

State of Vermont
Agency of Human Services

Vermont Long-Term Care Plan
1115 Demonstration - Choices for Care Program

NUMBER: 11-W-00191/6
Demonstration Year: 7

Combined Bi-annual Report for the period
April 1, 2011 – March 30, 2012

June 22, 2012

OVERVIEW

This report covers 12 months of operation of Vermont's 1115 Demonstration Waiver renewal for Choices for Care (CFC) Long Term Care Waiver Demonstration from April 1, 2011-March 30, 2012. The five year renewal period (2010-2015) was approved on September 21, 2010.

Over the course of this reporting period, the VT Agency of Human Services (AHS), Department of Disabilities, Aging and Independent Living (DAIL) has undergone some significant changes including Tropical Storm Irene that resulted in the flooding of the Waterbury State Complex, displacing the Department's central offices. These events postponed the last bi-annual report resulting in this combined report covering April 2011 through March 2012. Though work within many state offices was unavoidably delayed, this report reflects the continued hard work on the part of AHS, DAIL and its many partners to support Vermonters in the setting of their choice.

This report contains the following:

- Activities and Accomplishments
- Data Reporting

ACTIVITIES AND ACCOMPLISHMENTS

1. Money Follows the Person: CMS awarded the VT Agency of Human Services (AHS) a \$17.9 million dollar Money Follows the Person (MFP) Grant, effective April 1, 2011 through March 31, 2016. In July 2011, AHS received legislative approval to accept the grant, via the VT Legislative Joint Fiscal Committee review process. The purpose of the MFP grant is to provide assistance to people living in nursing facilities that wish to leave but are unable to do so because of barriers to living in the community. This grant will provide them the opportunity to live in the community with the services and supports they need. VT will provide one-time funds of \$2500 per eligible person to help them with barriers to leaving the nursing facility. MFP will also focus on developing housing opportunities within the state including the development of a 24-hr home-based "Adult Family Care" option within CFC. It is expected that this option will be developed during calendar years 2012 and 2013. The MFP Operational Protocol describes Adult Family Care as: *An adult home established and operated for the purpose of providing long-term residential care (room, board, housekeeping, personal care, and supervision) in an environment that is safe, family oriented, and designed to maintain a high level of independence and dignity for the resident. Adult Family Care will be an*

addition to the current menu of Qualified HCBS available under Choices for Care. Adult Family Care will resolve a barrier to transition that currently exists by enabling more participants who require 24-hour supervision to move to a community setting. Homes will serve one to two residents.

During the MFP grant period, VT will receive an enhanced FMAP for all MFP qualified community-based CFC services that a person receives, up to 365 days after transition out of a nursing home.

In December 2011, after a lengthy hiring process, delayed by the flood (see *Tropical Storm Irene*) the DAHL was pleased to bring on Linda Martinez, RN as the MFP project director. Linda worked diligently throughout the immediate months following her hire to establish a strong MFP team of eight staff, including Transition Coordinators (RNs), Quality Management staff, a Data Analyst and administrative staff. Work through March 31, 2012 (this reporting period) has focused on hiring MFP staff, program outreach and training, establishing connections with the VT Aging and Disabilities Resource Center (ADRC) partners and developing the required processes in preparation to start enrolling people in May 2012. More information about Vermont's MFP Grant can be viewed at <http://www.ddas.vermont.gov/ddas-projects/mfp/mfp-default>.

2. Medicare Nursing Home Crossover Claims: May 2011, the Agency submitted a written request to CMS to allow individuals with dual Medicare and Medicaid coverage to access their Medicaid co-insurance benefit without going through the CFC, Long-Term Care Medicaid application process. CMS approved an Operational Protocol amendment to read "For those persons entering a nursing facility for Medicare covered short-term rehabilitation care, the individuals will be considered to meet the Highest Need clinical criteria and the crossover claims for Medicaid covered individual will be paid out of Choices for Care". This revised process will improve access for individuals utilizing their Medicaid co-insurance benefit, as well as create internal program efficiencies.

3. Quality Management: The Quality Management team within the Adult Services Unit has continued to perform ongoing certification reviews of all Case Management and Adult Day providers. 100% of the providers have been certified with zero de-certifications during this reporting period. Written provider standards form the basis of the certification review process, which includes agency policy review, file reviews, interviews and complaint data. General areas of improvement identified during this report period include case management documentation and training as well as medication management at Adult Day Centers. Quality management staff work closely with individual providers on improvement plans and participate in regular provider group meetings. In early 2012,

the Department developed a plan to submit a request for proposal for a contract to develop online Case Management provider training. The contract is under development with the goal of implementation by fall 2012.

December 2011, DAIL released the 2011 annual Long-Term Care Consumer Survey, conducted by Market Decisions. As stated in the survey report, *"the results of the survey suggest that the large majority of customers are satisfied with VT DAIL programs, satisfied with the services they receive, and consider the quality of these services to be excellent or good. The survey results are a clear indication that VT DAIL is in large part fulfilling its goal "to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence.""*. The Department continues to seek ways to utilize survey data to create useful targets for program improvement. Survey results can be found at <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/>.

DAIL continues to maintain a contract with the VT State Long-Term Care Ombudsman to manage complaints both in licensed settings (nursing facility and residential care regardless of payment source) and for people on the CFC home-based option. During this reporting period, DAIL staff participated in quarterly meetings with the State Ombudsman to review reports, current topics and trends. Quarterly reports include all complaint data for people in licensed settings (nursing facilities and residential care homes, regardless of payment source) and for people in the home-base setting on Choices for Care. For example, from 1/1/12-3/31/12, the Ombudsman program opened 126 cases for people in licensed facilities, with 90% resolved and 4.5% of the cases withdrawn during that reporting period. Additionally, during this period of time the Ombudsman program opened 28 home-based CFC cases with 36% resolved and 7% of the cases withdrawn during the reporting period.

4. Non-Medical Home Health Providers: DAIL contracted with the University of Massachusetts Medical School to create a Choices for Care legislative report on non-medical providers (*Section E. 300(c) of act 63 of the 2011 legislative session*). The report was submitted in February 2012 and can be found at <http://www.dail.vermont.gov/dail-publications/publications-legis-studies/cfc-report-nonmedical-providers-act-63-report>. As you will see, the report captures the complexities of this issue. As such, DAIL will be working with the home health and home care agencies over the next year to plan for the future of the home care and home health system and address barriers to Vermonters accessing needed services.

5. State Audit: Pursuant to Vermont Act 63 (2011) the State Auditor's Office conducted an audit related to the CFC program. The objective of the audit was to determine whether and how DAIL could more effectively use performance measures to evaluate the success of the CFC program. The audit began in December 2011 and ended in April 2012 with a report and recommendations. DAIL welcomed the opportunity to work with the auditor's office and felt it was particularly timely. The independent evaluators at the University of Massachusetts Medical School had just submitted their final evaluation of the program for years 1-6. (See *Choices for Care Evaluation*) The audit report and the evaluation report together give DAIL and its Advisory Board an opportunity to improve the CFC performance measurement system for the next five years. See next reporting period for details on the final audit report released in April 2012 and plans for revisions to the CFC Evaluation Plan. The final audit report can be viewed at <http://auditor.vermont.gov/sites/auditor/files/Final%20CFC%20report.pdf>.

6. Choices for Care Evaluation: In March 2011, the CFC independent evaluator University of Massachusetts Medical School released its final report "*Vermont Choices for Care: Evaluation of Years 1-6*". The report includes the evaluation framework, evaluation results and discussion, conclusions and recommendations. Conclusions state that "*Overall, available data have indicated that CFC continues to be highly effective with HCBS participants, most of whom reported being satisfied with various aspects of the care experiences, e.g., choice and control in planning, quality of services, and timeliness of services.*" The report conclusion summarizes the data for the following outcomes: Information Dissemination, Access, Effectiveness, Experiences of Care, Quality of Life, Impact of Waiting/Applicant List, Budget Neutrality, Public Awareness, and Health Outcomes. Recommendations relate to revisiting the evaluation framework and outcomes in the following areas: Information Dissemination, Access, Experience of Care, Effectiveness, Quality of Life and Public Awareness. The independent evaluation report closes by saying, "*In this sixth year of the CFC program, DAIL met the needs of those Vermonters who need long-term support services. As with any far-reaching program, there are areas which can be improved. However, with an overwhelmingly high rate of consumer satisfaction, DAIL is well positioned to meet the current and future needs of Vermont's elders and adults with disabilities who use the CFC program.*" The complete report can be viewed at <http://ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-years-1-6-evaluation-report>

7. Case Rate Development: In the summer of 2011, DAIL identified a need to create a more flexible, person centered and efficient approach to

care planning and service plan approvals for people receiving home-based services. Currently, the program relies on the case manager to develop a proposed volume of hours for personal care services that are then reviewed by a DAIL long-term care clinical coordinator (RN), resulting in a bi-weekly allocation of authorized hours. There is also a cap on the number of respite and companion hours that can be used per calendar year. DAIL initiated a process to analyze the current CFC home-based services expenditures and create a direct link to the person's assessed functional needs. The planning and analysis process started with feedback from the DAIL Advisory Board in August 2011 and is expected to continue through 2012. By January 2013, DAIL plans to establish tiered CFC case rates or "budgets" based on the person's functional needs using the existing service options and claims reimbursement system while remaining budget neutral. Individuals will be able to develop their own plan within their budgeted tiered rate, allowing them to use their personal care, respite and companion hours flexibly. Not only will this new process increase choice and flexibility to the person, it will also improve access to services by shortening the CFC service plan approval process.

8. Moderate Needs Program: The Choices for Care "Moderate Needs" program is an option for people who do not meet nursing home level of care, but require some services to assist them to remain independent in their home, preventing a more intense level of service. As of March 2012, there were just over 1,000 people receiving Moderate Needs services. Services are currently limited to case management, adult day and homemaker services. Services are also limited by the capped funding allocation to adult day and homemaker providers. DAIL is interested in exploring a more flexible, person-centered model in which the person chooses the services they need within a set budget. DAIL feels this may increase utilization of needed services and improve satisfaction. As of this reporting period, DAIL was in the exploration phase of determining whether a transition from the current Moderate Needs structure to a more flexible model is feasible at this time.

9. 24-hour Community-Based Care: Over the last several years, DAIL has identified a great need for community-based 24-hour long-term care in small family home settings. Fortunately, DAIL, through CFC, has been able to "pilot" a few specialized care plans using the state's existing model of Developmental and Traumatic Brain Injury home providers to successfully help serve people with the most complex care needs in small home arrangements. Each specialized plan is approved on a case by case basis when a person has complex care needs and no other way to meet those needs in the existing CFC service system. As of this reporting period, CFC was serving seven people with specialized 24-hour home care plans. A

formal CFC “Adult Family Care” model is being developed through the MFP grant. See #1 *Money Follows the Person*.

10. Tropical Storm Irene: On August 28, 2011, Vermont experienced devastating floods as a result of Tropical Storm Irene. The AHS and DAIL central offices located at 103 South Main Street in Waterbury were overwhelmed by the Winooski River, unexpectedly closing the complex. As many other state Departments, DAIL established an emergency flood team to coordinate work with program managers and local providers to identify people in greatest need and to maintain program operations for all Departmental programs. Overall, the CFC case managers and providers did an outstanding job identifying people in greatest need of emergency care and worked closely with DAIL and local towns to continue services without interruption. Approximately nine people on CFC were identified as needing emergency placement in a nursing home due to their homes being flooded. DAIL was also able to work with ARIS Solutions, the CFC payroll service agency to extend service plans for people in areas in which flooding delayed reassessment plans, so caregivers could be paid without a break. It must be noted that, though DAIL was able to successfully work with its partner agencies to assure people were safe and had their needs met, many projects and reports were delayed due to lack of work sites, equipment and supplies. Vermont is grateful to its local and federal partners for their patience and understanding during this trying time.

Currently, the DAIL Commissioner and Business offices are located at 289 Hurricane Lane, Williston and the Division of Disabilities and Aging Services is located at 94 Harvest Lane in Williston. Mail continues to be processed through 103 South Main Street, Waterbury, VT 05671. The CFC program Manager, Megan Tierney-Ward can be reached at (802) 871-3047 or megan.tierney-ward@state.vt.us. It is currently estimated that AHS and DAIL will return to space in Waterbury in 2015.

11. DAIL Structure: In 2011, the Division of Disabilities Services experienced reorganizations and employee turn over. Attached is a current organizational chart.

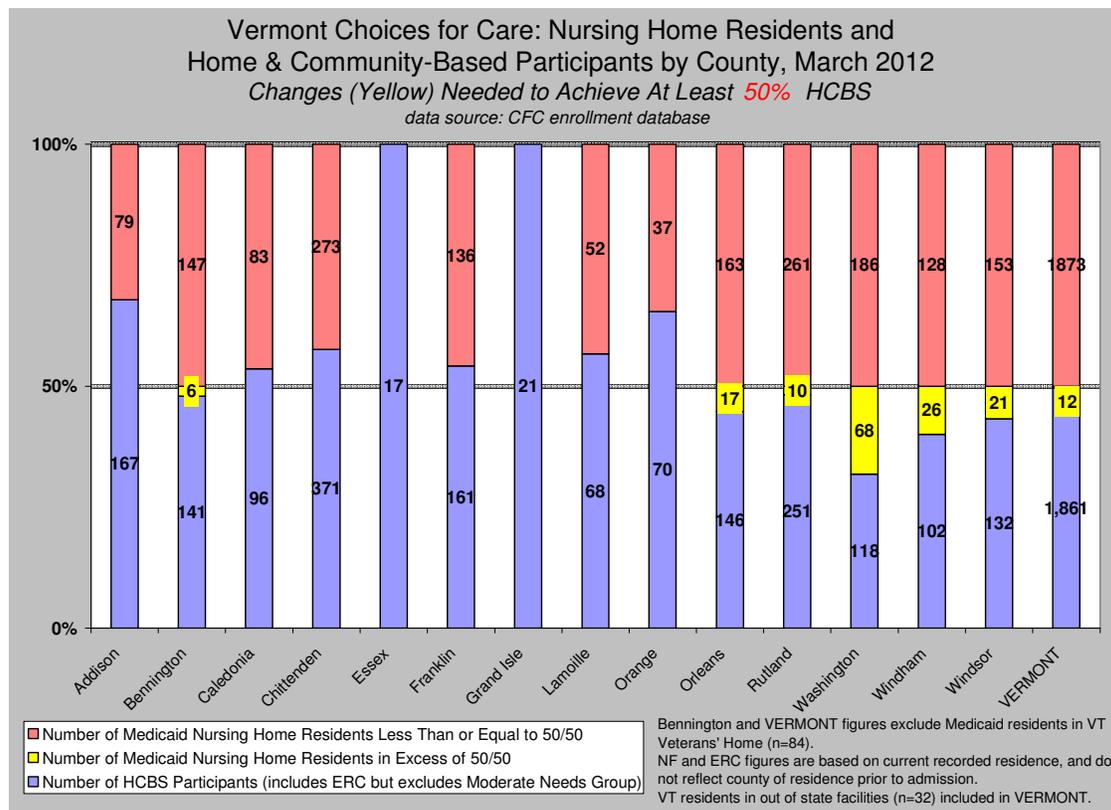
12. Dual Eligible Project: In 2011, Vermont was one of 15 states awarded a \$1 million CMS Demonstration Grant to develop a proposal on how best to serve the 22,000 Vermonters receiving both Medicare and Medicaid services (“dually eligible beneficiaries”). These individuals have among the most complex care needs yet the current system oftentimes fails in delivering comprehensive, effective and coordinated person-centered care. Vermont’s proposal will call for system wide changes to achieve better coordination and integration of services as well as streamline

financing for this population whose expenditures totaled \$560 million in 2008. The Dual Eligible Project is working closely with Vermont's health care reform efforts as well as the Blueprint for Health Chronic Care Initiative. Vermont submitted its Dual Eligible proposal to CMS in May 2012. If CMS funds the demonstration proposal, implementation would begin in early 2014. Information on Vermont's Dual Eligible Project can be viewed at <http://humanservices.vermont.gov/dual-eligibles-project>.

13. Choices for Care and Global Commitment Merger: During SFY 2012, Vermont has been exploring the benefits of combining the Choices for Care 1115 waiver with Vermont's Global Commitment 1115 waiver. See next reporting period for more information and decisions made.

DATA REPORTING

Vermont is well on its way to rebalancing the long term care system in the state. As the chart below indicates, most counties, with one exception are either higher than 50% community-based participation or within a few individuals in reaching that goal. It is hoped with the additional effort undertaken in Money Follows the Person will serve to further improve this trend.



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

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

Multiple data sources are used for these purposes; sources may not be integrated or use the same methodologies for entry and extracts. For example, clinical eligibility determinations are tracked in one database while financial eligibility determinations are tracked in another. The clinical database might indicate an approval, while the financial eligibility data base is still pending or determined ineligible or vice versa. Due to the different methodologies and purposes for the databases, please note that information reported on the CMS64 reports does not match information from other data sources or program reports.

Monthly monitoring reports are generated from the DAIL business office, providing AHS and DAIL managers with current information on fiscal year expenditures and utilization as compared to planned amounts. At the end of SFY11, CFC had approximately \$339,754 general funds carryover budgeted (after obligations). The SFY12 CFC appropriation was \$205,491,171 (including acute care costs). As of March 2012, nursing home expenditures were approximately 3.73% (\$2,885,360) under plan and nursing home days were trended to be approximately 1.22% under plan. Moderate Needs services expenditures were approximately 10% (\$406,127) under plan and HCBS (Highest/High including PACE & ERC) expenditures were 4.78% (\$1,734,434) under plan. DAIL Budget Testimony given during this reporting period (February 2012) can be viewed online at <http://dail.vermont.gov/dail-publications/dail-budget-testimony>. See next reporting period for SFY13 approved budget and reinvestment strategies.

CFC program reports for this reporting period can be viewed at <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/cfc-qrtrly-data-rprts/cfc-quarterly-report-4-11>

and

<http://www.ddas.vermont.gov/ddas-publications/publications-cfc/cfc-qrtrly-data-rprts/cfc-data-report-april-2012>.

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