, it will be important to ascertain whether these sources of funding are adequate to meet the need of individuals transitioning out of institutional care. With Flexible Choices, CD Care, and SD Care offering increased flexibility to HCBS participants, it will be important to ensure that nursing facility and ERC residents also receive the additional flexibility they may want or need to transition back to the community.

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