

Choices for Care...

Where have we come from?

Where are we?

Where are we going?

September 2008



- '09 Appropriations Bill: "The department shall convene a working group from its advisory council for the purpose of providing input on the advisability of seeking renewal of the waiver and how with any new waiver there can be timely reporting to providers and consumers on reinvested savings. "
- Meetings 1-3pm, 2nd Thursday of each month in the Skylight Conference Room, Osgood Building, Waterbury Office Complex



CFC Overview

- Choices for Care is a five-year 1115 demonstration waiver (October 2005 - September 2010)
- Demonstration must be 'budget neutral'
- Budget neutrality includes all Medicaid expenditures for enrolled individuals (nursing homes, home and community based services, acute care)
- Expenditures are subject to 5-year cap; projections allow for an average 7.28% increase/year
- Settings
 - Nursing Homes
 - Home-Based Services
 - Enhanced Residential Care
- Distinct from 'Global Commitment' 1115 demonstration waiver



CFC Overview

- **Choice**: Participants have equal access to the long-term setting of their choice – nursing home, home-based services, and enhanced residential care. Participants may move from one setting to another.
- Applicant's needs are based on a clinical assessment and determined to be *Highest, High, or Moderate Need*; individuals must also meet financial eligibility criteria.
- Highest Needs individuals are entitled to services and are enrolled as soon as clinical and financial eligibility has been determined.
- High Needs individuals are enrolled as funds are available.

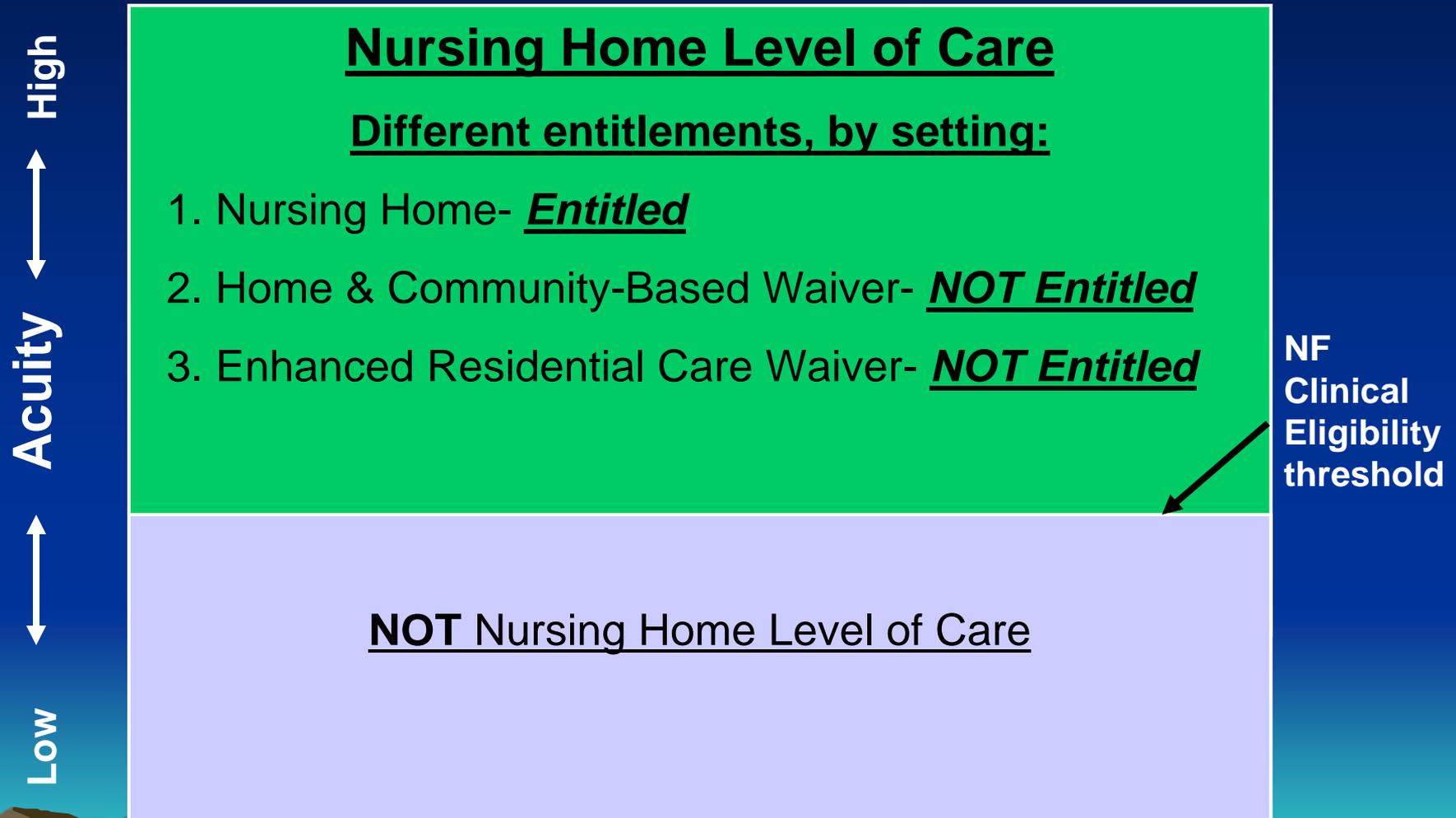


CFC Overview

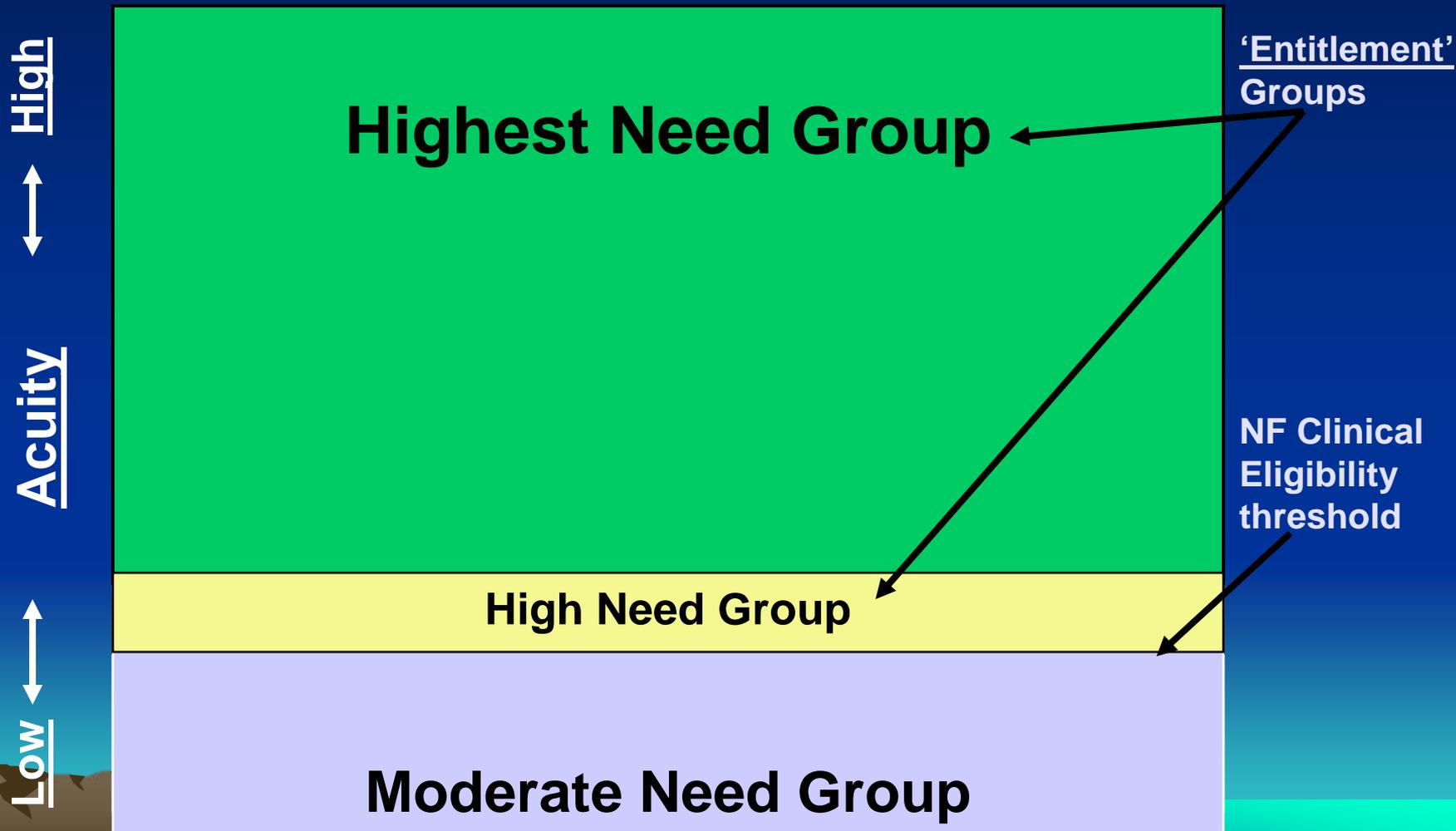
- Moderate Needs services (adult day, homemaker and case management) are preventive. Enrollment is limited by the available funds.
- Applicants have a face-to-face meeting for the LTC clinical eligibility assessment and learn about their long term care options.
- Formation of strong teams and partnerships to help ensure the participant is receiving necessary services in the setting of their choice.



OLD Long-Term Care Eligibility



CHOICES FOR CARE Eligibility



SETTINGS AND SERVICES

- Nursing Homes
- Enhanced Residential Care
- Home-Based Care and Supports
 - Case Management
 - Personal Care
 - Adult Day
 - Respite
 - Companionship
 - Home Modifications/Assistive Technology
 - Personal Emergency Response System



Home-Based Care Options

- Agency Directed
- Consumer/Surrogate Directed
- Flexible Choices
- Program for All-inclusive Care for the Elderly (PACE) – centers in the Chittenden/Grand Isle area and the Rutland area
- 24-hour Care
- Payments to spouses and civil union partners as caregivers



CFC Initial Goals (2005)

Access:

- Provide choice and equal access to long-term care services and supports.
- Serve more people.
- Create a balanced system of long-term care by increasing the capacity of the home and community-based system, while maintaining the right number of quality nursing facility beds.

Cost:

- Manage the costs of long-term care.

Other:

- Prepare for future population growth.



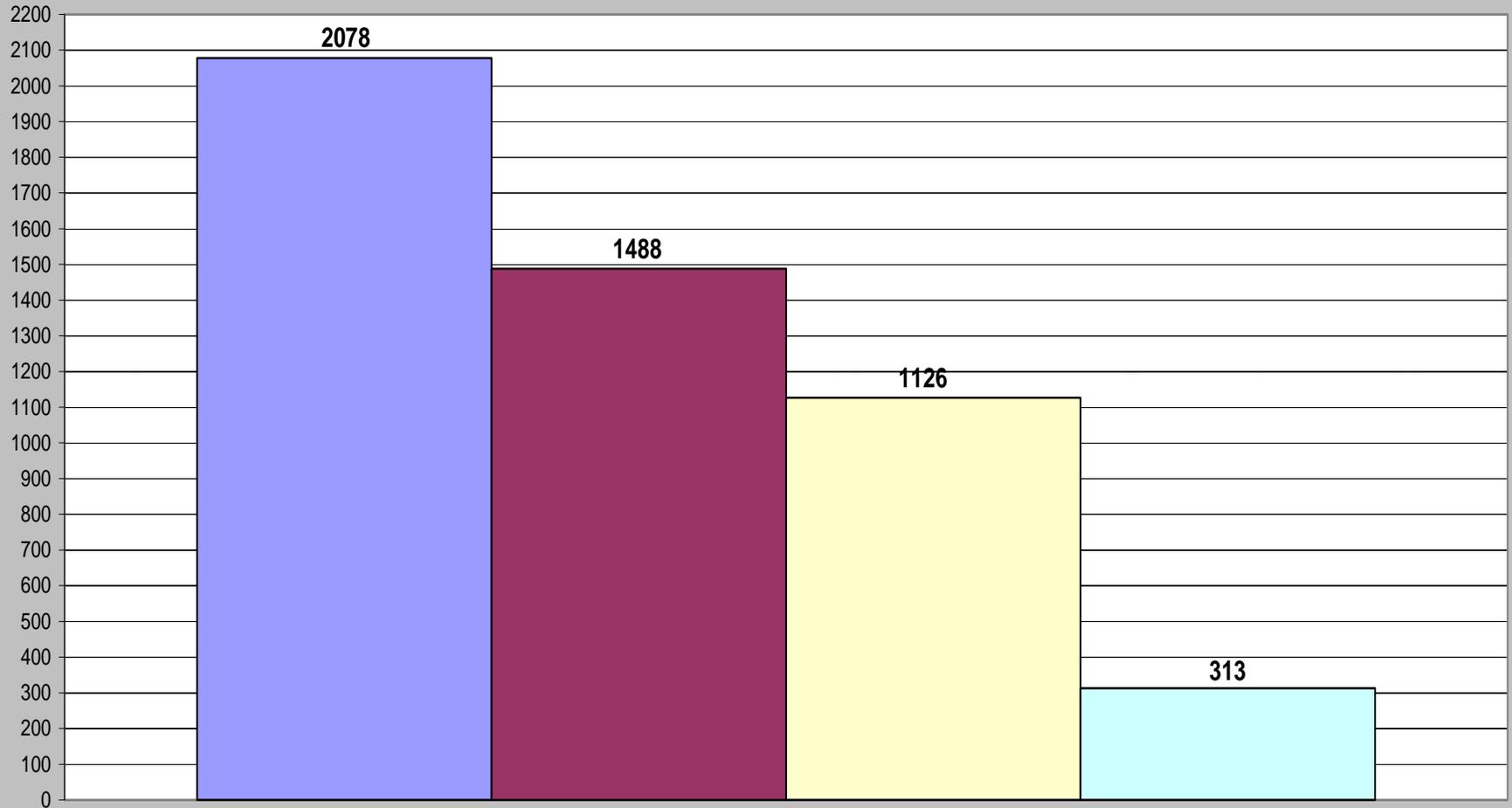
ACCESS

Changes expected from Choices for Care:

- The total number of people served will increase
- The number of people served in NF settings will decrease
- The number of people served in HCBS and ERC settings will increase
- The number of people on waiting lists for HCBS and ERC will decrease

ACCESS Today

Choices for Care: Total Number of Enrolled Participants
August 1, 2008



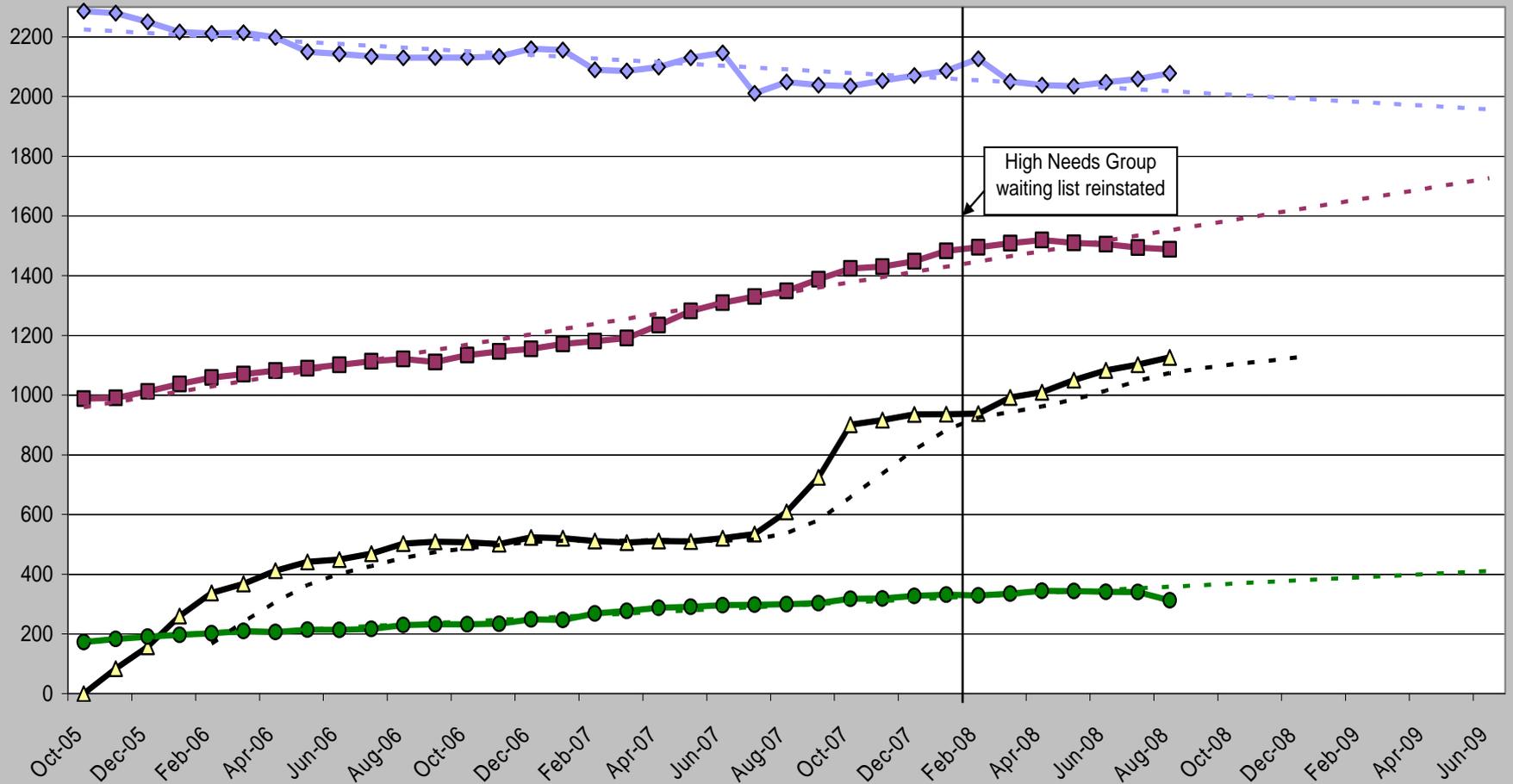
■ Nursing Facility ■ Home and Community Based (Highest and High Needs) ■ Home and Community Based (Moderate Needs) ■ Enhanced Residential Care

Equal Access = More People

Increased HCBS and ERC, Decreased NF

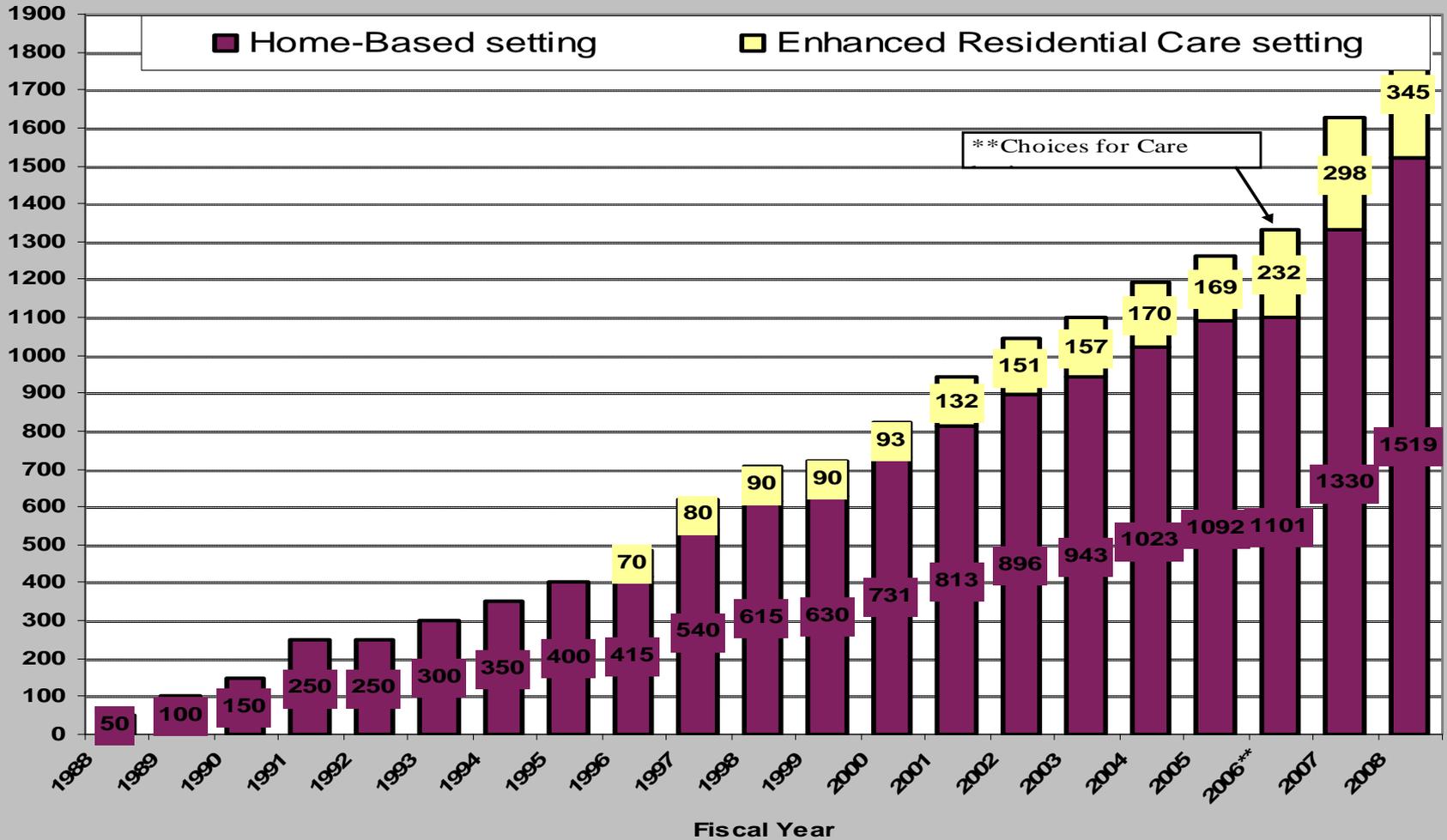
Choices for Care: Total Number of Enrolled Participants
 October 1, 2005 - August 1, 2008

◆ Nursing Facility
 ■ Home and Community Based (Highest and High Needs)
 ▲ Home and Community Based (Moderate Needs)
 ● Enhanced Residential Care



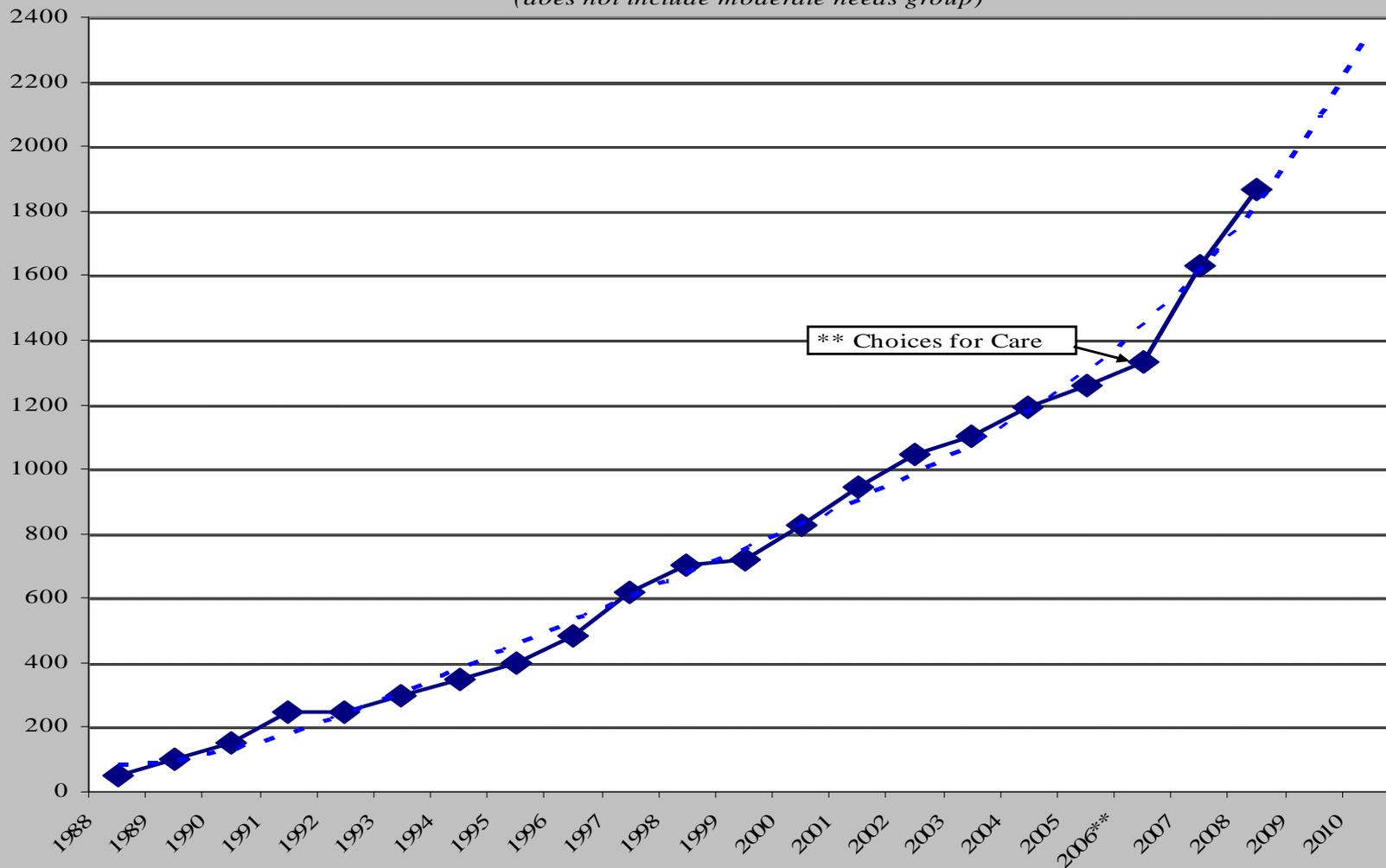
Increased Use of HCBS and ERC

Numbers of People Served in Aged/Disabled Medicaid Waivers
 Maximum Point-in-Time by Year, sfy1988-sfy2008
 (does not include moderate needs group)



Increased Use of HCBS and ERC

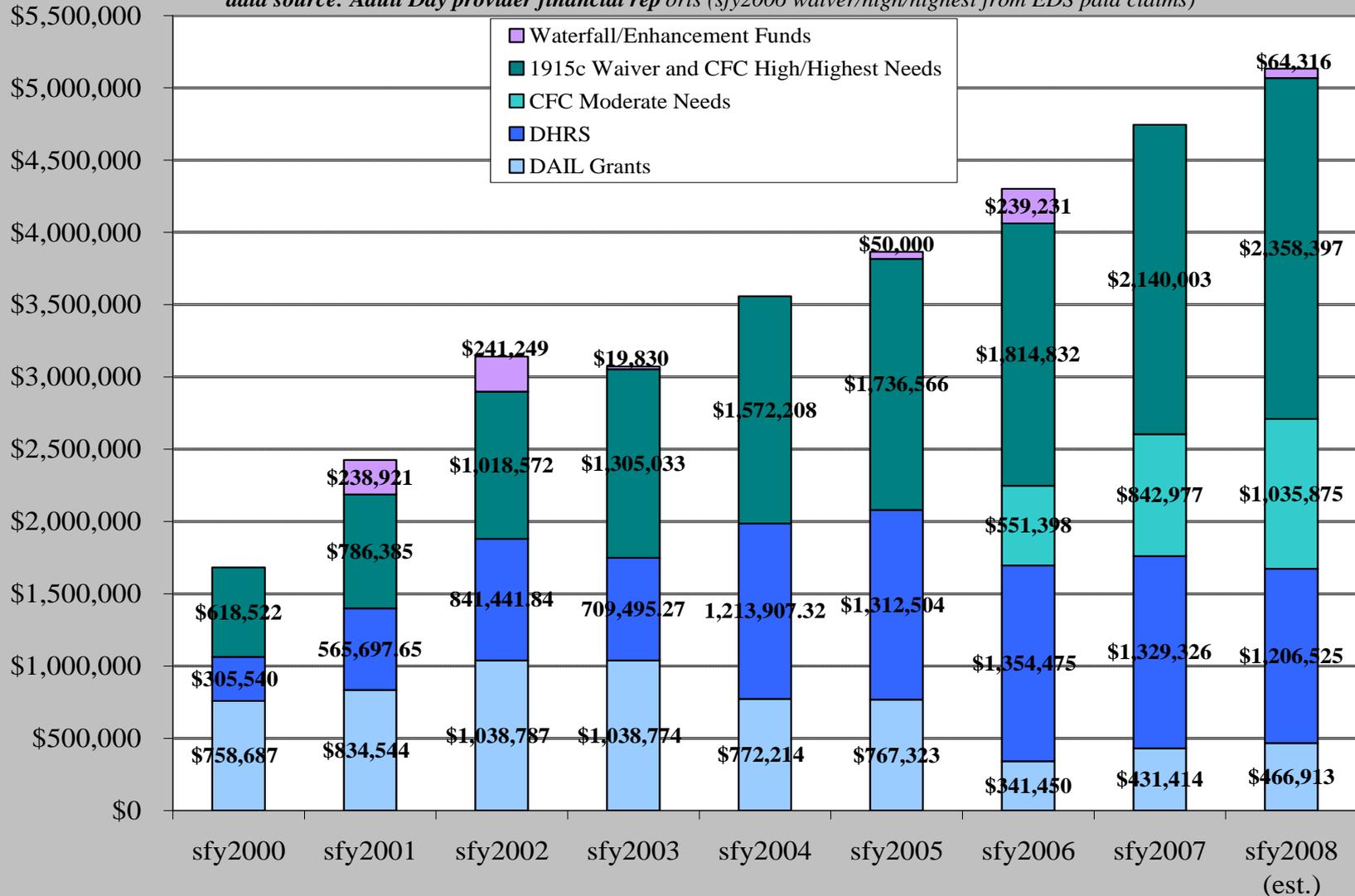
Numbers of People Served in Aging/Disabled Medicaid Waivers
Maximum Point-in-Time by Year, sfy1988-sfy2008
(does not include moderate needs group)



Increased HCBS Funding

DAIL Adult Day Funding, SFY2000-SFY2008

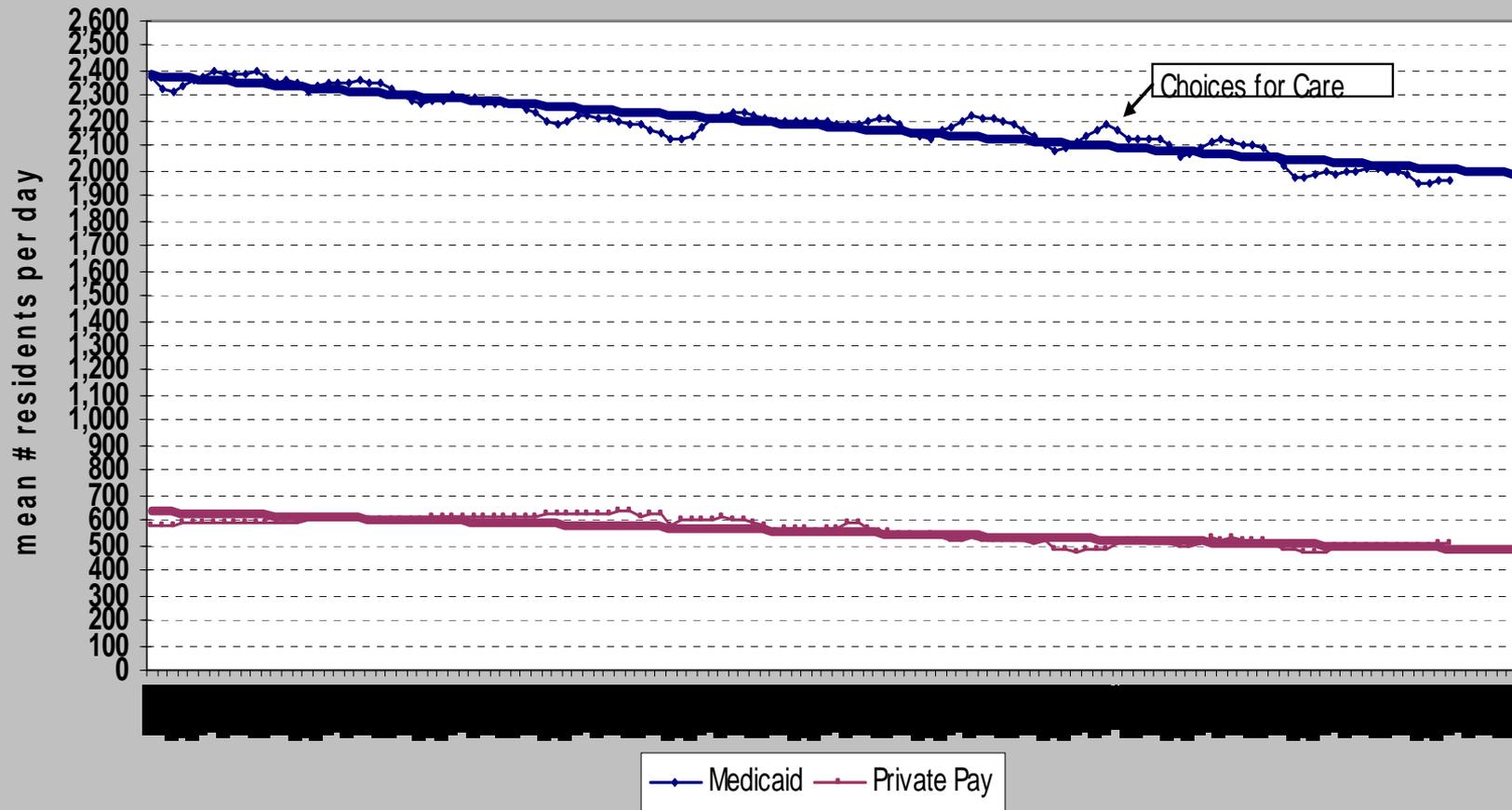
data source: Adult Day provider financial reports (sfy2006 waiver/high/highest from EDS paid claims)



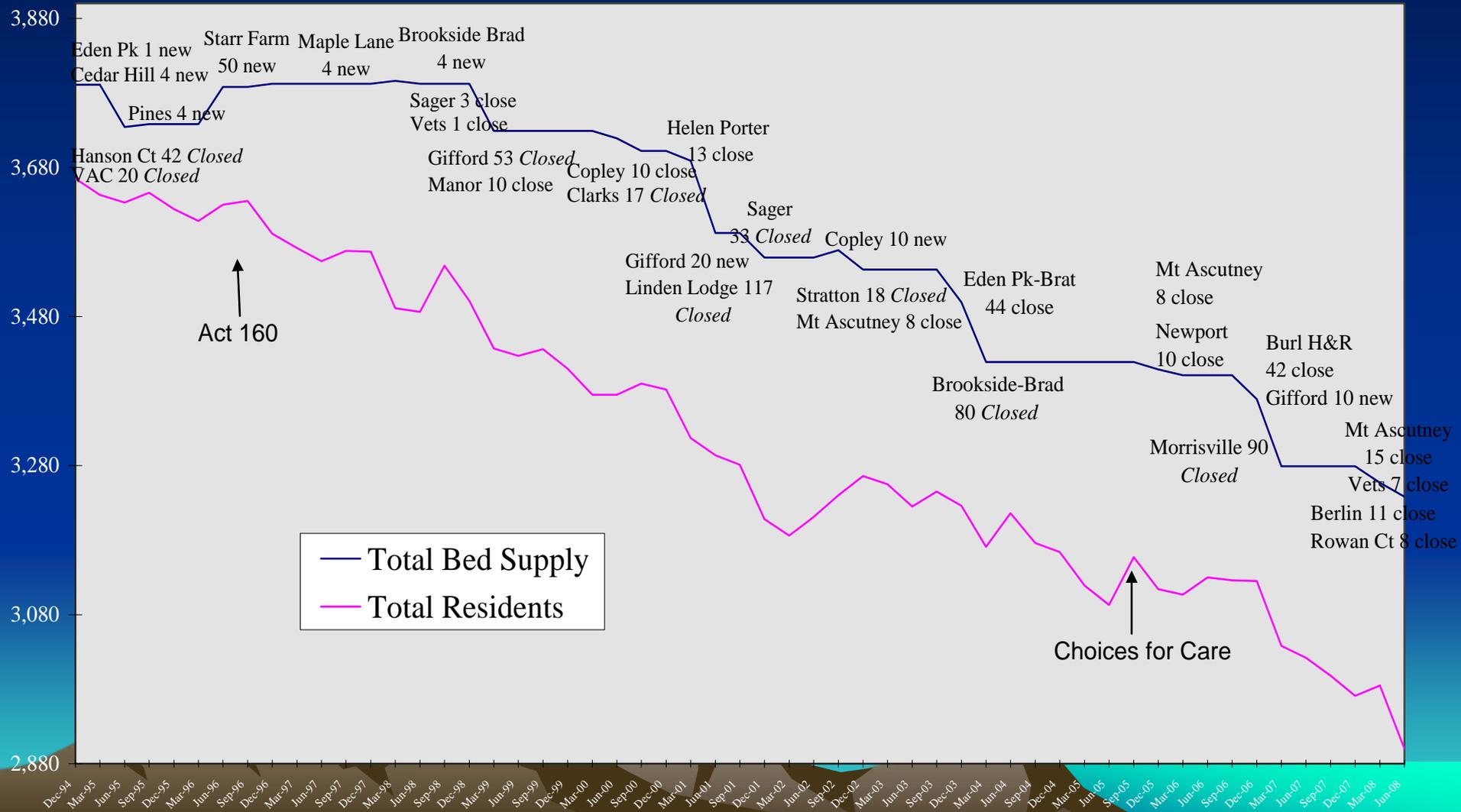
Decreased Use of Nursing Homes

Vermont Nursing Home Bed Use: Medicaid and Private Pay
Average Number of Residents per Day, July 2001- July 2008

(data source: DRS monthly census reports; out of state nursing homes, hospital swing beds not included)

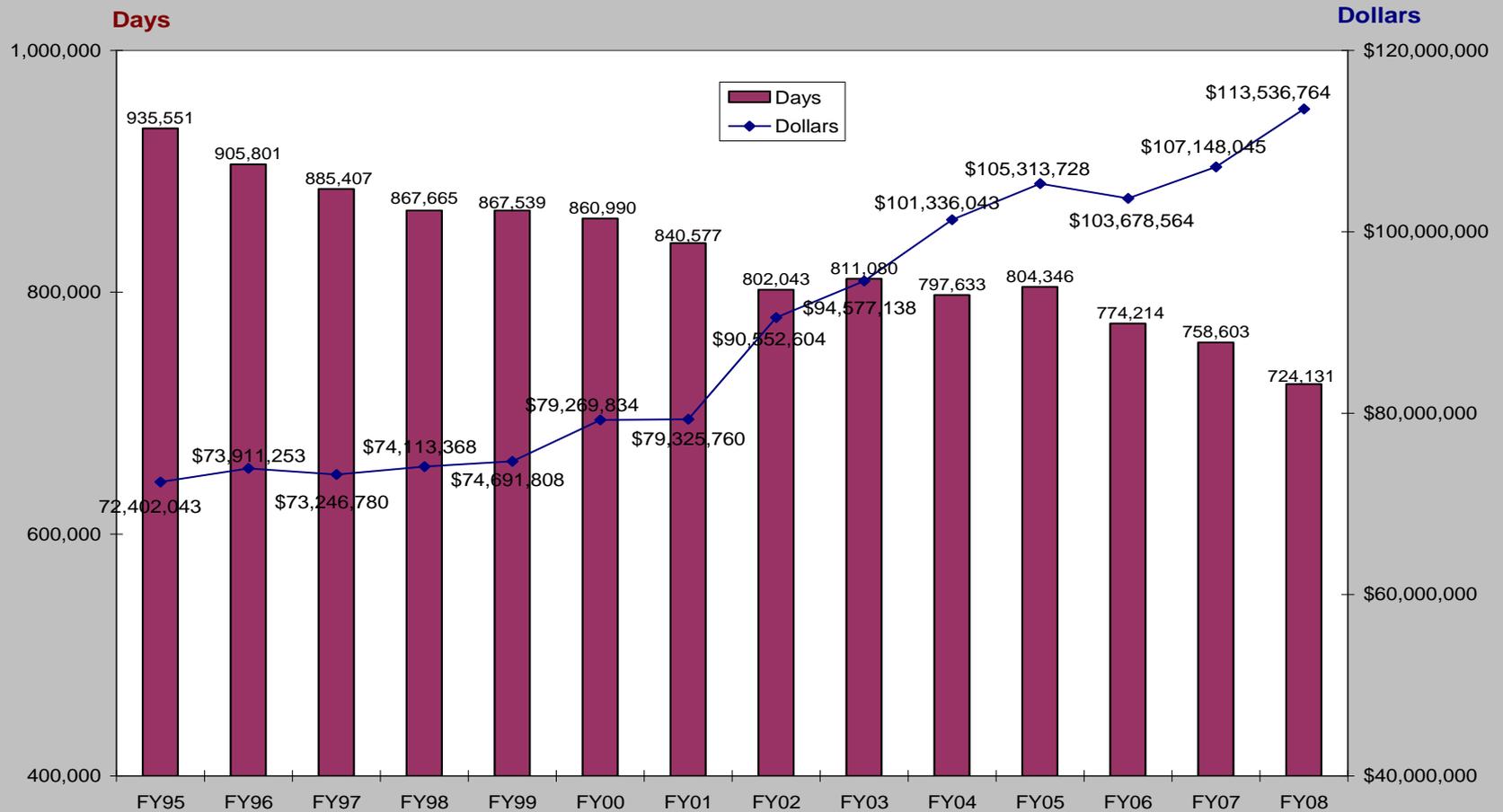


Vermont's Nursing Home Industry: Bed Supply and Occupied Beds December 1994 - June 2008



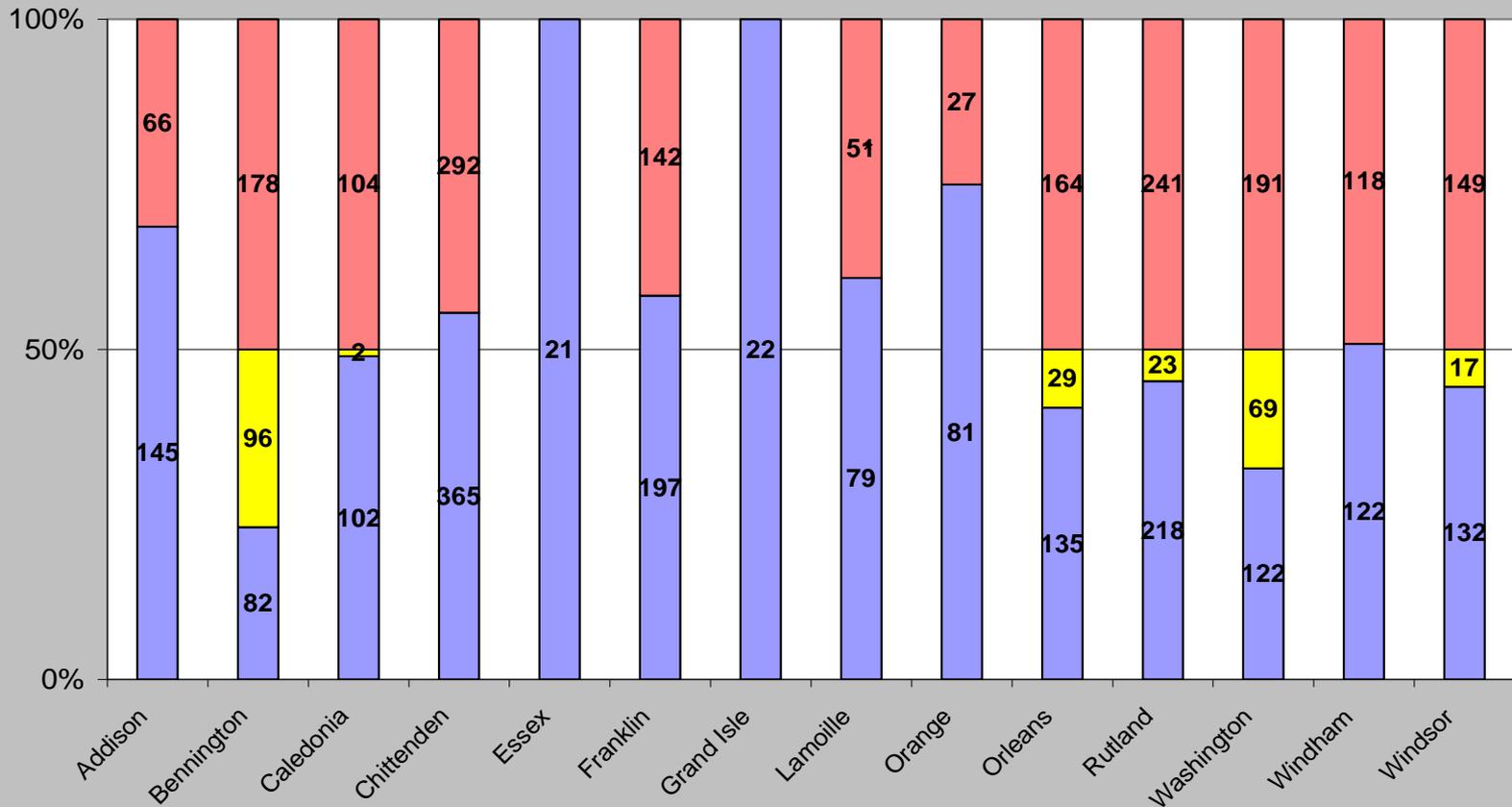
Nursing Home Use and Expenses

Nursing Facilities Medicaid Days and Dollars* FY'95-FY'08



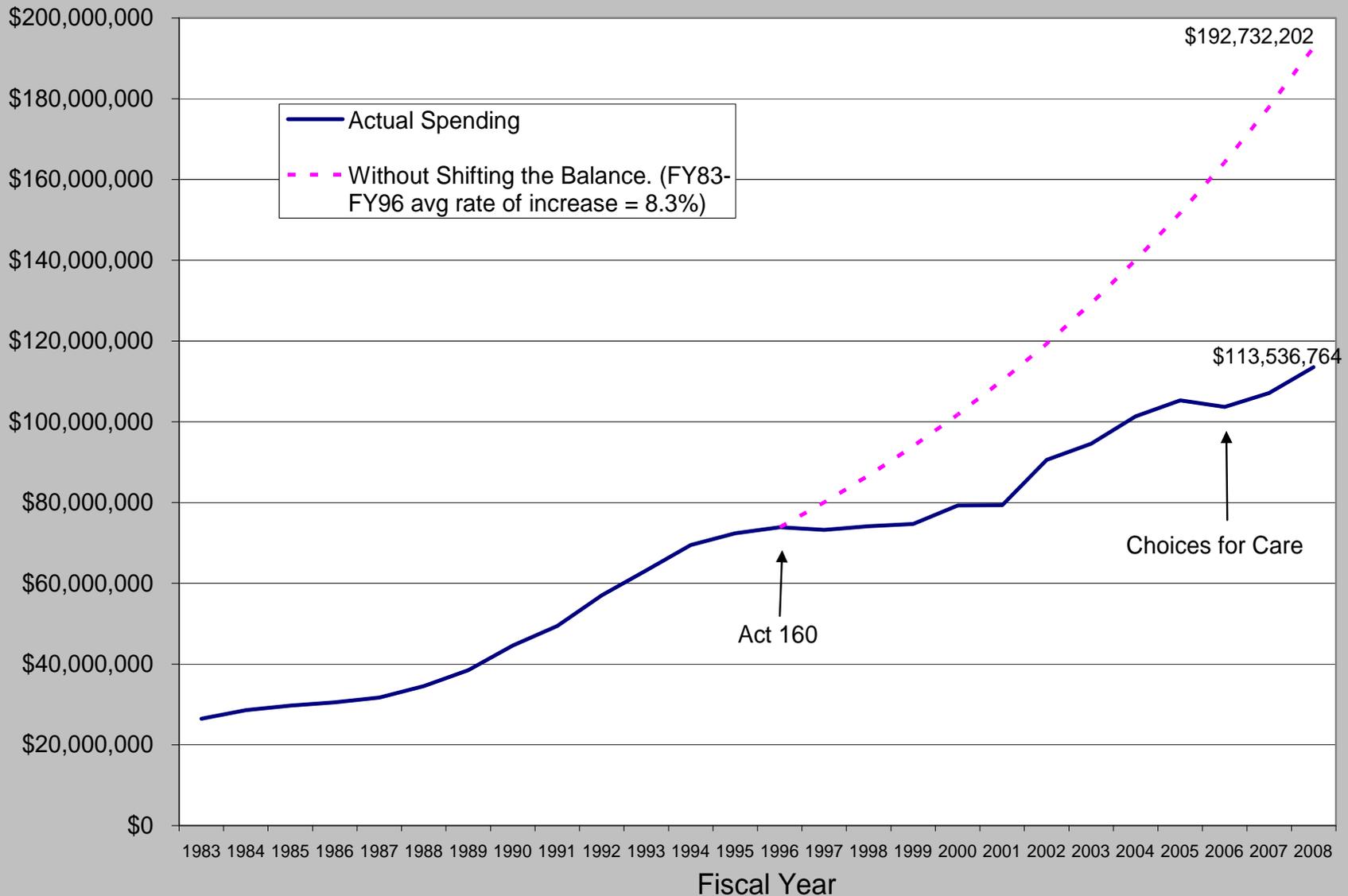
“Shifting the Balance”

Medicaid *Choices for Care*: Nursing Home Residents and Home & Community-Based Participants--April 2008
 Changes (Yellow) Needed to Achieve At Least **50%** HCBS



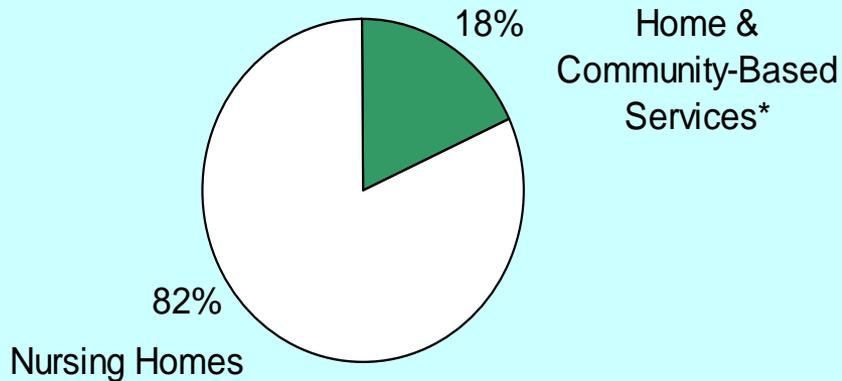
■ Average number/target of Medicaid Nursing Home Residents/day
■ Nursing Home Resident Reductions or HCBS Participant Increases
■ HCBS "Active" Participants (includes ERC but excludes Moderate Needs Group)

Vermont Nursing Home Medicaid Expenditures Actual vs Without "Shifting the Balance"

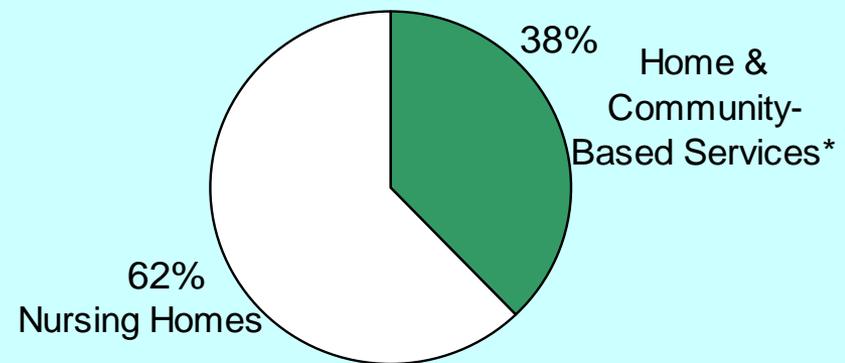


“Shifting the Balance”

FY 1999

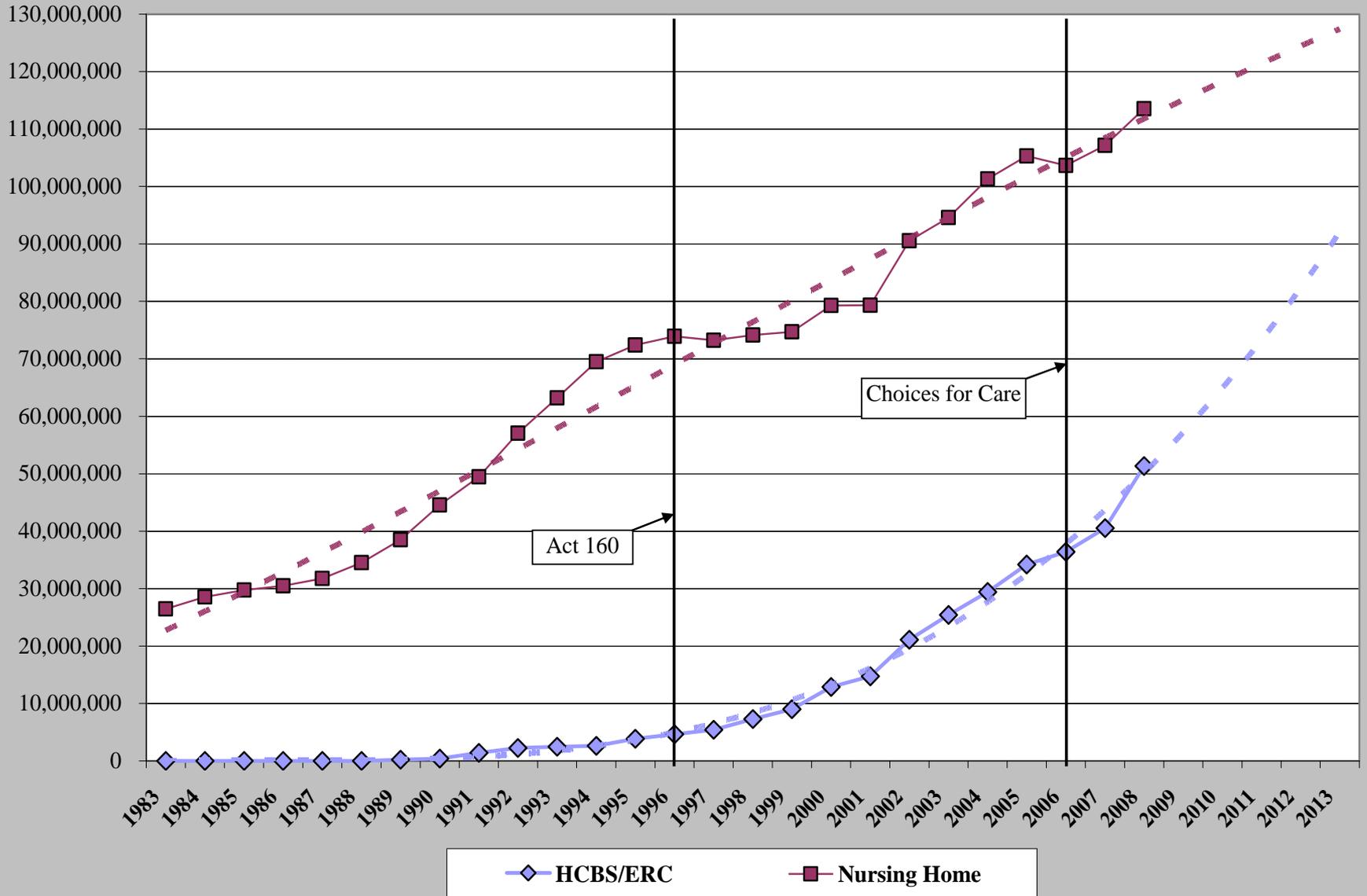


FY 2008 est



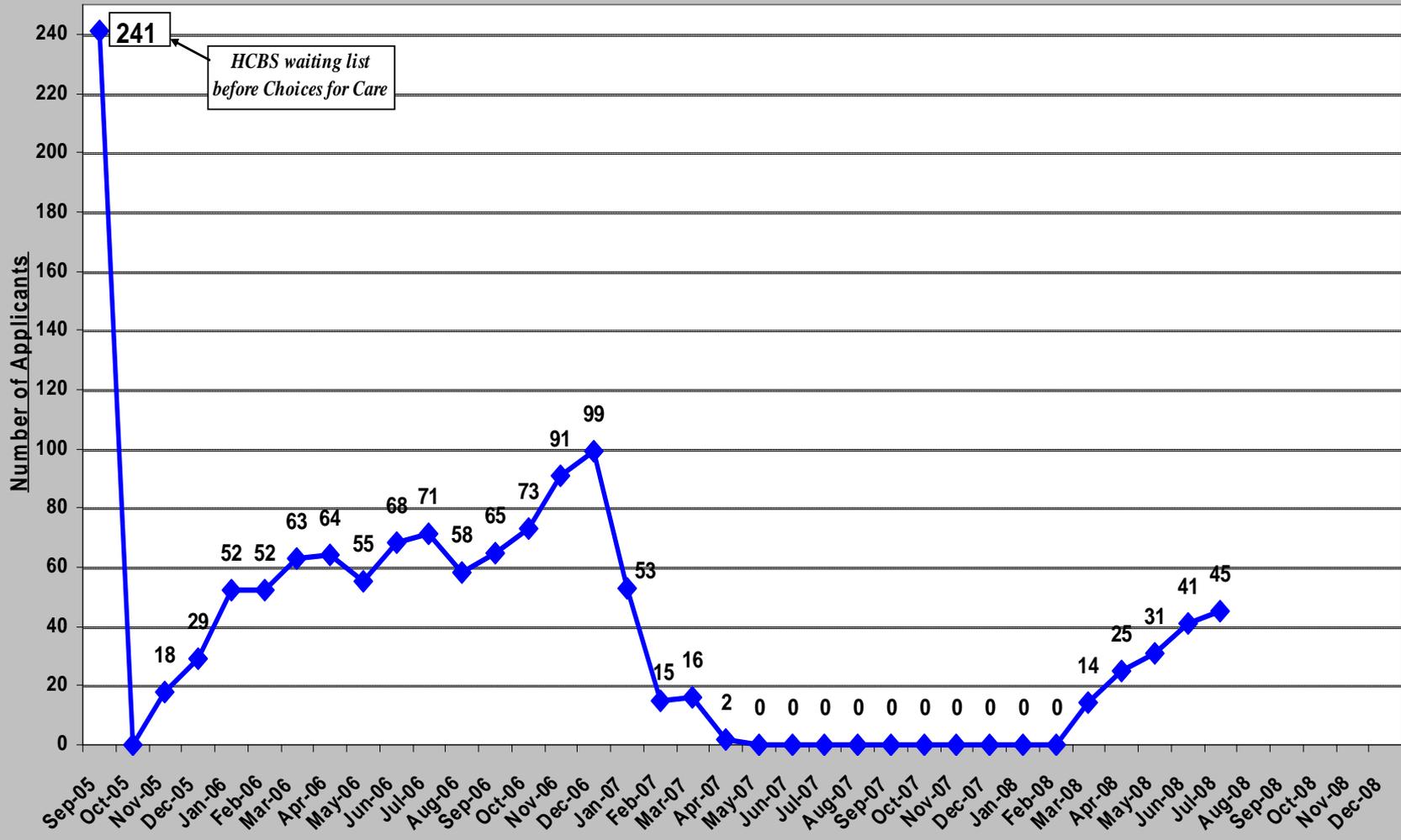
Home & Community-Based Services include CFC, AAA State funds, Adult Day, Alz/Dementia grants, Commodity Food, Supportive Housing, Flex Funds, ASP, TBI Waiver, Home Modification, Homemaker, Mental Health & Aging, and other. Excludes DS Waiver, High Tech, and Children's Personal Care Services.

Vermont LTC Expenditures by Type, sfy1983-sfy2013



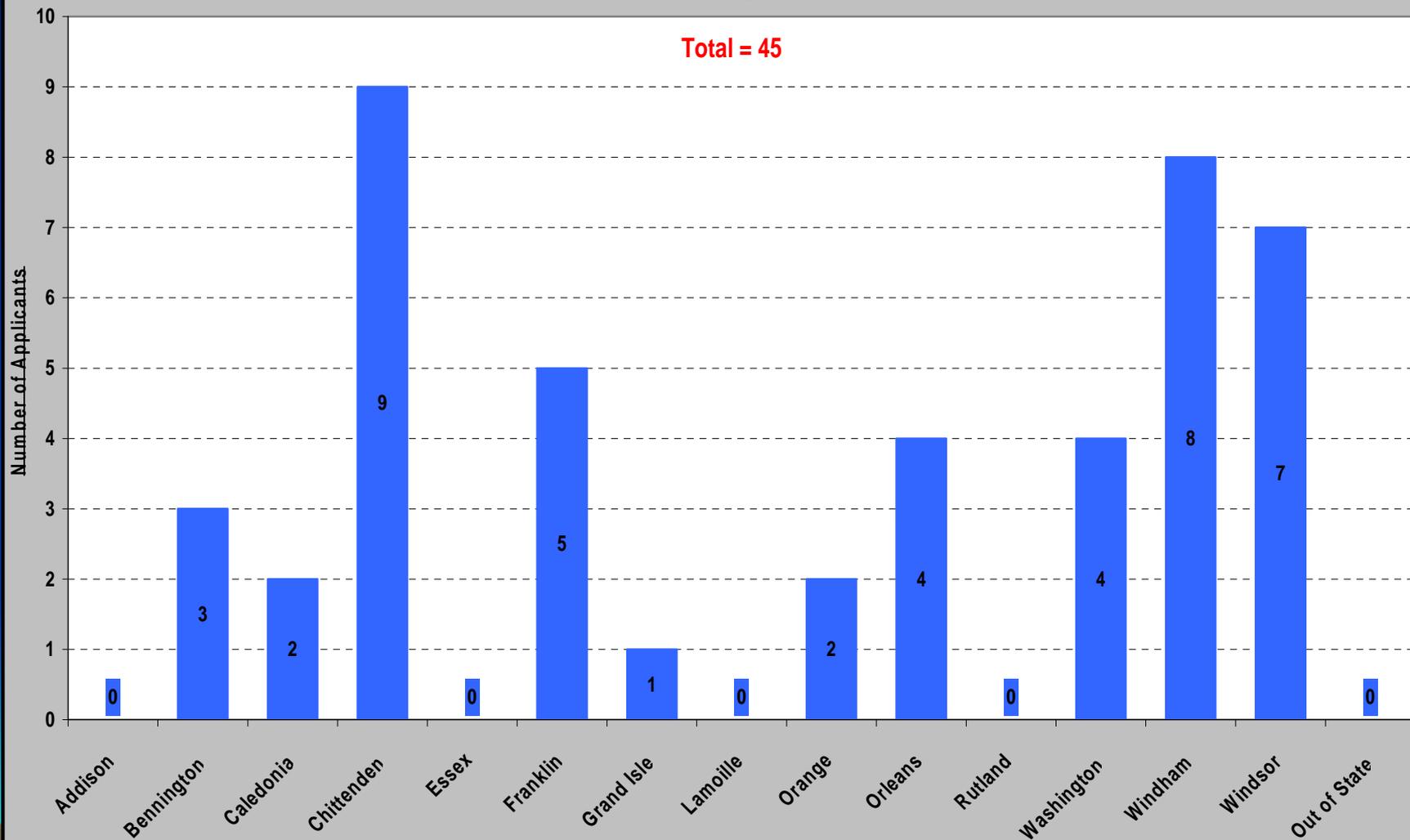
High Needs Group Waiting List

Choices for Care High Needs Waiting List, by Month
September 2005 - July 2008



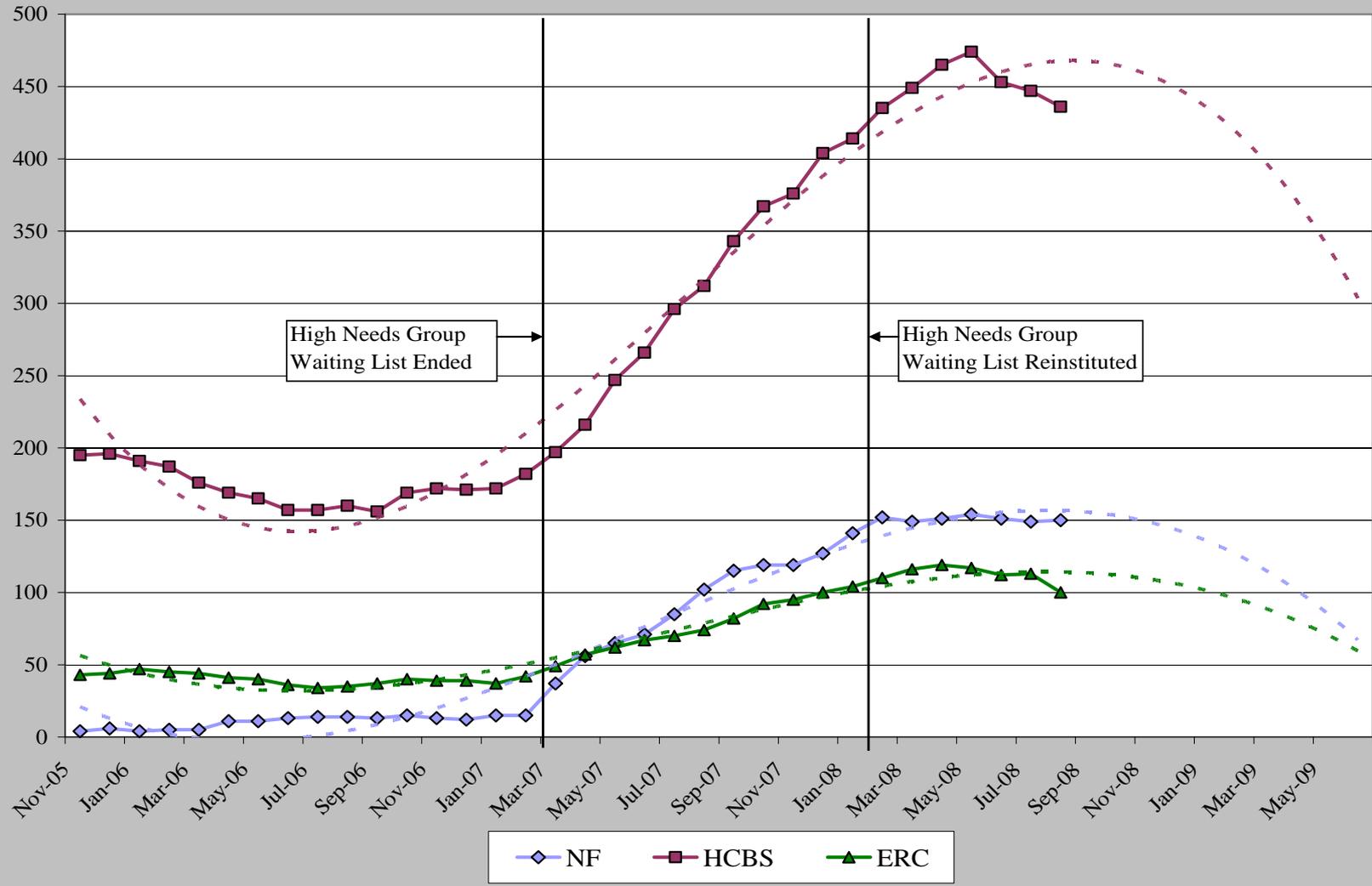
High Needs Group Waiting List

Choices for Care: High Needs Waiting Lists by County
as of July 2008



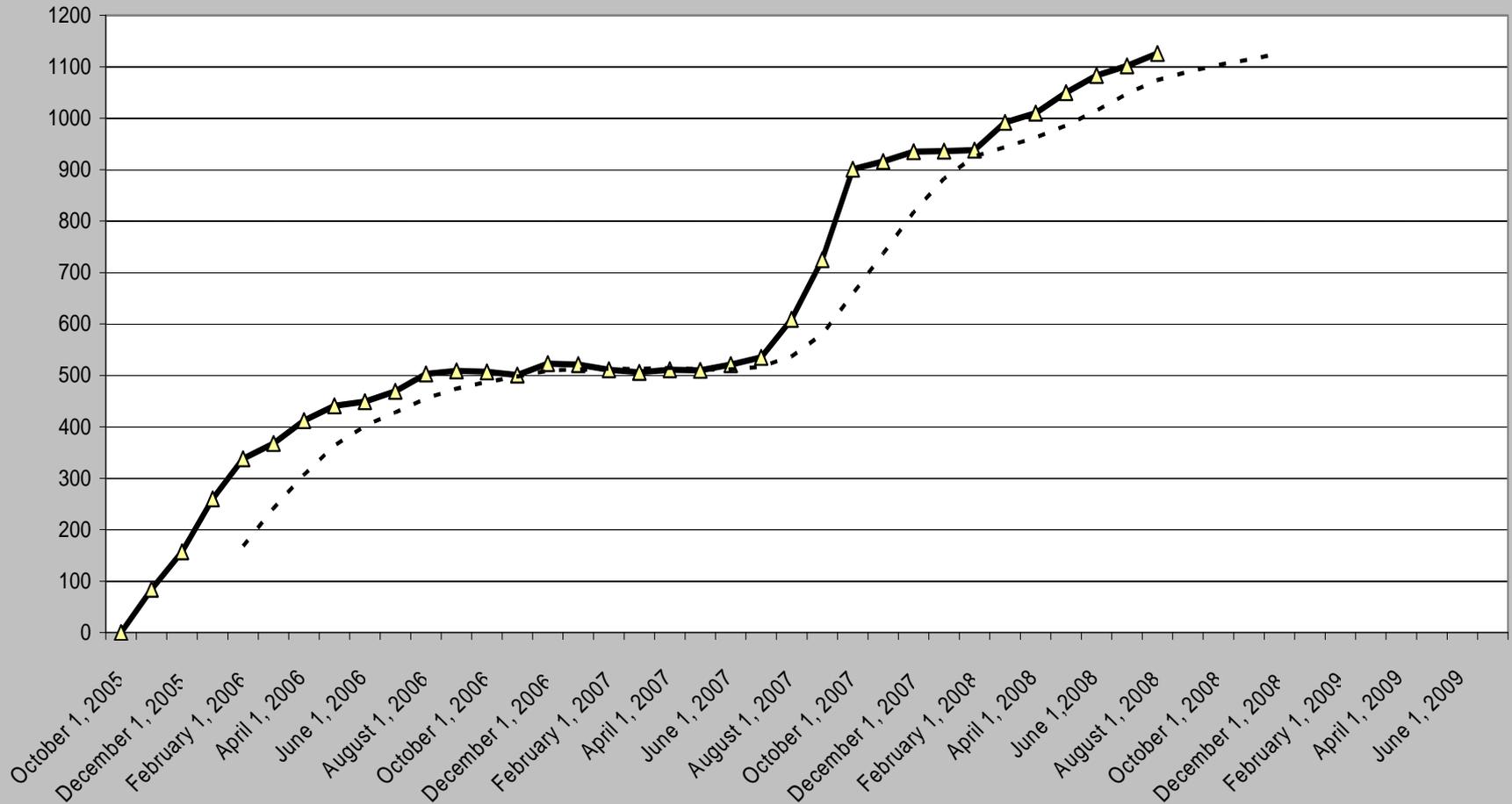
High Needs Group Waiting List

Choices for Care: High Needs Group Enrollment, sfy2006-sfy2009



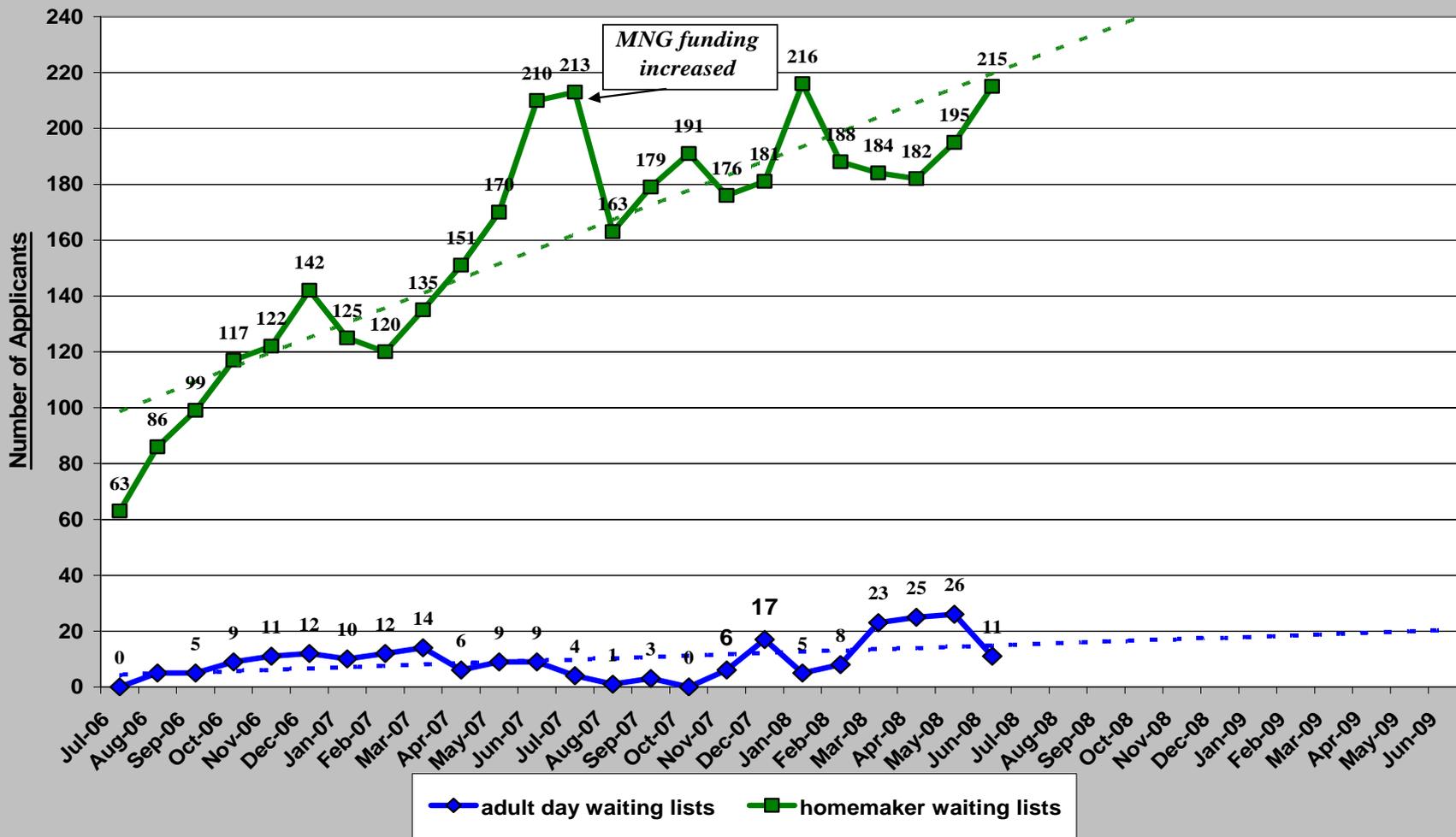
New Group: Moderate Needs Group

Choices for Care: Total Number of Participants Enrolled in Moderate Needs Group
October 1, 2005 - August 1, 2008



Moderate Needs Group Waiting List

Choices for Care: Moderate Needs Group Waiting Lists by Type of Service
SFY2006 - SFY 2009



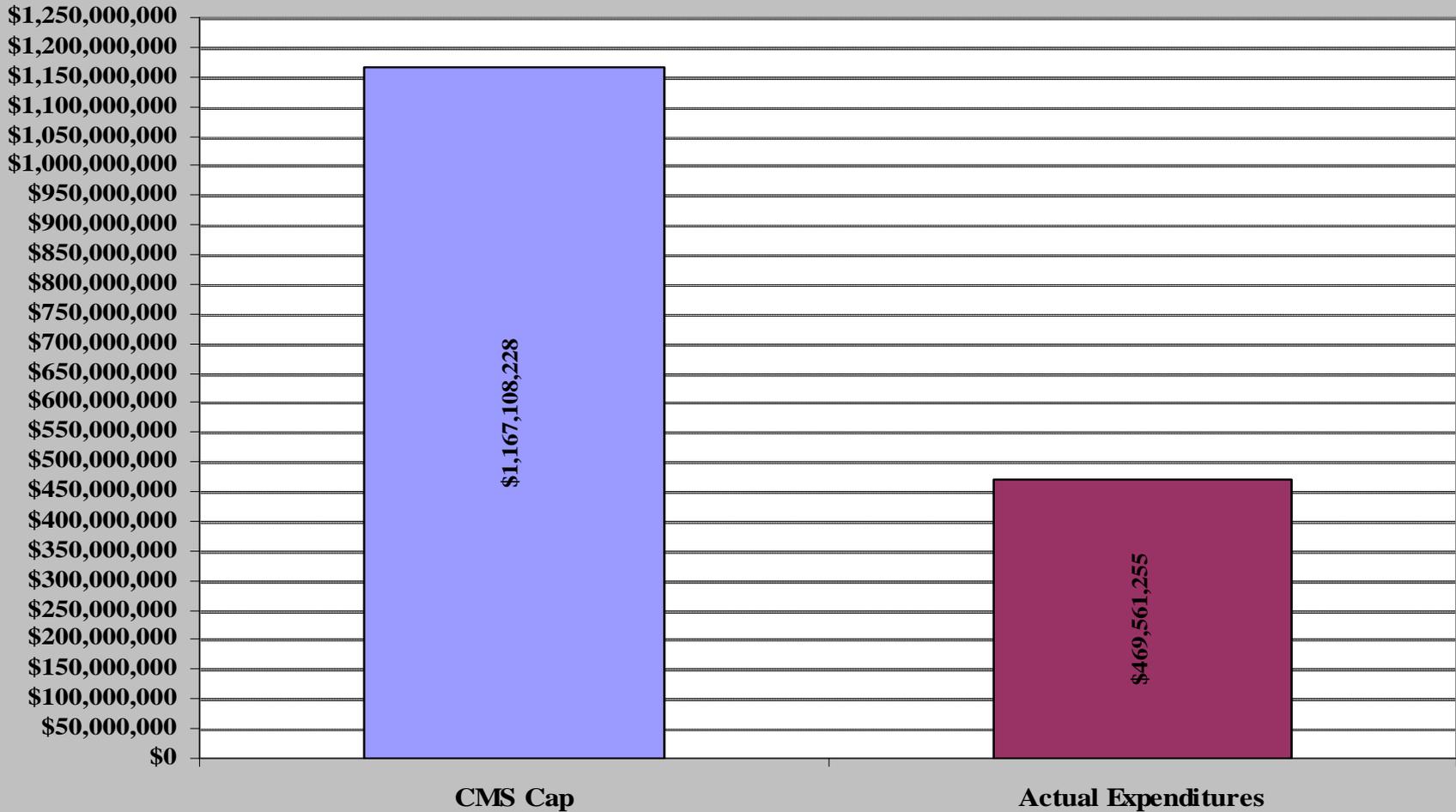
COST

- Budget Neutrality Cap negotiated with CMS
 - 5-year aggregate cap or 'ceiling'
 - Includes long term care and acute care
 - Cap was based on projection of past costs and trends, with 7.28% annual increases
 - Federal 'cap' is different from state appropriation- identical to previous 1915c waiver
 - Assumption that we may not have sufficient GF to reach the cap



Budget Neutrality... Demonstration Cap

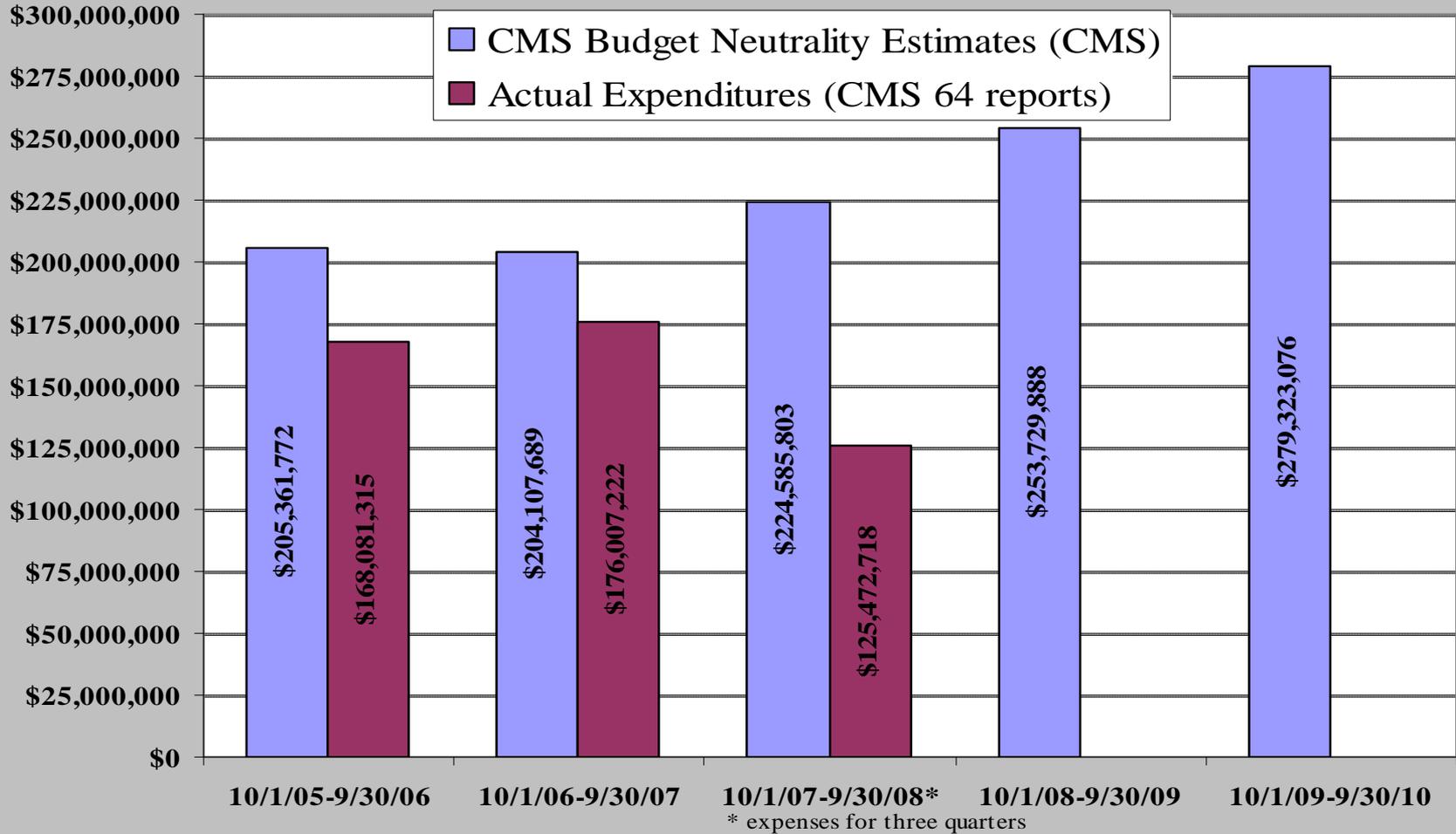
Choices for Care: CMS Expenditure Limit and Expenses to Date through March 2008



Budget Neutrality by Year

Choices for Care: Budget as Approved by CMS and Actual Expenditures, WY2006-WY2010

(CMS expenditure cap of \$1,167,108,228 is for five year aggregate expenditures; no annual expenditure caps)



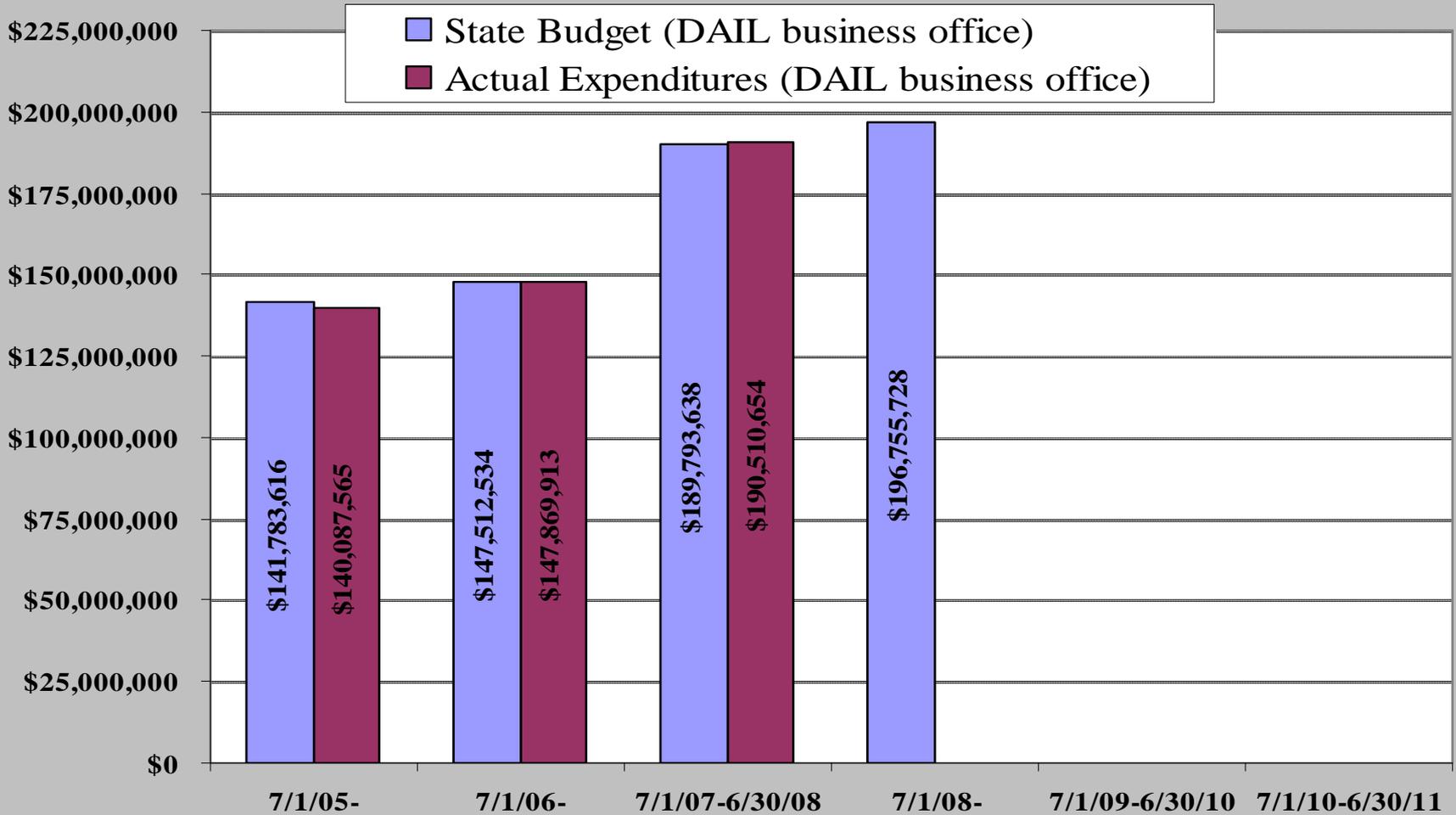
COST

- Vermont appropriation represents the 'real' spending limit - identical to the previous 1915c HCBS/ERC waivers
- Assumption that CFC will operate within the state appropriation



Vermont State Budget

Choices for Care: State Budget and Actual Expenditures, sfy2006-sfy2011



** 6/30/06* does not include acute care expenses

** 6/30/09** may be revised

New Service Options

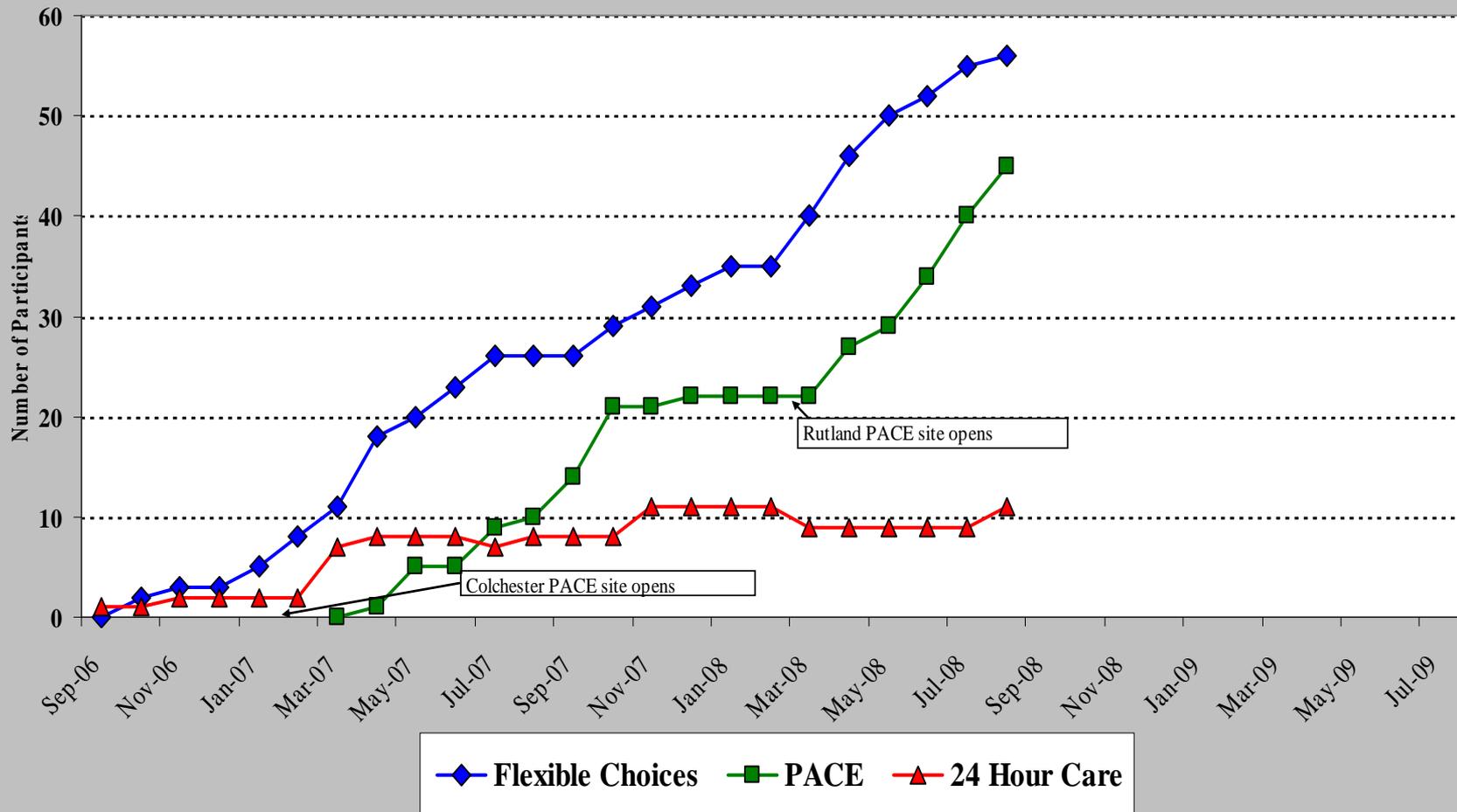
- PACE
- Flexible Choices
- 24-Hour Care
- Paying spouses and civil union partners
(data not yet available)



New Service Options

Choices for Care: Expansion of New Service Options, sfy2007-sfy2009 Flexible Choices, PACE, and HCBS 24-Hour Care Active Enrollments

October-December 2007 data estimated



Quality

- Quality assurance/quality improvement activities
- Measures of quality



Quality Assurance/Quality Improvement Activities

- LTC Ombudsman role expanded to include HCBS
- LTC Consumer Survey (Macro)
- Gold Star Employers (Home Health, Nursing Homes)
- Nursing Home Quality Awards
- Nursing Home Quality Improvement Council
- HCBS Quality Management Plan
- HCBS Provider Reviews
- Examination of HCBS Provider Review process
- University of Massachusetts- independent evaluation of CFC

Quality- What Consumers Say

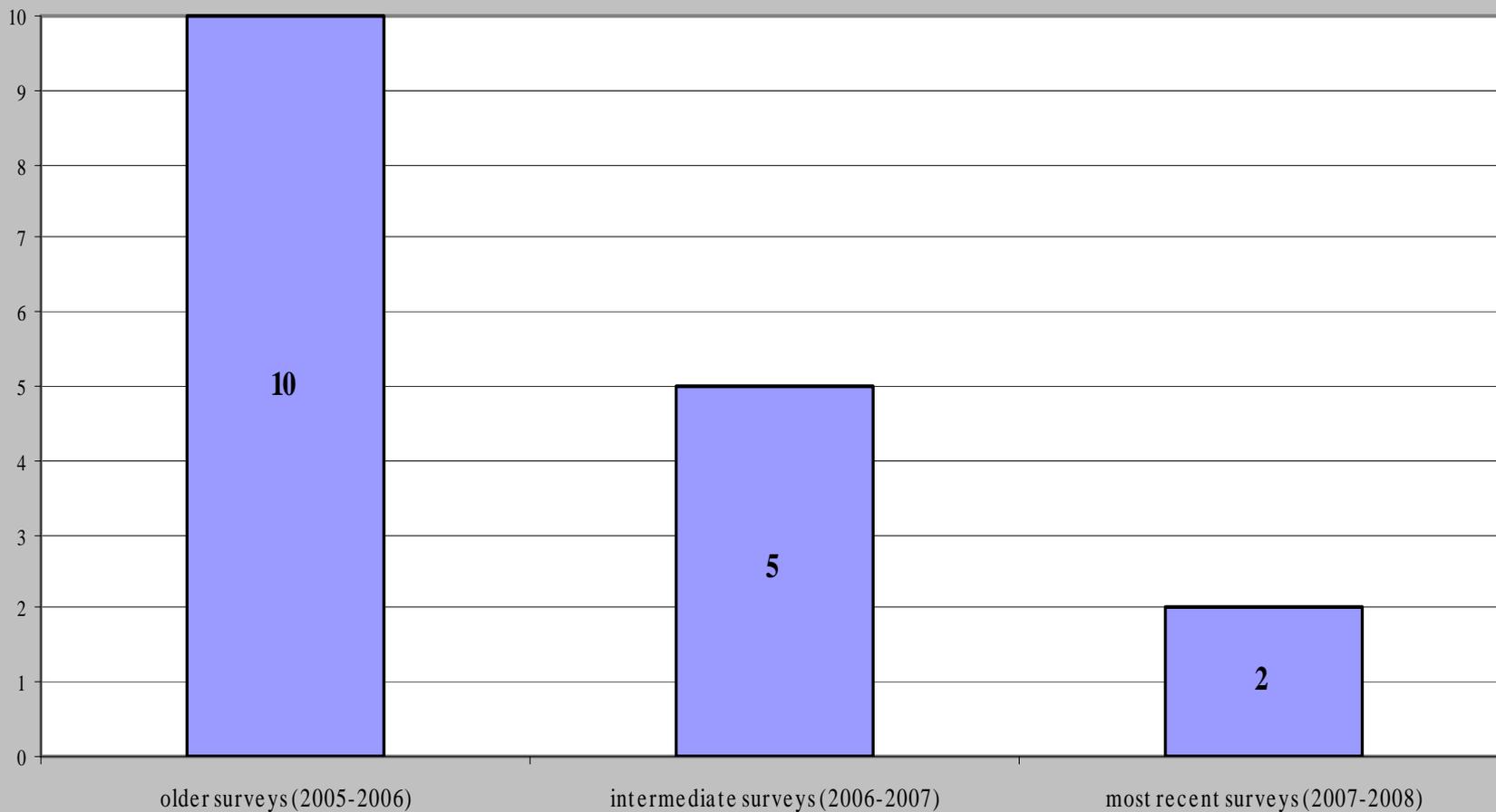
- Insert 2007 ITC consumer survey results



Nursing Home Quality

Number of Vermont Nursing Homes with Surveys Showing "Actual Harm and/or Immediate Jeopardy", 2005-2008

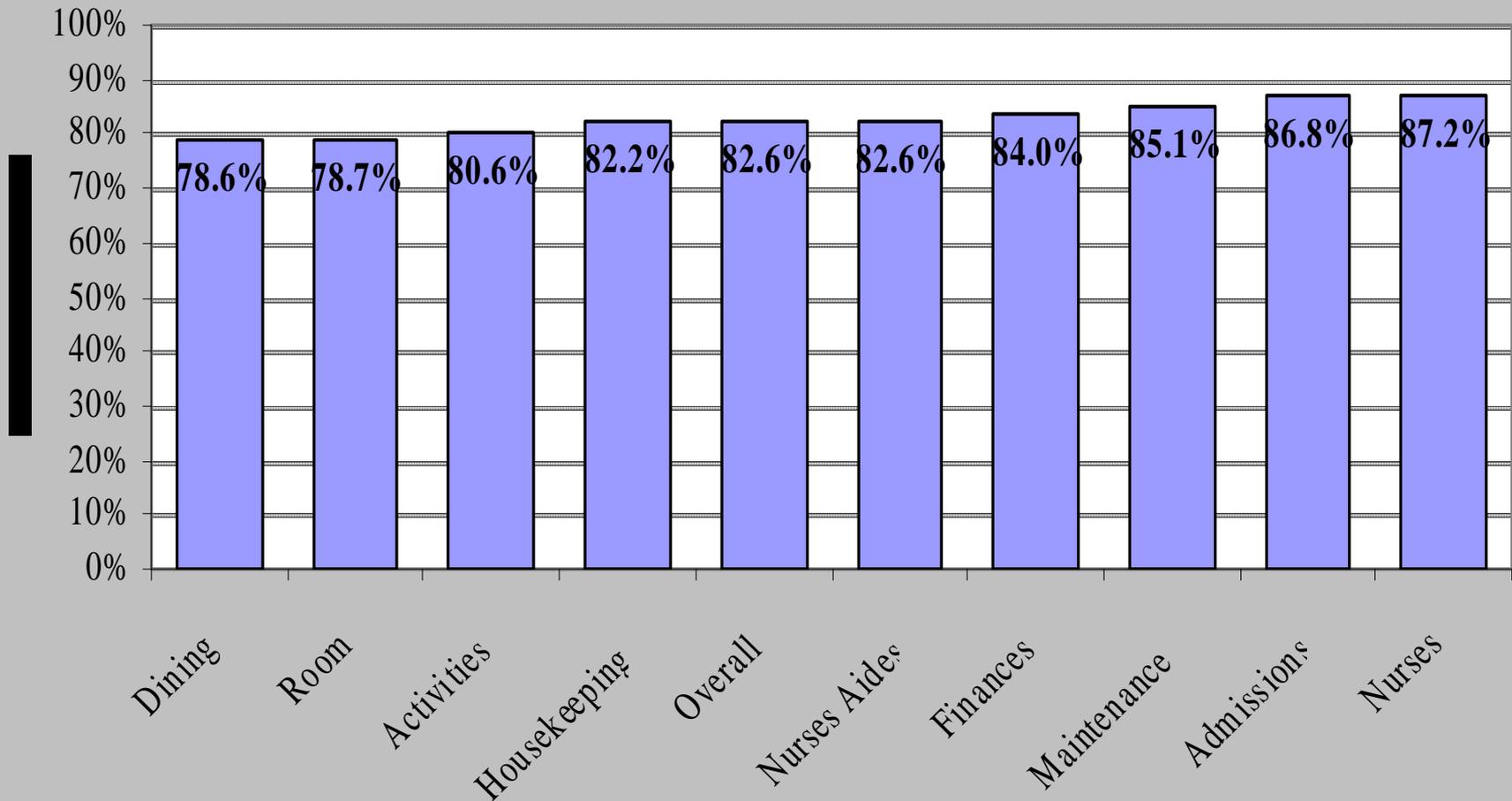
data source: Survey Score = G,H,I,J,K,L, Member of the Family.net (<http://www.memberofthefamily.net/registry/vt.htm>)



Nursing Home Quality

Vermont Nursing Home Resident Satisfaction with Nursing Home Care 2007-2008
(28 of 41 facilities participating)

data source: Resident Satisfaction Surveys, <http://www.dad.state.vt.us/ltcinfo/Resatisfaction/resatisfislist.htm>



The Future...

- Include Long Term Care in Global Commitment Waiver Renewal (where DS Waiver and TBI Waiver funding resides)
- Continue separate Choices for Care 1115 Waiver
- Other?



The Future....

- to continue Choices for Care, need approval from the Centers for Medicare and Medicaid Services by October 1, 2010
- need to submit initial renewal materials to CMS by October 2009



Renewal Process

Submit application to CMS one year in advance (October 2009):

- *Substantiate current budget neutrality (including resolution of current issues in "member months" by Medicaid eligibility groups and corresponding expenditures on CMS 64 reports)
- *Updated budget neutrality (also reflecting any proposed changes)
- Basic description of the demonstration, highlighting any changes made during the demonstration
- Medicaid eligibility groups
- Services

Renewal Process

- Proposed changes to the model, including new eligibility groups and new services
- How the waivers were implemented, including how services and eligibility were expanded based on section 1115(a)(2), costs not otherwise 'matchable', authority
- Results from the independent evaluation
- Outcome(s) of implementing the waivers



- Questions
- Observations
- Conclusions
- Next Steps

