Vermont 1115 Waiver Demonstration
Choices for Care
Year II
Quarterly Report January 2007– March 2007

INTRODUCTION

This period marks the second quarter of the second year of operation of the Choices for Care waiver. This year's report focuses on the actual growth and trends of the program. That report is submitted in a separate document. An outline of major accomplishments and activities follows.

MAJOR ACCOMPLISHMENTS AND ACTIVITIES:

Choices for Care continues to refine and improve systems and communication. It was identified that there needed to be regular communication between DAIL staff and the case manager supervisors in the local agencies. In the previous waiver, there were quarterly meetings between DAIL staff and the Designated Administrative Agencies (DAA's). The DAA's were no longer a necessity with the new structure in Choices for Care. The need to have a regular forum for discussion and idea exchange is what prompted the re-establishment of these regular meetings. DAIL determined that this forum would be a benefit for a number of others. As a result, the group has been expanded to include other units in DAIL – Community Development, Information and Data, and Quality Management.

Training continues to be a priority activity. The Second Annual Choices for Care Summit was designed this year to be an all day, state wide training. The Summit focused on six areas for discussion, training and problem solving:

- an overview of the data system (SAMS) and how providers could use it to monitor their clients via the internet with the goal of moving towards a paperless system;
- an in-depth discussion of the moderate needs group and how it should evolve;
- a review of how individuals are tracked through the different long term care settings and how best to manage the paperwork maze;
- an overview of the Medicaid financial eligibility process and the implications of the Deficit Reduction Act;

- a discussion of staffing alternatives and looking at program and policy options such as 24 hour care, paying spouses as caregivers, and flexible wage structures; and,
- a session entitled "Sound Off" where participants could raise topics not covered in the other sessions.

Approximately 250 individuals representing providers and partners were in attendance. The evaluations received indicated 89% of respondents found the Summit very useful.

Other training continued on an individualized basis for each provider group on specific topic areas. Case managers and home health agency staff were offered training on the rules of hospice and how hospice services affect the Choices for Care program participant. Community agency providers and nursing homes continue to request training on the Medicaid billing system.

Staff has been expanded to include a thirteenth Long Term Care Clinical Coordinator (LTCCC). The goal originally was to have at least one LTCCC co-located in each Agency of Human Services District Office. The original number of 12 LTCCC's did not allow for that distribution, requiring one district office's coverage to be shared part-time between two LTCCC's in neighboring areas.

The Choices for Care program has been challenged with meeting the needs of individuals who are referred to as "challenging placements". These individuals may be persons who remain in the local community hospital and/or in the Vermont State Hospital because there is no other identified appropriate environment. Other challenging placements are individuals who have long term care needs and are being maxed out of the corrections system. As expected, community providers have limited ability and experience in serving individuals with challenging behaviors and complex medical conditions. DAIL has been meeting weekly with Fletcher Allen Hospital discharge staff to assist in facilitating discharge and finding placements. A protocol is in process of being developed to assist the discharge process for people currently living at Vermont State Hospital and the Springfield Correctional Facility (housing medically needy inmates). A priority activity is to assist local providers to build capacity to develop a system of serve this special population.

The Quality Management Unit is responsible for monitoring the Choices for Care providers (excluding ERC and nursing facilities which are surveyed by the Division of Licensing and Protection). To date, agencies have been found to have no major deficiencies. There are two areas of trends of findings: compliance challenges with the DAIL background check policy – which was

expanded in April '06 to be more inclusive and the insufficient use of the case management action plan. QMU continues to address these deficiencies through plans of corrective action and offering technical assistance.

QMU additionally meets with the Ombudsman Program to review the activities undertaken in their expanded role into the community. A challenge for the Ombudsman program is to make their presence and services known to Choices for Care participants. The LTCCCs and the local case managers provide brochures on the program to new participants and annually, at reassessment, to existing participants. The Ombudsman continue to reach out to the community through the assistance of local agencies.

This quarter was highlighted by the anticipation of PACE Vermont becoming a reality. PACE 101 training was held for the Chittenden case managers, Department for Children and Families/Economic Services Division workers, DAIL Long Term Care Clinical Coordinators, PACE employees and other interested providers. Purpose of the meeting was to finalize the protocol for PACE's operation as part of the Choices for Care Program. PACE Vermont is the first PACE entity to operate within a LTC waiver.

Approval for PACE Vermont was received from CMS and the three way provider agreement was signed by March 1, 2007. The first PACE participant was enrolled as of April 1, 2007.

PACE Vermont has submitted their expansion application for Rutland and Northern Bennington Counties to the State. It is currently under review. Construction has begun at the site in Rutland. The facility will be located in a senior housing site in Rutland.

FLEXIBLE CHOICES:

This new service utilization option, a Cash and Counseling model, whereby an individual's service plan is transposed into a person centered budget, is slowly, but steadily gaining acceptance. This option is available to individuals who are currently participating in the consumer/surrogate directed service option under Choices for Care. The Flexible Choices option allows for more flexibility in purchasing services and goods that the individual feels will meet their unique needs that are unable to be met in the "traditional" program.

This quarter has been a promising quarter for the Flexible Choices program. For the first several months of the program's operation, enrollment had been very slow, with only 5 people enrolled by the end of 2006. This low enrollment

came in the face of a reasonable level of interest in the option: approximately 60 people had called for more information but conversion rate from interest to enrollment was very low. When asked why they did not enroll, consumers consistently stated that the appearance of their losing money with the Flexible Choices option was their primary barrier. That is to say, the 15% "discount rate" which we put into place to avoid over spending was perceived as too great a loss of resources to make the increase in flexibility worthwhile.

In response to these concerns, a decision was made to eliminate the discount rate as of late January, 2007. After that date, the allowance of Flexible Choices participants roughly equaled the value of their service plan. (Since we use a calculation system which rolls many Choices for Care services into a base rate and individualizes the allowances based on the number of personal care hours, no consumer's allowance is less than the value of their service plan and the value of some is slightly greater). Since this barrier has been removed, enrollment has moved along much more quickly; with 19 people enrolled as of March 31, and 6 more at some point in the enrollment process. One individual has disenrolled from the program. While enrollment has improved from what it was at the outset, it is still not growing at the rate anticipated. DAIL staff and Transition II staff (the consultant agency to the enrollees) are looking at ways to speed up the enrollment process.

The increased numbers of individuals choosing this option is beginning to offer data on what people really want from the program and how they are using their flexibility. One thing that is clear is that people enroll in the program because they have a specific need that they cannot get through other Choices for Care options. Some of these needs relate to specific personal care options. For example, one of the early enrollees has irregular personal care needs as her husband and primary care giver travels from time to time on business. Flexible Choices allows them to save up the resources and purchase many hours of care when the husband is away and use fewer hours when he is at home. Another example is someone who really needs help chopping wood, since she heats with wood and lives in a very rural area. This is not a normal personal care service, but was essential for her to stay healthy and warm and in her home. We have had several examples of participants who used their flexibility to increase the pay rate of their workers above the standard $10/hour.

As expected several people have used their new flexibility to purchase items not normally covered by Choices for Care. One of these has been exercise equipment for a man with relatively new quadriplegia so he can maximize his upper body strength. Another woman is saving up to purchase a whirlpool system to ease the discomfort of her rheumatoid arthritis.

Home modifications that cost more than the $750 currently allowed by the Choices for Care program are also popular. We have several people who are saving up to remodel a bathroom and one person who is saving to build a fire exit from their bedroom.

There are a number of people are using their funds to facilitate transportation. Some individuals are saving for repairs to existing vehicles which have been modified to accommodate their particular transportation requirement (wheelchair accessible, for example). Other individuals are using their funds to pay others to transport them as needed.

As to be expected, not all requests have been able to be approved. A number of requests refused have been for home improvements that are clearly not related to assessed needs such as roof repairs or winterizing a workshop. The staff at Transition II is becoming increasingly adept at helping people understand the limits of the program.

Overall, participants have been most enthusiastic about the flexibility the program can offer. Some individuals enroll in Flexible Choices with their own creative ideas and others need some help thinking outside the traditional way of planning their care.

The removal of the discount rate leaves two identified reasons that people who are initially interested in Flexible Choices but do not follow through:

1. a perception that the option is too complicated; and,
2. a desire for more resources and disappointment that Flexible Choices offers no new resources only increased flexibility.

Over the course of this year this concern about the program's complexity will be monitored. On the one hand, there is concern that an artificial barrier to program access not be created. On the other hand, the option is not for everyone and increased responsibility for acquiring services is part of what Flexible Choices is about. To the extent to which the "complexity" issue reflects an unwillingness or inability to tackle this new level of responsibility, then the program has successfully built in self-screening mechanisms for interested individuals.

ACTIVITIES IN PROGRESS:

- An RFP was issued for the evaluation of the Choices for Care Program. University of Massachusetts Center on Aging was the successful bidder. Regular meeting have been established to begin the development of that process.

- Paying Spouses as Caregivers is close to becoming a reality. A workgroup made up of representatives of the both case management agencies, the LTCCCs, consumers and DAIL staff presented their draft proposal to the Leadership Team of the Division. The team is reviewing it and a final proposal is expected to be issued early next quarter.

- A Moderate Needs Discussion Group has been formed to look at this demonstration group and to make recommended changes and suggestions for improvement. Members include representatives from the Area Agencies on Aging, Home Health Agencies, Adult Day Centers, HASS (Housing and Social Services) coordinators.

- An RFP has been issued to community providers for state funding to assist in building capacity for a twenty-four hour care system.

- A Real Choice System Change Grant is looking at creating an integrated system of care for acute/primary and long term care service delivery for elders who are frail, at-risk or chronically ill and adults with physical disabilities. This project has been named " MyCare". An RFP has been issued for providers to develop business plans to determine the feasibility of their organizations providing integrated services.

- Commissioner Flood has established a Long Term Care Strategy workgroup whose charge is to examine the long term care system and its capacity to assist in the discharging of challenging individuals from the acute setting who require long term care services.

- DAIL is developing a draft protocol for the implementation of a community based 24-hour care model. This draft will be dessimated to providers, advocates, legal aid, and consumers for input into its final design. Two focus forms are also planned as an additional method of gathering community input.