

## Appendix A

In October 2009, the DAIL Advisory Board invited advocates, providers, and the public to attend a meeting to provide specific input into the request for an extension. The following is a summary of the opinions expressed by attendees at the October 2009 public hearing for the extension of the Choices for Care Demonstration.

Topic	Summary of Public Commentary
<i>High Needs Waiting List</i>	<ul style="list-style-type: none"> <li>• Concern about prioritization and expansion of services and request of funding allocation assurances for the High Need Group over Moderate Need Group as per the STCs</li> <li>• Concern that High Need Group individuals bypass the waiting list when discharged from a hospital to nursing home. Proposal that waiver should equally serve the needs of High Need Group individuals in the community and in nursing home regardless of care setting</li> <li>• Concern about lack of turnover of individuals on the wait list</li> </ul>
<i>Application Process</i>	<ul style="list-style-type: none"> <li>• Concern that development of single application may create a barrier to access and extend delays in eligibility determination</li> <li>• Concern and suggestion that any Vermont resident aged 18 years or older wishing to complete an application for Choices for Care participation be permitted to do so</li> <li>• Concern regarding the delay in processing financial eligibility</li> <li>• Suggestion to streamline the application process by requiring only an annual update</li> </ul>
<i>Notices</i>	<ul style="list-style-type: none"> <li>• Concern that current service denial or reduction notifications and process are inadequate</li> </ul>
<i>Clinical Assessment Process</i>	<ul style="list-style-type: none"> <li>• Concern that clinical assessment criteria may not be adequately applied for individuals with an additional mental illness</li> <li>• Suggestion that extension ensure long-term care needs of eligible individuals with co-existing mental illness are met</li> <li>• Concern about the availability of funding to serve the long-term care treatment needs of individuals with mental illness and use of Preadmission Screening and Annual Resident Reviews (PASARR) screening</li> <li>• Request that nursing facilities be able to determine clinical eligibility</li> </ul>
<i>Assessment Process</i>	<ul style="list-style-type: none"> <li>• Concern that the functional abilities assessment process is demeaning and demoralizing</li> <li>• Concern that Long Term Clinical Coordinators (LTCCCs) are not taking into account the responses of others in their assessments of individuals with dementia</li> <li>• Concern that the skills evaluated through the assessment tool, such as bed mobility, are not generally part of day services and need for more 24-hour care options</li> </ul>
<i>Other Suggestions and Areas of Public Concern</i>	<ul style="list-style-type: none"> <li>• Concern that decisions regarding clinical eligibility and level of service are budget-based and recommendation for consistency across the State</li> <li>• Suggestion that funds follow the people instead of being assigned</li> <li>• Suggestion that some programs be opened up to private organizations</li> <li>• Concern and recommendation to clarify how savings are defined and protect, preserve, and reinvest program savings into long-term care services</li> <li>• Suggestion for greater commitment to administrative transparency</li> <li>• Concern and need for inspection and enforcement authority to protect participants</li> <li>• Concern about the lack of a comprehensive assessment of the existing and future infrastructure capacity to achieve nursing home rebalancing in every county</li> </ul>
<i>Suggestions for Cost Savings</i>	<ul style="list-style-type: none"> <li>• Consider additional Personal Emergency Response System (PERS) providers</li> <li>• Pro-rate companion/respite hours for clients</li> <li>• Encourage more use of consumer and surrogate-directed care</li> <li>• Allow the use of non-medical provider agencies</li> <li>• Change the entire program to a “Flexible Choices” model and include case management</li> </ul>