

## Adult Services Division

### 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 a full array of long-term services and supports for older Vermonters and adults with physical disabilities. The primary focus is on managing Medicaid funded long-term services and supports and as well as services provided through the Older American's Act and Vermont's State Plan on Aging.

### Staff and Partners

ASD operates with 38 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 State Unit on Aging.

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

- Adult Day Centers
- Aging and Disabilities Resource Connections
- 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
- Vermont Center for Independent Living

### Recent Developments and Accomplishments

In November 2015, the State Unit on Aging was reorganized within ASD. This created a consolidated team of experts who are better able to address the needs of Older American's Act services and advocate for people living in Vermont.

## Adult Services Division

In 2015, the Department of Labor changed its regulations regarding wages and overtime for self-directed attendant care. This change required a swift and dramatic change to the way Choices for Care and Attendant Services Program's services are authorized and paid for. Because of this work, the ASD team was recognized with a DAIL Commissioner's Team Award and Sara Lane with a Governor's Public Service Recognition Week award.

January 2016, the TBI program was transitioned to ASD, providing the opportunity to streamline access for Vermonters, improve quality outcomes across settings and ensure consistency with new home and community-based (HCBS) regulatory requirements.

In 2016, the State changed how nurse positions are classified, creating a more competitive market. This helped ASD recruit and maintain the clinical RN positions that are critical to helping people access to Medicaid funded long-term services and supports.

In July 2016, minimum wages for self-directed services were increased through the State's Collective Bargaining Agreement from \$10.80/hour to \$11.04/hour. In September 2016, Medicaid rates for Choices for Care home-based and Enhanced Residential Care were also increased by approximately 2%.

### Future Directions

ASD continues to prioritize work related to new Federal Regulations for Home and Community-Based Services (HCBS). Focus remains on assuring all home-based settings meet specific characteristics regarding participant rights, freedoms and community participation in addition to person-centered planning standards. A Choices for Care and TBI Program Alignment Report and work plan submitted to the Centers for Medicare and Medicaid Services (CMS) will guide the process within Vermont's Global Commitment Comprehensive Quality Strategy.

In 2017, ASD will be joining the National Core Indicators (NCI) for Aging & Disabilities. This will provide an opportunity to survey Vermonters in alignment with national standards of performance accountability.

As ASD wraps up its first year managing the Older American's Act and TBI Program, it will spend time creating a comprehensive inventory of ASD programs

## Adult Services Division

and performance measures that align with AHS and Department goals. The inventory will help inform a new public-facing ASD Scorecard, which will be in a new ASD website being launched by December 2016.

### Programs and Services

Medicaid Funded Long-Term Services & Supports Programs:

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

Older American's Act (OAA) Services through Area Agencies on Aging 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 and
- Volunteer Outreach (State funded only)

Federal & State funded grants & contracts include:

- Aging & Disabilities Resource Connections – No Wrong Door (ADRC)
- Commodity Supplemental Foods
- Dementia Respite funds
- Employer Payroll Support for Self-Directed Services
- Health Insurance Counseling & Support (SHIP/MIPPA)
- Home Delivered Meals for People Under 60
- Long-Term Care Ombudsman Program
- Nursing Facility Quality
- Online Worker Registry
- Self-Neglect Initiative
- Senior Farmer's Market

Special projects include:

- Companion Aide Project

## Adult Services Division

- Federal HCBS Regulations Assessment & Implementation Project
- Governor's Commission on Alzheimer's and Related Disorders
- Money Follows the Person Project
- Substance Abuse Treatment 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](#). 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

## Adult Services Division – Choices for Care

### Program Overview

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 Vermont Medicaid to help pay for services. If a person is found clinically and financially 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.

### Staff and Partners

The Long-Term Services and Supports Unit manages Choices for Care and includes 20 staff, 15 whom are regionally located to manage applications and clinical eligibility for people in their regions.

Partners who provide direct services under CFC are many and include:

- Adult Day Providers
- Adult Family Care Authorized Agencies
- Area Agencies on Aging
- ARIS Solutions (employer payroll services)
- Designated Home Health Agencies
- Licensed Residential Care and Assisted Living Residences
- Licensed Nursing Facilities
- Providers of Personal Emergency Response Services
- Traumatic Brain Injury Providers

### Recent Developments and Accomplishments

A large focus this year has been on the new federal regulations for [Home and Community-Based Services \(HCBS\)](#) settings characteristics and person-centered planning. A systemic evaluation and work plan was developed for CFC through a public process which led to a strengthening the certification standards for Adult Day and Case Management providers and program standards for Adult Family Care.

In July 2016, the minimum wage for all self-directed employees increased from \$10.80 to \$11.04 per hour. Additionally, the CFC home-based and Enhanced Residential Care services rates were increased by 2% September 1, 2016.

The Companion Aide Project, which provides an enhanced Medicaid rate to four Nursing Facilities to improve the lives of people with Alzheimer's and related

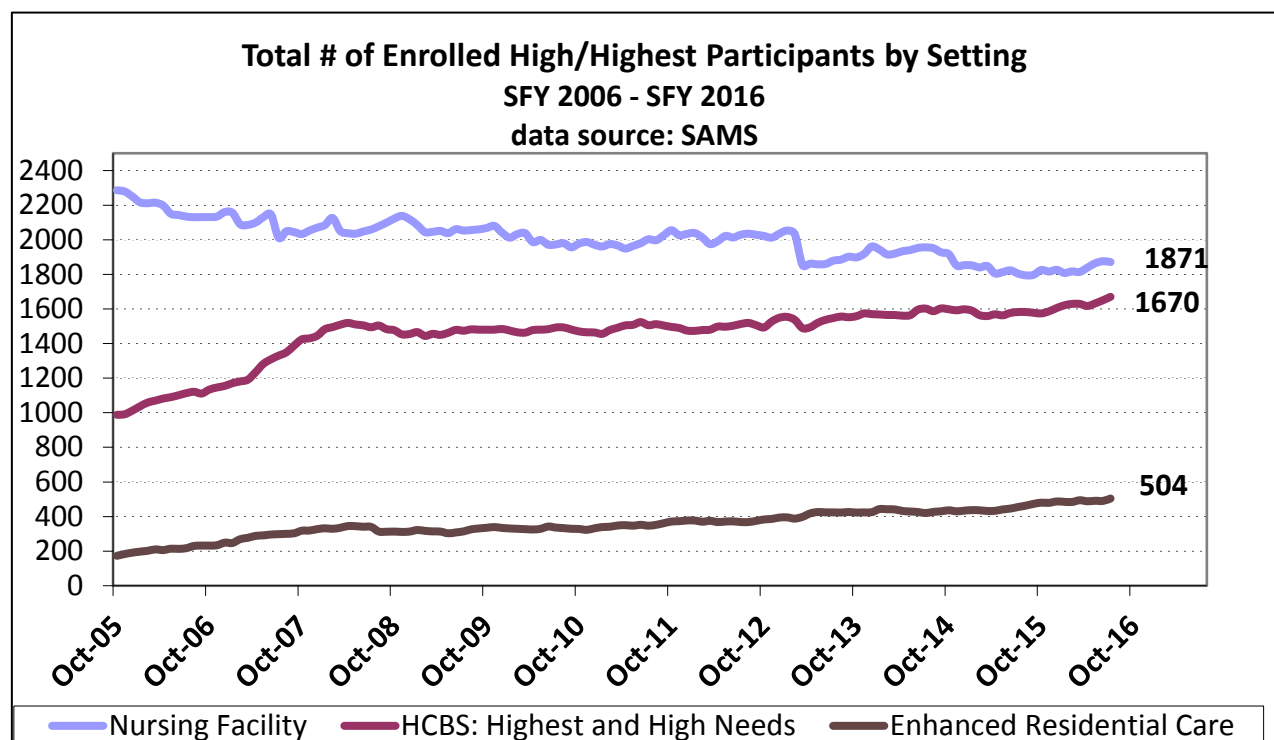
## Adult Services Division – Choices for Care

disorders living in nursing facilities, was nationally recognized for its innovation by the [National Association of States United on Aging & Disabilities](#) (NASUAD).

### Future Directions

- Work will continue the HCBS regulations as it related to home-based setting requirements and person-centered planning.
- Will join the [National Core Indicators for Aging & Disabilities](#) next in 2017.
- Will continue as a primary focus of the State's Medicaid Pathway work from Act 113.

### Results



- 46% of all High/Highest enrollments were in the Nursing Facility setting (1% decline from SFY15)
- 1467 people were enrolled in Moderate Needs services (7% decrease due to reduced funding) and provider wait lists increased to over 600 people
- As of June 2016, 94% of High/Highest clinical eligibility determinations were made within 30 days. The target is 95%.
- [Consumer survey \(2015\)](#) indicated that 85% of people receiving personal care state their choice and control over planning is excellent or good.
- [Consumer survey \(2015\)](#) indicated that 90% of people receiving personal care say the degree that services met their daily needs is excellent or good.

## Adult Services Division – Older American’s Act Nutrition Programs

### Program Overview

[Older Americans Act \(OAA\)](#) services support Vermonters age 60 and older and are designed to help older Vermonters remain as independent as possible and to experience a high quality of life. OAA services are provided through Vermont’s five Area Agencies on Aging (AAA) and include case management; nutrition services and programs; health promotion and disease prevention; information, referral and assistance; legal assistance; and family caregiver support. This summary focuses on the OAA Nutrition Programs for people 60 and over referred to as Home Delivered Meals and Congregate Meals.

Home Delivered Meals and Congregate Meals contribute to the food security of older adults and can play an important role in promoting good health, preventing disease, and lowering rates of disability, hospitalization, depression and mortality. According to the [USDA](#), over 8% of Vermont senior households are food insecure; over 17,000 are threatened by hunger, and nearly 40,000 are isolated and live alone. The demand for senior meals is growing. Efforts are being made at the federal, state and local levels to strengthen meal programs and develop innovations in nutrition services.

### Staff and Partners

The Adult Services Division (ASD) State Unit on Aging (SUA) manages the OAA and related services. The unit consists of five staff that manage nine different grants, five area plans and the VT State Plan on Aging. The OAA Nutrition Program partners include the VT Association of Area Agencies on Aging (V4A) and its five member agencies:

- [Age Well](#)
- [Central Vermont Council on Aging](#)
- [Northeast Kingdom Council on Aging](#)
- [Senior Solutions](#)
- [Southwestern Vermont Council on Aging](#)

Each agency then works with a network of meal providers who prepare nutritious meals. Meals are delivered by hundreds of volunteers across the state every day.

## Adult Services Division – Older American’s Act Nutrition Programs

### Recent Developments and Accomplishments

In 2015, 30,000 more home delivered meals were provided than the year before. The SUA continues to work closely with the AAAs to monitor the growing demand for meals across the state and find creative ways to serve more people with limited funding, including streamlining transportation, closing under-performing congregate sites, increasing local and private fundraising efforts, no longer providing “blizzard bags” for emergencies and encouraging the use of home delivered meals by people enrolled on Choices for Care and Attendant Services Program.

### Future Directions

With limited funding, an aging population and growing need, we anticipate that some agencies will need to institute a waiting list in the near future. In preparation, the AAAs have worked closely with SUA staff to develop a nutritional risk screening tool within the home-delivered meals intake form. This will allow the agencies to prioritize meals for those at highest risk of food insecurity and malnutrition if a waiting list is instituted. Southwestern Vermont Council on Aging has been piloting the screening tool and the plan is for all five agencies to use it over the next year.

### Results

In Federal Fiscal Year 2015: 4,910 Vermonters received home delivered meals (4% increase). 814,802 meals were delivered to people’s homes (4% increase). 11,095 Vermonters participated in community meals (4% increase), receiving 369,571 meals across the state (4% decrease).

While the number of people served continues to climb, the SUA and the AAAs are interested in better illustrating the real health impact and financial value of home delivered meals. In spring 2016, the five AAAs came together with DAIL to develop statewide program performance measures to help us to better measure success, improve performance, and ultimately increase quality of life for vulnerable older Vermonters. The nutrition program measures that the five agencies have agreed to track are:

- The number and percentage of home delivered meals clients who report they have enough to eat
- The number and percentage of home delivered meals clients who report that meals help manage or improve their medical condition