

Long Term Care Restructuring Initiatives in Vermont

Increased Consumer Choice and Home and Community Based Services (HCBS):

- Vermont has introduced a new waiver program, “Choices for Care”, which addresses the nationwide issue of unequal access to HCBS. In addition, it allows consumers to receive care in their preferred setting, as the program allows them to choose between nursing home care and HCBS.
- Under “Choices for Care”, care is prioritized and provided based on level of need as well as available resources. Based on an independent living assessment, individuals are placed into one of three groups: “Highest need”, “high need” and “moderate need”. Individuals in the “highest need” group are entitled to either nursing home care or HCBS; those in the “high need” group can receive care in their preferred setting (nursing home or HCBS) only if resources are available. Although not everyone is entitled to services under this waiver, the waiver has expanded who can receive services. The “moderate need” group is made up of individuals who were previously ineligible for LTC services, however, under this new waiver program they can receive HCBS (depending on available resources) such as: adult day health care, case management and homemaker services.
- The “moderate need” group was created with prevention in mind. The idea is that early interventions will help individuals remain independent for a longer period of time and future institutional care and the costs of providing it will decrease.
- The program is financed by a global budget, combining HCBS and nursing home funds. In addition, the state can limit how much is spent, because only individuals with “highest needs” are entitled to HCBS. In fact, spending on this program has been below the budgeted spending projections prior to the program's inception and Vermont's spending growth on long term services were below the national average in 2006.
- As a result of this program, the number of individuals receiving HCBS has increased. Nearly 50% more individuals were enrolled in HCBS in July 2008 than in October 2005 and nursing home enrollment decreased by 10 % during the same period.
- Prior to the inception of the program in 2005, there were 241 individuals with extensive need for services and who met the nursing home criteria that were on a waiting list for HCBS. Every individual on a waiting list for

HCBS was added to the Choices for Care program. However, due to resource constraints, waiting lists still exist for individuals in the “high need” group. As of July 2008, there were 45 “high need” individuals on the waiting list.

Evaluation of Choices for Care

- Vermont has succeeded thus far at serving more consumers in community settings and it has expanded who can receive services, however, it is not clear how effective the early interventions are. Some stakeholders believe that although the “moderate need group” has allowed more people to receive long term care services, the individual's needs are not adequately assessed, the program, as a result is not tailored to meet individual needs and it is therefore questionable as to whether or not the state will really be preventing future disabilities by providing services to the “at risk” group. State officials acknowledge that more focus could be put on evaluating and developing the program for the “moderate need” group.
- In addition, beneficiaries, social workers and legal advocates believe that under this waiver program, hours of care beneficiaries receive have been greatly reduced. There have been at least two instances where the consumer has challenged the decreased number of hours in their care plan in court. In one case, the court sided with the state and in another case; the consumer's previous amount of service was reinstated. A possible reason for a reduction in hours of care received may be due to a change in who develops the care plans. Prior to this new waiver, assessments were conducted by social workers from non-profit agencies (under contract with the state) and the assessments were reviewed by state staff. Currently, the assessments are conducted by Long Term Care Clinical Coordinators (LTCCCs). They are registered nurses and work for the state. The state believes that this change has made the assessments more consistent, while beneficiaries, beneficiary advocates and case managers believe that this has resulted in a bias towards medical need for long term care services rather than social need for long term care services. It is not known how effective the screening process is at assigning individuals to a needs group, thus it will be important to monitor this overtime.

- Other concerns involve determining financial eligibility, which could sometimes take months. State officials acknowledged that this is problematic and proposals to address this issue are being discussed.
- Whether or not there will be enough funding overtime to meet future needs and whether or not the state will have the capacity to continue to provide services on the scale that was originally foreseen is also unknown. These factors will need to be monitored.

Conclusion

- Vermont has created a unique waiver program that acknowledges the importance of consumer choice and it is the first state to provide eligible individuals with an entitlement to HCBS; a preferred setting in which to receive care for many individuals. Although nursing home enrollment has decreased in the state of Vermont, there are waitlists for some high needs individuals and it is not yet clear just how well the program is meeting some of its goals. The purpose of the creation of a “moderate need” group is to prevent future disabilities future institutional care. However, there are concerns that the “moderate need” group does not receive services tailored to their needs and that their needs may not be adequately assessed. Therefore, their care may not be appropriate and may not lead to prevention of future problems. It is important to monitor the results of Vermont's Choices for Care program in order to determine how appropriate it may be for other states.

Resources

1. Vermont State Department of Disabilities, Aging and Independent Living, <http://www.ddas.vermont.gov/ddas-programs/programs-cfc/>
2. Choices for Care: 1115 Long Term Care Medicaid Waiver Regulations. State of Vermont Agency of Human Services, Department of Disabilities, Aging and Independent Living, Division of Disability and Aging Services, October 7, 2005, http://www.dad.state.vt.us/WhatsNew/CFC-1115_LTC_Medicaid_Waiver_Reg-Amended_Regulation-Draft.pdf
3. Kassner, E., Reinhard, S., Fox-Grage, W., Houser, A., Accius, J., A Balancing Act: State Long Term Care Reform, AARP Policy Institute, July 2008, http://assets.aarp.org/rgcenter/il/2008_10_ltc.pdf

4. A Guide to Long-Term Care for State Policy Makers: Recent State Initiatives in Rebalancing Long-Term Care, National Conference of State Legislatures,
<http://www.ncsl.org/programs/health/forum/LTC/guidereblance.htm>.
5. Jeffrey S. Crowley and Molley O'Malley, Vermont's Choice for Care Medicaid Long-Term Services Waiver: Progress and Challenges As the Program Concludes its Third Year. The Henry J. Kaiser Family Foundation, 2008,
<http://www.kff.org/medicaid/upload/7838.pdf>
6. Kaiser Commission on Medicaid and the Uninsured, The Vermont Choices for Care Long Term Care Plan: Key Program Changes and Questions. The Henry J. Kaiser Family Foundation, July 2006,
<http://www.kff.org/medicaid/upload/7540.pdf>