

May 2014



# Vermont Choices for Care: Evaluation of Years 1-8

Prepared by

Cheryl Cumings, M.A.  
Wendy Trafton, M.P.H.

In cooperation with:

Bard Hill  
Vermont Department of Disabilities,  
Aging, and Independent Living

## Table of Contents

|   |    |
|---|----|
| Summary: CFC Evaluation Years 1-8.....  | 2  |
| I. Introduction.....                    | 10 |
| II. Evaluation Framework.....           | 14 |
| III. Findings.....                      | 18 |
| Profile of CFC Enrollment.....          | 18 |
| 1. Information Dissemination.....       | 21 |
| 2. Access.....                          | 24 |
| 3. Effectiveness.....                   | 28 |
| 4. Experience with Care.....            | 32 |
| 5. Quality of Life.....                 | 36 |
| 6. Waiting List.....                    | 39 |
| 7. Budget Neutrality.....               | 40 |
| 8. Health Outcomes.....                 | 41 |
| 9. Service Array and Amounts.....       | 42 |
| V. Conclusions and Recommendations..... | 45 |
| Resources.....                          | 48 |

## Summary: CFC Evaluation Years 1-8

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 2012. In some instances, as noted within the report, data was first available in 2010. 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 2012 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. The methodology for indicating a trend is used in the dashboard tables and the text. Meaning that a change in ratings from 0% - 3% is indicated by an equal sign (=) and usually described as consistent, maintenance or comparable; a change greater than 3% is indicated by a plus sign (+) or minus sign (-) and described as either an increase or decrease.

Choices for Care enrollment grew in year eight. Overall data indicate that CFC improved or maintained positive gains in many domains including information dissemination, access related to types and amount of supports, 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 information dissemination, access related to timeliness of services, effectiveness related to service coordination and person-centered planning, experience with care related to problem resolution, and waiting list related to individuals in the Moderate Needs Group.

Selected key findings include:

- CFC maintained a high level of quality and satisfaction.
- CFC increased in its ability to serve participants in the community. Data demonstrated that more participants are being served in HCBS settings: 49% of CFC participants are served in nursing facilities and 51% are served in HCBS settings.
- There were increases in the quality of life domain and Flexible Choices had particularly high ratings.
- There were decreases in the number of applicants waiting for eligibility and financial determination.
- CFC maintained good ratings of sense of choice and control.
- CFC HCBS and facility settings met participants' needs.
- CFC remained budget neutral.
- Self-rated health remained steady.
- There continued to be no waiting list for individuals in the High Needs group.
- CFC changes are under development to increase programmatic options which directly respond to the Moderate Needs Group waiting lists and provide flexible service options for Moderate Needs Group participants
- Area Agencies on Aging, doctors, hospitals and nurses are important sources of information for CFC participants.

- Some HCBS participants experience problems that remain unresolved.
- Coordination of services and person-centered planning are areas for improvement.

## 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?  | 2013                                       | Comparison to 2012 | 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?"  | 89%  | =                  | =                  |
| 1b. Percentage of NF participants rating setting "good" or above to "meeting the resident's choices and preferences"<br>(Note: Measure 1b. data was reported by facility-based setting for 2013)                                    | 89%  | N/A                | New                |
| 1b. Percentage of ERC participants rating setting "good" or above to "meeting the resident's choices and preferences"<br>(Note: Measure 1b. data was reported by facility-based setting for 2013)                                   | 95%  | N/A                | New                |
| 2a. Percentage of HCBS participants responding to different answers to "how did you first learn about the long-term care services you receive?"*  | Area Agency on Aging (AAA)                 |                    | 22%                |
|   | Friend/Family/Word of Mouth/Other Children |                    | 20%                |
|   | Doctor, Nurse, health care provider        |                    | 16%                |
|   | Home Health Agency                         |                    | 15%                |
|   | Hospital                                   |                    | 13%                |
| 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?"  | Good Reputation                            |                    | 29%                |
|   | Hospital, Doctor recommendation            |                    | 22%                |
|   | Relative, friend recommendation            |                    | 8%                 |
| 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"  | 94%  | +                  | New                |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)  
 - 2013 results worse (trend in a negative direction)      New Measure is new; no comparison available  
 \* Qualitative, no comparisons are made

CFC maintained high ratings related to how well people listened to HCBS participants' needs and preferences. Nursing facility and ERC participants also reported high ratings in this area. These measures were consistently high across settings (89% - 95%) indicating that CFC participants received necessary support to choose the long-term care setting consistent with their expressed preferences and needs.

HCBS participants first learned about their services from a variety of agencies and sources, with the AAAs emerging as the source for 22% of participants and family and friends being the next common source at 20%. Nursing facility and ERC

participants chose facilities for various reasons, the most common of which were good reputation (29%) and hospital or doctor recommendation (22%).

The percentage of HCBS participants who highly rated their amount of choice and control (84%) remained the same compared to 2012 and 2006, indicating a possible area for improvement that may need further exploration. Representing a positive outcome, a higher percentage of HCBS participants, 94% of participants, agreed that they chose the setting in which they receive care.

## 2. Access

| <b>2. Access: CFC participants have timely access to long-term care supports in the setting of their choice.</b>                                 |             |                           |                           |
|--|-------------|---------------------------|---------------------------|
| <b>Question 2.1: Are people able to receive CFC services in a timely manner?</b>   | <b>2013</b> | <b>Comparison to 2012</b> | <b>Comparison to 2006</b> |
| 5a. Percentage of HCBS participants rating "good" or above to "how would you rate the timeliness of your services?"                              | 85%         | =                         | +                         |
| 5b. Percentage of NF and ERC participants rating setting "good" or above to "providing an adequate number of (nursing) staff to meet care needs" | 69%         | =                         | New                       |
| 6. Percentage of HCBS participants rating "good" or above to "how would you rate when you receive your services or care?"                        | 89%         | =                         | =                         |
| 7a. Number of applicants "pending financial eligibility"***  | 319         | +                         | New                       |
| 7b. Number of applicants awaiting DAIL clinical eligibility**  | 113         | +                         | New                       |
| <b>Question 2.2: To what extent are CFC participants receiving the types and amount of supports consistent with their needs and preferences?</b> | <b>2013</b> | <b>Comparison to 2012</b> | <b>Comparison to 2006</b> |
| 8. Number and percentage of Long-term Care Ombudsman complaints from CFC HCBS participants regarding CFC service scope or amount**               | 118         | —                         | N/A                       |
| 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?"   | 89%         | +                         | =                         |
| 9b. Percentage of NF and ERC participants rating setting "good" or above to "meeting your need for grooming"                                     | 80%         | =                         | New                       |
| 9c. Percentage of NF and ERC participants rating setting "good" or above to "the competency of staff"  | 91%         | =                         | New                       |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)

- 2013 results worse (trend in a negative direction)      New Measure is new; no comparison available

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

CFC has not made substantial gains over time, but maintained similar percentages of HCBS participants rating timeliness of services as good or above. Nursing facilities and ERCs continue to rate less highly in the timeliness measure which examines adequacy of nursing staff to meet care needs. There was maintenance of high ratings for when HCBS participants received services or care. In comparison to 2012, there was a positive change with fewer applicants waiting for financial and eligibility determination.

Ombudsman complaints related to CFC HCBS participants numbered one hundred and eighteen (118), representing an increase in complaints from last year. The most common complaints were regarding Home Health Agency staff (insufficient staff, not being notified of schedule changes and not getting the quantity of hours authorized.) Other more common complaints regarding a variety of providers and agencies included access to transportation, problems with case managers, inadequate staff training, changes in policy that affected caregiver payments, and issues with quality of service. Improvements in meeting the daily needs of HCBS participants were realized this year. Nursing facility and ERC participants highly rated the competency of staff to provide the services they need, but did not rate grooming assistance as strongly.

Overall, participants continue to express satisfaction regarding access to the types and amount of supports they need and want. However, timeliness of services is any area that could be further examined for improvements across settings.

### 3. Effectiveness

| <b>3. Effectiveness: Participants receive effective HCBS to enable participants to live longer in the community.</b>  |                    |                           |                           |   |
|---|--------------------|---------------------------|---------------------------|---|
| <b>Question 3.1: Is CFC increasing in its ability to serve participants in all CFC levels of need in the community?</b>   | <b>2013</b>        | <b>Comparison to 2012</b> | <b>Comparison to 2006</b> |   |
| 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  | 49%                | =                         | +                         |   |
| 12. Number of licensed nursing home beds**  | 3,237              | =                         | +                         |   |
| 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 2010-2013.) | Personal Care      | 92%                       | =                         | = |
|   | Flexible Choices   | 93%                       | -                         | = |
|   | Homemaker services | 86%                       | +                         | = |
|   | Adult Day Center   | 88%                       | +                         | + |
| <b>Question 3.2: To what extent are participants' long-term care supports coordinated with all services?</b>  | <b>2013</b>        | <b>Comparison to 2012</b> | <b>Comparison to 2006</b> |   |
| 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"  | 83%                | =                         | 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"   | 85%                | =                         | New                       |   |
| <b>Question 3.3: To what extent does Medicaid nursing facility residents' acuity change over time?</b>  | <b>2013</b>        | <b>Comparison to 2012</b> | <b>Comparison to 2006</b> |   |
| 16. Case Mix Acuity   | 1.095              | =                         | +                         |   |

= 2013 results not different (0-3% difference)

- 2013 results worse (trend in a negative direction)

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

+ 2013 results better (trend in a positive direction)

New Measure is new for 2013; no comparison available

CFC continued to serve participants in all CFC levels of need in the community as demonstrated by the nonexistence of a High Needs Group waiting (applicant) list. The percentage of CFC participants residing in nursing facilities has fallen below 50% this year, which is a significant accomplishment. The number of licensed nursing facility beds decreased and capacity to serve individuals choosing this setting was maintained. The statewide nursing facility occupancy rate was 85% and county-based occupancy rates varied between 59% and 99%.

Participants gave improved ratings this year to Homemaker services and Adult Day Centers regarding the program's ability to meet their daily needs. Although Personal Care and Flexible Choices did not experience gains in this area, they are still highly rated.

CFC's overall service coordination and planning of services remained consistent with last year. However, these areas continue to highlight opportunities for improved care coordination and 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?   | 2013               | Comparison to 2012 | 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?"   | 91%                | =                  | =                  |
| 17b. Percentage of NF and ERC participants rating setting "good" or above on "the quality of care provided by the nurses"  | 93%                | =                  | New                |
| 17c. Percentage of NF and ERC participants rating setting "good" or above on "the quality of care provided by the nursing assistants"  | 90%                | =                  | 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                |
| 19. Percentage of HCBS participants who "agree" or above to "I receive services exactly where I need and want services"  | 89%                | +                  | New                |
| 20a. Percentage of HCBS participants who reported experiencing "any problems with services during the past 12 months"*** (NOTE: Data were only available for 2010-2013.)   | Personal Care      | 15%                | =                  |
|  | Flexible Choices   | 20%                | +                  |
|  | Homemaker services | 24%                | =                  |
|  | Adult Day Center   | 12%                | -                  |
| 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" (NOTE: Data were only available for 2010-2013.) | Personal Care      | 59%                | =                  |
|  | Flexible Choices   | 49%                | -                  |
|  | Homemaker services | 55%                | +                  |
|  | Adult Day Center   | 73%                | -                  |
| 20c. Percentage of NF and ERC participants rating setting "good" or above on "management's responsiveness to your suggestions and concerns"  | 83%                | =                  | New                |
| 21a. Percentage of HCBS participants reporting "somewhat satisfied" or above to "how satisfied are you with the services you receive?" (NOTE: Data were only available for 2010-2013.)   | Personal Care      | 95%                | =                  |
|  | Flexible Choices   | 94%                | =                  |
|  | Homemaker services | 90%                | =                  |
|  | Adult Day Center   | 94%                | =                  |
| 21b. Percentage of NF and ERC participants rating setting "good" or above on "how would you rate your overall satisfaction?"   | 89%                | =                  | New                |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)

- 2013 results worse (trend in a negative direction)      New Measure is new; 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 participants continued to experience high levels of staff courtesy. Nursing facility and ERC participants reported similarly high levels of satisfaction with staff care and concern. Improvement was seen in the area of choice as a higher percentage of HCBS participants agreed that they received services where they needed and wanted them.

Some HCBS participants continue to experience problems with programs that remain unresolved. Although Adult Day Centers were rated less highly this year, the program has a lower percentage of problems overall and greater percentage of resolutions compared to other HCBS programs. Alternatively, Flexible Choices had the lowest percentage of resolutions and experienced a substantial decrease in participants reporting that staff worked to resolve problems from 67% in 2012 to 49% in 2013. There could be lessons learned from the Adult Day Centers that could benefit other HCBS programs.

## 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?  |                    | 2013 | Comparison to 2012 | 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      | 92%  | =                  | =                     |
|  | Flexible Choices   | 100% | =                  | +                     |
|  | Homemaker services | 89%  | =                  | =                     |
|  | Adult Day Center   | 88%  | =                  | =                     |
| 23a. Percentage of HCBS participants reporting "somewhat" or above to "I am satisfied with how I spend my free time"                           |                    | 89%  | =                  | =                     |
| 23b. Percentage of NF and ERC participants rating setting "good" or above on "offering you meaningful activities"                              |                    | 88%  | +                  | 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"      |                    | 94%  | =                  | =                     |
| 23d. Percentage of NF and ERC participants rating setting "good" or above on "meeting your religious and spiritual needs"                      |                    | 89%  | =                  | New                   |
| 23e. Percentage of HCBS participants reporting "somewhat" or above to "I feel satisfied with my social life"                                   |                    | 82%  | +                  | =                     |
| 23f. Percentage of NF and ERC participants rating setting "good" or above on "offering you opportunities for friendships with other residents" |                    | 92%  | +                  | 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"           |                    | 90%  | =                  | New                   |
| 23i. Percentage of HCBS participants reporting "somewhat" or above to "I feel safe in the home where I live"                                   |                    | 98%  | =                  | =                     |
| 23j. Percentage of NF and ERC participants rating setting "good" or above on "how safe it is for you"  |                    | 92%  | =                  | New                   |
| 24. Percentage of HCBS participants who "agree" or above to "My services help me to achieve my personal goals"                                 |                    | 83%  | +                  | New                   |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)

- 2013 results worse (trend in a negative direction)      New Measure is new; no comparison available

\*\*\* Methodology changed and earlier results not comparable

Overall, results were maintained or improved for all quality of life measures in this eighth year. CFC continued to have high ratings across programs for making participants lives better. There were improvements in HCBS participant ratings on social life satisfaction and achievement of personal goals. However, both of these areas still have lower ratings than all other quality of life measures. Nursing facility and ERC participants rated the availability of meaningful activities and opportunities for friendships higher this year.

### 6. Waiting List

|   |  |                           |   |
|---|--|---------------------------|---|
| <b>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, and home care).</b>   |  |                           |   |
| <b>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?</b> | <b>2013</b>                                  | <b>Comparison to 2012</b> | <b>Comparison to 2006</b>                             |
| 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                              | =                         | +   |
| =   | 2013 results not different (0-3% difference) |                           | + 2013 results better (trend in a positive direction) |

There has not been a High Needs Group waiting (applicant) list since February 2011. This represents a positive outcome from 2006 when there was a HCBS waiting (applicant) list of 241 individuals. While not an official measure on the evaluation plan, over 300 individuals remained on the Moderate Needs Group waiting (applicant) lists despite the fact that there were unspent funds which the state had allocated to the Home Health Agencies and to the Adult Day Centers to serve individuals in the Moderate Needs Group. This represents a potential area for improvement as CFC explores flexible service options for the Moderate Needs Group.

### 7. Budget Neutrality

|  |                      |               |  |                           |                           |
|--|----------------------|---------------|--|---------------------------|---------------------------|
| <b>7. Budget Neutrality: Medicaid cost of serving CFC participants is equal to or less than the cost to provide Medicaid services without the Demonstration.</b>                 |                      |               |  |                           |                           |
| <b>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?</b> |                      |               | <b>2013</b>  | <b>Comparison to 2012</b> | <b>Comparison to 2006</b> |
| 26. Total annual CFC expenditures by setting   | HCBS (including ERC) | \$58,934,060  | 29.6%  | =                         | New                       |
|  | Nursing facility     | \$114,010,254 | 57.3%  | =                         | New                       |
|  | Acute                | \$26,088,675  | 13.1%  | =                         | New                       |
| 27. Percentage of Medicaid expenditures for nursing facilities for Highest and High Needs participants in comparison with Medicaid community services for all participants       |                      |               | 65.9%  | =                         | New                       |
| 28. Total appropriations versus actual expenditures  |                      |               | The Long Term Care portion of the Choices for Care budget was under budget by \$7,733,594 thru the end of SFY13. |                           |                           |

|  |   |
|--|---|
| <p>29. How surplus was reinvested*</p> | <p>SFY13 unobligated funds (\$6,005,391) are proposed to be reinvested in the following main categories:</p> <ul style="list-style-type: none"> <li>• Increase funding for AAA nutrition to offset sequestration cuts</li> <li>• Providing funds for Housing and Supportive Services (HASS) and Support and Services at Home (SASH)</li> <li>• Address Moderate Needs group waiting (applicant) list</li> </ul> |
|--|---|

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 and supports continuum and to maintain CFC budget neutrality. Expenditures remained below appropriations. Additionally, in accordance with 2013 Acts and Resolves No. 50, CFC used its unobligated funds to reinvest in CFC services through reducing nutrition risk among older adults as a result of sequestration cuts, addressing the Moderate Needs Group waiting (applicant) list and providing funding for SASH, a supportive housing program.<sup>1</sup>

### 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?   | 2013 | Comparison to 2012 | Comparison to 2006 |
| 30. Percentage of HCBS participants whose rating of their general health is "good" or better (NOTE: Data were only available for 2010-2013.)  | 49%  | =                  | =                  |
| 31. Percentage of HCBS participants who "agree" or above to "My services help me to maintain or improve my health"  | 87%  | =                  | 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" | 89%  | =                  | New                |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)  
 - 2013 results worse (trend in a negative direction)      New Measure is new; no comparison available

Although participants do not rate their health highly in comparison to other Vermonters, most feel their services help their health. Both of these ratings are consistent with prior year ratings. The ratings indicate that case management and support coordination were helpful to maintain individuals in the community.

<sup>1</sup>An act relating to making appropriations for the support of Government; Choices for Care; Savings, Reinvestments, and System Assessment, Sec. E.308 (c). Additional information regarding reinvestment options and the LTSS system are included in the [Annual Report on the Adequacy of the CFC Provider System](#).

## 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?                       |   | 2013  | Comparison to 2012 | Comparison to 2006 |
|--|---|-------|--------------------|--------------------|
| 33. Number of CFC participants by Nursing facilities, ERCs, PCA, Flexible Choices, Homemaker, Adult Day Center, 24 hour care, paid spouses | Nursing facilities**                      | 1,862 | +                  | +                  |
|  | ERCs                                      | 411   | +                  | +                  |
|  | PCA                                       | 1,290 | +                  | +                  |
|  | Flexible Choices                          | 112   | +                  | +                  |
|  | 24 hour care                              | 9     | +                  | +                  |
|  | Paid Spouses                              | 37    | +                  | +                  |
|  | Adult Day Center (Highest and High Needs) | 235   | +                  | +                  |
|  | Adult Day Center (Moderate Needs Group)   | 121   | —                  | +                  |
|  | Homemaker (Moderate Needs Group)          | 925   | +                  | +                  |
| 34. Number of providers of Nursing facility services, ERCs, PCA/Homemaker, AAA and Adult Day Center  | Nursing facilities                        | 40    | =                  | —                  |
|  | ERCs                                      | 61    | =                  | +                  |
|  | HHA ( PCA and Homemaker)                  | 12    | =                  | =                  |
|  | AAA                                       | 5     | =                  | =                  |
|  | Adult Day Center                          | 12    | =                  | Data unavailable   |

= 2013 results not different (0-3% difference)

- 2013 results worse (trend in a negative direction)

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

+ 2013 results better (trend in a positive direction)

New Measure is new; no comparison available

The number of CFC participants in HCBS settings increased since 2006, while the number of CFC participants in nursing facilities decreased. However, there was a decrease in participants in Adult Day Centers (Moderate Needs) since 2012. These overall 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 eight as CFC maintained and increased its ability to serve participants 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 the AAAs, doctors, hospitals and nurses can play in providing information to ensure choice.
- *Access:* CFC participants expressed satisfaction regarding access to the types and amount of supports they need and want. Competency of staff was highly rated in specific programs and by nursing facility and ERC respondents.
- *Effectiveness:* In addition to increasing percentages of Highest and High Needs Group participants living in home and community settings, there were no waiting lists for High Needs Group participants.
- *Experience with care:* CFC maintained positive gains in terms of quality, satisfaction, staff courtesy, and choice.
- *Quality of life:* Ratings continued to be high for someone to listen, someone to count on in an emergency and safety. There were improved ratings for social life satisfaction and achievement of personal goals. Nursing facility and ERC participants gave higher ratings this year to opportunity for friendships with other residents and meaningful activities.
- *Waiting list:* CFC did not 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 outcomes and the ability to remain in current living situations remained the same.
- *Service array and amount:* In every HCBS setting, the number of individuals being served increased since 2006. There was a decrease in nursing facility participants. CFC launched 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 or lower than average ratings. These include the following:

- *Information dissemination:* Despite consistency in ratings over time, there continues to be room for improvement across programs related to the amount of choice and control experienced by CFC HCBS participants during care planning.
- *Access:* Timeliness of services is an area that could be further examined due to consistently lower ratings across settings.
- *Effectiveness:* CFC has room for improvement related to service coordination and person-centered planning.
- *Experience with Care:* There continues to be a potential issue around problems experienced by participants and problem resolution for HCBS programs. Also, Homemaker service participants gave a lower rating to their receiving services where they needed and wanted them.
- *Waiting list:* Although there was no High Needs Group waiting (applicant) list again this year, individuals remained on Moderate Needs Group waiting (applicant) lists even though there were unspent funds for both Adult Day Centers and Homemaker services.

**Information Dissemination:** This year, the AAAs emerged as a significant source of information about LTSS for HCBS participants. Several factors, such as its assumption of the Local Contact Agency role for nursing facility transitions, provision of options counseling and its role as a core partner in Vermont's Aging and Disability Resource Connections (ADRC), appear to have contributed to a greater awareness of the AAAs. As the AAAs continue to engage in activities such as developing options counseling information materials, building collaborations with hospitals, and participating in other health reform activities, it is important that DAIL and the AAAs evaluate which activities result in the greatest increase in awareness about LTSS. This information could inform future activities. Survey results also suggest that CFC participants used medical professionals such doctors, hospitals and nurses as a significant source of information for selecting a nursing facility or an ERC setting. Medical professionals may not be aware of the full scope of LTSS available in Vermont and may encourage use of nursing facilities over other possible settings. We encourage DAIL to work with its HCBS providers, particularly the AAAs and other ADRC partners, to identify outreach efforts to medical staff which are succeeding and can be replicated.

Due to the large percentage of people that learned about their services through family, friends and word of mouth, we also encourage DAIL to develop and prominently display on its website, simple to understand educational materials that provide an overview of CFC and contacts for accessing the LTSS system. DAIL should be commended for its transparency and commitment to posting policies, publications, data and other materials on its public website; however,

given the large amount of available information, it is important to highlight simplified resources for individuals that may be newly trying to understand the LTSS system and may be feeling overwhelmed.

**Access:** 69% of nursing facility and ERC participants responded that there is an “adequate number of nursing staff to meet care needs.” Research has shown that the availability and the roles of nursing staff can positively impact the health of individuals in nursing facilities (Castle and Ferguson, 2010). Because CFC participants may select a nursing facility as their setting of choice and DAIL is committed to provision of quality services for all CFC participants, DAIL should work with nursing facility stakeholders to explore improvement opportunities in this area and possible solutions. One mechanism that could be leveraged is the existing coalition of nursing facilities in Vermont formed as part of a national effort called Local Area Networks of Excellence (LANES). These nationwide coalitions were developed to support local nursing facilities in achieving clinical and organizational goals. Given the possible financial impact of increasing staffing, the Evaluation Team recommends that DAIL contract with an independent quality improvement contractor to co-convene the coalition with VHCA, the current convener, to identify solutions to this issue and develop goals for improvement.

**Effectiveness:** Survey results demonstrate a need for further improvements in person-centered planning. Ratings could be improved in areas related to both service coordination and quality of life. To further enhance person-centered planning practices, DAIL can leverage guidance from the recent HCBS Final Rule CMS 2249-F and CMS 2296-F which defines requirements for individuals receiving services through 1915 (c) HCBS waivers and 1915 (i) state plan authorities. Key components of the requirements could be used to evaluate and develop improved standards related to the service planning process and use of the Independent Living Assessment (ILA). These include requirements that:

- the person-centered planning process is driven by the individual, provides necessary information and support, and identifies the strengths, preferences, needs and desired outcomes of the individual;
- the written plan should include individually identified goals and preferences related to relationships, community participation, and other areas; and
- the written plan should be signed by all providers responsible for its implementation and a copy of the plan must be provided to the individual receiving services (Cooper and Thaler, 2014).

Efforts to improve planning processes and care plans could also improve participant-identified problems with communication and scheduling and ratings for choice and control in care planning. By revising the ILA assessment instrument and service planning process, DAIL will be working to realize a LTSS system which reflects person-centered principles, ensuring that all CFC participants are involved in planning services that meet their needs and preferences. The Evaluation Team also recommends incorporating these requirements into quality management activities for all entities completing the ILA and developing services plans.

**Experience of Care:** Issues remain with problems and problem resolution across many programs. This is consistent with an increase in complaints to the Ombudsman Office as complaints and problems reflect similar issues of

- insufficient staff,
- problems with scheduling,
- problems with cancelations and communication about cancelations,
- problems with staff work and professionalism, and
- insufficient transportation.

The Evaluation Team encourages DAIL to work with providers to implement solutions to staffing problems, including the adequacy, management and training of staff. Individuals receiving Personal Care and Flexible Choices also experienced problems and less than 50% of Flexible Choices participants experienced resolutions to these problems. This suggests that individuals electing consumer-directed options could use additional case management supports and skills training to locate and manage workers. Additionally, as part of contract management practices, DAIL should work with providers to improve their communication with and notification of participants regarding scheduling and service plan changes. This has been a long-standing complaint identified by participants and DAIL should require and monitor adequate communication practices to improve the person-centeredness of CFC.

**Evaluation:** In fulfillment of its contract, the Evaluation Team will work with DAIL and the DAIL Advisory Board to continue aligning consumer survey questions across level of need groups and settings. To achieve further alignment, the Evaluation team will work with the DAIL contracted consumer surveyor and VHCA to ensure that similar questions are asked in the Vermont Long-term Care Consumer Survey and the My Innerview Satisfaction Survey. Because there were challenges in aligning measures in prior years, DAIL should further collaboration and decision-making between all entities as part of contract requirements.

For the upcoming year, the Evaluation Team will conduct the following activities to improve the Vermont Long-term Care Consumer Survey and My Innerview Satisfaction Survey:

- **Timeliness:** work with DAIL and the consumer survey contractor to revise or develop questions which will examine whether participant's ratings of "timeliness" is driven by experiences while applying for CFC and/or experiences as a recipient of CFC services;
- **Quality of life:** work with DAIL and VHCA to incorporate Long-term Care Consumer Survey questions around quality of life and health outcomes into the My Innerview Satisfaction Survey;
- **Enhanced residential Care (ERC):** work with DAIL, VHCA, and ERCs to determine actions which can be taken to increase the ERCs participation. ERCs are a CFC setting, yet their participation rate in the My Innerview Satisfaction Survey is consistently low. In addition, My Innerview Satisfaction Survey results should be reported in a manner that aggregates responses and also allows for comparisons between nursing facilities and ERCs;
- **Survey methodology:** work with DAIL and the consumer survey contractor to ensure that overall program summaries are available that reflect only data from CFC participants and not other programs such as Traumatic Brain Injury and Attendant Services;
- **Service Option Revisions:** work with DAIL and the consumer survey contractor to develop revisions to the Long-term Care Consumer Survey to reflect new service options including Adult Family Care and the Moderate Needs Group flexible service option. Ensure that sections of the Long-term Care Consumer Survey report reflect the experiences of Flexible Choices participants, Adult Family Care participants, and new flexible service participants in the Moderate Needs Group;
- **Level of Need Groups:** work with DAIL and the consumer survey contractor to develop revisions to the Long-term Care Consumer Survey report to analyze differences between level of needs groups. This would require separating Adult Day Center and case management participants by level of need.

In addition, the Evaluation Team will work on identifying additional measurement options in the following areas:

- **Case mix:** explore with DAIL possible alternatives to capturing acuity changes that focus on functional needs of participants within nursing facilities;
- **Eligibility:** explore with DAIL additional data elements which can provide a more complete and accurate representation of the timeliness of the eligibility process that includes length of time waiting for determination.

In this eight year of the CFC program, DAIL met the needs of those Vermonters who need long-term services and supports. The evaluation reflects CFC outcomes across the continuum of care settings related to information dissemination, access, effectiveness, experience with care, quality of life, waiting list, budget neutrality and service array and amounts. As with any program, there are areas which can be improved. Based on the findings, the Evaluation Team 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.

## I. Introduction

In its eighth year of implementing the Choices for Care (CFC) 1115 Research and Demonstration waiver, Vermont's Department of Disabilities, Aging and Independent Living (DAIL) continues to realize its goal of providing choice for Vermonters who access long-term care services.

### CFC Background and Year Eight Activities

In October 2005, Vermont implemented CFC, 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.

To fully support the provision of CFC services, a three-tiered system was established in which individuals with long-term service and supports 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 a waiting (applicant) 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, Adult Family Care, ERC, nursing facility). Those individuals who are identified as Moderate Needs are below the level of care that makes one eligible for nursing facility services, may not meet the financial criteria for Medicaid long-term services and supports, and can receive limited Homemaker services, Adult Day Center services and case management. Similar to the High Needs Group, Moderate Needs Group individuals may also be placed on a waiting (applicant) list.<sup>2</sup>

During this eighth year (October 2012-September 2013), CFC was involved in several activities, including:

- Identifying actions to improve the provision of long-term services and supports to individuals diagnosed with dementia living in the community and in nursing facilities;
- Contracting with the UMass Evaluation Team for a policy brief on the development of a flexible service option for Moderate Needs Group participants;
- Launching of Adult Family Care, a 24-hour residential service option for CFC participants;
- Developing a flexible service option for participants in the Moderate Needs Group, with input from a stakeholder work group; and
- Working to consolidate the CFC and Global Commitment to Health 1115 Medicaid Waiver Demonstrations to meet several goals including integrating acute and long-term services and supports for people with a wide range of disabilities and elders and expanding the availability of flexible supports (Vermont Letter of Renewal to HHS, 2013).

---

<sup>2</sup> Several waiting (applicant) lists can develop at the Home Health Agencies and the Adult Day Centers that receive funding from the state to serve Moderate Needs Group participants. Each agency creates and maintains its own waiting (applicant) list.

## 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 2012 through September 2013) evaluation results.

This is the second year the UMMS Evaluation Team will use the revised evaluation plan which focuses on specific outcomes for which data are available and that are actionable, have policy relevance, and encompass the continuum of settings. In 2012, UMMS added measures related to individuals in nursing facilities and ERCs, deleted a long-term outcome related to public awareness and added a long-term outcome related to service array and amounts.

The evaluation report draws on the annual Vermont Long-Term Care Consumer Survey to assess the impact of the CFC program. This year, DAIL hired a new contractor, Thoroughbred Research Group. DAIL, the Evaluation Team and Thoroughbred Research Group reviewed the Vermont Long-Term Care Consumer Survey and discussed potential changes to make the survey more reflective of current evidence-based survey methodology. The new surveyor changed the response scale to a 5-point scale versus the 4-point scale that was previously used. This does not appear to have affected comparisons between multiple years.

### 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/choices 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, DAIL's testimonies and reports to the Vermont legislature, Semi-annual reports to the Centers for Medicare and Medicaid Services (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 Evaluation Team obtained information about the functioning of the program and stakeholders' perspectives. To understand on-going CFC operations and provide context for the evaluation, the Evaluation Team analyzed Semi-Annual CFC Reports to CMS in 2012-2013 and DAIL Advisory Board Meeting Minutes. Reviews were concentrated on information about year eight 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 such as the operation of Money Follows the Person (MFP), the implementation of the Adult Family Care option within CFC, the receipt of the evaluation report, the reorganization of DAIL and the number of complaints made to the Ombudsman's office.

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

- Vermont Long-Term Care Consumer Survey: UMMS reviewed Thoroughbred Research Group survey data collected in the fall of 2013 through the Vermont Long-Term Care Consumer Survey. Similar to the 2012 survey, the 2013 survey interviewed consumers of the long-term services and supports system and provided data on specific CFC services. With consultation from the Evaluation Team, Thoroughbred Research Group added 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 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. Survey data can be analyzed for CFC programs only. 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. In some areas of the 2013 Vermont Long-Term Care Consumer Survey Report, data was reported using different combined response options than were used in previous years. In order to compare data across years, the Evaluation Team completed calculations in these areas using summary data tables provided by Thoroughbred Research Group.
- 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 following table.

| Organization  | Number of Responding Organizations |
|---|------------------------------------|
| Nursing facility                                    | 26                                 |
| Assisted Living including Enhanced Residential Care | 15                                 |

- 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 2012. 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 2012 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. The methodology for indicating a trend is used in the dashboard tables and the text. Meaning that a change in ratings from 0% - 3% is indicated by an equal sign (=) and usually described as consistent, maintenance or comparable; a change greater than 3% is indicated by a plus sign (+) or minus sign (-) and described as either an increase or decrease.

### III. Findings

#### Profile of CFC Enrollment

Enrollment in CFC grew in year eight, from 5,004 in 2012 to 5,125 in 2013 (point in time). During eight years of CFC implementation, total enrollment steadily grew in the first three years before leveling off in 2008 and decreasing slightly in the following years. Since 2008, 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%     | 3,537 |
| 10/06 | 13%      | 6%   | 82%     | 4,004 |
| 10/07 | 20%      | 12%  | 68%     | 4,643 |
| 10/08 | 23%      | 13%  | 64%     | 5,014 |
| 10/09 | 25%      | 11%  | 65%     | 5,145 |
| 10/10 | 20%      | 11%  | 68%     | 4,774 |
| 10/11 | 20%      | 13%  | 67%     | 4,888 |
| 10/12 | 22%      | 15%  | 63%     | 5,004 |
| 10/13 | 24%      | 16%  | 59%     | 5,125 |

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

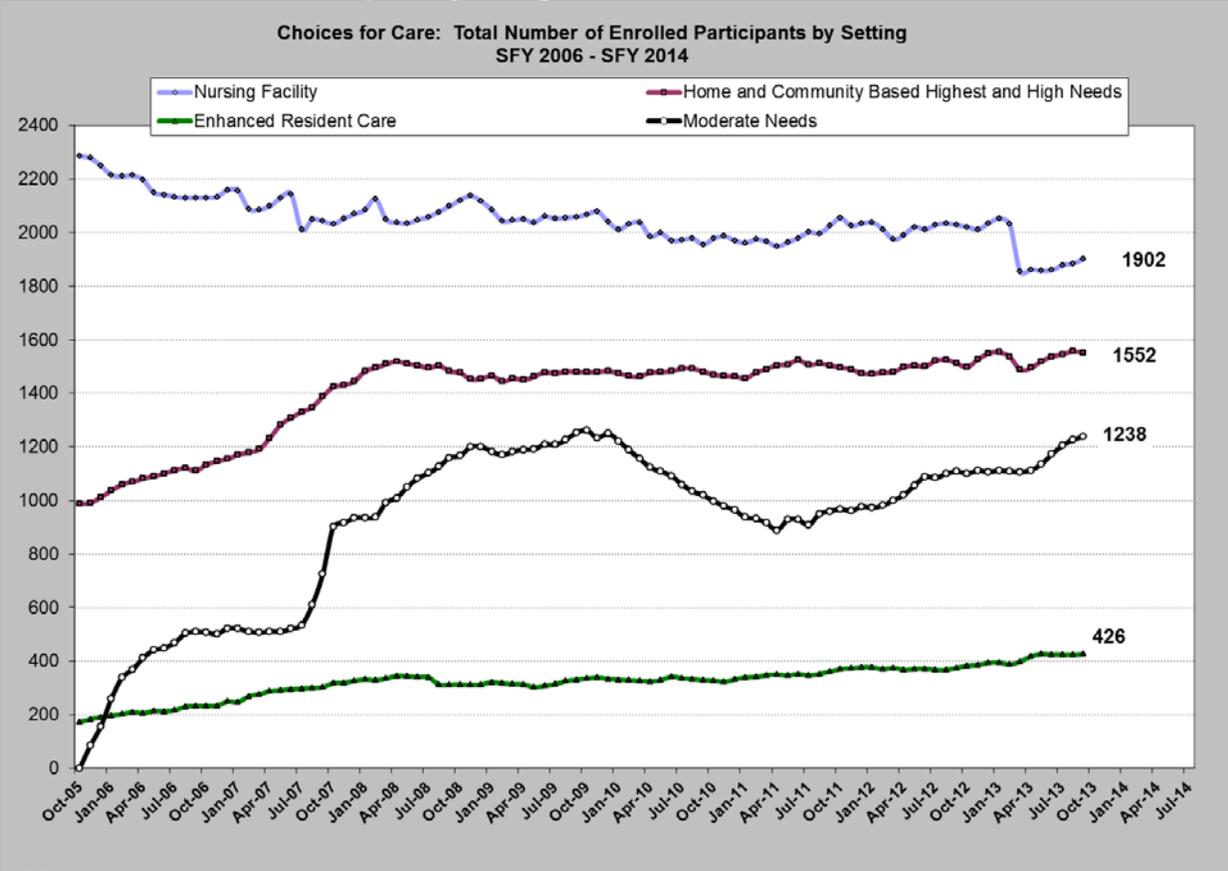
Since the beginning of CFC, Highest and High Need Group participants have been served in all three settings (NF, ERC and HCBS). In terms of enrollment by setting, nursing facilities have been the setting that has served the greatest number of CFC participants. Data from October 2013, however, highlighted the sustained downward trend of nursing home enrollment. In particular, there was a large decline in enrolled participants in nursing facilities between January and April 2013. From 2005 to 2013, nursing facility CFC enrollment dropped from 66% to 49%. This trend was coupled with higher use of HCBS and ERC settings, in which the percentage jumped from 34% to 51% over the same timeframe.

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

|       | NF  | HCBS | ERC | Total High/ Highest |
|-------|-----|------|-----|---------------------|
| 10/13 | 49% | 40%  | 11% | 3,880               |

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

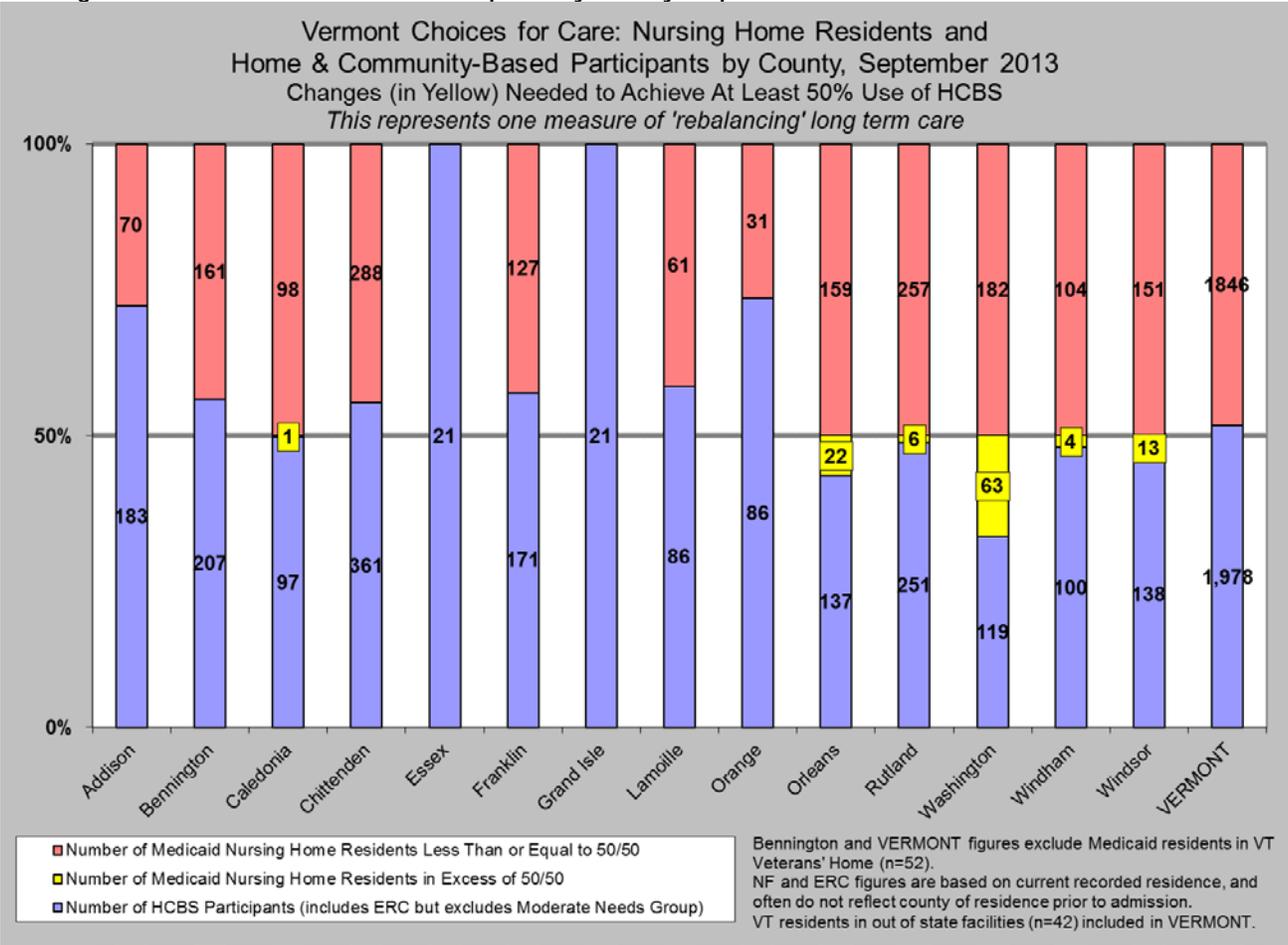
### Total Number of Enrolled Participants by Setting



Source: DAIL

As of September 2013, eight of fourteen Vermont counties had surpassed the goal of a 50% balance between use of nursing facilities and HCBS. By September 2013, Vermont was 109 CFC participants away from achieving 50% balance in all counties. Overall, Vermont is succeeding in its goal of having more individuals receiving CFC services in a community setting. By September 2013, over 51% of CFC participants statewide received services in a HCBS setting.

Nursing Home Residents and HCBS Participants by County, September 2013



Source: DAIL

1. Information Dissemination

|   |  |                           |                           |
|---|--|---------------------------|---------------------------|
| <b>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.</b>  |  |                           |                           |
| <b>Question 1.1: To what extent do participants receive information to make choices and express preferences regarding services and setting?</b>   | <b>2013</b>                                | <b>Comparison to 2012</b> | <b>Comparison to 2006</b> |
| 1a. Percentage of HCBS participants rating "good" or above to "how would you rate how well people listen to your needs and preferences?"  | 89%  | =                         | =                         |
| 1b. Percentage of NF participants rating setting "good" or above to "meeting the resident's choices and preferences"<br>(Note: Measure 1b. data was reported by facility-based setting for 2013; whereas in 2012, the data combined all facility-based settings. Direct comparisons cannot be made to prior year.)  | 89%  | N/A                       | New                       |
| 1b. Percentage of ERC participants rating setting "good" or above to "meeting the resident's choices and preferences"<br>(Note: Measure 1b. data was reported by facility-based setting for 2013; whereas in 2012, the data combined all facility-based settings. Direct comparisons cannot be made to prior year.) | 95%  | N/A                       | New                       |
| 2a. Percentage of HCBS participants responding to different answers to "how did you first learn about the long-term care services you receive?"*  | Area Agency on Aging                       |                           | 22%                       |
|   | Friend/Family/Word of Mouth/Other Children |                           | 20%                       |
|   | Doctor, Nurse, health care provider        |                           | 16%                       |
|   | Home Health Agency                         |                           | 15%                       |
|   | Hospital                                   |                           | 13%                       |
| 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?"*   | Good Reputation                            |                           | 29%                       |
|   | Hospital, Doctor, recommendation           |                           | 22%                       |
|   | Relative, friend recommendation            |                           | 8%                        |
| 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"  | 94%  | +                         | New                       |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)  
 - 2013 results worse (trend in a negative direction)      New Measure is new; 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 nursing facility and ERC participants stated that people listened to their needs and preferences or met their choices and preferences. The percentage of HCBS participants reporting positively increased over time between Year 1 and 4 and has remained high since that time. This trend held for most HCBS CFC programs with high

ratings for the past four years across specific programs. However, there was a decrease in rating by individuals in Homemaker services. In 2012 and 2013, nursing facility and ERC participants were also asked to rate their setting in regards to meeting their choices and preferences. Unfortunately, data was inconsistently reported for the two years with responses combined in 2012 and separated by setting in 2013. Despite differences in reporting, it is evident that participants highly rated both settings as meeting their choices and preferences and there were improvements this year for this measure.

| Percent of participants ratings of "good" or above                             |        | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 1a. "How would you rate how well people listen to your needs and preferences?" | HCBS   | 86%    | 90%    | 90%    | 94%    | 91%    | 92%    | 91%    | 89%    |
| 1b. "Meeting resident's choices and preferences"                               | NF/ERC | New    |        |        |        |        |        | 88%    | N/A    |
| 1b. "Meeting resident's choices and preferences"                               | NF     | New    |        |        |        |        |        | N/A    | 89%    |
| 1b. "Meeting resident's choices and preferences"                               | ERC    | New    |        |        |        |        |        | N/A    | 95%    |

Source: Thoroughbred Research Group and Vermont Health Care Association (VHCA)

| Percent of participants ratings of "good" or above                             | 2010 | 2011 | 2012 | 2013 |
|--|------|------|------|------|
| 1a. "How would you rate how well people listen to your needs and preferences?" |      |      |      |      |
| Personal Care  | 95%  | 92%  | 94%  | 92%  |
| Flexible Choices   | 85%  | 90%  | 91%  | 89%  |
| Homemaker Services   | 87%  | 89%  | 91%  | 84%  |
| Adult Day Center   | 90%  | 92%  | 91%  | 89%  |

Source: Thoroughbred Research Group

As part of the revised evaluation plan in 2012, a descriptive, qualitative measure to understand how CFC participants obtained information about long-term services and supports was added. HCBS participants learned about their services from a variety of agencies and sources, with Area Agencies on Aging (AAA) being the most common source (22%), followed by friends, family and word of mouth (20%). The My Innerview Survey has a similar question that allows DAIL to understand the experiences of CFC participants who select a nursing facility, Assisted Living or Enhanced Residential Care. The data suggests that many people select a nursing facility because of its "good reputation" and also because of recommendations from medical professionals. Since 22% of individuals in facilities received recommendations from medical professionals, activities to increase awareness about service choices across settings should focus on doctors, nurses and hospitals.

AAAs are core partners in the Vermont Aging and Disability Resource Connections (ADRC). In addition, they provide options counseling to Vermonters about the full range of LTSS options and serve as the local contact agencies for nursing facility residents who have expressed a desire to move back to a community setting. As part of these functions, AAAs have raised awareness about their services through webinars and material distribution and built collaborations with medical and community-based partners. Recent efforts appear to be successful as CFC participants increasingly used the AAAs as an information resource. The Evaluation Team recommends that the AAAs continue to raise awareness in the community and with medical providers such as hospitals, doctors and nurses as part of their ADRC and options counseling activities. Since a large percentage of individuals are still learning about services from friends and family, it is important that information distribution strategies are wide reaching and include ensuring websites contain user-friendly and easy to understand information and contacts for assistance.

| Information resources/Reason for choosing facility   | HCBS | NF  |
|--|------|-----|
| 2a. Percentage of HCBS participants responding to different answers to “how did you first learn about the long-term care services you receive?” and        |      |     |
| 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?” |      |     |
| AAA  | 22%  | N/A |
| Family and friends   | 20%  | 8%  |
| Doctor, nurse, hospital recommendation   | 16%  | 22% |
| Home Health Agency   | 15%  | N/A |
| Good reputation of facility  | N/A  | 29% |

Source: Thoroughbred Research Group 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 eight years. While there was a high of 91% in Year 2, these gains were not maintained and dropped to 81% in Year 5 and only saw modest gains in the following years. For specific CFC programs, there was maintenance of levels among most programs. However, Adult Day Centers decreased from last year. There is room for improvement in this measure to regain and even improve upon prior year’s ratings to ensure CFC participants have choice and control in planning their care.

| Percent of participants ratings of “good” or above  |      | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|---|------|--------|--------|--------|--------|--------|--------|--------|--------|
| 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%    | 84%    |

Source: Thoroughbred Research Group

| Percent of participants ratings of “good” or above  | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|
| 3. “How would you rate the amount of choice and control you had when you planned the services or care you would receive?” |      |      |      |      |
| Personal Care   | 84%  | 89%  | 87%  | 85%  |
| Flexible Choices  | 88%  | 80%  | 91%  | 88%  |
| Homemaker services  | 76%  | 81%  | 78%  | 81%  |
| Adult Day Center  | 81%  | 84%  | 88%  | 84%  |

Source: Thoroughbred Research Group

The choice of setting measure continues to show a high percentage of HCBS participants agreeing that their current residence was the setting where they chose to receive care and services. The increased percentage overall and of participants in Homemaker services and Adult Day Centers further suggests that DAIL is succeeding in its goal to ensure that CFC participants receive services in a setting of their choice.

| Percent of participants ratings of “agree” or above                            | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|
| 4. “My current residence is the setting in which I choose to receive services” | HCBS   | New    |        |        |        |        | 89%    | 94%    |

Source: Thoroughbred Research Group

| Percent of participants ratings of “agree” or above | 2012 | 2013 |
|---|------|------|
| 4. “Current residence is setting of choice”         |      |      |
| Personal Care                                       | 93%  | 96%  |
| Flexible Choices                                    | 95%  | 96%  |
| Homemaker services                                  | 89%  | 93%  |
| Adult Day Center                                    | 82%  | 90%  |

Source: Thoroughbred Research Group

Overall, for information dissemination, CFC maintained gains or improved across comparative measures. This year, AAAs emerged as one of the important sources from which CFC participants learned about services. Because the increase was so large, the Evaluation Team recommends that the AAAs continue with current awareness activities and collaborations with medical and community-based partners. There continues to be room for improvement across programs related to the amount of choice and control experienced by CFC HCBS participants during care planning. Flexible Choices participants rate choice and control more highly than participants in other programs. DAILs efforts to implement program changes that allow for flexible funding options for individuals in the Moderate Needs Group are a worthwhile pursuit to improve choice and control across level of need and programs.

## 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?  | 2013 | Comparison to 2012 | Comparison to 2006 |
| 5a. Percentage of HCBS participants rating “good” or above to “how would you rate the timeliness of your services?”                              | 85%  | =                  | =                  |
| 5b. Percentage of NF and ERC participants rating setting “good” or above to “providing an adequate number of (nursing) staff to meet care needs” | 69%  | =                  | New                |
| 6. Percentage of HCBS participants rating “good” or above to “how would you rate when you receive your services or care?”                        | 89%  | =                  | =                  |
| 7a. Number of applicants “pending financial eligibility”**   | 319  | +                  | New                |
| 7b. Number of applicants awaiting DAIL clinical eligibility**  | 113  | +                  | New                |
| Question 2.2: To what extent are CFC participants receiving the types and amount of supports consistent with their needs and preferences?        | 2013 | Comparison to 2012 | Comparison to 2006 |
| 8. Number and percentage of Long-term Care Ombudsman complaints from CFC HCBS participants regarding CFC service scope or amount**               | 118  | —                  | —                  |
| 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?”   | 89%  | +                  | =                  |
| 9b. Percentage of NF and ERC participants rating setting “good” or above to “meeting your need for grooming”                                     | 80%  | =                  | New                |
| 9c. Percentage of NF and ERC participants rating setting “good” or above to “the competency of staff”  | 91%  | =                  | New                |

= 2013 results not different (0-3% difference)

- 2013 results worse (trend in a negative direction)

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

+ 2013 results better (trend in a positive direction)

New Measure is new; no comparison available

Access, as an outcome, relates to receiving long-term services and supports consistent with needs and preferences in a timely manner upon enrollment in CFC. Access also involves whether individuals are found eligible for CFC in a timely manner.

HCBS participants rated the timeliness of their services consistently over the past three years (although there was 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 to at least earlier ratings. In particular, Homemaker services consistently have lower timeliness ratings than other CFC HCBS programs and could realize improvements by improving communication with program participants and improving scheduling to meet the needs and preferences of program participants. According to data collected by the Vermont Long-Term Care Ombudsman, of the forty-four complaints made against Home Health Agencies, two were related to beginning services or increasing service allocations promptly and twenty-two were related to staff scheduling, showing up on time, spending adequate time at the residence, and, most commonly, cancelling a visit without providing notice.<sup>3</sup>

For nursing facility and ERC participants, only 69% reporting that there was adequate staff to meet care needs. In comparison, national data shows 72% of respondents' rate facilities as having adequate staff. This is an area that could be further explored to identify opportunities for program improvement.

| Percent of participants ratings of "good" or "above:                     |        | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 5a. "How would you rate the timeliness of your services?"                | HCBS   | 84%    | 90%    | 89%    | 88%    | 84%    | 85%    | 83%    | 85%    |
| 5b. "Providing an adequate number of (nursing) staff to meet care needs" | NF/ERC | New    |        |        |        |        |        | 66%    | 69%    |

Source: Thoroughbred Research Group and VHCA

| Percent of participants ratings of "good" or above        | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|
| 5a. "How would you rate the timeliness of your services?" |      |      |      |      |
| Personal Care   | 86%  | 89%  | 86%  | 88%  |
| Flexible Choices  | 92%  | 91%  | 88%  | 89%  |
| Homemaker services  | 84%  | 82%  | 80%  | 81%  |
| Adult Day Center  | 87%  | 82%  | 86%  | 86%  |

Source: Thoroughbred Research Group

In contrast to the timeliness of services measure (which highlighted some opportunity for improvement), HCBS participants were generally satisfied with when they receive services, with relatively high scores across most years. Looking at program specific data, there was an increase for Personal Care, which had decreased in 2012.

| Percent of participants ratings of "good" or "above:            |      | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|---|------|--------|--------|--------|--------|--------|--------|--------|--------|
| 6. "How would you rate when you receive your services or care?" | HCBS | 86%    | 90%    | 90%    | 92%    | 88%    | 90%    | 88%    | 89%    |

Source: Thoroughbred Research Group

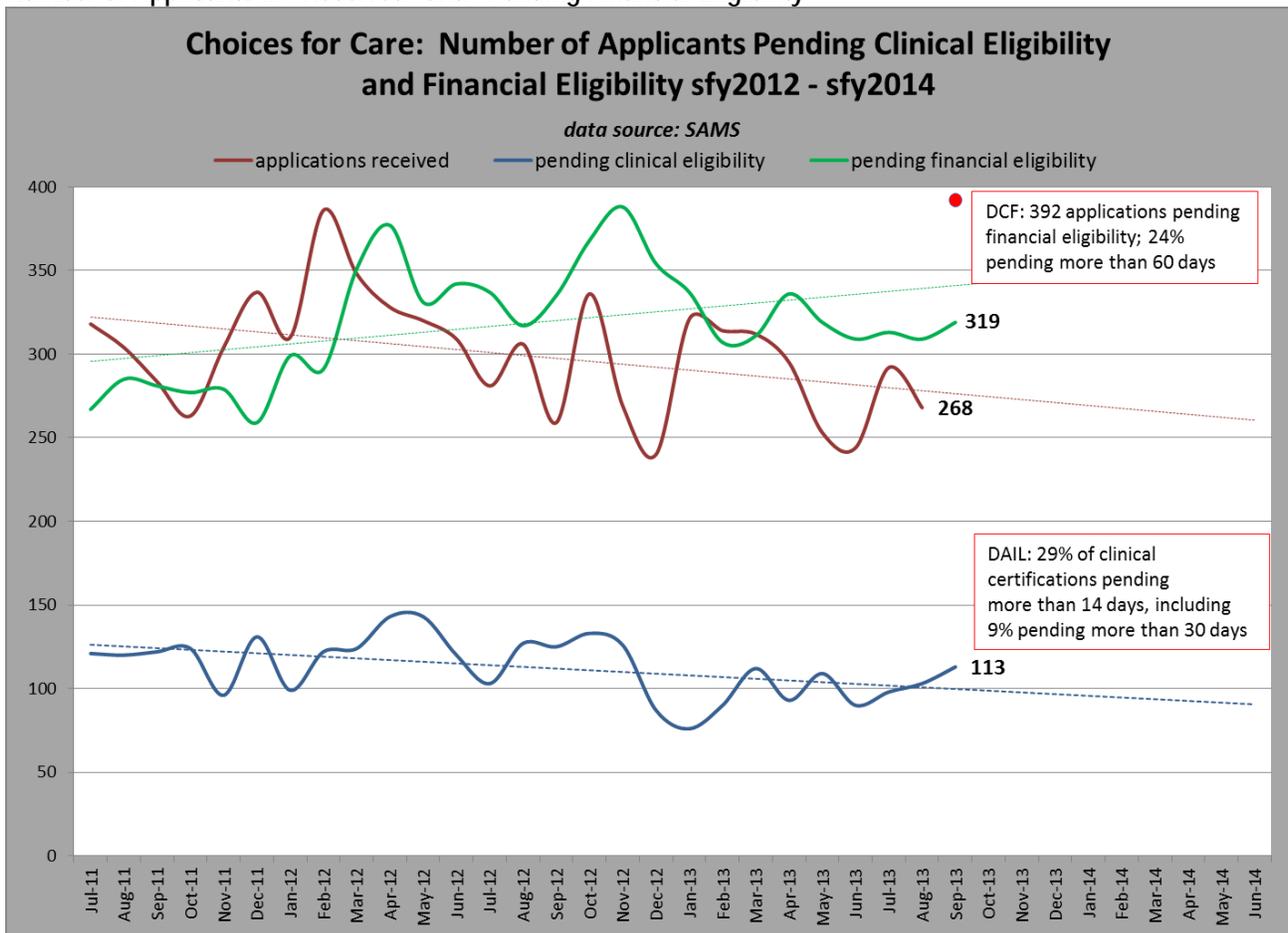
<sup>3</sup> Data provided to the Evaluation Team by the Vermont Long-Term Care Ombudsman.

| Percent of participants ratings of "good" or above 6. "How would you rate when you receive your services or care?" | 2010 | 2011 | 2012 | 2013 |
|--|------|------|------|------|
| Personal Care  | 91%  | 91%  | 86%  | 91%  |
| Flexible Choices   | 91%  | 93%  | 94%  | 91%  |
| Homemaker services   | 84%  | 89%  | 86%  | 86%  |
| Adult Day Center   | 85%  | 92%  | 91%  | 88%  |

Source: Thoroughbred Research Group

Another aspect of access to CFC services is the timely processing of applications and eligibility determinations. An improvement was seen in the number of individuals who were awaiting a financial eligibility determination and/or were awaiting clinical eligibility determination (point in time). Because this data only reflects the number of individuals currently waiting and does not consider the length of time waiting for the determination, the Evaluation Team suggests adding additional indicators to the evaluation plan that examine the percentage of individuals that receive financial eligibility determinations within sixty days and the percentage of individuals that receive clinical determinations within fourteen days. As of September 2013, 24% of current applicants were waiting over sixty days for a financial eligibility determination and 29% of current applicants were waiting over fourteen days for a clinical determination. This data should be regularly reviewed for performance management purposes to improve waiting time. According to DAIL, new data reports are now generated that assist with performance management for clinical eligibility. The impact of these changes should be further explored to determine if there are any lessons learned over time that could also result in improvements in financial eligibility determinations.

**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 Office (Ombudsman Office) complaints for HCBS and participants' ratings on their needs being met.

The 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 and has performed this function since 2005 (Ombudsman Annual Report, 2013). Over the years, the Ombudsman Office has refined its methodology for identifying complaints. Therefore, although we provided 2006 data, because it does not represent a complete year and is not using current methodology, we focus on data from 2011 through 2013. Based on the Ombudsman 2013 Annual Report (October 2012 through September 2013), a total of 118 complaints about HCBS were closed. A subset of the complaints, those made about agencies or organizations that had five or more complaints against them, included 45 complaints against Home Health Agencies, 15 against Economic Services, 6 against ARIS and 5 against AAAs. The majority of Home Health Agency complaints were related to insufficient staff, not being notified of schedule changes and not getting the quantity of hours authorized. Other more common complaints regarding a variety of providers and agencies included access to transportation, problems with case managers, inadequate staff training, changes in policy that affected caregiver payments, and issues with quality of service. Complaints against Home Health Agencies, ARIS and the AAAs are particularly meaningful because each agency can impact a participant's access to CFC.

| 8. HCBS Long-term Care Ombudsman complaints | 2006 | 2011 | 2012 | 2013 |
|---|------|------|------|------|
| CFC HCBS complaint number                   | 46*  | 107  | 99   | 118  |

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.

In 2012, HCBS participants appeared to be rating their services lower regarding the degree to which services met their daily needs. However, this year, HCBS participants rated their services higher and more consistently with earlier ratings. 80% of nursing facility and ERC participants rated their settings positively for meeting their grooming needs which is consistent with last year but still shows room for improvement. Nursing facility and ERC staff was quite highly rated and slightly above peer groups nationwide. In keeping with the goal of asking the same questions across the spectrum of care, the question of staff competency was asked of HCBS participants across programs. The numbers suggest that participants in the specific HCBS programs, nursing facility and ERC rated staff competency very high.

| Percent of participants ratings of "good" or above:                              |        | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 9a. "How would you rate the degree to which the services meet your daily needs?" | HCBS   | 89%    | 91%    | 91%    | 95%    | 88%    | 88%    | 85%    | 89%    |
| 9c. "Meeting your need for grooming"   | NF/ERC | New    |        |        |        |        |        | 79%    | 80%    |
| 9c. "The competency of staff"  | NF/ERC | New    |        |        |        |        |        | 92%    | 91%    |

Source: Thoroughbred Research Group and VHCA

| Percent of participants rating "good" or above to competency of staff: | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|
| Personal Care  |        |        |        | New    |        |        |        | 93%    |
| Flexible Choices   |        |        |        | New    |        |        |        | N/A    |
| Homemaker services   |        |        |        | New    |        |        |        | 89%    |
| Adult Day Center   |        |        |        | New    |        |        |        | 94%    |

Source: Thoroughbred Research Group

The measures related to access have consistent results. However, the number of complaints to the Ombudsman Office increased this year. There continue to be areas for improvement related to timeliness of services. It continues to be 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. In order to more fully understand what is impacting a participant's response to the question of timeliness, survey questions should be reviewed and improved in order to make this distinction in next year's Vermont Long-Term Care Consumer Survey.

### 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?  | 2013               | Comparison to 2012 | 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  | 49%                | +                  | +                  |
| 12. Number of licensed nursing home beds**  | 3,237              | =                  | +                  |
| 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      | 92%                | =                  |
|   | Flexible Choices   | 93%                | -                  |
|   | Homemaker services | 86%                | +                  |
|   | Adult Day Center   | 88%                | +                  |
| <b>Question 3.2: To what extent are participants' long-term care supports coordinated with all services?</b>  |                    |                    |                    |
| 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"  | 83%                | =                  | 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"   | 85%                | =                  | New                |
| <b>Question 3.3: To what extent does Medicaid nursing facility residents' acuity change over time?</b>  |                    |                    |                    |
| 16. Case Mix Acuity   | 1.095              | =                  | +                  |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)  
 - 2013 results worse (trend in a negative direction)      New Measure is new; no comparison available  
 \*\* Reverse coded = a lower number is a better result, while a higher number is a worse result

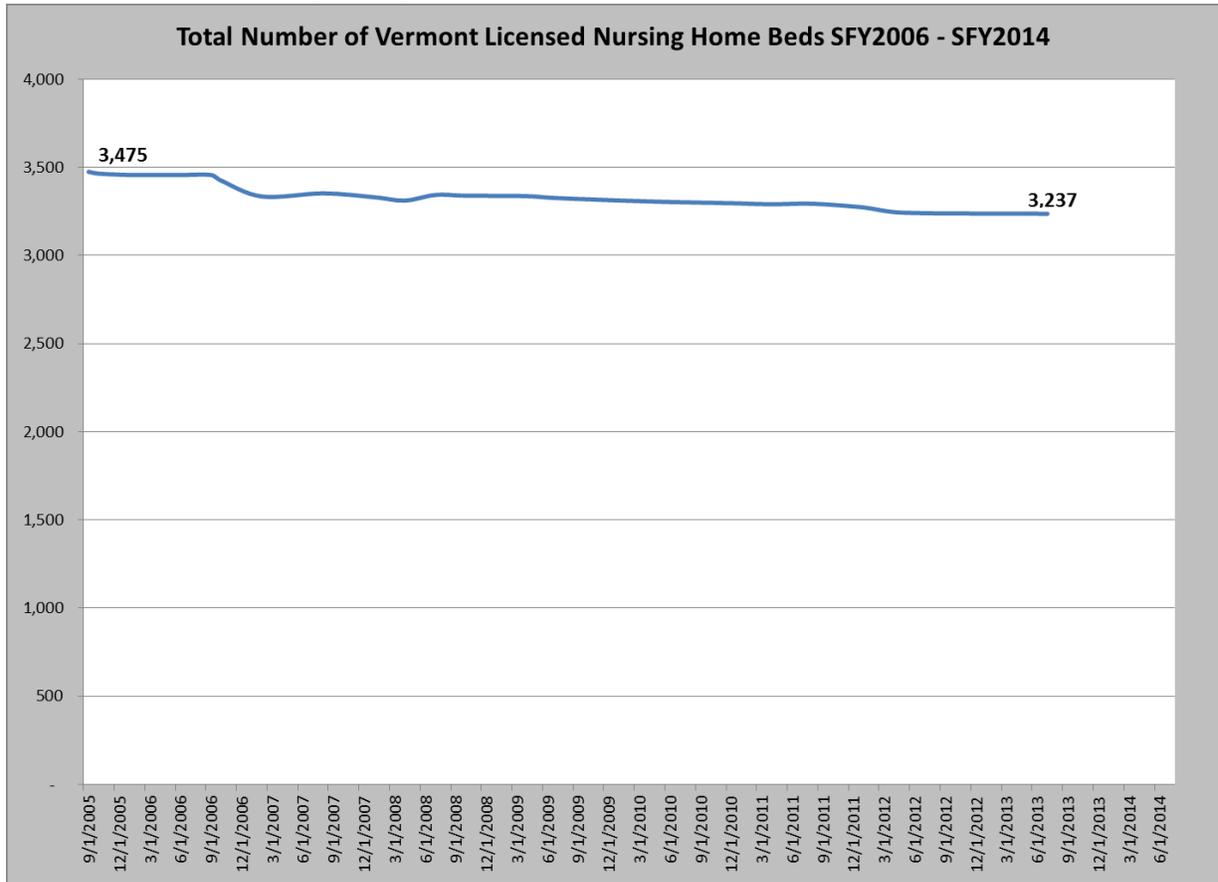
Effectiveness relates to how well CFC is serving participants in community settings and how services are coordinated. This outcome reflects CFC's stated purpose of making HCBS as available and accessible to eligible participants as facility settings and ensures that these long-term services and supports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

CFC increased in its ability to serve participants in the community as demonstrated by the absence of a waiting (applicant) list for High Needs Group participants since February 2011 and the increasing percentages of Highest and High Needs Group participants being served in the community. This year, less than 50% of participants were served in nursing facilities, which is a meaningful accomplishment. Also, there is a positive trend in the number of licensed beds which decreased from 3,475 in 2005 to 3,237 in 2013. Despite this decline, the statewide occupancy rate was 85% in 2013 meaning that there was still excess capacity (Annual Report of the Adequacy of the CFC Provider System, 2013).

| 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% |
| 10/13  | 49% | 40%  | 11% |

Source: DAIL

14. Number of licensed Nursing Facility Beds



Source: DAII

This year, there was a small increase in participant's rating of services as meeting their daily needs. There was a rating decrease by participants in Flexible Choices whereas there were rating increases by participants in Homemaker services and Adult Day Centers. Despite modest increases, there is still an opportunity for some improvement in this area to again achieve the very high ratings experienced in Year 4.

| Percent of participants ratings of "good" or above                               |      | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|------|--------|--------|--------|--------|--------|--------|--------|--------|
| 13. "How would you rate the degree to which the services meet your daily needs?" | HCBS | 89%    | 91%    | 91%    | 95%    | 88%    | 88%    | 85%    | 89%    |

Source: Thoroughbred Research Group

| Percent of participants ratings of "good" or above                               | 2010 | 2011 | 2012 | 2013 |
|--|------|------|------|------|
| 13. "How would you rate the degree to which the services meet your daily needs?" |      |      |      |      |
| Personal Care  | 92%  | 93%  | 90%  | 92%  |
| Flexible Choices   | 90%  | 90%  | 98%  | 93%  |
| Homemaker services   | 85%  | 86%  | 79%  | 86%  |
| Adult Day Center   | 83%  | 87%  | 83%  | 88%  |

Source: Thoroughbred Research Group

New measures were added in 2012 to assess coordination of services, an important aspect of effectiveness. In the second year of these measures, ratings were consistent overall despite a lower rating by participants in Adult Day Centers. Flexible Choices was very highly rated with 100% of participants reporting they had a part in care planning. Overall, these results suggest there may be room for improvement related to person-centered planning, particularly for Homemaker services and Adult Day Centers. It will be important to monitor if there are improvements in this area as a result of proposed changes that will allow individuals in the Moderate Needs Group to select a flexible service option.

| Percent of participants ratings of "Almost always" or above:                               |      | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|------|--------|--------|--------|--------|--------|--------|--------|--------|
| 14. "I feel I have a part in planning my care with my case manager or support coordinator" | HCBS | New    |        |        |        |        |        | 86%    | 83%    |

Source: Thoroughbred Research Group

| Percent of participants ratings of "almost always" or above                                | 2012 | 2013 |
|--|------|------|
| 14. "I feel I have a part in planning my care with my case manager or support coordinator" |      |      |
| Personal Care  | 89%  | 88%  |
| Flexible Choices   | N/A  | 100% |
| Homemaker services   | 81%  | 78%  |
| Adult Day Center   | 88%  | 83%  |

Source: Thoroughbred Research Group

HCBS participants rated their case manager/support coordinator slightly lower in terms of coordinating care to meet needs. Individual program data also showed lower ratings for Homemaker services and Adult Day Centers. However, 100% of Flexible Choices participants rated their case manager/support coordinator as "good" or above in this area. Overall, these data further support the need for DAIL 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 | Year 8 |
|--|------|--------|--------|--------|--------|--------|--------|--------|--------|
| 15. "My case manager or support coordinator coordinates services to meet my needs" | HCBS | New    |        |        |        |        |        | 88%    | 85%    |

Source: Thoroughbred Research Group

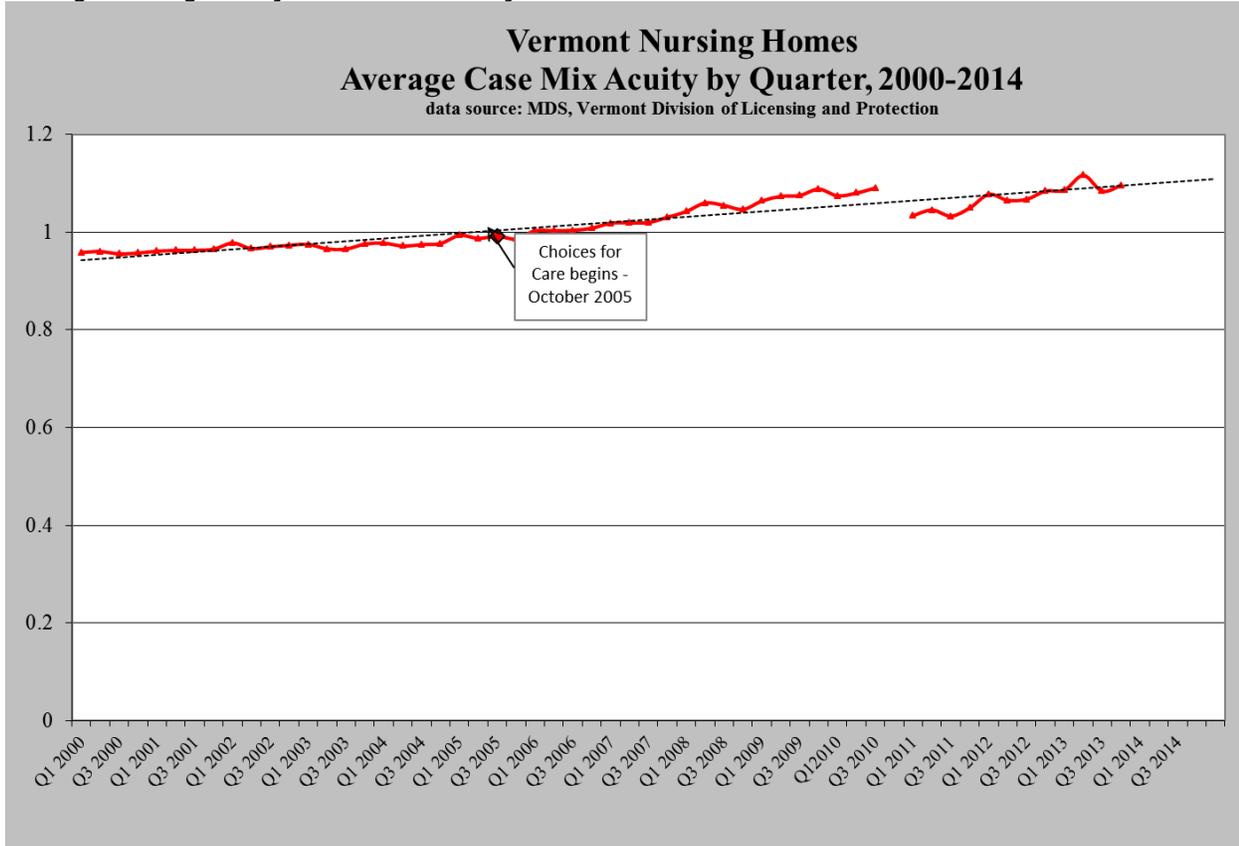
| Percent of participants ratings of "good" or above                                 | 2012 | 2013 |
|--|------|------|
| 15. "My case manager or support coordinator coordinates services to meet my needs" |      |      |
| Personal Care  | 92%  | 89%  |
| Flexible Choices   | n/a  | 100% |
| Homemaker services   | 84%  | 80%  |
| Adult Day Center   | 91%  | 86%  |

Source: Thoroughbred Research Group

In terms of case mix acuity for nursing facilities, acuity levels have been increasing over time. Between 2006 and 2010, there was a 7.7% increase in the case mix acuity. In 2011, there was a change in score types due to Vermont's changing from RUG III to RUG IV. These changes do not allow for comparisons between recent and prior years. Between 2011 and 2013, there was a 5.3% increase in case mix acuity with 2% of that increase over the last year. The Evaluation Team would like to work with DAIL to further refine measures related to Case Mix Acuity. Because of the large number of RUG IV levels, it would be more relevant to look at the specific levels related to Activities of Daily Living (ADLs). This will

better enable the Evaluation Team to determine if the functional needs of nursing facility residents are increasing over time as more individuals are choosing community-based settings.

**Average Nursing Facility Case Mix Scores by Quarter**



Source: DAIL

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 daily needs are met in the community and person-centered planning practices continue to be incorporated into care planning, related issues that may be amenable to similar approaches. Given the particularly high ratings from Flexible Choices participants in this domain, further improvements may be anticipated when Moderate Needs Group participants are offered a flexible service option in the near future that will provide greater opportunity for control and flexibility in addressing needs and preferences. Consistent with survey responses from Flexible Choices participants, research has shown that participants in consumer-directed models report more positive outcomes related to participant safety, unmet needs and service satisfaction (Benjamin, Matthias, Franke 2000).

**4. Experience with Care**

|   |             |                           |                           |
|---|-------------|---------------------------|---------------------------|
| <b>4. Experience with Care: Participants have positive experiences with the types, scope, and amount of CFC services.</b>         |             |                           |                           |
| <b>Question 4.1: To what extent do CFC participants report positive experiences with types, amount and scope of CFC services?</b> | <b>2013</b> | <b>Comparison to 2012</b> | <b>Comparison to 2006</b> |
| 17a. Percentage of HCBS participants rating "good" or above to "how would you rate the overall quality of the help you receive?"  | 91%         | =                         | =                         |
| 17b. Percentage of NF and ERC participants rating setting "good" or above on "the quality of care provided by the (nurses)/staff" | 93%         | =                         | New                       |

|  |                    |     |   |     |
|--|--------------------|-----|---|-----|
| 17c. Percentage of NF and ERC participants rating setting “good” or above on “the quality of care provided by the nursing assistants”  |                    | 90% | = | 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 |
| 19. Percentage of HCBS participants who “agree” or above to “I receive services exactly where I need and want services”  |                    | 89% | + | New |
| 20a. Percentage of HCBS participants who reported experiencing “any problems with services during the past 12 months” <sup>***</sup> (NOTE: Data were only available for 2010-2013.)   | Personal Care      | 15% | = | =   |
|  | Flexible Choices   | 20% | + | =   |
|  | Homemaker services | 24% | = | +   |
|  | Adult Day Center   | 12% | — | =   |
| 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” (NOTE: Data were only available for 2010-2013.) | Personal Care      | 59% | = | —   |
|  | Flexible Choices   | 49% | — | +   |
|  | Homemaker services | 55% | + | —   |
|  | Adult Day Center   | 73% | — | +   |
| 20c. Percentage of NF and ERC participants rating setting “good” or above on “management’s responsiveness to your suggestions and concerns”  |                    | 83% | = | New |
| 21a. Percentage of HCBS participants reporting “somewhat satisfied” or above to “how satisfied are you with the services you receive?” (NOTE: Data were only available for 2010-2013.)   | Personal Care      | 95% | = | =   |
|  | Flexible Choices   | 94% | = | =   |
|  | Homemaker services | 90% | = | —   |
|  | Adult Day Center   | 94% | = | =   |
| 21b. Percentage of NF and ERC participants rating setting “good” or above on “how would you rate your overall satisfaction?”   |                    | 89% | = | New |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)  
 - 2013 results worse (trend in a negative direction)      New Measure is new; 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 had positive experiences with CFC services.

Participants across all settings (HCBS, nursing facility and ERC) continued to rate quality of help/care as high with 90% or more rating quality as “good” or above. For specific HCBS programs, Flexible Choices and Adult Day Center ratings were lower this year yet still higher than 90% and Homemaker services continue to lag behind other programs with ratings remaining at 87%.

| Percent of participants ratings of "good" or above:                    |        | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 17a. "How would you rate the overall quality of the help you receive?" | HCBS   | 92%    | 94%    | 93%    | 97%    | 89%    | 93%    | 90%    | 91%    |
| 17b. "The quality of care provided by the (nurses)/staff"              | NF/ERC | New    |        |        |        |        |        | 90%    | 93%    |
| 17c. "The quality of care provided by the nursing assistants"          | NF/ERC | New    |        |        |        |        |        | 93%    | 90%    |

Source: Thoroughbred Research Group and VHCA

| Percent of participants ratings of "good" or above<br>17a. "How would you rate the overall quality of the help you receive?" | 2010 | 2011 | 2012 | 2013 |
|--|------|------|------|------|
| Personal Care  | 97%  | 97%  | 93%  | 92%  |
| Flexible Choices   | 88%  | 91%  | 98%  | 92%  |
| Homemaker services   | 89%  | 90%  | 87%  | 87%  |
| Adult Day Center   | 94%  | 95%  | 95%  | 91%  |

Source: Thoroughbred Research Group

There were also high ratings for courtesy and concern in HCBS, nursing facility and ERC settings over time. Ratings over 90% over the past eight years show a very positive experience with CFC. All HCBS programs had high ratings of 95% or above.

| Percent of participants ratings of "good" or above:           |        | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 18a. "How would you rate the courtesy of those who help you?" | HCBS   | 97%    | 98%    | 98%    | 97%    | 96%    | 94%    | 96%    | 96%    |
| 18b. "The staff's care and concern for you"                   | NF/ERC | New    |        |        |        |        |        | 91%    | 91%    |

Source: Thoroughbred Research Group and VHCA

| Percent of participants ratings of "good" or above:<br>18a. "How would you rate the courtesy of those who help you?" | 2010 | 2011 | 2012 | 2013 |
|--|------|------|------|------|
| Personal Care  | 97%  | 98%  | 97%  | 96%  |
| Flexible Choices   | 91%  | 93%  | 99%  | 95%  |
| Homemaker services   | 95%  | 96%  | 95%  | 96%  |
| Adult Day Center   | 95%  | 97%  | 97%  | 96%  |

Source: Thoroughbred Research Group

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 agree that they received services where they needed and wanted them. Overall, there was an increase from 85% to 89% of HCBS participants who "agreed" or "strongly agreed" that they received services where they needed and wanted them. However, there was a large decrease from 84% to 72% for Homemaker services.

This decrease in ratings should reinforce DAIL's commitment to expanding options for Moderate Needs Group participants. Participants in Homemaker services and Adult Day Centers, services available to Moderate Needs Group

participants, have consistently reported less satisfaction with where and when they receive services as compared to participants in other HCBS programs that are currently unavailable to Moderate Needs Group participants. In addition, some providers maintained waiting lists of Moderate Needs Group applicants despite having allocated funds to serve participants. DAIL's decision to consider additional delivery options that would allow Moderate Needs Group participants to select a flexible service option is responsive to both of these issues.

As a result of low ratings in previous years and an interest in exploring a solution that would provide a flexible service option, DAIL contracted with the Evaluation Team to develop a policy brief that would contribute to the deliberations of a work group exploring this option. To gain input on the possible structure of a flexible service option, the Evaluation Team conducted phone interviews with Executive Directors and case managers at the AAAs, HHAs and Adult Day Centers, members of the DAIL Advisory Board, CFC participants and DAIL staff. As of the writing of this report, DAIL is continuing in its efforts to develop a flexible service option for Moderate Needs Group participants. To ensure that the Evaluation plan will assess the impact of this change, the Evaluation Team will revise the evaluation plan accordingly.

| Percent of participants ratings of "agree" or above:            |      | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|---|------|--------|--------|--------|--------|--------|--------|--------|--------|
| 19. "I receive services exactly where I need and want services" | HCBS | New    |        |        |        |        |        | 85%    | 89%    |

Source: Thoroughbred Research Group

| Percent of participants ratings of "agree" or above:<br>19. "I receive services exactly where I need and want services" | 2012 | 2013 |
|---|------|------|
| Personal Care   | 89%  | 92%  |
| Flexible Choices  | 94%  | 95%  |
| Homemaker services  | 84%  | 72%  |
| Adult Day Center  | 87%  | 87%  |

Source: Thoroughbred Research Group

Another aspect of experience with care is how problems are handled and resolved. Eighty-six percent of all HCBS respondents rated how well concerns or problems are resolved as "good" or above (consistent with the 2012 response of 84%). Similarly, the 2013 rating for nursing facility and ERC participants about the management's responsiveness to suggestions and concerns (83%) was also consistent with the previous year's rating (82%).

By examining the specific programs, it is possible to better understand where problems exist, the types of problems, and whether those problems were resolved. Compared to last year, there were higher rates of problems for Adult Day Centers and lower rates of problems for Flexible Choices. Although rates were comparable to last year for Homemaker services, they still remain a lot higher than the other programs. There may be lessons learned from Adult Day Centers, which, despite increases in problems this year, still have a relatively lower percent of problems and higher percent of problems resolved. This may be due to the additional staff oversight at Adult Day Centers in comparison to more limited oversight of workers that provide services in the homes of participants.

The most identified problems were:

- for PCA participants: poor professional skills, workers do not do a good job, and workers do not show up or call;
- for Homemaker participants: workers do not do a good job, scheduling problems and switching employees, and workers do not show up or call; and
- for Adult Day Center participants: transportation.

| 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 | Percent with problem 2013 | Percent with resolution 2013 |
|---|---------------------------|-------------------------|---------------------------|-------------------------|---------------------------|-------------------------|---------------------------|------------------------------|
| Personal Care   | 16%                       | 67%                     | 11%                       | 53%                     | 14%                       | 62%                     | 15%                       | 59%                          |
| Flexible Choices  | 19%                       | 32%                     | 15%                       | 22%                     | 26%                       | 67%                     | 20%                       | 49%                          |
| Homemaker services  | 28%                       | 68%                     | 17%                       | 62%                     | 24%                       | 50%                     | 24%                       | 55%                          |
| Adult Day Center  | 10%                       | 52%                     | 6%                        | 48%                     | 5%                        | 80%                     | 12%                       | 73%                          |

Source: Thoroughbred Research Group

Finally, satisfaction represents a global measure of experience. Across all settings and services, satisfaction was high in 2013 and over time.

| Percentage of HCBS participants ratings "somewhat satisfied" or above<br>21a. and 21b. "Satisfaction with services" | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|
| Personal Care   | 98%  | 99%  | 96%  | 95%  |
| Flexible Choices  | 97%  | 94%  | 96%  | 94%  |
| Homemaker services  | 94%  | 93%  | 92%  | 90%  |
| Adult Day Center  | 96%  | 97%  | 95%  | 94%  |
| Nursing Facility/Enhanced Residential Care  | New  |      | 89%  | 89%  |

Source: Thoroughbred Research Group and VHCA

Experience with care represents an outcome for which CFC mostly maintained positive gains in terms of quality, courtesy and satisfaction. However, there remains a potential issue around the percent of HCBS participants experiencing problems and problem resolution within specific services.

### 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?   |                    | 2013 | Comparison to 2012 | 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      | 92%  | =                  | =                     |
|   | Flexible Choices   | 100% | =                  | +                     |
|   | Homemaker services | 89%  | =                  | =                     |
|   | Adult Day Center   | 88%  | =                  | =                     |
| 23a. Percentage of HCBS participants reporting "somewhat" or above to "I am satisfied with how I spend my free time"          |                    | 89%  | =                  | =                     |

|  |     |   |     |
|--|-----|---|-----|
| 23b. Percentage of NF and ERC participants rating setting "good" or above on "offering you meaningful activities"                              | 88% | + | 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"      | 94% | = | =   |
| 23d. Percentage of NF and ERC participants rating setting "good" or above on "meeting your religious and spiritual needs"                      | 89% | = | New |
| 23e. Percentage of HCBS participants reporting "somewhat" or above to "I feel satisfied with my social life"                                   | 82% | + | =   |
| 23f. Percentage of NF and ERC participants rating setting "good" or above on "offering you opportunities for friendships with other residents" | 92% | + | 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"           | 90% | = | New |
| 23i. Percentage of HCBS participants reporting "somewhat" or above to "I feel safe in the home where I live"                                   | 98% | = | =   |
| 23j. Percentage of NF and ERC participants rating setting "good" or above on "how safe it is for you"  | 92% | = | New |
| 24. Percentage of HCBS participants who "agree" or above to "My services help me to achieve my personal goals"                                 | 83% | + | New |

= 2013 results not different (0-3% difference) + 2013 results better (trend in a positive direction)

- 2013 results worse (trend in a negative direction) New Measure is new; 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 is whether or not respondents feel like the long-term services and supports they receive have made their life better, in general.

HCBS participants rating of whether the help they received made their lives better remained consistently high, even though the rating remains lower than the highest percentage which was 94% in several previous years. In addition, all CFC HCBS programs had consistently high ratings for this measure. Among the CFC programs, Flexible Choices should be highlighted as 100% of participants rated this measure as "good" or above.

| Percent of participants ratings of "somewhat better" or above: |      | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|------|--------|--------|--------|--------|--------|--------|--------|--------|
| 22. "Has the help you receive made your life...?"              | HCBS | 94%    | 91%    | 91%    | 94%    | 92%    | 94%    | 88%    | 91%    |

Source: Thoroughbred Research Group

| Percent of participants ratings of "good" or above | 2010 | 2011 | 2012 | 2013 |
|--|------|------|------|------|
| 22. "Has the help you receive made your life...?"  |      |      |      |      |
| Personal Care                                      | 94%  | 95%  | 89%  | 92%  |
| Flexible Choices                                   | 95%  | 96%  | 97%  | 100% |
| Homemaker services                                 | 89%  | 93%  | 88%  | 89%  |
| Adult Day Center                                   | 87%  | 94%  | 87%  | 88%  |

Source: Thoroughbred Research Group

Measures were chosen to allow for comparisons among and between HCBS and nursing facilities/ERC; however, direct comparisons are not possible as questions vary across surveys. HCBS quality of life measures continued to be high (94%+) in three of the five domains: someone to listen, someone to count on in an emergency and safety. There was also an increase in social life satisfaction from 78% to 82%. Despite this increase, there is still room for improvement in this

social life measure. Nursing facility/ERC ratings were mostly consistent with last year's ratings; however, there was an increase in meaningful activities (84% to 88%) and opportunity for friendships with other residents (88% to 92%). Ratings by HCBS participants tend to be slightly higher for these quality of life measures.

| Percent of HCBS participants ratings of "somewhat agree" or above with the following statements | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|
| 23a. "I am satisfied with how I spend my free time"   | 89%  | 90%  | 88%  | 89%  |
| 23c. "I have someone I can count on to listen to me when I need to talk"                        | 94%  | 95%  | 93%  | 94%  |
| 23e. "I feel satisfied with my social life"   | 81%  | 83%  | 78%  | 82%  |
| 23g. "I have someone I can count on in an emergency"  | 94%  | 97%  | 95%  | 95%  |
| 23i. "I feel safe in the home where I live"   | 98%  | 97%  | 97%  | 98%  |

Source: Thoroughbred Research Group

| Percent of NF/ERC participants ratings of "good" or above with the following statements | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|
| 23b. "Offering you meaningful activities."  |      | New  | 84%  | 88%  |
| 23d. "Meeting your religious and spiritual needs"                                       |      | New  | 88%  | 89%  |
| 23f. "Offering you opportunities for friendships with other residents"                  |      | New  | 88%  | 92%  |
| 23h. "Offering you opportunities for friendships with staff"                            |      | New  | 91%  | 90%  |
| 23j. "How safe it is for you"   |      | New  | 92%  | 92%  |

Source: VHCA

There was an overall increase in participants (75% to 83%) agreeing that services help to achieve personal goals. An increase was seen for all of the specific programs except Flexible Choices where there was a decrease from 2012. Because Flexible Choices participants tend to rate CFC services highly, this decrease may warrant further attention from DAIL if it continues in future years. Overall ratings for this measure still lag behind most other quality of life measures. However, because increases were significant this year, any program or policy changes that were implemented should be explored for further continuation and improvement.

| Percent of participants ratings of "agree" or above    |      | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|------|--------|--------|--------|--------|--------|--------|--------|--------|
| 24. "My services help me to achieve my personal goals" | HCBS |        |        |        |        |        |        | 75%    | 83%    |

Source: Thoroughbred Research Group

| Percent of participants ratings of "good" or above     | 2012 | 2013 |
|--|------|------|
| 24. "My services help me to achieve my personal goals" |      |      |
| Personal Care  | 78%  | 86%  |
| Flexible Choices                                       | 91%  | 84%  |
| Homemaker services                                     | 71%  | 79%  |
| Adult Day Center                                       | 76%  | 85%  |

Source: Thoroughbred Research Group

Overall, results were maintained or improved for quality of life measures in this eighth year. Despite overall high ratings, intervention and improvement could be warranted for the measures related to satisfaction with social life and personal goals, which in turn, may affect other quality of life domains. DAIL's continued focus on person-centered planning may provide some improvement and better meet the needs of participants. Additional suggestions related to person-centered planning are in the Conclusion and Recommendations section of this report.

## 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, and 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? | 2013            | Comparison to 2012 | 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 | =                  | +                  |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)  
 - 2013 results worse (trend in a negative direction)      New Measure is new for 2012; no comparison available

CFC continues to meet the goal of serving all CFC applicants who meet the High Needs criteria with equal access to services regardless of the setting of their choice. There has not been a waiting (applicant) list for High Needs participants since February 2011. Therefore, this measure and outcome as stated is not applicable. 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 Evaluation Team presents data on these waiting lists to CFC so CFC can monitor this group. As of September 2013, there were 338 people waiting for Homemaker services (122 Medicaid eligible) and 24 people waiting for Adult Day Centers (4 Medicaid eligible). In SFY2012, 26% of Homemaker services funds were not spent and 18% of Adult Day Center funds were not spent. In SFY2013, 17% of funds allocated to Homemaker services providers were not spent and 6% of Moderate Needs funds allocated to Adult Day Center providers were not spent. Although a higher percentage of Moderate Needs Group appropriations were expended in 2013, it appears that funding continues to remain available and unspent that could meet the unmet needs of individuals on the waiting (applicant) list. (Cobb, 2013 Testimony)

CFC continues to have positive outcomes for the High Needs Group waiting (applicant) list, but waiting (applicant) lists when allocated dollars to providers are unspent for Moderate Needs Group remain a concern.

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?  |                      |               | 2013  | Comparison to 2012 | Comparison to 2006 |
| 26. Total annual CFC expenditures by setting   | HCBS (including ERC) | \$58,934,060  | 29.6%   | =                  | New                |
|  | Nursing facility     | \$114,010,254 | 57.3%   | =                  | New                |
|  | Acute                | \$26,088,675  | 13.1%   | =                  | New                |
| 27. Percentage of Medicaid expenditures for nursing facilities for Highest and High Needs participants in comparison with Medicaid community services for all participants |                      |               | 65.9%   | =                  | New                |
| 28. Total appropriations versus actual expenditures  |                      |               | The Long Term Care portion of the Choices for Care budget was under budget by \$7,733,594 thru the end of SFY13.  |                    |                    |
| 29. How surplus was reinvested*  |                      |               | SY2013 unobligated funds (\$6,005,391) are proposed to be reinvested in the following main categories: <ul style="list-style-type: none"> <li>• Increase funding for AAA nutrition to offset sequestration cuts</li> <li>• Providing funds for Housing and Supportive Services (HASS) and Support and Services at Home (SASH)</li> <li>• Address Moderate Needs group waitlist</li> </ul> |                    |                    |

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

Since the inception of CFC, the Vermont legislature has appropriated dollars for the program, allowing the state to provide services to participants in their chosen setting. CFC has maintained its budget neutrality and spent below appropriations. For SFY13, long-term care spending was under budget by \$7,733,594.

The percentage of overall expenditures for Highest and High Needs Group participants in nursing facilities was 65.9% in SFY2013. This percentage is consistent with SFY2012 expenditures (66%) despite a decrease in percentage of individuals in nursing facilities to below 50%.

DAIL, in accordance with 2013 Acts and Resolves No. 50, strategically reinvested its unobligated funds to better support the nutritional needs of elders and community-based programs, and to address the Moderate Needs Group waiting (applicant) lists.<sup>4</sup> This was accomplished by:

<sup>4</sup> An act relating to making appropriations for the support of Government; Choices for Care; Savings, Reinvestments, and System Assessment, Sec. E.308 (c).

- Increasing funding for AAA nutrition to offset sequestration cuts;
- Providing funds for Housing and Supportive Services (HASS) and Support and Services at Home (SASH); and
- Addressing Moderate Needs group waiting (applicant) list

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?   | 2013 | Comparison to 2012 | Comparison to 2006 |
| 30. Percentage of HCBS participants whose rating of their general health is "good" or better (NOTE: Data were only available for 2008-2013.)  | 49%  | =                  | =                  |
| 31. Percentage of HCBS participants who "agree" or above to "My services help me to maintain or improve my health"  | 87%  | =                  | 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" | 89%  | =                  | New                |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)  
 - 2013 results worse (trend in a negative direction)      New Measure is new; no comparison available

Improving health outcomes remains a long-term goal for CFC. In 2013, CFC participants' responses on self-reported health and the role of CFC services in maintaining and improving health were consistent with last year's responses.

Similar to prior years, about half of HCBS participants rated their health as "good" or better as compared to others of the same age. This compared to approximately 88% of Vermonters who in 2012 reported that their health was "good" or "better" (Vermont Behavioral Risk Factor Surveillance System 2012 Data Summary, 2013).

| Percent of participants ratings of "good" or better |      | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|---|------|--------|--------|--------|--------|--------|--------|
| 30. Self-reported health                            | HCBS | 51%    | 49%    | 46%    | 51%    | 48%    | 49%    |

Source: Thoroughbred Research Group

Although many participants do not rate their health highly in relation to other Vermonters, a high percentage believe the CFC services they receive help them to maintain or improve health (87%). This rating is consistent with last year's rating of 85%. When specific CFC HCBS program data were examined, more participants in Personal Care and Flexible Choices considered their services to be helpful in maintaining or improving health. Participants in Homemaker services and Adult Day Center rated this area somewhat less highly. The Evaluation Team will revise the evaluation plan to determine if the addition of a flexible service option for individuals in the Moderate Needs Group, who currently can only access Homemaker services and Adult Day Centers, results in improvements in this area.

| Percent of participants ratings of "agree" or above:       |      | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--|------|--------|--------|--------|--------|--------|--------|
| 31. "My services help me to maintain or improve my health" | HCBS | New    |        |        |        | 85%    | 87%    |

Source: Thoroughbred Research Group

| Percent of participants ratings of "agree" or above<br>31. "My services help me to maintain or improve my health" | 2012 | 2013 |
|---|------|------|
| Personal Care   | 88%  | 90%  |
| Flexible Choices  | 92%  | 94%  |
| Homemaker services  | 81%  | 83%  |
| Adult Day Center  | 85%  | 83%  |

Source: Thoroughbred Research Group

There was a decrease in Adult Day Center participants' rating of their case manager's understanding of their service need. The responses for Homemaker services and Personal Care remained consistent and 100% of Flexible Choices participants provided high ratings in this area. Because being able to remain in a current living situation is being used as a proxy for maintaining health, it is important that DAIL continues to review ratings for Homemaker services and Adult Day Centers in the coming years.

| Percent of participants ratings of "almost always" or above<br>32. "My case manager or support coordinator understands which services I need to stay in my current living situation" | 2012 | 2013 |
|--|------|------|
| Personal Care  | 95%  | 93%  |
| Flexible Choices   | N/A  | 100% |
| Homemaker services   | 85%  | 85%  |
| Adult Day Center   | 92%  | 87%  |

Source: Thoroughbred Research Group

Although participants do not rate their health highly in comparison to other Vermonters, most feel their services help their health. Overall, ratings on health outcomes are consistent with prior year ratings. However, decreases in ratings for Adult Day Centers regarding the ability to remain in current living situations should be further monitored. Similar to results in other domains, Flexible Choices participants rated this area very highly. Revisions to the evaluation plan, including updating the Vermont Long-Term Care Consumer Survey to include a new Moderate Needs Group flexible service option, will enable the Evaluation Team to better evaluate if added flexibility and control will improve health outcomes and ability to identify services necessary for staying in living situations.

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?                       |                                    | 2013  | Comparison to 2012 | 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**               | 1,862 | +                  | +                  |
|  | ERCs                               | 411   | +                  | +                  |
|  | PCA                                | 1,290 | +                  | +                  |
|  | Flexible Choices                   | 112   | +                  | +                  |
|  | 24 hour care                       | 9     | +                  | +                  |
|  | Paid Spouses                       | 37    | +                  | +                  |
|  | Adult Day (Highest and High Needs) | 235   | +                  | +                  |
|  | Adult Day (Moderate Needs Group)   | 121   | -                  | +                  |
|  | Homemaker (Moderate Needs Group)   | 925   | +                  | +                  |
| 34. Number of providers of Nursing facility services, ERCs, PCA, Homemaker, AAA and Adult Day  | Nursing facilities                 | 40    | =                  | -                  |
|  | ERCs                               | 61    | =                  | +                  |
|  | HHAs (PCA and Homemaker)           | 12    | =                  | =                  |
|  | AAA                                | 5     | =                  | =                  |
|  | Adult Day                          | 12    | =                  | Data unavailable   |

= 2013 results not different (0-3% difference)      + 2013 results better (trend in a positive direction)  
 - 2013 results worse (trend in a negative direction)      \*\* Reverse coded = a lower number is a better result

This outcome describes the effect of CFC on the array and amounts of long-term services and supports. In every setting other than nursing facilities, the number of individuals being served increased since 2006. Percent increases over the eight years ranged from 16% (PCA) to 2,140% (for Flexible Choices), reflecting the positive gains related to increasing the number of participants served in home and community-based settings.

| 33. Number of CFC participants | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Nursing facilities             | 2,349  | 2,268  | 2,259  | 2,244  | 2,143  | 2,103  | 1,996  | 1,862  |
| ERCs                           | 261    | 342    | 328    | 349    | 354    | 389    | 385    | 411    |
| PCA                            | 1,112  | 1,352  | 1,312  | 1,268  | 1,248  | 1,214  | 1,214  | 1,290  |
| Flexible Choices               | 5      | 28     | 70     | 85     | 89     | 99     | 106    | 112    |
| 24 hour care                   | 2      | 11     | 11     | 10     | 9      | 10     | 7      | 9      |
| Paid Spouses                   | 0      | 0      | 3      | 3      | 4      | 10     | 10     | 37     |

|                                    |     |     |     |       |     |     |     |     |
|------------------------------------|-----|-----|-----|-------|-----|-----|-----|-----|
| Adult Day (Highest and High Needs) | 198 | 216 | 223 | 209   | 215 | 203 | 192 | 235 |
| Adult Day (Moderate Needs)         | 101 | 110 | 144 | 138   | 90  | 102 | 142 | 121 |
| Homemaker                          | 364 | 747 | 953 | 1,023 | 819 | 785 | 869 | 925 |

Source: DAIL

| 33. Number of CFC participants     | Year 8 | % change from Year 1 – 8 (2006-2013) |
|------------------------------------|--------|--------------------------------------|
| Nursing facilities                 | 1,862  | -21%                                 |
| ERCs                               | 411    | +57%                                 |
| PCA                                | 1,290  | +16%                                 |
| Flexible Choices                   | 112    | +2,140%                              |
| 24 hour care                       | 9      | +350%                                |
| Paid Spouses                       | 37     | +1,133% (from 2008)                  |
| Adult Day (Highest and High Needs) | 235    | +19%                                 |
| Adult Day (Moderate Needs)         | 121    | +20%                                 |
| Homemaker                          | 925    | +154%                                |

Source: DAIL

Since 2006, there was a slight decrease in numbers of nursing facilities. However, since last year, the number of providers has remained relatively unchanged. It is noteworthy that, in September 2013, CFC launched a new 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 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Nursing facilities      | 43     | N/A    | N/A    | N/A    | N/A    | N/A    | 41     | 40     |
| ERCs                    | 61     | N/A    | N/A    | N/A    | N/A    | N/A    | 61     | 61     |
| HHA (PCA and Homemaker) | 12     | N/A    | N/A    | N/A    | N/A    | N/A    | 12     | 12     |
| AAA                     | N/A    | N/A    | N/A    | N/A    | N/A    | N/A    | 5      | 5      |
| Adult Day Center        | 14     | N/A    | N/A    | N/A    | N/A    | N/A    | 14     | 14     |

Source: PHI, 2006 Report and DAIL

CFC increased in its ability to serve participants in the community as seen in the increasing numbers of participants served by providers in home and community-based settings including Personal Care, Flexible Choices, 24 hour Care, Paid Spouses and Homemaker. In addition, the number of providers serving CFC participants is relatively unchanged.

## IV. Conclusions and Recommendations

Choices for Care enrollment grew in year eight as CFC maintained and increased its ability to serve participants 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 the AAAs, doctors, hospitals and nurses can play in providing information to ensure choice.
- *Access:* CFC participants expressed satisfaction regarding access to the types and amount of supports they need and want. Competency of staff was highly rated in specific programs and by nursing facility and ERC respondents.
- *Effectiveness:* In addition to increasing percentages of Highest and High Needs Group participants living in home and community settings, there were no waiting lists for High Needs Group participants.
- *Experience with care:* CFC maintained positive gains in terms of quality, satisfaction, staff courtesy, and choice.
- *Quality of life:* Ratings continued to be high for someone to listen, someone to count on in an emergency and safety. There were improved ratings for social life satisfaction and achievement of personal goals. Nursing facility and ERC participants gave higher ratings this year to opportunity for friendships with other residents and meaningful activities.
- *Waiting list:* CFC did not 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 outcomes and the ability to remain in current living situations remained the same.
- *Service array and amount:* In every HCBS setting, the number of individuals being served increased since 2006. There was a decrease in nursing facility participants. CFC launched 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 or lower than average ratings. These include the following:

- *Information dissemination:* Despite consistency in ratings over time, there continues to be room for improvement across programs related to the amount of choice and control experienced by CFC HCBS participants during care planning.
- *Access:* Timeliness of services is an area that could be further examined due to consistently lower ratings across settings.
- *Effectiveness:* CFC has room for improvement related to service coordination and person-centered planning.
- *Experience with Care:* There continues to be a potential issue around problems experienced by participants and problem resolution for HCBS programs. Also, Homemaker service participants gave a lower rating to their receiving services where they needed and wanted them.
- *Waiting list:* Although there was no High Needs Group waiting (applicant) list again this year, individuals remained on Moderate Needs Group waiting (applicant) lists even though there were unspent funds for both Adult Day Centers and Homemaker services.

**Information Dissemination:** This year, the AAAs emerged as a significant source of information about LTSS for HCBS participants. Several factors such as its assumption of the Local Contact Agency role for nursing facility transitions, provision of options counseling and its role as a core partner in Vermont's Aging and Disability Resource Connections (ADRC) appear to have contributed to a greater awareness of the AAAs. As the AAAs continue to engage in activities such as developing options counseling information materials, building collaborations with hospitals, and participating in other health reform activities, it is important that DAIL and the AAAs evaluate which activities result in the greatest increase in awareness about LTSS. This information could inform future activities. Survey results also suggest that CFC participants used medical professionals such doctors, hospitals and nurses as a significant source of information for selecting a nursing facility or an ERC setting. Medical professionals may not be aware of the full scope of LTSS available in Vermont and may encourage use of nursing facilities over other possible settings. We encourage DAIL to work with its

HCBS providers, particularly the AAAs and other ADRC partners, to identify outreach efforts to medical staff which are succeeding and can be replicated.

Due to the large percentage of people that learned about their services through family, friends and word of mouth, we also encourage DAIL to develop and prominently display on its website, simple to understand educational materials that provide an overview of CFC and contacts for accessing the LTSS system. DAIL should be commended for its transparency and commitment to posting policies, publications, data and other materials on its public website; however, given the large amount of available information, it is important to highlight simplified resources for individuals that may be newly trying to understand the LTSS system and may be feeling overwhelmed.

**Access:** 69% of nursing facility and ERC participants responded that there is an “adequate number of nursing staff to meet care needs.” Research has shown that the availability and the roles of nursing staff can positively impact the health of individuals in nursing facilities (Castle and Ferguson, 2010). Because CFC participants may select a nursing facility as their setting of choice and DAIL is committed to provision of quality services for all CFC participants, DAIL should work with nursing facility stakeholders to explore improvement opportunities in this area and possible solutions. One mechanism that could be leveraged is the existing coalition of nursing facilities in Vermont formed as part of a national effort called Local Area Networks of Excellence (LANES). These nationwide coalitions were developed to support local nursing facilities in achieving clinical and organizational goals. Given the possible financial impact of increasing staffing, the Evaluation Team recommends that DAIL contract with an independent quality improvement contractor to co-convene the coalition with VHCA, the current convener, to identify solutions to this issue and develop goals for improvement.

**Effectiveness:** Survey results demonstrate a need for further improvements in person-centered planning. Ratings could be improved in areas related to both service coordination and quality of life. To further enhance person-centered planning practices, DAIL can leverage guidance from the recent HCBS Final Rule CMS 2249-F and CMS 2296-F which defines requirements for individuals receiving services through 1915 (c) HCBS waivers and 1915 (i) state plan authorities. Key components of the requirements could be used to evaluate and develop improved standards related to the service planning process and use of the Independent Living Assessment (ILA). These include requirements that:

- the person-centered planning process is driven by the individual, provides necessary information and support, and identifies the strengths, preferences, needs and desired outcomes of the individual;
- the written plan should include individually identified goals and preferences related to relationships, community participation, and other areas; and
- the written plan should be signed by all providers responsible for its implementation and a copy of the plan must be provided to the individual receiving services (Cooper and Thaler, 2014).

Efforts to improve planning processes and care plans could also improve participant-identified problems with communication and scheduling and ratings for choice and control in care planning. By revising the ILA assessment instrument and service planning process, DAIL will be working to realize a LTSS system which reflects person-centered principles, ensuring that all CFC participants are involved in planning services that meet their needs and preferences. The Evaluation Team also recommends incorporating these requirements into quality management activities for all entities completing the ILA and developing services plans.

**Experience of Care:** Issues remain with problems and problem resolution across many programs. This is consistent with an increase in complaints to the Ombudsman Office as complaints and problems reflect similar issues of

- insufficient staff,
- problems with scheduling,
- problems with cancelations and communication about cancelations,
- problems with staff work and professionalism, and
- insufficient transportation.

The Evaluation Team encourages DAIL to work with providers to implement solutions to staffing problems, including the adequacy, management and training of staff. Individuals receiving Personal Care and Flexible Choices also experienced

problems and less than 50% of Flexible Choices participants experienced resolutions to these problems. This suggests that individuals electing consumer-directed options could use additional case management supports and skills training to locate and manage workers. Additionally, as part of contract management practices, DAIL should work with providers to improve their communication with and notification of participants regarding scheduling and service plan changes. This has been a long-standing complaint identified by participants and DAIL should require and monitor adequate communication practices to improve the person-centeredness of CFC.

**Evaluation:** In fulfillment of its contract, the Evaluation Team will work with DAIL and the DAIL Advisory Board to continue aligning consumer survey questions across level of need groups and settings. To achieve further alignment, the Evaluation team will work with the DAIL contracted consumer surveyor and VHCA to ensure that similar questions are asked in the Vermont Long-term Care Consumer Survey and the My Innerview Satisfaction Survey. Because there were challenges in aligning measures in prior years, DAIL should further collaboration and decision-making between all entities as part of contract requirements.

For the upcoming year, the Evaluation Team will conduct the following activities to improve the Vermont Long-term Care Consumer Survey and My Innerview Satisfaction Survey:

- **Timeliness:** work with DAIL and the consumer survey contractor to revise or develop questions which will examine whether participant's ratings of "timeliness" is driven by experiences while applying for CFC and/or experiences as a recipient of CFC services;
- **Quality of life:** work with DAIL and VHCA to incorporate Long-term Care Consumer Survey questions around quality of life and health outcomes into the My Innerview Satisfaction Survey;
- **Enhanced residential Care (ERC):** work with DAIL, VHCA, and ERCs to determine actions which can be taken to increase the ERCs participation. ERCs are a CFC setting, yet their participation rate in the My Innerview Satisfaction Survey is consistently low. In addition, My Innerview Satisfaction Survey results should be reported in a manner that aggregates responses and also allows for comparisons between nursing facilities and ERCs;
- **Survey methodology:** work with DAIL and the consumer survey contractor to ensure that overall program summaries are available that reflect only data from CFC participants and not other programs such as Traumatic Brain Injury and Attendant Services;
- **Service Option Revisions:** work with DAIL and the consumer survey contractor to develop revisions to the Long-term Care Consumer Survey to reflect new service options including Adult Family Care and the Moderate Needs Group flexible service option. Ensure that sections of the Long-term Care Consumer Survey report reflect the experiences of Flexible Choices participants, Adult Family Care participants, and new flexible service participants in the Moderate Needs Group;
- **Level of Need Groups:** work with DAIL and the consumer survey contractor to develop revisions to the Long-term Care Consumer Survey report to analyze differences between level of needs groups. This would require separating Adult Day Center and case management participants by level of need.

In addition, the Evaluation Team will work on identifying additional measurement options in the following areas:

- **Case mix:** explore with DAIL possible alternatives to capturing acuity changes that focus on functional needs of participants within nursing facilities;
- **Eligibility:** explore with DAIL additional data elements which can provide a more complete and accurate representation of the timeliness of the eligibility process that includes length of time waiting for determination.

In this eight year of the CFC program, DAIL met the needs of those Vermonters who need long-term services and supports. The evaluation reflects CFC outcomes across the continuum of care settings related to information dissemination, access, effectiveness, experience with care, quality of life, waiting list, budget neutrality and service array and amounts. As with any program, there are areas which can be improved. Based on the findings, the Evaluation Team 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

- Author. (2006). Reimbursement Practices and Issues in Vermont Long-term Care Programs. Paraprofessional Healthcare Institute. Retrieved from: <http://www.phinational.org/sites/phinational.org/files/clearinghouse/VT%20Reimbursement%20White%20Paper%20Final%20Nov%2006.pdf>
- Author. (2007) Department of Disabilities, Aging and Independent Living Annual Report 2006. Department of Disabilities, Aging and Independent Living. Retrieved from: <http://dail.vermont.gov/dail-archive/archive-publications/archive-annual-reports-documents/dail-annual-report-2006>
- Author. (2007). LTC Consumer Satisfaction Survey 2006. Macro International Inc. Retrieved from: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>
- Author. (2012). Long-term Support Services: Beneficiary Protection in a Managed Care Environment, A Toolkit for Advocates on LTSS Specific Beneficiary Protections. Developed in partnership with the Disability Rights and Defense Fund. National Senior Citizen Law Center. Retrieved from: <http://dualsdemoadvocacy.org/consumer-protections/ltss/person-centered-care-planning>
- Author. (2013). Vermont Behavioral Risk Factor Surveillance System, 2012 Data Summary. Vermont Department of Health. Retrieved from: [http://healthvermont.gov/research/brfss/documents/summary\\_brfss\\_2012.pdf](http://healthvermont.gov/research/brfss/documents/summary_brfss_2012.pdf)
- Author. (2013). Global Commitment to Health Section 1115(a) Demonstration Waiver Extension Request to CMS (1/1/2014 – 12/31/2018). Vermont Agency for Human Services. Retrieved from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/vt/vt-global-commitment-to-health-pa.pdf>
- Author. (2013). My Innerview Nursing Facility and ERC Satisfaction Survey. Vermont Health Care Association. Summary data provided to the Evaluation team.
- Bates-Jensen, B. M., Schnelle, J. F., Alessi, C. A., Al-Samarrai, N. R. and Levy-Storms, L. (2004). The Effects of Staffing on In-Bed Times of Nursing Home Residents. Journal of the American Geriatrics Society, 52: 931–938.
- Beck, C., Gately, K.J., Lubin S., Moody P., and Beverly C. (2014). Building a Coalition for Nursing Home Excellence. The Gerontologist, 54:1, 87-97.
- Benjamin, A. E., Matthias R., and Franke, T. (2000). Comparing Consumer-Directed and Agency Models for Providing Supportive Services at Home. Retrieved from: [http://laborcenter.berkeley.edu/homecare/pdf/benjamin\\_02.pdf](http://laborcenter.berkeley.edu/homecare/pdf/benjamin_02.pdf).
- Bruner-Canhoto, L & Cumings, C. (2013). CFC Evaluation Report Years 1 -7. University of Massachusetts Medical School, Disability and Community Services Unit. Retrieved from: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>
- Bruner-Canhoto, L & Cumings, C. (2012). Revised CFC Evaluation Plan. University of Massachusetts Medical School, Disability and Community Services Unit. Retrieved from: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>
- Cambron-Mellott, J. (2013). 2013 Vermont Long-Term Care Consumer Survey Report. Thoroughbred Research Group. Retrieved from: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>

- Castle, N.G. and Ferguson, J.C. (2010). What is Nursing Home Quality and How is it Measured? The Gerontologist. 50:4, 426 – 442.
- Cobb, P. (2013). Testimony submitted to the Vermont Health Access Oversight Committee. Retrieved from: <http://www2.leg.state.vt.us/CommitteeDocs/Health%20Care%20Oversight/Choices%20for%20Care/September%2012,%202013~Peter%20Cobb~%20Vermont%20Assembly%20of%20Home%20Health%20&%20Hospice%20Agencies%20written%20testimony.pdf>
- Cooper, R. and Thaler, N. (2014). HCBS Regulations on the Definitions of Community and Settings. (Powerpoint Presentation) Retrieved from: <http://www.nasdds.org/member-services/webinars-teleconferences/hcbs-regulations-on-the-definition-of-community-and-settings/>
- DAIL Advisory Board Minutes February 2013. Retrieved from: <http://www.dail.vermont.gov/dail-boards/dail-advisory-board/dail-adv-bd-mtg-mins-handouts-docs>
- DAIL Advisory Board Minutes March 2013. Retrieved from: <http://www.dail.vermont.gov/dail-boards/dail-advisory-board/dail-adv-bd-mtg-mins-handouts-docs>
- DAIL Advisory Board Minutes April 2013. Retrieved from: <http://www.dail.vermont.gov/dail-boards/dail-advisory-board/dail-adv-bd-mtg-mins-handouts-docs>
- DAIL Advisory Board Minutes May 2013. Retrieved from: <http://www.dail.vermont.gov/dail-boards/dail-advisory-board/dail-adv-bd-mtg-mins-handouts-docs>
- DAIL Advisory Board Minutes September 2013. Retrieved from: <http://www.dail.vermont.gov/dail-boards/dail-advisory-board/dail-adv-bd-mtg-mins-handouts-docs>
- DAIL Advisory Board Minutes October 2013. Retrieved from: <http://www.dail.vermont.gov/dail-boards/dail-advisory-board/dail-adv-bd-mtg-mins-handouts-docs>
- Hill, B. (2012). Choices for Care Data Report December 2012. Department of Disabilities, Aging and Independent Living. Retrieved from: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/cfc-qrtrly-data-rprts>
- Hill, B. (2013). Choices for Care Data Report March 2013. Department of Disabilities, Aging and Independent Living. Retrieved from: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/cfc-qrtrly-data-rprts>
- Hill, B. (2013). Choices for Care Data Report September 2013. Department of Disabilities, Aging and Independent Living. Retrieved from: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/cfc-qrtrly-data-rprts>
- Hill, B. (2013). Choices for Care Budget Versus Actuals July – November 2013. Department of Disabilities, Aging and Independent Living. Retrieved from: <http://dail.vermont.gov/dail-publications/publications-default-page#menu>
- Hill, B. (2013). Choices for Care SFY 2013 Plan Vs. Actuals. Department of Disabilities, Aging and Independent Living.. Retrieved from: <http://dail.vermont.gov/dail-publications/publications-default-page#menu>
- Hill, B. (2014). Vermont Nursing Home Occupancy by County Total-Medicaid for January 2014. Department of Disabilities, Aging and Independent Living. Retrieved from: <http://dail.vermont.gov/dail-publications/publications-default-page#menu>
- Hill, B. (2014). Vermont Nursing Facility Resident Days and Occupancy by Month. Department of Disabilities, Aging and Independent Living.. Retrieved from: <http://dail.vermont.gov/dail-publications/publications-default-page#menu>

Hill, B. (2014) Choices for Care Expenses, Numbers of People Served by Date of Service. Department of Disabilities, Aging and Independent Living. Retrieved from: <http://dail.vermont.gov/dail-publications/publications-default-page#menu>

Hill, B. Number of Enrollees by Level of Need. (Provided to the Evaluation Team by DAIL)

Hill, B. Nursing Home Occupancy, December 2013. (Provided to the Evaluation Team by DAIL)

Majoros, J. (2013). Vermont Ombudsman Project Annual Report. Vermont Legal Aid. Retrieved from: <http://www.vtlegalaid.org/our-projects/vermont-long-term-care-ombudsman/>

Medicaid Program. State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers; Final Rule. 79 Fed. Reg. (Jan. 16, 2014). Retrieved from: <http://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf>

Nielsen, L. (2013). Annual Report on the Adequacy of the CFC Provider System. Department of Disabilities, Aging and Independent Living. Retrieved from: <http://www.ddas.vermont.gov/ddas-programs/programs-cfc/programs-cfc-default-page#legislation>

Tierney-Ward, M. (2013). Combined Bi-annual report for the period April 1, 2013 – September 2013. Department of Disabilities, Aging and Independent Living. Retrieved from: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/publications-cfc-reports-cms/publications-cfc-cms-reports-documents/choices-for-care-semi-annual-reports-ffy-11-15>

## Contact Information

### Wendy Trafton

Center for Health Law and Economics  
University of Massachusetts Medical School  
529 Main Street, Suite 605  
Charlestown, MA 02129

Phone: (617) 886-8190

Email: [Wendy.Trafton@umassmed.edu](mailto:Wendy.Trafton@umassmed.edu)

