

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

Mike Smith
Secretary
Vermont Agency of Human Services
280 State Drive
Waterbury, VT 05671

DEC 19 2019

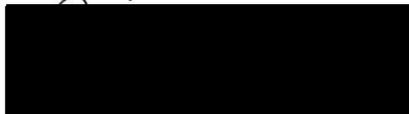
Dear Secretary Smith:

Thank you to you and your staff for your ongoing work on Vermont's section 1115(a) demonstration, titled "Vermont Global Commitment to Health" (Project No. 11-W-00194/1). CMS accepts the revisions to the Choices for Care Moderate Needs Group waitlist protocol, which was shared with CMS on October 25, 2019. This revised waitlist protocol is hereby incorporated into the demonstration Special Terms and Conditions (STCs) as Attachment F (see attached).

If you have any questions, please contact your CMS project officer, Mr. Eli Greenfield. Mr. Greenfield. He can be reached by phone at 410-786-6157 or by e-mail at eli.greenfield@cms.hhs.gov.

We look forward to our continued partnership on the Vermont Global Commitment to Health section 1115(a) demonstration.

Sincerely,



Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

cc: Gilson DaSilva, CMS State Lead

ATTACHMENT F
Choices for Care Wait List Procedure Description

Choices for Care - Waiting List Procedures High Needs

Active participants who meet the “High Needs” clinical criteria at reassessment will not be terminated from services as long as they continue to meet all other CFC eligibility criteria.

New CFC applicants who meet the “High Needs” clinical criteria may be placed on a waiting list if state funds are not available at the time of referral, using the following procedures:

1. If funds are not available at time of application, Department of Disabilities, Aging and Independent Living (DAIL) staff will complete a High Needs Wait List Score Sheet.
2. A score will be generated based on the individuals Activities of Daily Living (ADL), Cognition, Behavior, Medical Conditions/Treatments and Risk Factors.
3. DAIL staff will then place the individual on a waiting list in order of score.
4. DAIL staff will notify the individual in writing that they have been found clinically eligible for the High Needs Group and have been placed on a wait list. The Case Management (CM) agency that the applicant chose on the application will be in contact with them. Appeal rights will also be included in the notice.
5. DAIL staff will forward a copy of the CFC program application and Wait List Score Sheet to the CM agency indicated on the application. The application will not be sent if the CM agency assisted in completing the application.
6. The case manager/agency will make contact with individuals on the “High Needs” wait list on a monthly basis to monitor if they have had a change in their health or functional needs and complete the High Needs Waiting List Monthly Follow-up Sheet. The initial contact will occur no later than 14 days after receiving the referral.
7. If the individual has had a significant health or functional status change the case manager will contact DAIL staff. DAIL staff shall reassess for clinical eligibility determination and/or rescore for wait list. Agencies are encouraged to use the Triggers for High Needs Wait List Referral for Clinical Review as a guide to determine if another clinical assessment is warranted.
8. DAIL staff and providers will review the wait list with the CFC waiver team at monthly meetings. Each case management agency designee (determined by the CM agency) will ensure that a copy of the follow-up sheet for all applicants on the High Needs wait list monitored by their agency and send to DAIL Waterbury by the 5th of each month. DAIL staff will follow up with the CM agency if any High Needs Waiting List Monthly Follow-up Sheets are missing.
9. Applicants on a waiting list shall be admitted to the Choices for Care waiver as funds become available, according to procedures established by the Department and

implemented by regional Choices for Care waiver teams. The Choices for Care waiver teams shall use professional judgment in managing admissions to the Choices for Care waiver, admitting individuals with the most pressing needs. The teams shall consider the following factors:

- a. Unmet needs for ADL assistance;
- b. Unmet needs for IADL assistance;
- c. Behavioral symptoms;
- d. Cognitive functioning;
- e. Formal support services;
- f. Informal supports;
- g. Date of application;
- h. Need for admission to or continued stay in a nursing facility;
- i. Other risk factors, including evidence of emergency need; and
- j. Priority score.

10. When funding is allocated to an individual, DAIL staff will notify the individual and continue the CFC application process.

Choices for Care Moderate Needs Waiting List

Moderate Needs applicants may be placed on a waiting list if funds are not available or capacity at Adult Day is not available at the time of application, using the following procedures:

1. If funding, or capacity at Adult Day, is not available at time of application, the case manager (CM) will notify the individual in writing and will send a copy of the notice and application to the requested Service Providers.
2. A priority score will be generated by the case manager based on the applicant's
 - a. Current Medicaid eligibility status;
 - b. Unmet needs for IADL assistance;
 - c. Behavioral Symptoms;
 - d. Cognitive functioning;
 - e. Formal support services;
 - f. Informal supports;
 - g. Current status on the Moderate Needs Program (participants adding a new service that has a wait list.
3. The Homemaker Agency or Adult Day provider will place the individual on their waiting list according to the applicant's priority score.
4. Applicants on Community Medicaid are considered first priority,
5. Participants who are already active on Moderate Needs and wish to add a second service will be put on the wait list according to their priority score.

6. The wait list should contain only those people who are still waiting for funding on the last day of the reporting month.
7. The wait list shall not contain the names of people who have an active Moderate Needs service authorization and are waiting for staffing or additional hours.
8. The Moderate Needs Providers must forward a copy of the wait list to DAIL by the 15th of the month following the reporting month. *For example, the January report is due at DAIL by February 15th and must contain everyone waiting for funding as of January 31st.*
9. Providers who have no wait list must either send a blank wait list or send an email to DAIL by the 15th of the month stating they have no wait list.
10. When funding is allocated to an applicant the Moderate Needs Providers will indicate such date on the wait list and notify the Moderate Needs case manager.
11. The CM will notify the applicant when funding becomes available and continue the eligibility process. The CM shall put the date the applicant came off the wait list on the Moderate Needs application.
12. If the individual is already receiving other Moderate Needs services, the CM will complete a Moderate Needs Group Change Form and send to the Moderate Needs Coordinator. The Moderate Needs Coordinator will complete and send a new Service Authorization to the individual, case manager and provider(s).
13. The effective date of the service will be the date the individual was taken off the wait list or a later date as requested by the CM.
14. The DAIL Moderate Needs Coordinator will review the provider's wait list upon receiving a new Moderate Needs application to ensure that Medicaid applicants are served before non-Medicaid applicants.
15. Providers must assure that all people listed on their wait list are still waiting for funding to be served. This is accomplished contacting people on the wait list at least once every six months.