

Adult Services Division (ASD)

Division Philosophy

The Adult Services Division (ASD) supports older Vermonters and adults with physical disabilities to live as they choose, pursuing their individual goals and preferences within their chosen communities.

Division Overview

ASD is responsible for managing a full array of long-term services and supports (LTSS) for older Vermonters and adults with physical disabilities. The primary source of funds for these services is Vermont Medicaid, the federal Older American's Act and State General Funds.

Staff and Partners

ASD operates with 37 employees located within the Central Office in Waterbury and regionally within district offices. Services are managed within three units: Long-Term Services & Supports Unit, Quality Management Unit and the State Unit on Aging.

ASD partners with a wide variety of organizations in managing services for Vermonters. Partners include:

- Adult Day Centers
- Area Agencies on Aging
- Designated Agencies and Specialized Services Agencies
- Home Health Agencies
- Nursing Facilities
- Residential Care Homes & Assisted Living Residences
- State Long Term Care Ombudsman
- Traumatic Brain Injury Providers
- Vermont Center for Independent Living

Recent Developments and Accomplishments

ASD has had many developments and accomplishments in SFY17. They include:

- Choices for Care (CFC) received a 2% Medicaid rate increase in home-based services in September 2016.
- We used approximately \$800,000 in CFC savings to:
 - Make a one-time adjustment to Moderate Needs Group provider rates; and
 - Increase Enhanced Residential Care provider rates.

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- We initiated a plan to create online CFC training modules for providers.
- We engaged with the [National Core Indicators \(NCI\) for Aging & Disabilities](#) tool that is designed to gather consumer experience data and can be compared to other states. NCI will be used with Choices for Care and Traumatic Brain Injury program beginning 2018.
- We completed the [Companion Aide Pilot](#) in June 2016. The pilot paid four nursing facilities an enhanced Medicaid rate to hire trained companion aides to promote culture change and improve the quality of life for people with dementia. Some positive changes from base line to November 2016 include:
 - 35% average reduction in use of anti-psychotics
 - 25% average reduction in involuntary discharges
- We participated in a Money Follows the Person (MFP) multi-state workgroup initiated by the Centers for Medicare & Medicaid Services (CMS) to help states develop strategies to address critical caregiver workforce shortages. Recommendations will be generated early 2018.
- We collaborated with Vermont's Division of Rate Setting and the Department of Mental Health to finalize standards for in-state specialized nursing facility care incentive rates for Vermonters with atypical behavioral needs. This is intended to help facilities access a higher reimbursement rate for specialized behavior supports for people who need them and are "stuck" in a hospital.
- Vermont was ranked number 3 in the nation by the [AARP Long-Term Services & Supports Scorecard](#) for the delivery of LTSS.
- Vermont received the [Scan Foundation Pacesetter Award](#) for improving LTSS Access and Affordability.
- We hosted the [Frameworks Institute](#) in April 2017 to teach us and our partners more about the research and science behind how we frame aging in the United States. This led to an initiative with stakeholders to create a tool that partners can use as a quick guide about how language affects our thinking and provide example of ways to change language when talking about aging initiatives.
- We implemented a new home delivered meals screening tool with the Area Agencies on Aging intended to help identify people with the greatest need.

Future Directions

In SFY2018 ASD plans to:

- Continue refining a work plan to assure that all Medicaid funded home-based settings meet specific requirements in the Federal Regulations for Home and

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Community-Based Services (HCBS) regarding participant rights, freedoms and community participation, and person-centered planning.

- Launch the National Core Indicators (NCI) for Aging & Disabilities as described above.
- Complete Vermont's new State Plan on Aging, a federally required roadmap for OAA funded services in Vermont, effective October 1, 2018-September 30, 2022.
- Improve the Choices for Care and Traumatic Brain Injury program application, assessment and person-centered planning process.
- Continue the development of additional CFC provider training modules.
- Continue the "Reframing Aging" project in Vermont.

Programs and Services

Medicaid Funded Long-Term Services & Supports Programs include:

- Adult Day Health Rehabilitation
- Adult High Technology Program
- Attendant Services Program
- Choices for Care
- Traumatic Brain Injury Program

Older American's Act (OAA) Services include:

- Case Management
- Nutrition Services and Programs
- Flex Funds (State funded only)
- Health Promotion and Disease Prevention
- Information, Referral and Assistance
- Legal Assistance
- Family Caregiver Support
- State Long-Term Care Ombudsman Program
- Volunteer Outreach (State funded only)

Other Initiatives, Programs, Services supported by ASD include:

- Aging & Disabilities Resource Connections
- Commodity Supplemental Food Program
- Dementia Respite Grants for Family Caregivers
- Elder Care Clinician Program

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- Employer Payroll Support for Self-Directed Services
- Health Insurance Counseling & Support (SHIP/MIPPA)
- Home Delivered Meals for People with Disabilities Under Age 60
- Nursing Facility Quality Initiatives
- Online Direct Care Worker Registry
- Self-Neglect Initiative
- Senior Farmer's Market Nutrition Program

Special initiatives include:

- Federal HCBS Regulations Assessment & Implementation Project
- Governor's Commission on Alzheimer's and Related Disorders
- Money Follows the Person Project
- Reframing Aging in Vermont
- Substance Abuse Treatment Screening Initiative

Results

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](#). The National Core Indicator surveys planned for January 2018 will provide quality and performance measures for CFC and TBI.

- [DAIL Scorecard](#)

Please refer to the following sections of the [2017 ASD Annual Report](#) for data regarding outcomes in these programs:

- Choices for Care Program
- Eldercare Clinician Program
- Money Follows the Person Grant
- Older American's Act Nutrition Programs
- Traumatic Brain Injury Program