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Vermont Choices for Care: Evaluation of Years 1-7

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Summary: CFC Evaluation Years 1-7

In October 2005, Vermont implemented Choices for Care (CFC), an 1115 research and demonstration waiver that allowed the state to enhance its efforts to make long-term services and supports as available in the community as in institutional settings. The purpose of CFC is to ensure that older adults and people with disabilities have access to long-term services and supports in a setting of their choice. To achieve this goal, CFC encompasses the entire continuum of long-term services and supports including home and community-based services (HCBS), nursing facilities and Enhanced Residential Care (ERC) settings.

In 2012, the Evaluation Team at the University of Massachusetts Medical School, in collaboration with Vermont, revised the CFC Evaluation Plan to focus on specific outcomes for which data are available and that are actionable, have policy relevance, and encompass the continuum of settings (including nursing facilities and ERCs).

The dashboard tables throughout the report present the findings of the evaluation, highlighting progress since 2006 and since 2011. The dashboard style is a convenient format for identifying trends at a glance. Throughout the report, symbols are used to represent trends in comparison to 2011 and 2006: the plus sign (+) indicates a positive trend, the minus sign (-) indicates a negative trend and the equal sign (=) indicates that things have remained the same. In some instances, this requires “reverse coding”, as when an increase in the number of cases awaiting eligibility determination or an increase in number of complaints is depicted with a minus sign, showing a negative or undesirable trend.

Choices for Care enrollment grew in year seven. Overall data indicate that CFC improved or maintained positive gains in many domains including information dissemination, effectiveness in terms of serving participants in the community, experience with care, certain aspects of quality of life, waiting lists, budget neutrality, health outcomes and service array and amounts. Even as there were achievements and successes in CFC, there are a few domains in which there were decreases including access, effectiveness in terms of meeting Moderate Needs participants’ needs, problem resolution within experience of care, social domains and personal goals within quality of life and the Moderate Needs waiting list.

Selected key findings include:

- CFC maintained a high level of quality and satisfaction.
- CFC increased in its ability to serve participants in the community.
- CFC maintained good ratings of timeliness of service and sense of choice and control.
- Some HCBS and facility settings met participants’ needs.
- CFC remained budget neutral.
- Self-rated health remained steady.
- A decline in a key quality of life domain, the social life domain, emerged among HCBS participants.
- Timeliness ratings were maintained but showed opportunity for improvement.
- Financial eligibility was a potential issue.
- Person-centered planning was noted as an area for improvement across settings.

1. Information Dissemination

1. Information Dissemination: CFC participants (and their authorized representatives) receive necessary information and support to choose the long-term care setting consistent with participant's expressed preferences and needs.			
Question 1.1: To what extent do participants receive information to make choices and express preferences regarding services and setting?	2012	Comparison to 2011	Comparison to 2006
1a. Percentage of HCBS participants rating "good" or above to "how would you rate how well people listen to your needs and preferences?"	91%	=	+
1b. Percentage of NF and ERC participants rating setting "good" or above to "meeting the resident's needs and preferences"	88%	New	New
2a. Percentage of HCBS participants responding to different answers to "how did you first learn about the long-term care services you receive?"*	Person, friend, family, word of mouth, other children		20%
	Hospital		15%
	Doctor, Nurse, health care provider		14%
	AAA/COA/NGO		3%
2b. Percentage of NF and ERC participants responding to different answers to "what is the most important reason you (or your family) chose this facility?"	Person, friend, family, word of mouth, other children		Data unavailable this year
	Hospital, Doctor, Nurse, health care provider		
	Good reputation		
3. Percentage of HCBS participants rating "good" or above to "how would you rate the amount of choice and control you had when you planned the services or care you would receive?"	84%	=	=
4. Percentage of HCBS participants who "agree" or above to "My current residence is the setting in which I choose to receive services"	89%	New	New

= 2012 results not different (0-3% difference)

- 2012 results worse (trend in a negative direction)

* Qualitative, no comparisons are made

+ 2012 results better (trend in a positive direction)

New Measure is new for 2012; no comparison available

CFC held gains made since 2006 in terms of ratings related to how well people listened to HCBS participants' needs and preferences. Nursing facilities and ERC participants had a similar high rating in terms of whether or not the setting met needs and preferences. These measures represented positive outcomes across settings.

HCBS participants learned about their services from a variety of settings, with family and friends being the most common, followed by hospital and health care provider. Nursing facility and ERC data were not available.

The percentage of HCBS participants who had choice and control remained the same compared to 2006, indicating a possible area for improvement. Representing a positive outcome, a higher percentage of HCBS participants agreed that they chose the setting in which they receive care.

2. Access

2. Access: CFC participants have timely access to long-term care supports in the setting of their choice.			
Question 2.1: Are people able to receive CFC services in a timely manner?	2012	Comparison to 2011	Comparison to 2006
5a. Percentage of HCBS participants rating "good" or above to "how would you rate the timeliness of your services?"	83%	=	=
5b. Percentage of NF and ERC participants rating setting "good" or above to "providing an adequate number of (nursing) staff to meet care needs"	66%	New	New
6. Percentage of HCBS participants rating "good" or above to "how would you rate when you receive your services or care?"	88%	=	=
7a. Number of applicants "pending financial eligibility"**	365 (est.)	-	New
7b. Number of applicants awaiting DAIL clinical eligibility**	140 (est.)	=	New
Question 2.2: To what extent are CFC participants receiving the types and amount of supports consistent with their needs and preferences?	2012	Comparison to 2011	Comparison to 2006
8. Number and percentage of Long-term Care Ombudsman complaints from CFC HCBS participants regarding CFC service scope or amount**	99	+	-
9a. Percentage of HCBS CFC participants rating "good" or above to "how would you rate the degree to which the services meet your daily needs?" (NOTE: Data were only available for 2010-2012.)	85%	=	-
9b. Percentage of NF and ERC participants rating setting "good" or above to "meeting your need for grooming"	79%	New	New
9c. Percentage of NF and ERC participants rating setting "good" or above to "the competency of staff"	92%	New	New

= 2012 results not different (0-3% difference)

+ 2012 results better (trend in a positive direction)

- 2012 results worse (trend in a negative direction)

New Measure is new for 2012; no comparison available

** Reverse coded = a lower number is a better result, while a higher number is a worse result

CFC did not make substantial gains but maintained similar percentages of HCBS participants rating timeliness of services as good, over time. Similar to timeliness, there was a maintenance of ratings in terms of when HCBS participants received services. There was a negative trend in the financial eligibility determination measure, which may have factored into timeliness ratings. A new measure related to nursing facilities and ERCs shows that these settings had room for improvement to ensure that services were received in a timely manner, as measured by an adequate number of staff. Ombudsman complaints numbered ninety-nine related to CFC HCBS participants, representing a decrease in complaints from last year.

HCBS participants rated services as meeting their daily needs in similar proportions as last year, but lower than 2006. Nursing facility and ERC participants highly rated the competency of staff to provide the services they need, but did not rate the grooming assistance as strongly.

3. Effectiveness

3. Effectiveness: Participants receive effective HCBS to enable participants to live longer in the community.			
Question 3.1: Is CFC increasing in its ability to serve participants in all CFC levels of need in the community?	2012	Comparison to 2011	Comparison to 2006
10. Number of individuals on waiting list for high needs**	0	=	+
11. Percentage of CFC participants residing in nursing facilities out of total CFC participants in the highest and high levels of need	52%	+	+
12. Number of licensed nursing home beds**	3,243	=	+
13. For CFC participants in the highest, high, and moderate levels living in the community, percentage of participants rating "good" or above to "how would you rate the degree to which the services meet your daily needs?" (NOTE: Data were only available for 2010-2012.)	Personal Care	90%	=
	Flexible Choices	98%	+
	Homemaker services	79%	-
	Adult Day Center	83%	-
Question 3.2: To what extent are participants' long-term care supports coordinated with all services?	2012	Comparison to 2011	Comparison to 2006
14. Percentage of HCBS participants reporting "almost always" or above to "I feel I have a part in planning my care with my case manager or support coordinator"	86%	New	New
15. Percentage of HCBS participants reporting "almost always" or above report to "my case manager or support coordinator coordinates services to meet my needs"	88%	New	New
Question 3.3: To what extent does Medicaid nursing facility residents' acuity change over time?	2012	Comparison to 2011	Comparison to 2006
16. Case Mix Acuity	1.117	+	+

= 2012 results not different (0-3% difference) + 2012 results better (trend in a positive direction)
 - 2012 results worse (trend in a negative direction) New Measure is new for 2012; no comparison available

** Reverse coded = a lower number is a better result, while a higher number is a worse result

CFC increased in its ability to serve participants in the community as evidenced by the lack of a High Needs waiting list and the decrease over time in the percentage of participants served in nursing facilities. Furthermore, the number of licensed nursing facility beds decreased.

However, there may still be room for improvement as certain Moderate Needs HCBS participants (Homemaker and Adult Day) did not rate services meeting their needs as strongly as compared to 2010; however, for Personal Care and Flexible Choices, this measure was high. CFC's service coordination appeared strong, with a high percentage indicating that their case manager or support coordinator helped to meet their needs through service coordination. A slightly lower percentage indicated that they had a part in the planning with their case manager or support coordinator, suggesting a possible area for improvement in person-centered planning.

4. Experience with Care

4. Experience with Care: Participants have positive experiences with the types, scope, and amount of CFC services.				
Question 4.1: To what extent do CFC participants report positive experiences with types, amount and scope of CFC services?	2012	Comparison to 2011	Comparison to 2006	
17a. Percentage of HCBS participants rating "good" or above to "how would you rate the overall quality of the help you receive?"	90%	=	=	
17b. Percentage of NF and ERC participants rating setting "good" or above on "the quality of care provided by the nurses"	90%	New	New	
17c. Percentage of NF and ERC participants rating setting "good" or above on "the quality of care provided by the nursing assistants"	93%	New	New	
18a. Percentage of HCBS participants rating "good" or above on "How would you rate the courtesy of those who help you?"	96%	=	=	
18b. Percentage of NF and ERC participants rating setting "good" or above on "the staff's care and concern for you"	91%	New	New	
19. Percentage of HCBS participants who "agree" or above to "I receive services exactly where I need and want services"	85%	New	New	
20a. Percentage of HCBS participants who reported experiencing "any problems with services during the past 12 months"***	Personal Care	14%	=	=
	Flexible Choices	26%	-	-
	Homemaker services	24%	-	+
	Adult Day Center	5%	=	+
20b. Percentage of HCBS participants who reported experiencing "any problems with services during the past 12 months" who reported that staff worked "to resolve any problems"	Personal Care	62%	+	-
	Flexible Choices	67%	+	+
	Homemaker services	50%	-	-
	Adult Day Center	80%	+	+
20c. Percentage of NF and ERC participants rating setting "good" or above on "management's responsiveness to your suggestions and concerns"	82%	New	New	
21a. Percentage of HCBS participants reporting "somewhat satisfied" or above to "how satisfied are you with the services you receive?"	Personal Care	96%	=	=
	Flexible Choices	96%	=	=
	Homemaker services	92%	=	=
	Adult Day Center	95%	=	=
21b. Percentage of NF and ERC participants rating setting "good" or above on "how would you rate your overall satisfaction?"	89%	New	New	

= 2012 results not different (0-3% difference) + 2012 results better (trend in a positive direction)
 - 2012 results worse (trend in a negative direction) New Measure is new for 2012; no comparison available
 ** Reverse coded = a lower number is a better result, while a higher number is a worse result

CFC maintained a high level of quality and satisfaction across HCBS settings. HCBS programs continued the trend of a high level of courtesy by staff. Nursing facility and ERC participants reported similarly high levels of quality, satisfaction and courtesy. There was a higher rate of reported problems in some HCBS programs, with a somewhat lower rate of problem resolution in certain programs. Similarly, the management responsiveness in nursing facilities and ERCs highlighted a potential issue.

5. Quality of Life

5. Quality of Life: Participants' reported that their quality of life improves.				
Question 5.1: To what extent does CFC participants' reported quality of life improve?		2012	Comparison to 2011	Comparison to 2010***
22. Percentage of HCBS CFC participants reporting "somewhat better" or above to "Has the help you receive made your life...?"	Personal Care	89%	-	-
	Flexible Choices	97%	=	=
	Homemaker services	88%	-	=
	Adult Day Center	87%	-	=
23a. Percentage of HCBS participants reporting "somewhat" or above to "I am satisfied with how I spend my free time"		88%	=	=
23b. Percentage of NF and ERC participants rating setting "good" or above on "offering you meaningful activities"		84%	New	New
23c. Percentage of HCBS participants reporting "somewhat" or above to "I have someone I can count on to listen to me when I need to talk"		93%	=	=
23d. Percentage of NF and ERC participants rating setting "good" or above on "meeting your religious and spiritual needs"		88%	New	New
23e. Percentage of HCBS participants reporting "somewhat" or above to "I feel satisfied with my social life"		78%	-	=
23f. Percentage of NF and ERC participants rating setting "good" or above on "offering you opportunities for friendships with other residents"		88%	New	New
23g. Percentage of HCBS participants reporting "somewhat" or above to "I have someone I can count on in an emergency"		95%	=	=
23h. Percentage of NF and ERC participants rating setting "good" or above on "offering you opportunities for friendships with staff"		91%	New	New
23i. Percentage of HCBS participants reporting "somewhat" or above to "I feel safe in the home where I live"		97%	=	=
23j. Percentage of NF and ERC participants rating setting "good" or above on "how safe it is for you"		92%	New	New
24. Percentage of HCBS participants who "agree" or above to "My services help me to achieve my personal goals"		75%	New	New

= 2012 results not different (0-3% difference) + 2012 results better (trend in a positive direction)
 - 2012 results worse (trend in a negative direction) New Measure is new for 2012; no comparison available
 *** Methodology changed and earlier results not comparable

CFC experienced some declines in terms of whether or not HCBS services made participants' lives better; these negative results held for all services, except Flexible Choices. There were sustained high ratings for some domains of quality of life for HCBS participants; however, the social life domain represented a decline over the past year. Quality of life scores for nursing facilities and ERC participants were high, but on the whole, not as high as HCBS participants. However, social life (as seen as the offering of friendships with other residents) was higher in nursing facilities and ERCs. A new

measure around personal goals showed some opportunity for improvement; perhaps person-centered planning can be a way to more directly impact the quality of life of participants.

6. Waiting List

6. Waiting List: CFC applicants who meet the high needs criteria will have equal access to services regardless of the setting of their choice (e.g. nursing facility, enhanced residential care, home care).			
Question 6.1: In the presence of an active waiting list, to what extent does the implementation of a waiting list for the high needs group in Choices for Care have different impact on applicants waiting to access home and community-based services versus nursing facility services?	2012	Comparison to 2011	Comparison to 2006
25. Percentage of CFC applicants on the high needs waiting list who are waiting for HCBS, compared with applicants waiting for ERCs, and nursing facilities**	No waiting list	=	+

= 2012 results not different (0-3% difference) + 2012 results better (trend in a positive direction)

There has not been a High Needs Waiting (applicant) list since February 2011. This represented a positive outcome from 2006 when there was a HCBS waiting list of 241 before CFC began. While not an official measure on the evaluation plan, there remained open Moderate Needs Waiting lists by HHA providers, which experienced increased numbers of individuals, despite the fact that there are unspent funds. This was particularly significant for Homemaker Services and represents a potential area for improvement as CFC explores options related to providing services for the Moderate Needs Group.

7. Budget Neutrality

7. Budget Neutrality: Medicaid cost of serving CFC participants is equal to or less than the cost to provide Medicaid services without the Demonstration.					
Question 7.1: Are the total costs of serving CFC participants less than or equal to the projected maximum costs for serving this population in the absence of the waiver?			2012	Comparison to 2011	Comparison to 2006
26. Total annual CFC expenditures by setting	Moderate needs	\$ 4,050,712	2%	New	New
	HCBS (including ERC)	\$ 59,881,505	29%	New	New
	Nursing facility	\$116,745,679	57%	New	New
	Acute	\$ 25,054,998	12%	New	New
27. Percentage of Medicaid expenditures for nursing facilities for highest and high needs participants in comparison with Medicaid community services for all participants			67.8%	=	New
28. Total appropriations versus actual expenditures			The Long Term Care portion of the Choices for Care budget is under budget by \$2,313,500 thru February 2013.		
29. How surplus was reinvested*			SY12 unobligated funds (\$6,209,412) were reinvested in the following main categories: budgetary obligations, eliminating rate/proposed reductions, increasing wages/rates, and providing funds for specific programs		

New Measure is new for 2012; no comparison available * Qualitative, no comparisons are made

DAIL effectively used its state appropriation to provide services across the long-term services continuum. Despite all of the economic challenges confronting the state, CFC maintained its budget neutrality. CFC spending was below appropriations. Additionally, CFC used its unobligated funds to reinvest in CFC services through eliminating rate reductions, increasing wages and providing specific programs with funding.

8. Health Outcomes

8. Health Outcomes: CFC participants' medical needs are addressed to improve self-reported health.			
Question 8.1: To what extent are CFC participants' medical needs addressed to improve self-reported health?	2012	Comparison to 2011	Comparison to 2006
30. Percentage of HCBS participants whose rating of their general health is "good" or better	48%	=	=
31. Percentage of HCBS participants who "agree" or above to "My services help me to maintain or improve my health"	85%	New	New
32. Percentage of HCBS participants reporting "almost always" or above to "My case manager or support coordinator understands which services I need to stay in my current living situation"	90%	New	New

= 2012 results not different (0-3% difference)

+ 2012 results better (trend in a positive direction)

- 2012 results worse (trend in a negative direction)

New Measure is new for 2012; no comparison available

CFC did not make much progress as it related to self-reported health. This percentage has stayed remarkably stable since 2006. New measures indicated that case management and support coordination were helpful to maintain individuals in the community and a substantial number of participants agreed that their HCBS help to maintain or improve health—positive results.

9. Service Array and Amounts

9. Service Array and Amounts: Array and amounts of services available in the community to people who are eligible for CFC increase.				
9.1 Does CFC further growth and development of home and community based services and resources throughout the state?	2012	Comparison to 2011	Comparison to 2006	
33. Number of CFC participants by Nursing facilities, ERCs, PCA, Flexible Choices, Homemaker, Adult Day Health, 24 hour care, paid spouses	Nursing facilities**	1,996	+	+
	ERCs	385	=	+
	PCA	1,214	=	+
	Flexible Choices	106	+	+
	24 hour care	7	+	-
	Paid Spouses	10	=	+
	Adult Day (Highest and High Needs)	192	-	-
	Adult Day (Moderate Needs Group)	142	+	+
	Homemaker (Moderate Needs Group)	869	+	+

34. Number of providers of Nursing facility services, ERCs, PCA/Homemaker, AAA and Adult Day	Nursing facilities	41	=	=
	ERCs	61	=	+
	HHA (PCA and Homemaker)	12	=	=
	AAA	5	=	=
	Adult Day	14	Data unavailable	Data unavailable

= 2012 results not different (0-3% difference)

+ 2012 results better (trend in a positive direction)

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The number of CFC participants in settings other than nursing facilities and Adult Day for Highest and High Needs increased in every setting since 2006, while nursing facility residents decreased in number. These positive results point to CFC's success in encouraging the growth and development of HCBS throughout the state.

Conclusions and Recommendations

Choices for Care enrollment grew in year seven as CFC maintained and increased its ability to serve participants in HCBS and across the continuum of settings. 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.
- *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 participants self-reported rating of health remained the same, with no decline.
- *Service array and amount:* In almost every setting, 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.

Based on the above findings, the Evaluators encourage DAIL to consider activities within the following outcome areas.

Access: Recognizing the technological and economic constraints which exist, the Evaluation Team recommends that CFC, with leadership and collaboration from the Department for Children and Families, initiates a process for change in the eligibility determination process. CFC can help to engage managers and frontline staff from all entities which participate in the eligibility determination process. The purpose of the work group will be to develop and review a comprehensive description/work process flow chart of the eligibility determination process in order to identify problem points and to develop solutions. DCF, DAIL and other stakeholders can then determine actions to improve the application process. In addition, looking at access from the timeliness measure, determining to what extent timeliness ratings are due to financial eligibility issues or due to program-specific issues would provide information to target potential improvement initiatives.

Experience of Care: A small, but notable, issue remains with problems and problem resolution, especially in Homemaker, Flexible Choices and Personal Care. We encourage DAIL to identify specific providers from survey data for follow up or additional training. The Evaluation Team can collaborate with DAIL and the survey contractor for further analysis.

Person-Centered Planning/Quality of Life: A core principle of CFC is person-centeredness. Based on the survey results, however, there is an opportunity to further encourage and enhance person-centered planning on several fronts.

- DAIL should participate in the development of training on person-centered planning for providers, participants and other stakeholders across the continuum of care.
- Additionally, a renewed emphasis on person-centered planning across the continuum, including Moderate Needs, may provide supplementary information as to why Moderate Needs participants don't feel as strongly as others that the services are meeting their needs.
- Another recommendation is to revisit the Independent Living Assessment (ILA) to determine if there are revisions needed to make it more person-centered.

Waiting List: The applicant list for the Moderate Needs Group continues to increase, even though there are unspent funds. The Evaluation Team is aware of DAIL's exploration of revising the Moderate Needs Group to function more like Flexible Choices. In addition to giving Moderate Needs Group participants the opportunity to have a budget to purchase needed services, DAIL should consider increasing the pool of providers by allowing non-medical providers to serve CFC participants. The recommendation related to flexible services may also help with ensuring that services better meet Moderate Needs participants' needs as mentioned above.

Evaluation: The Evaluation Team would like to work with DAIL and the DAIL Advisory Board to continue aligning consumer survey questions across settings. Based on currently available instruments, this entails working with DAIL's survey contractor to add and revise questions in the Vermont Long-Term Care Consumer Survey and working with the Vermont Health Care Association to advocate for the inclusion of questions in the My Innerview satisfaction survey. Specific questions to consider involve quality of life, personal goals, experience with care and health outcomes.

In this seventh year of the CFC program, DAIL continued to meet the needs of those Vermonters who need long-term support services. Process and outcome evaluation data over seven years show some very promising results in ensuring choice and providing high quality services across the continuum of settings.

I. Introduction

Vermont's Department of Disabilities, Aging and Independent Living (DAIL) continues its implementation of Choices for Care (CFC), an 1115 research and demonstration waiver from the Centers for Medicare & Medicaid (CMS). Through CFC, DAIL continues to realize its mission of making "Vermont the best state in which to grow old or live with a disability, with dignity, respect and independence" (Testimony before House Appropriations Committee, 2013).

CFC Background and Year Seven Activities

In October 2005, Vermont implemented Choices for Care, an 1115 research and demonstration waiver to further its efforts to make long-term services and supports as available in the community as in facility settings. The purpose of CFC is to ensure that older adults and people with disabilities have access to long-term services and supports in a setting of their choice. To achieve this goal, CFC encompasses the entire continuum of long-term services and supports. Today, CFC includes Home and Community-Based Services (HCBS) delivered through consumer-directed care, surrogate-directed care, agency-directed care and a "cash and counseling" model (Flexible Choices); Enhanced Residential Care (ERC) settings; and nursing facilities. PACE had been a service option in CFC; however, PACE was discontinued in Vermont in March 2013.

To fully support the provision of CFC services, a three-tiered system was established in which individuals with long-term service needs are identified as: Highest Needs, High Needs or Moderate Needs. Individuals identified as Highest Needs are guaranteed services. Individuals who are identified as High Needs may face a delay in access to services depending on the availability of funding, and may be placed on an applicant (waiting) list. Highest and High Needs individuals meet "Vermont's 'traditional' nursing home clinical and financial eligibility criteria" (see Choices for Care, Data Report, April 2012, p. 6) and can choose the setting in which to receive services (i.e., home, ERC, nursing facility). Those individuals who are identified as Moderate Needs are below the level of care that would require nursing facility placement, may not meet the financial criteria for Medicaid long-term support services, and can receive limited homemaker services, adult day services and case management. Similar to the High Needs Group, Moderate Needs individuals may also be placed on an applicant (waiting) list.

During this seventh year (October 2011-September 2012), CFC was involved in several activities, including:

- Increasing the number of counties which have surpassed the goal of a 50%/50% service utilization balance between home and community-based settings and institutional settings.
- Developing Adult Family Care through Money Follows the Person (MFP), as a CFC care option which will make available a 24-hour home-based housing option.
- Beginning to explore service options which will allow Moderate Needs participants to have a more flexible person-centered choice in which the individual can select needed services within a provided budget.
- Engaging in a process to establish tiered CFC case rates or "budgets" based on the person's functional needs using the existing service options and claims reimbursement system while remaining budget neutral (CMS Semi-Annual Report 2012).

II. Evaluation Framework

To meet federal waiver requirements and assess its own progress objectively, DAIL contracted with the University of Massachusetts Medical School (UMMS) in 2007 to serve as an independent evaluator. To document the evaluation, UMMS produces an annual evaluation report that summarizes CFC activities, participant characteristics and enrollment and findings related to specified outcomes as well as recommendations for potential improvements. Like previous annual evaluation reports, this current report builds upon past evaluation data while focusing on the most recent year's (October 2011 through September 2012) evaluation results.

This year's report is different than previous years because in 2012, UMMS revised the original evaluation plan. Initially, to guide all evaluations and policy analyses related to CFC, UMMS and DAIL developed a comprehensive evaluation plan. This initial evaluation plan was further refined through input from Vermont stakeholders and national long-term care experts at a roundtable discussion co-hosted by DAIL and UMMS in January 2008. In 2012, based on the previous evaluation reports, discussions with DAIL and State Auditor feedback, UMMS worked with DAIL and the DAIL Advisory Board to revise the evaluation plan to focus on specific outcomes for which data are available and that are actionable, have policy relevance, and encompass the continuum of settings and. Specifically, UMMS added measures related to individuals in nursing facilities and ERCs, deleted a long-term outcome related to public awareness (for which Vermont is not planning any specific activity in the near future) and added an important long-term outcome related to service array and amounts (which DAIL is very interested in pursuing).

Short-Term Outcomes:

1. **Information Dissemination** - Choices for Care participants (and their authorized Representatives) receive necessary information and support to choose the long-term care setting consistent with participant's expressed preferences and needs:
 - 1.1: To what extent do participants receive information to make choices and express preferences regarding services and setting?
2. **Access** - Choices for Care participants have timely access to long-term care supports in the setting of their choice:
 - 2.1: Are people able to receive CFC services in a timely manner?
 - 2.2: To what extent are CFC participants receiving the types and amount of supports consistent with their needs and preferences?
3. **Effectiveness** - Participants receive effective home and community-based services to enable participants to live longer in the community:
 - 3.1: Is CFC increasing in its ability to serve participants in all CFC levels of need in the community?
 - 3.2: To what extent are participants' long-term care supports coordinated with all services?
 - 3.3: To what extent does Medicaid nursing facility residents' acuity change over time?
4. **Experience with Care** - Participants have positive experiences with the types, scope and amount of Choices for Care services:
 - 4.1: To what extent do CFC participants report positive experiences with types, amount and scope of CFC services?
5. **Quality of Life** - Participants' report that their quality of life improves:
 - 5.1: To what extent does CFC participants' reported quality of life improve?
6. **Impact of Waiting List** - Choices for Care applicants who meet the high needs criteria have equal access to services regardless of the setting of their choice (e.g., nursing home, enhanced residential care, home care):
 - 6.1: In the presence of an active waiting list, to what extent does the implementation of a waiting list for the High Needs Group in Choices for Care have different impact on applicants waiting to access home and community-based services versus nursing facility services?
7. **Budget Neutrality**- Medicaid cost of serving CFC participants is equal to or less than the cost to provide Medicaid services without the Demonstration.
 - 7.1: Are the total costs of serving CFC participants less than or equal to the projected maximum costs for serving this population in the absence of the waiver?

Longer-Term Outcomes:

1. **Health Outcomes** - Choices for Care participants' medical needs are addressed to improve self-reported health:
 - 8.1: To what extent are Choices for Care participants' medical needs addressed to improve self-reported health?
2. **Service Array and Amounts** – Array and amounts of services available in the community to people who are eligible for Choices for Care increase.
 - 9.1: Does Choices for Care further growth and development of home and community-based services and resources throughout the state?

Data Sources and Analyses

To evaluate CFC, information was reviewed from previous policy briefs, minutes of the DAIL Advisory Board, DAIL's annual budget reports, Semi-annual reports to CMS, Vermont Ombudsman Annual report, Vermont Long-Term Care Consumer survey, My Innerview nursing facility and ERC Resident satisfaction survey and monthly meetings with DAIL staff. From these sources, the Evaluators obtained information about the functioning of the program and stakeholders' perspectives. To understand on-going operation processes of CFC and provide context for the evaluation, we analyzed Semi-Annual CFC Reports to CMS in 2011-2012 and DAIL Advisory Board Meeting Minutes. We concentrated our reviews on information about year seven implementation. The Semi-Annual CFC reports to CMS documented the changing environment in which CFC operated during this period. They also documented activities that took place at the state level.

We assessed CFC's progress with respect to outcomes by reviewing the following data sources:

- CFC HCBS Consumer Survey: UMMS reviewed Market Decisions' survey data collected in the fall of 2012 through the Vermont Long-Term Care Consumer Survey. Similar to the 2011 survey, the 2012 survey interviewed consumers of the long-term services system and provided data on specific CFC services. UMMS was able to add several specific questions to the survey to more fully measure outcomes around choice, personal goals and maintaining health. For all overall data tables related to the survey, it is important to note that these figures include CFC participants as well as consumers of Attendant services, High Technology Home Care services and Traumatic Brain Injury services. Even though this response base is wider than the CFC program, the responses of participants from all of these programs offer an overall context within which specific attention can be given to the CFC programs. Therefore, for many dimensions of the evaluation, we present data on the overall HCBS program and the specific CFC programs, which include: Personal Care, Flexible Choices, Adult Day Centers and Homemaker services.
- My Innerview Nursing Facility and ERC Resident Satisfaction Survey: This evaluation year, UMMS obtained data from resident satisfaction surveys from the Vermont Health Care Association (VHCA) to include CFC participants in nursing facilities and ERCs to evaluate outcome measures of information dissemination, access, experience with care and quality of life. Survey responses included nursing facilities, Assisted Living facilities and ERCs; therefore, data includes both CFC and non-CFC responses. The distribution of organizational respondents to the My Innerview survey is presented in the chart below.

Organization	Number
Nursing facility	31
Assisted Living including Enhanced Residential Care	9
Enhanced Residential Care	5

- CFC enrollment and application data: Enrollment data collected by DAIL, as part of the waiver administration, tracked the number of CFC participants, the CFC setting in which they were served, their CFC level of need and waiting (applicant) list information. In addition, DAIL tracked the number of applications to CFC by major CFC settings (nursing facility, ERCs, HCBS, and Moderate Needs Group).
- DAIL calculations of CFC projected 5-year budget, annual appropriations, and actual spending: DAIL reports annual state appropriations and actual CFC spending summary data.

The dashboard tables throughout the report present the findings of the evaluation, highlighting progress since 2006 and since 2011. The dashboard style is a convenient format for identifying trends at a glance. Throughout the report, symbols are used to represent trends in comparison to 2011 and 2006: the plus sign (+) indicates a positive trend, the minus sign (-) indicates a negative trend and the equal sign (=) indicates that things have remained the same. In some instances, this requires "reverse coding", as when an increase in the number of cases awaiting eligibility determination or an increase in number of complaints is depicted with a minus sign, showing a negative or undesirable trend.

III. Findings

Profile of CFC Enrollment

Enrollment in CFC grew in year seven, from 4,888 in 2011 to over 5,000 in 2012 (point in time). During seven years of CFC implementation, total CFC enrollment steadily grew in the first three years, before leveling off in 2008. Since then, enrollment has varied from a low of 4,774 (2010) to a high of 5,145 (2009).

Point-in-Time Enrollment by Level of Need

	Moderate	High	Highest	Total
11/05	2%	7%	91%	3537
10/06	13%	6%	82%	4004
10/07	20%	12%	68%	4643
10/08	23%	13%	64%	5014
10/09	25%	11%	65%	5145
10/10	20%	11%	68%	4774
10/11	20%	13%	67%	4888
10/12	22%	15%	63%	5004

Source: DAII. Numbers may not add up to 100 due to rounding.

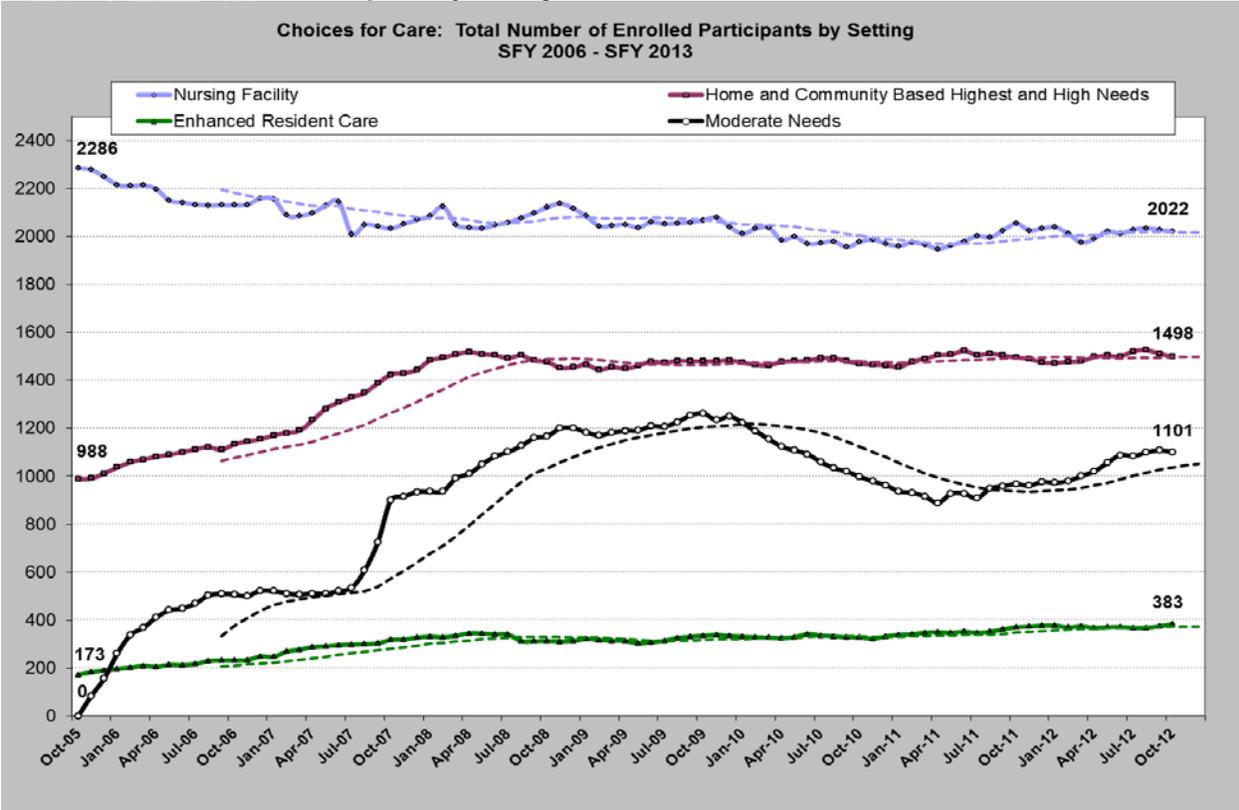
Since the beginning of CFC, Highest and High Need participants have been served in all three settings (NF, ERC and HCBS). In terms of enrollment by setting, nursing facilities have been and remain the setting that has served the greatest number of CFC participants. Data from October 2012, however, highlighted the sustained downward trend of nursing home enrollment. From 2005 to 2012, nursing facility CFC enrollment dropped from 66% to 52%. This trend was coupled with higher use of HCBS and ERC settings, in which the percentage jumped from 34% to 48% over the same timeframe.

Point-in-Time Enrollment of Highest/High Participants by Setting

	NF	HCBS	ERC	Total High/ Highest
10/12	52%	38%	10%	3903

Source: DAIL. Numbers may not add up to 100 due to rounding.

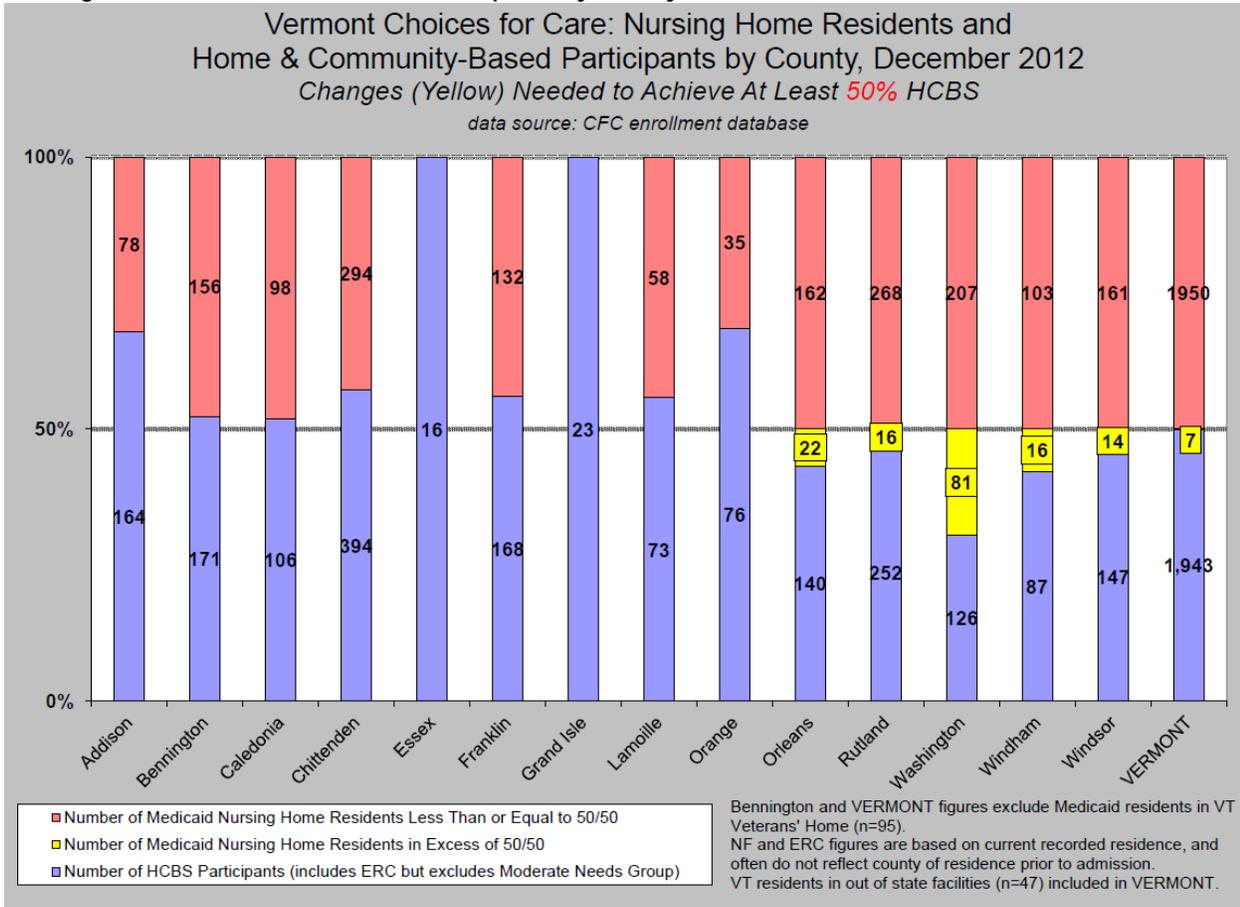
Total Number of Enrolled Participants by Setting



Source: DAIL

Even though nursing facilities continued to serve the greater percentage of CFC consumers, Vermont increased the use of HCBS and ERC settings. By December 2012, nine Vermont counties had surpassed the goal of a 50% balance between nursing facility use and home and community-based services. By December 2012, Vermont was 156 CFC participants away from achieving 50% balance statewide.

Nursing Home Residents and HCBS Participants by County, December 2012



Source: DAIL

1. Information Dissemination

1. Information Dissemination: CFC participants (and their authorized representatives) receive necessary information and support to choose the long-term care setting consistent with participant’s expressed preferences and needs.			
Question 1.1: To what extent do participants receive information to make choices and express preferences regarding services and setting?	2012	Comparison to 2011	Comparison to 2006
1a. Percentage of HCBS participants rating “good” or above to “how would you rate how well people listen to your needs and preferences?”	91%	=	+
1b. Percentage of NF and ERC participants rating setting “good” or above to “meeting the resident’s needs and preferences”	88%	New	New
2a. Percentage of HCBS participants responding to different answers to “how did you first learn about the long-term care services you receive?”*	Person, friend, family, word of mouth, other children		20%
	Hospital		15%
	Doctor, Nurse, health care provider		14%
	AAA/COA/NGO		3%
2b. Percentage of NF and ERC participants responding to different answers to “what is the most important reason you (or your family) chose this facility?”	Person, friend, family, word of mouth, other children		Data unavailable this year
	Hospital, Doctor, Nurse, health care provider		
	Good reputation		
3. Percentage of HCBS participants rating “good” or above to “how would you rate the amount of choice and control you had when you planned the services or care you would receive?”	84%	=	=
4. Percentage of HCBS participants who “agree” or above to “My current residence is the setting in which I choose to receive services”	89%	New	New

= 2012 results not different (0-3% difference) + 2012 results better (trend in a positive direction)
 - 2012 results worse (trend in a negative direction) New Measure is new for 2012; no comparison available
 * Qualitative, no comparisons are made

The information dissemination outcome relates to CFC ensuring that participants receive the information they need to choose their preferred setting and services. This outcome reflects CFC’s desire to provide consistent and critical information about CFC to potential participants and its interest in empowering participants to make choices within CFC.

HCBS participants and NF and ERC participants believed that people listened to their needs and preferences or met their needs and preferences. While this is a new measure for NF and ERC participants and represents a baseline, comparative data showed that the percentage of HCBS participants reporting this increased since 2006 and that CFC maintained those improvements in 2012. This HCBS trend held for CFC programs, with either increases or maintenance of improvements (for the past three years) across the four programs.

Percent of participants ratings of "good" or above		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
1a. "How would you rate how well people listen to your needs and preferences?"	HCBS	86%	90%	90%	94%	91%	92%	91%
1b. "Meeting resident's needs and preferences"	NF/ERC	New						88%

Source: Market Decisions and Vermont Health Care Association (VHCA)

Percent of participants ratings of "good" or above	2010	2011	2012
1a. "How would you rate how well people listen to your needs and preferences?"			
Personal Care	95%	92%	94%
Flexible Choices	85%	90%	91%
Homemaker Services	87%	89%	91%
Adult Day Center	90%	92%	91%

Source: Market Decisions

As part of the revised evaluation plan, a new information dissemination measure this year is a descriptive, qualitative measure to understand how CFC participants obtained information about long-term services and supports. HCBS participants learned about their services from a variety of settings, with family and friends being the most common, followed by hospitals and health care providers. The My Innerview survey has a question which is similar and will allow DAIL to understand the experiences of CFC participants who select a nursing facility, Assisted Living or ERC. However, the data were unavailable this year.

These descriptions can provide CFC with guidance on how and where to focus informational resources. For example, while a public awareness campaign may not be feasible due to cost at this time, a targeted outreach effort, providing additional materials and information to health care providers and hospitals, may assist in "getting the word out" to potential CFC participants, given that close to 30% of HCBS participants received their long-term services information from these sources.

2a. and 2b. Information resources	HCBS	NF/ERC
Person, friend, family, word of mouth, other children	20%	Data unavailable this year
Hospital	15%	
Doctor, Nurse, health care provider	14%	
AAA/COA/NGO	3%	

Source: Market Decisions and VHCA

Information dissemination is not only about information and being listened to, it is also about participants' ability to choose their settings and services. For HCBS participants, choice and control ratings remained higher than 80% over the last seven years. While there was a high of 91% in year two, these gains were not maintained and dropped to 81% in 2010. The past two years saw some gains in this measure. When looking at specific CFC programs, there appeared to be a maintenance of levels. Notably, Flexible Choices increased significantly from last year, with Homemaker services the lowest rated in terms of choice and control.

Percent of participants ratings of "good" or above		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
3. "How would you rate the amount of choice and control you had when you planned the services or care you would receive?"	HCBS	86%	91%	89%	90%	81%	85%	84%

Source: Market Decisions

Percent of participants ratings of "good" or above 3. "How would you rate the amount of choice and control you had when you planned the services or care you would receive?"	2010	2011	2012
Personal Care	84%	89%	87%
Flexible Choices	88%	80%	91%
Homemaker services	76%	81%	78%
Adult Day Center	81%	84%	88%

Source: Market Decisions

A new measure looks directly at the choice of setting, with a high percentage of HCBS participants agreeing that their current residence was the setting where they chose to receive care and services. There was even higher agreement to this statement for Personal Care and Flexible Choices participants, while Adult Day Center participants were the least likely to agree.

Percent of participants ratings of "agree" or above		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
4. "My current residence is the setting in which I choose to receive services"	HCBS	New						89%

Source: Market Decisions

Percent of participants ratings of "agree" or above 4. "Current residence is setting of choice"	2012
Personal Care	93%
Flexible Choices	95%
Homemaker services	89%
Adult Day Center	82%

Source: Market Decisions

Overall, for information dissemination, CFC maintained gains or improved across comparative measures. Qualitative data highlighted the important role family, friends and health care providers can play in providing information to ensure choice.

2. Access

2. Access: CFC participants have timely access to long-term care supports in the setting of their choice.			
Question 2.1: Are people able to receive CFC services in a timely manner?	2012	Comparison to 2011	Comparison to 2006
5a. Percentage of HCBS participants rating "good" or above to "how would you rate the timeliness of your services?"	83%	=	=
5b. Percentage of NF and ERC participants rating setting "good" or above to "providing an adequate number of (nursing) staff to meet care needs"	66%	New	New
6. Percentage of HCBS participants rating "good" or above to "how would you rate when you receive your services or care?"	88%	=	=
7a. Number of applicants "pending financial eligibility"***	365 (est.)	-	New
7b. Number of applicants awaiting DAIL clinical eligibility**	140 (est.)	=	New
Question 2.2: To what extent are CFC participants receiving the types and amount of supports consistent with their needs and preferences?	2012	Comparison to 2011	Comparison to 2006
8. Number and percentage of Long-term Care Ombudsman complaints from CFC HCBS participants regarding CFC service scope or amount**	99	+	-
9a. Percentage of HCBS CFC participants rating "good" or above to "how would you rate the degree to which the services meet your daily needs?"	85%	=	-
9b. Percentage of NF and ERC participants rating setting "good" or above to "meeting your need for grooming"	79%	New	New
9c. Percentage of NF and ERC participants rating setting "good" or above to "the competency of staff"	92%	New	New

= 2012 results not different (0-3% difference) + 2012 results better (trend in a positive direction)
 - 2012 results worse (trend in a negative direction) New Measure is new for 2012; no comparison available
 ** Reverse coded = a lower number is a better result, while a higher number is a worse result

Access, as an outcome, relates to receiving long-term services and supports consistent with needs and preferences in a timely manner. Access involves not only whether CFC participants receive timely services, but also whether individuals are found eligible in a timely manner and whether the services received meet their needs.

HCBS participants rated the timeliness of their services consistently over the past three years (although there has been a decrease from the high scores of years 2-4). While there was no significant decrease in the past three years, there does seem to be opportunity for improvement. As a baseline measure for NF and ERC participants, 66% reporting that there was adequate staff also shows room for improvement. Nationally, data show 72% of respondents rating facilities as having adequate staff. Similarly, the CFC program scores highlighted an opportunity to improve access/timeliness for Homemaker Services.

Percent of participants ratings of "good" or "above:		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
5a. "How would you rate the timeliness of your services?"	HCBS	84%	90%	89%	88%	84%	85%	83%
5b. "Providing an adequate number of (nursing) staff to meet care needs"	NF/ERC	New						66%

Source: Market Decisions and VHCA

Percent of participants ratings of "good" or above	2010	2011	2012
5a. "How would you rate the timeliness of your services?"			
Personal Care	86%	89%	86%
Flexible Choices	92%	91%	88%
Homemaker Services	84%	82%	80%
Adult Day Center	87%	82%	86%

Source: Market Decisions

In contrast to the timeliness of services measure (which highlighted some opportunity for improvement), HCBS participants were generally happy with when they receive services, with relatively high scores across most years. Looking at program specific data, Personal Care and Homemaker Services experienced a ratings decrease, a potential issue if the trend continues.

Percent of participants ratings of "good" or "above:		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
6. "How would you rate when you receive your services or care?"	HCBS	86%	90%	90%	92%	88%	90%	88%

Source: Market Decisions

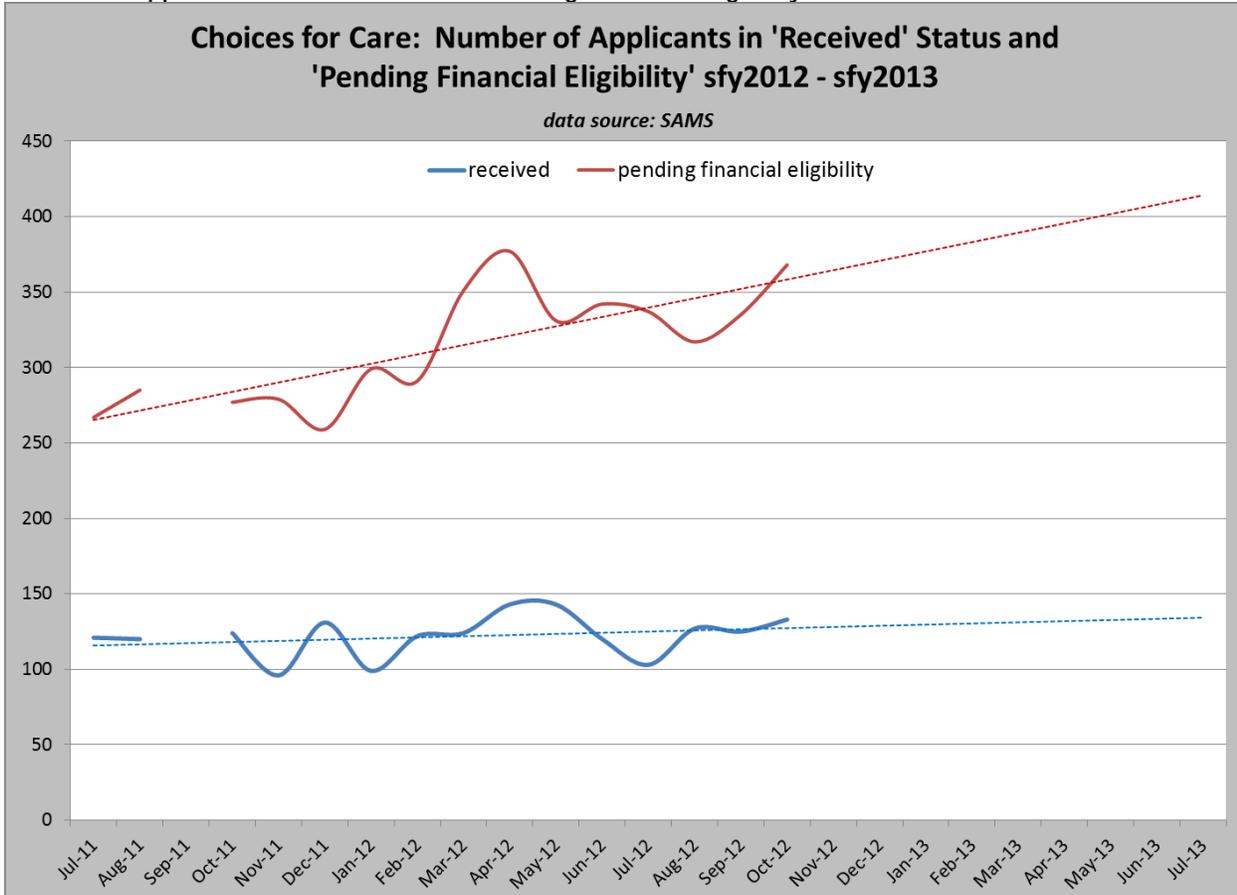
Percent of participants ratings of "good" or above	2010	2011	2012
6. "How would you rate when you receive your services or care?"			
Personal Care	91%	91%	86%
Flexible Choices	91%	93%	94%
Homemaker Services	84%	89%	86%
Adult Day Center	85%	92%	91%

Source: Market Decisions

Another aspect of access to CFC services is the timely processing of applications and eligibility determinations. As noted in previous Policy Briefs (2008) and evaluation reports, the measurement of this aspect has been somewhat hampered by the availability of data. Therefore, the measures presented represent the best available proxy. The number of individuals who were awaiting a financial eligibility determination increased since 2011. The number of individuals who were awaiting clinical eligibility determination remained mostly steady since 2011.

Throughout the years of working with DAIL, concerns about the eligibility determination process have been voiced by many stakeholders. We are aware of the technological and budget constraints which exist. However, a review of literature shows that many states have been able to change and to improve their eligibility determination system even within these constraints (See policy brief from Mathematica Policy Research Inc. and National Academy for State Health Policy). Therefore, we strongly encourage CFC to work with the Department for Children and Families (DCF) to examine the complete application process and to identify opportunities for improvement within the current systems and as systems are changed.

Number of Applicants in "Received" and "Pending Financial Eligibility"



Source: DAIL

Access also involves making sure that individuals are receiving the services they need. Therefore, access measures include Long-Term Care Ombudsman complaints for HCBS and participants' ratings about needs being met.

The Long-Term Care Ombudsman Office has traditionally collected and responded to complaints filed concerning institutional settings. Vermont is one of twelve states that authorize the Ombudsman Office to investigate complaints of community-based consumers of long-term services and supports beginning in 2005 (Ombudsman Annual Report, 2012). Over the years, the Ombudsman Office has refined its methodology for identifying complaints. Therefore, although we provided the 2006 data, because it does not represent a complete year and is not using current methodology, we focus on data from 2011 and 2012. Based on the Ombudsman 2012 Annual Report (October 2011 through September 2012), a total of 99 complaints were filed by community-based CFC consumers. There were 31 complaints against Home Health Agencies, 15 against Economic Services and 14 against DAIL and the Long-Term Care Clinical Coordinators. The Economic Services complaints are particularly meaningful for access, because 11 of the 15 were about delays in application processing.

8. HCBS Long-term Care Ombudsman complaints	2006	2011	2012
CFC HCBS complaint number	46*	107	99

Source: Long-Term Care Ombudsman

*Note: This number reflects the total number of complaints from HCBS consumers from April 2006 – September 2006. However, given that the Ombudsman Office changed its methodology for counting numbers of complaints, the number of complaints from HCBS consumers during this period is somewhat less.

HCBS participants appeared to be rating their services lower as a trend over time when it came to services meeting their daily needs. NF and ERC participants rated their settings at 79% for meeting their grooming needs, a daily need in which facilities are interested. The competency of NF and ERC staff was quite highly rated.

Percent of participants ratings of "good" or above:		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
9a. "How would you rate the degree to which the services meet your daily needs?"	HCBS	89%	91%	91%	95%	88%	88%	85%
9c. "Meeting your need for grooming"	NF/ERC	New						79%
9c. "The competency of staff"	NF/ERC	New						92%

Source: Market Decisions and VHCA

The measures related to access had mixed results. No measure indicated improvement, while some measures maintained previous scores and a few represented declines. Attention should be paid to access measures, especially length of time to eligibility determination. It is unclear to what extent the timeliness of services ratings may be impacted by CFC individuals remembering how long it took for them to become eligible. See the next section for additional information about the measures related to meeting daily needs.

3. Effectiveness

3. Effectiveness: Participants receive effective HCBS to enable participants to live longer in the community.				
Question 3.1: Is CFC increasing in its ability to serve participants in all CFC levels of need in the community?		2012	Comparison to 2011	Comparison to 2006
10. Number of individuals on waiting list for high needs**		0	=	+
11. Percentage of CFC participants residing in nursing facilities out of total CFC participants in the highest and high levels of need		52%	+	+
12. Number of licensed nursing home beds**		3,243	=	+
13. For CFC participants in the highest, high, and moderate levels living in the community, percentage of participants rating "good" or above to "how would you rate the degree to which the services meet your daily needs?" (NOTE: Data were only available for 2010-2012.)	Personal Care	90%	=	=
	Flexible Choices	98%	+	+
	Homemaker services	79%	-	-
	Adult Day Center	83%	-	=
Question 3.2: To what extent are participants' long-term care supports coordinated with all services?		2012	Comparison to 2011	Comparison to 2006
14. Percentage of HCBS participants reporting "almost always" or above to "I feel I have a part in planning my care with my case manager or support coordinator"		86%	New	New
15. Percentage of HCBS participants reporting "almost always" or above report to "my case manager or support coordinator coordinates services to meet my needs"		88%	New	New

Question 3.3: To what extent does Medicaid nursing facility residents' acuity change over time?	2012	Comparison to 2011	Comparison to 2006
16. Case Mix Acuity	1.117	+	+

= 2012 results not different (0-3% difference)

+

2012 results better (trend in a positive direction)

- 2012 results worse (trend in a negative direction)

New

Measure is new for 2012; no comparison available

** Reverse coded = a lower number is a better result, while a higher number is a worse result

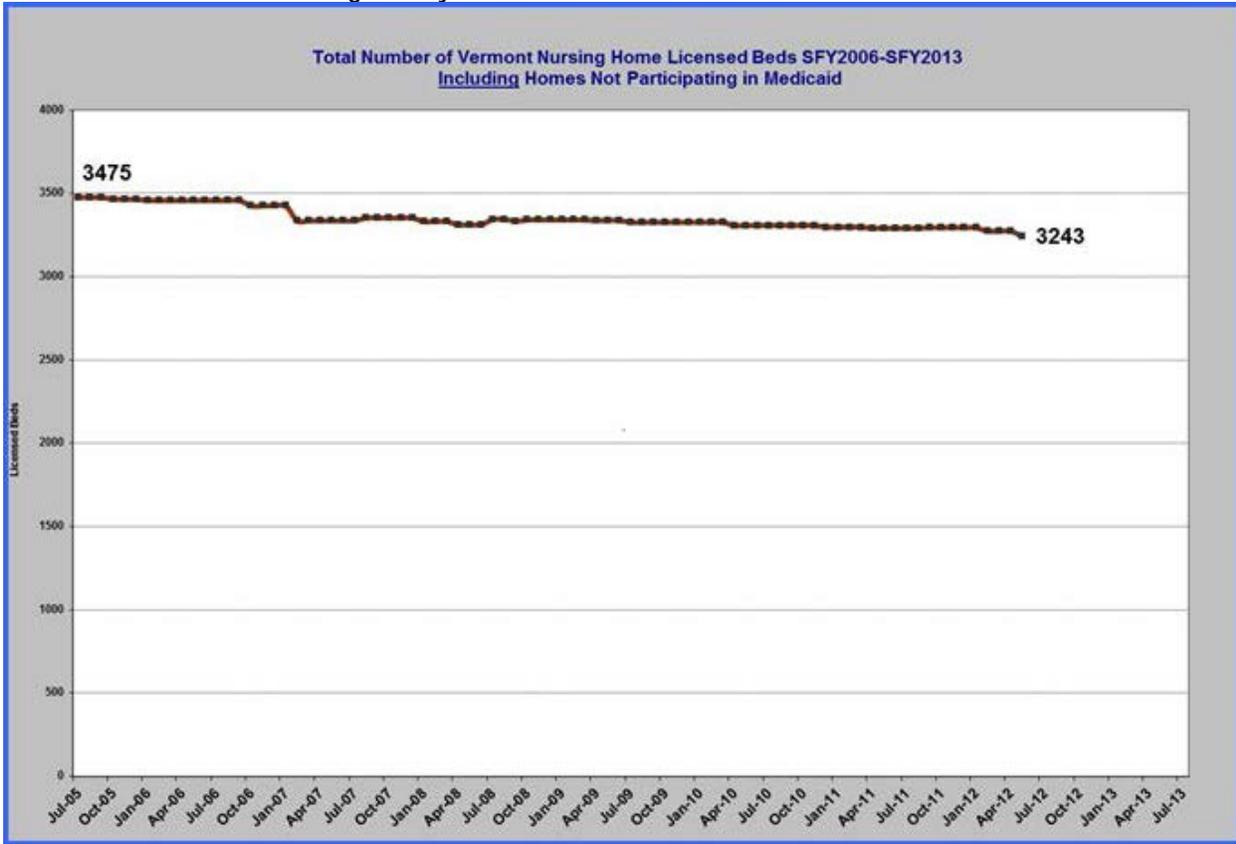
Effectiveness relates to how well CFC is serving participants in community settings and how services are coordinated. This outcome reflects CFC's stated purpose of making HCBS as available and accessible to eligible participants as facility settings and ensures that these long-term services are coordinated with all services.

CFC increased in its ability to serve participants in the community as seen by the absence of a waiting (applicant list) for High Needs participants since February 2011 and the increasing percentages of Highest and High Needs participants being served in the community. CFC's improvement is also seen in the decrease of these individuals in nursing facilities and the decrease of number of licensed beds. Nursing facility occupancy declined so there remained unoccupied beds and necessary capacity (although total number of beds decreased).

11. Percentage of CFC Highest and High Needs participants by setting	NF	HCBS	ERC
11/05	66%	29%	5%
10/06	61%	32%	7%
10/07	53%	38%	9%
10/08	54%	38%	8%
10/09	53%	38%	8%
10/10	52%	40%	9%
10/11	52%	38%	9%
10/12	52%	38%	10%

Source: DAIL

12. Number of licensed Nursing Facility Beds



Source: DAIL

As noted in the Access measures, HCBS participants rated their services lower as a trend over time when it came to meeting their daily needs. This decreasing trend was seen in Personal Care, Homemaker Services and Adult Day Center. Notably, Flexible Choices scored extremely high this year. These scores represent an important opportunity for improvement for both Access and Effectiveness.

Percent of participants ratings of "good" or above	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
13. "How would you rate the degree to which the services meet your daily needs?"	89%	91%	91%	95%	88%	88%	85%

Source: Market Decisions

Percent of participants ratings of "good" or above	2010	2011	2012
13. "How would you rate the degree to which the services meet your daily needs?"			
Personal Care	92%	93%	90%
Flexible Choices	90%	90%	98%
Homemaker Services	85%	86%	79%
Adult Day Center	83%	87%	83%

Source: Market Decisions

New measures have been added to assess coordination of services, an important aspect of effectiveness. Given that these are new evaluation measures this year, they represent baseline measures to assess progress moving forward.

Taking part in care planning was rated at 86%, with individual CFC program scores ranging from 81% to 89%. There may be room for improvement related to person-centered planning.

Percent of participants ratings of "Almost always" or above:		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
14. "I feel I have a part in planning my care with my case manager or support coordinator"	HCBS	New						86%

Source: Market Decisions

Percent of participants ratings of "almost always" or above	2012
14. "I feel I have a part in planning my care with my case manager or support coordinator"	
Personal Care	89%
Flexible Choices	n/a
Homemaker services	81%
Adult Day Center	88%

Source: Market Decisions

HCBS participants rated their case manager/support coordinator higher in terms of coordinating care to meet needs (as compared to taking part in the planning itself as noted above). Individual program data also showed higher percentages as compared to taking part in planning, further supporting the need to ensure that person-centered planning processes are applied.

Percent of participants ratings of "almost always" or above:		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
15. "My case manager or support coordinator coordinates services to meet my needs"	HCBS	New						88%

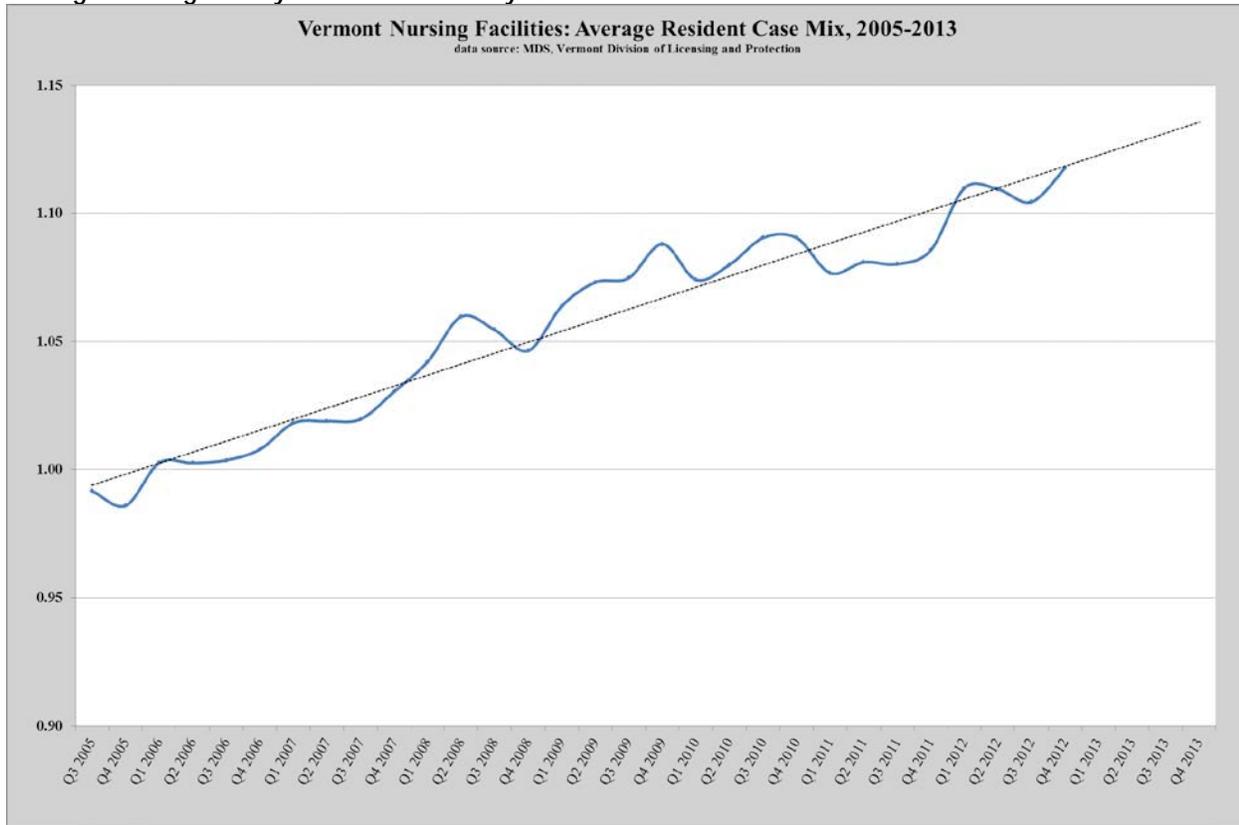
Source: Market Decisions

Percent of participants ratings of "good" or above	2012
15. "My case manager or support coordinator coordinates services to meet my needs"	
Personal Care	92%
Flexible Choices	n/a
Homemaker services	84%
Adult Day Center	91%

Source: Market Decisions

In terms of case mix acuity for nursing facilities, acuity levels have been slowly increasing.

Average Nursing Facility Case Mix Scores by Quarter



Overall, CFC was quite effective in increasing its ability to serve participants in the community. There does seem to be some room for improvement related to ensuring that needs are met in the community and person-centered planning concepts are followed, related issues that may be amenable to similar approaches.

4. Experience with Care

4. Experience with Care: Participants have positive experiences with the types, scope, and amount of CFC services.			
Question 4.1: To what extent do CFC participants report positive experiences with types, amount and scope of CFC services?	2012	Comparison to 2011	Comparison to 2006
17a. Percentage of HCBS participants rating "good" or above to "how would you rate the overall quality of the help you receive?"	90%	=	=
17b. Percentage of NF and ERC participants rating setting "good" or above on "the quality of care provided by the (nurses)/staff"	90%	New	New
17c. Percentage of NF and ERC participants rating setting "good" or above on "the quality of care provided by the nursing assistants"	93%	New	New
18a. Percentage of HCBS participants rating "good" or above on "How would you rate the courtesy of those who help you?"	96%	=	=
18b. Percentage of NF and ERC participants rating setting "good" or above on "the staff's care and concern for you"	91%	New	New
19. Percentage of HCBS participants who "agree" or above to "I receive services exactly where I need and want services"	85%	New	New
20a. Percentage of HCBS participants who reported experiencing "any problems with	Personal Care	14%	=

services during the past 12 months ^{***}	Flexible Choices	26%	-	-
	Homemaker services	24%	-	+
	Adult Day Center	5%	=	+
20b. Percentage of HCBS participants who reported experiencing “any problems with services during the past 12 months” who reported that staff worked “to resolve any problems”	Personal Care	62%	+	-
	Flexible Choices	67%	+	+
	Homemaker services	50%	-	-
	Adult Day Center	80%	+	+
20c. Percentage of NF and ERC participants rating setting “good” or above on “management’s responsiveness to your suggestions and concerns”		82%	New	New
21a. Percentage of HCBS participants reporting “somewhat satisfied” or above to “how satisfied are you with the services you receive?”	Personal Care	96%	=	=
	Flexible Choices	96%	=	=
	Homemaker services	92%	=	=
	Adult Day Center	95%	=	=
21b. Percentage of NF and ERC participants rating setting “good” or above on “how would you rate your overall satisfaction?”		89%	New	New

= 2012 results not different (0-3% difference)

+ 2012 results better (trend in a positive direction)

- 2012 results worse (trend in a negative direction)

New Measure is new for 2012; no comparison available

** Reverse coded = a lower number is a better result, while a higher number is a worse result

Experience with care relates to quality and satisfaction outcomes. In addition, measures include courtesy and problem resolution. Taken in total, these measures assess whether or not CFC participants have had positive experiences with CFC services.

All participants (HCBS and NF/ERC) rated quality of help/care as high- 90% or above. Looking at specific CFC program data, three of the four ratings were higher than 90%, with Homemaker Services close behind at 87%.

Percent of participants ratings of “good” or above:		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
17a. “How would you rate the overall quality of the help you receive?”	HCBS	92%	94%	93%	97%	89%	93%	90%
17b. “The quality of care provided by the (nurses)/staff”	NF/ERC	New						90%
17c. “The quality of care provided by the nursing assistants”	NF/ERC	New						93%

Source: Market Decisions and VHCA

Percent of participants ratings of "good" or above 17a. "How would you rate the overall quality of the help you receive?"	2010	2011	2012
Personal Care	97%	97%	93%
Flexible Choices	88%	91%	98%
Homemaker Services	89%	90%	87%
Adult Day Center	94%	95%	95%

Source: Market Decisions

Similarly, there were high ratings for courtesy in HCBS, NF and ERC settings, again, all over 90%. The high ratings for quality and courtesy, taken together, highlighted quite positive experiences for CFC participants.

Percent of participants ratings of "good" or above:		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
18a. "How would you rate the courtesy of those who help you?"	HCBS	97%	98%	98%	97%	96%	94%	96%
18b. "The staff's care and concern for you"	NF/ERC	New						91%

Source: Market Decisions and VHCA

Percent of participants ratings of "good" or above: 18a. "How would you rate the courtesy of those who help you?"	2010	2011	2012
Personal Care	97%	98%	97%
Flexible Choices	91%	93%	99%
Homemaker services	95%	96%	95%
Adult Day Center	95%	97%	97%

Source: Market Decisions

Another aspect of experience with care that is very relevant for CFC, given its focus on choice of setting and services, is the extent to which CFC participants agreed that they received services where they needed and wanted them. As a new measure, these ratings represent baseline measures to compare moving forward. Overall, 85% of HCBS participants agreed or strongly agreed; agreement was highest for Flexible Choices and Personal Care.

Percent of participants ratings of "agree" or above:		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
19. "I receive services exactly where I need and want services"	HCBS	New						85%

Source: Market Decisions

Percent of participants ratings of "agree" or above: 19. "I receive services exactly where I need and want services"	2012
Personal Care	89%
Flexible Choices	94%
Homemaker services	84%
Adult Day Center	87%

Source: Market Decisions

Another aspect of experience with care is how problems are handled and resolved. Eighty-three percent of all HCBS respondents rated as “good” or above how well concerns or problems are taken care of (down from 85% last year). A similar rating was given for NF and ERC participants about the management’s responsiveness to suggestions and concerns (82%), a rate which is equal to the national rate.

It is more instructive and useful to look at problem resolution by specific program. Compared to previous years, there were higher rates of problems for Flexible Choices and Homemaker Services. There was a lower rate of resolution for Personal Care and Homemaker Services.

20a. Percentage of HCBS participants reporting problems and reporting that staff worked to resolve problems	Percent with problem 2010	Percent resolution 2010	Percent with problem 2011	Percent resolution 2011	Percent with problem 2012	Percent resolution 2012
Personal Care	16%	67%	11%	53%	14%	62%
Flexible Choices	19%	32%	15%	22%	26%	67%
Homemaker services	28%	68%	17%	62%	24%	50%
Adult Day Center	10%	52%	6%	48%	5%	80%

Source: Market Decisions

Finally, satisfaction represents a global measure of experience. Across all settings and services, satisfaction was high. For HCBS, these scores represented the maintenance of high scores over the last few years.

Percentage of HCBS participants ratings “somewhat satisfied” or above 21a. and 21b. “Satisfaction with services”	2010	2011	2012
Personal Care	98%	99%	96%
Flexible Choices	97%	94%	96%
Homemaker services	94%	93%	92%
Adult Day Center	96%	97%	95%
Nursing Facility/Enhanced Residential Care	New		89%

Source: Market Decisions and VHCA

Experience with care represents an outcome for which CFC mostly maintained positive gains in terms of quality, courtesy and satisfaction. However, there remained a potential issue around problem resolution within specific services (Homemaker Services and Personal Care, most notably).

5. Quality of Life

5. Quality of Life: Participants’ reported that their quality of life improves.				
Question 5.1: To what extent does CFC participants’ reported quality of life improve?		2012	Comparison to 2011	Comparison to 2010***
22. Percentage of HCBS CFC participants reporting “somewhat better” or above to “Has the help you receive made your life...?”	Personal Care	89%	-	-
	Flexible Choices	97%	=	=
	Homemaker services	88%	-	=
	Adult Day Center	87%	-	=

23a. Percentage of HCBS participants reporting "somewhat" or above to "I am satisfied with how I spend my free time"	88%	=	=
23b. Percentage of NF and ERC participants rating setting "good" or above on "offering you meaningful activities"	84%	New	New
23c. Percentage of HCBS participants reporting "somewhat" or above to "I have someone I can count on to listen to me when I need to talk"	93%	=	=
23d. Percentage of NF and ERC participants rating setting "good" or above on "meeting your religious and spiritual needs"	88%	New	New
23e. Percentage of HCBS participants reporting "somewhat" or above to "I feel satisfied with my social life"	78%	-	=
23f. Percentage of NF and ERC participants rating setting "good" or above on "offering you opportunities for friendships with other residents"	88%	New	New
23g. Percentage of HCBS participants reporting "somewhat" or above to "I have someone I can count on in an emergency"	95%	=	=
23h. Percentage of NF and ERC participants rating setting "good" or above on "offering you opportunities for friendships with staff"	91%	New	New
23i. Percentage of HCBS participants reporting "somewhat" or above to "I feel safe in the home where I live"	97%	=	=
23j. Percentage of NF and ERC participants rating setting "good" or above on "how safe it is for you"	92%	New	New
24. Percentage of HCBS participants who "agree" or above to "My services help me to achieve my personal goals"	75%	New	New

= 2012 results not different (0-3% difference)

+ 2012 results better (trend in a positive direction)

- 2012 results worse (trend in a negative direction)

New Measure is new for 2012; no comparison available

*** Methodology changed and earlier results not comparable

Quality of life encompasses several domains including meaningful activities, relationships, and safety. Another measure of quality of life related to long-term supports is whether or not respondents feel like the long-term supports they receive has made their life in general better.

HCBS participants downgraded their rating of whether the help they received made their lives better, both in the past year and over the seven years when the highest percentage was 94% (Year 1). In addition, all CFC programs experienced a similar decrease in ratings (into the upper 80%), except for Flexible Choices.

Percent of participants ratings of "somewhat better" or above:		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
22. "Has the help you receive made your life...?"	HCBS	94%	91%	91%	94%	92%	94%	88%

Source: Market Decisions

Percent of participants ratings of "good" or above	2010	2011	2012
22. "Has the help you receive made your life...?"			
Personal Care	94%	95%	89%
Flexible Choices	95%	96%	97%
Homemaker services	89%	93%	88%
Adult Day Center	87%	94%	87%

Source: Market Decisions

Measures were chosen to allow for comparisons among and between HCBS and NF/ERC; however, these are not direct comparisons as questions varied across surveys. HCBS quality of life measures were quite high (93%+) in three of the

five domains: someone to listen, someone in an emergency and safety. NF/ERC quality of life measures were not as high overall, but friendships with staff and safety were over 90%. NF/ERC participants appeared to have more opportunity for friendships with other residents (88%) than HCBS participants had satisfaction with their social lives (78%). Indeed, the HCBS satisfaction with social lives had declined in the past year.

Percent of HCBS participants ratings of "somewhat agree" or above with the following statements	2010	2011	2012
23a. "I am satisfied with how I spend my free time"	89%	90%	88%
23c. "I have someone I can count on to listen to me when I need to talk"	94%	95%	93%
23e. "I feel satisfied with my social life"	81%	83%	78%
23g. "I have someone I can count on in an emergency"	94%	97%	95%
23i. "I feel safe in the home where I live"	98%	97%	97%

Source: Market Decisions

Percent of NF/ERC participants ratings of "good" or above with the following statements	2010	2011	2012
23b. "Offering you meaningful activities."		New	84%
23d. "Meeting your religious and spiritual needs"		New	88%
23f. "Offering you opportunities for friendships with other residents"		New	88%
23h. "Offering you opportunities for friendships with staff"		New	91%
23j. "How safe it is for you"		New	92%

Source: VHCA

A new measure related to quality of life concerns personal goals. While this is a baseline measure with no historical or facility comparison available, ratings for this question were not as high as other measures (75%). Specific program data highlighted low scores for Personal Care, Homemaker Services and Adult Day Center. Flexible Choices scored much higher.

Percent of participants ratings of "agree" or above	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
24. "My services help me to achieve my personal goals"	HCBS						75%

Source: Market Decisions

Percent of participants ratings of "good" or above	2012
24. "My services help me to achieve my personal goals"	
Personal Care	78%
Flexible Choices	91%
Homemaker Services	71%
Adult Day Center	76%

Source: Market Decisions

Overall, results were mixed for Quality of Life measures in this seventh year, with some maintenance but some declines as well. Perhaps most amenable to intervention and improvement is the measure related to personal goals, which in turn, may affect other quality of life domains. An enhanced focus on person-centered planning may provide some improvement by allowing CFC to provide services that make lives better. Additionally, survey questions that probe the meaning of personal goals could help DAHL better understand what type of quality improvement intervention to initiate.

6. Waiting List

6. Waiting List: CFC applicants who meet the high needs criteria will have equal access to services regardless of the setting of their choice (e.g. nursing facility, enhanced residential care, home care).			
Question 6.1: In the presence of an active waiting list, to what extent does the implementation of a waiting list for the high needs group in Choices for Care have different impact on applicants waiting to access home and community-based services versus nursing facility services?	2012	Comparison to 2011	Comparison to 2006
25. Percentage of CFC applicants on the high needs waiting list who are waiting for HCBS, compared with applicants waiting for ERCs, and nursing facilities**	No waiting list	=	+
=	2012 results not different (0-3% difference)	+	2012 results better (trend in a positive direction)
-	2012 results worse (trend in a negative direction)	New	Measure is new for 2012; no comparison available

Since February 2011, there has not been a High Needs Applicant (Waiting) list. Therefore, this measure and outcome as stated is not applicable because CFC has met the goal to serve all CFC applicants who meet the high needs criteria with equal access to services regardless of the setting of their choice. This is a significant and positive outcome.

There are, however, provider waiting lists for the Moderate Needs Group. While not specifically an outcome in the revised evaluation plan, the UMMS team presents data on these waiting lists to CFC so CFC can monitor this group, which represents unmet needs to some extent. In May 2010, the Moderate Needs Group Waiting lists numbered 350 for Homemaker Services and 9 for Adult Day Centers. In June 2012, the Moderate Needs Group Waiting lists numbered 430 for Homemaker Services and 6 for Adult Day Centers (with 12 missing reports from Adult Day Centers). Overall, there were more people on the Moderate Needs Group Waiting lists in June 2012 compared to May 2010, with Homemaker Services responsible for almost all of the Waiting lists. The Moderate Needs Group Waiting lists represent a significant issue from an evaluation point of view because providers did not spend all allocated funds for the group in SFY2012, when 26% of Homemaker funds was not spent and 18% of Adult Day funds was not spent. The Evaluation Team strongly encourages CFC to work with the HHAs to determine the factors contributing to the waiting lists and to identify steps for improvement.

So, CFC had positive outcomes for the High Needs Waiting list, but Waiting lists for Moderate Needs remained a problem.

7. Budget Neutrality

7. Budget Neutrality: Medicaid cost of serving CFC participants is equal to or less than the cost to provide Medicaid services without the Demonstration.					
Question 7.1: Are the total costs of serving CFC participants less than or equal to the projected maximum costs for serving this population in the absence of the waiver?			2012	Comparison to 2011	Comparison to 2006
26. Total annual CFC expenditures by setting	Moderate needs	\$ 4,050,712	2%	New	New
	HCBS (including ERC)	\$ 59,881,505	29%	New	New
	Nursing facility	\$116,745,679	57%	New	New
	Acute	\$ 25,054,998	12%	New	New
27. Percentage of Medicaid expenditures for nursing facilities for highest and high needs participants in comparison with Medicaid community services for all participants			67.2%	=	New

28. Total appropriations versus actual expenditures	The Long Term Care portion of the Choices for Care budget is under budget by \$2,313,500 thru February 2013.
29. How surplus was reinvested*	SY12 unobligated funds (\$6,209,412) are expected to be reinvested in the following main categories: <ul style="list-style-type: none"> • Budgetary obligations • Eliminating rate/proposed reductions • Increasing wages/rates • Providing funds for specific programs planned

New Measure is new for 2012; no comparison available * Qualitative, no comparisons are made

Since its inception, the Vermont legislature has appropriated dollars for the CFC program, allowing the state to provide services to participants in their chosen setting. Although economic challenges continued to confront the state, CFC maintained its budget neutrality and spent below appropriations. This year, through February 2013, long-term care spending was under budget by \$2,313,500.

The percentage of long-term care expenditures for nursing facilities was 67.2% in federal fiscal year/waiver year 2012. This is a lower, though not significant, percentage compared to 2011 (67.8%).

DAIL strategically reinvested its unobligated funds to better support family caregivers, address gaps in services and strengthen the existing infrastructure. This was accomplished by:

- Eliminating proposed FY13 budget reductions
- Increasing ACCS rate by \$1/day
- Restoring the 2% rate reduction in ERC
- Increasing wages by 15 cents/hour for consumer and surrogate-directed personal care/respice
- New initiative to address self-neglect (Area Agencies on Aging)
- Eliminating 2009 2% rate reduction/providers
- One time funding to Area Agencies on Aging for family caregivers, elder abuse, nutrition
- Obligating funds for mental health and aging services
- Reserving funds to guard against unanticipated pressures in order to avoid High Needs Waiting list
- Increasing Day Health Rehabilitation Services rate by 2%

These reinvestments in the HCBS system served to strengthen and enhance long-term services and supports in Vermont in specific ways and systemically.

CFC met budget neutrality requirements, while reinvesting unobligated funds strategically.

8. Health Outcomes

8. Health Outcomes: CFC participants' medical needs are addressed to improve self-reported health.			
Question 8.1: To what extent are CFC participants' medical needs addressed to improve self-reported health?	2012	Comparison to 2011	Comparison to 2006
30. Percentage of HCBS participants whose rating of their general health is "good" or better	48%	=	=
31. Percentage of HCBS participants who "agree" or above to "My services help me to maintain or improve my health"	85%	New	New

32. Percentage of HCBS participants reporting “almost always” or above to “My case manager or support coordinator understands which services I need to stay in my current living situation”	90%	New	New
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= 2012 results not different (0-3% difference) + 2012 results better (trend in a positive direction)
 - 2012 results worse (trend in a negative direction) New Measure is new for 2012; no comparison available

Improving health outcomes remains a long-term goal for CFC. This year, revisions to the evaluation plan focused measures on self-reported health as well as the role of CFC services in maintaining and improving health and service coordination.

There was not much change over the past five years in terms of self-reported health. About half of HCBS participants rated their health good or better. This compared to approximately 86% of Vermonters who in 2011 reported that their health was good or better (Vermont Behavioral Risk Factor Surveillance System 2011 Data Summary).

Percent of participants ratings of “good” or better		Year 3	Year 4	Year 5	Year 6	Year 7
30. Self-reported health	HCBS	51%	49%	46%	51%	48%

Source: Market Decisions

While not much movement occurred with self-reported health, the inclusion of new measures is more instructive for CFC and future opportunities. A new HCBS survey question asked respondents their level of agreement with the following statement: “My services help me to maintain or improve my health”. In this first year of measurement, the overall percentage of HCBS participants agreeing or strongly agreeing with the statement was 85%. When specific CFC HCBS program data were analyzed, the services that were deemed more important for health were Personal Care and Flexible Choices, with Adult Day Center and Homemaker viewed as somewhat less important for health. These results appear to confirm the fact that Personal Care is considered more medically necessary, while Homemaker Services may be less so in terms of health. Future comparisons will be important to determine if there are improvements or enhancements which can strengthen the functions of CFC programs related to health.

Percent of participants ratings of “agree” or above:		Year 3	Year 4	Year 5	Year 6	Year 7
31. “My services help me to maintain or improve my health”	HCBS	New				85%

Source: Market Decisions

Percent of participants ratings of “agree” or above	2012
31. “My services help me to maintain or improve my health”	
Personal Care	88%
Flexible Choices	92%
Homemaker Services	81%
Adult Day Center	85%

Source: Market Decisions

Another new survey question asks respondents their level of agreement with the following statement: “My case manager or support coordinator understands which services I need to stay in my current living situation.” In this case, remaining in a current living situation was a proxy for maintaining health. Specific CFC HCBS program data highlighted that Personal Care and Adult Day Center service coordination was highly rated, while Homemaker Services were somewhat less so. Future comparisons will be useful to ensure that these high ratings are maintained for Personal Care and Adult Day Center.

Percent of participants ratings of “almost always” or above	2012
32. “My case manager or support coordinator understands which services I need to stay in my current living situation”	
Personal Care	95%
Flexible Choices	n/a
Homemaker Services	85%
Adult Day Center	92%

Source: Market Decisions

In all, these three results represented a maintenance (no decline) in self-reported health over the last five years for HCBS participants and important initial data of the importance of specific CFC programs in improving and maintaining health.

9. Service Array and Amounts

9. Service Array and Amounts: Array and amounts of services available in the community to people who are eligible for CFC increase.				
9.1 Does CFC further growth and development of home and community based services and resources throughout the state?	2012	Comparison to 2011	Comparison to 2006	
33. Number of CFC participants by Nursing facilities, ERCs, PCA, Flexible Choices, Homemaker, Adult Day Health, 24 hour care, paid spouses	Nursing facilities**	1,996	+	+
	ERCs	385	=	+
	PCA	1,214	=	+
	Flexible Choices	106	+	+
	24 hour care	7	+	-
	Paid Spouses	10	=	+
	Adult Day (Highest and High Needs)	192	-	-
	Adult Day (Moderate Needs Group)	142	+	+
	Homemaker (Moderate Needs Group)	869	+	+
34. Number of providers of Nursing facility services, ERCs, PCA, Homemaker, AAA and Adult Day	Nursing facilities	41	=	=
	ERCs	61	=	+
	HHAs (PCA and Homemaker)	12	=	=
	AAA	5	=	=
	Adult Day	14	Data unavailable	Data unavailable

= 2012 results not different (0-3% difference) + 2012 results better (trend in a positive direction)
 - 2012 results worse (trend in a negative direction) ** Reverse coded = a lower number is a better result

This new outcome describes the effect of CFC on the array and amounts of long-term services and supports. In every setting (other than nursing facilities and Adult Day for Highest and High Needs), the number of individuals being served increased since 2006. Percent increases over the seven years ranged from 9% (PCA) to 2020% (for Flexible Choices), reflecting the positive gains related to increasing the number of participants able to be served in settings and programs other than nursing facilities.

33. Number of CFC participants	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Nursing facilities	2,349	2,268	2,259	2,244	2,143	2,103	1,996
ERCs	261	342	328	349	354	389	385
PCA	1,112	1,352	1,312	1,268	1,248	1,214	1,214
Flexible Choices	5	28	70	85	89	99	106
24 hour care	2	11	11	10	9	10	12
Paid Spouses	0	0	3	3	4	10	10
Adult Day (Highest and High Needs)	198	216	223	209	215	203	192
Adult Day (Moderate Needs)	101	110	144	138	90	102	142
Homemaker	364	747	953	1,023	819	785	869

Source: DAIL

33. Number of CFC participants	% change from 2006-2012
Nursing facilities	-15%
ERCs	+48%
PCA	+9%
Flexible Choices	+2020%
24 hour care	+500%
Paid Spouses	+233% (from 2008)
Adult Day (Highest and High Needs)	-3%
Adult Day (Moderate Needs)	+41%
Homemaker	+139%

Source: DAIL

While the number of providers represents a new measure, historical data indicate that number of nursing facilities, HHAs providing CFC Personal Care and Homemaker services have not changed significantly over time. Since 2005, the number of ERCs have increased from 56 in July 2005 to 61 in July 2012. It is noteworthy that CFC is finalizing the implementation of another setting for HCBS, Adult Family Care, which will provide one more setting in the array of services available to CFC participants.

34. Number of providers	Year 7
Nursing facilities	41
ERCs	61
HHA (PCA and Homemaker)	12
AAA	5
Adult Day	14

Source: DAIL, Claims data

CFC increased in its ability to serve participants in the community as seen in the increasing numbers served by providers in the home and community setting including Personal Care, Flexible Choices, 24 hour Care, Paid Spouses and Homemaker.

IV. Conclusions and Recommendations

Choices for Care enrollment grew in year seven as CFC maintained and increased its ability to serve participants in HCBS and across the continuum of settings. 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.

Access: For many years, as part of the evaluation process, the Evaluation Team has heard about the many challenges of the eligibility determination system. Recognizing the technological and economic constraints which exist, the Evaluation Team recommends that CFC, with leadership and collaboration from Department for Children and Families, initiates a process for change. CFC can help to engage managers and frontline staff from all entities which participate in the eligibility determination process. This would mean developing a work group comprised of representatives from DCF, DAIL and other stakeholders to participate in facilitated discussions. The purpose of the work group will be to develop and review a comprehensive description/work process flow chart or map of the eligibility determination process in order to identify problem points and to develop solutions. By so doing, the state can get data on the number of applications which are taking longer to complete. DCF, DAIL and other stakeholders can then determine actions to improve the application process. In addition, looking at access from the timeliness measure, determining to what extent timeliness ratings are due to financial eligibility issues or due to program-specific issues would provide information to target potential improvement initiatives.

Experience of Care: A small, but notable, issue remains with problems and problem resolution, especially in Homemaker, Flexible Choices and Personal Care. We encourage DAIL to identify specific providers from survey data for

individual follow up or additional training. The Evaluation Team can collaborate with DAIL and the survey contractor for further analysis.

Person-Centered Planning/Quality of Life: A core principle of CFC is person-centeredness. Based on the survey results, however, there is an opportunity to further encourage and enhance person-centered planning on several fronts.

- DAIL should participate in the development of training on person-centered planning for providers, participants and other stakeholders across the continuum of care. The purpose of the training could be how to use person-centered planning to help participants achieve their personal goals and how to ensure that participants are involved in service planning.
- Additionally, a renewed emphasis on person-centered planning across the continuum, including Moderate Needs, may provide supplementary information as to why Moderate Needs participants don't feel as strongly as others that the services are meeting their needs.
- Another recommendation is to revisit the Independent Living Assessment (ILA) to determine if there are revisions needed to make it more person-centered.

Waiting List: The applicant list for the Moderate Needs Group continues to increase. This reality coupled with the fact that some providers that are allocated funds to support Moderate Needs participants end the year without spending all of the funding warrants attention. The Evaluation Team is aware of DAIL's exploration of revising the Moderate Needs Group to function more like Flexible Choices. In addition to giving Moderate Needs Group participants the opportunity to have a budget to purchase needed services, we suggest that DAIL considers increasing the pool of providers by allowing non-medical providers to serve CFC participants. The recommendation related to flexible services may also help with ensuring that services better meet Moderate Needs participants' needs as mentioned above.

Evaluation: The Evaluation Team would like to work with DAIL and the DAIL Advisory Board to continue aligning consumer survey questions across settings. Based on currently available instruments, this entails working with DAIL's survey contractor to add and revise questions in the Vermont Long-Term Care Consumer Survey and working with the Vermont Health Care Association to advocate for the inclusion of questions in the My Innerview satisfaction survey. Specific questions to consider involve quality of life, experience with care and health outcomes. The recommendation includes adding supplemental questions to surveys to probe the meaning of personal goals for participants to allow DAIL and providers to better assist participants to meet these goals.

In this seventh year of the CFC program, DAIL continued to meet the needs of those Vermonters who need long-term support services. With the revision of the Evaluation Plan, the UMMS Evaluation Team is better able to assist DAIL by evaluating outcomes of CFC across the continuum of care settings. As with any far-reaching program, there are areas which can be improved. Based on the findings, UMMS has focused on several areas for potential enhancement. DAIL remains well positioned to meet the current and future needs of Vermont's elders and adults with disabilities who use the CFC program.

Resources

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