

Adult Services Division Scorecard

<https://app.resultsscorecard.com/Scorecard/Embed/8866>

Summary: ASD strives to utilize the Results Based Accountability (RBA) framework throughout the work we do. As of 2015, all Medicaid services, including Choices for Care, are managed through the State Global Commitment to Health 1115 Waiver and the accompanying Comprehensive Quality Strategy. Additionally, all State contracts and grants require RBA performance measures and ASD is participating in a pilot to improve this work.

As ASD continues to finalize a public-facing performance accountability Scorecard, priority has been given to: a) programs with measures already required by State Legislation, b) programs with high profile and/or high budget and c) programs or work with performance improvement needs.

Therefore, the ASD Scorecard is being refined to focus on six areas:

- Contracts & Grants Management
- Choices for Care Program
- Money Follows the Person Project
- Traumatic Brain Injury Program
- Area Agency on Aging Home Delivered Meals
- Substance Abuse & Misuse in Older Vermonters

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I. Contracts & Grants Management

A. Related Population Outcome (Act 186): ***VT has open, effective and inclusive government.***

B. Related Population Indicators (Act 186): ***% of contracts and grants that include performance measures***

C. ASD Performance Measures:

#	Measure	Data Source	Frequency	ASD Lead
1	# of contracts/grants managed by ASD	<u>ASD contracts/grants</u>	Once/year	Megan
2	% of contracts/grants with new Attachment A: Target = 100%	<u>table</u>	October 2017 October 2018	Megan

D. Story: ASD currently manages 12 contracts and grant across multiple provider groups which pay for a variety of essential services designed to assist Vermonters who are aging or live with a disability. To assure access to services and support high quality performance, Vermont contracts and grants must be accurate, be processed in a timely manner and include RBA performance measures. Currently, all contracts and grants managed by ASD have reporting requirements and measures. However, only about half are in the desired RBA format.

E. Actions: Currently ASD is participating in a pilot to test a new document Attachment A which outlines work expectations in a consistent RBA format. In order facilitate ASD's goal of improving RBA performance measure for all contracts and grants, ASD will voluntarily start using the pilot Attachment A with all grants and contracts beginning in 2017.

II. Choices for Care High/Highest

A. Related Population Outcome (Act 186): ***Vermont's Elders and People with Disabilities and mental conditions live with dignity and independence in the setting they prefer***

B. Related Population Indicator (Act 186): **None**

C. ASD Performance Measures:

#	Measure	Data Source	Frequency	ASD Lead
1	# of people enrolled in High/Highest	<u>SAMS Data</u>	Twice/Year: December & June	Sara
2	% of people enrolled in nursing facility, Target: <46%	<u>Reports</u>		
3	% of clinical eligibility determinations pending more than 30 days, Target: <5%			
4	% of people who say choice & control in planning personal care services was excellent or good, Target: 90%	Consumer Perception Survey Reports	Once/year: 2013 2014 2015	Megan
5	% of people receiving personal care say the degree that services met their daily needs was excellent or good, Target: 90%	NOTE: NCI to begin 2017 with data available 2018	Add Web Links here	

D. Story: Choices for Care (CFC) is a program covered under Vermont's Global Commitment to Health 1115 Waiver. CFC offers long-term services and supports to adult Vermonters who need nursing home level of care and who also need Medicaid to help pay for services. If a person is found eligible, they may choose where they want to receive their services whether it is in their own home, the home of another person or in a licensed residential care home, assisted living residence or nursing facility.

Timely eligibility determinations are critical because services generally do not begin and cannot be paid for until a person is found both clinically and financially eligible. ASD manages the clinical eligibility portion of the application process which requires by regulation that a determination be made within 30 days of the date of application. Factors that typically affect the time-frame for processing clinical eligibility include: 1) timeframe for receiving the CFC application from the Department for Children and Families, 2) complications in reaching the person to schedule a clinical assessment, 3) timeframe to receive verification of clinical

information from other healthcare professionals when needed, 4) current workload of the ASD Long-Term Care Clinical Coordinator (LTCCC) nurse, 5) LTCCC position vacancies and time-off. Before 2016 it was very hard to fill vacant RN positions. However, in 2016, Vermont created a new classification that includes a market factor for all RN position. It is anticipated that this will have a positive effect on maintaining and recruiting RN staff who manage clinical determinations.

Because the clear majority of people would prefer to receive long-term services and supports in a home-based setting and the average cost of those services is less than in a nursing facility, it is important to track utilization of services by setting. The more people who can be supported in their own home, the more Vermonters live in the setting that they prefer and at a lower cost to the State.

Vermont highly values the right of each person to self-determination which is in line with the federal government's increased attention to person-centered planning and participant rights. It is therefore important to monitor participant perception of choice and control and satisfaction in service delivery. Though Vermont has several years of consumer survey data related to these measures, the last published survey was January 2016. ASD is planning a transition to the National Core Indicators in 2017 which will provide similar, if not identical, measures regarding choice and control in planning for services and satisfaction in service delivery. New data will be available late 2018.

E. Actions:

- LTCCC supervisors continue utilizing SAMS database to monitor workflow.
- Use temporary staff to backfill vacant position when able.
- Temporarily reassign clinical staff to help fill the priority work tasks left by vacant positions when able.
- Communicate regularly with stakeholders when delays occur.
- Increase process efficiencies through the increased use of the SAMS database for assessments, care plans and approvals. This includes requiring 100% participation by CFC case management and home health agencies.
- MFP team to continue to identify barriers to successful home-based services utilization and to prevent readmissions after a nursing facility transition
- Increase technical assistance to Adult Family Care home providers
- Maximize use of person-centered ADRC Options Counseling for people who choose home-based options and people who indicated in the MDS section Q that they want to return to a community setting.
- Reinforce use of person-centered planning in case management through improved assessments and care planning tools.

III. Choices for Care Moderate Needs

- A. Related Population Outcome (Act 186): *Vermont's Elders and People with Disabilities and mental conditions live with dignity and independence in the setting they prefer*

B. Related Population Indicator (Act 186): **None**

C. ASD Performance Measures:

#	Measure	Data Source	Frequency	ASD Lead
1	# of people enrolled in Moderate Needs	<u>SAMS Data Reports</u>	Twice/Year: December & June	Sara
2	Tentative: Length of time on MNG or those who transition to NF: Create a baseline with goal of increasing – if data available	SAMS terminations: Matt helping design a report	Twice/Year: December & June	Sara
3	Provider wait list total #	<u>Provider wait list report table</u>	Twice/Year: December & June	Colleen
4	% of people who say choice & control in planning services was excellent or good, Target: 90%	Consumer Perception Survey Reports NOTE: NCI to begin 2017 with data available 2018	Once/year: 2013 2014 2015 Add Web Links here	Megan

D. Story: Moderate Needs services were created as a “demonstration” or “expansion” service when the Choices for Care 1115 waiver was implemented in 2005. Existing State General Funds grants for Homemaker and Adult Day services were matched with federal dollars to more than double the total available funds for serving more Vermonters. The goal was to help people remain at home, to delay the use of a higher nursing home level of care services and to prevent impoverishment of people to Medicaid eligibility.

Though the creation of Moderate Needs greatly expanded the State’s capacity to pay for services to Vermonters over the years, there are still provider-based caps on available funds in addition to a very broad eligibility criteria. Those two factors assure that providers will continue to experience regional wait lists across the state. Additionally, ASD has seen an increase in the number of case management hours required to help people on Moderate Needs as confirmed by the number of variance requests received and approved for additional case management services. It is believed this increase is due to the addition of a Flex Funds option (2014) and more people with complex needs.

E. Actions: ASD continues to track enrollments, provider wait lists, utilization of funds and case management variance requests. ASD is exploring options to address the increase in case management hours and the large increase in variance requests. DAIL is also participating in a “Medicaid Pathway” discussion with stakeholders to identify payment and/or delivery reform. Moderate Needs services is one of the topics of discussion. ASD

IV. Money Follows the Person Grant

- A. Related Population Outcome: *Vermont's Elders and People with Disabilities and mental conditions live with dignity and independence in the setting they prefer*
- B. Related Population Indicator: *None*
- C. ASD Performance Measures:

#	Measure	Data Source	Frequency	ASD Lead
1	# of people transitioned	SAMS Data Matt to provide data sources & frequency	Twice/year June & December	Matt
2	% of people enrolled in MFP who return to NF	SAMS Data	Twice/year June & December	Matt
3	% of transition funds utilized during MFP enrollment	SAMS Data	Twice/year June & December	Matt

D. Story: Money Follows the Person is a federal grant that helps people who wish to transition from nursing facility to community-based settings. Funds are used to identify and eliminate barriers to the transition. MFP staff work closely with the person, case managers and providers to assure transitions are successful while working to prevent unnecessary readmissions. MFP data over the last couple of years identified a need to increase the utilization of Transition Funds and decrease the number of preventable readmission to nursing facilities and hospitals.

- E. Actions: ASD is working to maximize the use of transition funds and reduce unnecessary readmissions. The MFP team:
 - streamlined the process for requesting and receiving transition funds
 - continues to tracking the data on the use of transition funds,
 - reviews critical incidents to identify reasons why incidents occur, including hospital admissions
 - communicates with provider agencies on a regular basis and
 - participates in an Adult Family Care stakeholder meeting that was established to identify ways to improve and expand this option.

V. Traumatic Brain Injury Program

- A. Related Population Outcome: *Vermont's Elders and People with Disabilities and mental conditions live with dignity and independence in the setting they prefer*
- B. Related Population Indicator: *None*
- C. ASD Performance Measures:

#	Measure	Data Source	Frequency	ASD Lead
1	# of people enrolled in TBI (point in time)	SAMS Enrollments – Unduplicated year end count	Once/year July	Andre (pending new hire)
2	% of people employed while in the rehab program	DOL Data Report run by VR (Insert Link)	Twice/year	Andre from Alice
3	% of people who graduated from rehab	SAMS reports	Twice/year	Andre
4	% of people transitioned to CFC or TBI long term	SAMS reports	Twice/year	Andre

D. Story: TBI services were designed to help people rehabilitate from their brain injury, regain life skills and return to work, while preventing unnecessary out of state facility placements. Funding is limited by the budget appropriated in the Global Commitment 1115 Waiver. In January 2016, the TBI program transitioned to ASD with the goal of better integrating administrative processes and focusing efforts on quality management and provider certification. The goal is to improve the number of people who reach their rehab goals and appropriately identifying people with long-term needs that can be met by transitioning to the Choices for Care program.

E. Actions: Currently, the TBI position in ASD is vacant. Once the position is filled, ASD will finalize a new ASD screening and application process for new applicants and continue the plan for integrating TBI quality management priorities within ASD.

VI. Older American's Act Nutrition Services

A. Related Population Outcome (Act 186): ***Vermonters are Healthy***

B. Related Population Indicator (Act 186): ***None***

C. ASD Performance Measures:

#	Measure	Data Source	Frequency	ASD Lead
1	# and % of people receiving home delivered meals who report they have enough to eat	AAA customer survey	Once/year	Mary
2	# and % of people receiving home delivered meals who report that meals help manage or improve their medical condition	AAA customer survey	Once/year	Mary

D. Story: Food security is one important focus of the Older American's Act. In Vermont, this includes Home Delivered Meals (aka Meals on Wheels) which is funded by the Administration on Community Living (ACL) and managed by Vermont's five Area Agencies on Aging (AAA) via their individual Area Plans. In an effort to create consistent RBA performance management across the state, the agencies worked together to identify two core measures for home delivered meals services focusing on whether people got enough to eat and whether meals help them manage their medical conditions. Additionally, one focus of the ACL is serving more people with higher functional needs. Since Vermont's data shows a relatively low number of people with higher functional needs, ASD is interested in ways to increase this number including improved data integrity.

E. Actions: In the last year, ASD worked with the AAAs and a consultant throughout their RBA work. Additionally ASD created policy guidance assuring that personal care hours would not be reduced for people on Choices for Care or Attendant Services Program who wish to receive home delivered meals. Finally, in the 2016 legislative session, testimony showed support for creating a Home Delivered Meals Medicaid services within Choices for Care. Unfortunately, funding was not available to create a new service. ASD continues to:

- Seek ways to improve data integrity across the state
- Work with the AAAs to revise the application process for home delivered meals, to stratify Home Delivered Meals recipients risk for hunger. Risk status will also assist to manage caseloads in the advent of a wait list.
- Discuss feasibility of future Medicaid funded home delivered meals

VII. Substance Abuse & Misuse in Older Vermonters Project

A. Related Population Outcome: *Vermonters are Healthy*

B. Related Population Indicator: *% of Vermonters age 65 and older who drink alcohol at a level of risk*

C. ASD Performance Measures:

#	Measure	Data Source	Frequency	ASD Lead
1	Charges Gurney data	VDH BRFSS	Annual	Charles Gurney
2				
3				

D. Story: Vermont has a high incident of alcohol use and abuse among older adults. In 2015, the Agency of Human Services implemented the Substance Abuse Treatment Coordination initiative which includes a screening policy. DAHL shares one temporary position with the Department of Health with the goal of managing the screening policy, providing training, education and outreach to State staff and providers. According to recent BRFSS data the rate of At-Risk drinking for older Vermonters is six percent higher than the US average. This fact is not well known in the public or by older Vermonters. Two steps needed to reduce At-Risk drinking among

older Vermonters are 1) to increase general awareness of the problem through prevention activities and 2) to identify older adults who drink at a risk level through the use of evidence-based screening tools. Older adults found to drink at this risk level at least need education intervention and if indicated by the screening test may need treatment.

E. Actions:

- Evidence-based screening tools have been identified, and these are the Short Michigan Alcohol Screening Test-geriatric version (S-MAST-G) and Drug Abuse Screening Test (DAST). Training in the use of these tools is being provided to Vermont elder care professionals. These trainings use the SBIRT model in substance abuse screening training, including Motivational Interviewing techniques to provide educational intervention and referral to specialized treatment. Follow up trainings will be developed to teach elder care professionals how to apply MI effectively with this age group and to work collaboratively with specialized treatment providers.
- In partnership ADAP prevention services a community presentation on alcohol misuse and abuse among older adults has been created by the Prevention Consultants to deliver in the regions across the state. Also, DAILE in partnership with ADAP has created a Vermont specific educational brochure on alcohol use and aging. This brochure explains how aging results in older adults becoming more sensitive to alcohol and what older adults can do to reduce their risk for harmful consequences from drinking at risk levels, including the risk of combining alcohol and certain medications.
- Age specific substance abuse treatment services for older adults are being developed across the state by bringing local treatment providers and elder care professionals together to identify their needs and local resources to create these services in their communities.
- The Vermont Recovery Network has showed particular interest in reaching out to older adults with substance use problems and is an integral part of the age specific treatment effort. Their recovery coaches are being trained how to understand and work with this age group so that older Vermonters have options for help, including options that are more accessible for older adults.
- Promote and participate in educational programs for substance abuse treatment providers and elder care professionals focusing on the needs of older adults with substance use problems. Last year a national expert on geriatric addiction treatment was brought to the annual conference of the Vermont Association of Mental Health and Addiction Recovery to be the keynote speaker. More recently Vermont Recovery Center staff received training on how to work with older adults, and a panel presentation and discussion on helping older adults with substance use problems was brought to the Vermont Gerontology Symposium. In addition, the DAILE Alcohol Use and Aging Coordinator and a community Elder Care Clinician were interviewed about this subject on the WCAX TV show Across the Fence. Next there will be a workshop on older adults at the annual ADAP conference in September 2016.