

Act 160 Implementation-Section 3

(as of November 5, 1997)

Action	Status
<p>1) Document the amount of funding transferred from nursing home services to home and community-based services.</p> <p style="text-align: center;"><i>For FY'97, \$749,324 was transferred.</i></p>	Done
<p>2) Implement the initial phase of a comprehensive long term care data system.</p> <p style="text-align: center;"><i>Individual client data is collected via the Independent Living Assessment and MDS for all DAD long term care clients. DAD's separate databases will be integrated through the Department's Service Accounting and Management data system (SAMS).</i></p>	Done
<p>3) Implement a system of statewide long term care service coordination and case management.</p>	
<p>RFP (Request for Proposals) process for local entities to administer long term care services.</p> <p style="text-align: center;"><i>Proposals have been received. DAD is actively engaged in obtaining Business Plans from Regional Coalitions to improve long term care services in their areas. One of the components to be addressed by the Coalitions is the delivery of case management services. DAD has developed local Designated Administrative Agencies to perform core administrative tasks for the Home-Based Medicaid Waiver Program. DAD also developed a case management training curriculum for home and community-based services case managers.</i></p>	Done
<p>Pre-admission assessment process prior to nursing home admission.</p> <p style="text-align: center;"><i>Pre-Admission Assessment process has been in place since 11/96. Hospital discharge planners, nursing homes, AAA's and Home Health Agencies are doing the Assessments.</i></p>	Done
<p>Coordination of all the AHS long term care services.</p> <p style="text-align: center;"><i>Representatives from the various AHS departments have been meeting since the inception of Act 160 to better coordinate services. (E.g. Home Front initiative, Dual Eligibles discussions, data analysis.)</i></p>	On-going

<p>Consumer information re. available long term care services.</p> <p><i>DAD is working with the Regional Coalitions and interested parties to initiate a coordinated statewide consumer education campaign (in addition to consumer education activities currently carried out by AAA's, COVE, AARP, VCIL and others.) A brochure, "Options for Long Term Care in Vermont ...The Choice is Yours" has been printed and widely distributed.</i></p>	<p>To be done by 7/98</p>
<p>Consumer participation and oversight in planning and delivery of services.</p> <p><i>Each Regional Coalition has been asked to address this in their Business Plan. DAD's Advisory Council is composed of consumers, representatives of consumers, and the public. A long term care consumer satisfaction survey has been administered by UVM; DAD is awaiting the results.</i></p>	<p>On-going</p>
<p>Long term care service models as alternatives to nursing homes:</p>	
<ul style="list-style-type: none"> • Assisted Living. <p><i>Regulations are currently being written by DAD.</i></p>	<p>To be done by 7/98</p>
<ul style="list-style-type: none"> • Enhanced Residential Care (ERC) Medicaid Waiver Program. <p><i>90 slots are available in 27 Level III Residential Care Homes (RCH). DAD spent \$30,000 for training ERC and RCH providers. DAD plans to incorporate ERC with Home-Based Medicaid Waiver to facilitate consumer choice.</i></p>	<p>Done</p>
<ul style="list-style-type: none"> • Modifications of the Residential Care Home system. <p><i>Consultants will make recommendations for increasing Medicaid reimbursement in their Dec'97 report.</i></p>	<p>To be done by 7/98</p>
<ul style="list-style-type: none"> • Attendant care. <p><i>Attendant Services Program's annual funding increased by \$160,000 as of 7/1/97.</i></p>	<p>Done</p>
<ul style="list-style-type: none"> • Consumer-directed Medicaid Waiver Services. <p><i>This went into effect 9/1/97. As of 10/29/97, there were 10 participants enrolled.</i></p>	<p>Done</p>

<ul style="list-style-type: none"> • Adult Day Programs. <p><i>DAD has allocated \$250,000 for FY'98 to both strengthen and expand Adult Day Programs.</i></p>	Done
<ul style="list-style-type: none"> • Home-Based Medicaid Waiver Program. <p><i>DAD has allocated 60 new Waiver slots for FY'98.</i></p>	Done
<ul style="list-style-type: none"> • Alzheimer's Respite. <p><i>DAD funded the Alzheimer's Association (\$25,000) to conduct statewide trainings to assist families in meeting the need for respite care. A \$50,000 Respite Pilot Program has been initiated in the Champlain Valley.</i></p>	Done
<ul style="list-style-type: none"> • Congregate housing. <p><i>Congregate Housing and Supportive Services pilot projects (Hope in Housing) are currently being developed.</i></p>	To be done by 2/98
<p>Proposals for legislation to create alternative long term care service models:</p>	
<ul style="list-style-type: none"> • Assisted Living. <p><i>Enabling legislation passed 7/1/97.</i></p>	Done
<ul style="list-style-type: none"> • Neighbor To Neighbor. <p><i>Passed as part of the Appropriations Act 7/1/97.</i></p>	Done
<p>4) Implement methods to contain costs and encourage the reduction of Medicaid nursing home expenditures.</p>	
<p>Maximize Medicare billing for nursing home care.</p> <p><i>DAD is currently reviewing options to increase Medicare billing, including provider education and increased Medicare Advocacy Project activity.</i></p>	To be done by 7/98
<p>Mechanisms to reduce the number of nursing home beds.</p> <p><i>Case-mix revision on 1/1/97; development of Bed Banking standards (in process); Pre-Admission Assessments; increases in the number of Home-Based Medicaid Waiver and Enhanced Residential Care slots; creation of Regional Coalitions; PR campaign to increase Home-Based Medicaid Waiver enrollment (starts 1/1/98).</i></p>	Done

<p>A schedule for the reduction of nursing home beds.</p> <p><i>FY'97: 46 beds; FY'98: 68 beds; FY'99: 59 beds; FY'00: 61 beds.</i></p>	<p>On-going</p>
<p>Recommendations for various sources of funding for payments to nursing homes to reduce the number of licensed beds.</p> <p><i>DAD has encouraged selected nursing facilities to utilize Section 8 of the Division of Rate-Setting Reimbursement Rules which allows a recalculation of the Medicaid per diem rate due to a change in licensed capacity. Swing bed utilization, increased adult day care funding, and increased Enhanced Residential Care funding have created funding streams to help nursing facilities downsize.</i></p>	<p>On-going</p>
<p>Elimination or modification of state nursing home rules that do not advance the quality of patient care and are not cost effective.</p> <p><i>DAD implemented "outcome based" rules which were adopted by the Legislature in January, 1997.</i></p>	<p>Done</p>
<p>Applications for exemption from federal nursing home regulations to improve the efficiency, reduce the cost and paperwork required to regulate the nursing home industry.</p> <p><i>Nursing facilities have not requested any exemptions.</i></p>	<p>Done</p>
<p>5) Proposals that permit:</p>	
<p>greater cooperation among discharge planners and staff.</p> <p><i>Medicaid Waiver Teams involve hospital discharge planners, nursing homes, AAA's, Home Health Agencies, ERC's, DSW, and Adult Day Centers in managing and coordinating home and community-based services.</i></p>	<p>Done</p>
<p>greater cooperation among nursing homes and providers of home care, respite care, adult day care and other services.</p> <p><i>In addition to the Medicaid Waiver Teams, Regional Coalitions are the vehicle for the coordination of services and cooperation among providers. As of 8/97, a State-funded adult day care center has been housed in a nursing home. Also, a nursing facility has negotiated a contract with a home health agency to provide services to a residential care home.</i></p>	<p>Done</p>

<p>the use of vacant nursing home beds as respite beds.</p> <p><i>Although currently permitted and used in a few instances, this is not being actively pursued on a statewide basis. Regional Coalitions are discussing approaches to address this.</i></p>	<p>Done</p>
<p>6) Changes in the state Medicaid plan to permit Medicaid billing for Residential Care Homes.</p> <p><i>See 3.f.3 above.</i></p>	
<p>7) Alternate strategies for financing long term care (from public to private). Strategies may include:</p> <p><i>(See <u>An Analysis of Alternative Financing Strategies for Long Term Care</u>, a report written by Beverly Boget, consultant to DAD. DAD will implement a public education initiative to enhance the public's understanding of the need, cost, and options for financing long term care.)</i></p>	
<p>Flexible use of reverse mortgages;</p>	<p>Done</p>
<p>Private insurance coverage for long term care;</p>	<p>Done</p>
<p>Tax credits or employment programs such as medical savings accounts for long term care;</p>	<p>Done</p>
<p>Changes in Medicaid eligibility requirements that increase consumers' financial responsibility for their long term care, such as revising the rules re transfer of assets;</p>	<p>Done</p>
<p>Social insurance models;</p>	<p>Done</p>
<p>Estate recovery options;</p>	<p>Done</p>
<p>Methods to supplement and support family and community care giving.</p>	<p>Done</p>
<p>8) Design and implement a voucher program.</p> <p><i>DAD has met with various parties regarding implementation of a voucher program. Development of this program is exceedingly complex due to both diverse expectations and Medicaid constraints. DAD is in the process of hiring a consultant to research successful voucher models.</i></p>	<p>In progress</p>