

Adult Services Division (ASD) Quality Management Overview for Medicaid Funded Services

July 2017

A. Structure

The Adult Services Division (ASD) is responsible for the management of Medicaid funded long-term services and supports for older Vermonters and adults with physical disabilities. Choices for Care is the largest program serving over 5,000 people with Medicaid funded long-term services and supports in multiple settings: home, Enhanced Residential Care and Nursing Facilities. ASD also manages the Traumatic Brain Injury Program (TBI), Attendant Services Program (ASP), Adult Medicaid High Tech (funded by Medicaid State Plan) as well as multiple contracts and grants funded by state General Funds and federal grants. ASD is comprised of 38 positions which includes 7 limited positions dedicated to the Money Follows the Person (MFP) grant.

In addition to Medicaid funded services, ASD also manages the oversight of Older American's Act funding that provides resources to Area Agencies on Aging for case management services, health insurance counseling, health promotion and disease prevention, information, referral and assistance (Aging & Disabilities Resource Connections), family caregiver support and legal assistance.

The ASD Quality unit includes a team of 5 people who work very closely with ASD program staff and other stakeholders to operationalize the quality work described in this plan.

B. Consumer Surveys

The Department of Disabilities, Aging & Independent Living has contracted with an independent vendor over several years to complete an annual "VT Long-Term Care Consumer Survey" for ASD managed. Past surveys through 2016 can be found [online](#) and were used to generate changes in practice and funding decision. In 2017, DAIL transitioned to a contract with the [National Core Indicators \(NCI\) survey for Aging & Disabilities](#) and expects surveys to begin in 2018 with data available by January 2019. The NCI survey will allow Vermont to gather data across all settings and compare with other participating States with regards to demographics, quality of life, choice of setting, community participation, satisfaction with services and alignment with HCBS federal regulations requirements.

C. Certification/Designation/Licensure

Each direct provider ASD managed Medicaid services is subject to a DAIL certification, designation or licensure process. The following table outlines the provider type, the process and the responsible DAIL division:

Provider Type	Process	Division	Program
Assisted Living Residence	Licensure: Assisted Living Licensure Regulations	Division of Licensing & Protection	<ul style="list-style-type: none"> • Choices for Care • Assistive Community Care
Adult Day Providers	Certification: Certification Standards for Adult Day Services in Vermont	Adult Services Division	<ul style="list-style-type: none"> • Choices for Care • Medicaid Adult Day Health Rehab
Adult Family Care	Designation (DS): Administrative Rules on DS Agency Designation Certification/Approved TBI Provider: TBI Provider Procedures	DS: Developmental Disabilities Services Division TBI: Adult Services Division	<ul style="list-style-type: none"> • Choices for Care
Case Management	Certification: Case Management Standards and Certification Procedures for Older American's Act and Choices for Care Programs	Adult Services Division	<ul style="list-style-type: none"> • Choices for Care • Older American's Act
Home Health Agency	Designation: Regulations for the Designation and Operation of Home Health Agencies	Division of Licensing & Protection	<ul style="list-style-type: none"> • Choices for Care • Adult High Tech
Level III Residential Care	Licensure: Residential Care Home Licensing Regulations	Division of Licensing & Protection	<ul style="list-style-type: none"> • Choices for Care • Assistive Community Care
Nursing Facility	Licensure: Licensing and Operating Rules for Nursing Homes	Division of Licensing & Protection	<ul style="list-style-type: none"> • Choices for Care
Traumatic Brain Injury Provider	Certification/Approved TBI Provider: TBI Provider Procedures	Adult Services Division	<ul style="list-style-type: none"> • Traumatic Brain Injury Program

As noted in the table above, ASD is directly responsible for the certification of adult day providers, TBI providers, and case management agencies. The quality unit of ASD conducts annual reviews, certifications, and technical assistance according to the referenced Standards. Follow-up by ASD occurs as needed to ensure agencies are compliant with all standards and recommendations.

NOTE: Fiscal employer payroll services for self-directed service are managed via a State contract with a vendor who provides employer support and payroll services. The contract includes performance requirements and ASD oversight. Self-directed employers are monitored monthly through their case management provider or consultant agency.

D. Incident Reporting

Incident reporting for ASD managed Medicaid services occurs in several ways:

1. Abuse/Neglect/Exploitation: According to VT Statute, [Title 33, Chapter 69](#), all service providers are mandated to report suspected incidences of adult abuse, neglect or exploitation to the Division of Licensing and Protection (DLP), Adult Protective Services (APS). Reports are made [online](#) or by calling (800) 564-1612. [Online training is available](#).
2. Home Health Agency Reporting: All Designated Home Health Agencies are required to [report incidences to DLP](#) according to the designation rules.
3. Residential Care Reporting: All Level III Residential Care Homes, Assisted Living Residences and Nursing Facilities are required to [report incidences to DLP](#) according to the licensing regulations.
4. Adult Day Reporting: All Adult Day services providers are required to maintain an incident reporting policy that is reviewed during certification according to the adult day standards. ASD reviews incidents during the certification review period.
5. Adult Family Care Reporting: All Adult Family Care Authorized Agencies are required to report critical incidences to ASD following the [Critical Incidents Reporting](#) standards.
6. Money Follows the Person Reporting: All Adult Family Care Authorized Agencies are required to report critical incidences to ASD following the [Critical Incidents Reporting](#) standards.
7. Program Integrity Reporting: Whenever ASD staff become aware of a potential Medicaid fraud, waste or abuse, a referral will be made to [DVHA's Program Integrity Unit](#).

The ASD Quality Unit reviews all critical incident data for MFP and Adult Family Care. The team determines when immediate intervention is necessary and uses data to identify trends and issue that require program improvement. DLP also provides necessary information to ASD program staff on facility trends found during survey and in incident reporting.

E. Ombudsman Program

The Department of Disabilities, Aging & Independent Living (DAIL) contracts with VT Legal Aide to manage the VT Long-Term Care Ombudsman program. The program provides advocacy and complaint resolution to participants of Choices for Care according to [State Statues](#) and [Federal Regulations](#). Participants are made aware of the program during the application process. ASD receives quarterly reports of aggregate data and meets on a quarterly basis with the Ombudsman director to discuss current issues and guide improvement efforts. Quarterly Ombudsman targets include:

- 75 percent of all complaints are resolved to the person's satisfaction
- 95 percent of nursing facilities are visited
- Resident Rights Fact Sheet is delivered to at least 25 percent of residential care homes

F. Accountability Monitoring & Oversight

DAIL provides accountability monitoring and oversight for ASD Medicaid funded long-term services and supports programs (aka “Special Health Care Needs”) in the following ways:

1. Annual Assessment and Eligibility Review: Annual reassessments are performed for all CFC, TBI and ASP participants. The reassessments are reviewed by DAIL clinical staff for continued eligibility and appropriate service plan. Changes are submitted and reviewed as needed. Process information can be found in [program manuals](#).
2. Annual Consumer Survey: DAIL contracts with an external survey entity to monitor qualitative outcomes to identify areas that need improvement. ASD is transitioning to NCI in 2017.
3. Certification of Adult Day, Traumatic Brain Injury and Case Management Agencies: Monitor agency performance against existing standards through regular site visits and corrective plans. Process information can be found in the applicable [certification standards](#).
4. Critical Incident Reporting (MFP and AFC): Incidents are reported to ASD and reviewed weekly to monitor for problems and identify areas of improvement needs. Process information can be found in the [Critical Incident Standards](#).
5. Contract with Fiscal Employer Agent: DAIL contracts with a Fiscal Employer Agent who manages payroll services for self-directed services. The contractor is responsible for set performance measures which is monitored by the ASD grant manager.
6. Contract with VT LTC Ombudsman Services: Ombudsman manage complaints and resolution for people on Choices for Care and residing in facilities. ASD monitors this work via a State Grant Agreement and identified performance measures. Ombudsman operations manual under development.
7. Designation and Monitoring of DA and SSA’s that provide AFC Services: The Developmental Disabilities Services Division (DDSD) monitors compliance with designation rules and provider standards. Process information can be found in the [Administrative Rules for Agency Designation](#).
8. DLP Adult Protective Services: Reports are made to the Division of Licensing and Protection (DLP) who manage the mandated protective services for vulnerable adults. Process information can be found in the [Statute](#).
9. DLP Survey and Certification for licensed/designated agencies: DLP monitors compliance with regulations and oversight of correction plans. Process information can be found in the [applicable regulations](#).
10. HCBS Regulations Implementation Work Plan and Monitoring: Assessment and implementation of new Home & Community-Based Services (HCBS) federal regulations regarding setting characteristics and person-centered planning for home-based services. Process information can be found in the [work plans on the ASD website](#).

11. Monthly Case Management monitoring in home-based setting: Provider agencies perform person-centered planning and monthly face-to-face monitoring of individual goals/outcomes and service needs. Process information can be found in the [applicable program manuals](#).
12. Monthly Medicaid claims report monitoring: DAIL track monthly expenditures to identify potential issues and spending trends.
13. Monthly Moderate Needs wait list reports: ASD monitors unmet needs at the agency level, report to legislature on budget needs and track performance outcomes of new funding.
14. Monthly SAMS (care plan) data reports monitoring: DAIL tracks monthly planned services to predict expenditures and compared to actual claims. Reports are also used to monitor ASD compliance with eligibility determination and annual review timeframes.
15. SAMS Integrity Reports: DAIL uses monthly reports to identify and correct data errors in SAMS in order to maintain data integrity.
16. Stakeholder Engagement: ASD participates regularly in stakeholder meetings to share important information and to seek input regarding the needs of participants and providers. Regular ASD stakeholder engagement meetings include, but is not limited to:
 - Adult Family Care Home Providers
 - Area Agency on Aging Directors
 - ASP Program Participant Advisory Group
 - Case Management Supervisors
 - DAIL Advisory Board
 - Fiscal Employer Services Vendor
 - Home Health Agencies Directors
 - TBI Advisory Board
 - VT Healthcare Association
 - VT Long-Term Care Ombudsman