Report to
The Vermont Legislature

Annual Report on The Adequacy of the CFC Provider System

In Accordance with 2013 Acts and Resolves No. 50, Sec. E.308(c): An act relating to making appropriations for the support of Government; Choice for Care; Savings, reinvestments, and system assessment

Submitted to:	**Representative Martha Heath, Chair, House Committee on Appropriations**
	Representative Ann Pugh, Chair, House Committee on Human Services
	Senator Jane Kitchel, Chair, Senate Committee on Appropriations
	Senator Claire Ayer, Chair, Senate Committee on Health and Welfare
CC:	**Doug Racine, Secretary, Agency of Human Services**
Submitted by:	**Susan Wehry, M.D., Commissioner Department of Disabilities, Aging and Independent Living**
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Report Date:	**October 1, 2013**

VERMONT

AGENCY OF HUMAN SERVICES
Department of Disabilities, Aging and Independent Living

Sec. E.308 CHOICES FOR CARE; SAVINGS, REINVESTMENTS, AND SYSTEM ASSESSMENT (c) The Department in collaboration with long-term care providers shall conduct an annual assessment of the adequacy of the provider system for delivery of home- and community-based services and nursing home services. On or before October 1 of each year, the Department of Disabilities, Aging, and Independent Living shall report the results of this assessment to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare for the purpose of informing the reinvestment of savings during the budget adjustment process.

Table of Contents

I. Introduction

The mission of the Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence. We strive to support quality, access, flexibility and choice in all of our programs. DAIL's strategic plan aligns to the Agency of Human Services priority goals that support individuals and families by 1) decreasing the lasting impacts of poverty and creating pathways out of poverty, 2) promoting health, wellbeing, and safety, 3) enhancing program effectiveness, accountability for outcomes, and workforce development and engagement, and 4) ensuring all Vermonters have access to high quality health care.

DAIL has multiple methods for assessment of the adequacy of the provider system for delivery of home and community based services and nursing home services. This information informs DAIL proposals for reinvestment of Choices for Care (CFC) savings, for an amount defined in Sec. E.308(a). This input includes, but is not limited to:

- Independent Evaluation of Choices for Care – Annual Report[1]
- Long Term Care Consumer Satisfaction Survey – Annual
- Choices for Care data reports – quarterly
- Choices for Care independent evaluators – Annual Policy Brief on priority topics
- 'My Innerview' Nursing Home and Residential Care Home
- Home Health Agencies (HHA) – quarterly meetings
- Adult Day Services (VAADS) – intermittent meetings
- Moderate Needs Group Allocations versus Utilization (financial tracking)
- Attendant Services Program (ASP) – Annual Meeting and Advisory Committee
- Area Agencies on Aging (AAA) – monthly meetings
- Area Agencies on Aging Area Plans and Progress Reports
- NAPIS State Program Report (annual, Older Americans Act)
- DAIL Advisory Board – monthly meetings
- Vermont Health Care Association (VHCA) – monthly meetings
- Nursing Home occupancy, resident days and financial monitoring – monthly meetings
- Long Term Care Ombudsman (LTCO) – quarterly meetings
- Long Term Care Ombudsman – Quarterly Data Reports and Annual Report
- Adult Services Division Quality Reviews – AAA and HHA Case Management, Adult Day Services
- Division of Licensing and Protection, Nursing Home Survey and Certification – Annual
- Division of Licensing and Protection, Residential Care Home/Assisted Living Facility Survey and Certification – Biannual

In addition to these ongoing, structured opportunities to assess the adequacy of the Long Term Services and Supports (LTSS) provider system, we engage partners that include Support and Services at Home (SASH), Vermont Center for Independent Living (VCIL), A

[1] Reports can be found at http://www.ddas.vermont.gov/ddas-publications and http://dail.vermont.gov/dail-publications.

Better Living Environment Cooperative (ABLE), Designated Agencies and Specialized Service Agencies (DA/SSA), Cathedral Square Corporation / South Burlington Community Housing, VT Aging and Disabilities Resource Center (ADRC) and other program partners.

Attachment A provides a summary of sources of data and information on CFC provider services. **Attachment B** provides sample call data from ADRC partners that reflect many of the provider system concerns addressed in this report, most notably nutrition, housing, and personal care. The ADRC partner agencies provide critical options counseling infrastructure for our programs, including this feedback that indicates the adequacy of our systems.

Each of our partners contributes to the ongoing assessment of the adequacy of the LTSS provider system. DAIL continually explores opportunity to strengthen this network and undertakes targeted initiatives to accomplish these goals. This report highlights current adequacy and opportunities with a primary focus on reinvestment proposals.

II. Current Adequacy and Opportunities

Common themes are expressed by our provider network, most notably increased pressure to serve complex populations, ongoing wait lists for consumers seeking moderate needs group services, and better coordination of services. This report will highlight what has been expressed as the most pressing needs, as well as the current DAIL focus on these opportunities to strengthen the adequacy of the LTSS provider network.

A. CFC Home Based Population Provider System

a. Moderate Needs Group

The Choices for Care Moderate Needs program began SFY12 in July 2011 with a total budget of $4,058,198. Within this budget, $2,410,557 was allocated to certified Home Health Agencies (HHA) for homemaker services and $1,647,641 was allocated to certified Adult Day providers (AD). By the end of SFY12 a total of $3,136,289 or 77% of the total budget was utilized. Out of this total, the HHA providers spent approximately 74% of their budget and the AD providers spent approximately 82% of their budget. (In SFY13, the HHA providers spent approximately 83% of their budgets and the AD providers spent approximately 94% of their budgets, assisted by a third quarter reallocation coordinated with providers.)

In the spring of 2011, the Moderate Needs program “unfroze” the program budget, allowing providers to begin enrolling new people from their wait lists. Though the program showed slow continuous growth throughout the year, at the end of SFY12 in June 2012 providers still reported approximately 291 people waiting for homemaker services and 6 people waiting for adult day services statewide.

Rates/Service Max (referencing for 2012 data in this section)[2]:

Service	Rate per Hour	Max Allocation	Max Cost/month
Case management	$67.44	12 hours/year	$67.44
Homemaker	$19.32	6 hours/week	$498.46
Adult Day	$15.00	50 hours/week	$3,502.00
		Total Maximum:	$4,067.44

Though the maximum potential plan for a person who utilizes all Moderate Needs services is $4,067.44/month, the average Moderate Needs plan costs are $1,010.66 per month. Additionally, with such a large range of plans and utilization around the state, the average actual cost per person as of January 2012 was only $288 per month.

Current barriers:

- Service Limitations: The current program structure limits services to case management, homemaker and adult day.
- Funding Allocation Model: Currently, the program has limited funds that are allocated directly to certified homemaker and adult day provider agencies only. This limits the choice of service and provider type.
- Staffing challenges: Home health agencies may not have staff available to provide homemaker services when and where people want them.
- Reimbursement rates: Some home health agencies report that they lose money on each unit of homemaker service they provide. Because they report that they have limited resources to "subsidize" these losses, they limit the volume of services that they provide.
- Access to adult day: Some people in need of services are distant from adult day service sites and/or face transportation challenges. Adult day providers also have a maximum capacity on the number of people who can come into their site.

Opportunity:

DAIL proposes to improve CFC Moderate Needs Group services by developing a flexible funding service option that better meets the needs of eligible individuals in the following areas:

[2] Effective November 1, 2013, rates for these services are $69.28, $19.84, and $15.40, respectively.

- What people need: Assessment processes, including but not limited to, personal goals, cognitive status, specifically addressing people with dementia, and caregiver needs within a person-centered framework.
- Meeting people's needs: A flexible services package that is more responsive to a range of individual needs, including services management and delivery procedures.
- Were people's needs met?: Outcome and performance measures:
    - Individual consumer goals and outcomes
    - Program performance and outcomes

b. Money Follows the Person grant

In 2012, DAIL was awarded a CMS Money Follows the Person (MFP) grant. This funding has given us the opportunity to gather more detailed information on barriers in the provider system. To date, the MFP grant has given DAIL the opportunity to:

- Learn about the barriers that make it hard for people to transition from nursing homes back to the community.
- Further educate people in nursing homes about community-based options.
- Provide transition coordinators and housing specialists to help people who express a desire to transition from the nursing home back to a community-based setting.
- Provide transition funds ($2500 per eligible person) to help overcome barriers to transitioning from the nursing home.
- Help 72 people transition from a nursing home to a community-based setting.
- Identify people who want to move to a community-based setting but have no home to go to.
- Develop a new Choices for Care community-based living option called Adult Family Care (implemented September 1, 2013)

c. Adult Family Care Home

The new Adult Family Care option provides 24-hour care in a family home to one or two people unrelated to the home owner. This home-based model directly responds to an identified lack of adequate housing for elders and people with physical disabilities to live at home. Throughout the course of educating people living in nursing homes during the initial year of the MFP project, the MFP team has identified about 40 people who are interested in transitioning from the nursing home to a community-based setting, but have no place to move to. DAIL is currently working on outreach to further educate these people about Adult Family Care and assist in referrals and transitions.

d. Assistive Technology

DAIL Adult Services Division is working with the Division of Vocational Rehabilitation (DVR) to explore how payments might be improved to pay for Assistive Technology home assessments for CFC and other Medicaid participants. A need to build capacity in this area has been identified as a way to better support residents successfully staying in home-based settings.

e. Adult Day Services

Adult Day Services provide important care and respite that allow participants to remain in a home based setting. Many funding streams support this work including private pay, Veteran's benefits, and CFC High/Highest Medicaid reimbursement (entitlement), CFC Moderate Needs Group allocation (capped), as well as a small base grant to each of the 14 sites. Earlier this year, DAIL received a request to consider raising the lowest four MNG allocations to a common baseline. While legislation requires the current proportional distribution, DAIL is currently considering the feasibility of changes to the formula, subject to the approval of the legislature. DAIL continues to engage with community partners in this discussion.

f. Home Health Homemaker Services

As indicated in the previous section on Moderate Needs Group homemaker services, Home Health Agencies have expressed concern about the CFC MNG homemaker wait list. August data from the HHA's indicates there are 403 individuals on the wait list with 125 of those being Medicaid-eligible. Of 12 providers, 7 have no wait list at this time, reflecting significant regional variation (**Attachment C**).

DAIL and VAHHA agree that these services provide a critical resource to help Vermonters remain in their homes. This is a priority focus area to deliver program improvements to address these needs, as indicated in the MNG section of this report. In addition to ongoing home health meetings, work groups will look at both current allocations as well as a pilot program to increase flexible use of these funds with an outcome-based result of serving those in need.

g. Designated Agencies and Specialized Service Agencies (DA's and SSA's)

In addition to their contracted role in serving individuals with developmental disabilities, some DA's and SSA's are expanding their engagement with DAIL LTSS. A number of these agencies are partnering in the implementation of the CFC Adult Family Care home model, previously discussed.

Many of these agencies are also providing individualized home-based services for complex community cases, for those transitioning out of the corrections systems and others at high risk. DAIL is engaged with AHS in the legislative study currently underway to examine the needs and recommendations of service models for these populations.

h. Support and Services at Home (SASH)

Part of the Vermont Blueprint for Health, SASH is a demonstration program funded in part by Medicare under the Centers for Medicare and Medicaid Services, part of the US Department of Health and Human Services. Utilizing three affordable housing providers, Community Housing Development Organizations (CHDOs), public housing authorities, and non-profit housing providers, SASH fills both non-medical and social needs of residents in their homes.

SASH staff focus their efforts around three types of interventions: transitions support, self-management education, and care coordination. With the demands and opportunities presented by Health Care Reform, SASH will continue to be a critical partner in achieving the goals of healthcare reform – better health, better care, and lower costs. DAIL recently expanded SASH funding to help integrate elder care clinician participation in SASH and to SASH's successful training platform to disseminate mental health training. This partnership will continue to help leverage opportunities to improve adequacy in the provider system.

B. CFC Home Based Special Populations

a. South Burlington Community Housing (SBCH)

About 10 years ago, DAIL worked with Cathedral Square Corporation and the VNA of Chittenden Grand Isle to develop a group-directed, 10 unit subsidized housing complex for adults who are interested in living in their own apartment and sharing care attendants. Currently, Choices for Care pays a daily rate to the VNA to provide 24-hour access to personal care services to the residents at South Burlington Community Housing (SBCH, AKA Anderson Parkway). DAIL is currently working with the VNA to evaluate the fiscal challenges with providing shared care in a group-directed setting. For example, the VNA does not receive reimbursement for people when they are hospitalized, which reduces the revenue that supports the personal care services at SBCH.

b. A Better Living Environment (ABLE) Cooperative.

ABLE's mission is to empower people with physical disabilities to access reliable, self-directed care services, for complete control, choice, and flexibility in their lives. They are a small community-based organization which supports self-direction, empowers members, offers and promotes completive wages and benefits for personal care attendants. ABLE's core values are the right to self-direct all aspects of personal attendant services and the right to stability in personal attendant services for both consumer employers and employees.

This Chittenden County-based cooperative was formed by a group of consumers who identified a need for improvement in the provider system. ABLE would allow members with disabilities to pool their resources to hire and direct their own personal care attendants 24 hours a day and 7 days a week in their own homes. Leveraging geographic proximity, the model streamlines travel to maximize scheduled work hours. DAIL continues to work with ABLE and their VCIL partner to refine the proposal and identify possible funding support for the startup phase of the cooperative.

c. Adult High Technology Services Program

Adult "High Tech" Care, managed within DAIL, is a program authorizing nursing and aide services to serve Medicaid eligible individuals who need specialized high-tech home care such as ventilator care. Challenges with this program were identified by the home health agencies in early 2013. DAIL and Vermont Department of Health representatives have been meeting with the 3 of the largest home health agencies which provide high tech care: Bayada, Rutland VNA and Visiting Nurses of Chittenden/Grand Isle.

Home Health agencies cited a number of issues that make them feel their programs are unsustainable:

1. Medicaid reimbursement below actual home health agency costs.
2. Medicaid losses for one agency, Rutland Area VNA in 2011 alone: $738,019.
3. Providers offset losses with private/commercial revenue.
4. Staffing is increasingly difficult to recruit, train, and retain nurses.
5. Nurse delegation affects who can provide care.
6. Difference in reimbursement from the state and commercial insurers; Commercial RN pays $55-$64 an hour and Medicaid pays $33-$39 an hour.

The Home health agencies are requesting that DVHA consider rate relief and an increase in rates. DVHA has responded with a near 3% increase in Medicaid rates which becomes effective 11/1/13. Alternatively, one VNA has proposed a pilot for a capitated per member per month or tiered payment reimbursement structure. DVHA is reviewing these ideas for both children's and adult high tech services, in partnership with VNA partners.

d. Attendant Services Program

The Attendant Services Program (ASP), half of which is funded by Medicaid and the other half funded by General Funds, provides self-directed attendant care services to almost 200 people. People on this program hire, train and supervise their employees. Early 2013, the ASP regulations were updated to streamline eligibility determination processes that decrease wait times and increase participant confidentiality, strengthening the adequacy of this service.

The adopted regulations also include an annual participant meeting, the first of which is October 2013. The goal of the participant meeting is to relay program updates, obtain ongoing program feedback, including staffing/training challenges and to solicit volunteers for a participant advisory team, the new ASP Advisory Committee. Information from the participants will be used for ASP program improvement activities.

ASP rates have typically been lower than overall CFC rates, ($9.56 - $10.12 ASP versus $11.00 CFC). In the context of workforce development, DAIL is examining this issue to consider the service context and possible impact on adequacy of the provider system.

C. Nursing Home Population Provider System

The current statewide nursing home occupancy rate is 85%, indicating adequate capacity to serve those who choose this setting. In addition to significant local and regional variation, there is variety in the types of care that nursing homes offer, including short term respite, post-hospital rehabilitation, and longer term residential settings. In addition to ongoing DLP surveys and certifications, DAIL reviews current standing and requests from these providers on an at least monthly basis. For the purposes of this report, special populations present the most significant area where the adequacy of this provider system may be addressed.

D. Nursing Home Special Populations

a. Nursing Home Special Rates

There are currently people who qualify for Choices for Care services whose cognitive and behavioral health needs exceed the staffing or skills/abilities of the existing provider network. For people seeking nursing home placement, this has led to the following challenges:

1. People waiting in hospitals unable to find a nursing home able/willing to accept them.
2. People at home who have been identified at very high risk due to inadequate supports, but are unable to find a nursing home able/willing to accept them.
3. Nursing homes seeking alterative placements for people they can no longer care for adequately.

Providers with the desire to serve these individuals have expressed the need for higher reimbursement to meet the unique staffing and specialty care needs required. The regulation regarding special rates is not adequate to meet the needs of a special rate for people with cognitive/behavioral needs. Therefore, DAIL created a work group with Division of Rate Setting, Division of Licensing and Protection and DAIL Quality staff to analyze what type of care should be reimbursed at a special rate while ensuring quality standards of care and desired outcomes are met for the individual.

After meeting with providers over a six month period to learn more about the needs of people they serve and for whom they identified a need for a higher rate for specialized care, the group elected to

- Identify a rate adjustment mechanism for provider to implement a person-centered dementia care and to get immediate reimbursement.
- Identify a results-based approach with measurable outcomes.
- Once in place, evaluate whether the rate for person-centered dementia care may be adapted to other community-based service options.

b. OASIS Training

In March 2012, CMS announced a partnership to improve dementia care in nursing facilities to reduce the inappropriate use of off-label antipsychotic medications in the dementia population. Vermont nursing facilities have a higher than average use of off-label antipsychotic medications, as reported by CMS. Training tools focused on non-pharmacological behavioral interventions are a critical component in improving care for this population.

In response to this expressed need in our provider system, DAIL amended the VHCA contract to create the infrastructure that provides the Dissemination of OASIS, a Person-centered Workforce Training Curriculum. This evidenced-based curriculum has shown significant results in other states and is now being implemented in a train-the-trainer model in Vermont.

The OASIS curriculum amendment includes provisions to disseminate training in at least 90% of Vermont nursing facilities, including at least 100 staff, in Year 2 of the grant period. In addition, a written report will be submitted to the State to include information on rates of off-label antipsychotic use in participating nursing facilities before and after implementation of OASIS; information regarding the number of reported resident-to-resident altercations before and after implementation of OASIS; and information regarding staff confidence and competence in caring for people with dementia following implementation of OASIS. We look forward to these reports as an indication of improving the adequacy of services in the nursing home provider network.

CMS recently announced that Vermont was one of 11 states to have met or exceeded its target for antipsychotic reduction and in the top five for the rate of improvement[3].

E. Workforce Development

a. Direct Care Workers

2013 Acts and Resolves No. 48 creates a process by which independent direct support providers may choose to unionize in order to bargain collectively with the State over issues of compensation rates, professional development and training, the collection of fees and dues, and grievance procedures.

The Act also creates a Self-Determination Alliance that began meeting in August, 2013 and includes representatives of those receiving services provided to people with disabilities and elders who manage their services.

An election process to determine whether a union will represent independent direct care workers has begun. Concern has been expressed by some members of the Vermont provider system that unintended trade-offs may occur as a result of this

[3] http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-Releases/2013-Press-Releases-Items/2013-08-27.html

vote. Of primary concern is the potential pressure created for Vermonters who are not eligible for Medicaid, whereby the increased wage cost may be a burden to individuals purchasing those services. A ripple effect to wage increases may also impact providers. The revision of the Fair Labor Standards Act (FLSA) exemption for "companionship services" may be a reflection of these concerns under discussion.

The Administration supported the bill providing collective bargaining rights. We will monitor these activities for the potential impact on the adequacy of the provider system for Direct Care Workers as well as the possible ripple effects in other parts of our statewide network. Of primary concern is that there will be an adequate workforce to serve vulnerable populations in Vermont.

b. Unpaid Caregivers

The bulk of care provided to individuals comes from unpaid caregivers, most often family members. DAIL is committed to improving the adequacy of the provider system to support these caregivers, through structures such as respite care services and training opportunities. This component was unanimously endorsed as a priority by the DAIL Advisory Board for CFC reinvestment spending.

c. Non-medical service providers

The January 2012 Vermont Choices for Care report[4] on non-medical providers was asked to explore and analyze the possible addition of non-medical CFC Home and Community-Based Services (HCBS) providers in terms of access, choice, cost and financial impact, and outcomes and quality.

The report recommended that Vermont adopt a phased-in approach to the expansion to non-medical providers with the following components:

1. Open up the CFC market to non-medical providers as a mechanism for providing HCBS services to CFC participants. Over time, allow transition of Personal Care Attendant (PCA) and homemaker services to non-medical providers, based on participant choice. As part of this expansion, current Home Health Agencies (HHAs) could elect to create separate non-medical provider entities of their own. This would require a statutory change.
2. Develop certification criteria and/or processes for any non-medical organization which would like to provide Home and Community-Based Services to CFC participants. This process could specify a number, small at first, of non-medical providers to be added during a given time period to ensure a deliberate and incremental approach, allowing for fine-tuning as additional non-medical providers become certified. As part of the certification, develop criteria and a process by which non-medical providers enroll CFC participants.

[4] http://dail.vermont.gov/dail-publications/publications-default-page#special; Vermont Choices for Care: Non-Medical Providers, report requirement of Act 63, Section E.300(c), of the 2011 Legislative Session.

3. Maintain current case management services with the Home Health Agencies and Area Agencies on Aging.

The report indicated that all of the research suggests that this type of service delivery system, which allows for a mix of settings, options and providers including non-medical providers, will benefit participants, their families, providers, taxpayers and the State.

As previously indicated, DAIL is working with home health and home care agencies to address barriers to Vermonters accessing needed services.

F. Additional Initiatives to Strengthen Adequacy of Provider Network

DAIL is currently undertaking targeted initiatives to strengthen the adequacy of the LTSS provider network. While some of these initiatives are not funded by Choices for Care, they are examples of the key areas that providers have identified as being in need of additional resources and attention.

a. Nutrition

DAIL requested Choices for Care accelerated reinvestment funds to Vermont's Area Agencies on Aging to help combat senior hunger, food insecurity and nutrition needs.

As approved by the Joint Fiscal Committee of the Vermont legislature in September through the provisions of Section E308.1(a) of Act 50 of 2013, DAIL will distribute $210,000 of SFY2013 Choices for Care savings in the following reinvestments:

1. $170,000 will be distributed to offset the impact of sequestration on Older Americans Act Congregate Nutrition Services (Title III C1) and Home-Delivered Nutrition Services (Title III C2). This amount will offset the difference between the FFY12 and FFY13 awards for congregate meals (Title IIIC1, $113,668) and home delivered meals (Title IIIC2, $56,135). Consistent with the provisions of the Older Americans Act, the Vermont State Plan on Aging, and legislative testimony, these funds will be distributed to Vermont's five Area Agencies on Aging through the Intrastate Funding Formula to support these nutrition services. It is one time funding.

2. $40,000 will be awarded to support innovative person-centered, community-based approaches to reducing nutrition risk among older adults at high nutritional and social risk who receive home delivered meals. Funds will be awarded on a competitive basis through one or more grant awards to Vermont Area Agencies on Aging. Successful proposals are expected to be evidence-based or evidence-informed, with performance or outcome measures. Approaches may include nutrition consultation, nutrition counseling/education, nutrition care management, nutritionist participation on interdisciplinary care management teams, nutrition supplements, or other new approaches.

b. Dementia Care

DAIL is committed to improving care for persons living with dementia and the caregivers who support them, especially their families. DAIL relies on, and is truly grateful for family caregivers and its many partners in the aging and disabilities network in pursuit of our mission and strategic goals.

Last year, we commissioned the University of Massachusetts Medical School (UMMS) to produce a Choices for Care Alzheimer's Disease and Related Dementias (ADRD) Policy Brief and disseminated the recommendations and strategies to help strengthen services across a variety of settings, providers and payers.

This year, we have asked the Governor's Commission on ADRD to align the State Plan on Dementia with the UMMS ADRD policy brief and National Plan to Address Alzheimer's disease and to identify specific actions steps for the next fiscal year.

Some of our current initiatives and efforts include:

1. Support for family caregivers through respite and dissemination of the Powerful Tools curriculum
2. Dissemination of CARES Dementia Basics and Advance CARE online training program and essentiALZ certification for all interested Adult Day providers.
3. Person centered dementia care training for community partners including the ElderCare Clinicians.
4. Continuation of the OASIS curriculum in long term care facilities to further person-centered dementia care and reduce inappropriate use of antipsychotics.
5. Creation of new rate adjustment mechanisms for providers to implement person centered dementia care using results based approaches.
6. Routine cognitive screening for early detection through SASH and Blueprint practices.

c. Additional Targeted Services

DAIL is also engaged in initiatives focused on 1) substance abuse training, 2) funding to AAA's for mental health direct services, 3) online dementia care training for Adult Day provider staff, and 4) self-neglect. These are examples of needs identified by our long-term care providers and our DAIL commitment to finding innovative, person-centered responses to those needs that are linked to clear outcomes for consumers.

Senior Centers, transportation services, housing partnerships, and volunteer supports are just some of the focus areas that make a substantial contribution to successful outcomes for our populations. DAIL uses Older Americans Act funding to leverage provider system opportunities that it might not otherwise have the means to undertake. This makes a direct positive impact on the adequacy of our network.

III. CFC Reinvestment Opportunities

With the many aspects of the DAIL provider system that serves elders and people with physical disabilities, DAIL strives to take a strategic approach in the use of CFC savings reinvestment opportunities. As indicated in this report, we believe DAIL can provide maximum impact with SFY2013 CFC savings by reinvesting in the areas that support complex populations, decrease wait lists for consumers seeking moderate needs group services, and better coordination of services.

We have provided details of current initiatives such as Nursing Home special rates, high technology services, and Adult Family Care homes that are already underway and do not require CFC reinvestment at this time. Additionally, Older American Act funds are providing support for addition key initiatives. Each of these projects aligns to important aspects of the AHS strategic plan goals.

At this point in our conversation, DAIL is primarily focused on making a positive impact to the Moderate Needs Group population. The flexible services option described herein has been discussed with multiple stakeholders including AAA's and DAIL Advisory Board, and we continue to develop these ideas. We continue to talk with the Home Health Agencies and Adult Day Providers to address the current wait lists and support positive outcomes for potential recipients of adult day and homemaker services. We believe services provided to the MNG population play a significant role in helping people successfully remain, or return to, the home based setting of their choice.

We are pleased to be moving forward with the initiative already approved by the Joint Fiscal Committee of the Vermont legislature to help combat senior hunger, food insecurity and nutrition needs.

As we continue this conversation in preparation for the January 2014 Budget Adjustment presentation, we will refine our strategy of targeted initiatives to be supported by reinvestment funding. With several opportunities indicated herein, we will work to identify strategic resources to support key priorities identified by our long-term care providers and input from the legislature.

IV. Conclusions

DAIL currently has an extensive structure of engagement with LTSS partners that provides multiple assessments of the provider system. The information provided in this report presents an overview of the many areas we are targeting to strengthen our services with continual improvements to quality, access, flexibility and choice. In the coming year, DAIL looks forward to provider engagement and legislative feedback on both the content and format of this assessment report as a new annual requirement. We strive to provide a relevant and informative reference for decision making in regards to Choices for Care reinvestment of savings during the budget adjustment process.

The insights shared by our community partners forms the core of our reinvestment opportunities this year, most notably in decreasing wait lists, increasing program utilization, responding to emergency needs, and developing new incentives to meet complex needs. These considerations share a common reference of person-centered and outcome based goals. During these next few months, we look forward to continued discussion of these important reinvestment opportunities.

Attachment A: Sources of Data and Information on CFC Provider Services

	Sources of data/information							
Provider/service	Consumer Survey	Unspent MNG $	Waiting list	LTCO complaints	ASD quality reviews	APS complaints	DLP survey/ certification	DAIL complaints
Adult Day	✓	✓	✓	✓	✓	✓		✓
Adult Family Care	tbd			✓	✓	✓		✓
Assisted Living				✓		✓	✓	✓
Assistive Devices				✓		✓		✓
Case Management	✓			✓	✓	✓	HHA only	✓
Companion Care				✓	✓	✓		✓
Enhanced Residential Care Homes	tbd			✓		✓	✓	✓
Home Health Agency				✓	✓	✓	✓	✓
Home Modifications				✓	✓	✓		✓
Homemaker	✓	✓	✓	✓	✓	✓	✓	✓
Nursing Homes	"My Innerview"			✓		✓	✓	✓
Personal Care	✓			✓	✓	✓	HHA only	✓
Personal Emergency Response Systems				✓	✓	✓		✓
Respite Care				✓	✓	✓	HHA only	✓

Attachment B: Sample Call Data from ADRC Partners

There were a total of 28,073 contacts to 7 of the 10 ADRC partner agencies this calendar year, January 1, 2013 through September 26, 2013. Of those contacts, the most common reasons for seeking information and assistance were for counseling: health insurance counseling through the SHIP program, options counseling, and benefits counseling. The other most prevalent reasons for calling an ADRC partner agency was for information and assistance regarding nutrition programs, housing, fuel assistance/cold weather support, and in-home support/home health aides/personal care. The ADRC partner agencies respond to these contacts by providing information directly to the caller or calling back or emailing specific service information regarding their needs. For those individuals requiring further assistance, they will be referred for options counseling and decision support by one of the more than 60 options counselors based out of the ADRC partner agency offices.

Sources: VT 211, 5 AAAs, and BIAVT from ReferNet Contact Module for period January 1, 2013 through September 26, 2013. VCIL also collects ReferNet data as part of our ADRC partnership.

Sample ADRC Partner Agencies: 5 AAAs, BIAVT
Statistical Report Contact Markers – Top Twelve Markers (3% or greater)
01/01/2013 to 09/26/2013

Total Contacts in Date Range: 23603		
4542	19.243%	SHIP
2836	12.015%	Nutrition Programs
2815	11.926%	Miscellaneous
1666	7.058%	Housing
1607	6.808%	Benefits
1255	5.317%	Options Counseling
1105	4.682%	Fuel Assistance
881	3.733%	Health Care/Aids
869	3.682%	Transportation
819	3.47%	Ref to I&A
760	3.22%	Food Stamps /3SquaresVT
719	3.046%	Personal Services

Attachment C: Home Health Agency Homemaker Services Wait List

Home Health Agency Name (Homemaker)	Jul-13		Aug-13	
	Tot #	Mcaid #	Tot #	Mcaid #
Addison County Home Health & Hospice	11	1	10	0
Bayada Professional Nurses	0	0	0	0
Caledonia Home Health Care, Inc.	18	8	24	3
Central Vermont Home Health Agency & Hospice	18	3	18	0
Franklin County Home Health & Hospice	80	42	81	40
Lamoille Home Health Agency & Hospice	12	3	5	0
Manchester Health Services	0	0	0	0
Orleans / Essex VNA Association & Hospice	0	0	0	0
Rutland Area VNA & Hospice	12	8	22	11
VNA & Hospice of Southwestern VT Health Care	18	1		
VNA of Chittenden & Grand Isle Counties	152	54	160	62
VNA of Vermont & New Hampshire	85	16	83	9
TOTAL Homemaker Wait List	**406**	**136**	**403**	**125**