

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
October 1, 2012 – March 31, 2013

May 28, 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 October 1, 2012-March 31, 2013. The five year renewal period (2010-2015) was approved on September 21, 2010.

This report contains the following:

- Activities and Accomplishments
- Data Reporting

ACTIVITIES AND ACCOMPLISHMENTS

1. Money Follows the Person: As of March 31, 2013, the Choices for Care (CFC), Money Follows the Person (MFP) grant has educated 779 people living in nursing homes and enrolled 89 eligible people into MFP services, 44 of whom transitioned from the nursing home to live in the community using CFC services.

In November 2012, the MFP team held its first "Mini Summit." Stakeholders were invited to hear about the grant's progress to date, a presentation from an MFP participant who successfully transitioned home, ADRC activities and the development status of Adult Family Care (AFC).

The MFP team has continued to work on the development of the Adult Family Care (AFC) service option with the goal of implementing by June 2013. Work has included an evaluation of CFC claims and the functional acuity of current participants to establish AFC tier rates. The team also facilitated multiple internal and external stakeholder meetings to provide information to the provider network and receive feedback. The development of AFC for CFC has focused primarily on Vermont's existing Developmental Services model of care which has, for many years, successfully served people with 24-hr needs in the community (See 2. *Adult Family Care*).

More information about Vermont's MFP Grant can be viewed at <http://www.ddas.vermont.gov/ddas-projects/mfp/mfp-default>.

2. Adult Family Care: As outlined in the CMS MFP operational protocol, Adult Family Care (AFC) is intended to resolve a barrier to transitions from nursing homes and other qualified settings that currently exists by enabling more participants who require 24-hour assistance to move to a home-based setting. Authorized Agencies will be paid a daily tiered rate to

contract with private, unlicensed AFC homes that serve one to two people. It is estimated that the AFC option will be available June 2013.

Other key AFC elements include:

- AFC will be an option for all eligible Choices for Care participants within existing program eligibility standards;
- 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 will 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 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 two to three years;
- Choices for Care case managers provide monthly monitoring and assistance to the individual, home and authorized agency; and,
- The person pays for room and board according to the existing DAIL room and board policies.

3. PACE Closure: In December 2012, the Program for All-Inclusive Care for the Elderly (PACE) Vermont made the very difficult decision to terminate their agreement with the State of Vermont and the Centers for Medicare and Medicaid Services (CMS), effective March 31, 2013. PACE worked very closely with the state, CMS and local case management agencies Champlain Valley Agency on Aging, Southwestern VT Council on Aging, the VNA of Chittenden/Grand Isle, and the Rutland Area VNA, to secure alternative services and supports for all 140 participants.

The state of Vermont has been very fortunate to have partnered with PACE Vermont and CMS to provide all-inclusive Medicare and Medicaid services to Vermonters since 2007. Unfortunately, PACE Vermont was unable to reach the needed level of enrollment to support long-term financial viability in the state of Vermont.

The Department thanks both Volunteers of America and On Lok for their generous sponsorship of PACE Vermont since 2010. Both organizations showed strong support for expanding the PACE model, while

demonstrating a sincere desire to help Vermonters receive quality services and supports to remain in the community.

The Department also thanks the employees of PACE Vermont and its many contractors for providing such a valuable service to approximately 300 Vermonters in the Rutland and Chittenden county regions over the last six years.

In an effort to learn from the closure of PACE Vermont, the Department is developing a plan to evaluate the successes and challenges of the PACE model in Vermont.

One identified challenge associated with the PACE closure is the ability of existing adult day providers to provide the same volume of service coverage for the former PACE participants in their home regions. Though participants' needs are being met in alternative ways, the Department will continue to work with providers to address the issue of adult day access in the months to come.

4. Quality Management: In February 2013, the Vermont Long-Term Care Consumer Survey was published by Market Decisions (*Prepared by Brian Robertson, Ph.D., Jason Maurice, Ph.D., and Patrick Madden*)

Summary Statement:

"The results of survey suggest that the large majority of customers are satisfied with VT DAIL programs, satisfied with the services they receive, and consider the quality of these services to be excellent or good. The survey results are a clear indication that VT DAIL is in large part fulfilling its goal "to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence." This high level of satisfaction continues a trend observed in the survey results since 2008. Based upon the views and attitudes of the large majority of customers, the survey results did not identify any major systemic problems with the programs and services provided by VT DAIL. VT DAIL is providing the services needed by the vast majority of its customers in a manner that is effective, appropriate and that clients appreciate. The programs are viewed by customers as providing an important service that allows them to remain in their homes."

- 90% of people rate the services they receive through VT DAIL programs as excellent or good.
- 93% of people rate the value of the services they receive as excellent or good.

- 90% of people rate the reliability of the people that help them as excellent or good.

The results do show that there are some areas in which DAIL can focus to improve satisfaction. This data will be incorporated into the Choices for Care University of Massachusetts Medical School (UMMS) Evaluation report which will be referenced in the next CFC bi-annual report.

The Quality Management team within the Adult Services Unit has continued to perform on-going certification reviews of all CFC Case Management and Adult Day providers. All providers are up to date on their certification reviews with zero de-certifications during this reporting period. Written provider standards form the basis of the certification review process, which includes agency policy review, file reviews, interviews and complaint data.

5. Ombudsman Program: DAIL continues to maintain 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. During this reporting period, DAIL staff participated 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 in the quarter and the percentage of complaints either fully or partially resolved that were closed in the quarter.

October 1, 2012 – December 31, 2013:

- 103 facility based complaints were opened during the quarter. Of the complaints closed during the quarter, 82.29% were fully or partially resolved.
- 25 community based complaints were opened during the quarter. Of the complaints closed during the quarter, 84.38% were fully or partially resolved.

January 1, 2013 – March 31, 2013:

- 108 facility based complaints were opened in the quarter. Of the complaints closed in the quarter, 73.23% were fully or partially resolved.
- 27 community based complaints were opened during the quarter. Of the complaints closed in the quarter, 75% were fully or partially resolved.

6. Choices for Care Policy Brief: Due to the increasing prevalence of Alzheimer's disease and related disorders (ADRD), together with Vermont's evolving health care system reform, the Vermont Department of Disabilities, Aging and Independent Living (DAIL) asked the UMMS Evaluation Team to analyze the effectiveness of Vermont's Choices for Care (CFC) Program in providing services that meet the needs and preferences of eligible individuals with ADRD in all CFC settings (nursing facilities, Enhanced Residential Care [ERCs] and Home and Community-Based Services [HCBS]).

In February 2013, the evaluation team (*Cheryl Cumings, M.A., Ioana Hartz, B.A., Kate Russell, M.A., and Laney Bruner-Canhoto, Ph.D., M.S.W., M.P.H.*) published a policy brief with the following CFC specific recommendation:

a) *Service design & delivery:*

- *Complete the launch of Adult Family Care.*
- *Explore ways to assess and to allocate hours for services which include validated tools and pilot tests. Investigate residential habilitation and supportive living options, and technological approaches to allow the creation of "closer to" 24 hour care in the community for CFC.*
- *Review and modify instructions and guidance for requesting variances.*
- *Allow non-medical providers to perform reimbursable services as a policy change (see Cumings & Bruner-Canhoto, 2012) for ongoing continuity of care and to assist in the filling of service hours.*
- *Explore the provision of additional and flexible services by Area Agencies on Aging (AAAs) for Moderate Needs individuals with ADRD and their families.*
- *Consider reinvestment of CFC funds across all care settings.*

b) *Service planning:*

Encourage case management agencies and other stakeholders (such as AAAs and the Alzheimer's Association) to develop toolkits and materials to facilitate contingency, financial and advanced care directive planning for individuals with ADRD and their families.

c) *Use of psychotropic medications:*

- *Support and encourage the dissemination of OASIS and medication management training to a variety of settings.*
- *Work with the HHAs and other stakeholders to review the role of nurses to assist individuals with ADRD and family members with medication management in HCBS settings.*

d) *Use of behavioral supports:*

Participate in a workgroup with providers and stakeholders (including DMH, VDH, DDS and DVHA) to identify strategies to better meet the needs of the ADRD population in Vermont by shifting the culture away from behavior management toward person centered planning.

e) Worker training and support:

Participate in the development of training as appropriate as a part of the workgroup.

f) Informal caregiver training and support:

Provide CFC-specific materials as requested by providers and stakeholders developing public awareness vehicles around ADRD.

In addition to CFC specific recommendations, UMMS also provided state level recommendations for Vermont. For a complete copy of the policy brief "Vermont Choices for Care: Alzheimer's Disease and Related Disorders" (Prepared by Cheryl Cumings, M.A., Ioana Hartz, B.A., Kate Russell, M.A., and Laney Bruner-Canhoto, Ph.D., M.S.W., M.P.H.) go to: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-adrc-policy-brief-feb-2103-2>.

A status report on DAIL actions related to the policy brief will be found in future CFC reports.

7. Moderate Needs Program: The Choices for Care "Moderate Needs" program is an option for people who may not meet nursing home level of care, but require some services to assist them to remain independent in their home, preventing a more intense level of service. As of March 2013, there were approximately 1,100 people enrolled to receive Moderate Needs services, which is consistent with the last reporting period. Services are currently limited to case management, adult day and homemaker services. Services are also limited by the capped funding allocation to adult day and homemaker providers.

During this reporting period DAIL met with Adult Day and Homemaker provider representatives to identify areas of program improvement and how to maximize the use of SFY2013 funds. As a result of these meetings, the following occurred:

- DAIL generated a Moderate Needs Policy Guidance memo in October 2012 to assist providers and case managers in better managing applications and wait lists.
- In January 2013, DAIL generated a Moderate Needs Procedural Clarification memo to assist providers in helping a people add a new service and how that applies to their wait list procedures.

- DAIL and providers identified a method of redistributing unencumbered SFY 2013 Moderate Needs allocations to areas that have a wait list.

As of this reporting period, DAIL was still exploring the feasibility of a “flexible funds” Moderate Needs option.

8. 24-hour Community-Based Care: Over the last several years, DAIL has identified a great need for community-based 24-hour long-term care in small family home settings. Fortunately, DAIL, through CFC, has been able to “pilot” a few specialized care plans using the state’s existing model of Developmental and Traumatic Brain Injury home providers to successfully help serve people with the most complex care needs in small home arrangements. Each specialized plan is approved on a case by case basis when a person has complex care needs and no other way to meet those needs in the existing CFC service system. As of this reporting period, CFC was serving 7 people with specialized 24-hour home care plans with an average plan of \$205/day. A formal CFC “Adult Family Care” model is being developed through the MFP grant to provide additional home-based care options. (See #1 *Money Follows the Person* and #2 *Adult Family Care*)

9. Dual Eligible Project: In 2011, Vermont was one of 15 states awarded a \$1 million CMS Demonstration Grant to develop a proposal on how best to serve the 22,000 Vermonters receiving both Medicare and Medicaid services (“dually eligible beneficiaries”). Vermont’s proposal will call for system wide changes to achieve better coordination and integration of services as well as streamline financing for this group of people (which includes Choices for Care participants).

Current information on Vermont’s Dual Eligible Project can be viewed at <http://humanservices.vermont.gov/dual-eligibles-project>.

10. Waiver Consolidation: As reported in the previous bi-annual CFC report, the state of Vermont continues to work with CMS on the consolidation of the Global Commitment and Choices for Care 1115 waivers into one regulatory authority. Both the Global Commitment and Choices for Care demonstrations represent first in the country models of care and health care reform. Both have achieved success in balancing consumer choice and in containing costs while providing high quality care. To achieve administrative efficiency and seamless coverage for low income Vermonters and people with disabilities, the state is requesting extension and integration of both these waivers into one consolidated 1115 Demonstration project beginning January 1, 2104.

11. Choices for Care Legislation: During this reporting period, DAIL tracked the following legislation related to Choices for Care. As of this reporting period, both were still pending final legislation.

- H.140 An Act Related to Choices for Care was introduced to codify the original language from Act 123 (2004) and Act 56 (2005), which implemented the Choices for Care program. This bill did not progress beyond the initial House committee vote but will likely be reintroduced in year two of the biennium.
- Act 48 An Act Relating to Independent Direct Support Providers was passed allowing the establishment of an elected and certified labor organization to represent “independent direct support providers” hired by individuals, shared living providers or their surrogates through anyone who receives “home- and community-based services under the Choices for Care Medicaid Waiver, Attendant Services Program (ASP), Children’s Personal Care Service Program, Developmental Disabilities Services Program, or any other successor program or similar program subsequently established.”
<http://www.leg.state.vt.us/docs/2014/Acts/ACT048.pdf>

12. Wage Increase: Effective January 6, 2013, DAIL increased the wages for all Choices for Care consumer and surrogate directed employees by \$.15/hr. DAIL included this wage increase in the SFY2012 DAIL budget to assure all employees continued to meet the state’s minimum wage standards, which increased to \$8.60/hr in January 2013. All CFC wages continue to exceed the minimum wage standard; \$9.12/hr companion/respite services and \$10.36/hr personal care services.

13. Correction - Choices for Care Reinvestments: The following language more accurately describes the SFY2012 reinvestments related to Area Agencies on Aging, that was previously reported in the April 1, 2012-September 30, 2012 bi-annual CFC report (#11. Choices for Care Reinvestments). The areas of change are italicized in the last two sentences of the paragraph below.

DAIL was fortunate to receive legislative approval to use almost \$3.5 million in CFC SFY2012 year-end state General Funds (aka “savings) to eliminate proposed SFY13 budget reductions and to “reinvest” in home and community based long term services and supports in Vermont. SFY13 reinvestments included \$1/day increase to the Assistive Community Care Service (ACCS) for licensed residential care homes, \$.15/hr wage increase for all consumer/surrogate directed employees, and the reversal of a 2009 2% rate reduction for all Choices for Care home and community-based services and Day Health Rehabilitation services for certified Adult Day providers. Rate changes were implemented July and August 2012. *In addition to rate increases, in SFY 13 DAIL will be able to provide \$164,453*

to 3 of Vermont's 5 Area Agencies on Aging to help maintain services such as case management, home-delivered meals and congregate meals. In addition, DAIL will be implementing recommendations from a task force to better address self-neglect and will also be working across the Agency of Human Services and with community stakeholders to design and implement an initiative to improve integration and strengthen mental health and aging services.

DATA REPORTING

During this reporting period, the DAIL Data and Planning Unit (DPU) published the December 2012 and March 2013 Choices for Care Data Reports, 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 the Division of Disability and Aging Services, MMIS Medicaid claims data, and provider reports including nursing home census data submitted to the Division of Ratesetting.

The Choices for Care Data Report has been re-structured and 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-qrtrly-data-rprts/cfc-quarterly-data-reports#documentContent>.

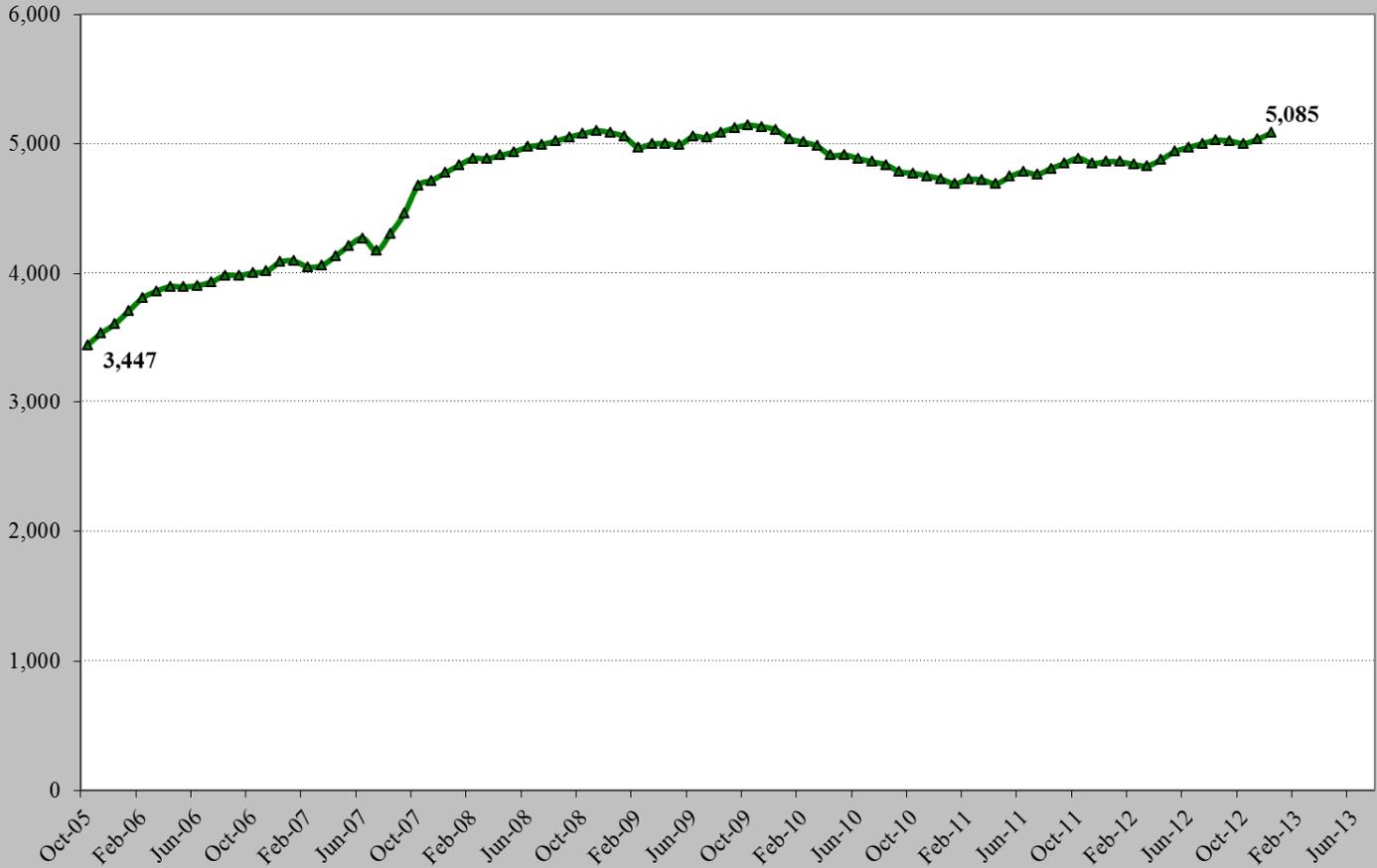
Highlights from the most current March 2013 Choices for Care Data Reports include:

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-sfy2013

includes Moderate Needs Group
data source: SAMS

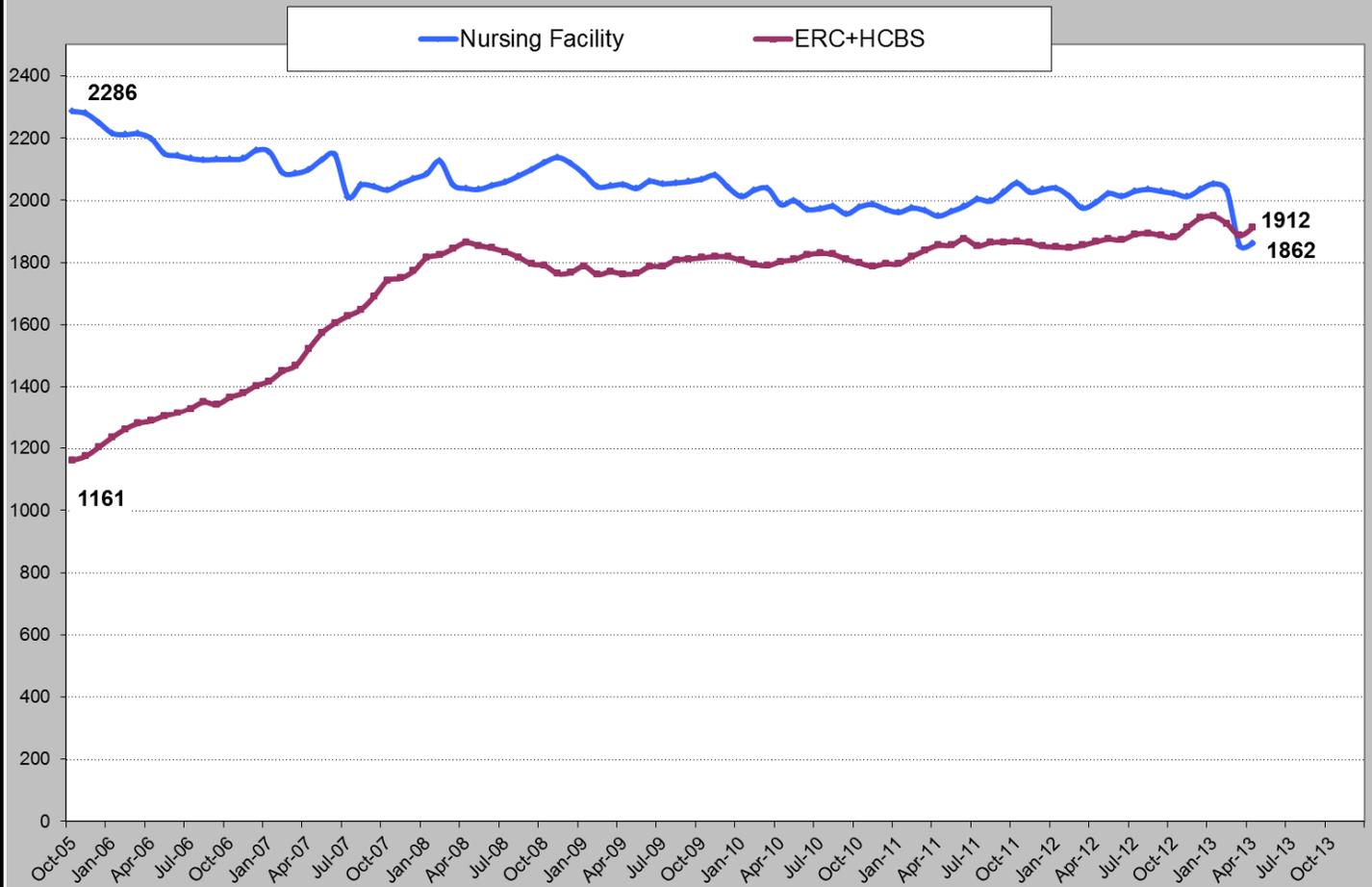


Increased from 5004 total enrollments in October 2012 to 5085 in March 2013.

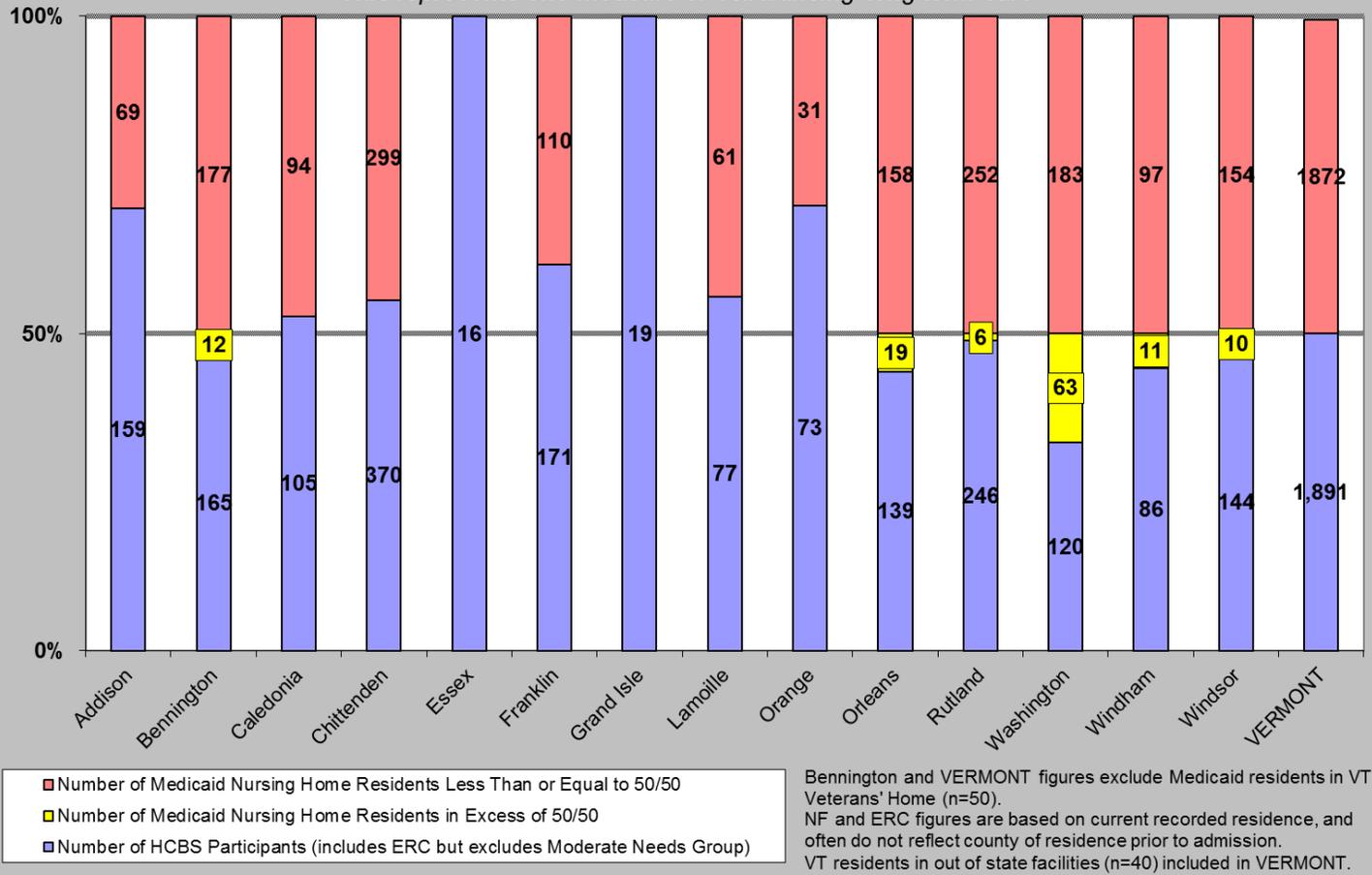
Shift the balance

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 2013
(excluding Moderate Needs Group)



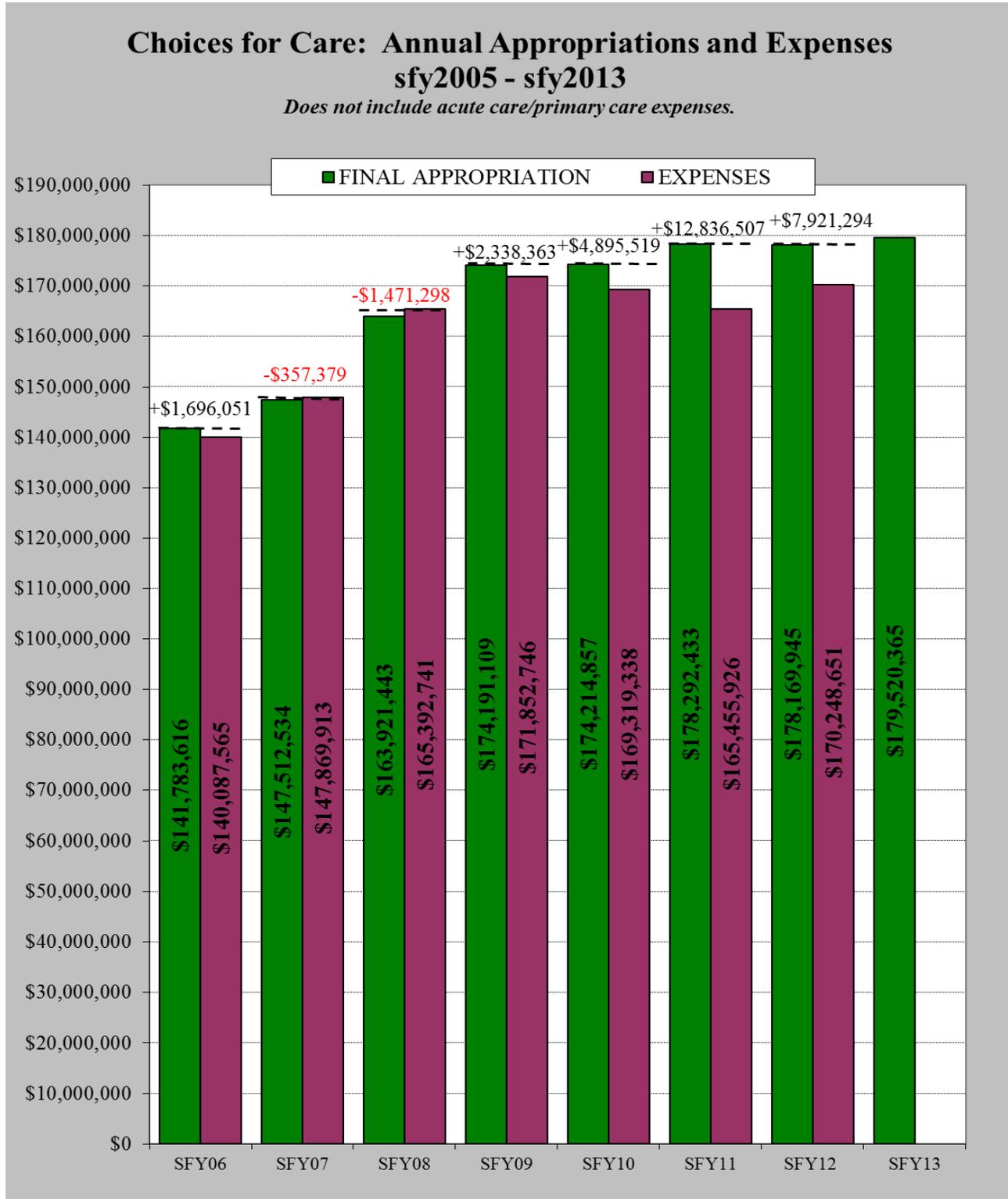
Vermont Choices for Care: Nursing Home Residents and Home & Community-Based Participants by County, March 2013
 Changes (in Yellow) Needed to Achieve At Least 50% Use of HCBS
 This represents one measure of 'rebalancing' long term care



For the first time, the total number of people enrolled in Choices for Care in HCBS settings exceeds the total number of people residing in nursing homes by 19 people statewide. (50.3% HCBS/49.7% 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.

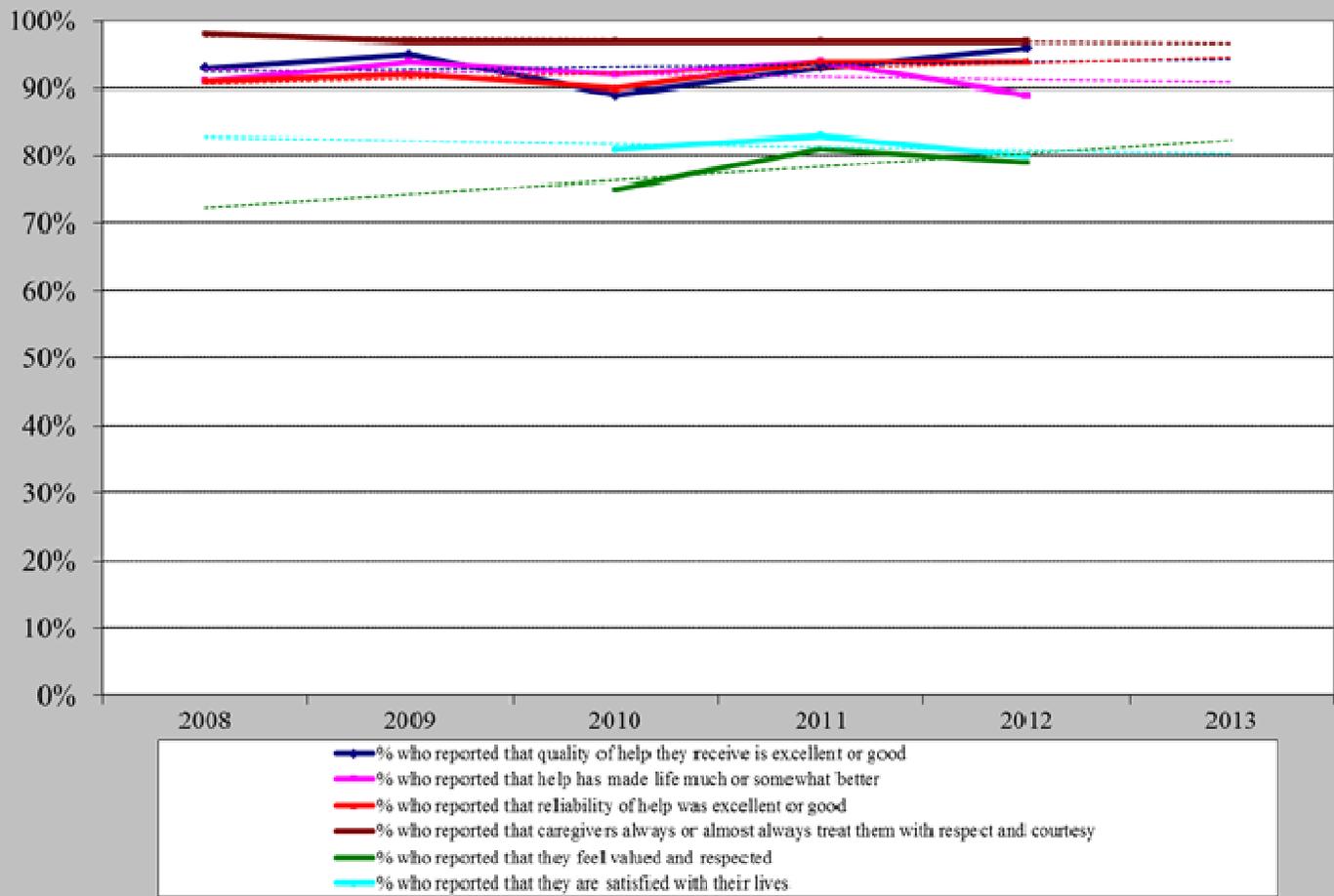


Ensure that services are of high quality and support individual outcomes

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.

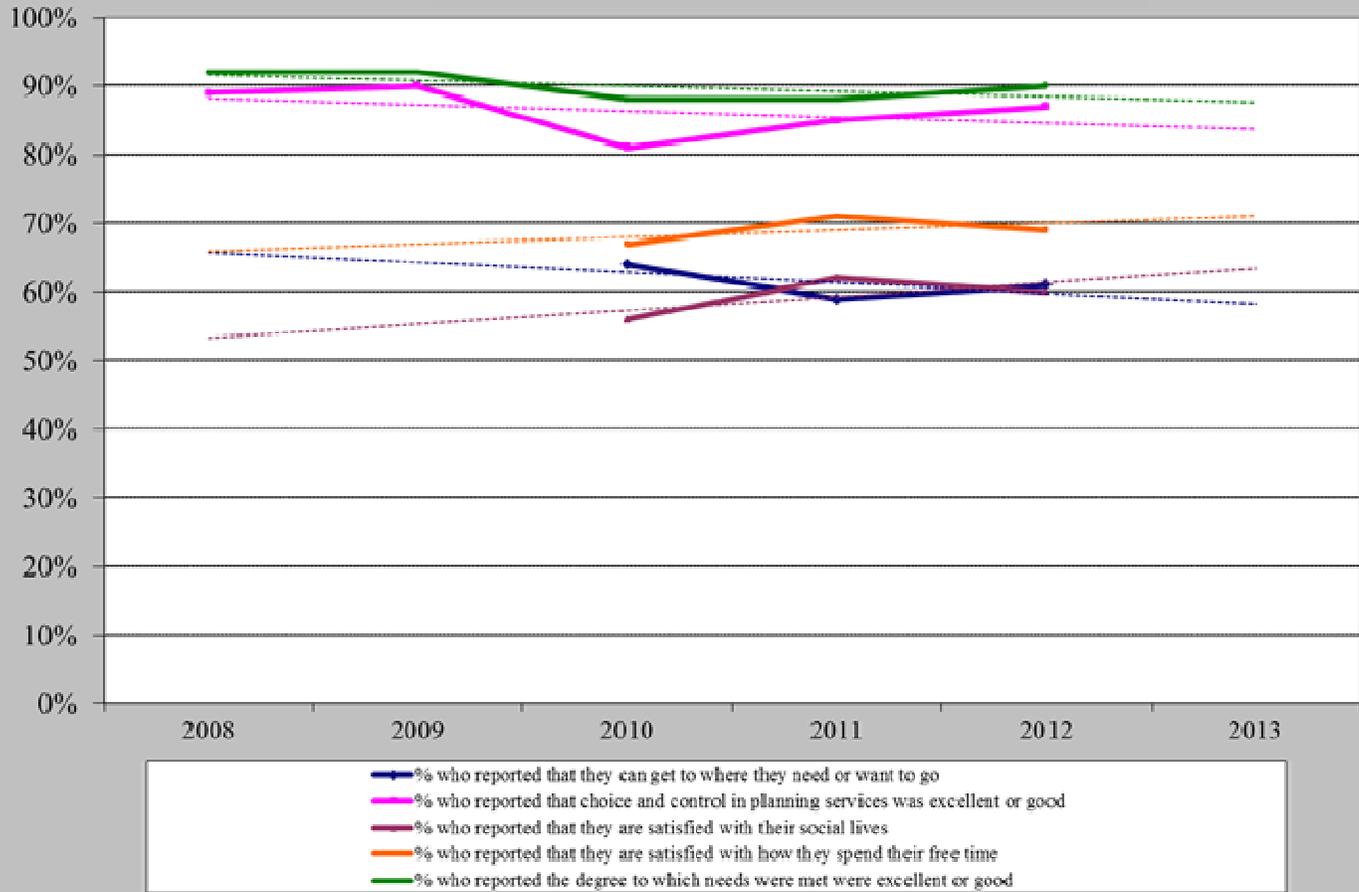
Through surveys, a large majority of CFC HCBS participants report positive aspects of services:

**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

