Report to
The Vermont Legislature

Report on: Participant Directed Attendant Care (PDAC)

In Accordance with SS2018 Act 11 Sec. E.330 (b)

Submitted to: Joint Fiscal Committee

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Department of Disabilities, Aging and Independent Living

Act 11, Section E.330 PARTICIPANT DIRECTED ATTENDANT CARE (PDAC) PROGRAM required that the Department of Disabilities, Aging & Independent Living (Department) "make a determination regarding the clinical and financial eligibility of each currently enrolled individual for the Medicaid Choices for Care program or any other program that could provide the necessary attendant care services." Following that determination work, the Department was required to draft a report on our findings to submit to the Joint Fiscal Committee in September 2018.

This report describes some demographics, the work completed by the Department, and our findings on the status of the individuals currently enrolled in the PDAC program.

Demographics and Information

In January 2018, a profile of participants in the general fund PDAC program showed the following:

Average Plan Cost Per Person	$29,500 year
Under 60 years old	34%
60-70 years old	33%
70 years and older	34%
Females	55%
Males	45%
Married	48%
Program pays spouse	36%
Lives alone	20%
Employed	15%

Historically, most participants chose the PDAC-Attendant Services General Funds option because it allowed them to continue working, did not require Medicaid eligibility and enabled them to pay their spouse to provide their care as their attendant.

Currently, the PDAC- Attendant Services Program (ASP) regulations require that to be eligible for the General Funds option, applicants must "Be ineligible for any other Medicaid or state - funded programs." All ASP applicants are required to apply for Medicaid when they initially submit an application for the program. Each year, a reassessment of clinical needs is completed, and General Funds participants are asked if they subsequently applied and were found eligible for Medicaid. People who are found eligible for Medicaid are transferred to the ASP Medicaid option. Participants have not been required to re-apply for Medicaid, thereby maintaining a generally stable set of participants on the General Fund program.

Work Completed

In January 2018, all General Funds Participants received a letter from the Department and a phone call describing the proposal for elimination of the PDAC-ASP general fund program and checking to be sure they were not Medicaid eligible or interested in applying for Medicaid or Choices for Care. Most participants voiced that they were confident they were still not eligible or did not want to apply because they had applied once before and been found ineligible. An additional barrier to application was that current participants believed they would have to pay a monthly patient share if they transitioned to Choices for Care. A patient share would require an out-of-pocket contribution to the costs of care and is determined by the Department of Vermont Health Access as part of financial eligibility determination. This is required for Long-Term Care Medicaid eligibility if a person's income is above the institutional income standard, after allowable medical deductions and income disregards.

In March 2018, the Department initiated an agreement with the Vermont Association of Area Agencies on Aging (V4A) to perform a home visit and screening with all General Funds participants to determine if they were potentially eligible for Medicaid or Long-Term Medicaid through Choices for Care. Visits were completed by June 30, 2018 and results from the V4A analysis provided to the Department.

Findings

- Out of 44 participants, 32 people were screened by the regional Area Agency on Aging (AAA) and 12 people (27%) refused the screening.
- Of the 32 people screened by the regional AAA:
    - 11 (34%) pay their spouses to provide attendant care.
    - 25 (78%) were likely to be clinically eligible for CFC.
    - 14 (44%) were likely to be both clinically and financially eligible for CFC based on self-reported information. Five of the 14 agreed to apply for CFC, only if required by the state. It was estimated that most, if not all, of the 14 would likely have a monthly patient share if they applied for CFC. (see table #1)
    - 2 (6%) were likely to be Community Medicaid eligible based on self-reported information. These two are also counted in the 14 who are both clinically and financially eligible for CFC. However, one of the two individuals refused to apply for Medicaid. The other individual was already on Medicaid and received an exception in order to pay her spouse under PDAC-ASP General Funds.

During conversations with participants, at least one person said their family would provide care if they were no longer able to participate in the General Funds option. Others reported having a relatively large amount of assets ($100,000+) and others refused to reveal their income and assets during the screening upon advice from their financial advisor. As of this report, one participant has passed away, bringing the total number of ASD General Funds participants (both active and inactive) to 43.

Possible Impacts of Potential Program Changes for Current Participants

- Financial cost to a family if a patient share is required
- Loss of income to a family if spouse could no longer be paid
- Loss of caregiving if spouses cannot be paid and alternate caregivers cannot be identified
- Loss of caregiving or loss of caregiving hours if patient share become prohibitive
- Potential loss of employment, independence, and community access if caregivers are lost

Summary

Since 2014, the ASP General Funds option has been “frozen” to new participants. During that time, an average of 7.5 participants per year have come off the program by either transitioning to the Medicaid ASP or Choices for Care option or passing away. In SFY18, six participants came off the program, bringing the current number of active and inactive ASP General Funds participants to 43 as of August 2018. The average cost of care, per person for home-based CFC services is roughly the same as the average cost of care, per person, for ASP General Funds at approximately $29,500 per person, per year. The SFY19 blended Medicaid state share is 46.21%

As of August 11, 2018, assuming status quo with no attrition, the anticipated ASD General Funds expenditures for SFY19 are $1,491,028.00. This is $603,762.00 above the current SFY19 appropriation of $771,266.00, which will be covered by AHS per section E.330 a. of Act 11.

Attachments:

Table #1: ASP General Funds - Summary of AAA Screening Results as of 7/1/18

Table #2: Inventory of ASP General Funds Participant Information following AAA Screening

Table #1: ASP General Funds - Summary of AAA Screening Results as of 7/1/18

Summary of Participants:	Enrolled in ASP as of 7/1/18		Spouse paid by ASP		# of Participants Screened by AAA	# of Participants Declined Screening
	#	%	#	%		
Likely Clinically eligible fo CFC	35	80%	12	71%	25	11
Maybe Clinically eligible for CFC	2	5%	0	0%	2	0
Likely Not Clinically eligible for CFC	7	16%	5	29%	5	1
Totals:	**44**	**100%**	**17**	**100%**	**32**	**12**

Results for the 32 people who received screening:

	Likely Community Medicaid Eligible - Paid Spouse	Agreed to apply for Community Meidicaid	Likely CFC Clinical and Financial Eligible	Agreed to Apply for CFC
# of participants	2	0	14	5 (If required.)
% of total screened	6%	0%	44%	16%

	Bi-Weekly Ave. Expenditures	Annual Ave. Expenditures
Estimated reduction in program expenditures if 5 people transitioned to CFC:	$ 5,673	$ 147,500
Estimated reduction in program expenditures if 14 people transitioned to CFC:	$ 15,885	$ 413,000

NOTES:

1. As of 8/28/18, 43 Active (1 deceased)
2. The CFC LTC Medicaid eligible counts include the people who would also be Community Medicaid eligible.
3. Two of the people who are likely Community Medicaid eligible also pay their spouse, which is not allowed on the ASP Medicaid option. Paying spouses is allowable under Choices for Care.
4. Acutal average expenditures for General Funds ASP participants is $29,500 per person, per year.

Table #2: Inventory of ASP General Funds Participant Information following AAA Screening

#	Likely CFC Clinically eligible	Veteran	Employed	Active Community Medicaid	Married	Spouse Paid by ASP GF	Authorized Budget $ per 2 wks	AAA Screening completed	Likely Community Medicaid Eligible	Agreed to apply to Community Medicaid	Likely Long-Term Care Medicaid Eligible	Agreed to apply to CFC
1	Yes	N	N	No	No	No	$1,039.33	Yes	No	No	No	No
2	Yes	N	N	No	Yes	Yes	$1,661.85	No - Declined	Don't know	No	Don't know	No
3	Yes	N	N	No	Yes	No	$1,292.55	Yes	No	No	Yes	Yes
4	Yes	N	Y	No	No	No	$713.98	Yes	No	No	No	No
5	Maybe - Deceased	N	N	No	Yes	No	$947.87	Yes	No	No	Yes	Yes - Deceased
6	Yes	N	N	No	Yes	Yes	$1,120.21	Yes	No	No	No	No
7	Yes	N	N	No	Yes	Yes	$625.35	No - Declined	Don't know	No	Don't know	No
8	Yes	N	N	No	No	No	$1,331.45	Yes	No	No	No	No
9	No	N	N	No	No	No	$732.45	Yes	No	No	No	No
10	Yes	N	**Y**	No	No	No	$1,421.81	Yes	No	No	No	No
11	Yes	N	N	No	Yes	Yes	$818.62	No - Declined	Don't know	No	Don't know	Yes
12	Yes	N	N	No	Yes	Yes	$532.41	Yes	No	No	No	No
13	Yes	N	**Y**	No	No	No	$1,166.37	Yes	No	No	No	No
14	Yes	N	N	No	Yes	Yes	$972.49	Yes	No	No	No	No
15	Yes	N	N	No	No	No	$1,240.23	No - Declined	Don't know	No	Don't know	No
16	No	N	N	Yes - paid spouse	Yes	Yes	$947.87	Yes	Already on	Already on	Yes	No
17	Yes	N	N	No	No	No	$2,240.42	No - Declined	Don't know	No	Don't know	No
18	Yes	N	N	No	No	No	$1,421.81	Yes	No	No	No	No
19	Yes	N	N	No	Yes	Yes	$2,954.40	No - Declined	Don't know	No	Don't know	No
20	Yes	N	N	No	Yes	Yes	$1,194.07	Yes	No	No	No	Yes
21	No	N	N	No	Yes	Yes	$665.97	No - Declined	Don't know	No	Don't know	No
22	Yes	N	N	No	No	No	$2,240.42	No - Declined	Don't know	No	Don't know	No
23	Yes	N	N	No	No	No	$1,070.97	Yes	No	No	Yes	Yes

#	Likely CFC Clinically eligible	Veteran	Employed	Active Community Medicaid	Married	Spouse Paid by ASP GF	Authorized Budget $ per 2 wks	AAA Screening completed	Likely Community Medicaid Eligible	Agreed to apply to Community Medicaid	Likely Long-Term Care Medicaid Eligible	Agreed to apply to CFC
24	Yes	N	N	No	Yes	Yes	$1,507.98	Yes	No	No	No	No
25	Yes	N	N	No	No	No	$1,551.06	No - Declined	Don't know	No	Don't know	No
26	Yes	N	N	No	Yes	No	$1,464.89	Yes	No	No	Yes	No
27	Yes	N	N	No	Yes	Yes	$1,249.47	Yes	No	No	No	No
28	Yes	N	N	No	No	No	$1,274.09	Yes	No	No	Yes	Yes
29	Yes	N	N	No	No	No	$1,329.48	Yes	No	No	No	No
30	Yes	N	**Y**	No	Yes	Yes	$1,354.10	Yes	No	No	No	No
31	No	N	N	No	Yes	Yes	$689.36	Yes	No	No	No	No
32	Yes	N	N	No	Yes	Yes	$972.49	No - Declined	Don't know	No	Don't know	No
33	No	N	N	Yes	No	Yes	$775.53	Yes	Yes	Already eligible.	Yes	No
34	Maybe	N	N	No	No	No	$960.18	Yes	No	No	Yes	Yes
35	Yes	N	**Y**	No	No	No	$2,240.42	Yes	No	No	No	No
36	Yes	N	N	No	No	No	$861.70	Yes	No	No	Yes	No
37	Yes	N	N	No	No	No	$2,240.42	No - Declined	Don't know	No	Don't know	No
38	Yes	N	N	No	No	No	$1,181.76	Yes	No	No	Yes	No
39	Yes	Y	N	No	No	No	$861.70	No - Declined	Don't know	No	Don't know	No
40	No	N	N	No	Yes	Yes	$2,240.42	Yes	No	No	Yes	No
41	Yes	N	N	No	Yes	No	$849.39	Yes	No	No	Yes	No
42	No	N	**Y**	No	Yes	No	$517.02	Yes	No	No	No	No
43	Yes	N	N	No	No	No	$464.70	Yes	No	No	Yes	No
44	Yes	N	**Y**	No	No	No	$1,169.45	Yes	No	No	Yes	Yes