

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

VERMONT

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Vermont's 60+ population was 124,102 in 2008 (20.0% of the state's total population), with 7.9% below the federal poverty level.¹
- The 60+ population is projected to be 205,996 in 2025 (29.3% of the state's total population).²
- About 23.2% of all households in 2007 had one or more persons age 65 years and older, and 37.4% of persons age 65 years and older had a disability.^{3s}
- Of the 154,664 Medicaid beneficiaries in the state in 2003, 11.5% were aged, 12.2% were blind and disabled, 19.1% were Dual Eligible, and 2.6% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 71.5% of total long-term-care expenditures, compared to 28.5% for HCBS in fiscal year 2007.⁵*Note: Data do not include a program that covers both long-term and acute care because long-term-care spending data are not available.*

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *Aging statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over* (R1104) and *Percent of people 65 years and over with a disability* (R1803).

⁵ Burwell, B., Sredl, K., & Eiken. S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Vermont Department of Disabilities, Aging and Independent Living (DAIL).
www.dail.vermont.gov/
- **State Medicaid Agency:** Office of Vermont Health Access (OVHA).
www.ovha.vermont.gov
- Vermont has a consolidated agency for long-term-care programs, the Vermont Department of Disabilities, Aging and Independent Living. This department includes the Division of Licensing and Protection, which is responsible for the survey and certification of nursing homes, hospitals, home health agencies, residential care homes, assisted living residences, and other state-licensed entities. In addition, DAIL's Division of Disability and Aging Services (DDAS) houses the SUA and is responsible for the administration and oversight of the Choices for Care Program (1115 Long Term Care Medicaid Waiver; see details below) and a range of other HCBS for older adults, people with physical disabilities, people with traumatic brain injury, and people with developmental disabilities. DAIL plays a lead role in handling long-term-care policies, services, regulation, and quality oversight, working closely with the Office of Vermont Health Access (OVHA) and the Department for Children and Families, which manages financial eligibility for long-term-care services.
- The director of Vermont's SUA reports to the director of the Division of Disability and Aging Services, who in turn reports to the commissioner of DAIL. The commissioner of DAIL reports to the Secretary of the Agency of Human Services, who reports to the Governor.
- Vermont has five Area Agencies on Aging.

Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)

- Vermont has an ADRC that is not statewide. Currently there are two pilots operating in eight counties, and there are plans to expand to a statewide system.

- None of the ADRC sites has a physical (bricks and mortar) infrastructure; all ADRC sites operate under a virtual model.
- In addition to serving older adults, Vermont's pilot ADRC serves those with MRDD, physical disabilities, and traumatic brain injury.
- Vermont is in the third year of a three-year ADRC grant. The AAAs are an integral part of the ADRC concept. Vermont has enhanced the information and referral capacity of all five AAAs in the state through the use of software and agency coordination. The model is based on the "no wrong door" philosophy. Cross-training is taking place among both providers and consumers.

Assessment Process

Medicaid

- For Medicaid applicants, in determining clinical eligibility for admission to the Choices for Care LTC waiver program (discussed below), Vermont requires an in-person assessment by the Vermont Department of Disabilities, Aging and Independent Living.
- There are 14 registered nurses throughout the state working for the Department of Disabilities, Aging and Independent Living who conduct the clinical assessment for the Choices for Care 1115 Demonstration Waiver, which includes care in nursing homes.

Non-Medicaid

- For non-Medicaid applicants in Vermont, nursing home pre-admission assessment is not performed by someone other than nursing home staff.

State Medicaid Plan

- Vermont provides HCBS through the state Medicaid plan. State Medicaid plan HCBS are now being offered through the Global Commitment Demonstration Waiver (discussed below).
- Personal care services are available to individuals with disabilities from birth to age 22; a small number of adults with disabilities may be capable of directing their own care under this service option.

- Refer to Table 1 for specific services provided.
- **PACE:** Vermont has two PACE sites; one is located in Chittenden County and the other in Rutland County. Vermont's PACE program is implemented through Choices for Care 1115 LTC (long-term care) Demonstration Waiver (discussed below).

Medicaid Waivers

- Vermont's Choices for Care 1115 Medicaid Demonstration Waiver (discussed below) replaced the former 1915(c) Aged and Disabled Medicaid Waiver in October, 2005.
- **Choices for Care 1115 LTC Demonstration Waiver:** This program is a combined program for all long-term-care needs of participants age 18 and older, targeting those with physical disabilities and the frail elderly. This program enables the monies for nursing home and HCBS to be combined under one budget. Applicants are first approved for clinical and financial eligibility, and then can receive care in a nursing facility, enhanced residential care home, or in their home through HCBS. There is a pilot program operating under this waiver for a moderate-needs group who are neither financially nor clinically eligible for Medicaid long-term care. The pilot provides adult day, case management and home-maker services in an effort to provide support for individuals so they do not require more expensive services in the future. There are approximately 1,000 participants in the pilot. Participants in the Choices program can opt to direct their own care or have a surrogate direct for them. Under the consumer-directed option, the consumer (or surrogate) is the employer of record and is responsible for recruiting, training and supervising the personal care provider.
- **Global Commitment 1115 Demonstration Waiver:** This program is "all other things Medicaid." It is a combination of all Medicaid State Plan services and remaining waivers in the state, with added general funds for programs that will prevent individuals from becoming Medicaid eligible. Age qualifications for this program vary depending on what population is being served: age 16 and over for traumatic brain injury; age 18 and over for developmental disabilities. Assessment

processes also vary depending on what group is being served. Persons with traumatic brain injury are assessed for functional qualifications by providers. Developmental disabilities are assessed by a designated agency.

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

CMS-funded Programs and Grants

- Vermont has two CMS-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Choices for Care 1115 LTC Demonstration Waiver and Global Commitment 1115 Demonstration Waiver.

State-funded HCBS Programs

- Vermont has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. This is: Attendant Services Program.
- **Attendant Services Program:** This program serves individuals who have severe and permanent disabilities. The services available under this program are limited to assistance with ADLs and IADLs. Home health agency nurses conduct the functional assessment. (Updated information indicates that assessments will now be completed by DAIL nurses as of April, 2009.) The assessment is then reviewed by a panel of program participants, which approves the number of care hours a person can receive under this program. The program serves approximately 270 participants. All services are provided by individuals hired and supervised by the participant. For the state-funded portion of the program (some funds are from Medicaid), there are no income requirements. This program was established in the 1980s by individuals who had disabilities and were able to work, but needed assistance with certain activities. Spouses are permitted to be providers in this program. Although this program has a waiting list, since the establishment of the Choices for Care program, the Attendant Services program has shrunk as individuals opt for services under Choices rather than wait for services under Attendant Services.

This program is completely consumer-directed. Participants have the responsibility of hiring, firing and supervising, without the assistance of a case manager.

- Vermont also provides other state-funded HCBS services, which are shown in Table 1.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Vermont provides local funds for HCBS for older adults and/or adults with physical disabilities.
- These monies are used for (and not limited to) the following:
 - AAAs receive a small amount (\$96,000 statewide) of Long Term Care Flexible Funding to fill gaps for which there are no other resources to help people avoid nursing home placement and remain in their home;
 - AAAs also administer a state-funded dementia respite program for caregivers of people with Alzheimer's disease and related disorders;
 - The Vermont Center on Independent Living administers a home-delivered meals program for younger individuals with disabilities; and,
 - The Housing and Supportive Services Program provides services (primarily supporting service coordination) for residents of housing for older adults and people with disabilities.
- AAAs, adult day providers and home health agencies supplement their funds with town donations, United Way funds, private foundation support and individual donations.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Vermont does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.

- Vermont has four other AoA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Nursing Home Diversion; Alzheimer's Disease Demonstration Grant (updated information indicates this grant ended 12/31/08); Nutrition; and Health Promotion and Disease Prevention.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Vermont uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG funds go to the Office of Public Guardian and to the Attendant Services Program.
- Vermont does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Vermont offers consumer-directed options. The HCBS programs in the state that offer consumer direction are Choices for Care 1115 LTC Demonstration Waiver, Global Commitment 1115 Demonstration Waiver (in Developmental Disability Program) and Attendant Services Program.
- Models of consumer direction available in the state include: an option in the Choices for Care program modeled after Cash and Counseling as well as consumer- and surrogate-directed personal care services.
- Those permitted to provide services under consumer direction in Vermont are: provider agencies, spouses, adult children of the consumer, other family members, and friends.
- Vermont uses fiscal intermediary services in connection with consumer/surrogate direction.

Managed Care

- Vermont does not have HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- A major initiative for Vermont has been incorporating different service options into the Choices for Care program. These are options such as: Flexible Choices (Cash and Counseling) and PACE.
- The ADRC initiative has brought service agencies together that previously had not coordinated their work. Agencies include the AAAs, Vermont Center for Independent Living, Vermont 211, Designated Agencies (developmental services providers), the Vermont Federation for Children and Families, and local state staff involved with Medicaid eligibility determination (both the DAIL Long Term Care Clinical Coordinators and Department for Children and Families staff responsible for determining Medicaid financial eligibility).
- Vermont is developing a special needs option for nursing home-eligible individuals that would use a capitated rate for Medicaid and Medicare to provide integrated services with a care team that will include the consumer. (Updated information indicates that the grant that supported this work has ended and the state was not able to identify an organization to provide the integrated health service. However, the state is still exploring the feasibility of implementing a case rate reimbursement system, Choices for Care.)

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Table 1: Types of Home- and Community-based Services Provided Under Vermont’s Programs for Older Adults and Adults with Physical Disabilities

Types of Services	Program Type / Funding Source				
	Medicaid Waivers		State-funded Programs	State Medicaid Plan	OAA Title III
	Choices for Care 1115 LTC Demonstration Waiver	Global Commitment 1115 Demonstration Waiver	Attendant Services Program and other State Funded Services		
Adult Day Care / Adult Day Health	X	X	X		
Assisted Living	X	X			
Caregiver Services / Respite / Education	X				X
Case Management / Care Coordination	X	X			X
Chore / Homemaking	X				X
Companion Services / Socialization Activities	X				
Employment					X
Equipment / Supplies / Modifications / Assistive Technology	X			X	X
Health Promotion Activities					X
Home Health / Personal Care	X	X		X	X
Information / Assistance / Referral	X	X			X
Legal Assistance / Financial Advice					X
Medical / Dental / Medication Care		X			
Mental and Behavioral Health Services		X			
Nursing		X		X	
Nutrition / Meals			X		X
Personal Supports for Community Living / Transitioning					
Rehabilitation / Therapy		X		X	
Residential Services	X	X			
Transportation		X		X	X
Other/ Unspecified HCBS	X		X		X

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Vermont

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Choices for Care 1115 LTC Demonstration Waiver	18+	No	State agency: Department of Disabilities, Aging and Independent Living	State agency: Department for Children and Families	Area Agency on Aging Home Health Agency	Yes (19)	Yes
	Global Commitment 1115 Demonstration Waiver	The Global Commitment waiver in total serves all age groups.	Varies	Varies	State agency: Department for Children and Families	Provider entity	Yes	Yes
State-funded Programs	Attendant Services	18+	No	Home Health Agency (This is changing to Department of Disabilities, Aging and Independent Living staff)	No financial assessment	No case management	Yes (43)	Yes

