

VERMONT CHOICES FOR CARE FACT SHEET

Name of Section 1115 Demonstration: Vermont Choices for Care

Project Number: 11-W-00191/6

Date Proposal Submitted: October 7, 2003

Date Proposal Approved: June 13, 2005

Date Implemented: October 1, 2005

Date Extension Approved: September 21, 2010

Date Expires: September 30, 2015 (Note: On January 30, 2015, CMS approved Vermont's amendment request to consolidate the *Choices for Care Demonstration* with the *Global Commitment to Health* demonstration.)

Summary Description & Status:

Vermont's program, implemented in 2005, is a statewide initiative to reduce the institutional utilization of Medicaid long-term care services through managing nursing facility admissions and increasing community-based options. Choices for Care created an entitlement to Home and Community-Based Services (HCBS) for individuals with the highest need for services and also implemented a person-centered assessment and options counseling process to identify what services would be needed to enable individuals to remain in their own homes. The Choices for Care demonstration:

- Promotes the objectives of the Medicaid program and the Americans with Disabilities Act of (year) by creating an entitlement to home and community-based services for a group with the highest need for care. Experience gained through this demonstration paves the way for other States seeking to reduce the institutional bias of Medicaid;
- Institutes a person-centered planning process by matching services to participants' needs and choices according to a person-centered assessment and options counseling process;
- Contains participant protections, incorporated into the Special Terms and Conditions of Approval, to ensure the health and welfare of program participants and continuous improvement of the demonstration program; and,
- Contains an evaluation component that continues to measure the demonstration's effectiveness in expanding comprehensive home and community-based services and preventing the need for nursing facility care.

The demonstration does not include children or individuals receiving institutional services through Intermediate Care Facilities for persons with Mental Retardation (ICF/MR). Nursing facility admissions are managed through three strategies:

1. **Implementing Person-Centered Assessment and Options Counseling Process:**

Individuals seeking long-term care services complete an assessment process to identify what services need to be put in place to enable them to remain at home. An assessment instrument identifies which of the two tiers of services matches the individuals' choices and needs. To accomplish this, two tiers are created within the level of care criteria for

long-term care services. Participants with the highest needs, who meet the highest tier's criteria, qualify for nursing facility or Home and Community-Based Services (JCBS). Participants meeting the less restrictive criteria of the second tier would still be eligible for nursing facility or HCBS; however, if funds were not available individuals entering this lesser-need category may be placed on a waiting list and served in order of greatest need.

2. **Creating Access to Home and Community-Based Services (HCBS):** Creating tiers within level of care criteria results in fewer participants qualifying for nursing facility services. The minimum criteria for meeting institutional level of care criteria (LOC) remain unchanged; however, the access to institutional services requires participants to have the highest need for services. With fewer participants using the high-cost nursing facility services, more funds are available to increase community-based services for more participants. Savings allow an expansion group to receive, at a minimum, case management, homemaker and adult day services. Access to these services may prevent or forestall participants' need for nursing facility services.

AMENDMENTS

None

ELIGIBILITY

- The Demonstration includes older people (age 65 and older) and adults with physical disabilities (age 18 and older) and in need of long-term care services or at risk of requiring nursing facility services.
- Individuals who were participants within section 1915(c) HCBS and Enhanced Residential Care waiver programs remain in the demonstration and maintain these services.

DELIVERY SYSTEM

Services are delivered on a fee-for-service basis.

BENEFITS

Individuals in the highest and high need groups are eligible for nursing facility and HCBS including case management services, personal care, respite care, companion services, adult day services, personal emergency response services, assistive devices, home modification, nursing facility residential care, homemaker services and other community-based services. Individuals with moderate needs currently but at risk of needing long-term care would receive case management, homemaker and adult day services.

QUALITY AND EVALUATION PLAN

A quality Assurance/Quality Improvement Plan has been implemented to assure the health and welfare of participants and continuous program improvement.

COST SHARING

None