



# **Choices for Care**

## **Data Report**

### **November 2014**

**This report describes the status of Choices for Care, a core element in Vermont's publicly funded long term services and support system. This report is intended to provide information regarding Choices for Care service use, performance, and expenditures.**

**The primary data sources include the Harmony SAMS Choices for Care case management system, MMIS Medicaid claims, and provider reports including nursing home census data submitted to the Division of Ratesetting.**

**We welcome your comments, questions and suggestions.**

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## **DAIL Mission**

The mission of the Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence.

## **DAIL Core Principles**

- **Person-Centered:** The individual will be at the core of all plans and services.
- **Respect:** Individuals, families, providers and staff are treated with respect.
- **Independence:** The individual's personal and economic independence will be promoted.
- **Choice:** Individuals will have options for services and supports.
- **Self-Determination:** Individuals will direct their own lives.
- **Living Well:** The individual's services and supports will promote health and well-being.
- **Contributing to the Community:** Individuals are able to work, volunteer, and participate in local communities.
- **Flexibility:** Individual needs will guide our actions.
- **Effective and Efficient:** Individual needs will be met in a timely and cost effective way.
- **Collaboration:** Individuals will benefit from our partnerships with families, communities, providers, and other federal, state and local organizations.

## **Choices for Care Core Objectives:**

1. Support individual choice
2. Serve more people
3. 'Shift the balance': reduce the number and percentage of people who are served in nursing homes; increase the number and percentage of people who are served in alternative settings
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, including associated measures and documents

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**Note:**

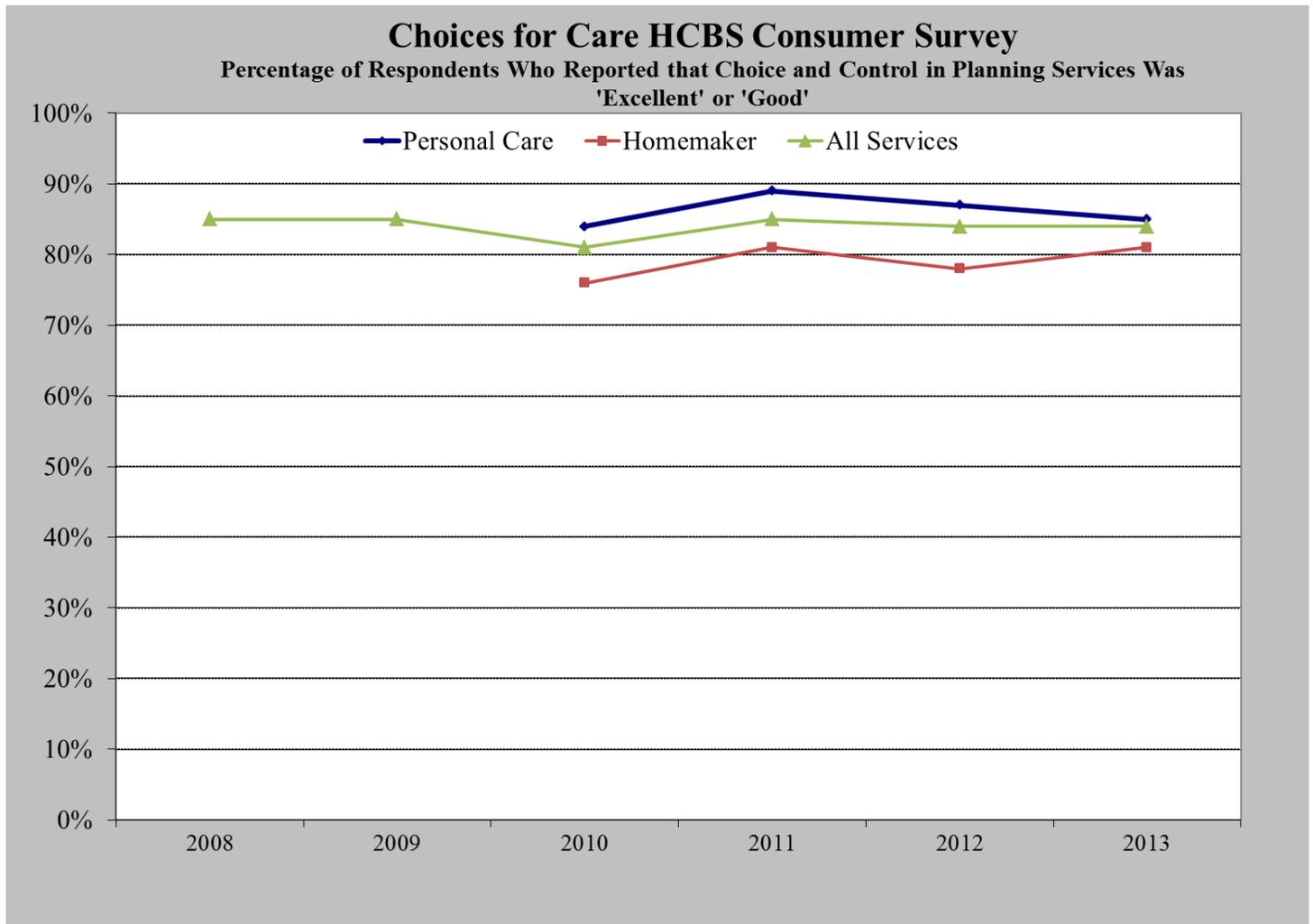
Vermont tracks a variety of process measures and reviews outcomes in a variety of areas in order to manage the Choices for Care Waiver. These include, but are not limited to:

1. Managing applications, enrollment, and service authorization;
2. Tracking current and retroactive eligibility;
3. Tracking real-time trends in applications, enrollment, service authorization, service settings, individual provider performance, service utilization, and service expenditures;
4. Analyzing expenditures using both 'cash' and 'accrual' methodologies;
5. Predicting future service utilization and costs using both 'cash' and 'accrual' methodologies

Because multiple data sources are used for these purposes, sources may not be integrated or use the same methodologies for entry and extracts. For example, clinical eligibility determinations are tracked in one DAIL database while financial eligibility determinations are managed by the Department for Children and Families in a separate system . Due to different sources, methodologies, and purposes, information reported on CMS64 financial reports does not match information from other sources or reports.

## 1. Support individual choice

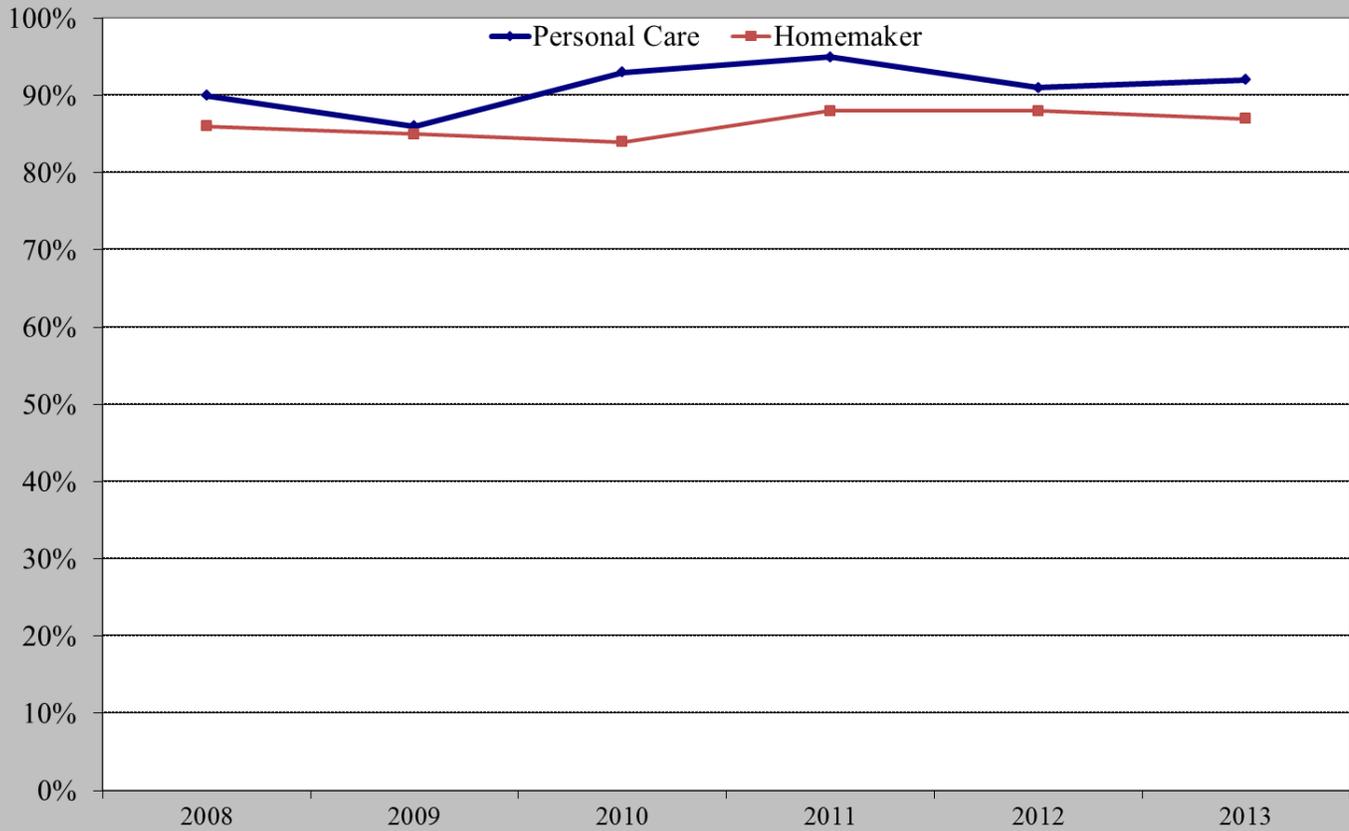
The primary goal of Choices for Care is to support individual choice among a range or 'menu' of long term care services and settings. A large majority of participants receiving Home and Community Based Services (HCBS) report that they had good choice and control over home and community based services, and that these services were provided when and where they need them. Consistent with recommendations from the state auditor and the independent evaluator, DAIL has been working with nursing home and enhanced residential care home representatives to collect and share similar information from residents of these facilities. This information would allow a more complete view of how CFC participants perceive their experience.



Complete survey results are available online: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>

## Choices for Care HCBS Consumer Survey

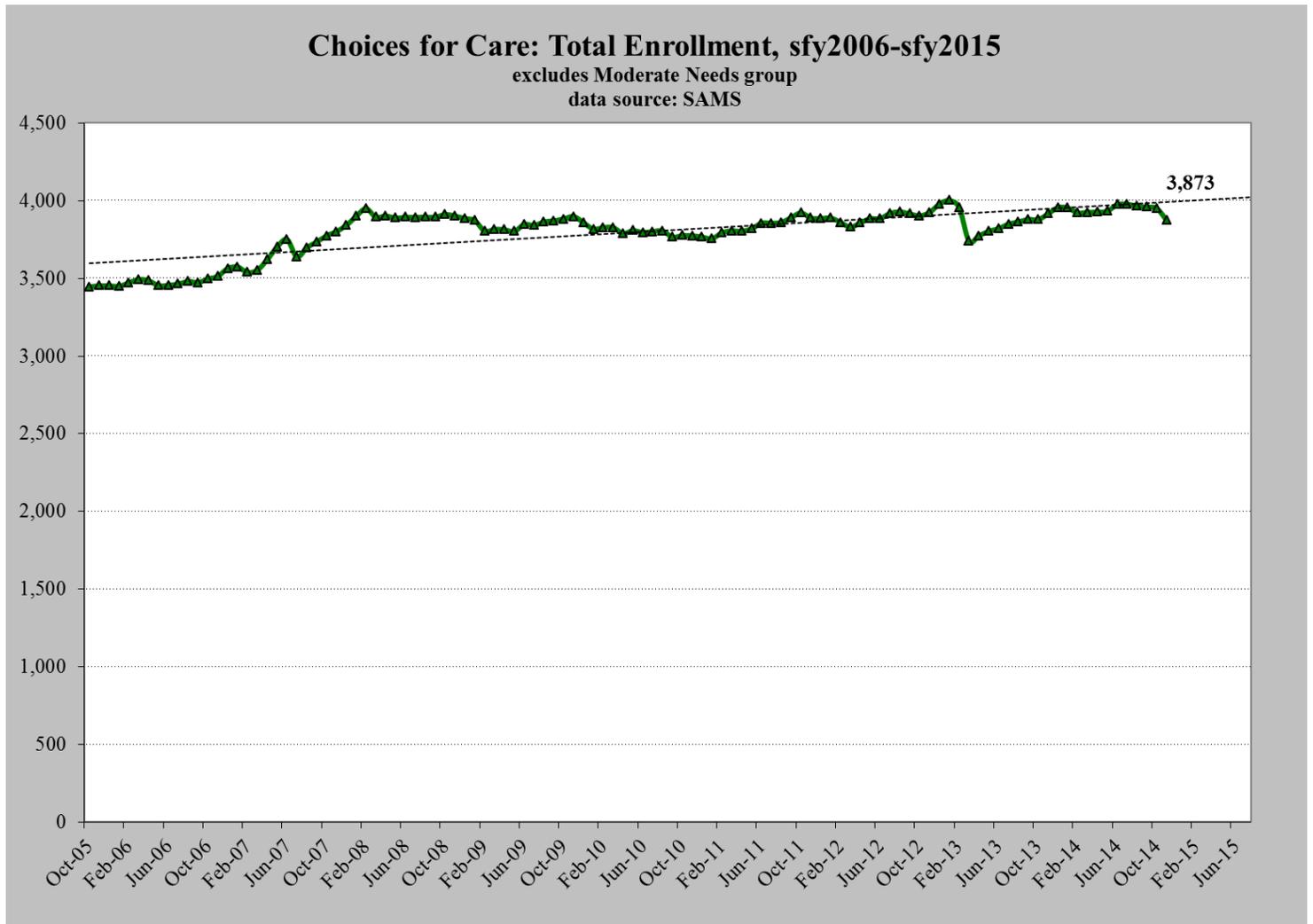
Percentage of Respondents Who Reported that CFC Personal Care Services Were Always or Almost Always Provided When and Where Needed



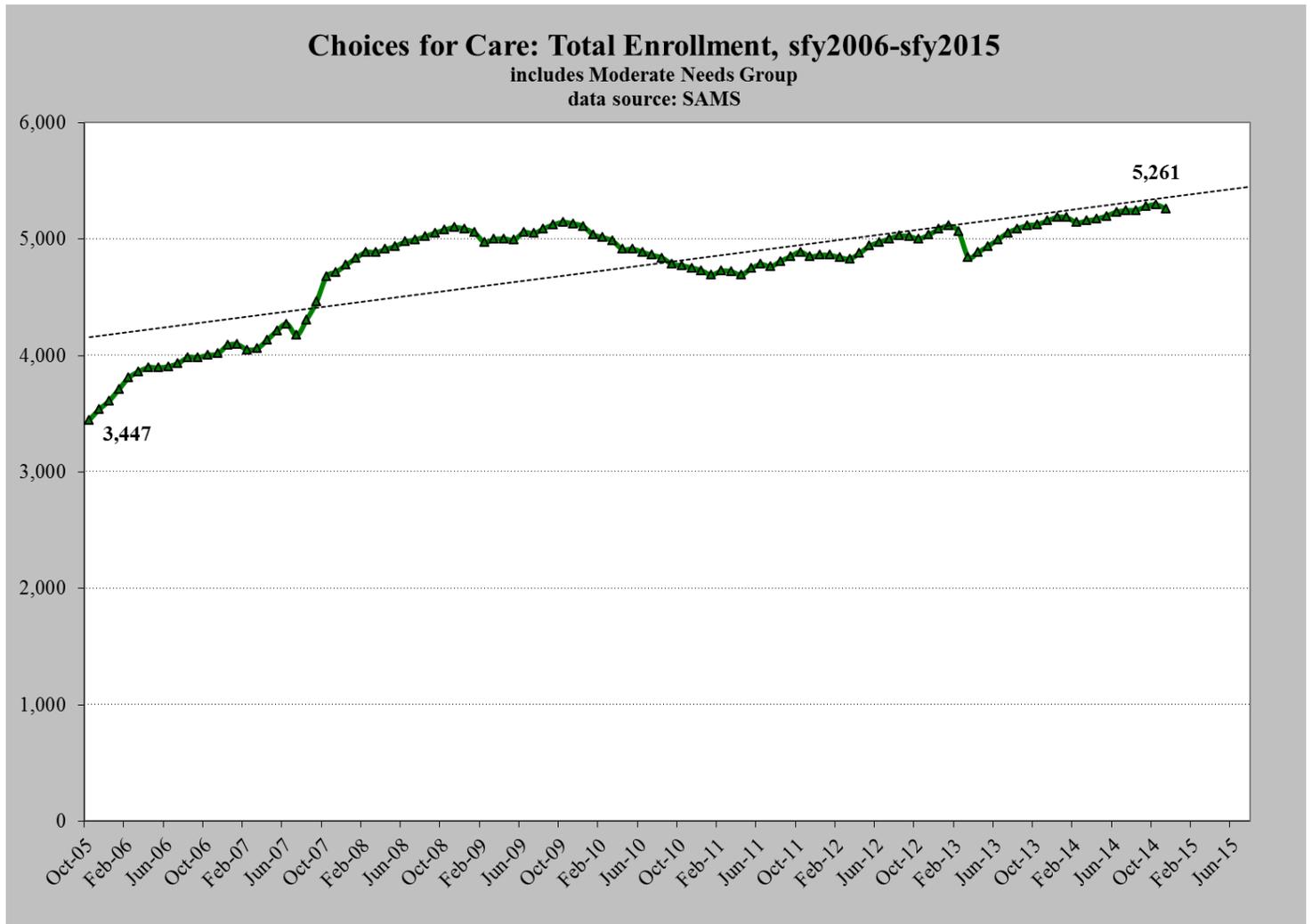
## 2. Serve more people

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.

This figure shows total CFC enrollment over time, excluding the Moderate Needs Group to show only those participants who meet traditional long term care eligibility criteria:

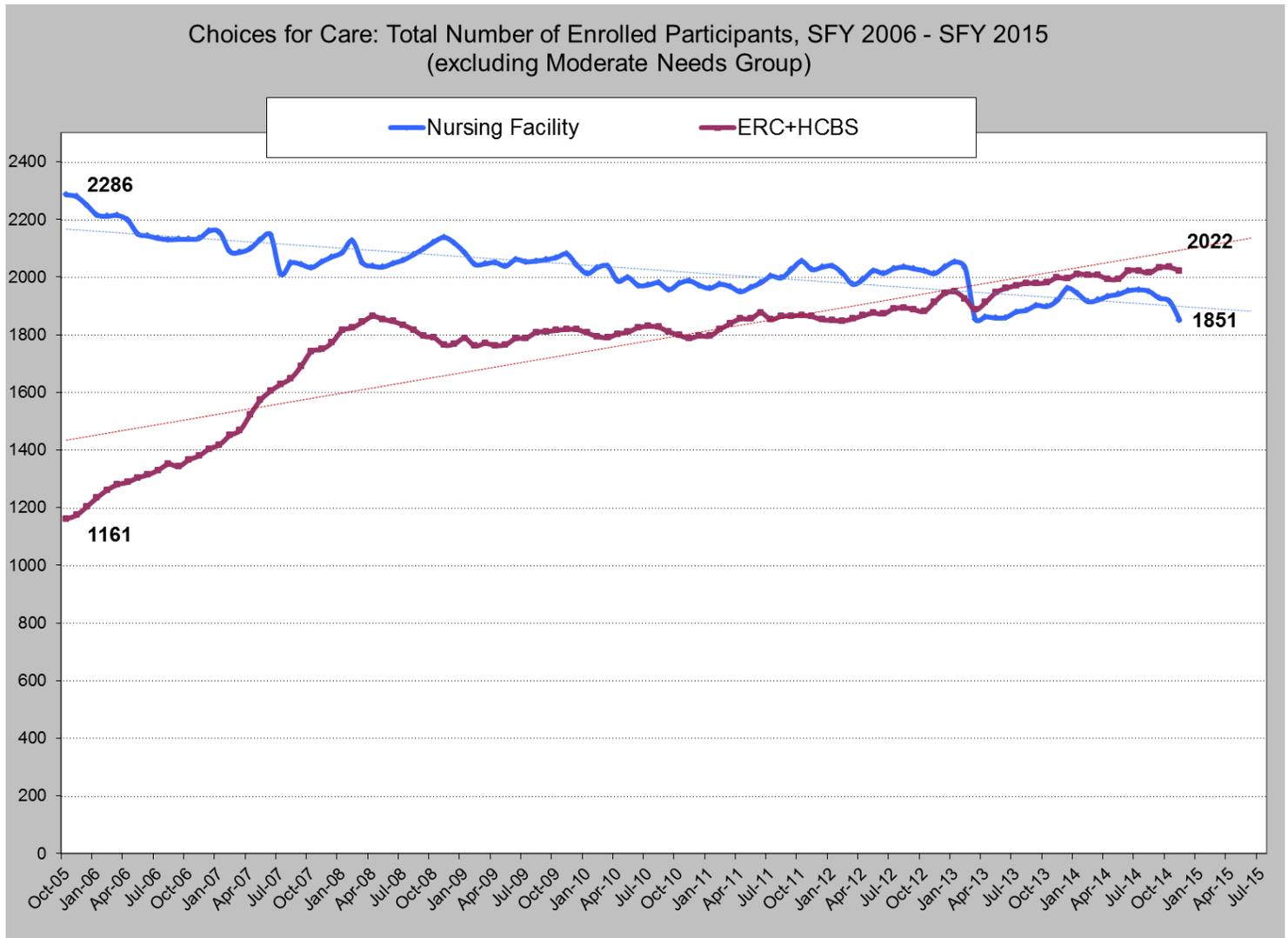


This graph shows total CFC enrollment over time, including the Moderate Needs Group (people who do not meet traditional long term care eligibility criteria):



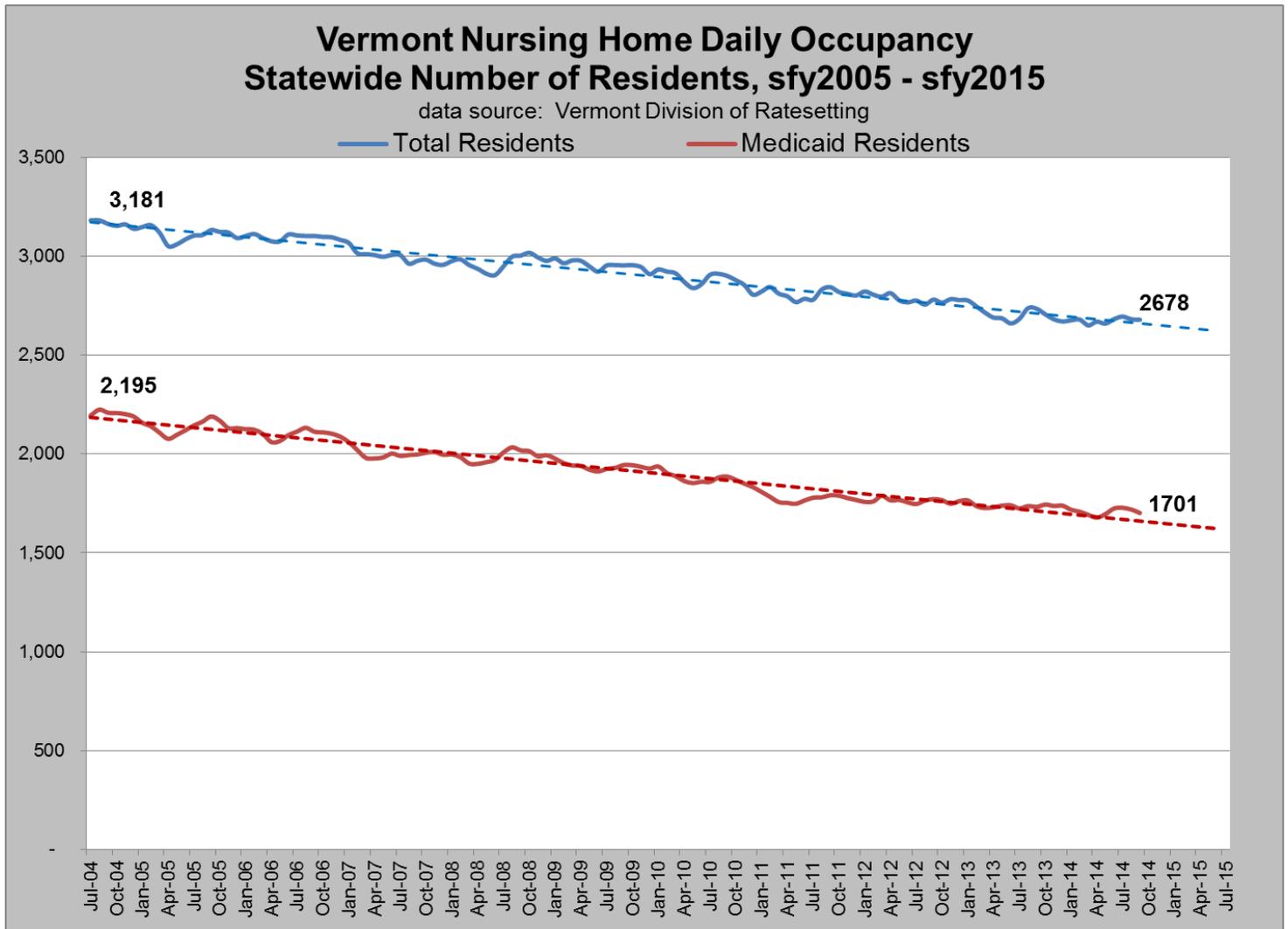
### 3. 'Shift the balance'

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. As seen in this graph, Choices for Care has achieved progress since 2005, with enrollment in HCBS and ERC settings exceeding enrollment in nursing homes for the first time in March 2013. The total number of people served has also increased.

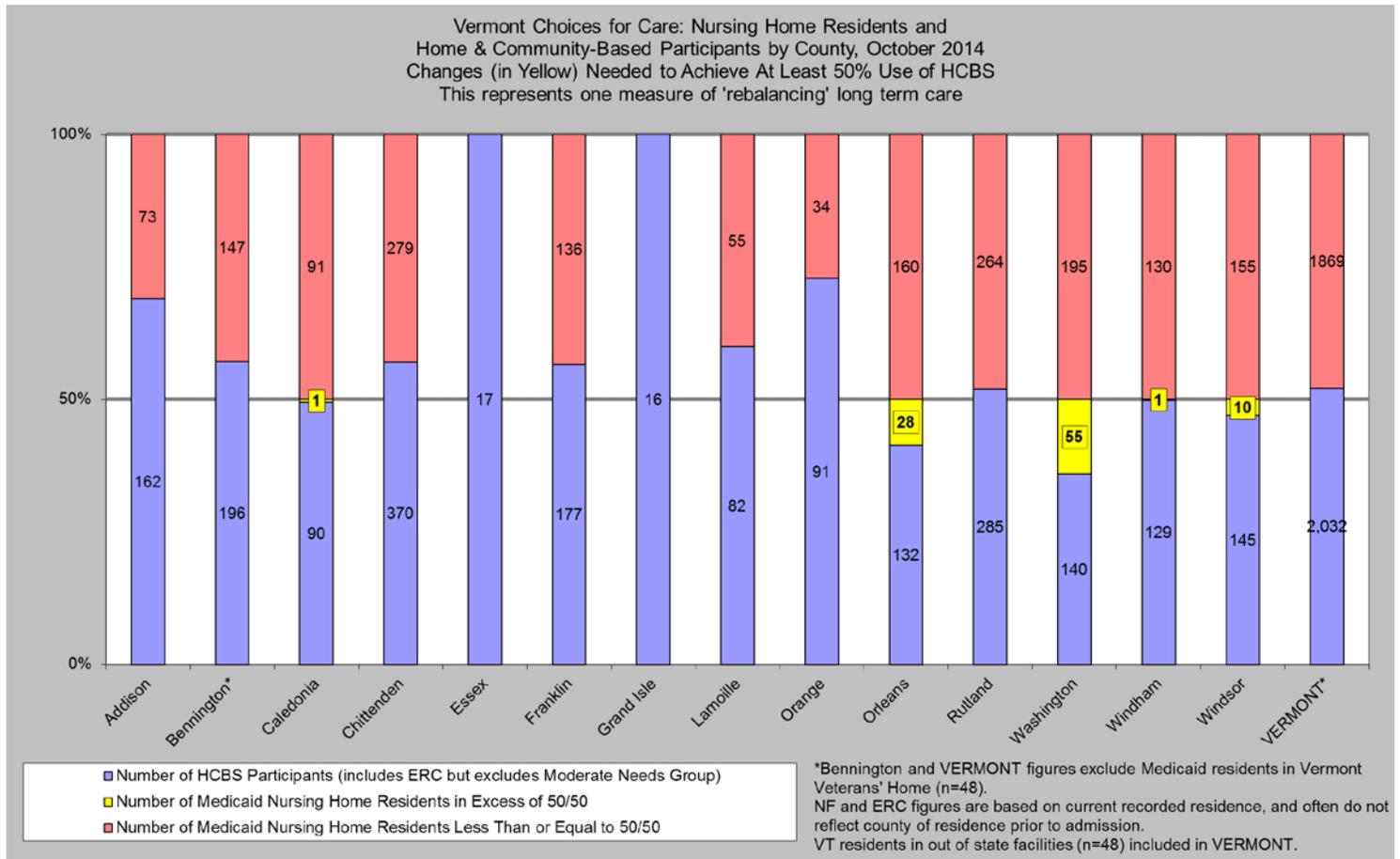




This figure shows decreasing use of nursing homes for Medicaid residents and for all residents:



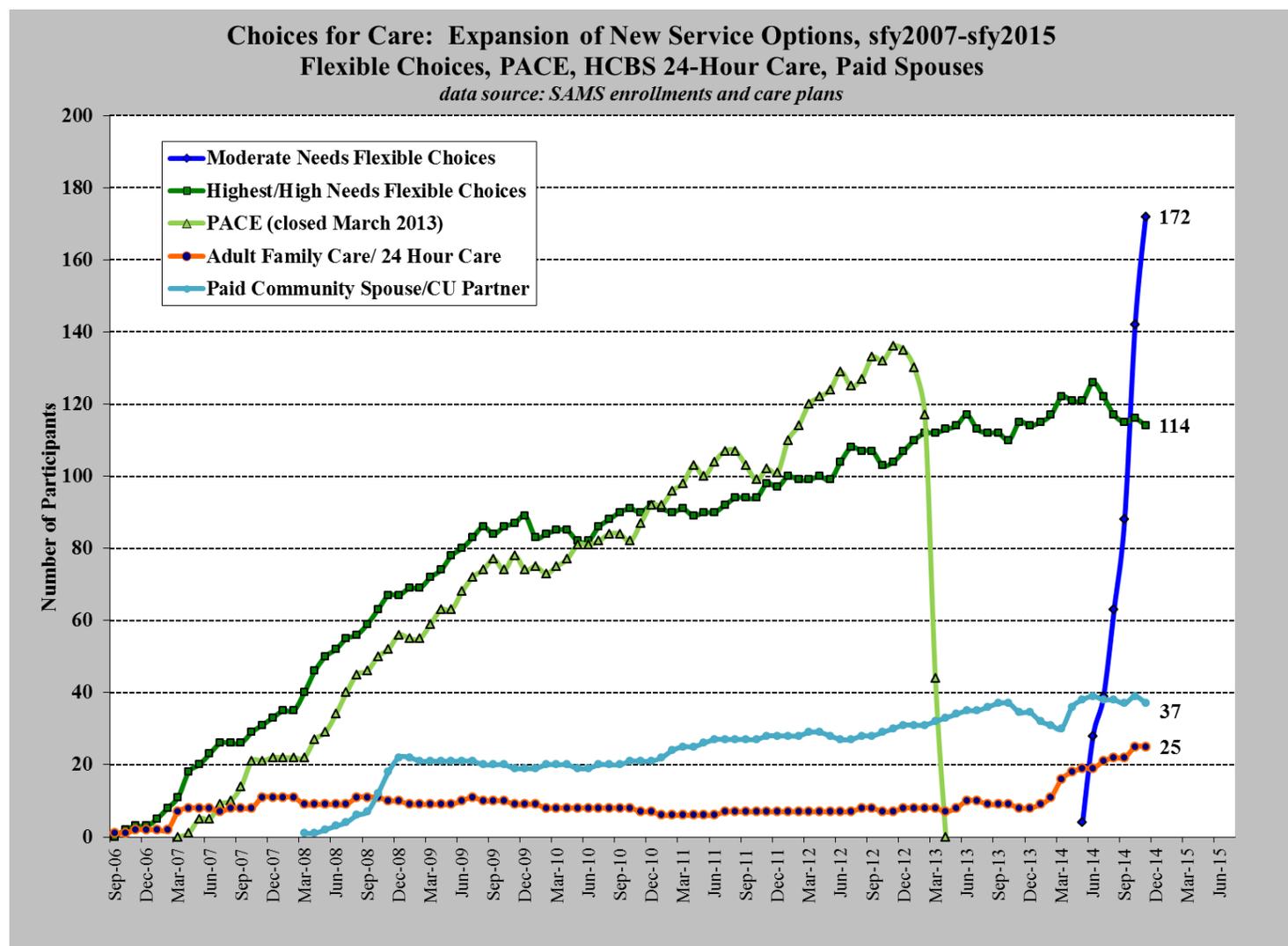
This shows that enrollment in HCBS and ERC settings exceed enrollment in nursing homes, with the exception of five counties: Caledonia, Orleans, Washington, Windham and Windsor. (Note: residents of the Vermont Veterans' Home are excluded from this graph.)



## 4. Expand the range of service options

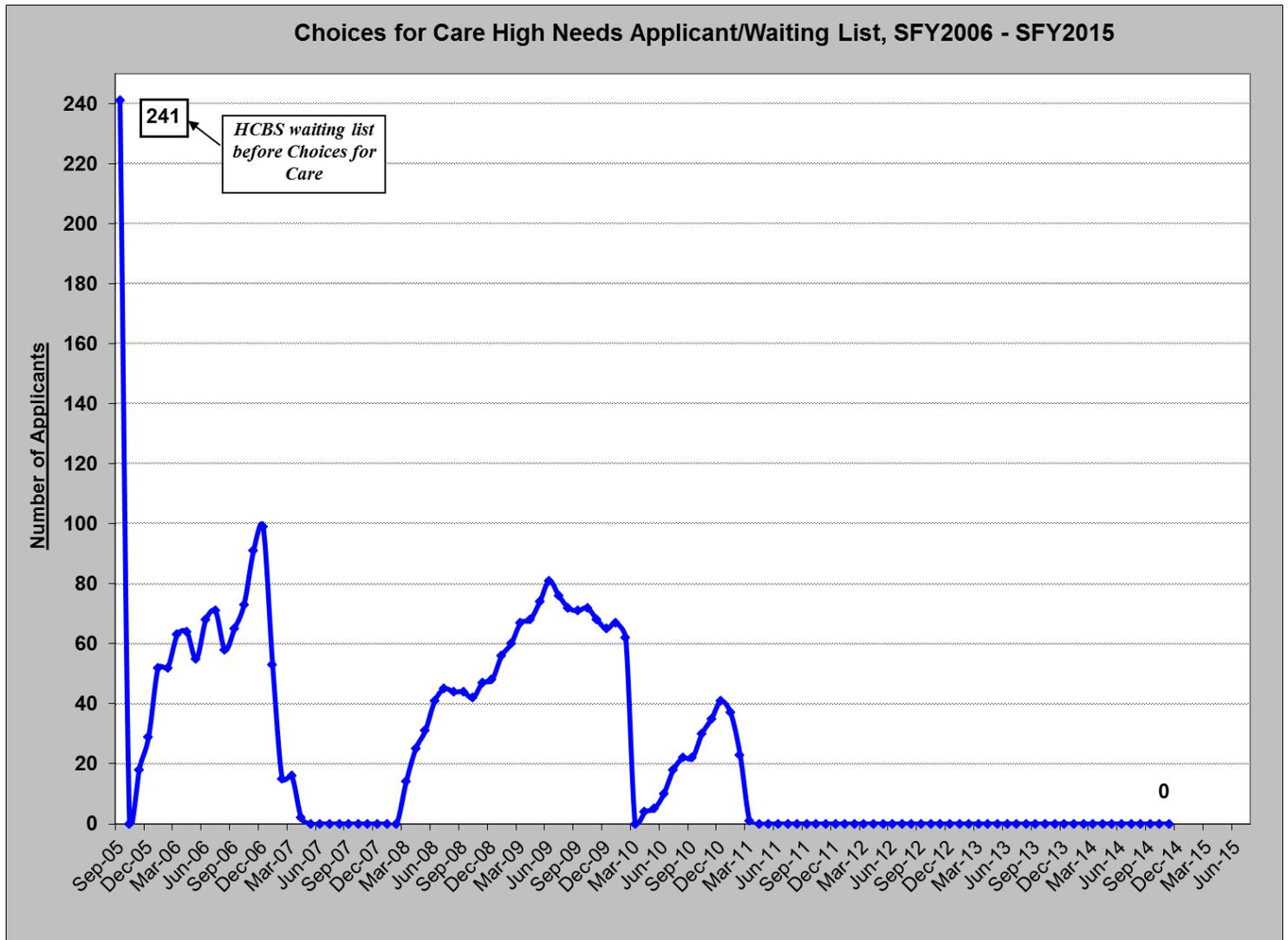
One of the goals of Choices for Care is to expand the range of service options available to participants. Since Choices for Care began, five new service options were developed. The Vermont PACE program closed both sites (Colchester and Rutland) in March 2013, leaving four remaining ‘new’ service options:

- Moderate Needs Flexible Choices: Implemented in sfy2014, intended to give participants more choice and control over the services that they receive.
- Highest/High Needs Flexible Choices: Implemented in sfy2006, intended to give participants more choice and control over the services that they receive.
- Adult Family Care/24 hour care: Implemented in sfy2008 and expanded in sfy2013, intended to give people access to 24-hour services in home settings.
- Paid Community Spouse/Civil Union Partner: Implemented in sfy2008, allowing people to employ spouses and civil union partners as paid caregivers.

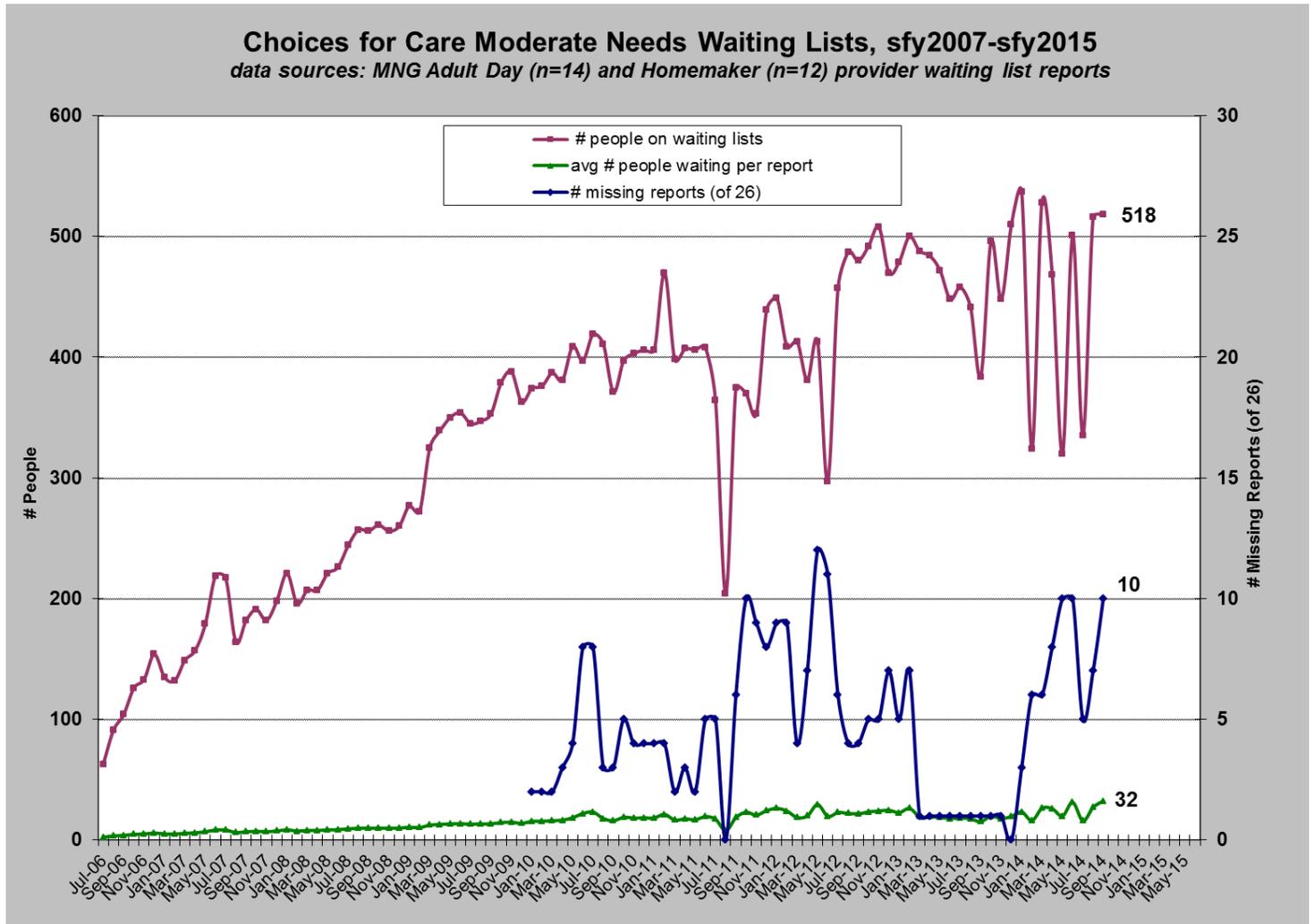


## 5. Eliminate or Reduce Waiting Lists

One of the goals of Choices for Care is to eliminate or reduce waiting lists for people who meet traditional long term care eligibility criteria. Choices for Care has eliminated the waiting list for these people:



Waiting lists do continue for applicants in the Moderate Needs Group, who do not meet nursing home level of care criteria. Many thousands of Vermonters are potentially eligible for this group, with services limited by available funding:

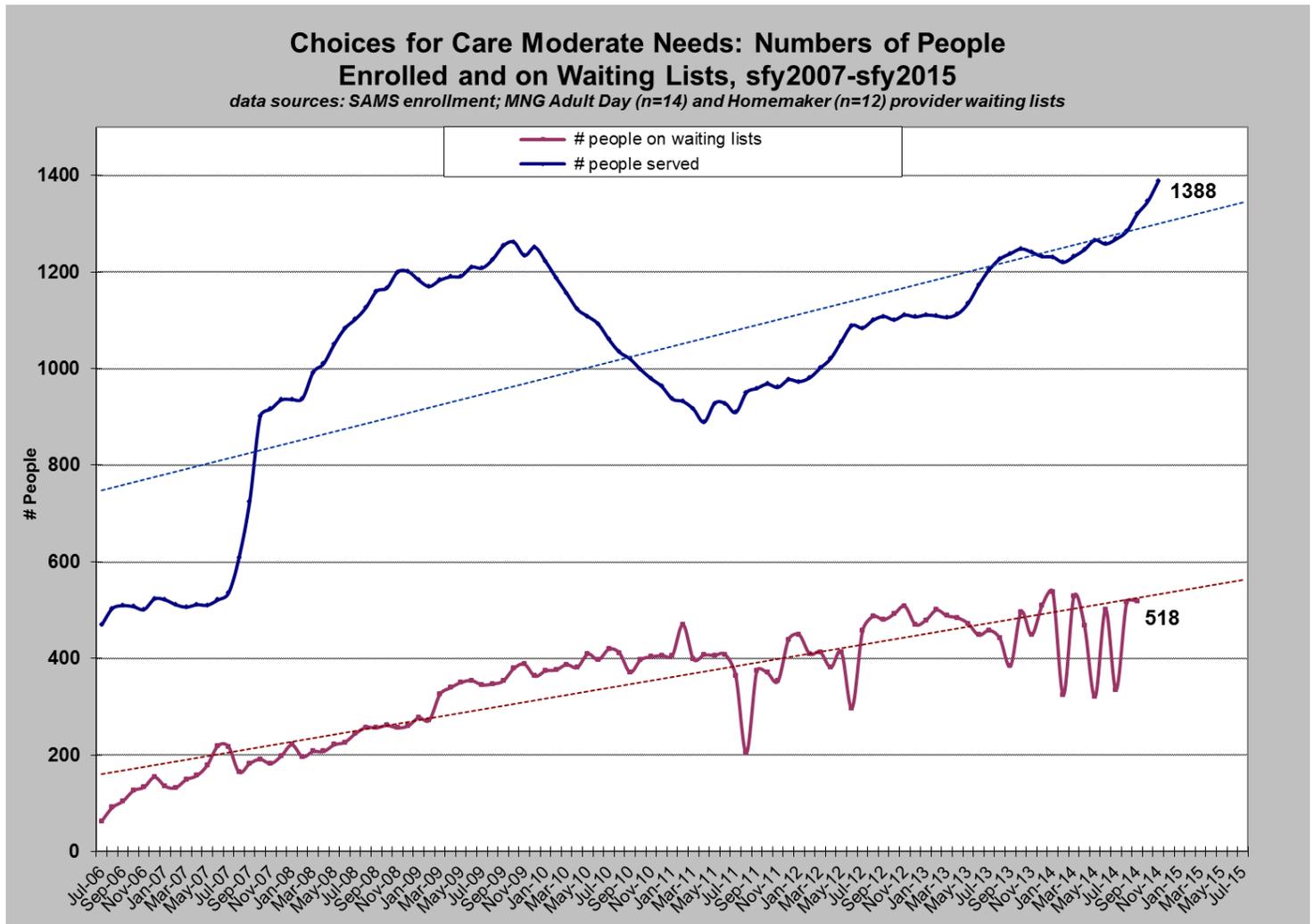


While a very large number of Vermonters is potentially eligible for the Moderate Needs Group, services are limited by available funding. A more focused measure of performance in serving people in the Moderate Needs Group is the percentage of available funding that are actually used. Using this measure, a reasonable goal would be to spend more than 90% of available funding in a given year, leaving less than 10% unspent. In sfy2013, 94% of Moderate Needs funds allocated to Adult Day providers was spent, while only 83% of Moderate Needs funds allocated to Homemaker providers was spent. This data suggests that some Home Health Agencies could improve access and reduce waiting lists by increasing the use of their funding allocations.

The recent implementation of a Moderate Needs Group Flexible Choices option was intended to improve access and to give consumers more direct control and flexibility in the use of funds. This change did not directly add additional providers of Homemaker services (as previously recommended by the Choices for Care independent evaluators at the University of Massachusetts Medical School).

The eligibility requirements for Moderate Needs Group services are designed to be inclusive. As a result, the use of services is limited by the availability of funding, rather than by rigorous or restrictive functional and financial eligibility requirements. Because the number of potentially eligible people may be tens of thousands of people<sup>1</sup>, it is difficult to foresee circumstances in which a waiting list would be permanently eliminated.

The graph below is consistent with this conclusion. Both the number of people served and the number of people waiting for Moderate Needs services have increased over time.

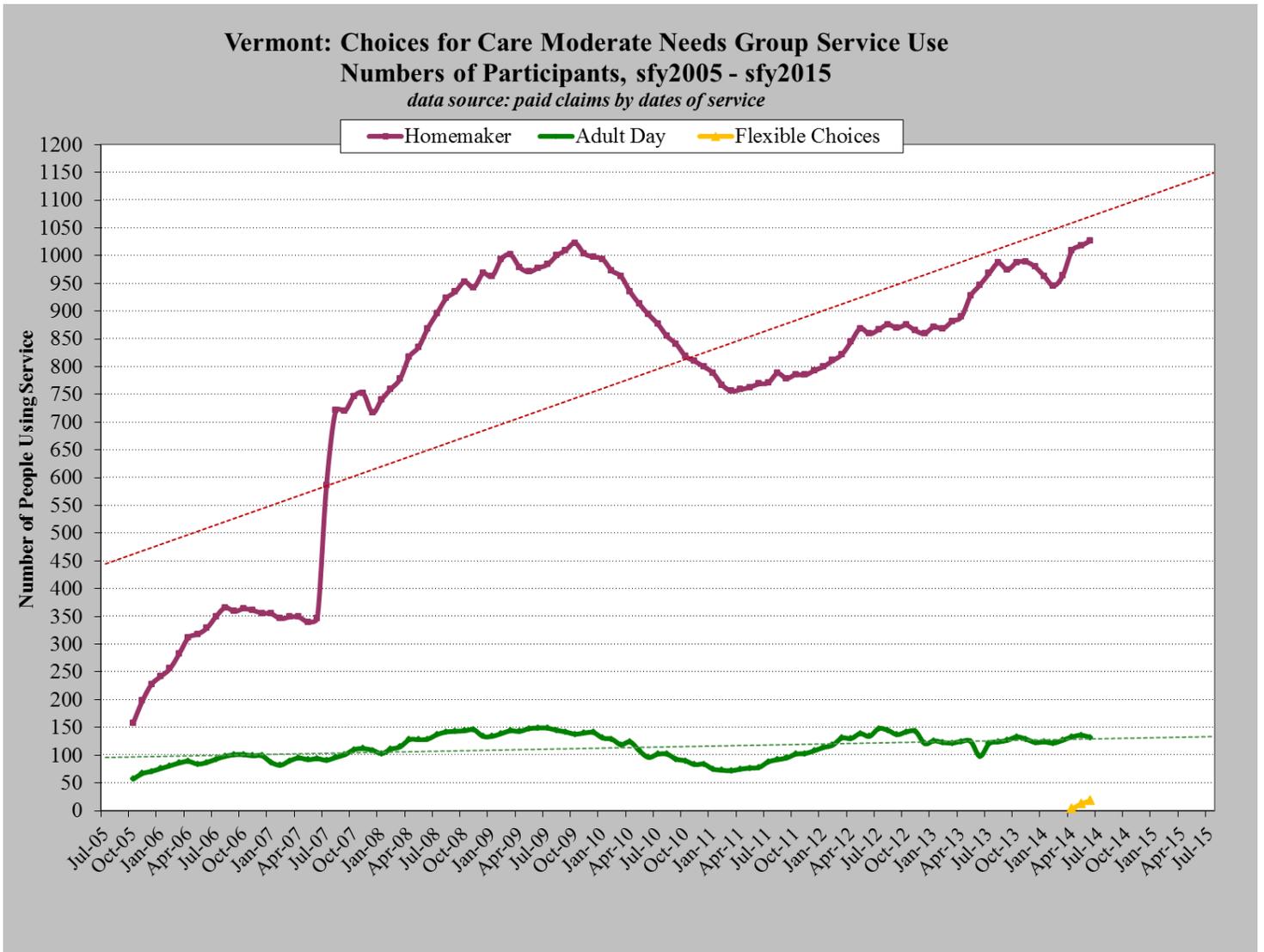


<sup>1</sup> Moderate Needs Group eligibility:

1. Individuals who require supervision or any physical assistance three (3) or more times in seven (7) days with any single ADL or IADL, or any combination of ADLs and IADLs;
  2. have impaired judgment or decision-making skills that require general supervision on a daily basis;
  3. require at least monthly monitoring for a chronic health condition; and/or
  4. whose health condition shall worsen if services are not provided or if services are discontinued;
- AND the adjusted monthly income of the individual (and spouse, if any) is less than 300% of the supplemental security income (SSI) payment standard for one person (or couple) in the community after deducting recurring monthly medical expenses (including but not limited to prescriptions, medications, physician bills, hospital bills, health insurance premiums, health insurance co-pays, medical equipment and supplies, and other out of pocket medical expenses.).

This graph illustrates the numbers of people using the two existing Moderate Needs Group Services (Homemaker and Adult Day) over time. The third ‘flexible choices’ service option was recently implemented. This service should help to increase the total number of people served, but may not reduce waiting lists.

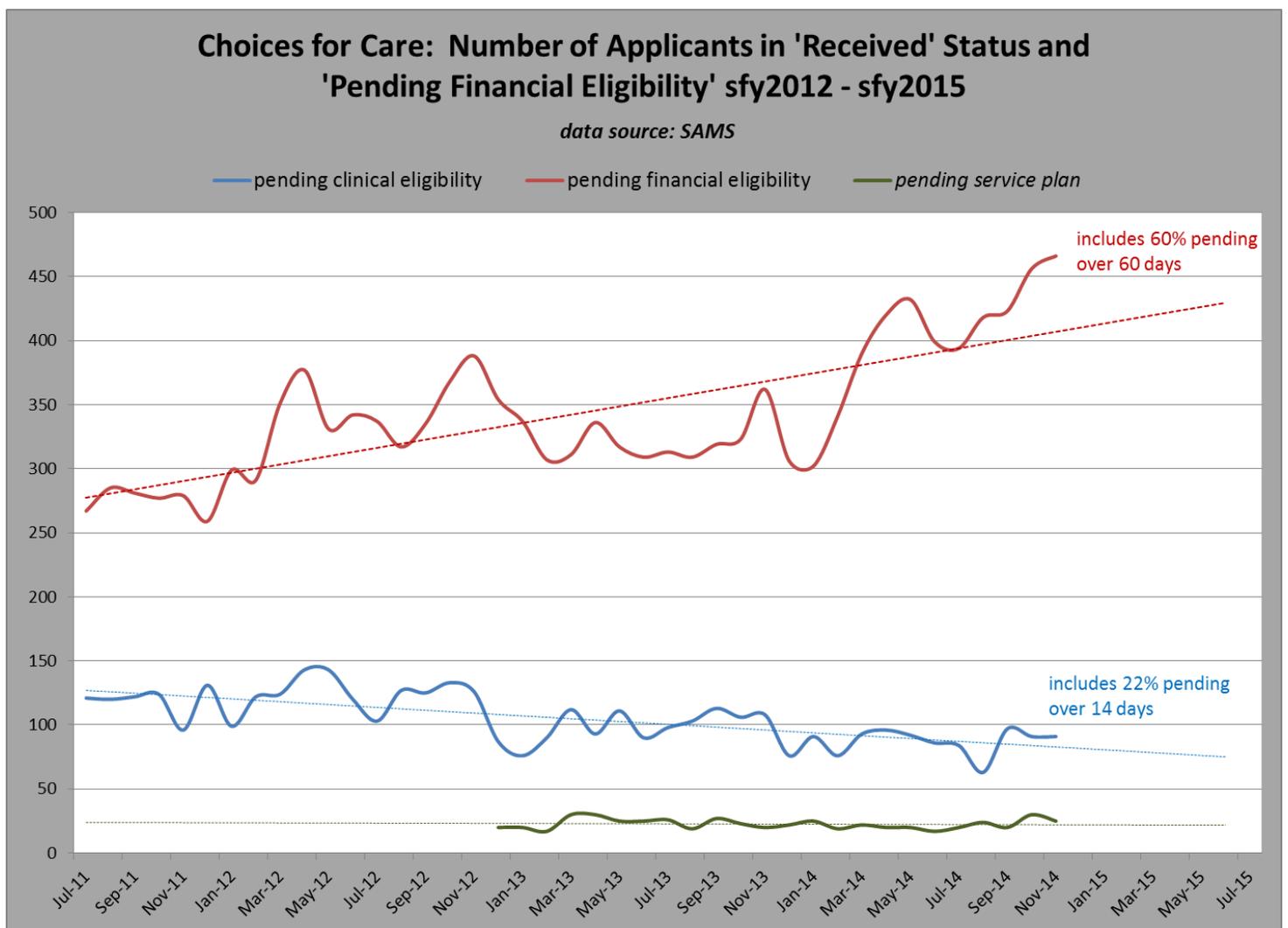
Note that the data source for this graph is paid claims, reflecting actual service delivery. These numbers are generally lower than SAMS enrollment, eg on page 11, a difference that is particularly noticeable during the initial startup of a new service such as Moderate Needs Group ‘Flexible Choices’. In short, enrollment increases appear earlier than service utilization increases appear.



The number of people who are awaiting a DAIL clinical eligibility decision ('received' status) has decreased slightly over the past two years, while the number of people who have yet to receive a DCF financial eligibility decision ('pending' status) has increased.

DAIL has set a goal of making clinical eligibility decisions within 14 days of receiving an application. Recent data shows that 37% of the applicants awaiting a decision had waited more than 14 days.

DCF has set a goal of making financial eligibility decisions within 60 days of receiving an application. Recent data shows that 56% of the applicants awaiting a decision had waited more than 60 days. Note that some people awaiting a financial eligibility decision had yet to submit all of the information required by DCF to make a decision.



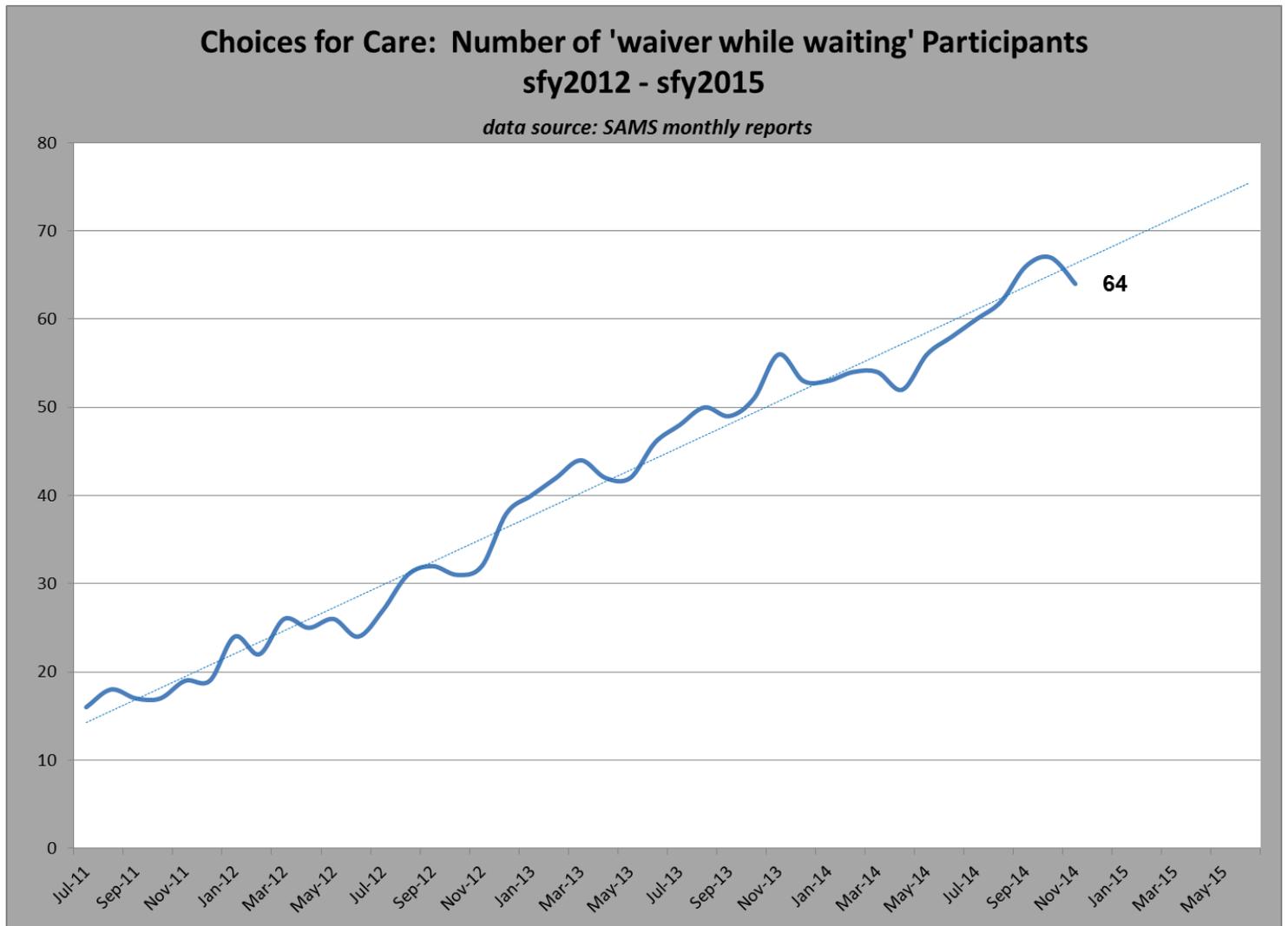
This table shows point-in-time DAIL performance in completing clinical eligibility determinations among the different regions of the state. 35 applicants (38%) were waiting longer than 14 days, including 11 (12%) who were waiting longer than 30 days in four regions. The current time standard is 30 days (Choices for Care regulations).

MUNICIPALITY	Total Clients	# of Clients <=14 Days Since Received	Percent	# of Clients 15 to 30 Days Since Received	Percent	# of Clients >=31 Days Since Received	Percent
Unknown/out of state	6	2	33.33%	3	50.00%	1	16.67%
Barre DAIL Office	6	6	100.00%	0	0.00%	0	0.00%
Bennington DAIL Office	9	5	55.56%	2	22.22%	2	22.22%
Brattleboro DAIL Office	9	8	88.89%	1	11.11%	0	0.00%
Burlington DAIL Office	20	13	65.00%	4	20.00%	3	15.00%
Hartford DAIL Office	4	2	50.00%	2	50.00%	0	0.00%
Middlebury DAIL Office	0	0	0.00%	0	0.00%	0	0.00%
Morrisville DAIL Office	0	0	0.00%	0	0.00%	0	0.00%
Newport DAIL Office	3	2	66.67%	1	33.33%	0	0.00%
Rutland DAIL Office	5	5	100.00%	0	0.00%	0	0.00%
Springfield DAIL Office	1	1	100.00%	0	0.00%	0	0.00%
St. Albans DAIL Office	17	4	23.53%	8	47.06%	5	29.41%
St. Johnsbury DAIL Office	11	8	72.73%	3	27.27%	0	0.00%
<b>Total</b>	<b>91</b>	<b>56</b>	<b>61.54%</b>	<b>24</b>	<b>26.37%</b>	<b>11</b>	<b>12.09%</b>

This table shows point-in-time DCF performance in completing financial eligibility determinations among the different regions of the state. 405 applicants (86%) were waiting longer than 30 days, 302 (64%) were waiting longer than 60 days, and 212 (45%) were waiting longer than 90 days across all regions. The current time standard is 90 days, although longer with extenuating circumstances (DCF regulations).

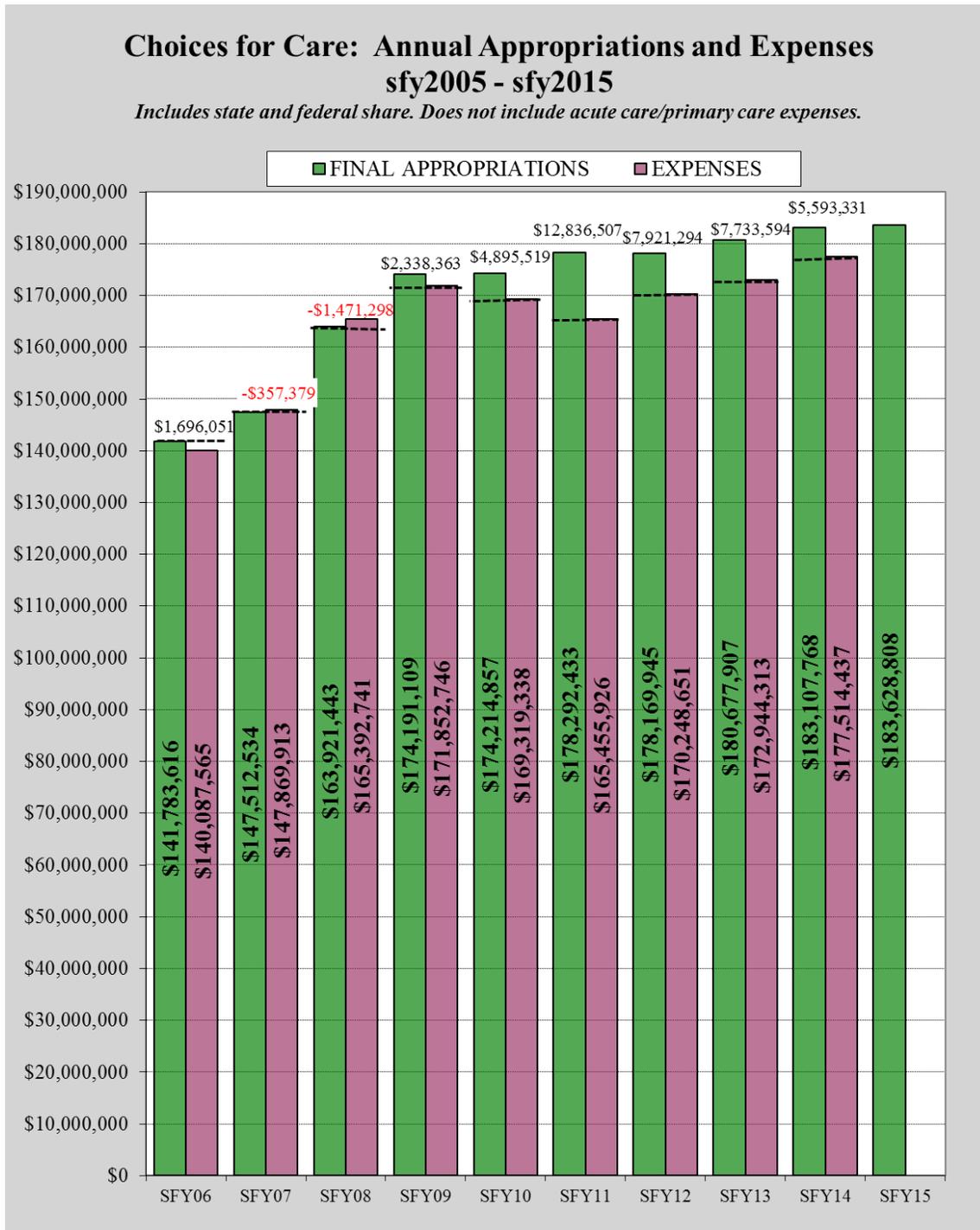
DAIL District Office (Municipality)	TOTAL CLIENTS	# of Clients <=14 Days Pending Medicaid	Percent	# of Clients 15-30 Days Pending Medicaid	Percent	# of Clients 31-60 Days Pending Medicaid	Percent	# of Clients 61-90 Days Pending Medicaid	Percent	# of Clients >=91 Days Pending Medicaid	Percent
unknown/out of state	1	0	0.00%	0	0.00%	0	0.00%	1	100.00%	0	0.00%
Barre DAIL Office	47	0	0.00%	0	0.00%	11	23.40%	8	17.02%	28	59.57%
Bennington DAIL Office	46	0	0.00%	3	6.52%	8	17.39%	8	17.39%	27	58.70%
Brattleboro DAIL Office	30	0	0.00%	2	6.67%	7	23.33%	5	16.67%	16	53.33%
Burlington DAIL Office	105	2	1.90%	7	6.67%	35	33.33%	24	22.86%	37	35.24%
Hartford DAIL Office	33	0	0.00%	3	9.09%	8	24.24%	11	33.33%	11	33.33%
Middlebury DAIL Office	30	2	6.67%	4	13.33%	7	23.33%	1	3.33%	16	53.33%
Morrisville DAIL Office	16	0	0.00%	3	18.75%	2	12.50%	3	18.75%	8	50.00%
Newport DAIL Office	39	0	0.00%	3	7.69%	8	20.51%	10	25.64%	18	46.15%
Rutland DAIL Office	57	0	0.00%	10	17.54%	19	33.33%	6	10.53%	22	38.60%
Springfield DAIL Office	23	0	0.00%	3	13.04%	5	21.74%	4	17.39%	11	47.83%
St. Albans DAIL Office	12	0	0.00%	1	8.33%	2	16.67%	4	33.33%	5	41.67%
St. Johnsbury DAIL Office	33	0	0.00%	1	3.03%	7	21.21%	10	30.30%	15	45.45%
<b>Total</b>	<b>472</b>	<b>4</b>	<b>0.85%</b>	<b>40</b>	<b>8.47%</b>	<b>119</b>	<b>25.21%</b>	<b>95</b>	<b>20.13%</b>	<b>214</b>	<b>45.34%</b>

Financial eligibility determinations can require months to complete. One strategy for improving access to services was to develop ‘waiver while waiting’. Applicants who appear to meet financial eligibility criteria (based on information submitted to DCF) are able to access services before a formal financial eligibility decision is made. The number of people who are in ‘waiver while waiting’ status has increased over time:



## 6. Manage Spending to Available Funding

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 less than the legislative appropriation:



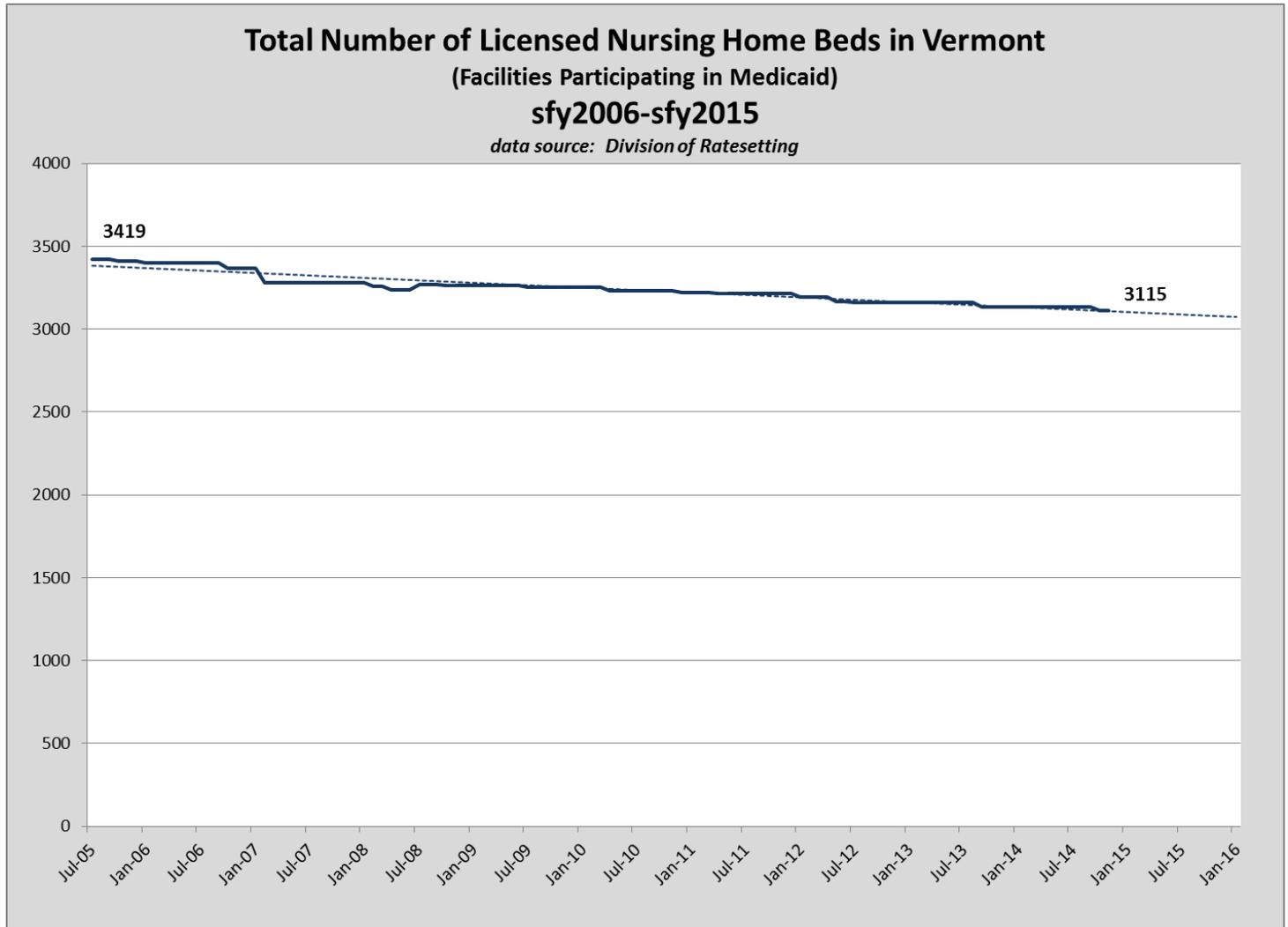
Savings (i.e. appropriated funds that were not expended within the fiscal year) are carried forward to support Choices for Care ‘reinvestments’. The following reinvestments were made in sfy2015, using sfy2014 carryforward funds:

<b>Department of Disabilities, Aging and Independent Living SFY15 Choices for Care Reinvestments (using SFY14 Carryforward funds)</b>		<b><u>Gross \$</u></b>
	<b>Carryforward from SFY14</b>	<b>\$6,347,586</b>
	<u>Choices for Care:</u>	
1	August rescission to CFC carry-forward funds	\$1,614,884
2	CFC Contingency Fund at 1/2% (restore 50% August rescission)	\$887,573
3	Collective Bargaining Agreement (CBA): CFC Independent Direct Support Worker wage increases	\$816,726
4	CFC Moderate Needs investment over 2 years	\$2,502,384
	<u>Other:</u>	
5	One-time reinvestment in home modifications (\$206,896 GF)	\$475,514
6	One-time funding increase for SASH (\$50,505 Gross GC)	\$50,505
	<b>TOTAL</b>	<b>\$6,347,586</b>

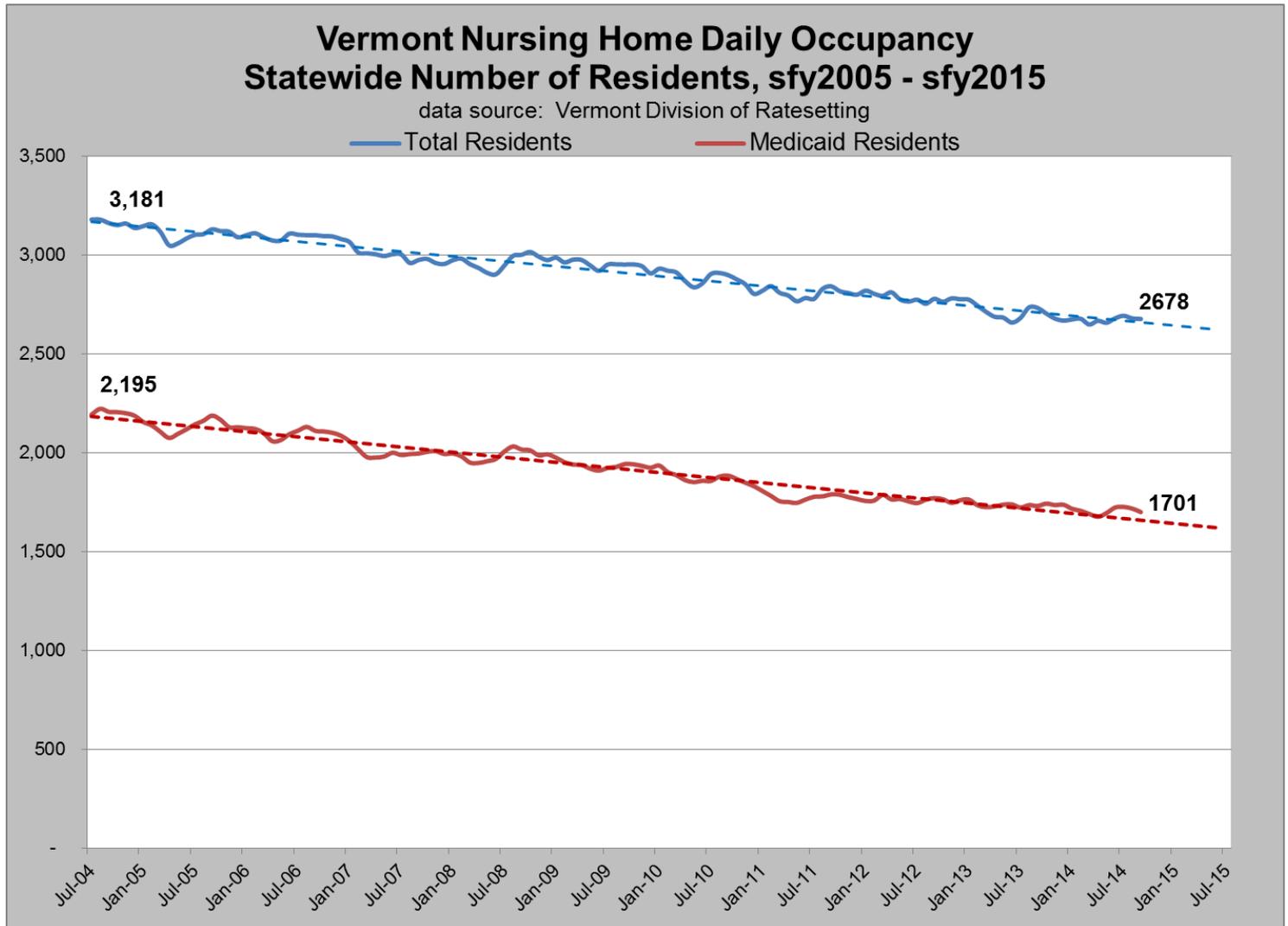
Choices for Care financial reports and other materials are available online at:  
<http://www.dail.vermont.gov/dail-publications>

## 7. Ensure an adequate supply of nursing home beds

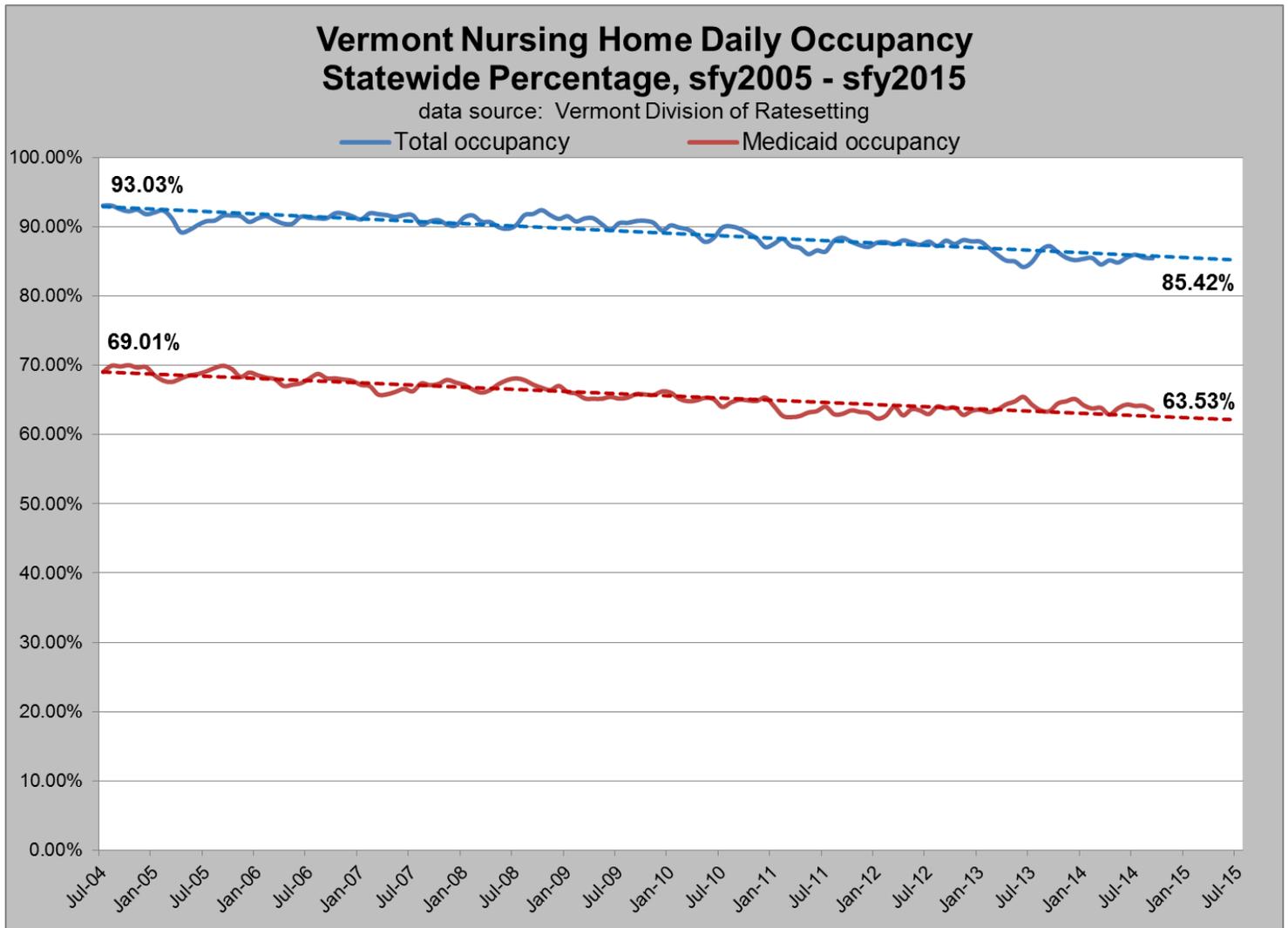
While one goal of Choices for Care is to ‘shift the balance’, another goal is to ensure continued access to an adequate supply of high-quality nursing homes. The number of nursing home beds in Vermont has decreased:



While fewer people are using these nursing home beds:



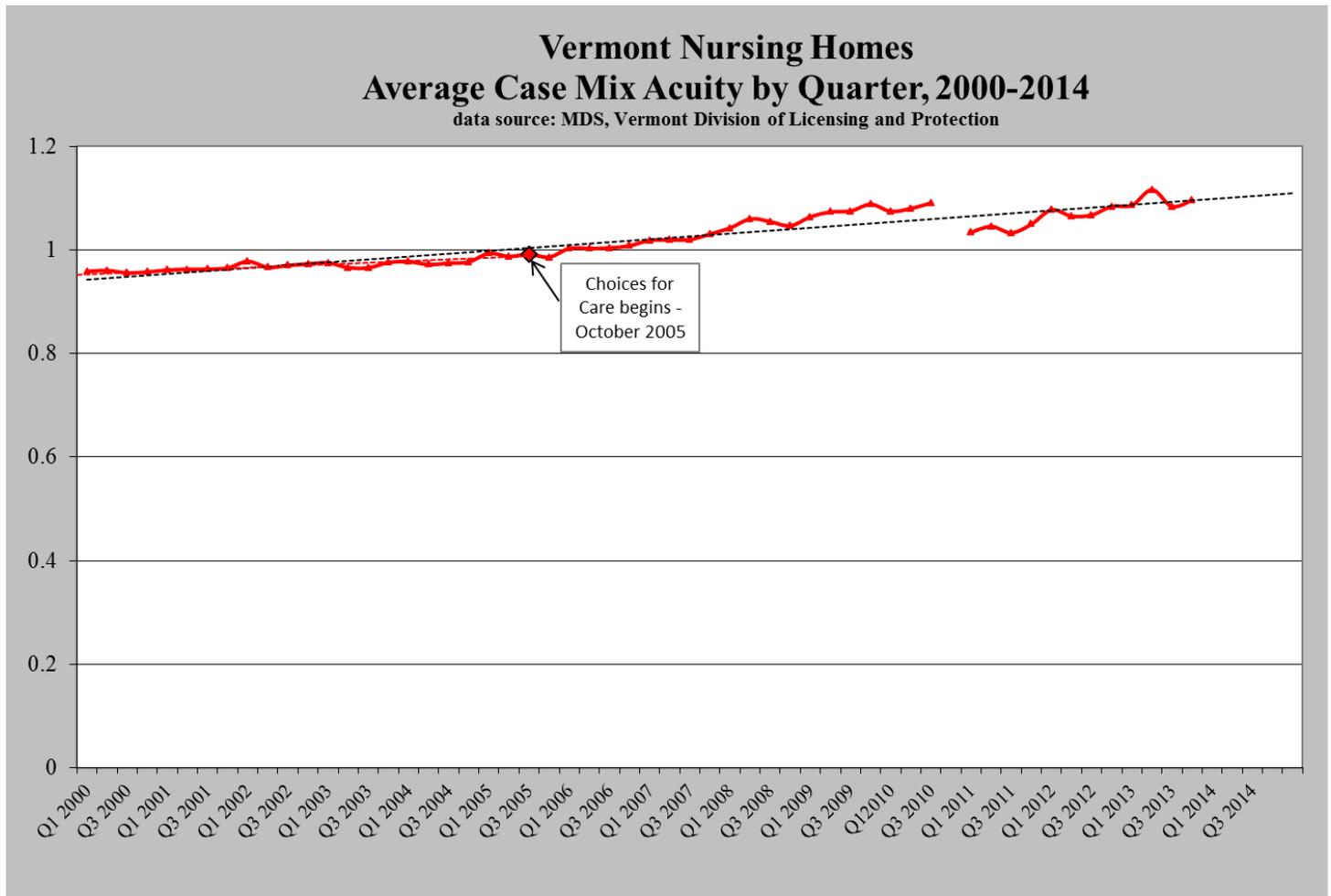
With fewer people in fewer beds, nursing home occupancy rates have decreased. Since Choices for Care began, the total occupancy of Vermont nursing homes has decreased from about 92% to about 85%. The percentage of residents of Vermont nursing homes using Medicaid as primary payer has decreased from about 70% to about 64%.



This suggests that nursing home beds are unused and available for people who want them. However, some facilities tend to be full or close to full. Local staff including hospital discharge planners report that some people with challenging needs and behaviors do have difficulty in accessing nursing homes.

As the number of people in nursing homes has decreased, the acuity of the people who use nursing homes appears to have increased.

The Vermont case mix acuity methodology changed in 2010. See rules including case-mix classes and scores at: <http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/1adopted-rule-effective-9sept2013.pdf>.



Nursing home occupancy varies by facility and by county. Details regarding the occupancy of individual nursing homes are available at:

<http://www.dail.vermont.gov/dail-publications>.

Nursing home quality ratings are available on the CMS website:

<http://www.medicare.gov/NursingHomeCompare/search.aspx?bhcp=1>

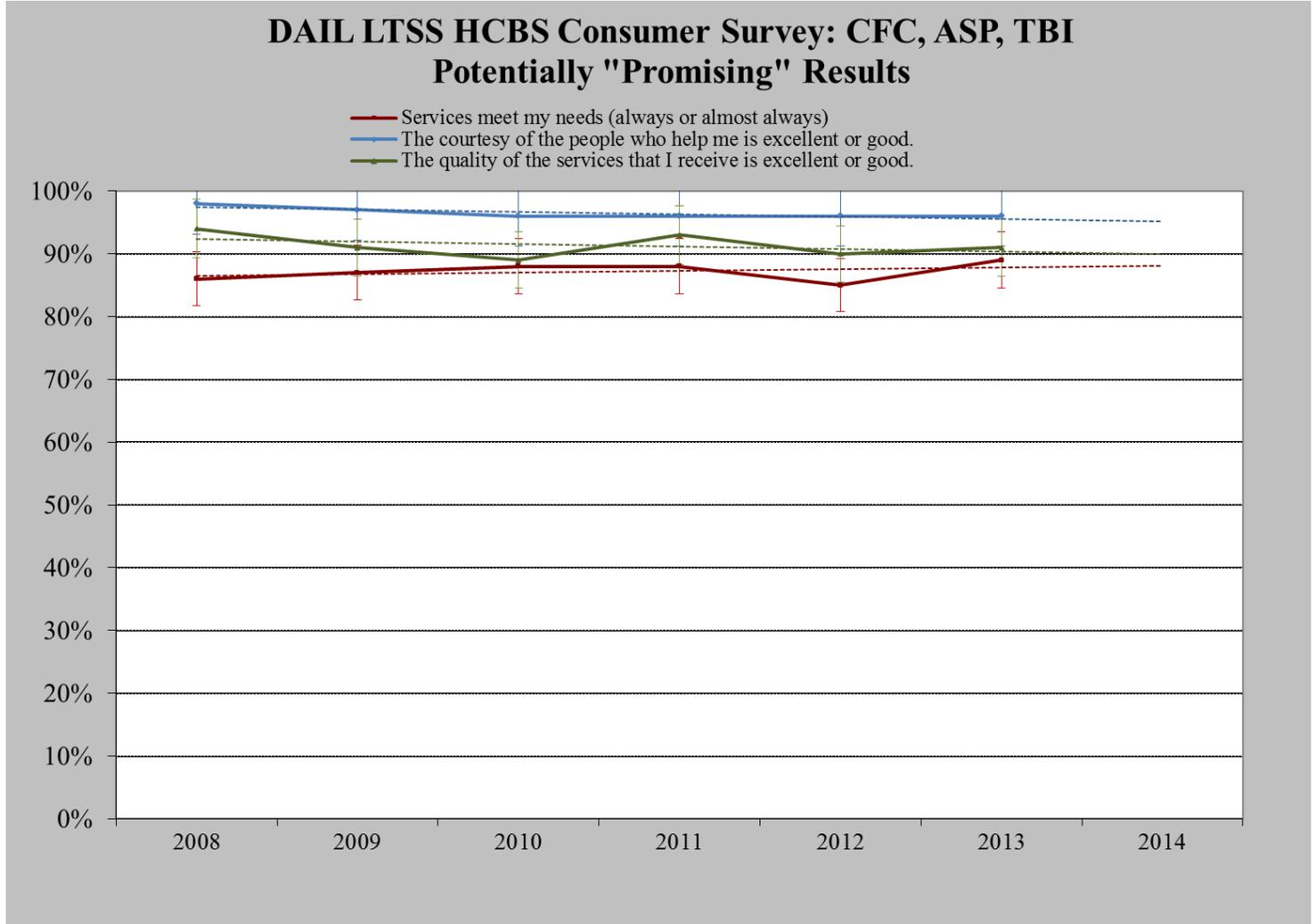
These ratings suggest that the quality of services at Vermont nursing homes is good.

The results of Vermont licensing surveys of individual nursing homes are available online at:

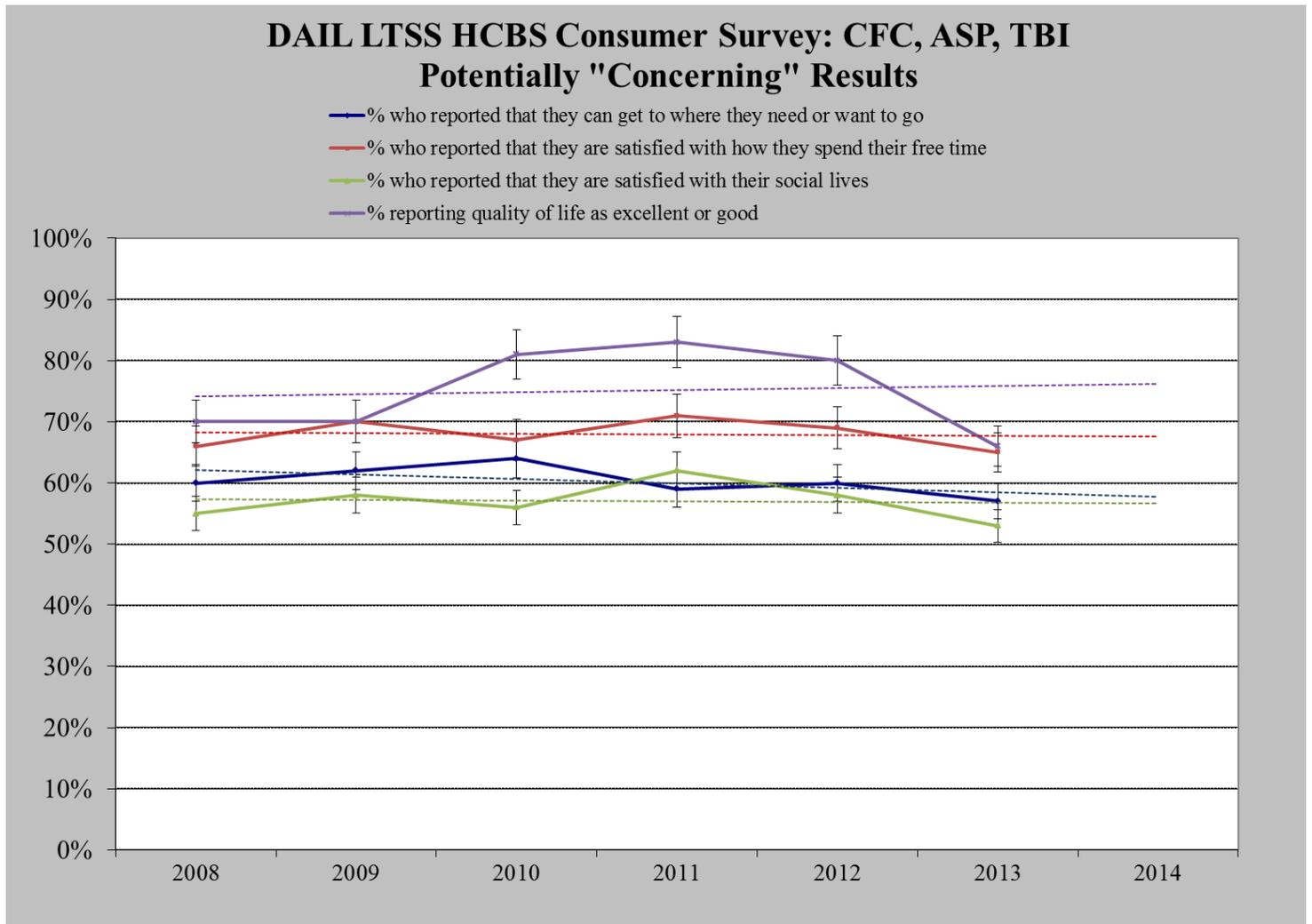
<http://www.dlp.vermont.gov/license-survey-nursing>

## 8. Ensure that services are of high quality and support individual outcomes

The results of surveys of Choices for Care HCBS participants are generally positive. Through surveys, a large majority of CFC HCBS participants report positive aspects of services:



However, the surveys also suggest some opportunities for improvement:



Consistent with recommendations from the Vermont state auditor, DAIL is working with nursing homes and enhanced residential care homes to collect similar survey information from residents of these facilities.

## **9. Support the independent evaluation**

One of the requirements of Choices for Care is to support an independent evaluation. Under contract with DAIL, the University of Massachusetts Medical School has served as the independent evaluator. Their work includes:

- Evaluation reports, including specific performance goals and measures.
- Policy reports, including recommendations for improving services.

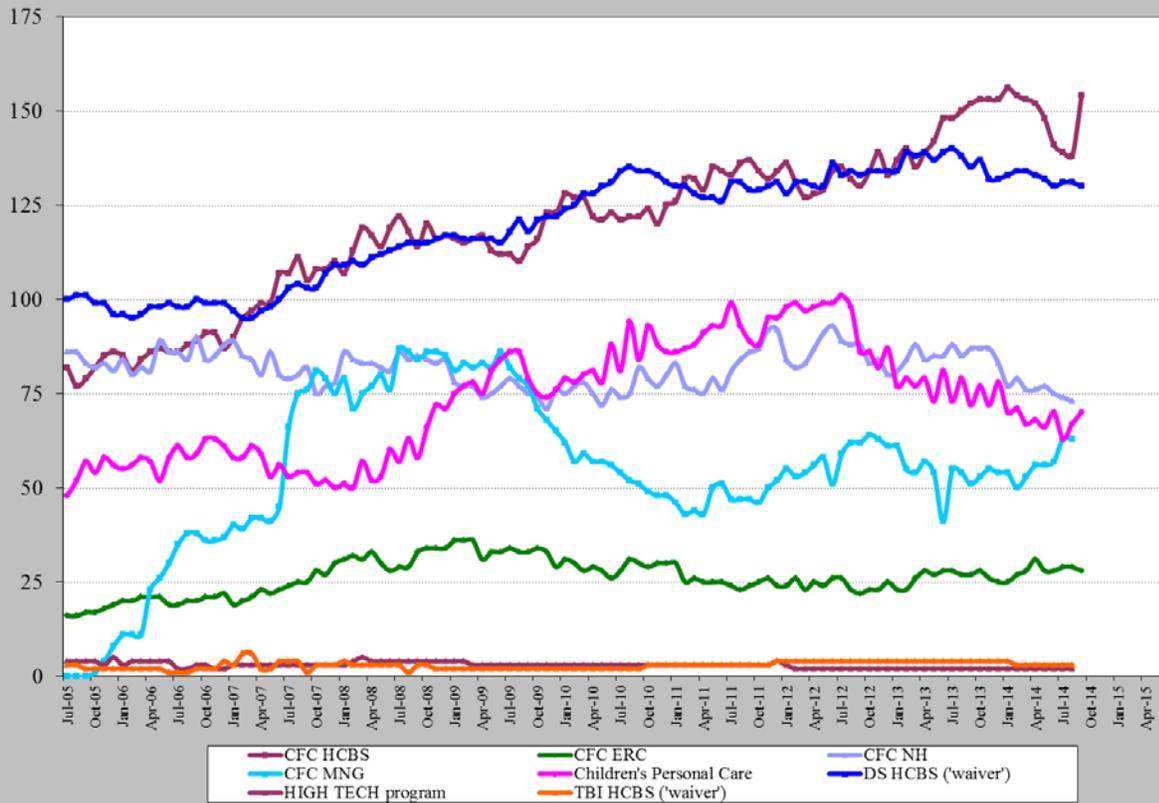
The independent evaluator uses the results of consumer surveys in the independent evaluation. Surveys of CFC HCBS participants are currently performed under contract by another independent contractor, Market Decisions. .

Relevant documents, including the results of consumer surveys, are available online at: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>



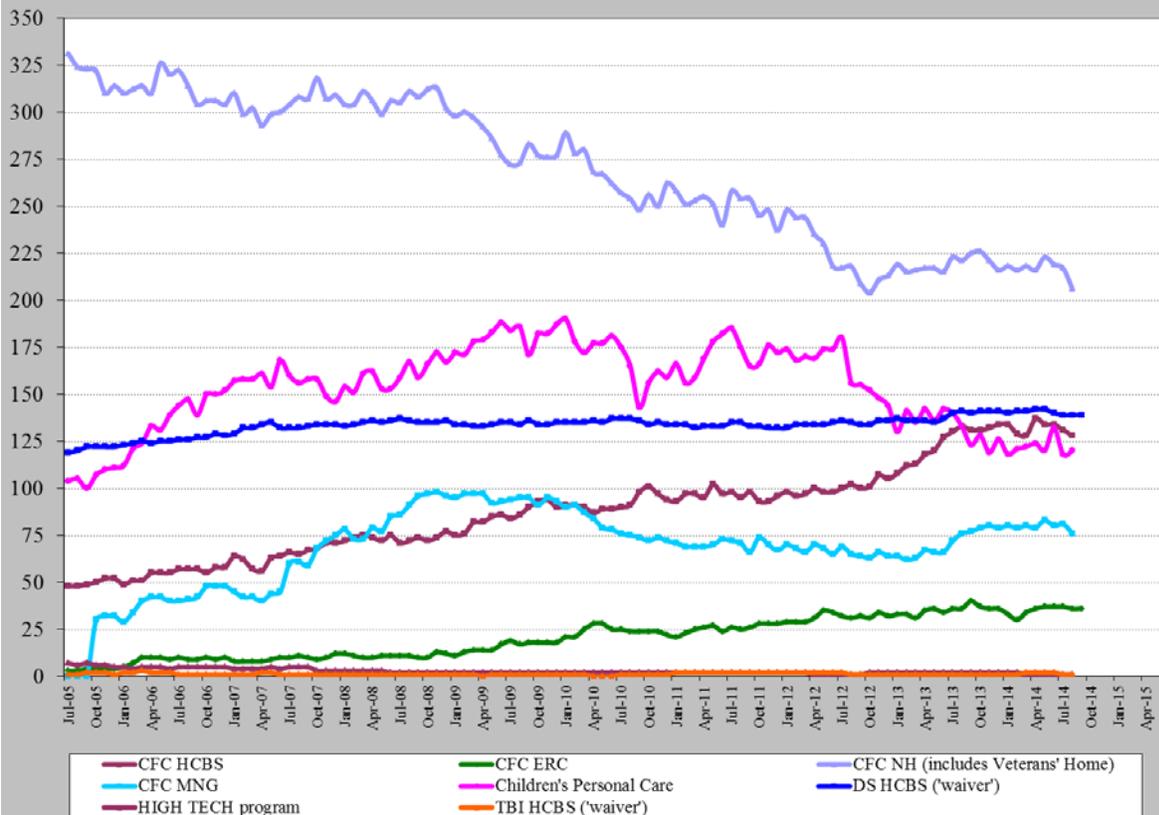
**Numbers of People Receiving Selected Services in Addison County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



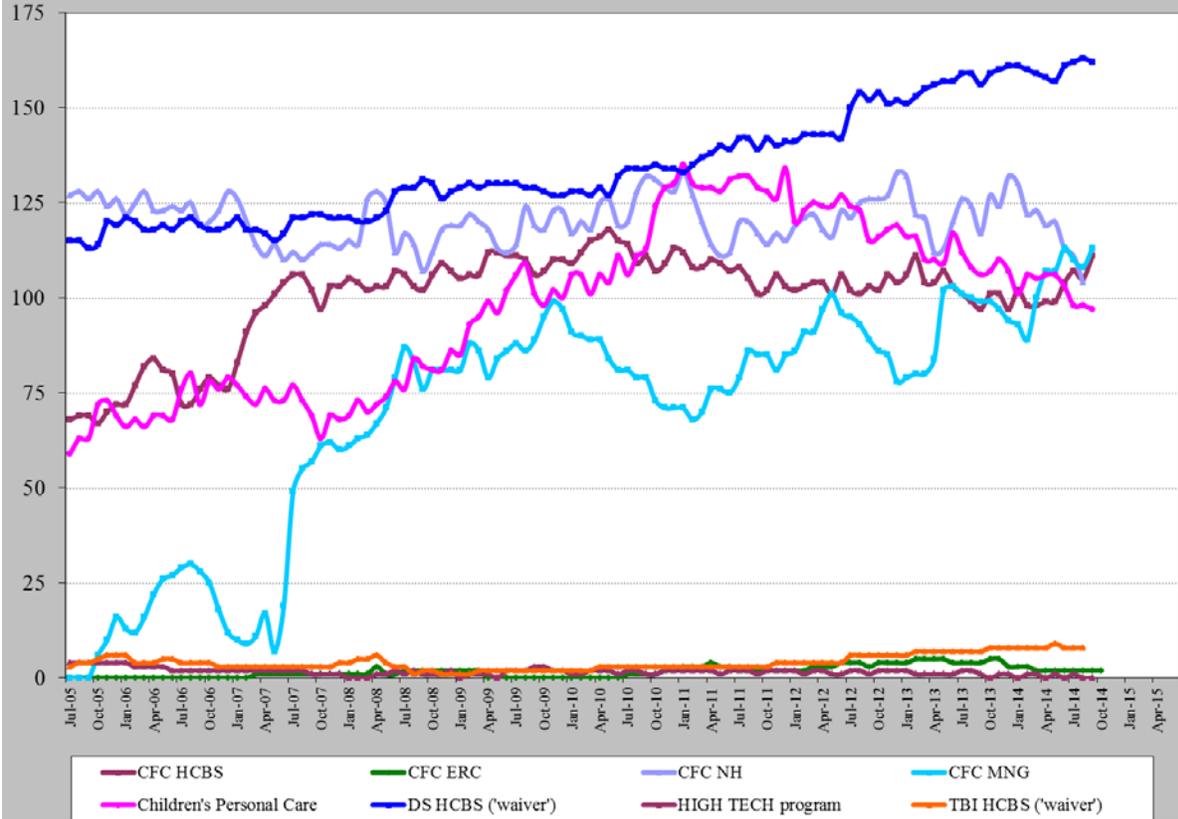
**Numbers of People Receiving Selected Services in Bennington County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service (includes Vermont Veterans Home)*



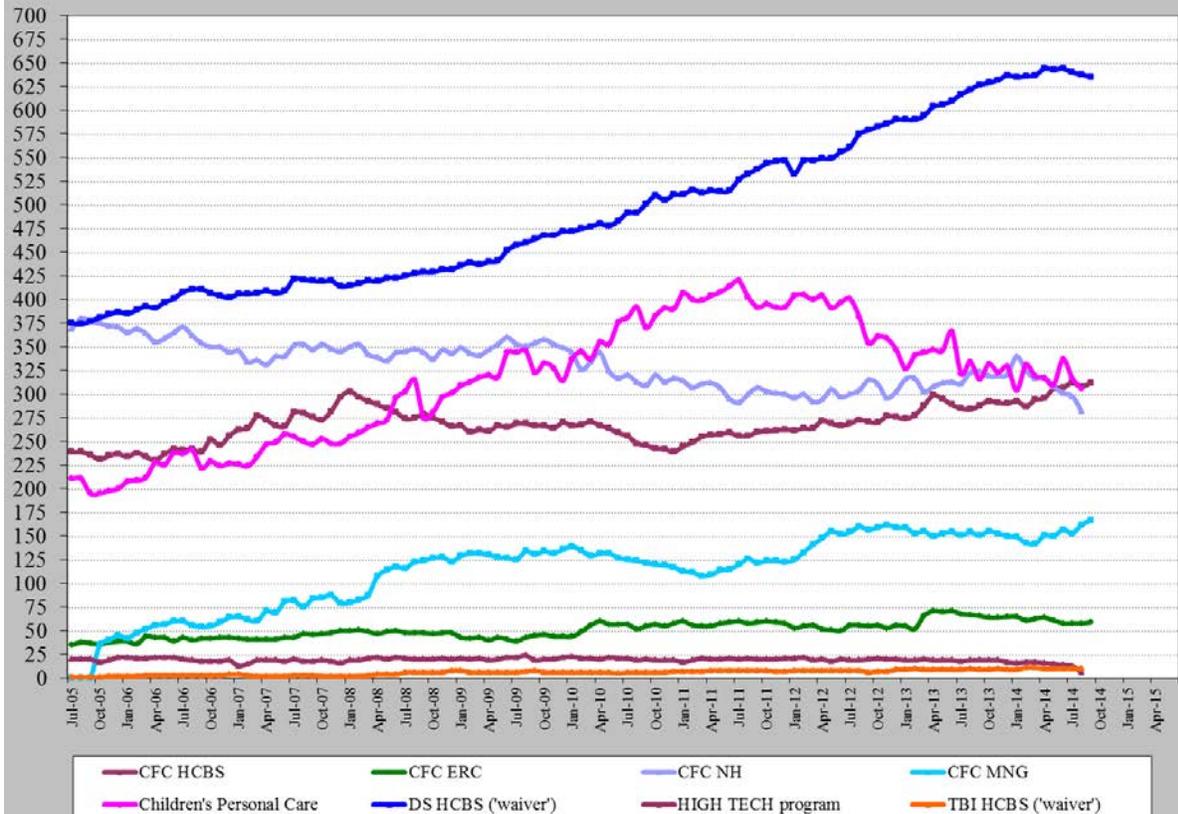
**Numbers of People Receiving Selected Services in Caledonia County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



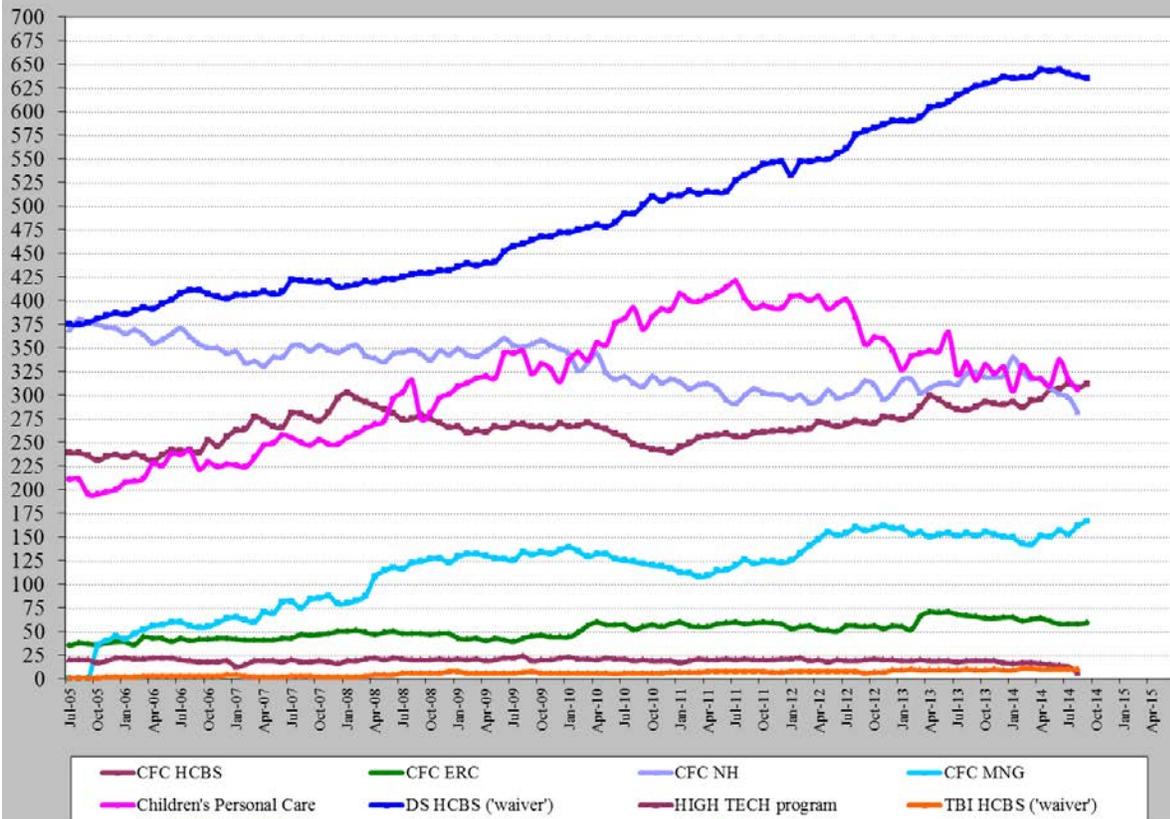
**Numbers of People Receiving Selected Services in Chittenden County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



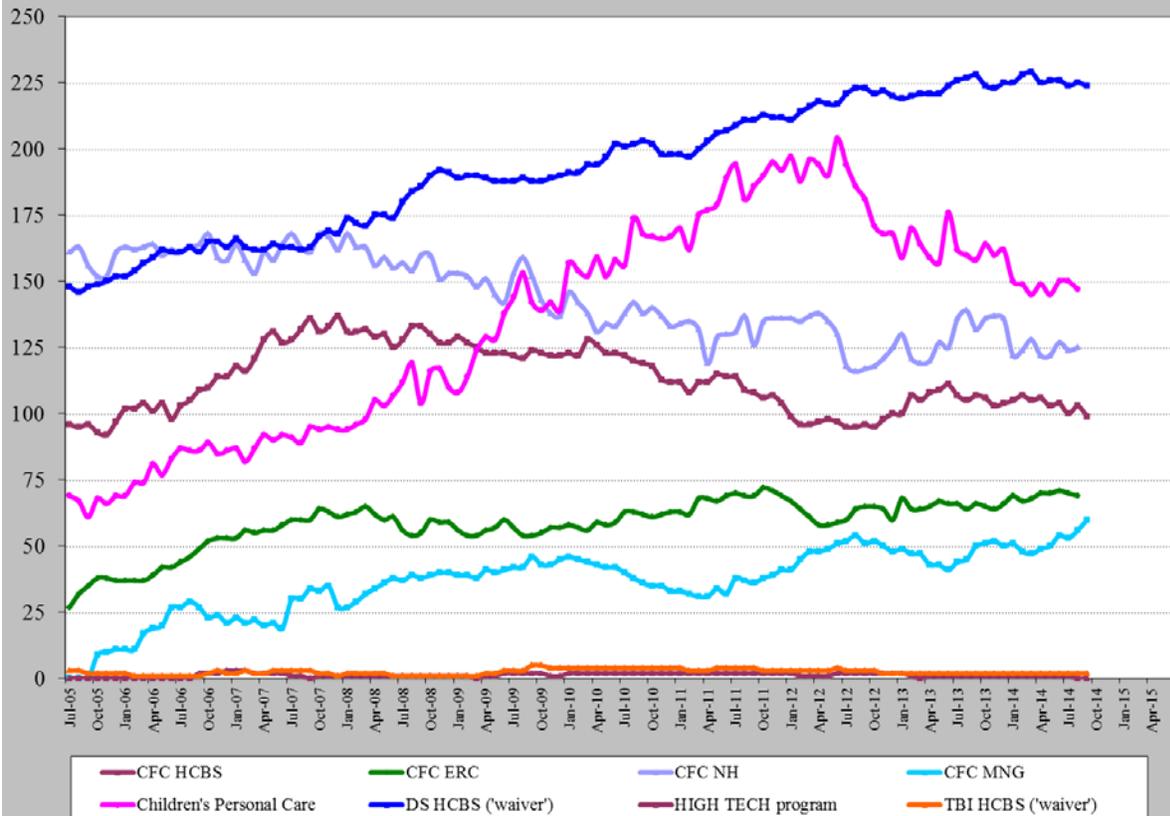
**Numbers of People Receiving Selected Services in Chittenden County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



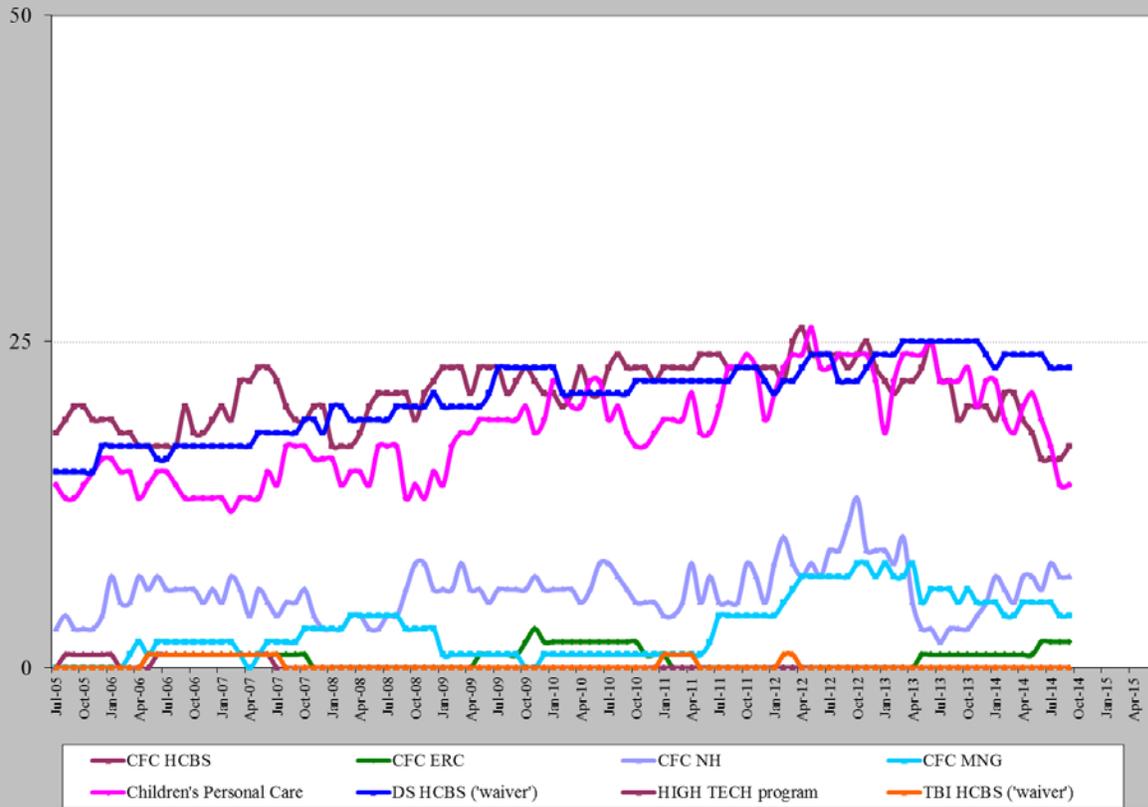
**Numbers of People Receiving Selected Services in Franklin County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



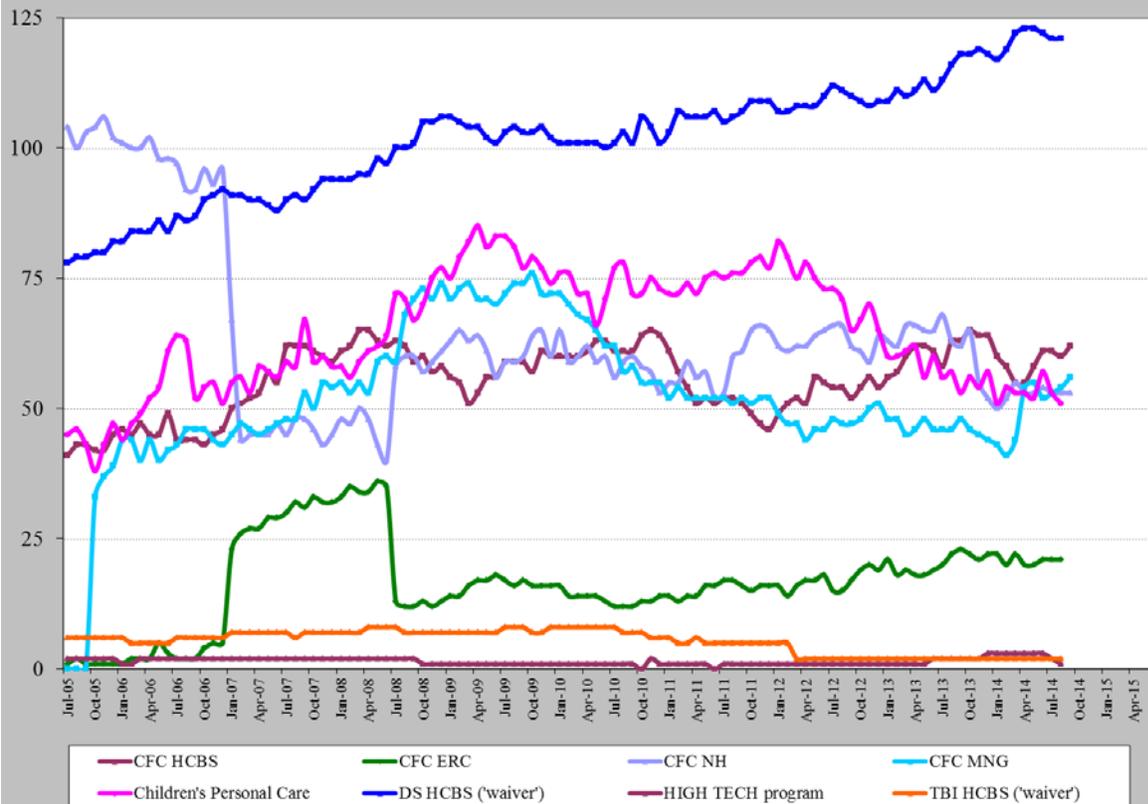
**Numbers of People Receiving Selected Services in Grand Isle County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



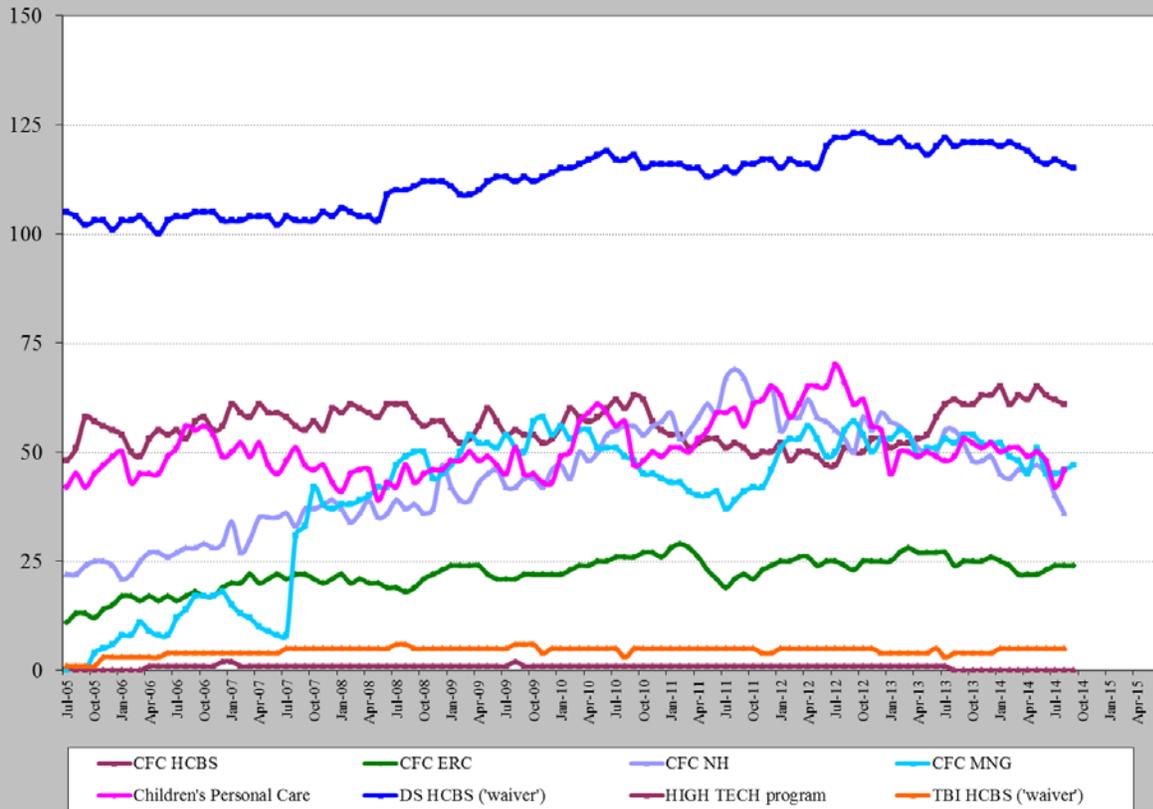
**Numbers of People Receiving Selected Services in Lamoille County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



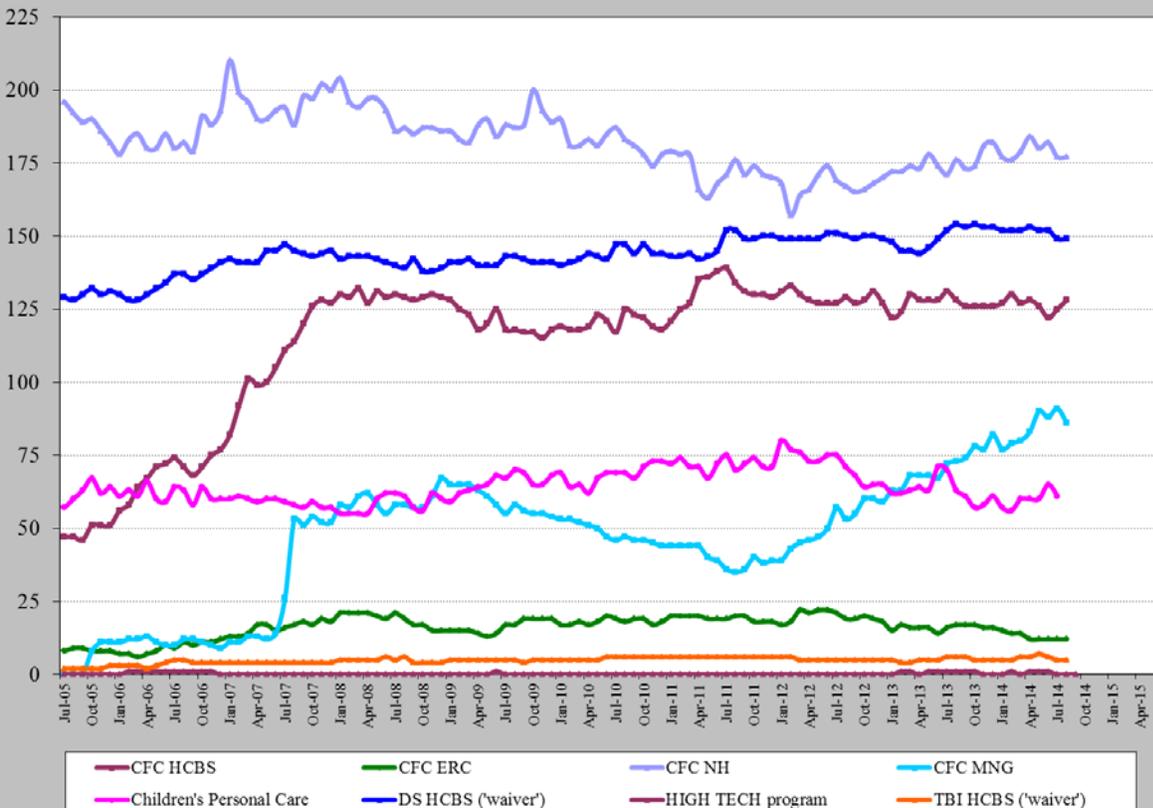
**Numbers of People Receiving Selected Services in Orange County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



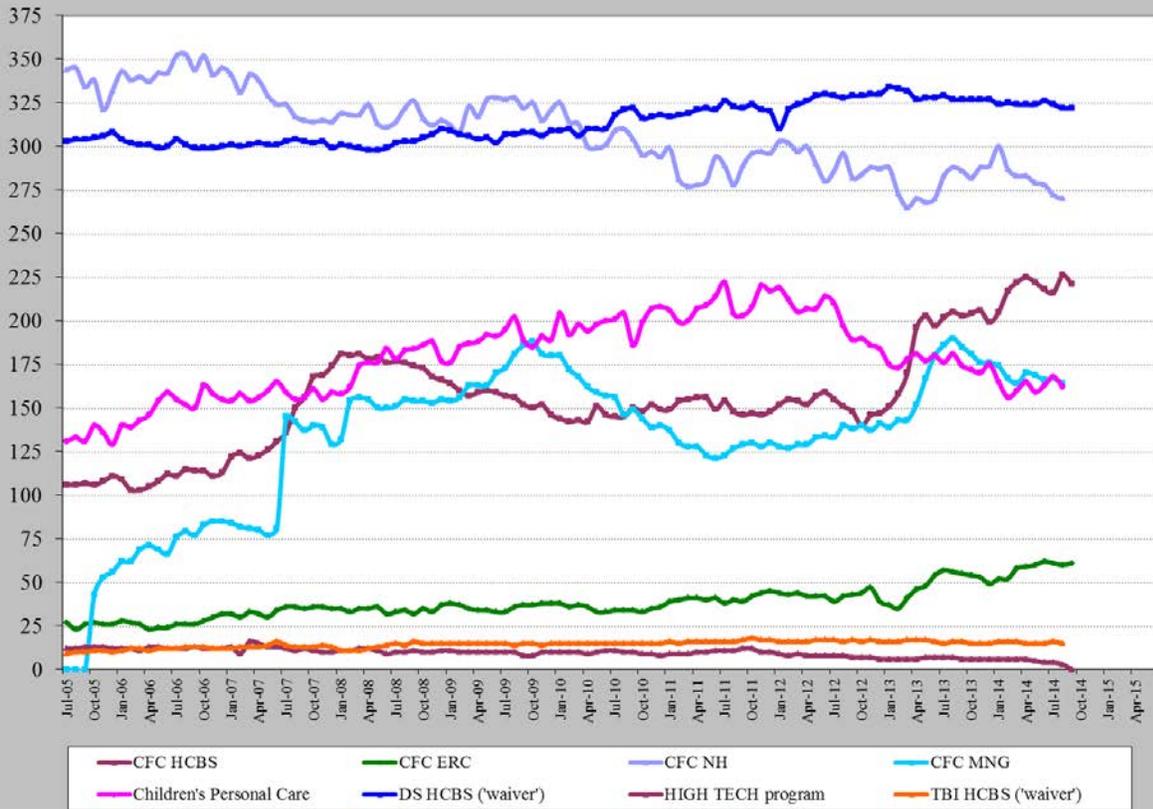
**Numbers of People Receiving Selected Services in Orleans County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



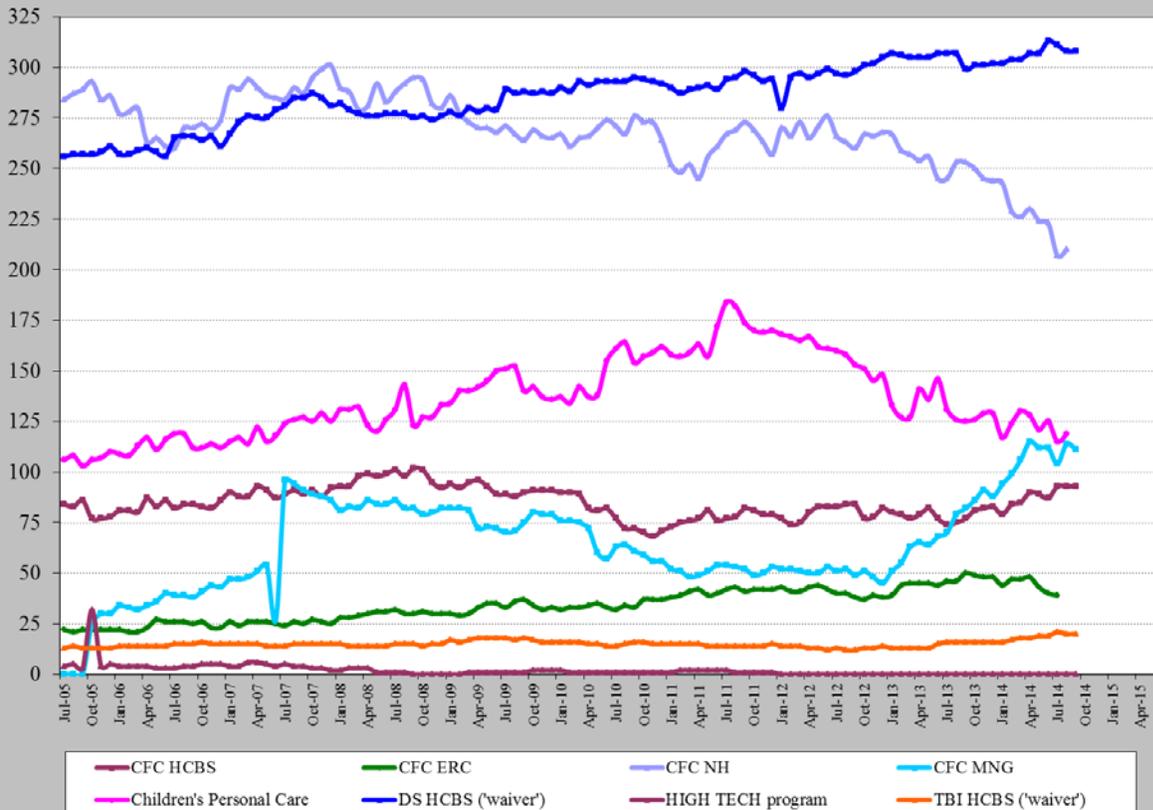
**Numbers of People Receiving Selected Services in Rutland County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



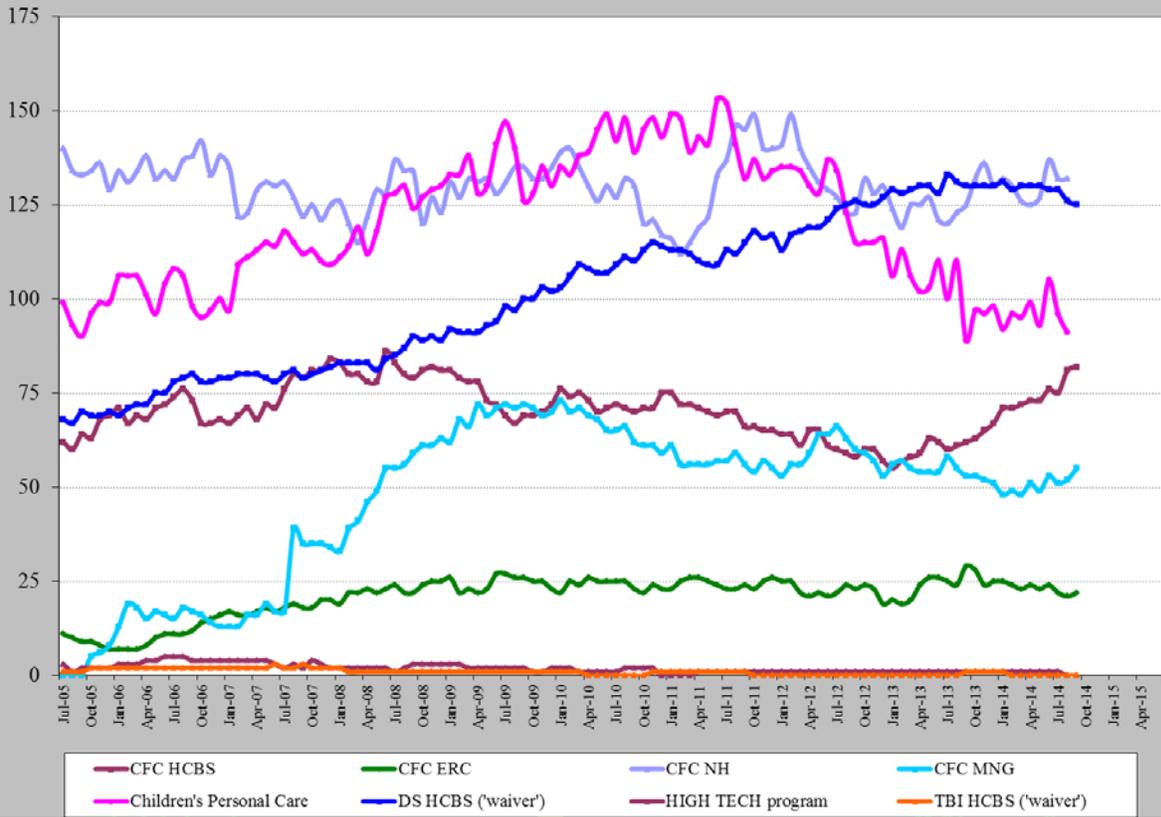
**Numbers of People Receiving Selected Services in Washington County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



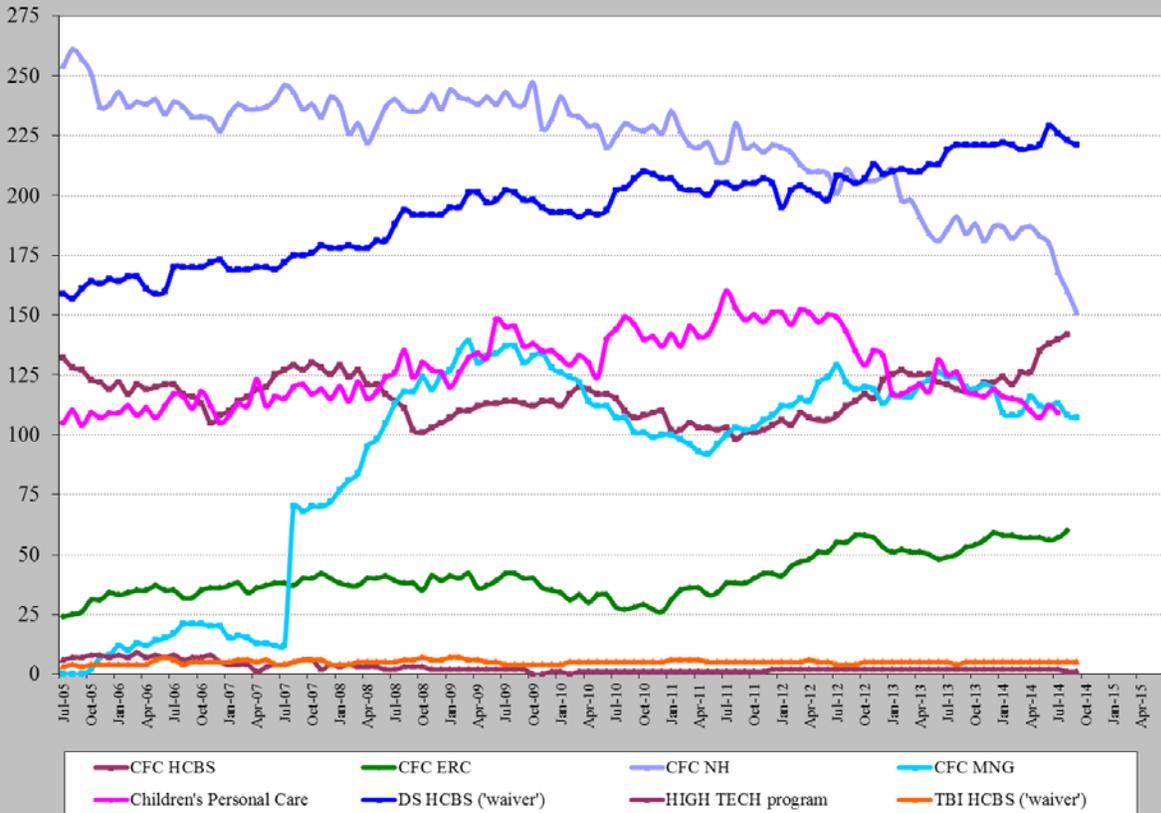
**Numbers of People Receiving Selected Services in Windham County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*

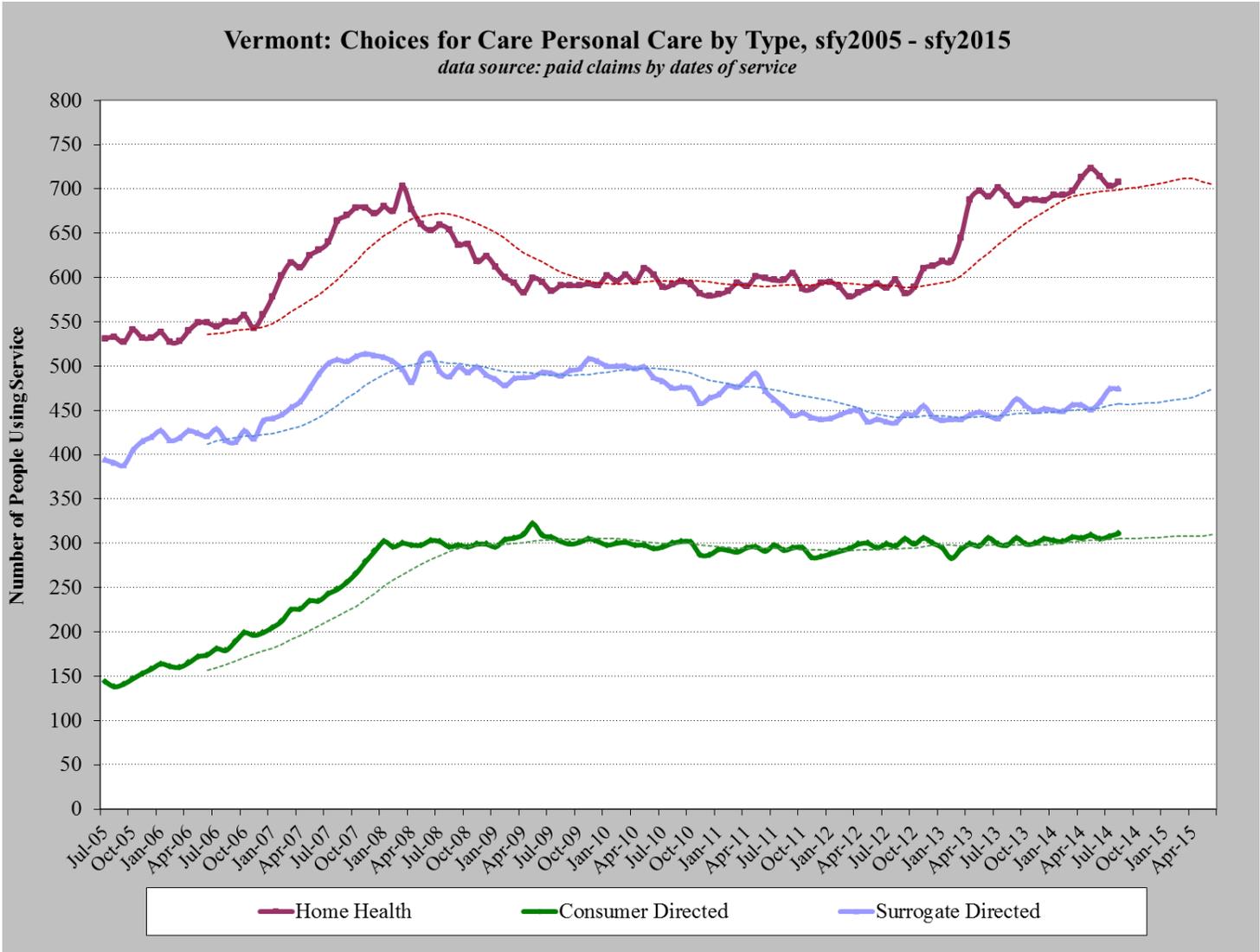


**Numbers of People Receiving Selected Services in Windsor County  
sfy2005 - sfy2015**

*data source: Medicaid paid claims by dates of service*



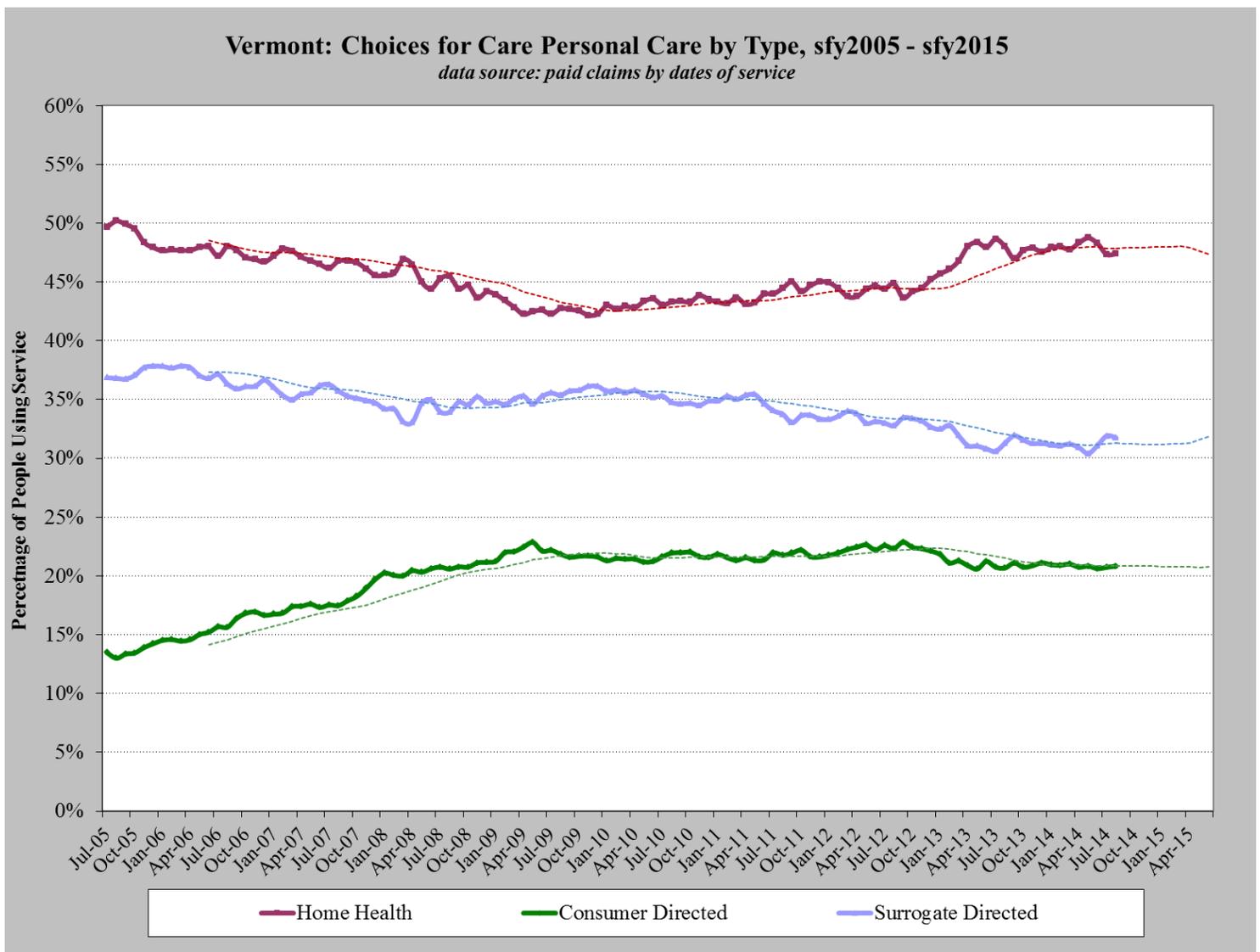
The use of Choices for Care personal care services provided by home health agencies has increased in the past two years. Conspicuous increases in Addison, Bennington, and Rutland counties have driven this increase, offsetting decreases in some other counties.



When Choices for Care began, home health agencies provided half of all personal care services. This share dropped to close to 40% in 2009-2010, but has since increased to close to 50%.

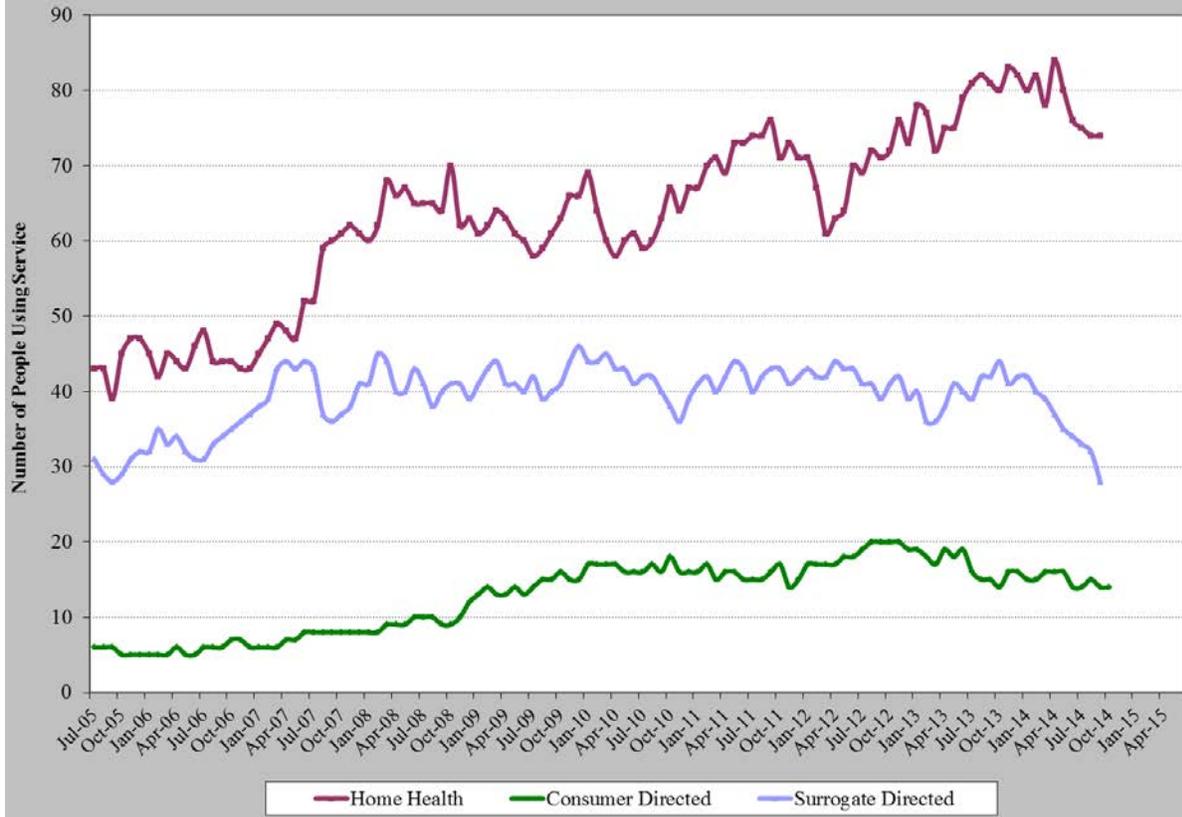
The use of consumer directed personal care services increased from less than 15% to more than 20%. The use of surrogate directed personal care services decreased from more than 35% to close to 30%.

Since 2008, the uses of surrogate directed personal care services and home health personal care services appear to be related, ie an increase in one is associated with a decrease in the other. This suggests some ‘substitution’ of one service for the other when it is unavailable or inadequate, which may be influenced by local home health agency staffing or practices.

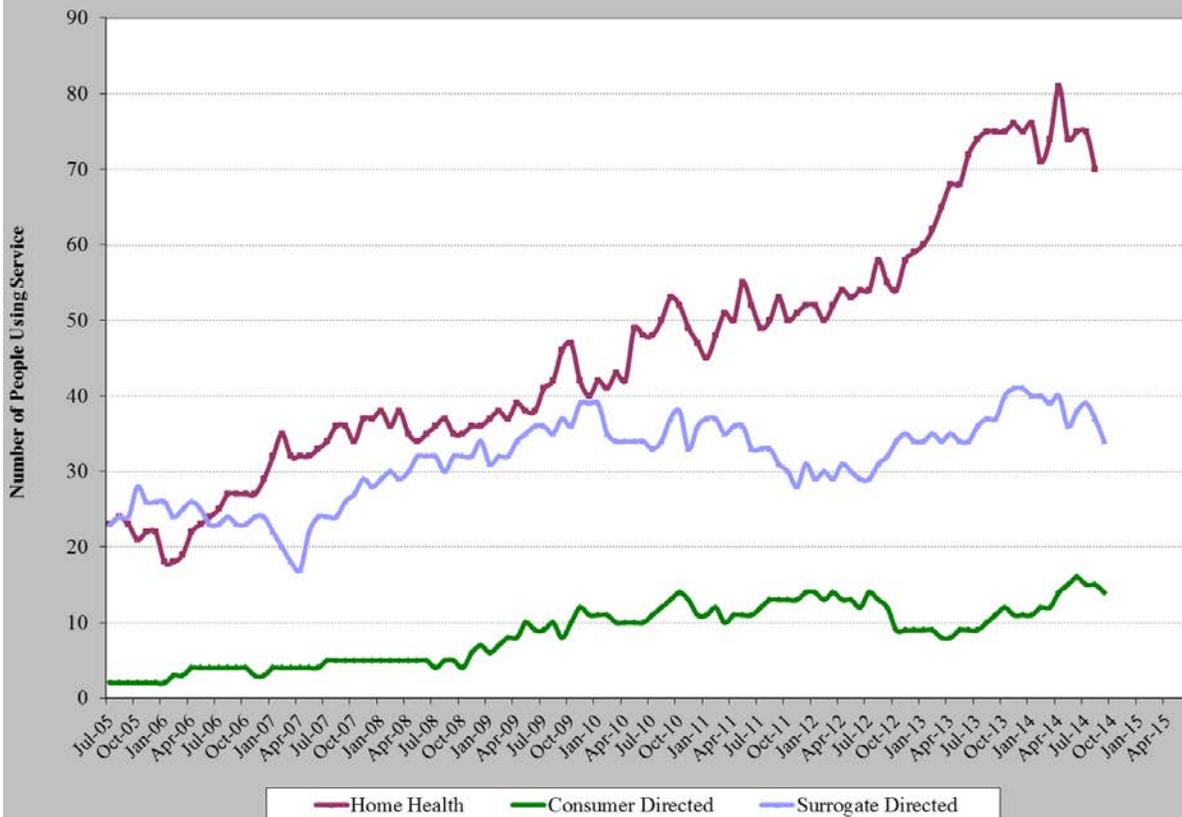


The use of different types of personal care services continues to differ among Vermont counties, as shown in the following pages.

**Addison County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**  
*data source: paid claims by dates of service*

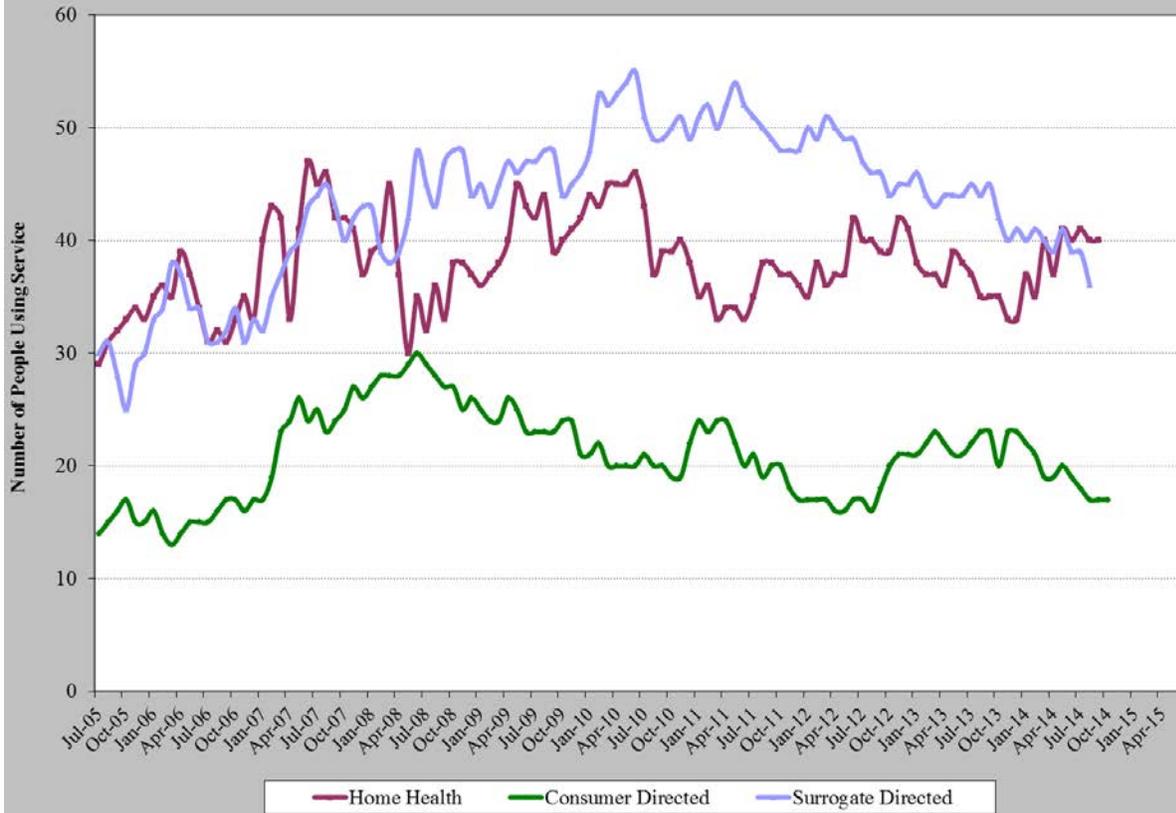


**Bennington County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**  
*data source: paid claims by dates of service*



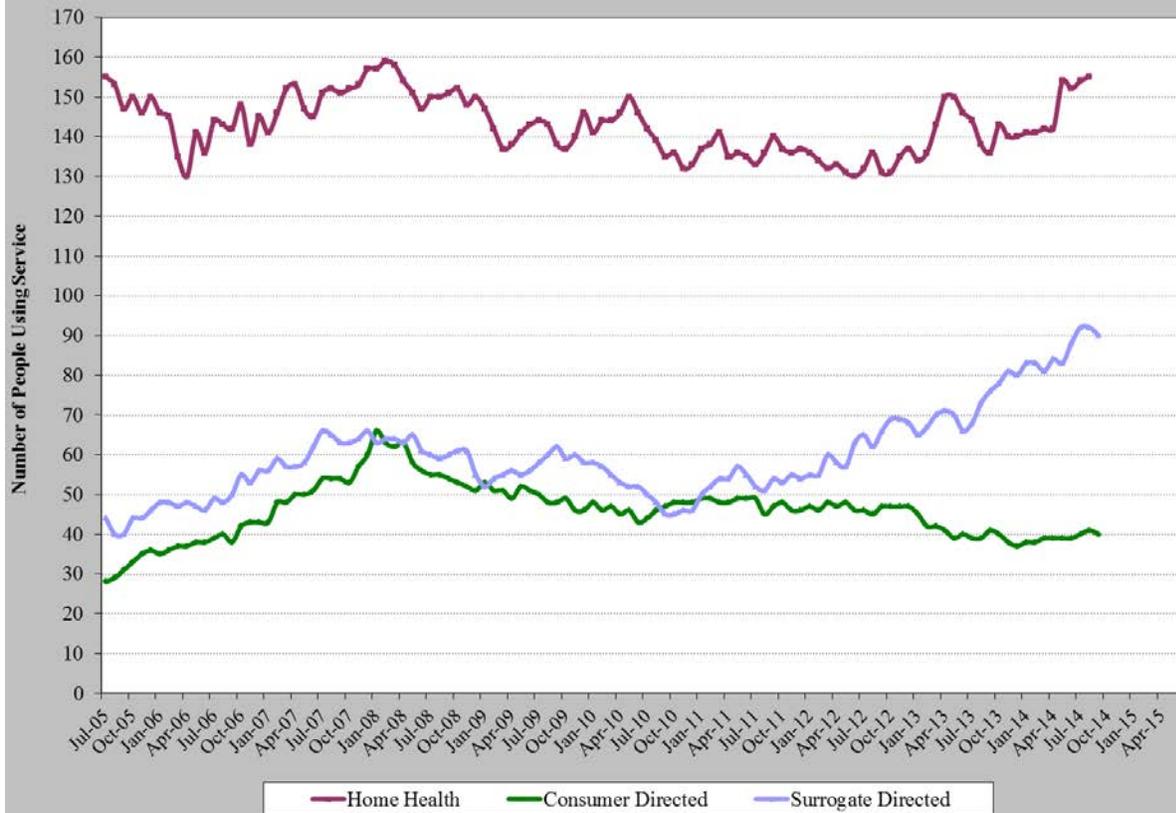
**Caledonia County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**

*data source: paid claims by dates of service*

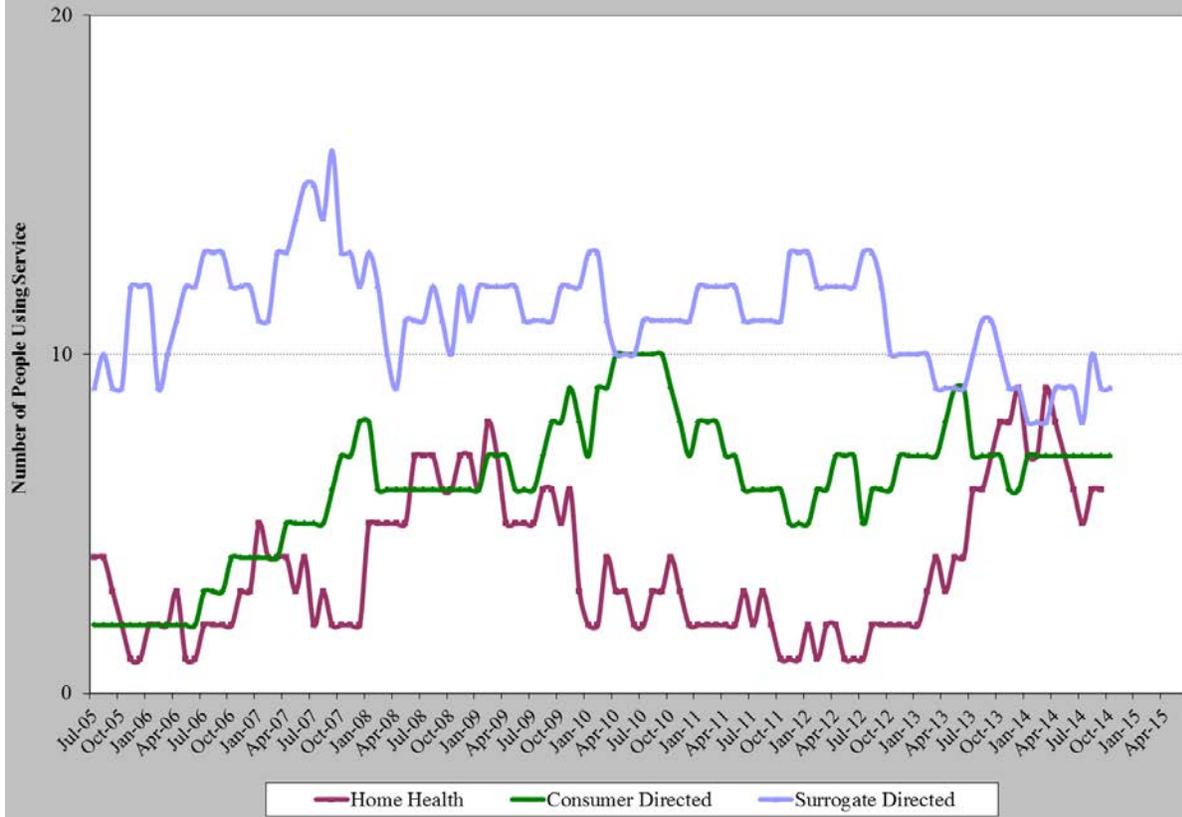


**Chittenden County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**

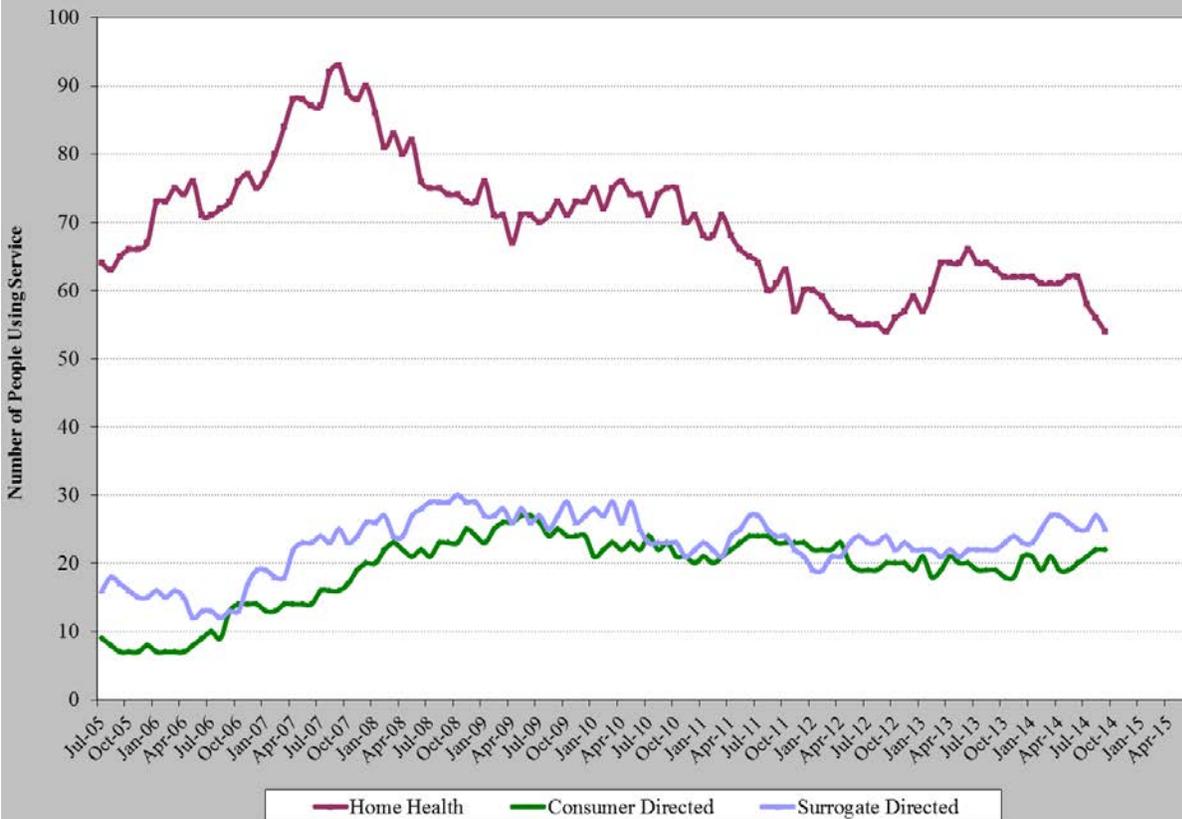
*data source: paid claims by dates of service*



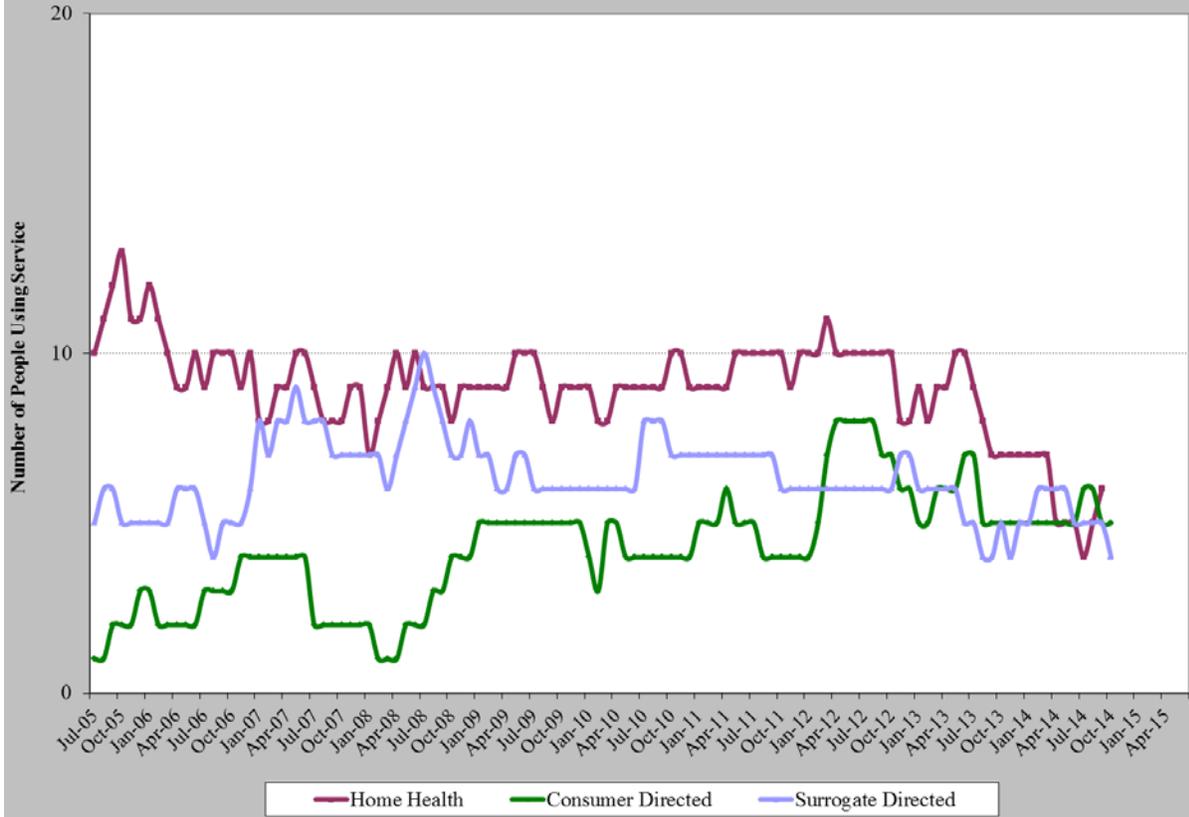
**Essex County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**  
*data source: paid claims by dates of service*



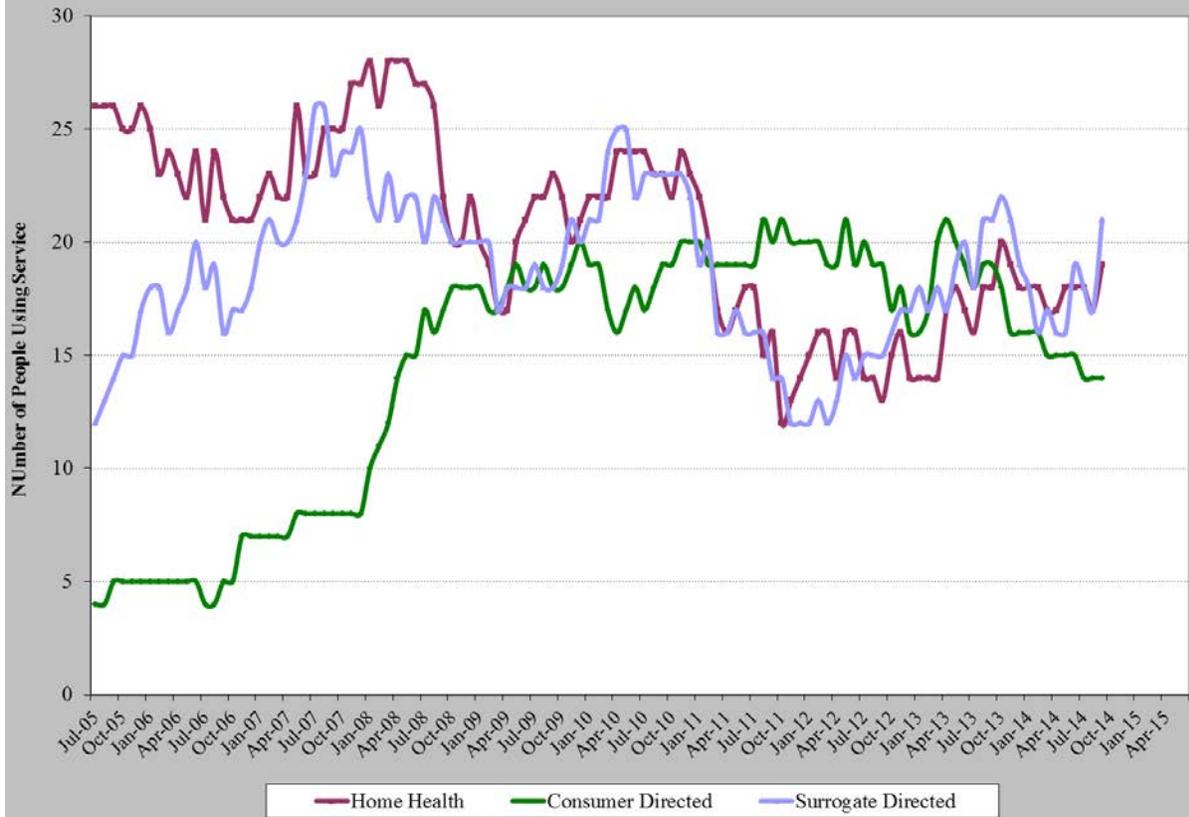
**Franklin County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**  
*data source: paid claims by dates of service*



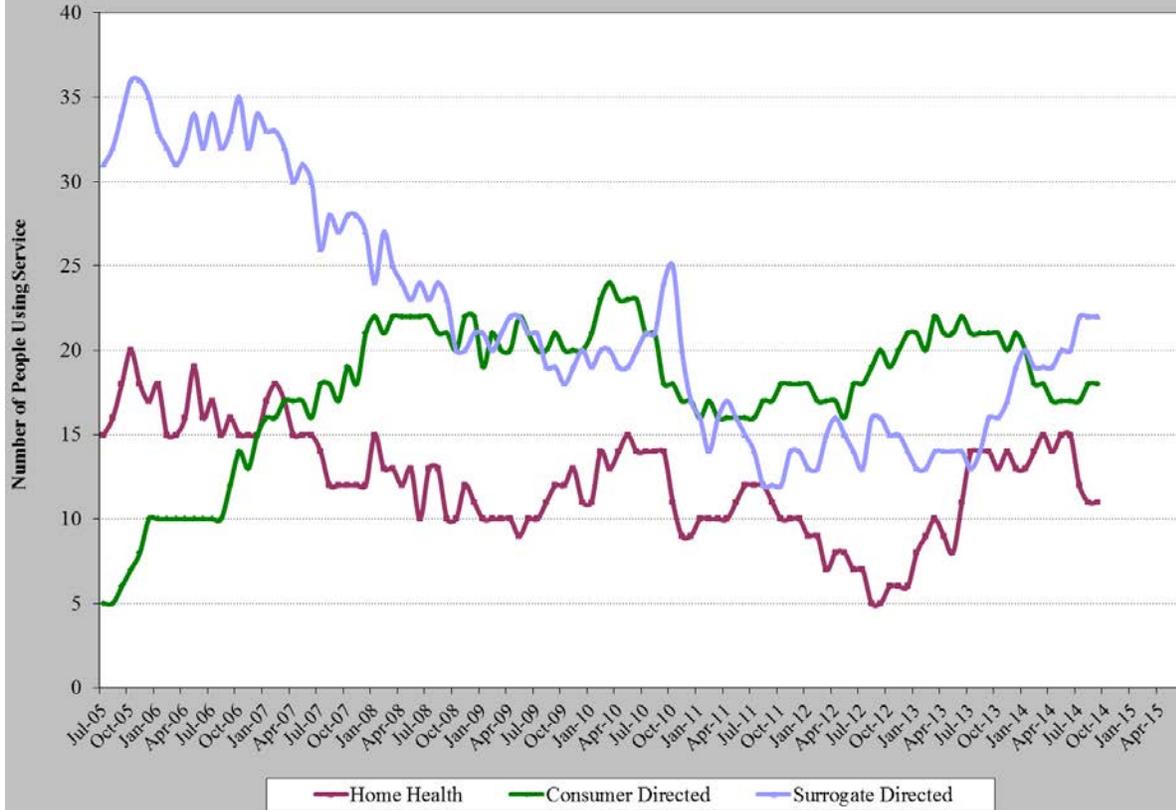
**Grand Isle County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**  
*data source: paid claims by dates of service*



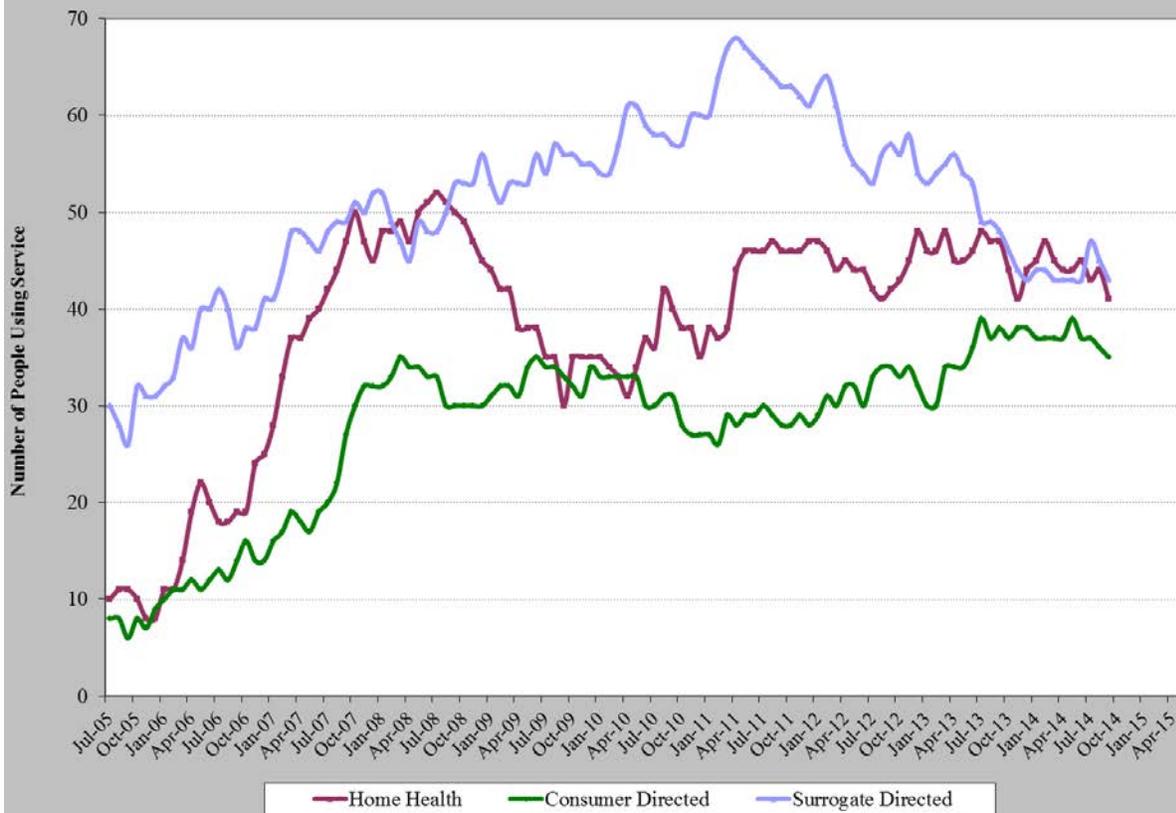
**Lamoille County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**  
*data source: paid claims by dates of service*



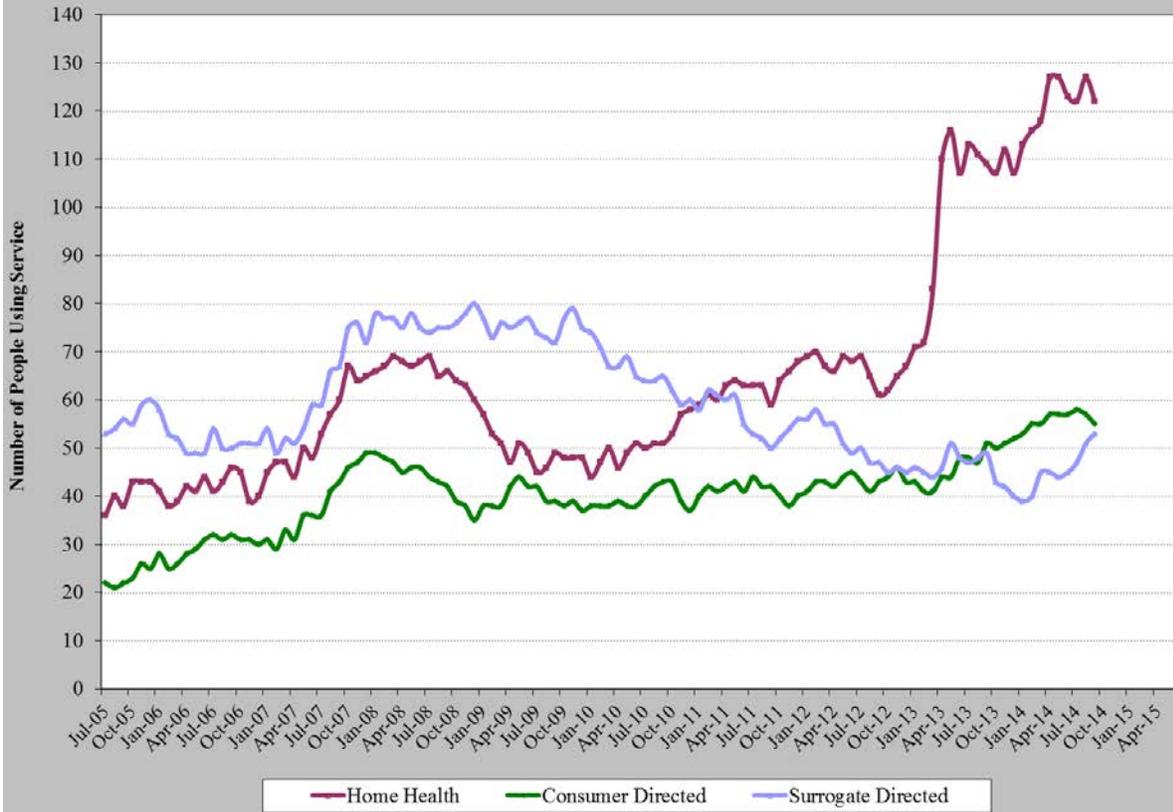
**Orange County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**  
*data source: paid claims by dates of service*



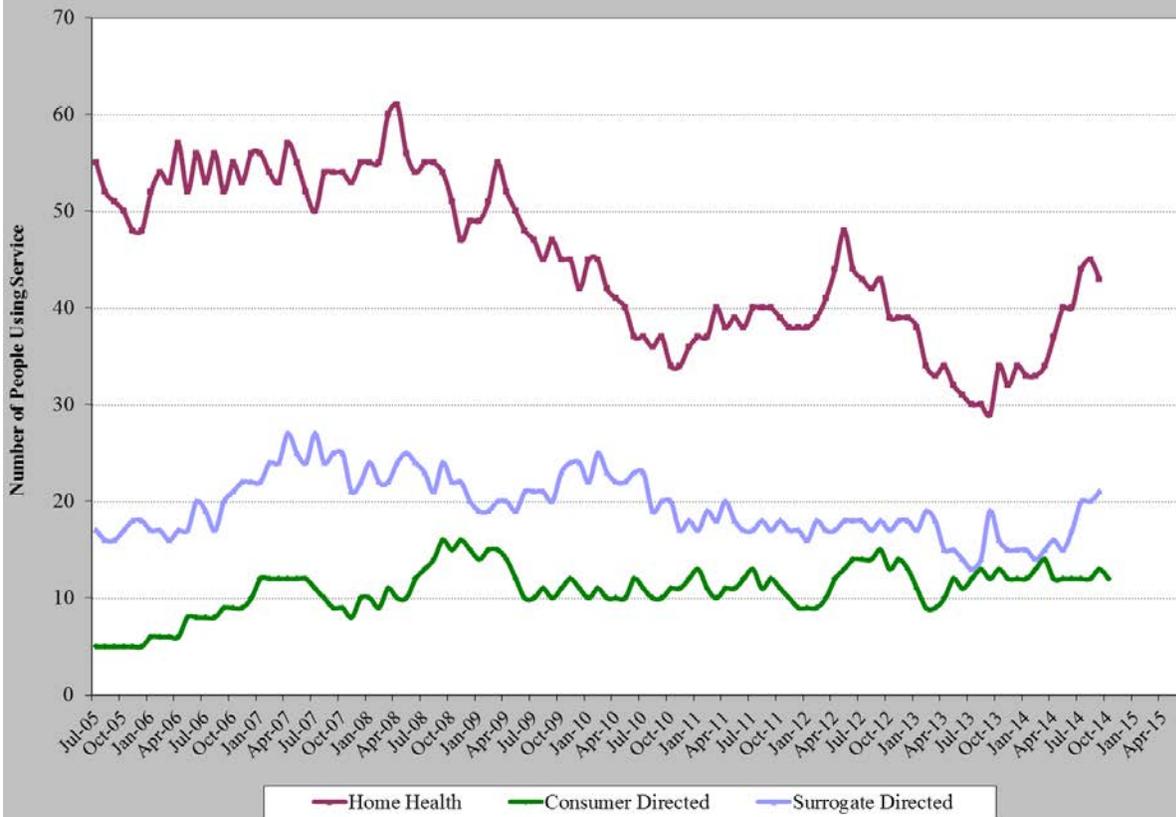
**Orleans County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**  
*data source: paid claims by dates of service*



**Rutland County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**  
*data source: paid claims by dates of service*

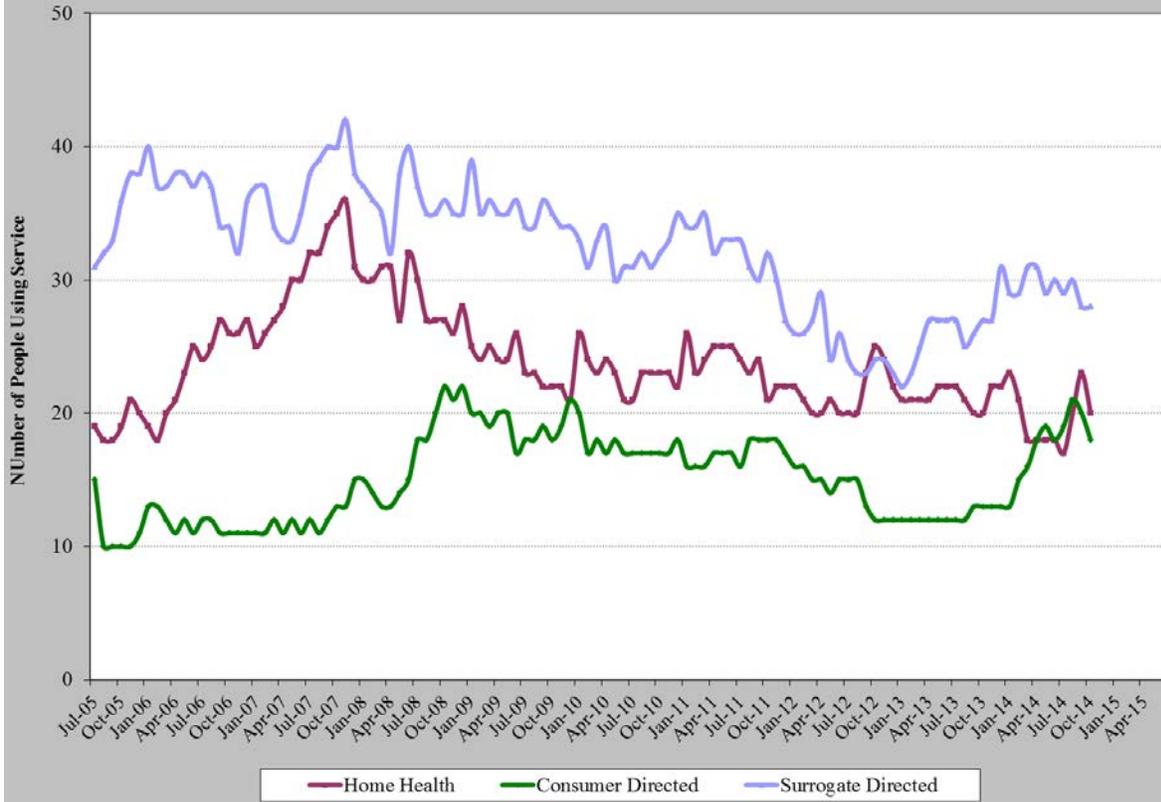


**Washington County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**  
*data source: paid claims by dates of service*



**Windham County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**

*data source: paid claims by dates of service*



**Windsor County: Choices for Care Personal Care by Type, sfy2005 - sfy2015**

*data source: paid claims by dates of service*

