

***State of Vermont***  
***Agency of Human Services***

**Vermont Long-Term Care Plan**  
**1115 Demonstration - Choices for Care Program**

**NUMBER: 11-W-00191/1**  
**Demonstration Year: 8**

**Combined Bi-annual Report for the period**  
**April 1, 2013 – September 30, 2013**

**November 6, 2013**

## **OVERVIEW**

This report covers 6 months of operation of Vermont's 1115 Demonstration Waiver renewal for Choices for Care (CFC) Long Term Care Waiver Demonstration from April 1, 2013-September 30, 2013. The five year renewal period (2010-2015) was approved by CMS on September 21, 2010.

This report contains the following:

- Activities and Accomplishments
- Data Reporting

## **ACTIVITIES AND ACCOMPLISHMENTS**

**1. Division Reorganization:** July 2013, the Division of Disabilities, Aging and Independent Living split into two divisions; the Adult Services Division (ASD) and the Developmental Disabilities Services Division (DDSD). ASD continues to be responsible for long-term services and supports for older Vermonters and adults with physical disabilities, including the Choices for Care (CFC) program.

**2. Money Follows the Person:** In 2011, DAAL applied for and was awarded a five year \$17.9 million Money Follows the Person (MFP) grant from the Centers for Medicare and Medicaid Services (CMS). The goal of the MFP grant is to work in concert with the Choices for Care program and the Aging & Disabilities Resource Connections (ADRC) to help people living in nursing facilities overcome the barriers that have prevented them from moving to their preferred community-based setting.

In SFY 2013, 960 people residing in nursing facilities received education on the services offered through the MFP grant. The services offered included:

- Support during the transition period by a Nurse Transition Coordinator
- Assistance from a Housing Specialist if housing has been identified as a barrier to transition
- \$2,500 in Transition Funds to help eliminate barriers to transition.

Of the 960 people educated in SFY 2013, 88 people enrolled in the program. To date, 130 people have enrolled in the program. Many of those currently enrolled have identified that housing is a barrier to transition. Choices for Care and MFP have focused on increasing housing options, including a new Adult Family Care service option that was implemented September 1, 2013.

In the SFY 2013 50 people residing in nursing facilities transitioned to a home and community based setting of their choice and 16 people graduated from the program. Graduation from the MFP grant is the successful completion of 365 days

of home and community based living. To date, a total of 72 participants have transitioned and of those 23 participants have graduated. For more information on the Money Follows the Person Grant, go to: <http://www.ddas.vermont.gov/ddas-projects/mfp/mfp>.

**3. Adult Family Care:** As outlined in the CMS MFP operational protocol, Adult Family Care (AFC) is a new Choices for Care service intended to resolve a barrier to transitions from nursing homes and provide more community-based options, enabling participants who require 24-hour assistance to move to a home-based setting. Effective September 1, 2013, the Choices for Care program implemented the new service with 11 approved Authorized Agencies who will be paid a daily tiered rate to contract with private, unlicensed AFC homes that serve one to two people. DAIL implemented a training plan for case managers, providers and DAIL staff in addition to monthly technical assistance calls and quarterly stakeholder meets. For more information on Adult Family Care, go to the Choices for Care Highest & High Needs Manual at: <http://www.ddas.vermont.gov/ddas-policies/policies-cfc/policies-cfc-highest/policies-cfc-highest-manual>.

AFC key elements include:

- AFC is an option for all eligible Choices for Care participants at the highest/high needs clinical standard;
- AFC is intended to be budget neutral within the existing CFC home and community-based service options;
- Authorized Agencies must be approved by DAIL and maintain an up-to-date provider agreement;
- Proposed Tiers range from \$75/day to \$152/day, depending on the person's functional acuity;
- AFC Tiers pay for long-term services and supports and do not include payment for acute care services or room and board;
- Authorized Agencies match interested individuals with AFC homes, who receive a tax-free "difficulty of care" stipend from the Authorized Agency;
- Authorized Agencies provide service coordination and oversight of the AFC homes;
- Authorized Agencies assure that each AFC home has a housing inspection once every three years;
- Choices for Care case managers assess the individual for the tier rate and provide regular monitoring and technical assistance to the individual, home and authorized agency; and,
- The person pays for room and board according to the existing DAIL room and board standards.

**4. Evaluation Report:** In May 2013, the University of Massachusetts Medical School (UMMS) evaluation team published the Vermont Choices for Care: Evaluation of Years 1-7 report (prepared by Disability and Community Services, Cheryl Cumings, M.A. and Laney Bruner-Canhoto, Ph.D., M.S.W., M.P.H.)

The report includes the following Conclusions and Recommendations:

Overall data indicate that CFC improved or maintained positive gains in many domains including:

- Information dissemination: CFC maintained gains or improved related to listening to needs and preferences, and choice and control. Data highlighted the important role family, friends and health care providers can play in providing information to ensure choice.
- Effectiveness: In addition to increasing numbers of Highest and High Needs participants living in home and community settings, there were no waiting lists for High Needs participants.
- Experience with care: CFC maintained positive gains in terms of quality, courtesy and satisfaction.
- Quality of life: HCBS quality of life measures were quite high in three of the five domains: someone to listen, someone in an emergency and safety. NF/ERC quality of life measures were high related to friendships with staff and safety
- Waiting list: CFC continued not to have a waiting list for the High Needs Group.
- Budget neutrality: CFC met budget neutrality requirements, while reinvesting unobligated funds strategically.
- Health outcomes: CFC consumers self-reported rating of health outcomes remained the same, with no decline.
- Service array and amount: In every setting (other than nursing facilities and Adult Day for Highest and High Needs), the number of individuals being served increased since 2006. CFC is also implementing an additional HCBS setting, Adult Family Care.

Even as the above achievements highlight the successes of the CFC program, there are a few areas in which there were decreases. These include the following:

- Access: The eligibility measures related to access declined in terms of financial eligibility.
- Effectiveness: CFC has room for improvement related to meeting needs of Moderate Needs Group and possibly service coordination and person-centered planning.
- Experience with Care: There was a potential issue around problems and problem resolution within specific services including Homemaker Services, Flexible Choices and Personal Care.
- Quality of Life: Quality of life domains represented some decreases in 2012, specifically social life. There was a low rating in terms of personal goals and services and a lower rating for whether the help made life better for Homemaker and Personal Care.

- Waiting List: While there was no High Needs waiting list, there remained Moderate Needs Waiting lists, even though there were unspent funds for both Adult Day Centers and Homemaker Services.

DAIL plans to utilize evaluation conclusions and recommendations in program improvement efforts including, but not limited to, implementation of a new Adult Family Care service option and exploring a new Moderate Needs Flexible Funding service option.

The full report can be found at:

<http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/umass-cfc-evaluation-report-of-years-1-7-may-2013>

**5. Quality Management:** The Adult Services Division hired three new staff to manage the quality activities and certification reviews for the division. During this reporting period, staff receiving orientation and training and initiated continued certification reviews. The quality team also engaged in the MFP and Adult Family Care critical incident reporting process.

**6. Ombudsman Program:** DAIL maintains a contract with the VT State Long-Term Care Ombudsman to manage complaints both in licensed settings (nursing facility and residential care regardless of payment source) and for people on the CFC home-based option. DAIL staff participate in quarterly meetings with the State Ombudsman to review reports, current topics and trends. Quarterly reports include all complaint data for people in licensed settings (nursing facilities and residential care homes, regardless of payment source) and for people in the home-base setting on Choices for Care.

The following reflects the number of complaints opened and the percentage of complaints either fully or partially resolved that were closed during this reporting period.

April 1, 2013 – June 30, 2013:

- 123 facility based complaints were opened during the quarter. Of the complaints closed during the quarter, 75.1% were fully or partially resolved.
- 23 community based complaints were opened during the quarter. Of the complaints closed during the quarter, 90% were fully or partially resolved.

July 1, 2013 – September 3, 2013:

- 100 facility based complaints were opened in the quarter. Of the complaints closed in the quarter, 89.13% were fully or partially resolved.
- 27 community based complaints were opened during the quarter. Of the complaints closed in the quarter, 73.33% were fully or partially resolved.

**7. Moderate Needs Group:** In an effort to maximize the use of funds and serve more people, DAIL implemented a Moderate Needs funding re-allocation May 1,

2013 with the Adult Day and Home Health Agencies. Providers worked together to determine which agencies had excess funds and which were in need of funds to serve more people. DAIL agreed with the providers' reallocation proposal and authorized new spending caps through June 30, 2013. DAIL expects to address similar reallocations earlier in the next fiscal year.

June, 2013, DAIL held its bi-annual Homemaker coordinators meeting. Agenda items included Adjusted SFY13 Funding, reports, consumer satisfaction survey results, SAMS database use, secure email, financial screening review, wait lists, transitioning people from highest/high to moderate needs, tracking allocations, and ideas for improvements.

July, 2013, DAIL attended the VT Association of Adult Day Services (VAADS) meeting to update providers on funding allocations, status of quality management work, MFP and adult family care.

Additionally, in response to the CFC evaluation report, policy briefs and stakeholder feedback, DAIL proposed a new Moderate Needs service option. With the goal of fully maximizing the use of Moderate Needs funds, serving more people, creating more flexibility for the people using services, and improving satisfaction, DAIL is exploring allocating a pre-determined amount of Choices for Care reinvestment into a new Moderate Needs "Flexible Funds" service. Funds would be allocated to the Area Agencies on Aging (AAA) in each region of the state to administer the funds flexibly to people needing services. The AAA's have experience managing other similar funds such as Flex Funds, Dementia Respite/Family Caregiver funds and the Veteran's funds to people who need care and services. In this model, the AAA would have a total cap and be the pass through agency for billing HP and paying vendors directly for what the person needs, within set parameters. This model is more closely aligned with healthcare reform efforts and would give as much flexibility as possible to the person while maintaining some agency oversight. DAIL would develop as a 2-year pilot.

A work plan was developed in August 2013 with the following timeline:

- September-November 2013: UMMS policy brief research and interviews
  - Conduct research on similar options
  - Analyze secondary data
  - Interview program participants, individuals and group stakeholders
  - Provide feedback and recommendation for model
- October-December 2013: Four stakeholder workgroup meetings
- October-December 2013: DAIL budget & CFC reinvestment process
- January 2014: Legislative approval & confirmation of reinvestment amount
- November-February 2014: Create new service definition/policy/procedures/forms
- February 2014: Implementation

The workgroup consists representatives from Area Agency on Agings, Home Health Agencies, Adult Day, VT Center for Independent Living, Long-term Care Ombudsman, DAIL staff and UMMS research team.

The workgroup will provide recommendations to DAIL using feedback from UMMS policy brief (which includes participant feedback) and the established goals of 1) serving more people, 2) maximizing use of funds, 3) creating more flexibility and 4) improving participant satisfaction.

**8. Dual Eligible Project:** The Vermont Agency of Human Services continues to work with CMS on a Dual-Eligible Project. For information on the status and timeline, go to: <http://humanservices.vermont.gov/dual-eligibles-project>.

**9. Waiver Consolidation:** During this reporting period, the Agency of Human Services (AHS) was informed that CMS did not have the capacity to consider Vermont's request to combine the CFC 1115 waiver into the Global Commitment 1115 waiver, previously planned for January 2014. AHS will resume negotiations with CMS at the beginning of 2014.

**10. Act 48 An Act Relating to Independent Direct Support Providers:** May 2013, Act 48 was enacted into law allowing Independent Direct Support Providers the right to collective bargaining. Early September 2013, ballots were sent out by the Vermont Labor Relations Board to all independent direct support workers (aka self-directed employees). On October 3, 2013 independent direct support providers voted for the American Federation of State, County and Municipal Employees (AFSCME) to represent them in collective bargaining with state of Vermont.

Also included in the act was the creation of the "Self-Determination Alliance" comprised of program participants and family members tasked with advising the state on issues related to stabilizing the independent direct provider work force and improving the quality of services provided to people with disabilities and elders who manage their services. The first meeting was held in August 2013 and will continue monthly thereafter.

Act 48 can be found at:

<http://www.leg.state.vt.us/docs/2014/Acts/ACT048.pdf>.

**11. CFC Rate Increases:** During this reporting period, DAIL confirmed the new CFC rates for a 2.75% "Medicaid Bump" effective November 1, 2013. This includes self-directed services employee wage increases that start on November 10, 2013, which is the beginning of a payroll period. This rate increase does not include nursing facility rates, covered within the state's rate-setting process or the ARIS Intermediary Services Organization (ISO) rate, which is covered under state contract.

**12. Medicaid Rehab Services:** During this reporting period, the Department of Vermont Health Access (DVHA) has been working with DAIL and CMS to update the Medicaid State Plan to better align with the Vermont Medicaid rehab benefit that covers up to 30 days in a nursing facility. This update will allow people to use their Medicaid rehab coverage benefit without being required to apply for long-term care Medicaid (Choices for Care). As of this reporting period, DVHA is working with DAIL to finalize the DVHA policies/procedures for coverage and payment that will be rolled out to providers once complete. A status update will be included in the next reporting period.

**13. Choices for Care Reinvestments:** In September 2013, DAIL requested and received legislative approval for the following CFC reinvestments using SFY2013 carry forward funds (*Source: Choices for Care Data Report September 2013*):

- \$170,000 to offset the impact of sequestration on Older Americans Act Congregate Nutrition Services (Title IIIC1, \$113,668) and Home-Delivered Nutrition Services (Title IIIC2, \$56,135). These funds will be distributed to Vermont's five Area Agencies on Aging.
- \$40,000 to support innovative person-centered, community-based approaches to reducing nutrition risk among older adults at high nutritional and social risk who receive home delivered meals. Funds will be awarded on a competitive basis through one or more grant awards to Vermont Area Agencies on Aging.
- In the sfy2014 'big bill', it has been proposed to award \$50,505 to HASS/SASH (subject to other approval provisions).

[http://www.leg.state.vt.us/jfo/budget\\_reports\\_v3/FY%202014%20Big%20Bill%20Conference%20Report%20051313.html#id346002000](http://www.leg.state.vt.us/jfo/budget_reports_v3/FY%202014%20Big%20Bill%20Conference%20Report%20051313.html#id346002000)

As required by Vermont statute (Section E308.1(a) of Act 50 of 2013), DAIL will propose additional reinvestments in the next legislative session, which begins in January 2014.

## **DATA REPORTING**

During this reporting period, the DAIL Data and Planning Unit (DPU) published the September 2013 Choices for Care Data Report, in which described the status and progress of Choices for Care. The Choices for Care Data Reports are intended to provide basic information regarding performance and expenditures. The primary data sources are Choices for Care enrollment and service authorization data maintained by DAIL, MMIS Medicaid claims data, and provider reports including nursing home census data submitted to the Division of Ratesetting.

The Choices for Care Data Report reflects the program goals and evaluation elements within the following contents:

1. Support individual choice
2. Serve more people
3. 'Shift the balance'
4. Expand the range of service options
5. Eliminate or reduce waiting lists
6. Manage spending to available funding
7. Ensure an adequate supply of nursing home beds
8. Ensure that services are of high quality and support individual outcomes
9. Support the independent evaluation
10. Other data

Complete data reports, created by Bard Hill (Director), Dale Brooks (Senior Planner), Dick Laverty (Senior Planner), and Nancy Marinelli (Senior Planner) created can be found at: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/cfc-qtrly-data-rpts/cfc-quarterly-data-reports#documentContent>.

Highlights from the most current September 2013 Choices for Care Data Report include:

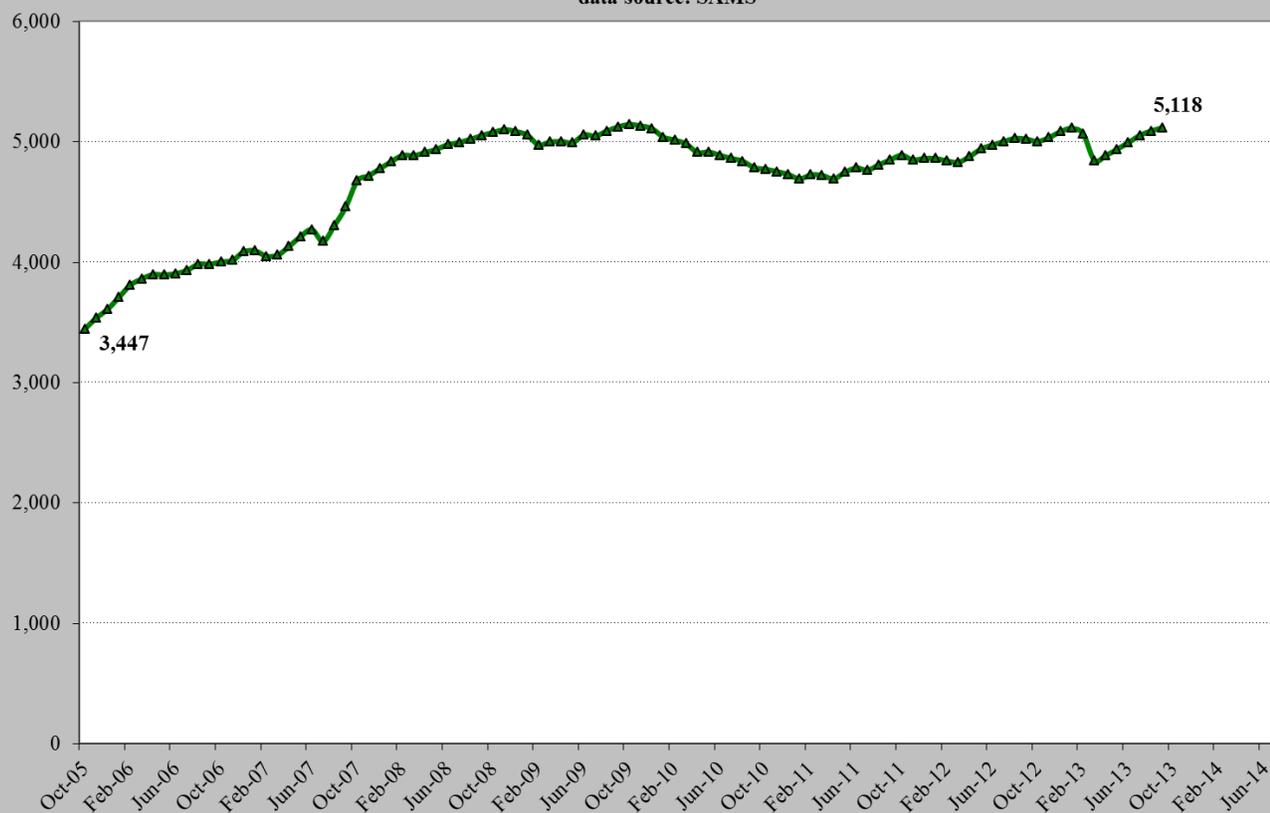
#### Serve more people

One of the goals of Choices for Care is to serve more people. The number of people served by Choices for Care has increased substantially since it began in October 2005.

### Choices for Care: Total Enrollment, sfy2006-sfy2014

includes Moderate Needs Group

data source: SAMS

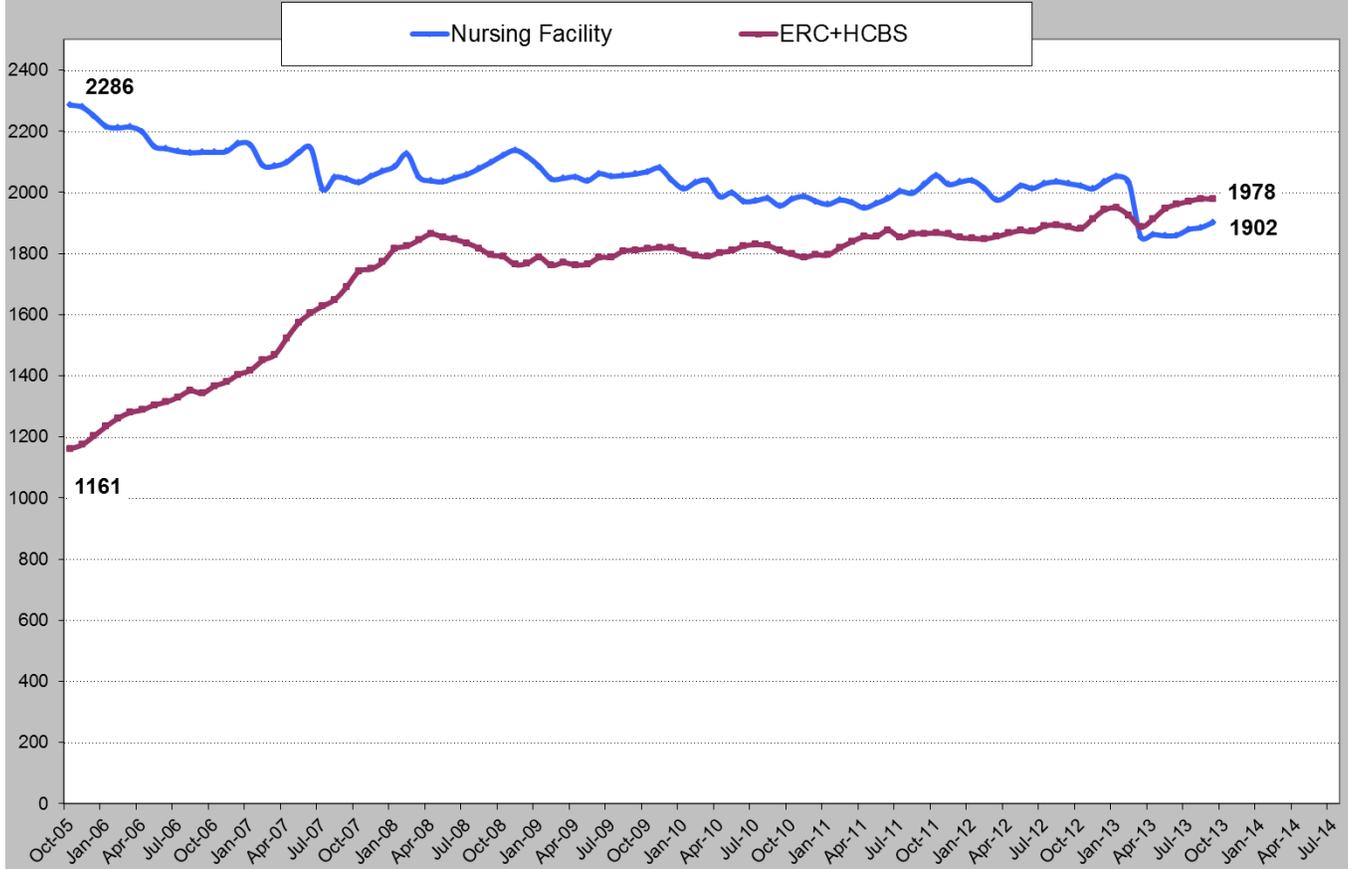


Increased from 5085 total enrollments in March 2013 to 5118 in September 2013.

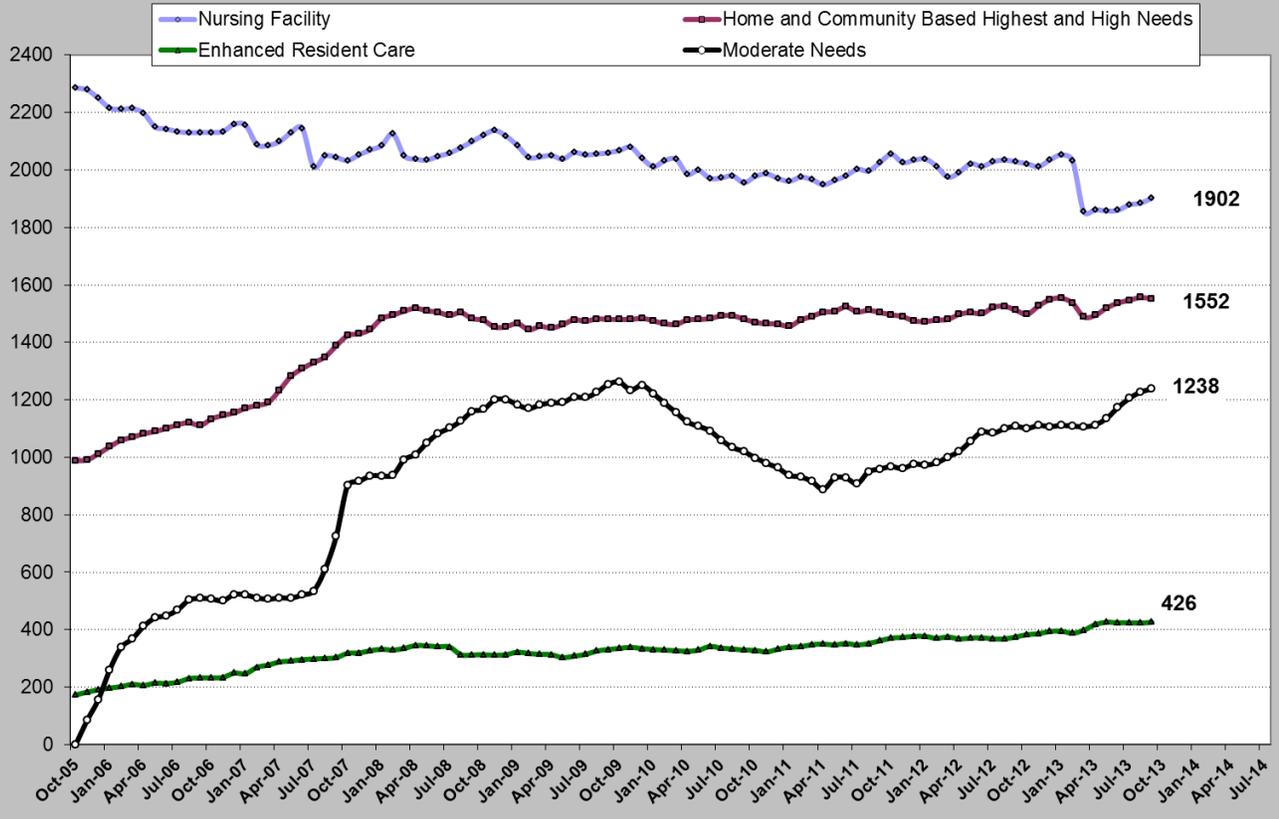
#### Shift the balance

One of the goals of Choices for Care is to 'shift the balance', serving a lower percentage of people in nursing homes and a higher percentage of people in alternative settings, according to their expressed desires. Choices for Care has achieved progress since 2005, with enrollment in HCBS and ERC exceeding enrollment in nursing homes for the first time in March 2013

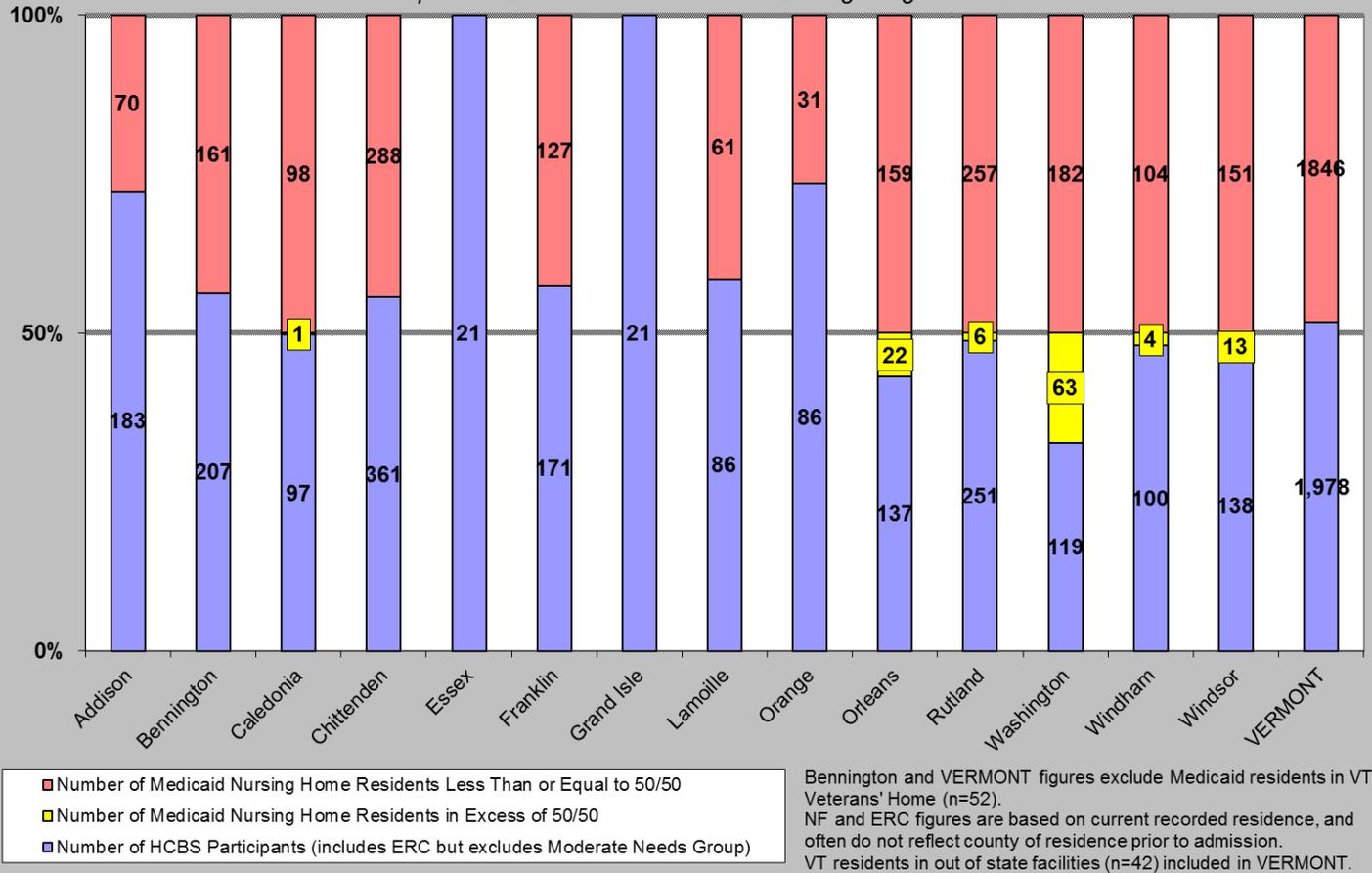
Choices for Care: Total Number of Enrolled Participants, SFY 2006 - SFY 2014  
(excluding Moderate Needs Group)



**Choices for Care: Total Number of Enrolled Participants by Setting  
SFY 2006 - SFY 2014**



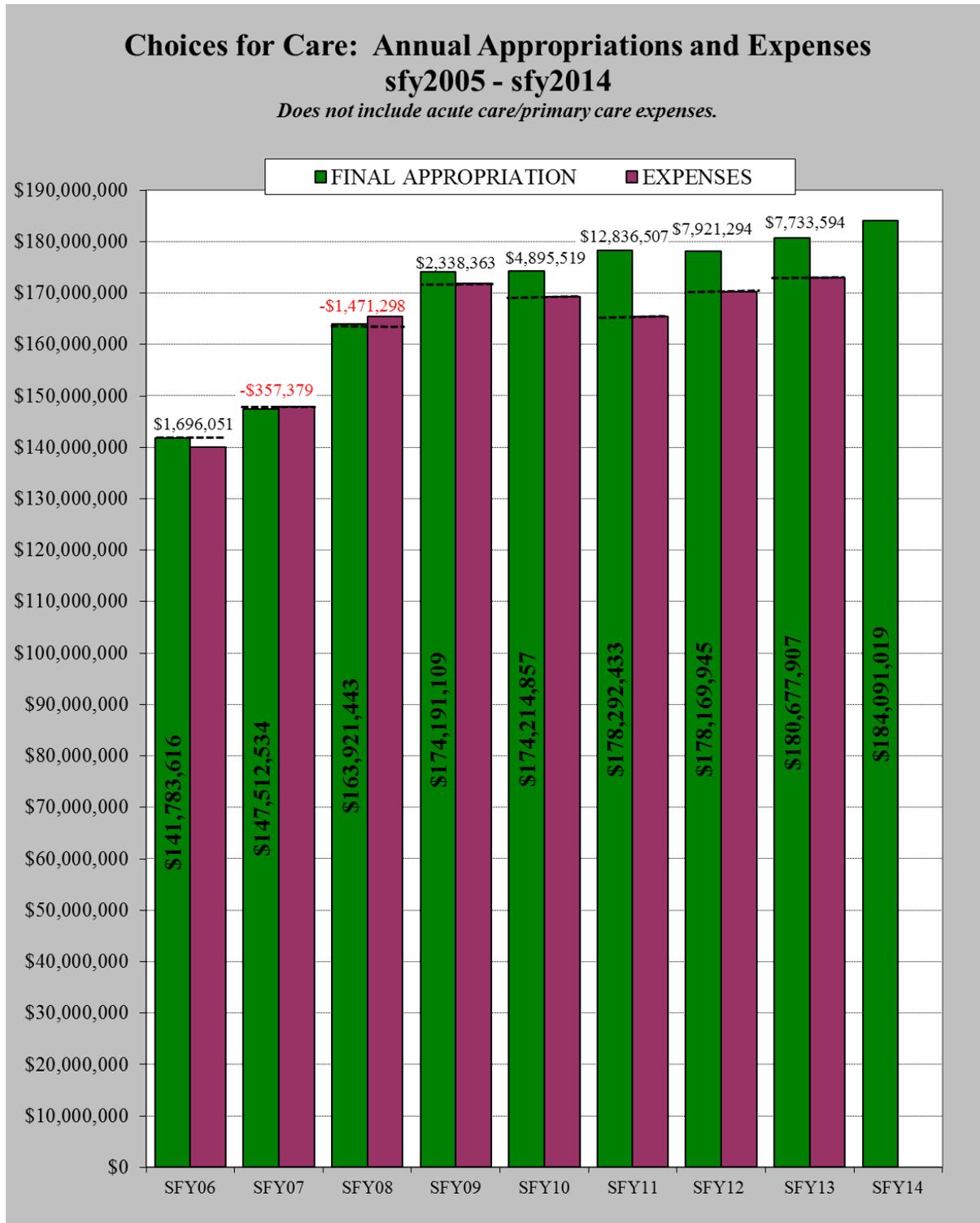
Vermont Choices for Care: Nursing Home Residents and Home & Community-Based Participants by County, September 2013  
 Changes (in Yellow) Needed to Achieve At Least 50% Use of HCBS  
 This represents one measure of 'rebalancing' long term care



The total number of people enrolled in Choices for Care in HCBS settings continues to exceed the total number of people residing in nursing homes statewide. (52% HCBS/48% nursing home)

Manage spending to available funds

One of the goals of Choices for Care is to manage spending to the limits of available funding. Recent financial reports show that Choices for Care spending has been under budget, which has historically provided program stability, and reinvestment opportunities.

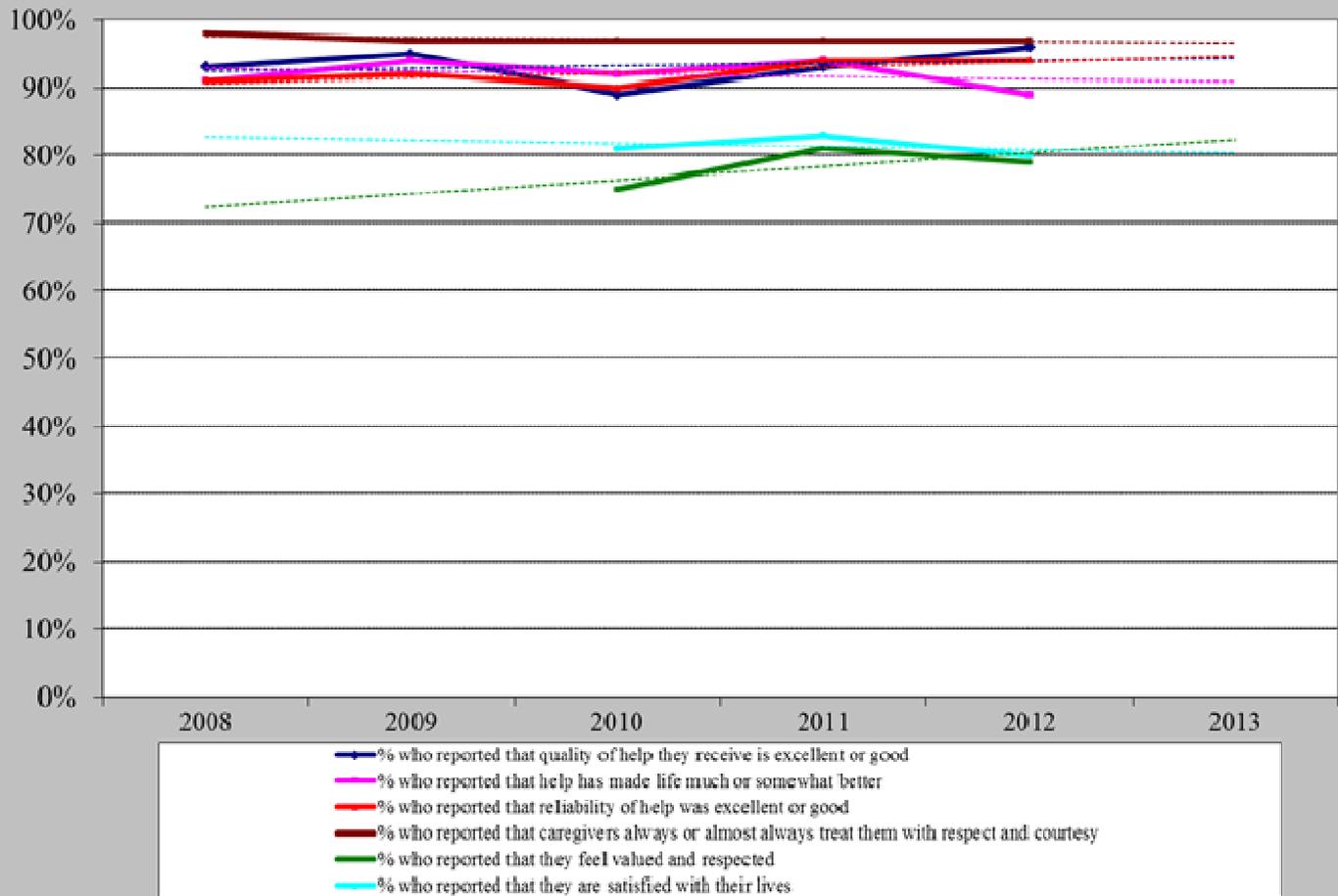


Ensure that services are of high quality and support individual outcomes

The results of surveys of Choices for Care HCBS participants are generally positive. Consistent with recent recommendations from the state auditor, DAIL is now working with nursing home providers and enhanced residential care home providers to collect similar information from residents of these facilities.

Through surveys, a large majority of CFC HCBS participants report positive aspects of services:

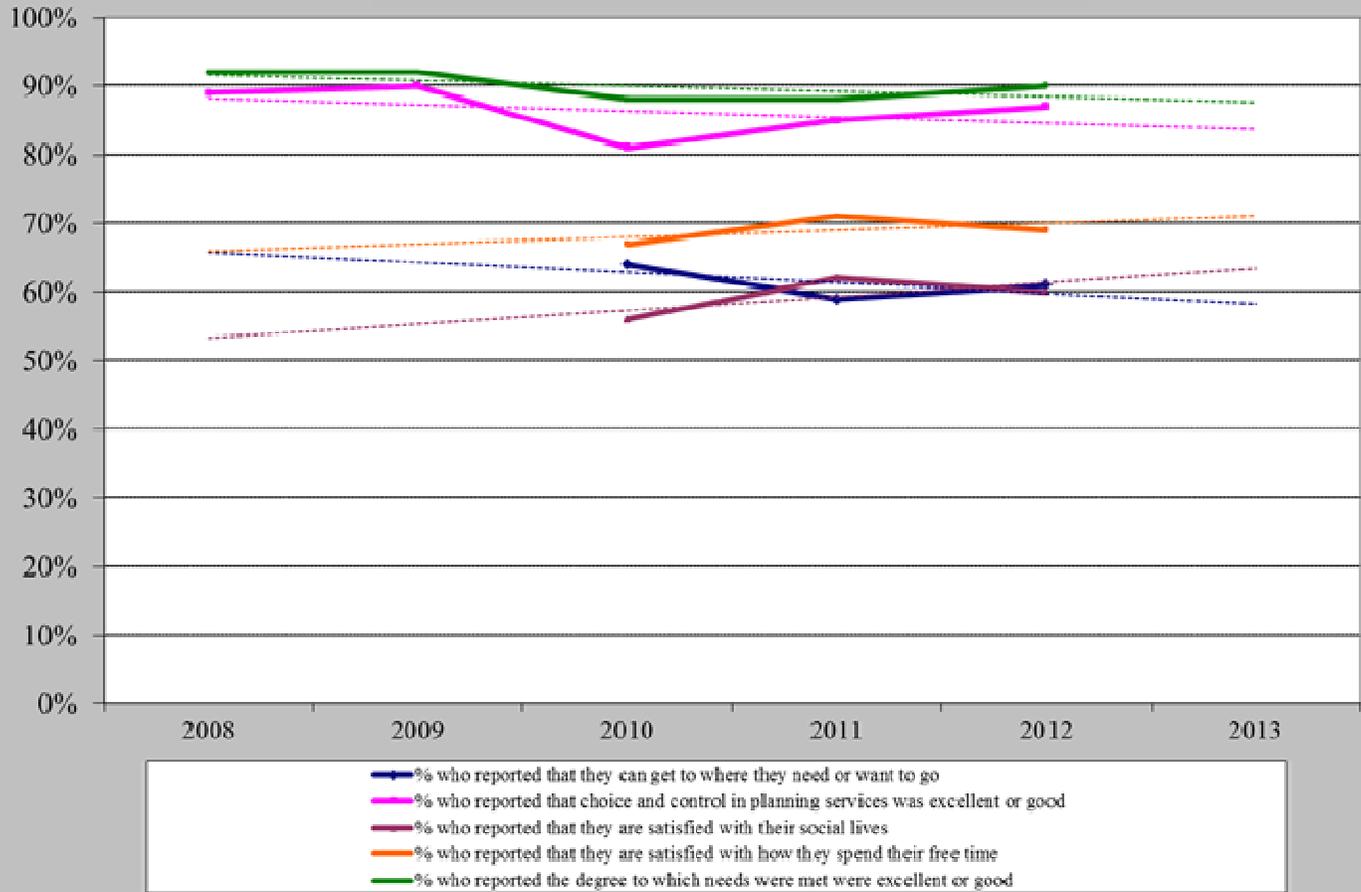
**DAIL/DDAS LTC HCBS Consumer Survey: CFC, ASP, TBI  
Potentially "Promising" Results**



However, the surveys also suggest some opportunities for improvement:

### DAIL/DDAS LTC HCBS Consumer Survey: CFC, ASP, TBI

#### Potential Areas for Improvement



# DAIL/DDAS LTC HCBS Participant Survey: CFC, ASP, TBI

## "In general, how satisfied are you with your life?"

Average response of LTC participants compared to average response of general population

