

**CHOICES FOR CARE
VERMONT 1115 DEMONSTRATION WAIVER
Semi Annual Report
October 2010 – March 2011**

This report covers the first 6 months of operation of Vermont's 1115 Demonstration Waiver renewal for Choices for Care Long Term Care Waiver Demonstration. The five year renewal period (2010-2015) was approved on September 21, 2010. In the approval letter for continuation, the Centers for Medicare & Medicaid (CMS) found that the Choices for Care demonstration:

- Promotes the objectives of the Medicaid program and the Americans with Disabilities Act by creating an entitlement to home and community-based services for a group with the highest need for care. Experience gained through this demonstration paves the way for other States seeking to reduce the institutional bias of Medicaid;
- Institutes a person-centered planning process by matching services to participants' needs and choices according to a person-centered assessment and options counseling process;
- Contains participant protections, incorporated into the Special Terms and Conditions of Approval, to ensure the health and welfare of program participants and continuous improvement of the demonstration program; and,
- Contains an evaluation component that continues to measure the demonstration's effectiveness in expanding comprehensive home and community-based services and preventing the need for nursing facility care.

OVERVIEW

Over the course of the next five years, it is Vermont's intent to continue and expand on the successes that it has achieved during the previous demonstration period. We did not propose any major changes to the design or operation of the program at the time of the submission of the renewal. We did have a discussion with our partners regarding the direction and expansion areas we would like to see occur in this coming period.

During this same time, the Agency of Human Services (AHS) was spearheading an effort as part of a Legislative directive to improve state services in terms of efficiency and cost effectiveness. DAIL sought to enhance systems through improved performance-based contracting with clear, measurable outcomes for all grants and contracts, improve efficiencies in financial determination and broaden service options in the development of a new setting called Adult Family Care. The Department's Advisory Board was the mechanism through which these ideas were presented, feasibility

and desirability was discussed. During this six month process, consumers, advocates and service providers engaged in meetings with Department staff and the Advisory Board. The results of these meetings were included in the renewal of Choices for Care for the next five (5) year period.

During the renewal process, the Advisory Board of the Department of Disabilities, Aging and Independent Living (DAIL) advised the program staff of their desire to see the development of an additional community home-based setting known as Adult Family Care. This setting is intended to expand upon the existing Live- in Care arrangement. One of the goals expected to be achieved in the development of this community-based setting is to expand the options to individual who may need some intermittent " 24-hour" care/presence, but do not have a need that rises to the level of requiring a nursing facility setting.

In addition to an expanded service setting, the Advisory Board, in response to comments from advocates and lawmakers, requested that DAIL re-examine the use of state funds to expedite access to services for clinically eligible individuals who appear to meet financial eligibility criteria while their full financial eligibility is under review. The goal of this approach is to expedite access to services; increase the use of home and community- based services; and improve outcomes for consumers without creating new federal financial commitments.

The consideration of additional organizations (other than designated home health agencies) to provide personal care, respite care and companion services was requested of the Department. DAIL has agreed to examine the feasibility of expanding the provider system for Choices for Care in this manner.

Activities and Accomplishments

In February 2011 a review of the financial environment resulted in the lifting of the High Needs Wait List. This also allowed the Moderate Needs Wait List to be lifted. Currently, individuals who meet the criteria for High Needs are being enrolled and the service providers are beginning to serve the Moderate Needs individuals to the extent they have funding available.

During the 2009 Legislative Session the Legislature passed *Act 25 Sec. 17. ELIGIBILITY FOR CHOICES FOR CARE AND HOSPICE CARE. The department of disabilities, aging and independent living shall investigate the feasibility of allowing Vermonter to receive services under the stat's Choices for Care program while also receiving hospice benefits under Medicaid or Medicare. No later than January 15, 2010, the department shall report its findings and recommendations regarding simultaneous eligibility to the house committee on human services and the senate committee on health and welfare. A copy of*

the final report can be viewed at <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/publications-cfc-documents/cfc-2010-hospice-report>.

Over the past 6 months, the Department has been in discussion with the Hospice Association regarding allowing individuals who are enrolled in Hospice to apply and enroll in Choices for Care. The Department has agreed to allow this dual enrollment until the end of the fiscal year and then examine if there are any appreciable improvements in the outcomes for the consumer prior to formalizing this policy change.

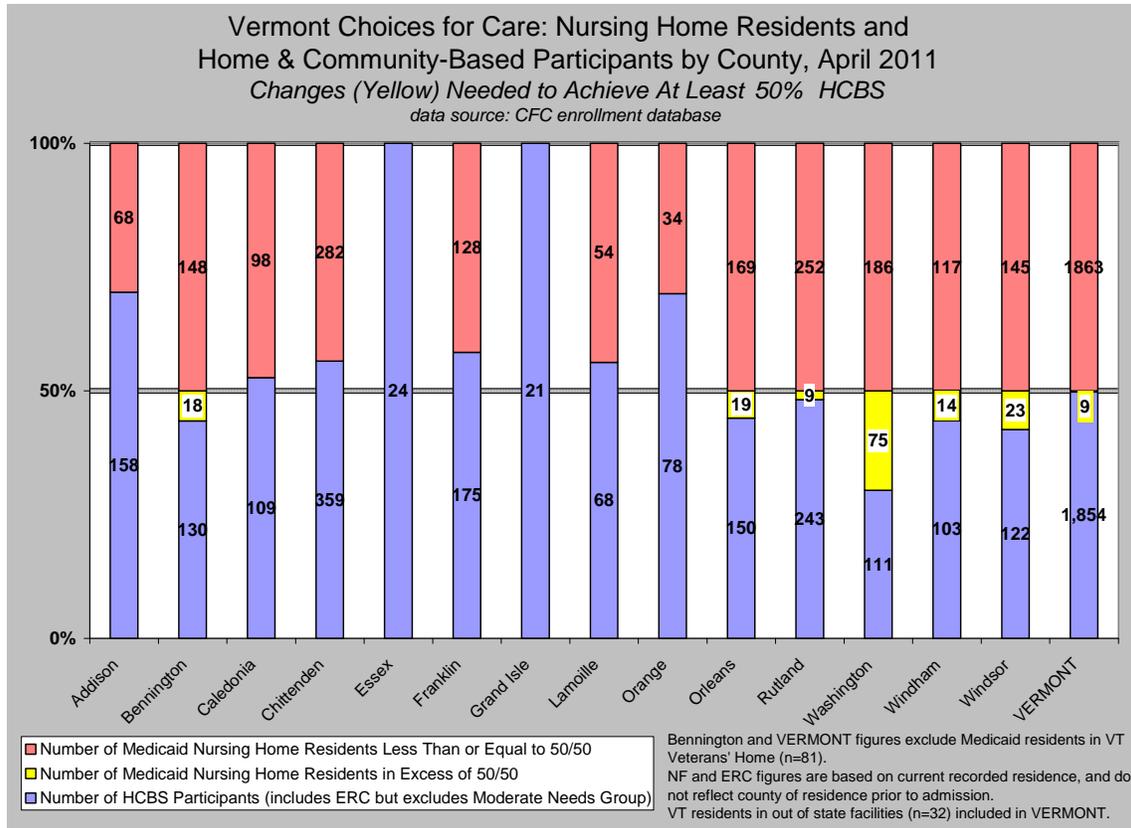
In order to improve the timeliness of financial eligibility, the Department instituted a new process known as "Waiver While Waiting" (WWW). The purpose of this effort was to "fast track" applicants who are believed to be eligible for Community Medicaid and allow services to be put into place prior to the final financial eligibility determination. Vermont believes that 90 % of identified individuals will be eligible. By granting eligibility WWW status while the normal, more time extensive financial is undertaken the individual will be better served with minimal risk to the State. This process was put into practice in January 2011. To date, seven (7) individuals have been enrolled in Choices for Care under this new process. Unfortunately, only 1 of the 7 individuals receives home-based services. The majority were already in a nursing home at time of application. Staff is examining the results during this time and a determination regarding continuation of this process will be made during the next quarter.

A complaint process was developed and test over this report period. The formalized internal process will use DAIL's database system (SAMS) as the mechanism to log in any verbal or written complaint received by staff. A complaint is defined as a written or oral expression of dissatisfaction with service delivery or the quality of care furnished through a program managed by DAIL. This process will include all programs, not just Choices for Care. The addition of this formalized process is part of the ongoing enhancement of the quality improvement process for Choices for Care. It is anticipated that this data will allow the quality Review staff to track trends and be more effective in addressing any systemic problems that the consolidated data might indicate.

As noted above, the development of a new home-based service setting (Adult Family Care) was identified through the renewal process. During this same time, Vermont applied and was granted Money Follows the Person award from CMS. The lack of a home environment was identified as a major barrier to individuals currently in nursing homes who desire to return to the community. It seemed a natural fit to incorporate the development of the Adult Family Care setting into the activities to be undertaken in the Money Follows the Person Grant. DAIL is awaiting approval from the Agency of Human Services and the Legislative Joint Fiscal Committee to accept the award. If approval is granted, DAIL will hire 7.5 staff comprising of project director, transition coordinators (registered nurse),

community development specialists, quality reviewers, and data analyst. We hope to begin to implement this grant in early summer.

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 community-based user 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 rate.



Reporting of Data

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.

Program reports for this reporting period can be viewed at

<http://www.ddas.vermont.gov/ddas-publications/publications-cfc/cfc-qrtrly-data-rpts/cfc-quarterly-data-report-october-2010>

and

<http://www.ddas.vermont.gov/ddas-publications/publications-cfc/cfc-qrtrly-data-rpts/cfc-quarterly-data-report-1-11>