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**Report to  
The Vermont Legislature**

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**Annual Report on  
The Adequacy of the Choices for Care Provider System**

In Accordance with 2013 Acts and Resolves No. 50, Sec. E.308(c): An act relating to making appropriations for the support of Government; Choice for Care; Savings, reinvestments, and system assessment.

**Submitted to:** Representative Mitzi Johnson, Chair,  
House Committee on Appropriations

Representative Ann Pugh, Chair,  
House Committee on Human Services

Senator Jane Kitchel, Chair,  
Senate Committee on Appropriations

Senator Claire Ayer, Chair,  
Senate Committee on Health and Welfare

**CC:** Hal Cohen, Secretary  
Agency of Human Services

**Submitted by:** Monica Caserta Hutt, Commissioner  
Department of Disabilities, Aging and Independent Living

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**Report Date:** October 1, 2015



Department of Disabilities, Aging and Independent Living

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## I. Executive Summary

In Accordance with 2013 Acts and Resolves No. 50, Sec. E.308(c): An act relating to making appropriations for the support of Government; Choice for Care; Savings, reinvestments, and system assessment (c) *The Department in collaboration with long-term care providers shall conduct an annual assessment of the adequacy of the provider system for delivery of home- and community-based services and nursing home services. On or before October 1 of each year, the Department of Disabilities, Aging, and Independent Living shall report the results of this assessment to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare for the purpose of informing the reinvestment of savings during the budget adjustment process.*

This report provides an overall assessment of the availability of Choices for Care home and community-based services and nursing home services for Vermonters who need and choose them. The report includes information from the following sources:

- 2014 VT Long-Term Services and Supports HCBS Consumer Survey Report: The 2014 survey results highlighted the **Provision of Services**, **Staff Attributes** and **Consumer Choice** as areas of the survey with the highest “potential” for improving and maintaining satisfaction. <http://ddas.vt.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-surveys/ltc-consumer-satisfaction-survey-2014-1>
- Vermont Choices for Care: Evaluation of Years 1-9: The May 2015 evaluation results recommend a focus on **person-centered planning**, **quality of life** and increased **consumer choice**. <http://ddas.vt.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/vermont-choices-for-care-evaluation-of-years-1-9-1>
- Choices for Care Policy Briefs: The 2015 Personal and Systemic Factors Leading to Nursing Facility Readmission report recommends focus on 1) **person-centered planning**; 2) **enhance information and referral**; 3) **ensure appropriateness and sufficiency of services** (such as expanding use of non-medical providers), and 4) **enhance capacity of non-nursing facility settings**. <http://ddas.vt.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/umass-policy-brief-factors-leading-to-nursing-facility-readmission-march-2015>
- Choices for Care Data: Consumer satisfaction is relatively high and total enrollment continues to increase. Nursing facility utilization continues to decline and data indicates slow growth in **Enhanced Residential Care** (ERC) and the new service **Adult Family Care** (AFC). Additionally, people continue to apply for **limited Moderate Needs funding**, which adds to local agency wait lists in certain areas of the state.
- Money Follows the Person (MFP): Experiences and data from the MFP grant highlights the need to **create or expand housing and care options** for people who wish to leave the nursing home and live in the community.
- Stakeholder Survey: The August 2015 provider stakeholder survey highlights challenges similar to the 2014 survey related to **access to services**, **serving people with dementia, mental health and challenging behavioral needs**, and **lack of residential options**.

## II. Introduction

The mission of the Department of Disabilities, Aging and Independent Living (DAIL) is to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence. We strive to support quality, access, flexibility and choice in all of our programs. DAIL's strategic plan aligns to the Agency of Human Services priority goals that support individuals and families by 1) decreasing the lasting impacts of poverty and creating pathways out of poverty, 2) promoting health, wellbeing, and safety, 3) enhancing program effectiveness, accountability for outcomes, and workforce development and engagement, and 4) ensuring all Vermonters have access to high quality health care.

This report provides an overall assessment of the adequacy of the provider system for delivery of Choices for Care (CFC) home and community-based services and nursing home services. For the purpose of this report, "adequacy" means "***availability of services to Vermonters who need and choose them.***"

The following information was used in compiling this report:

- VT Long-Term Care Consumer Satisfaction Survey (2014)
- Choices for Care Independent Evaluation ( May 2015)
- Choices for Care Policy Brief (March 2015)
- Choices for Care Data Report (July 2015)
- Money Follows the Person Demonstration Grant
- Stakeholder Survey (August 2015)

In an effort to be succinct, the report will focus on the *availability of services* and information that demonstrates areas for improvement only. Please refer to referenced documents for complete information including positive growth and outcomes of home and community based services, Enhanced Residential Care and nursing facility care.

### III. Consumer Satisfaction

In February 2015, Thoroughbred Research Group published the *2014 Vermont Long-Term Services and Supports HCBS Consumer Survey Report*. (<http://ddas.vt.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-surveys/ltc-consumer-satisfaction-survey-2014-1>)

Based on the report, "... the survey suggests that the large majority of consumers are satisfied with DAIL programs, satisfied with the services they receive, and consider the quality of these services to be excellent or good" and "based upon the views and attitudes of the large majority of consumers, ***the survey results did not identify any major systemic problems with the programs and services provided by DAIL.***"

Though the survey results continues to show high levels of satisfaction for people enrolled in DAIL managed long-term services and supports, the report also indicated that the ***Provision of Services, Staff Attributes*** and ***Consumer Choice*** areas of the survey have the highest potential for improving and maintaining satisfaction.

## IV. Choices for Care Independent Evaluation

In May 2015, the University of Massachusetts Medical School (UMMS) independent evaluators for Choices for Care published its final report. (<http://ddas.vt.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/vermont-choices-for-care-evaluation-of-years-1-9-1>) Overall data indicate that CFC improved or maintained positive gains in several areas. The report adds *“In its final year as a separate 1115 Research and Demonstration waiver, CFC continues to meet the needs of its participants. This year’s evaluation identified a few new issues and a few recurring issues that DAIL should continue to address as the CFC program is incorporated into the Global commitment to Health waiver. With its tradition of innovation, Choices for Care is well positioned to meet the future needs of CFC participants.”*

Evaluation recommendations that may be most relevant to improve “adequacy/availability” include:

1. **Access:**
  - a. Improve timeliness of Department for Children and Families (DCF) financial eligibility determinations
  - b. Expand Aging & Disabilities Resource Connections (ADRC) services to provide more Vermonters with person-centered options counseling and help people apply for programs
  - c. Improve person-centered assessment/care planning and consider multi-disciplinary team approaches
2. **Experience with Care:**
  - a. Expand outreach efforts for Ombudsman services
  - b. Work with providers to find solutions to staffing problems including training
3. **Waiting list:** The wait list for High Needs services was eliminated in 2011. However, there continue to be regional waiting lists in certain areas of the state for the Moderate Needs Group program at the provider level. As of June 2015, approximately 500 people were waiting state wide, with 98% waiting for homemaker services and 2% waiting for adult day services. The majority of people on the wait list applied for services after 1/1/14 since people who applied before 1/1/14 were served with CFC reinvestment funds allocated in SFY14 and SFY15. Although the number of individuals potentially eligible for Moderate Needs services makes the elimination of a Moderate waiting list extremely unlikely in light of limited funding, the evaluation recommends that the State formulate mechanisms for reducing them to the extent possible.
4. **Service Array and Amounts:** As stated in previous policy briefs and evaluation reports, the last evaluation recommended that the State permit non-medical providers to offer services to CFC participants to expand participants’ choice of provider, promote choice and ensure that their needs are met.

## V. Choices for Care Policy Brief

Through the management of Vermont's Money Follows the Person (MFP) grant, the MFP team has observed a relatively high number of people returning to the nursing facility after transition to community-based supports (currently about 22%). This information prompted Vermont to work with the University of Massachusetts Medical School (UMMS) independent evaluation team to develop a policy brief regarding factors leading to readmissions to nursing facilities. In March 2015, the policy brief was published: ***Vermont Choices for Care: Personal and Systemic Factors Leading to Nursing Facility Readmission.***

Through document research and interviews with participants, family and case managers, UMMS identified the following factors:

1. pre-disposing person factors
  - a. history of falls/accidents
  - b. mental health and substance abuse concerns
  - c. behavioral and cognitive concerns
  - d. obesity
  - e. longstanding disability
2. enabling environmental factors
  - a. transition communication and coordination
  - b. influence of physicians in nursing facility admissions
  - c. enhanced residential care options
3. perceived service need factors leading to recommendations
  - a. eligibility and assessment process
  - b. sufficiency and appropriateness of services
  - c. need for additional service hours
  - d. need for two-person assist
  - e. case management needs
  - f. need for worker training
  - g. medication management needs
  - h. availability of caregiver education and support

**UMMS made recommendations in four areas for people being discharged from nursing facilities:**

1. Improve the assessment, care planning and case management processes for people being discharged from nursing facilities;
2. Enhance information and referral;
3. Ensure appropriateness and sufficiency of services upon discharge, and
4. Enhance capacity of community-based settings.

Currently, the MFP project is performing a case review study of MFP participants who returned to a nursing facility to better understand the reasons and ways to address them. Since the UMASS policy brief, the rate of MFP participants returning to nursing facilities has shown a downward trend.

The full policy brief can be found at: <http://ddas.vt.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/umass-policy-brief-factors-leading-to-nursing-facility-readmission-march-2015>

## VI. Choices for Care Data

DAIL generates Choices for Care (CFC) data for the purpose of monitoring utilization and providing data for the annual CFC independent evaluation. Data that may be most relevant to “adequacy”, and were noted in the 2014 Adequacy Report, include (*See Appendix A for more data tables*):

1. **Choices for Care Utilization:** One goal of CFC is to increase overall utilization of home and community-based settings, which continues to hold true. However, data shows that:
  - a. **Enhanced Residential Care** setting has shown very little growth over the years (5% increase in ERC enrollments in the last year) and is the lowest area of utilization, although stakeholders indicate it is an unmet need in many communities.
  - b. **Nursing facility** utilization continues to decline (7% reduction in CFC nursing facility enrollments in the last year), leaving more open beds statewide. However stakeholders indicate there is still an unmet need for Vermont nursing facilities that are experienced and willing to serve people with dementia, mental health needs, and/or challenging behaviors. In spring of 2015, the Companion Aide pilot was launched with the goal of enhancing the quality of care for people with Alzheimer’s and related disorders in five pilot facilities. Results of the pilot will inform best practice and models for dementia care in Vermont.
  - c. **Adult Family Care (AFC)** (24-hour shared living), is a new CFC home-based service and data shows very slow growth at only about 38 people total (6% increase in the last year). Stakeholder feedback indicates that lack of participating Authorized Agencies, AFC home providers and the reimbursement rate makes access challenging in some areas of the state.
  - d. **Moderate Needs** services were expanded in SFY14-SFY15 with \$3.0 million CFC reinvestments. The expansion was intended to address regional wait lists for anyone who applied before 1/1/14 and to create a flexible funds option for people who wanted to hire their own homemaker staff or purchase a limited amount of other services to meet their needs in flexible ways. This expansion created a 25% growth in Moderate Needs services statewide. However, the reinvestments funds were not continued into SFY16 budget which created a funding problem for some agencies that had significantly increased their Moderate Needs enrollments during SFY14 and SFY15. Following legislative language, DAIL plans to utilize a portion of the SFY15 CFC carry forward funds to off-set Moderate Needs losses in SFY16. However, this does not address the long-term need to fund services at a base amount that prevents providers from being forced to reduce services or dis-enroll active participants in order to stay within their allocated budget.
  - e. **Adult Day Services** significantly increased Moderate Needs spending statewide between SFY14 and SFY15 (17%). Overall, Adult Day providers spent \$3,214,531 (76%) of the combined SFY14-SFY15 two-year allocation of \$4,203,271. However, Adult Day Services for people with High/Highest needs experienced an overall 13% decrease in spending during that same timeframe while Medicaid Day Health spending experienced a 9% increase. The combined Moderate, High/Highest needs and Medicaid Day Health spending for adult day remained relatively stable between SFY14 and SFY15.

SFY2013	SFY2014	SFY2015	Difference
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<b>Adult Day CFC Moderate Needs:</b>	<b>7/1/12-6/30/13</b>	<b>7/1/13-6/30/14</b>	<b>7/1/14-6/30/15</b>	<b>between SFY14-SFY15</b>
Total payments	\$1,551,983	\$1,483,702	\$1,730,829	17%
Total units of service	415,179	389,375	450,252	16%
Average people served per month	130	130	143	10%
Average hours per person/per month	67	62	66	5%

**Adult Day CFC High/Highest Needs:**

Total payments	\$3,066,392	\$3,308,580	\$2,867,314	-13%
Total units of service	824,665	869,505	744,995	-14%
Average people served per month	211	231	206	-11%
Average hours per person/per month	81	78	75	-4%

**Medicaid Day Health (DHRS):**

Total payments	\$1,917,438	\$1,961,868	\$2,136,624	9%
Total units of service	517,122	517,507	559,439	8%
Average people served per month	141	143	153	7%
Average hours per person/per month	77	76	76	1%

**TOTAL:**

Total payments	\$6,535,813	\$6,754,150	\$6,734,767	0%
Total units of service	1,756,966	1,776,387	1,754,686	-1%
Average people served per month	482	504	502	0%
Average hours per person/per month	76	73	73	-1%

*Source: Medicaid paid claims by dates of service, August 2015*

*Units are 15 minutes*

2. **Wait Lists:** There are no wait lists for people who meet the Choices for Care highest and high needs clinical criteria. Agency-based wait lists for people with moderate needs wanting homemaker and adult day services still exist as noted above. (See Appendix B)
3. **Pending Applications:** Stakeholder feedback continues to highlight the lengthy and complicated Vermont long-term care Medicaid eligibility process in accessing services (high/highest). Though the Department for Children and Families (DCF) recognizes the issue and is evaluating possible solutions to the high number of CFC applicants who are pending Medicaid eligibility, approximately 40% of CFC applicants (high/highest) are waiting longer than 90 days for a determination. Since CFC services cannot be paid for until a final eligibility determination is made, this lengthy delay may directly affect access to care for some people when they need it.

## VII. Money Follows the Person Demonstration Grant (MFP)



The MFP program uses grant funds to provide services to help people who wish to transition out of nursing facilities into a community-based setting of their choice. While the MFP program staff have a goal of educating everyone who resides in a nursing home about their options, many people are not able to leave as they would wish, due to the lack of housing and 24/7 care options. Since January 2012, approximately 1733 people have been educated by MFP about their options. Of those, 325 indicated that they wished to transition to the community and were enrolled into MFP services. However, only 193 of those enrolled (60%) were able to transition to the community. **Many of those currently enrolled onto MFP are still waiting for a feasible community-based option that can support both their housing and care needs.** Though the Adult Family Care (AFC) option was created to help fill this gap, the lack of participating Authorized Agencies, AFC home providers and reimbursement rate appear to be a barrier for some people.

## VIII. Stakeholder Survey Data

**Purpose:** The purpose of this survey was to solicit input from long-term services and supports providers and stakeholders regarding the adequacy of Choices for Care service capacity, as required by the Vermont legislature:

*“The Department in collaboration with long-term care providers shall conduct an annual assessment of the adequacy of the provider system for delivery of home- and community-based services and nursing home services.”*

Note that consumer feedback is not included in this survey and is instead provided via the consumer satisfaction survey highlighted in Section III.

**Method:** A survey was created in Survey Monkey, comprised of twenty-three (23) scaled questions with an option to enter written comments for each question. The survey included two subsections: the first asked respondents to rate the availability and accessibility of Choices for Care services, and the second asked respondents to rate the availability and accessibility of other services used by Choices for Care participants. The survey also included two open-ended questions.

The survey was widely distributed to organizations that provide Choices for Care services, advocacy and other related services. The survey was available for a total of ten days. A total of thirty-nine (39) individuals responded, who were associated with sixteen (16) different types of organizations across all fourteen counties.

**Results:** Responses most relevant to “adequacy” of services are similar to those identified in 2014. They include:

1. **Access:** Respondents reported that some Choices for Care participants face challenges in receiving the services that they need, when and where they need them. Challenges mentioned in comments included **lack of available staffing** and **low wages/service rates**. Respondents continue to view **Moderate Needs services** as under-funded due to the large number of people who need those types of services.

2. Residential options: Of all CFC services, **Adult Family Care and Residential Care Home** services are viewed as the least available to CFC participants who want those services, due to lack of participating homes and low rates.
3. Dementia/mental health/substance abuse/challenging behaviors: Respondents commented on the need to improve the **assessment and care plan process** for people with dementia in addition to the challenge of finding **nursing facility care** for people with mental health and behavioral needs.
4. Housing and transportation: Respondents identified **affordable/accessible housing** and **affordable/accessible transportation** as continued challenges.

*Survey details can be found in Appendix C.*

## IX. Conclusions

There are many areas of success and strength in the Choices for Care (CFC) program. Some of them include:

1. High levels of consumer satisfaction overall.
2. CFC continues to enroll more people.
3. CFC continues to offer more community-based options and to support choice and flexibility.
4. CFC implemented a nursing facility Companion Aide pilot in 2015.
5. Stakeholders indicated areas of strength such as Adult Day and Ombudsman services.

As a whole, the information included in this report indicates there may be adequacy issues in the following areas, resulting in reduced choice and flexibility for some people:

1. Lack of consistent person-centered options counseling, assessment and planning for people who need help accessing long-term services and supports.
2. Inadequate staffing and training for home-based services (personal care, companion, respite).
3. Inadequate base funding for Moderate Needs services.
4. Inadequate funding and provider capacity for Adult Family Care and Enhanced Residential Care options.
5. Inadequate provider capacity with the expertise and willingness to care for people with dementia, mental health, traumatic brain injury and other challenging behaviors.
6. Lengthy and complicated Vermont long-term care Medicaid eligibility process.

The stakeholder survey also indicated adequacy issues for services not directly paid by CFC including:

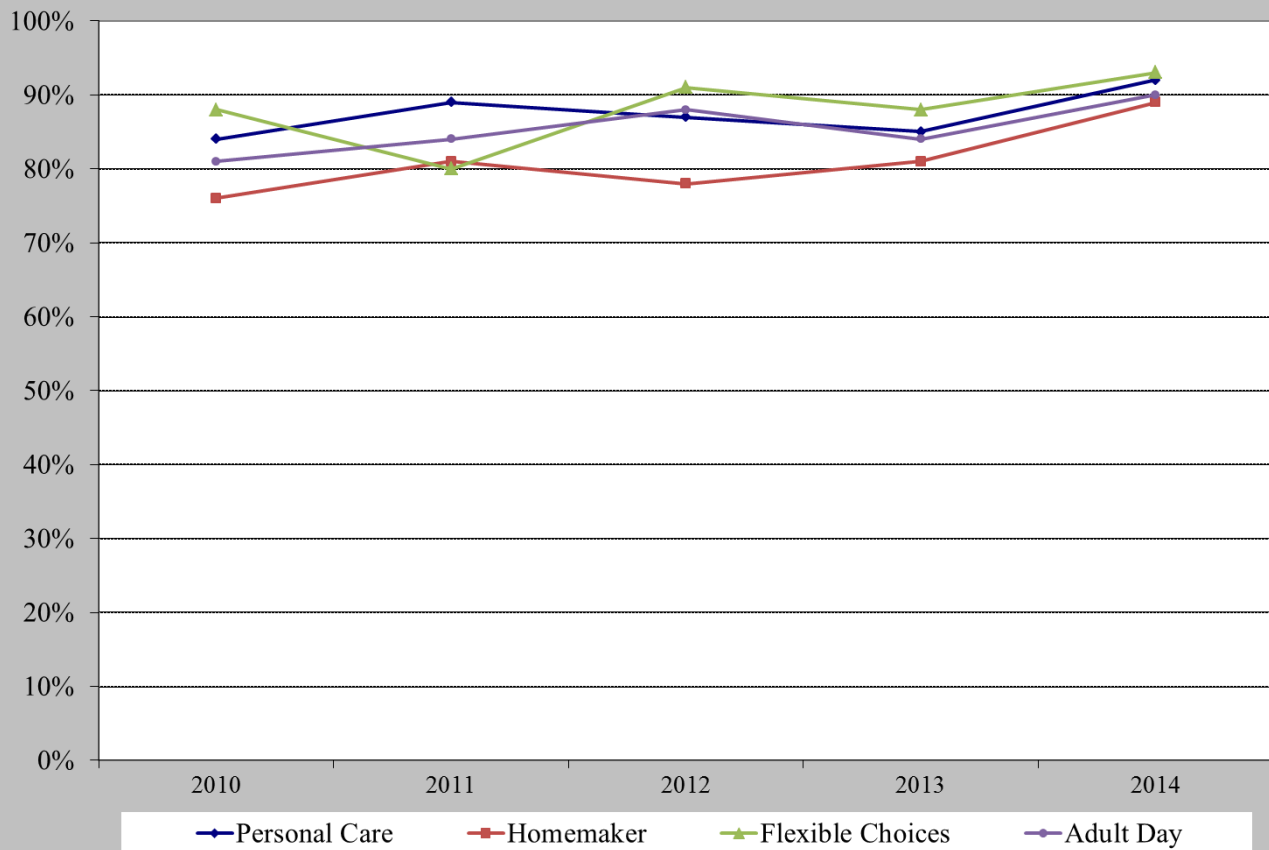
- Housing
- Transportation
- Mental health services
- Substance abuse treatment services

## **Appendix A**

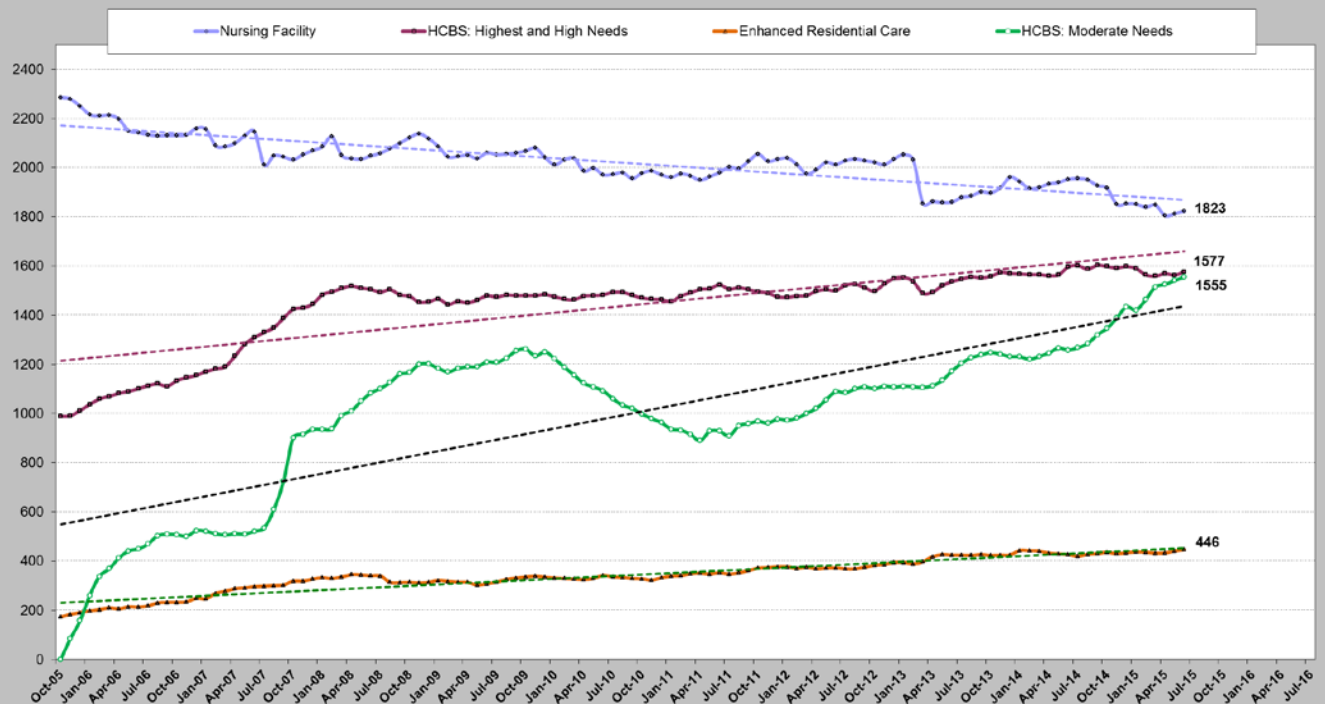
### **Choices for Care Data**

## Choices for Care HCBS Consumer Survey

Percentage of Respondents Who Reported that Choice and Control Was 'Excellent' or 'Good'

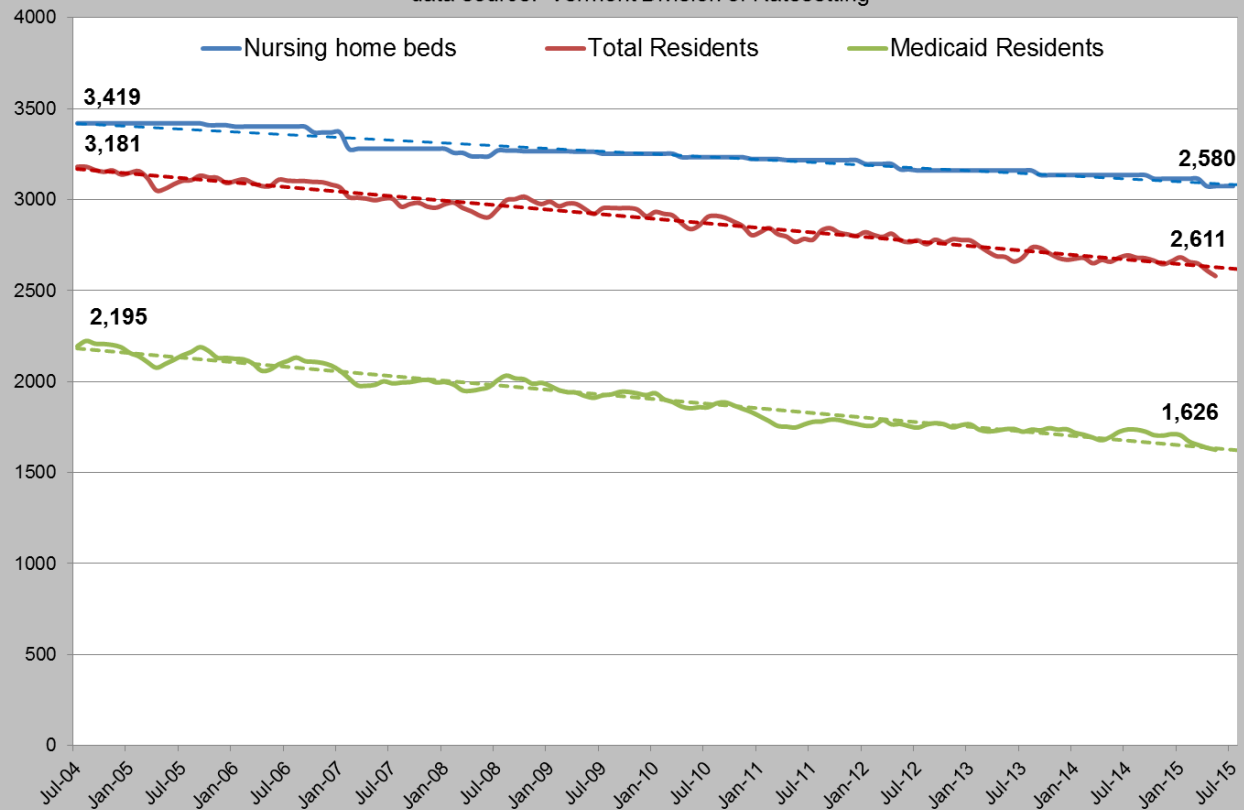


## Choices for Care: Total Number of Enrolled Participants by Setting SFY 2006 - SFY 2016



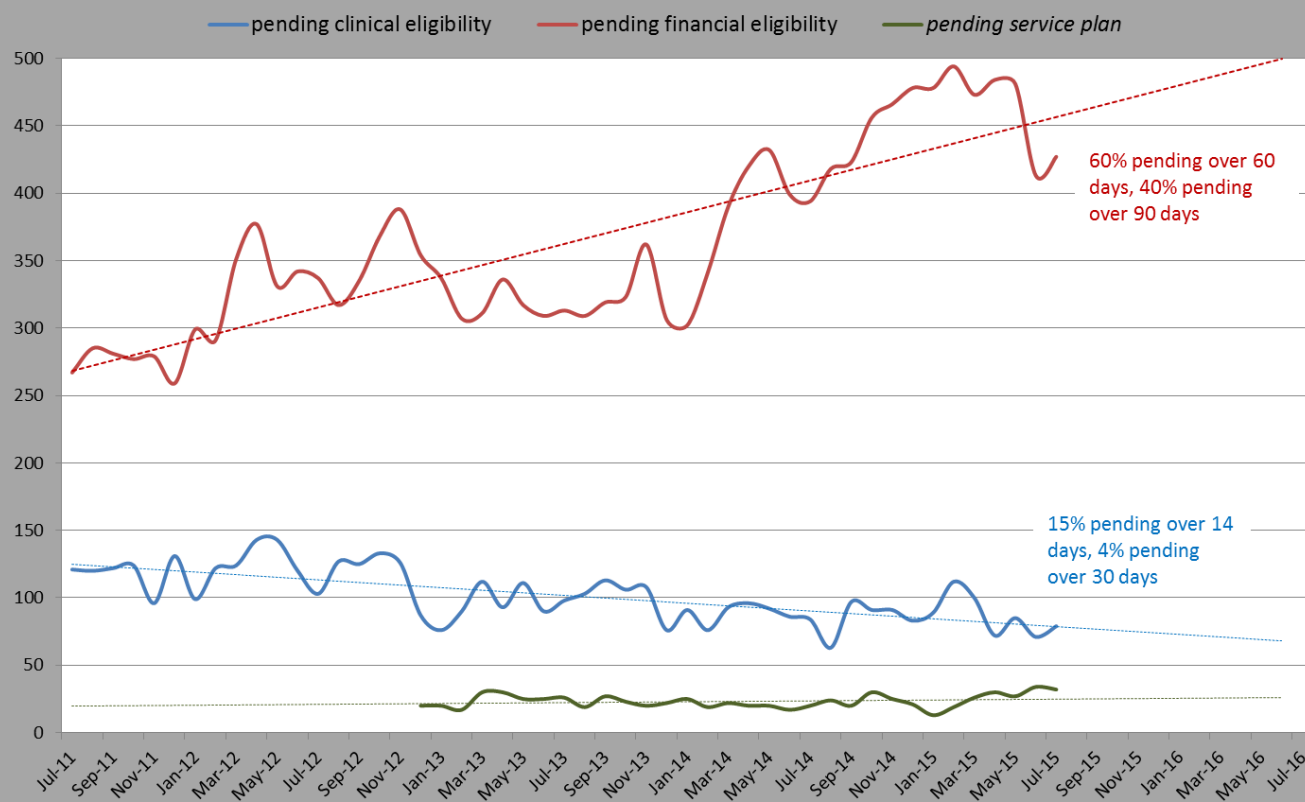
# Vermont Nursing Home Daily Occupancy Statewide Numbers of Beds and Residents, sfy2005 - sfy2016

data source: Vermont Division of Ratesetting

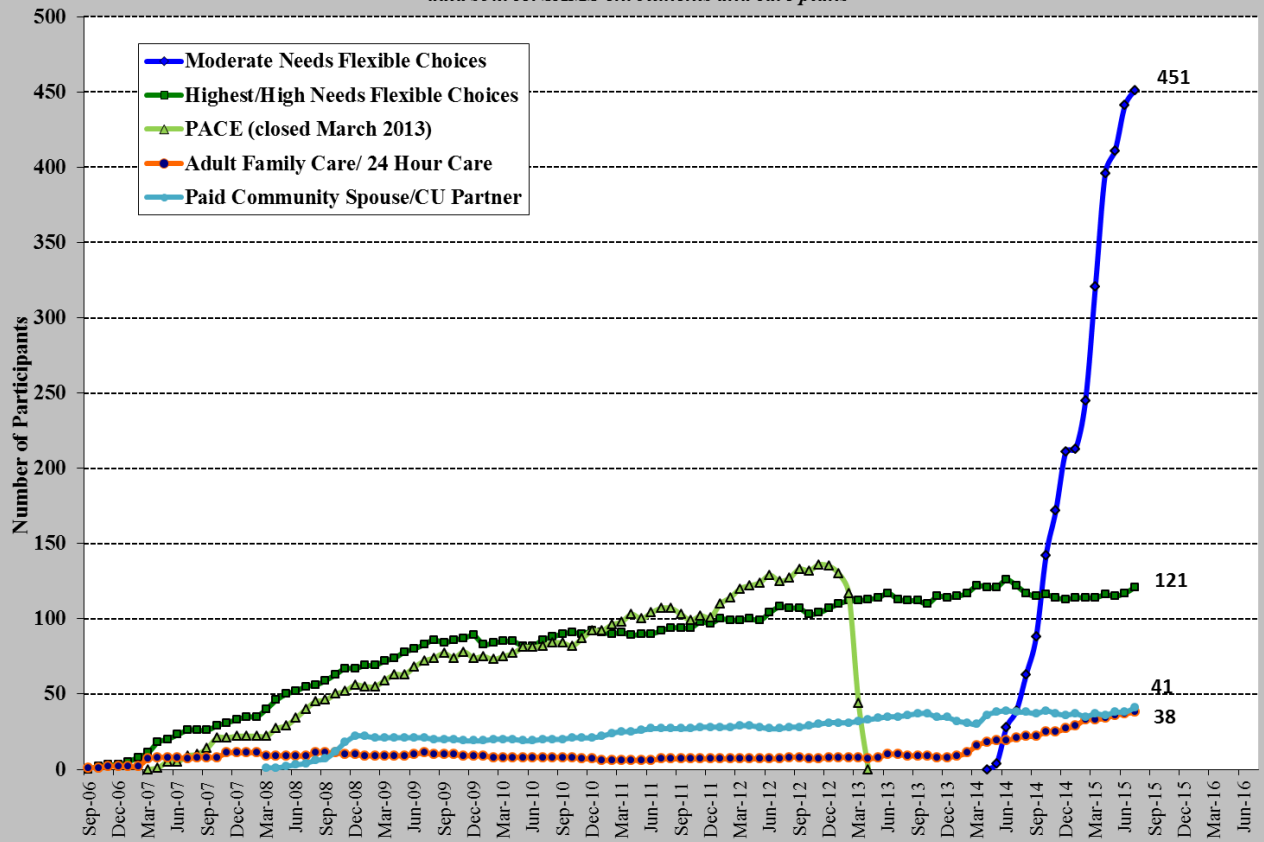


## Choices for Care: Number of Applicants in 'Received' Status and 'Pending Financial Eligibility' Status sfy2012 - sfy2016

data source: SAMS



**Choices for Care: Expansion of New Service Options, sfy2007-sfy2016**  
**Flexible Choices, PACE, HCBS 24-Hour Care, Paid Spouses**  
*data source: SAMS enrollments and care plans*



## Appendix B

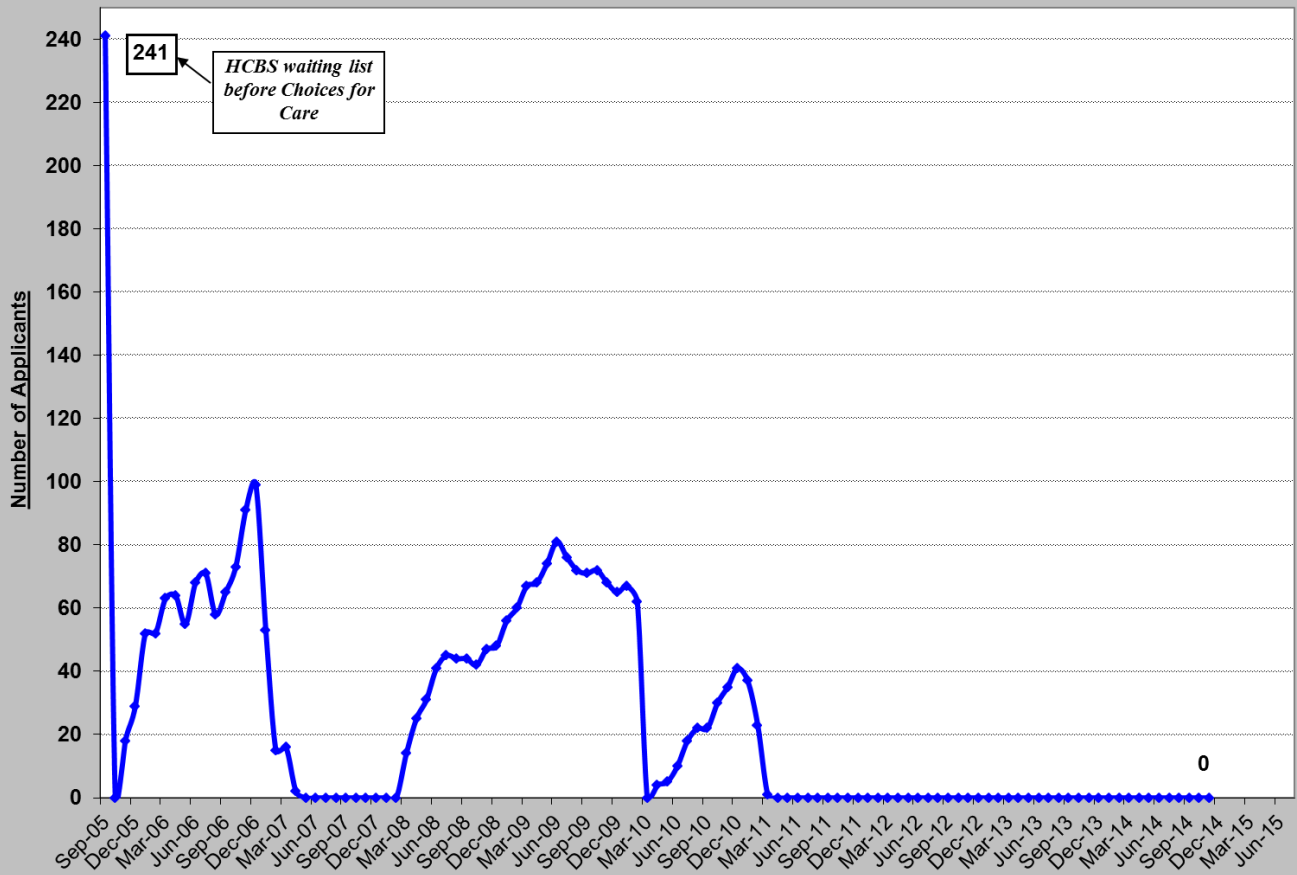
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**October 1, 2015**

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## Wait Lists

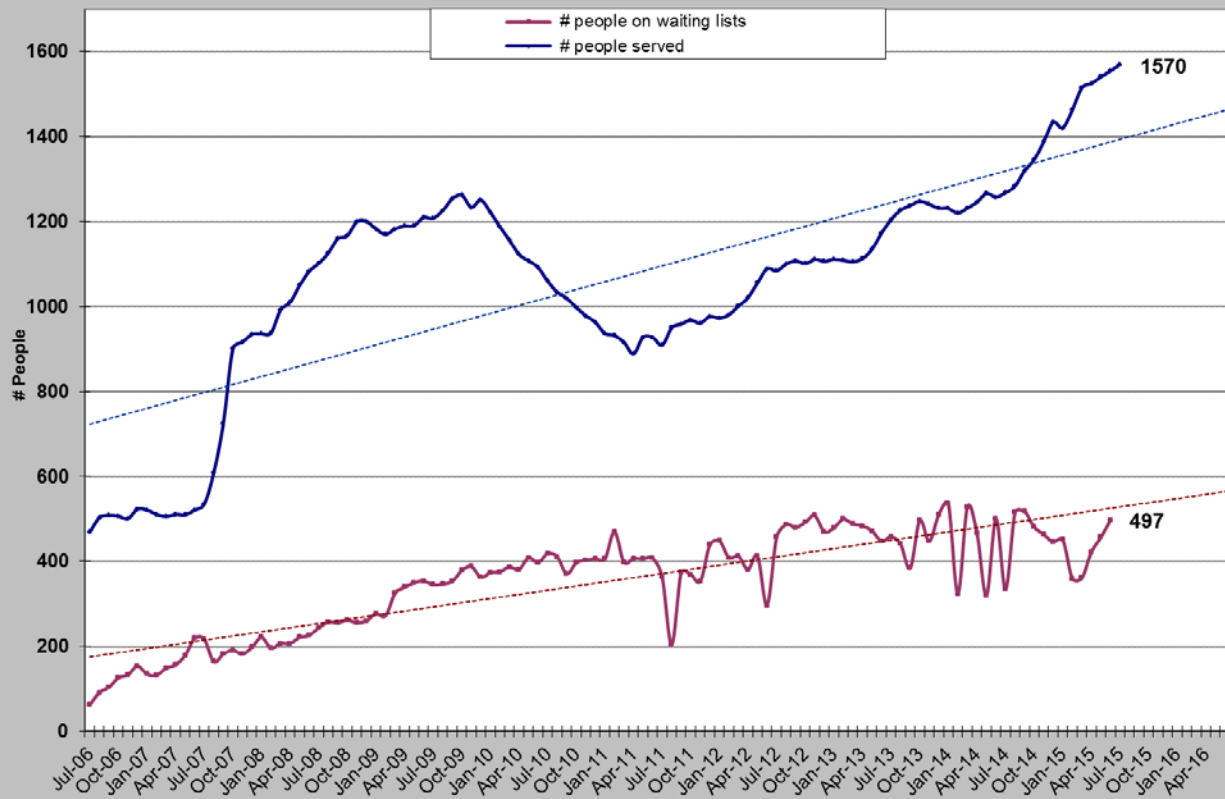
Choices for Care High Needs Applicant/Waiting List, SFY2006 - SFY2015





## Choices for Care Moderate Needs: Numbers of People Enrolled and on Waiting Lists, sfy2007-sfy2016

data sources: SAMS enrollment; MNG Adult Day (n=14) Homemaker (n=12) and Area Agency on Aging (n=5) provider waiting lists

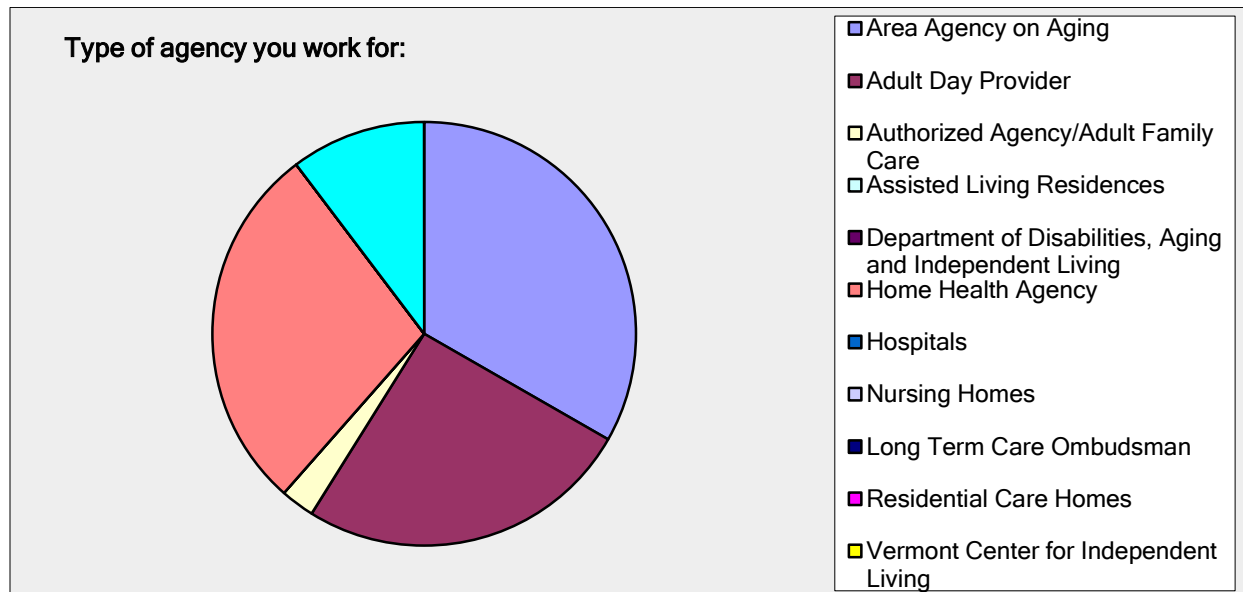


Choices for Care Survey 2015: Adequacy of Provider Capacity  
**Moderate Needs Wait Lists: June 2013 & June 2014 & June 2015**

<b><i>Home Health Agency Name (Homemaker)</i></b>	<b><i>Jun-13 Tot #</i></b>	<b><i>Jun -14 Tot #</i></b>	<b><i>Jun -15 Tot #</i></b>
Addison County Home Health & Hospice	14	14	7
Bayada Professional Nurses	0	0	0
Caledonia Home Health Care, Inc.	8	0	0
Central VT Home Health Agency & Hospice	22	11	64
Franklin County Home Health & Hospice	86	97	16
Lamoille Home Health Agency & Hospice	14	21	8
Manchester Health Services	0	0	0
Orleans / Essex VNA Association & Hospice	0	0	0
Rutland Area VNA & Hospice	0	67	121
VNA & Hospice of Southwestern VT Health Care (now with Rutland Area VNA & Hospice)	21	12	21
VNA of Chittenden & Grand Isle Counties	153	184	172
VNA of Vermont & New Hampshire	84	95	86
<b><i>TOTAL Homemaker Wait List</i></b>	<b><i>402</i></b>	<b><i>501</i></b>	<b><i>495</i></b>
<b><i>Adult Day Provider Name (Adult Day Services)</i></b>	<b><i>Jun-13 Tot #</i></b>	<b><i>Jun-14 Tot #</i></b>	<b><i>June -15 Tot #</i></b>
Barre Project Independence	31	0	0
Bennington Project Independence	0	0	2
CarePartners Adult Day Center	0	0	0
Elderly Services, Inc.	8	0	7
Gifford Medical Center Adult Day Center	4	0	0
Green Mountain Adult Day Svc of Orleans County	0	0	0
Interage Adult Day Services	0	0	0
Out & About/Riverside	0	0	0
Oxbow Senior Independence Program	3	0	0
Riverside Life Enrichment Center	0	0	0
Springfield Area Adult Day Services	0	0	0
The Gathering Place	0	0	0
The Meeting Place	0	0	0
VNA Chittenden/Grand Isle Adult Day	0	0	0
<b><i>TOTAL Adult Day Wait List</i></b>	<b><i>46</i></b>	<b><i>0</i></b>	<b><i>9</i></b>

## Appendix C

Choices for Care Survey 2015: Adequacy of Provider Capacity  
**Choices for Care Stakeholder Survey Results: Adequacy of Provider Capacity**  
**(August 2015)**



Type of agency you work for:		
Answer Options	Response Percent	Response Count
Area Agency on Aging	33.3%	13
Adult Day Provider	25.6%	10
Authorized Agency/Adult Family Care	2.6%	1
Assisted Living Residences	0.0%	0
Department of Disabilities, Aging and Independent Living	0.0%	0
Home Health Agency	28.2%	11
Hospitals	0.0%	0
Nursing Homes	0.0%	0
Long Term Care Ombudsman	0.0%	0
Residential Care Homes	0.0%	0
Vermont Center for Independent Living	0.0%	0
Other (please specify)	10.3%	4
Other (please specify)		4
<b>answered question</b>		<b>39</b>
<b>skipped question</b>		<b>0</b>

Number	Other (please specify)	Categories
1	Human Services	
2	Agency of Human Services	
3	retired	
4	senior ctr	

**Which Agency do you work for:**

Choices for Care Survey 2015: Adequacy of Provider Capacity

Answer Options	Response Percent	Response Count
Central Vermont Council on Aging	2.6%	1
Champlain Valley Agency on Aging	20.5%	8
Northeastern Vermont Area Agency on Aging	2.6%	1
Council on Aging for Southeastern Vermont/Senior Solutions	2.6%	1
Southwestern Vermont Council on Aging	5.1%	2
Manchester Health Services	2.6%	1
Rutland Area VNA & Hospice	5.1%	2
Caledonia Home Health and Hospice	5.1%	2
Visiting Nurse Association of Chittenden and Grand Isle Counties	7.7%	3
Orleans, Essex VNA and Hospice	2.6%	1
Franklin County Home Health Agency	5.1%	2
Lamoille Home Health & Hospice	2.6%	1
Central Vermont Home Health and Hospice	2.6%	1
Bennington Project Independence	2.6%	1
CarePartners Adult Day Center	2.6%	1
The Gathering Place	2.6%	1
Gifford Medical Center Adult Day Center	2.6%	1
InterAge Adult Day Program	2.6%	1
Out & About	2.6%	1
Riverside Life Enrichment Center	2.6%	1
Springfield Area Adult Day Services	2.6%	1
Sterling Area Services	2.6%	1
Other (please specify)	10.3%	4
Other (please specify)		6
<b>answered question</b>		<b>39</b>
<b>skipped question</b>		<b>0</b>

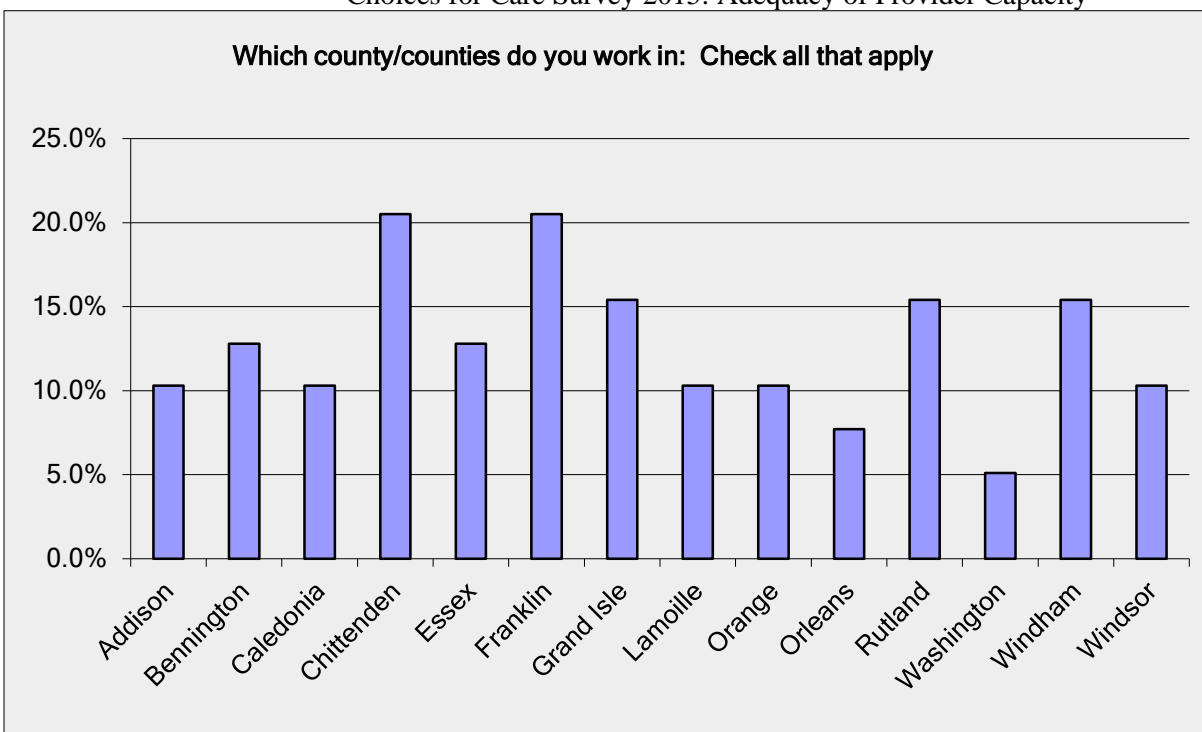
Number	Other (please specify)	Categories
1	Agency of Human Services	
2	Agency of Human Services	
3	Now called NEK Council on Aging	
4	retired	
5	Name changed to Green Mountain Support Services	
6	Oxbow Senior Independence Program	

Choices for Care Survey 2015: Adequacy of Provider Capacity

Which Agency do you work for:		
Answer Options	Response Percent	Response Count
Central Vermont Council on Aging	2.6%	1
Champlain Valley Agency on Aging	20.5%	8
Northeastern Vermont Area Agency on Aging	2.6%	1
Council on Aging for Southeastern Vermont/Senior Solutions	2.6%	1
Southwestern Vermont Council on Aging	5.1%	2
Manchester Health Services	2.6%	1
Rutland Area VNA & Hospice	5.1%	2
Caledonia Home Health and Hospice	5.1%	2
Visiting Nurse Association of Chittenden and Grand Isle Counties	7.7%	3
Orleans, Essex VNA and Hospice	2.6%	1
Franklin County Home Health Agency	5.1%	2
Lamoille Home Health & Hospice	2.6%	1
Central Vermont Home Health and Hospice	2.6%	1
Bennington Project Independence	2.6%	1
CarePartners Adult Day Center	2.6%	1
The Gathering Place	2.6%	1
Gifford Medical Center Adult Day Center	2.6%	1
InterAge Adult Day Program	2.6%	1
Out & About	2.6%	1
Riverside Life Enrichment Center	2.6%	1
Springfield Area Adult Day Services	2.6%	1
Sterling Area Services	2.6%	1
Other (please specify)	10.3%	4
Other (please specify)		6
<b>answered question</b>		<b>39</b>
<b>skipped question</b>		<b>0</b>

Number	Other (please specify)	Categories
1	Agency of Human Services	
2	Agency of Human Services	
3	Now called NEK Council on Aging	
4	retired	
5	Name changed to Green Mountain Support Services	
6	Oxbow Senior Independence Program	

# Choices for Care Survey 2015: Adequacy of Provider Capacity



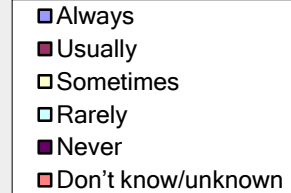
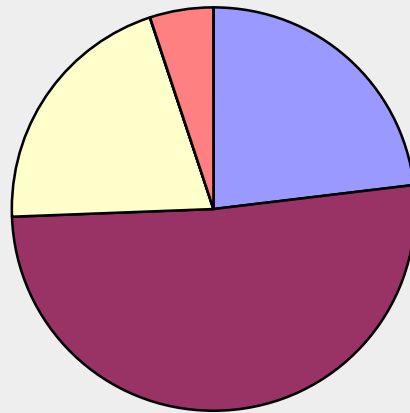
Which county/counties do you work in: Check all that apply		
Answer Options	Response Percent	Response Count
Addison	10.3%	4
Bennington	12.8%	5
Caledonia	10.3%	4
Chittenden	20.5%	8
Essex	12.8%	5
Franklin	20.5%	8
Grand Isle	15.4%	6
Lamoille	10.3%	4
Orange	10.3%	4
Orleans	7.7%	3
Rutland	15.4%	6
Washington	5.1%	2
Windham	15.4%	6
Windsor	10.3%	4
Other (please specify)		2
<b>answered question</b>		<b>39</b>

Number	Other (please specify)	Categories
1	NY- Rensaellaer, Ma- Berkshire	
2	I live in Chittenden Co.	

**Section I: In your work experience within the county/counties you chose, are the following Choices for Care (CFC) services available and accessible to the CFC participants who want them?**

# Choices for Care Survey 2015: Adequacy of Provider Capacity

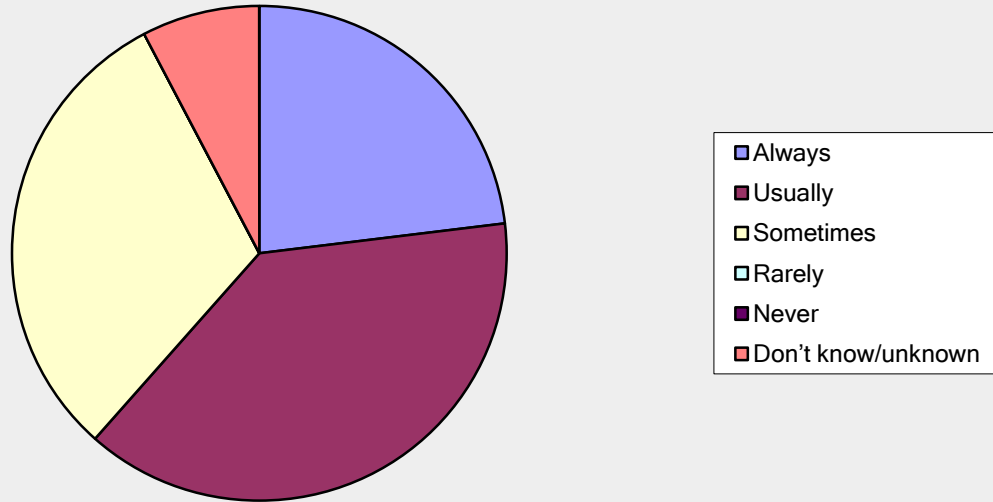
## Home Health Care



Answer Options	Response Percent	Response Count
Always	23.1%	9
Usually	51.3%	20
Sometimes	20.5%	8
Rarely	0.0%	0
Never	0.0%	0
Don't know/unknown	5.1%	2
Comments		9
<i>answered question</i>		<b>39</b>

Number	Comments
1	In all 3 counties our clients are underserved in terms of hours approved versus what the agencies can staff. They then manipulate the client to make them think that what they are offering is all the client needs.
2	Maintaining staffing - especially on weekends and evenings is challenging. Hourly rates are not a livable wage which makes it very hard to find an employee pool with reliable daycare, auto, and does not lose benefits if they work more hours.
3	Home Health Agencies have a very difficult time providing PCA's, and rarely provide any evening or weekend hours. VNA almost isn't even an option for PCA's or Homemakers during these hours. Also has a very difficult time providing homemaker or PCA's during normal days & hours.
4	not enough staff to meet the need
5	There is an extensive waitlist for Moderate Needs so participants are unable to access that level of services. Also, clients with complex medical needs and/or mental health needs do not always have access to skilled caregivers.
6	Always if they meet the Medicare or Medicaid requirements for admission.
7	Staffing is sometimes an issue, especially hours that are common such as getting ready for Adult Day, also the outlying areas are hard to get coverage for, such as Beecher Falls.
8	I think it should read that NEED them and qualify for CFC
9	accessibility: waiting to fill positions/limited workers available

Consumer or Surrogate Directed Care



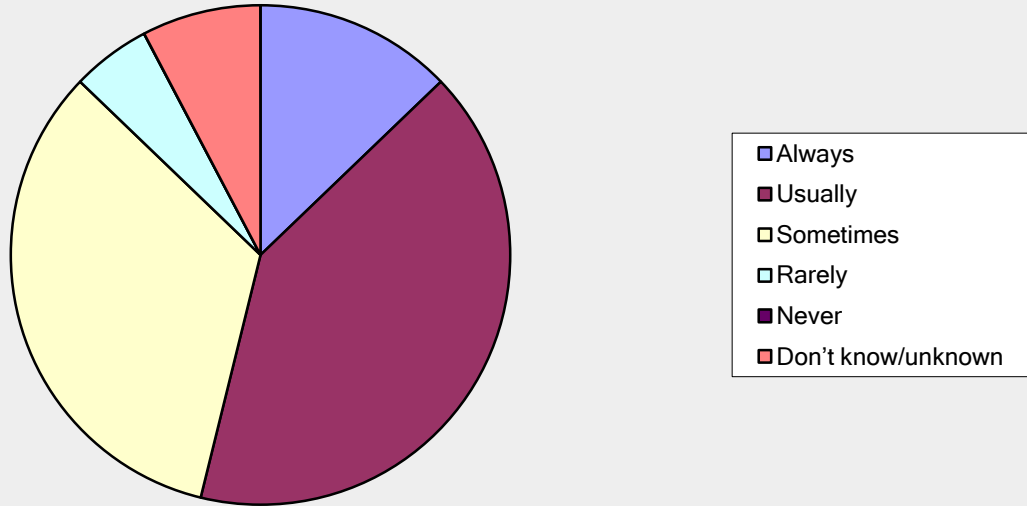
Consumer or Surrogate Directed Care

Answer Options	Response Percent	Response Count
Always	23.1%	9
Usually	38.5%	15
Sometimes	30.8%	12
Rarely	0.0%	0
Never	0.0%	0
Don't know/unknown	7.7%	3
Comments		7
<i>answered question</i>		39
Number	Comments	
1	Rewarding work should be aggressively advertised as an option for folks and for the community to solicit workers.	
2	Often these are family members. The problems occur when the client doesn't have any family or friends to draw from but still wants the flexibility of consumer directed.	
3	Some consumer/surrogate directed clients are able to find caregivers easily. Others struggle depending on their location, skill needed, etc.	
4	Not always family/friends willing to assist/participate.	
5	Case managers are well educated on this option and offer it to clients as a choice. Some do not have capacity to direct their own care, and some of those do not have anyone to do it for them so they must rely upon agencies, and then run in to issues as above.	
6		
7	Sometimes surrogates cannot be fund	



# Choices for Care Survey 2015: Adequacy of Provider Capacity

## Respite/Companion



## Respite/Companion

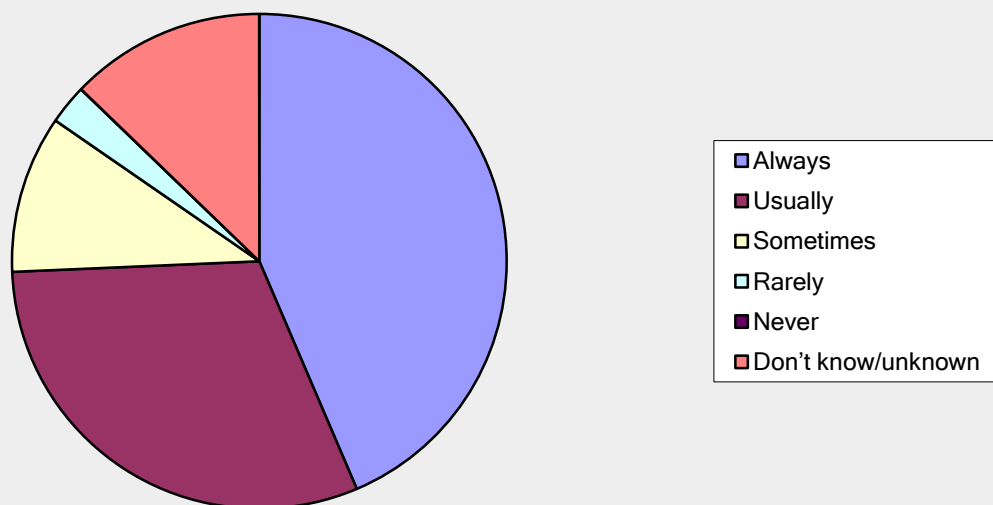
Answer Options	Response Percent	Response Count
Always	12.8%	5
Usually	41.0%	16
Sometimes	33.3%	13
Rarely	5.1%	2
Never	0.0%	0
Don't know/unknown	7.7%	3
Comments		6

*answered question*

**39**

Number	Comments	Categories
1	same issues with home health as this is the last on their list of priorities with to many to serve and not enough staff. They are not paying a livable wage.	
2	The hourly wage is much lower than the PCA wage, so it is not an attractive choice for employees.	
3	Only can access from Bayada or Consumer/Surrogate directed. VNA will almost never provide.	
4	The lower rate of pay (and reimbursement) for respite/companionship does not always make it possible to find staff.	
5	Again, finding coverage is the issue, the time is allotted 100%.	
6	Staffing whether with Aris or agency can be an issue	

**Personal Emergency Response Services (PERS)**



**Personal Emergency Response Services (PERS)**

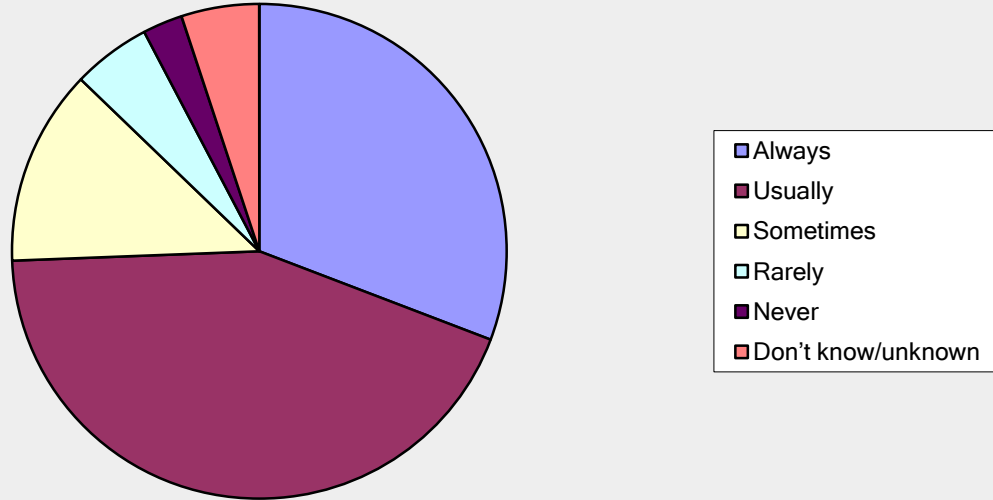
Answer Options	Response Percent	Response Count
Always	43.6%	17
Usually	30.8%	12
Sometimes	10.3%	4
Rarely	2.6%	1
Never	0.0%	0
Don't know/unknown	12.8%	5
Comments		4

*answered question*

**39**

Number	Comments	Categories
1	Having the MNG/Flex Funds budget slashed by over 30% raises concerns for those clients who were receiving this service.	
2	funding not always available	
3	Those without capacity will not get this service, otherwise yes.	
4	Payment is an issue	

**Adult Day Services**



**Adult Day Services**

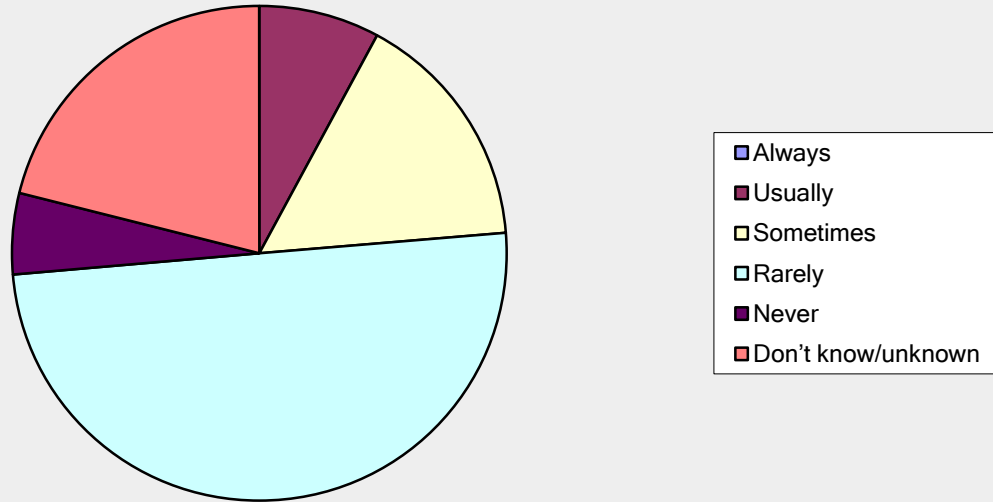
Answer Options	Response Percent	Response Count
Always	30.8%	12
Usually	43.6%	17
Sometimes	12.8%	5
Rarely	5.1%	2
Never	2.6%	1
Don't know/unknown	5.1%	2
Comments		10

*answered question*

**39**

Number	Comments
1	For some the geographic distance is a challenge.
2	The variability of transportation timing makes it a challenge to get everyone the services they need during the very small window available.
3	Rutland's adult day is very selective in who it serves and what schedule they can meet MNG waiting list limits at times.
4	This program is under utilized and underfunded. The participation fluctuates because of the frailty of the population served but it is the only program under CFC - other than residential care, AFC and Nursing homes - that provides supervision, medication management and personal care in a large block of time. Many people receiving CFC who do not attend ADC programs receive far fewer hours of personal care than they actually need and no supervision.
5	not available after 3 pm or on weekends
6	Our adult day is not able to meet the community need
7	The ADC usually have capacity, sometimes the issue is getting someone ready to go at home.
8	Not part of his plan
9	transportation/funding can be an issue
10	

**Adult Family Care**



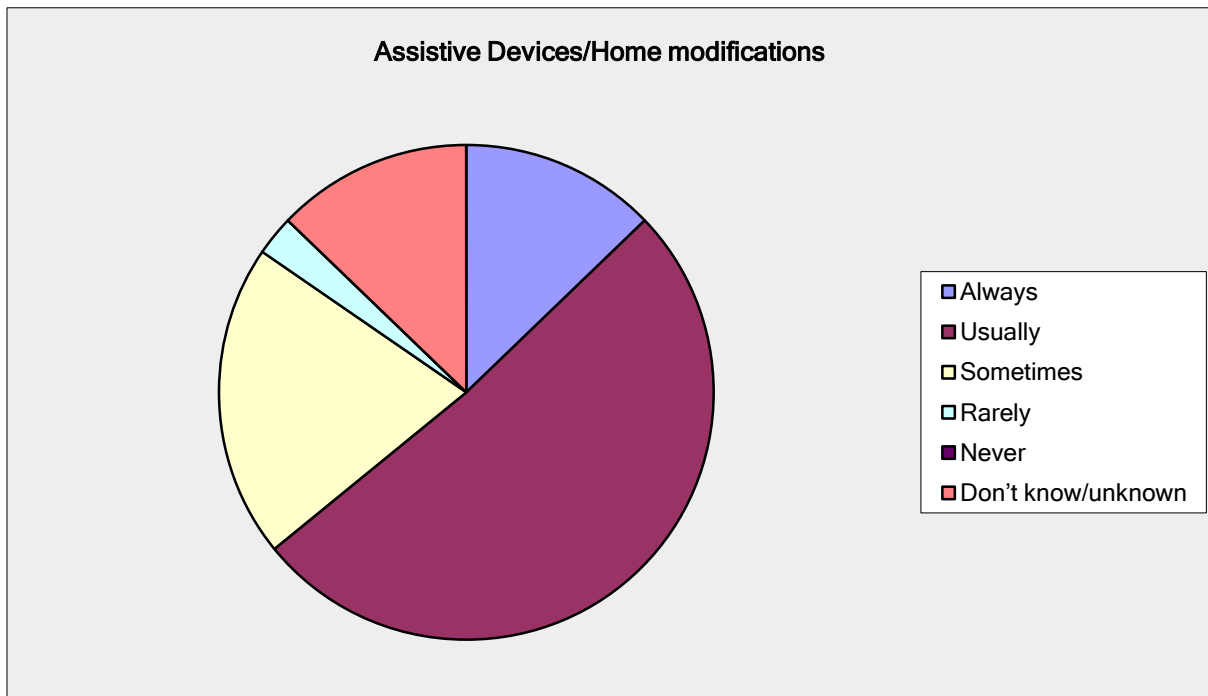
**Adult Family Care**

Answer Options	Response Percent	Response Count
Always	0.0%	0
Usually	7.9%	3
Sometimes	15.8%	6
Rarely	50.0%	19
Never	5.3%	2
Don't know/unknown	21.1%	8
Comments		8

*answered question* 38

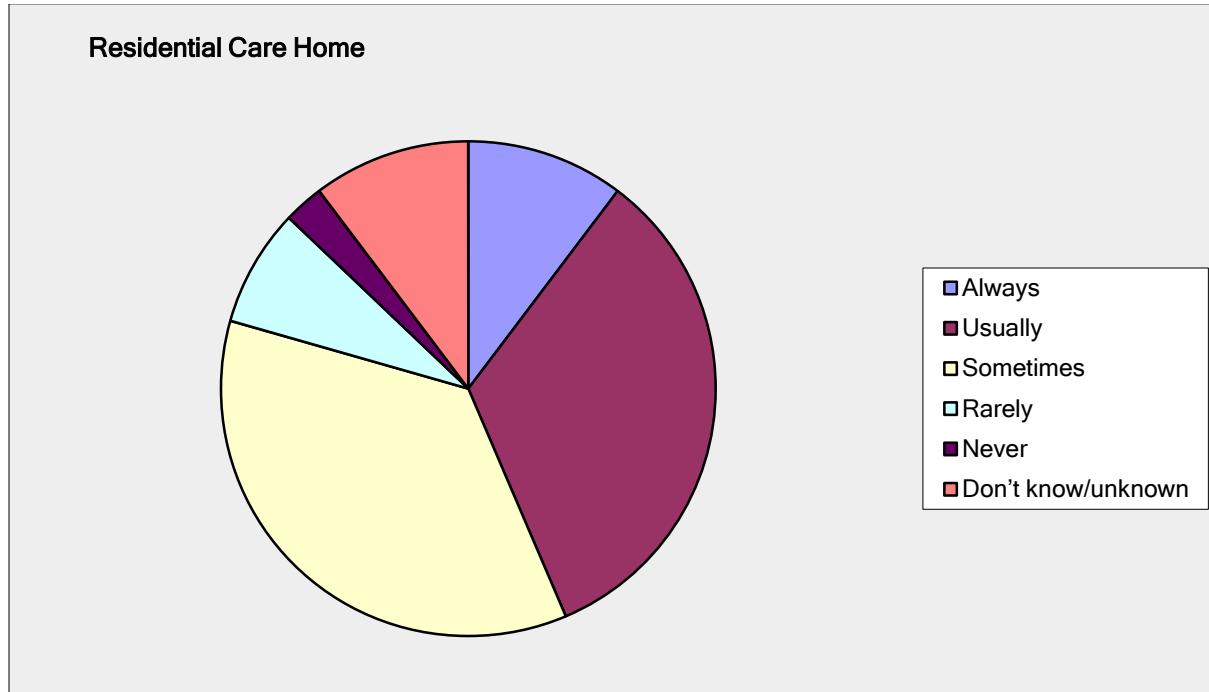
*skipped question* 1

Number	Comments
1	This option is often discussed but doesn't end up with any real choices.
2	of the few clients interested in this option, none have been able to find a home that meets their needs
3	Access to accessible homes is very problematic. Also, the tier budgets are generally inadequate to meet needs, especially for clients with complex needs and histories.
4	Not many established homes.
5	There are a couple of DAs in other parts of the state that have been successful making matches, not many in Chittenden county. It's a good program but the homes are not prepared for the level of care that most participants need and many of the potential participants have criminal backgrounds that make it difficult to place them in any setting.
6	This is such a new program, we have not requested many matches, but have had a few places in our area that seem to work well for some difficult placements.
7	More could be available
8	His family isn't involved. Myself and my family fill this role.



Assistive Devices/Home modifications		
Answer Options	Response Percent	Response Count
Always	12.8%	5
Usually	51.3%	20
Sometimes	20.5%	8
Rarely	2.6%	1
Never	0.0%	0
Don't know/unknown	12.8%	5
Comments		6
<i>answered question</i>		<b>39</b>

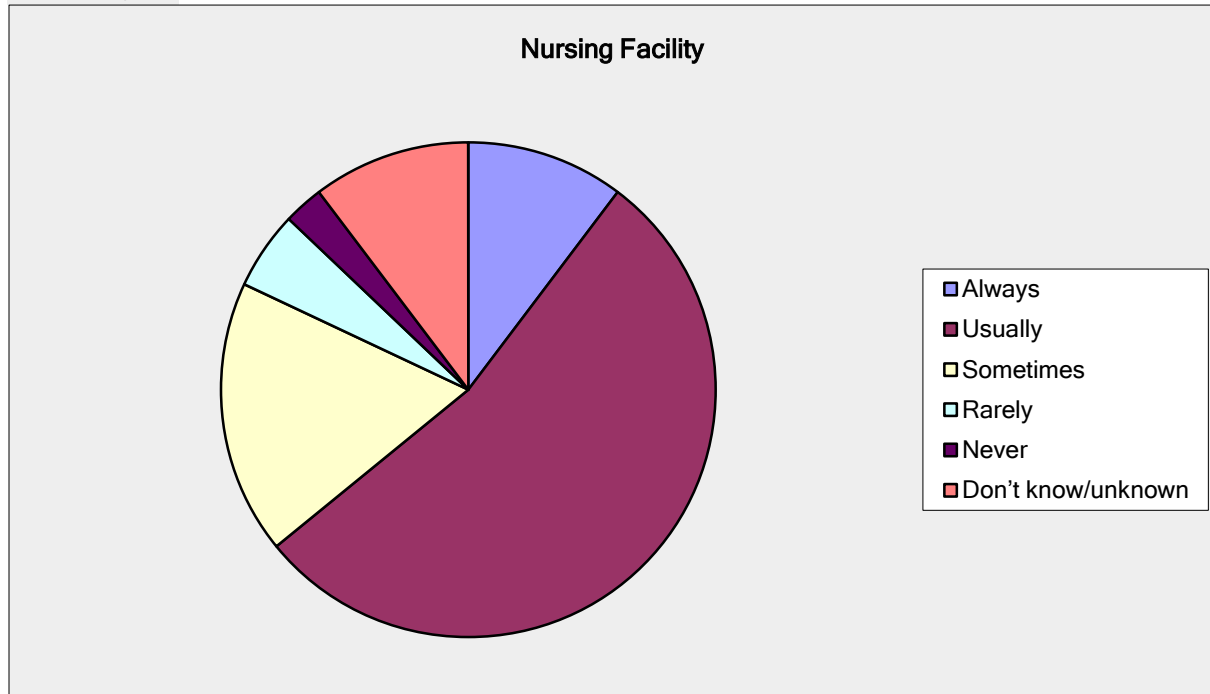
Number	Comments
1	What folks need is not always approved and seems arbitrary based on the Itccc. It definitely not person centered.
2	It depends on the actual item needed, if it falls in the CFC guidelines and insurance guidelines and what alternate funding sources are available. There are many times that a client needs to wait for a funding source or a donation.
3	Sometimes insufficient funding
4	For bigger projects, such as finding contractors for ramps, the availability and the background-check policy make this difficult. Smaller equipment is usually not an issue.
5	more funding is needed
6	The 1 DME vendor in Franklin county (that also served Grand Isle County) has now closed. People need to travel sometimes great distances to get their DME services/supplies.



Residential Care Home		
Answer Options	Response Percent	Response Count
Always	10.3%	4
Usually	33.3%	13
Sometimes	35.9%	14
Rarely	7.7%	3
Never	2.6%	1
Don't know/unknown	10.3%	4
Comments		10
<i>answered question</i>		<b>39</b>
Number	Comments	
1	Wait lists in most areas we serve make this a complex option when often folks who need to make the shift need immediate options. The cost of erc versus nh should mandate a focus to further develop these options by supporting the providers and develop new providers.	
2	This option is often discussed but doesn't end up with any real choices.	
3	In general, it can be difficult to find ERC/ACCS openings in Chittenden Cty. Bed availability at the time of need is generally hit or miss. Also, some people exhibit behaviors which could be unsafe for other frail people and this is a barrier to the person w/ the "behaviors" receiving the appropriate level of care. In addition, it appears that people who use medical marijuana really cannot go to a RCH, of would need to cease use of this substance due to the regs.	
4	Limited beds	
5	Waiting lists and residential care homes limiting the number of ERC clients is a problem. Limited number of homes available	
6	limited units	
7	Any ERC's we see in Caledonia County only come from the RCH wanting to keep a resident in place. Orleans County has a bit greater capacity.	
8		

Choices for Care Survey 2015: Adequacy of Provider Capacity

9 I think it is dependent upon room availability  
10 N/a



**Nursing Facility**

Answer Options	Response Percent	Response Count
Always	10.3%	4
Usually	53.8%	21
Sometimes	17.9%	7
Rarely	5.1%	2
Never	2.6%	1
Don't know/unknown	10.3%	4
Comments		10
<i>answered question</i>		39

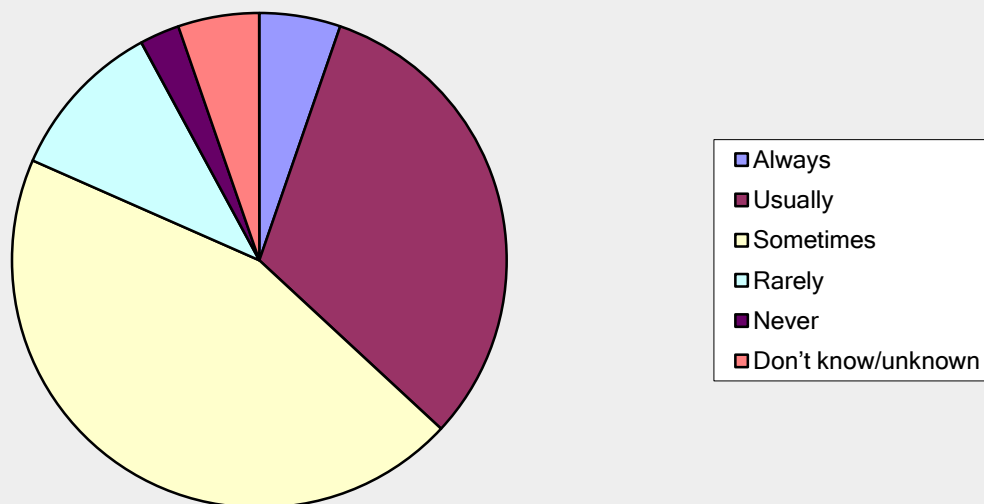
Number	Comments
1	For the hard to place folks it is a nightmare. We are forever having to negotiate respite in facilities which would make for a much better support to home base clients when needed. In general not enough beds and consumers are 'placed' in what's available versus where they would like to be. This is especially hard for elder couples where one can't get to visit their loved ones.
2	Finding placements, especially younger clients or those with significant mental health issues, is next to impossible.
3	It can be difficult to find appropriate placements for clients with complex medical/mental health needs.
4	see above
5	Long wait time for LTC beds
6	bed availability is a problem. Priority is usually people leaving the hospital or going to rehab. Often long waits for LTC beds and repeat admissions to the hospital.
7	Placement difficult for people with opiod addiction, morbid obesity, behavior problems.
8	Our local nursing home is difficult to get a bed, but only because they provide exceptional care and there is always a waiting list.

# Choices for Care Survey 2015: Adequacy of Provider Capacity

9  
10

The difficult to place consumer is the one that is hard to find a bed for, otherwise our facilities work pretty well with taking consumers.  
N/A

## Moderate Needs Homemaker



## Moderate Needs Homemaker

Answer Options	Response Percent	Response Count
Always	5.3%	2
Usually	31.6%	12
Sometimes	44.7%	17
Rarely	10.5%	4
Never	2.6%	1
Don't know/unknown	5.3%	2
Comments		14

**answered question 38**

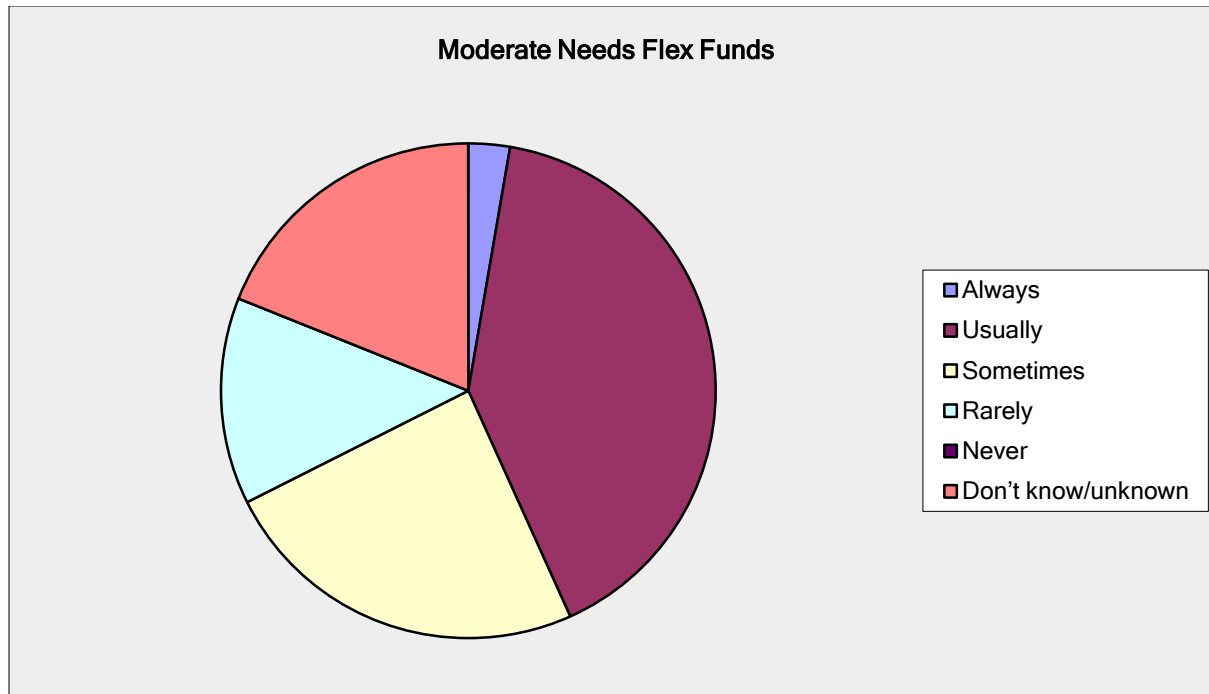
**skipped question 1**

Number	Comments
1	Home health plays a game of this is what we think you need versus person centered what would be helpful to you approach. We juggle the middle ground and it is often based on their staffing versus what the client is asking for. Inconsistent staff and lack of regularity of visits at times makes for folks to just come off the program rather than try to resolve a system based on a medical model of we know what is best for you!
2	Don't know how to answer this since we just went from a major push to take people off to a suddenly slashed budget where no one will be able to come off....
3	there is a long waitlist and when a slot opens there is often challenges in staffing Existing clients generally are staffed, but the wait list is very problematic and funding is insufficient to permanently eliminate the list. The recent investment helped to clear names who had been waiting for a long time, but the allocation of funds was not enough to provide continued progress on reducing the waitlist.
4	Lack of funding prevents people from getting on quickly (2-3 years of waiting or more for some people), some homemakers are fantastic and others end up taking a nap in the client's bed, this happened and was reported to the appropriate people at the
5	



## Choices for Care Survey 2015: Adequacy of Provider Capacity

	agency.
6	Waiting list...
7	Huge waiting list and inability of the VNA to provide homemakers for everyone who needs them.
8	Wait list in effect now
9	Waiting lists continue, lack of funding is our issue on not putting new clients on service.
10	The capacity of the Home Health organization makes this more difficult to obtain. It is my understanding that there may be a shortage of staff to cover all those that
11	require this service
12	Budget cut backs, now there is a Wait List
13	Again, If qualify for them
14	N/A

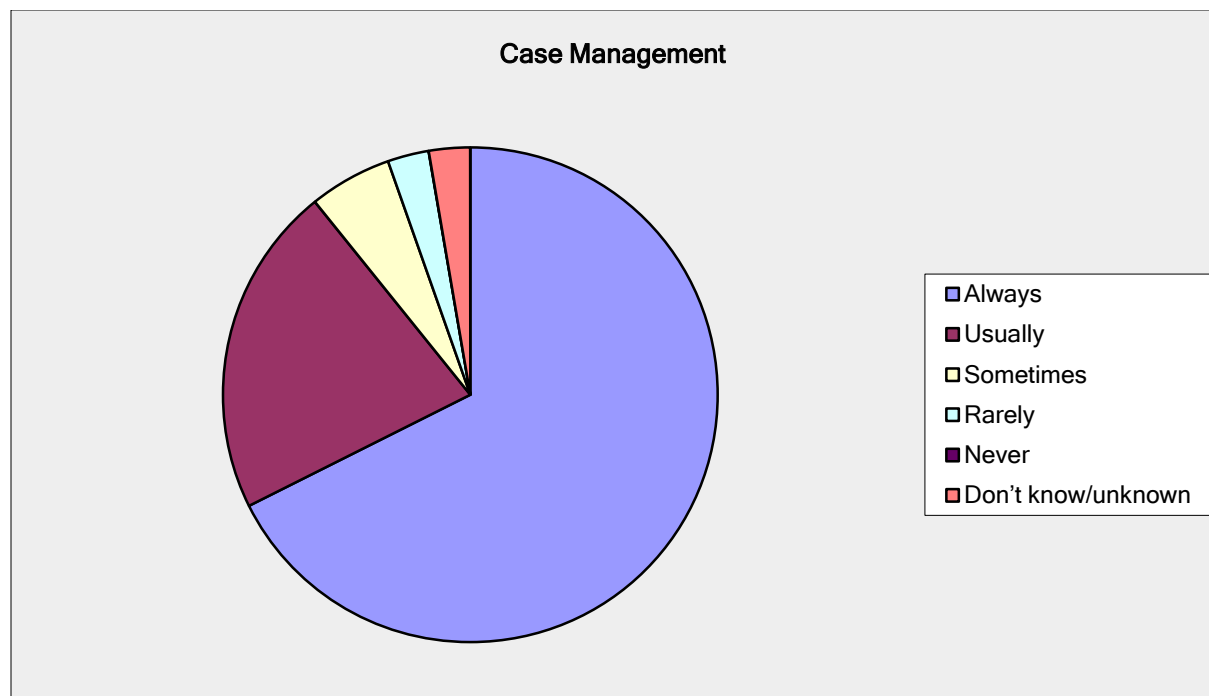


Moderate Needs Flex Funds		
Answer Options	Response Percent	Response Count
Always	2.7%	1
Usually	40.5%	15
Sometimes	24.3%	9
Rarely	13.5%	5
Never	0.0%	0
Don't know/unknown	18.9%	7
Comments		13
<i>answered question</i>		<b>37</b>
<i>skipped question</i>		<b>2</b>
Number	Comments	
1	It has been a work in progress but we are supporting folks in unique ways and they are thrilled with the program. Growing it is the focus for the future and having a funding stream that can flex for us would be ideal.	
2	The rollout was very ill-defined which made it really difficult in deciding how to best distribute funds and plan for the following budget year.	
3	funding not always available	
4	very limited funding for this option.	
5	The Flex Funds option was poorly constructed and inadequately funded. It has been helpful for some clients who have had access, but the funds need better guidelines. Few people can be served by each agency due to the funding restrictions, not everyone is able to self-direct or find a surrogate which means they aren't eligible (as per my understanding of it), also, some people are really only using the funds to purchase something that seems to have no other funding source, which seems	
6		

Choices for Care Survey 2015: Adequacy of Provider Capacity

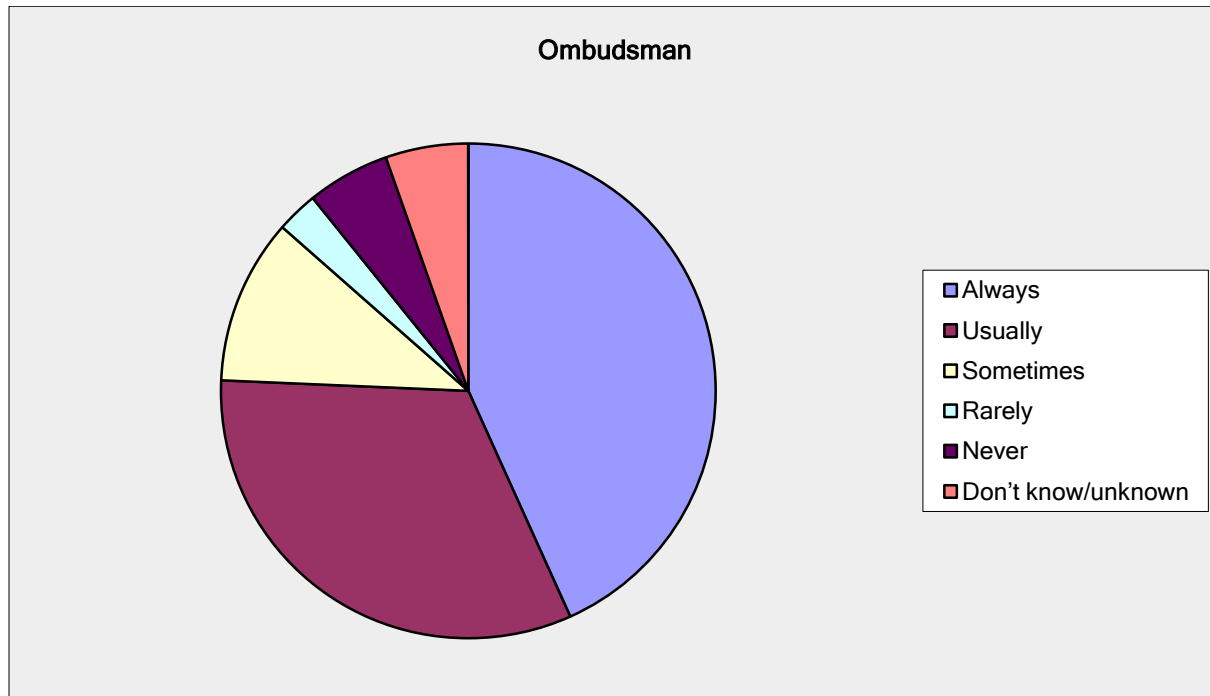
somewhat questionable when the person also has traditional MNG (double dipping?)

- 7 Minimal funds to work with to serve MANY people  
The program was poorly set up and cumbersome. Could flow much more simply.  
Because of long wait list for MNG have taken high priority people to put on the Flex
- 8 Fund program.
- 9 Wait list in effect now
- 10 No clear guidelines for use.  
We use this program to supplement the capacity issue of the agencies, but the cut in funding has meant a large cut in our ability to offer this as an option. This option allows a consumer to hire outside of a Home Health agency, and is therefore a better option for out-lying areas and a less expensive option for the State.
- 11
- 12 Budget cut backs , no available funds
- 13 Never heard of this.



Case Management		
Answer Options	Response Percent	Response Count
Always	67.6%	25
Usually	21.6%	8
Sometimes	5.4%	2
Rarely	2.7%	1
Never	0.0%	0
Don't know/unknown	2.7%	1
Comments		6
<i>answered question</i>		<b>37</b>
<i>skipped question</i>		<b>2</b>
Number	Comments	
1	We are able to staff the consumers we serve and respond to individual requests if a person doesn't feel they have a good fit with their case manger.	
2	With many cooks in the kitchen (hospital case managers, SNF case managers, triple A case managers, VNA case managers, MFP case managers) the communication is often choppy, inconvenient and very confusing for the client.	
3	As far as I know all of our agency's case managers try hard to follow the standards and are in contact with the clients as per protocol (monthly, quarterly) and we have peer review to ensure that we are looking at unidentified issues a person may be having unrelated to the particular program, ie: Social Security Admin, benefits, etc.	
4	Our case managements could case manage more clients if they were available.	
5	To date, we have always been able to provide the capacity to supply Case Management.	
6	I feel case managers at our local AAA have terribly overloaded caseloads and	

Choices for Care Survey 2015: Adequacy of Provider Capacity  
although they do their best, they don't have the time to properly service the numerous clients that they have.



Ombudsman		
Answer Options	Response Percent	Response Count
Always	43.2%	16
Usually	32.4%	12
Sometimes	10.8%	4
Rarely	2.7%	1
Never	5.4%	2
Don't know/unknown	5.4%	2
Comments		6
<i>answered question</i>		<b>37</b>
<i>skipped question</i>		<b>2</b>

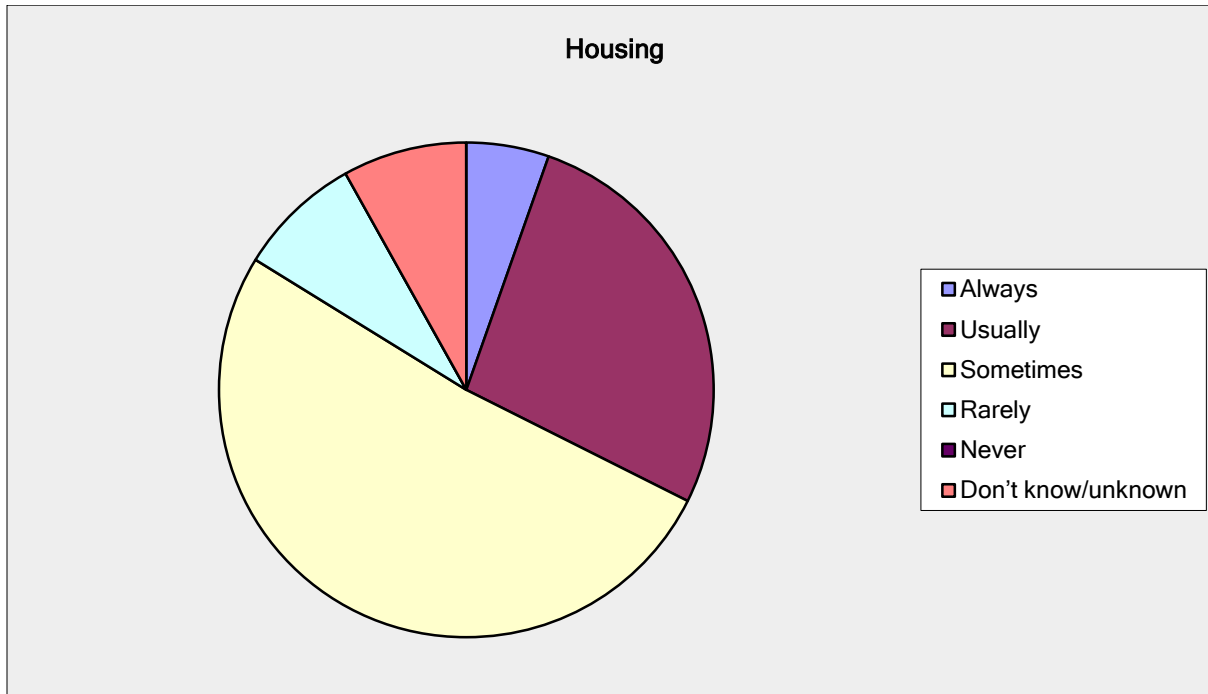
Number	Comments
1	Staffing is an issue making timeliness a challenge and as a result case managers take on the role first using them for more critical cases. Not sure how to answer this as there were new staff that disappeared very quickly.
2	That being said, it is good to work with experienced staff who have history with the challenges and services provided.
3	The recent changes in ombudsman staff have made it harder to have access.
4	They cover a very large area, making them hard to get in touch with at times. Very effective when we can make contact.
5	very overworked
6	Case manager would arrange

# Choices for Care Survey 2015: Adequacy of Provider Capacity

Additional comments:	
Answer Options	Response Count
	4
<i>answered question</i>	4
<i>skipped question</i>	35

Number	Response Text
1	Beginning to explore the ways in which we can be more person centered means that we need to be revising how we complete assessments. This should not be done in a closed door at DAIL way. We need consumers, case managers, supervisors all to have early on input and integrated collaboration to make it be successful! We are very challenged with folks who 'don't level' but end up in nh placements due to dementia or other cognitive impairments.
2	MFP has been very challenging to work with. Communication with the provider agency is very late in the process and the knowledge of what we can or cannot do or how we could work together better does not appear to have had a measurable learning curve.
3	A new assessment is needed to better address the needs of consumers with dementia. Last yrs additional funds for Moderate need kept many out of the SNF or CFC HH, several have applied and are transitioning to CFC HH. Sorry to see the cuts to Moderate Needs. We used our funds and helped many clients. Some will now fall through the cracks. Not needy enough for CFC HH, But not able to receive all they need under CFC Moderate, because of the Budget cuts.
4	

**Section II: In your work experience within the county/counties you chose, are the following other services available and accessible to the Choices For Care (CFC) participants who want them?**

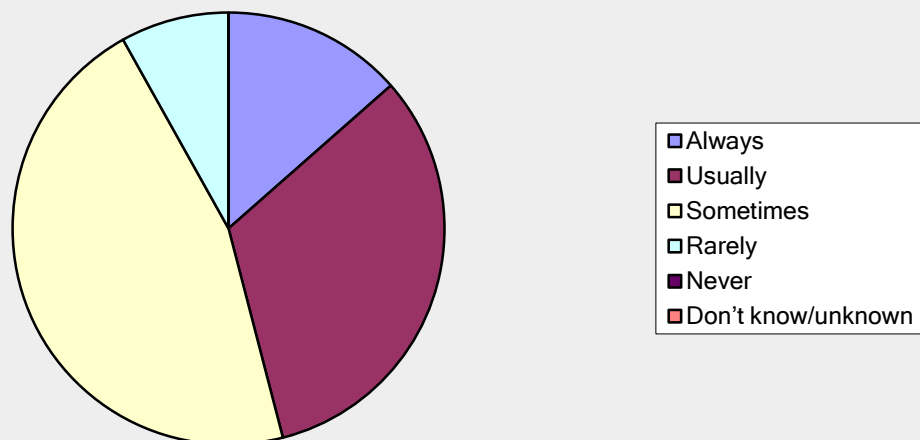


Housing		
Answer Options	Response Percent	Response Count
Always	5.4%	2
Usually	27.0%	10
Sometimes	51.4%	19
Rarely	8.1%	3
Never	0.0%	0
Don't know/unknown	8.1%	3
Comments		9
<i>answered question</i>		<b>37</b>
<i>skipped question</i>		<b>2</b>
Number	Comments	
1	Moving is complicated and costly. It is a timing issue that makes for the complication.	
2	You need to move but most options have lengthy wait lists.	
3	Senior housing always a waiting list	
4	Accessible, affordable housing is really difficult to locate in Chittenden Cty! long wait lists, credit checks for people who have never had a credit card (this often generates a denial in my experience), lack of affordable housing and many companies don't want to take a chance on someone who has had an eviction for whatever reason. Most CFC people already have housing so it is more an issue for non-CFC clients.	

### Choices for Care Survey 2015: Adequacy of Provider Capacity

- 5 Long waiting lists for affordable/subsidized housing make it difficult to find housing for people with high living expenses or who are homeless.
- 6 Minimal handicap accessible housing in our area.
- 7 Affordable housing is an issue for all.
- 8 Limited choice
- 9 Mostly the delays are due to waiting lists.

#### Transportation



#### Transportation

Answer Options	Response Percent	Response Count
Always	13.5%	5
Usually	32.4%	12
Sometimes	45.9%	17
Rarely	8.1%	3
Never	0.0%	0
Don't know/unknown	0.0%	0
Comments		9
<i>answered question</i>		<b>37</b>
<i>skipped question</i>		<b>2</b>

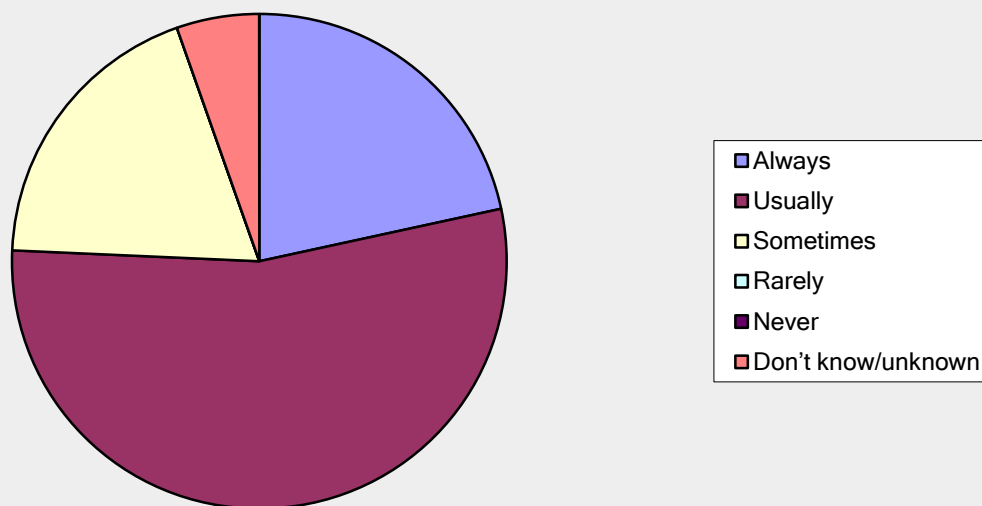
Number	Comments
1	The Medicaid rules make for challenges at times. If a person levels...they often can't take independent transportation or unassisted and it becomes a challenge. Given that CFC clients may tend toward frailty this is a very hard system to navigate and that is only for medical transportation.....quality of life for recreation and shopping are only limitedly available.
2	Competing needs and tight budgets affect client satisfaction.
3	The Medicaid rules around transportation to medical appts are very restrictive and actually promote ER use (i.e. need to schedule Medicaid rides 48 hrs in advance, no exceptions). Clients living on the busline can access ADA Paratransit rides, but the application process is cumbersome. Outside of the immediate Burl area, transportation can be exceedingly difficult to access.
4	The pcas generally can transport someone if there is no other way, such as SSTA/GMTA/ACTR.
5	Not all regions have transportation easily available.



## Choices for Care Survey 2015: Adequacy of Provider Capacity

- 6 Unless it is for a medical appointment there is limited transportation for our rural areas.
- 7 The transportation waiver process for these clients can be very cumbersome both to instituting timely enrollments in Adult Day services and more so to the families having to deal with it.
- 8 There is still a shortage of transportation.
- 9 Need to use downtown shuttle does create some barriers to access.

### Nutrition/Food



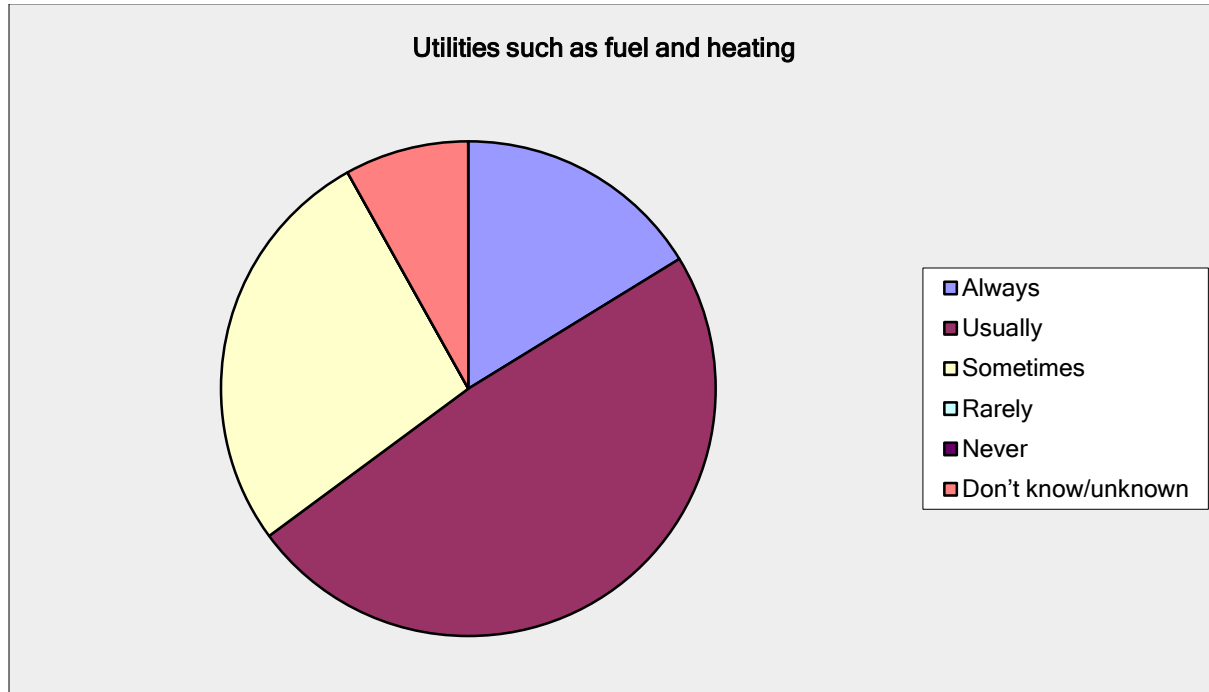
### Nutrition/Food

Answer Options	Response Percent	Response Count
Always	21.6%	8
Usually	54.1%	20
Sometimes	18.9%	7
Rarely	0.0%	0
Never	0.0%	0
Don't know/unknown	5.4%	2
Comments		4
<i>answered question</i>		<b>37</b>
<i>skipped question</i>		<b>2</b>

### Number Comments

- 1 Cost of food vs. the max level of 3 Sqs can present a challenge to people who are required to eat a lot of fresh produce, etc. Some pcas aren't very good cooks (understandable) so this can be an issue for some people as well. MOW is not supposed to go to CFC people who are under 60 due to VCIL funding.
- 2 We have multiple food shelves in this county that are often used by our clients. We have good coverage for MOW/HDM, and Commodities are an option if one qualifies.
- 3 Food stamps does not meet all of the need
- 4

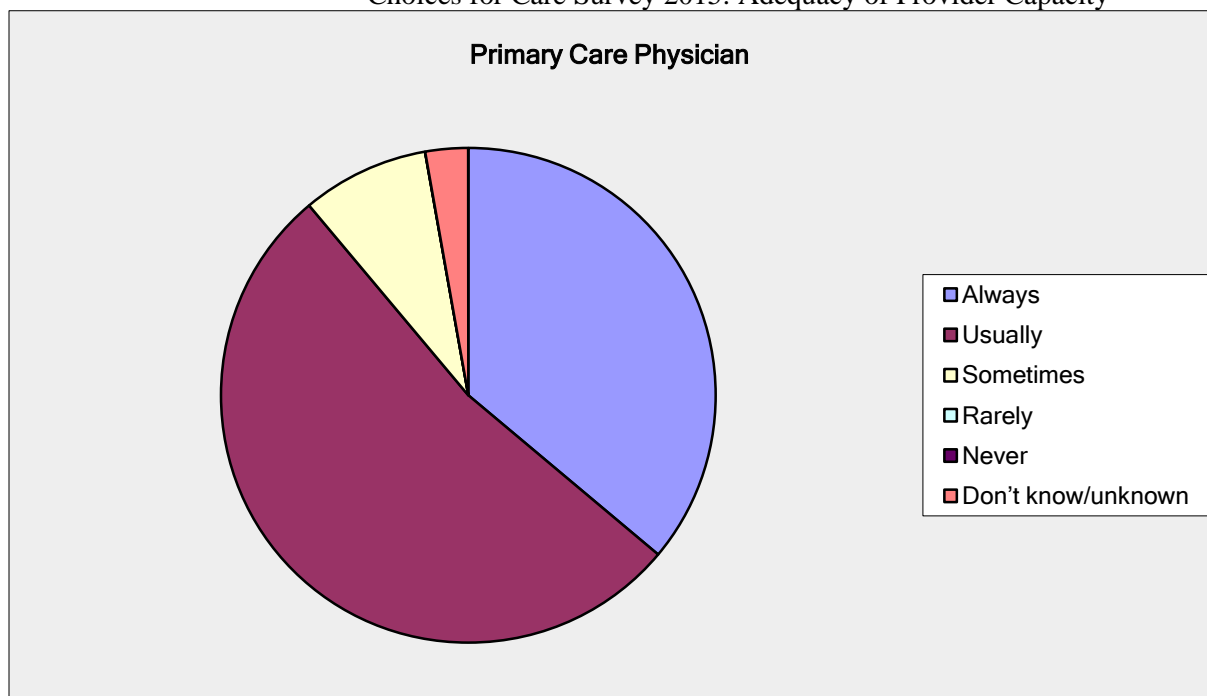
## Choices for Care Survey 2015: Adequacy of Provider Capacity



Utilities such as fuel and heating		
Answer Options	Response Percent	Response Count
Always	16.2%	6
Usually	48.6%	18
Sometimes	27.0%	10
Rarely	0.0%	0
Never	0.0%	0
Don't know/unknown	8.1%	3
Comments		5
<i>answered question</i>		<b>37</b>
<i>skipped question</i>		<b>2</b>

Number	Comments
1	We receive at least 5 calls a day for assistance with shut off notices for utilities or help with heating fuel. It is difficult to get help for all of the people who call.
2	not always fully funded
3	Case managers assist clients with fuel assistance. We also have a wood project here through the united way that helps with heating. It is, as a rule, not this client base that struggles with fuel. Between fuel assistance, emergency fuel through NEKCA, our very small pot of fuel monies and Community Partners, we can usually get this population through the winter. It is hard, however, to support someone in their own home in Vermont if they have no room in their budget to pay for any of their own fuel for our long winters. Many would/could use more affordabyhousing, were it available.
4	more fuel assistance is needed
5	

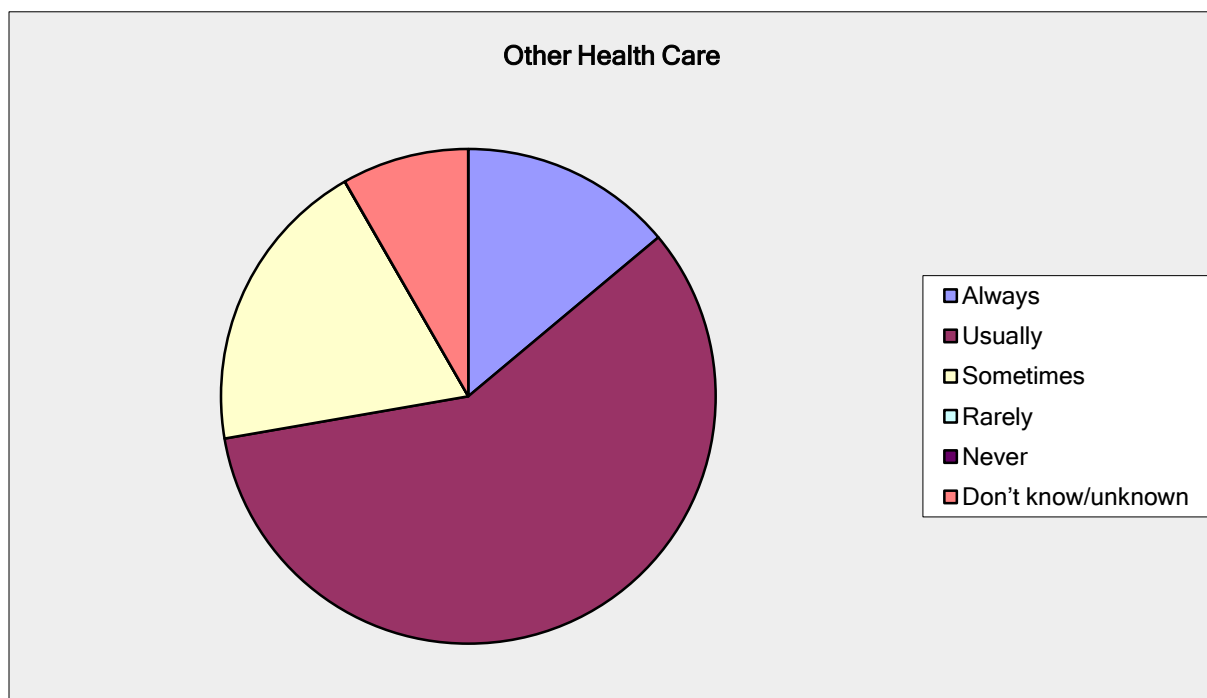
# Choices for Care Survey 2015: Adequacy of Provider Capacity



Primary Care Physician		
Answer Options	Response Percent	Response Count
Always	36.1%	13
Usually	52.8%	19
Sometimes	8.3%	3
Rarely	0.0%	0
Never	0.0%	0
Don't know/unknown	2.8%	1
Comments		1
<i>answered question</i>		<b>36</b>
<i>skipped question</i>		<b>3</b>

Number	Comments
1	I think with work and knowing we can cover transportation of need be, we can always find a PCP.

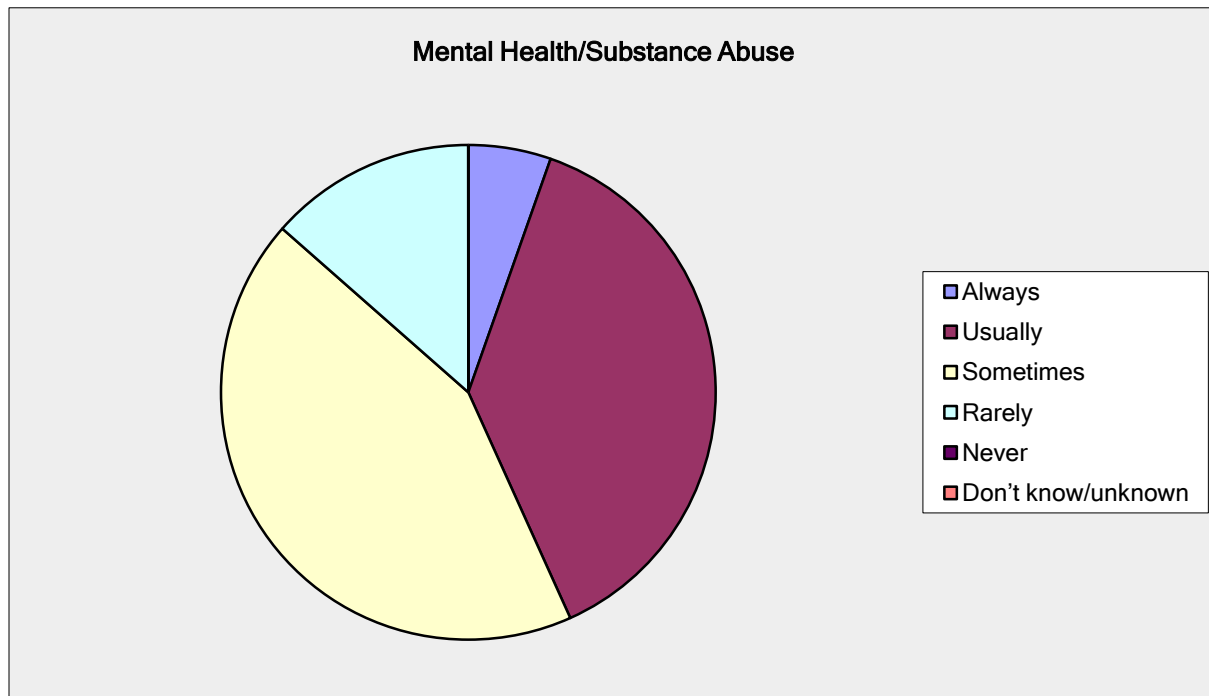
# Choices for Care Survey 2015: Adequacy of Provider Capacity



Other Health Care		
Answer Options	Response Percent	Response Count
Always	13.9%	5
Usually	58.3%	21
Sometimes	19.4%	7
Rarely	0.0%	0
Never	0.0%	0
Don't know/unknown	8.3%	3
Comments		2
<i>answered question</i>		<b>36</b>
<i>skipped question</i>		<b>3</b>

Number	Comments
1	Very concerned about the lack of mental health support for the community.
2	DENTIST

## Choices for Care Survey 2015: Adequacy of Provider Capacity



Mental Health/Substance Abuse		
Answer Options	Response Percent	Response Count
Always	5.4%	2
Usually	37.8%	14
Sometimes	43.2%	16
Rarely	13.5%	5
Never	0.0%	0
Don't know/unknown	0.0%	0
Comments		12
<i>answered question</i>		<b>37</b>
<i>skipped question</i>		<b>2</b>

Number	Comments
1	Limited mental health counselors for home based mean wait lists. These do not offer anything for work with substance abuse folks. It is also a challenge for folks who are on moderate needs or under 60 and not on medicare/Medicaid.
2	The impact on the community is large and the resources available are limited. It is very challenging to find psychiatrists with availability to take on new clients. There are many counseling options in the Burl area, but only a few who provide home visits. The eldercare clinician program does help, but those under the age of 60 are often
3	underserved.
4	With only 2 eldercare clinicians to cover 2 counties where I work it is tough, they do their best.
5	there is never enough mental health support.
6	The mental health needs of the senior and younger people with disabilities are greater than the ability to find the assistance. It is very difficult to get people the assistance they need for severe mental health problems. We contract with mental health agencies for

### Choices for Care Survey 2015: Adequacy of Provider Capacity

	Eldercare clinicians but the funding is very low and we have a waiting list for the service and some seniors have greater needs than the ECC can provide.
7	long wait lists for outpatient services
	The recovery center in Lamoille county does excellent work if we can get clients there.
8	Mental Health at times has waiting lists for clients to get in which can be an issue if they are having a crisis.
9	This is harder, the restrictions placed, along with the restrictions a consumer may face make this difficult, especially getting services in the home.
10	Mental Health services are limited
11	Timely appointments can be an issue
12	It is difficult to get clients the MH services they need due to lengthy times before appts are available or the CMC's willingness to serve clients.

### Section II: Additional Comments

Answer Options	Response Count
	1
<i>answered question</i>	1
<i>skipped question</i>	38

Number	Response Text
1	The rural landscape of VT can be a challenge to people no longer driving, public transport isn't accessible to many who live "far out", this can preclude people from being able to access services located in more urban areas many miles from their home. Would be nice to see more mental health support and to see field offices in the more rural town centers for easier access.