Slide 1

Welcome to the Choices for Care Training Module I, Program Overview. This training is designed for Choices for Care case managers, providers and service coordinators.

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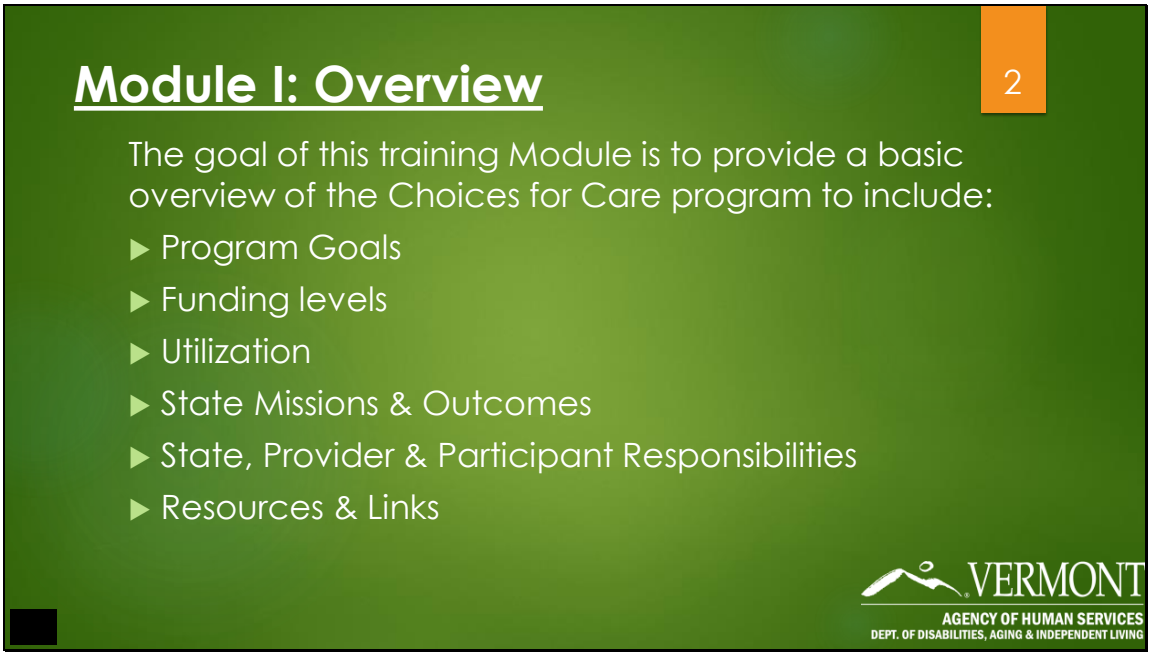

The goal of this training module is to provide a basic overview of the Choices for Care program. By the end of the training, participants should be able to describe the:

- Program goals, funding levels and overall program utilization,
- How the program links to the State's missions and outcomes,
- The overall responsibilities of the state, providers and participants, and
- Where to locate resources for further learning.

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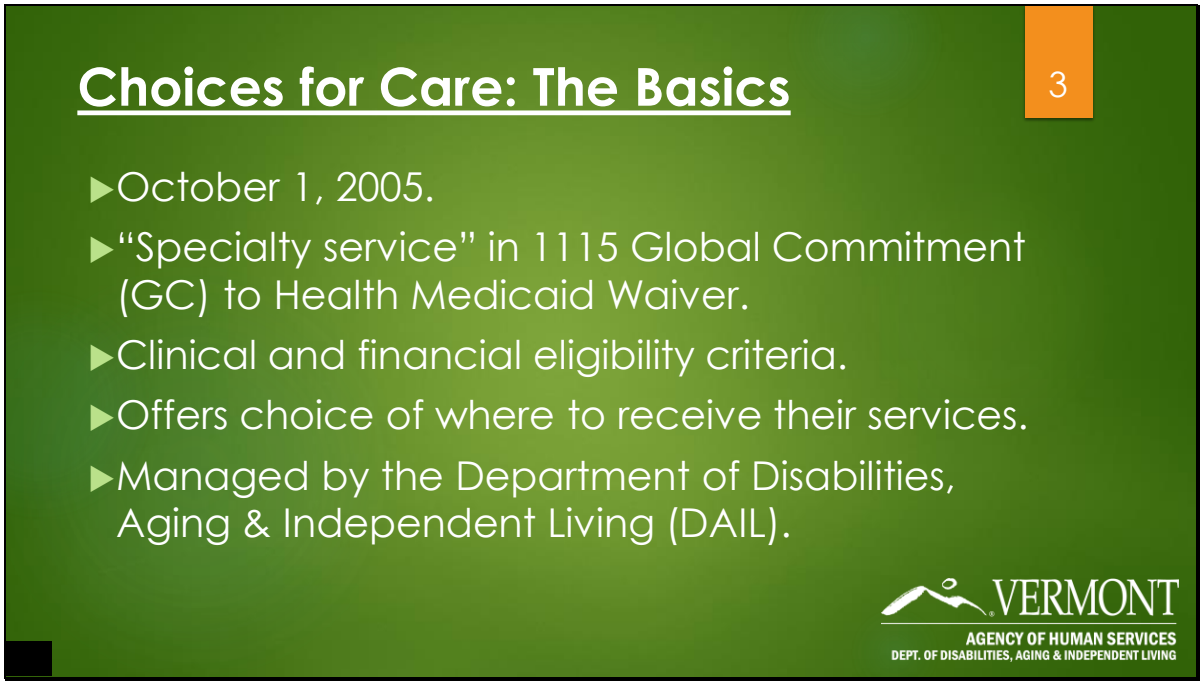

- The Choices for Care program, also known as "CFC", began in October 2005 to give Vermonters equal access to home and community-based services. At the time, Medicaid only offered Nursing Facility care as a long-term service and supports "entitlement" benefit.
- Today, Choices for Care is one of 5 "specialty services" in Vermont's Global Commitment to Health 1115 Waiver, which is approved and monitored by the Centers for Medicare and Medicaid Services, also known as "CMS".
- To be eligible, Vermonters must meet both clinical and financial eligibility criteria. Eligible people choose where they want to receive their services.
- Choices for Care is managed by the Department of Disabilities, Aging and Independent Living (DAIL), within the Agency of Human Services.

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Choices for Care was designed:

- To provide choice and equal access among different settings,
- To help create a more balanced system based on Vermonters' needs and preferences,
- To provide some preventive "Moderate Needs" services to delay the need for a higher level of care and financial impoverishment and
- To manage the growing costs of Medicaid services in the State of Vermont.

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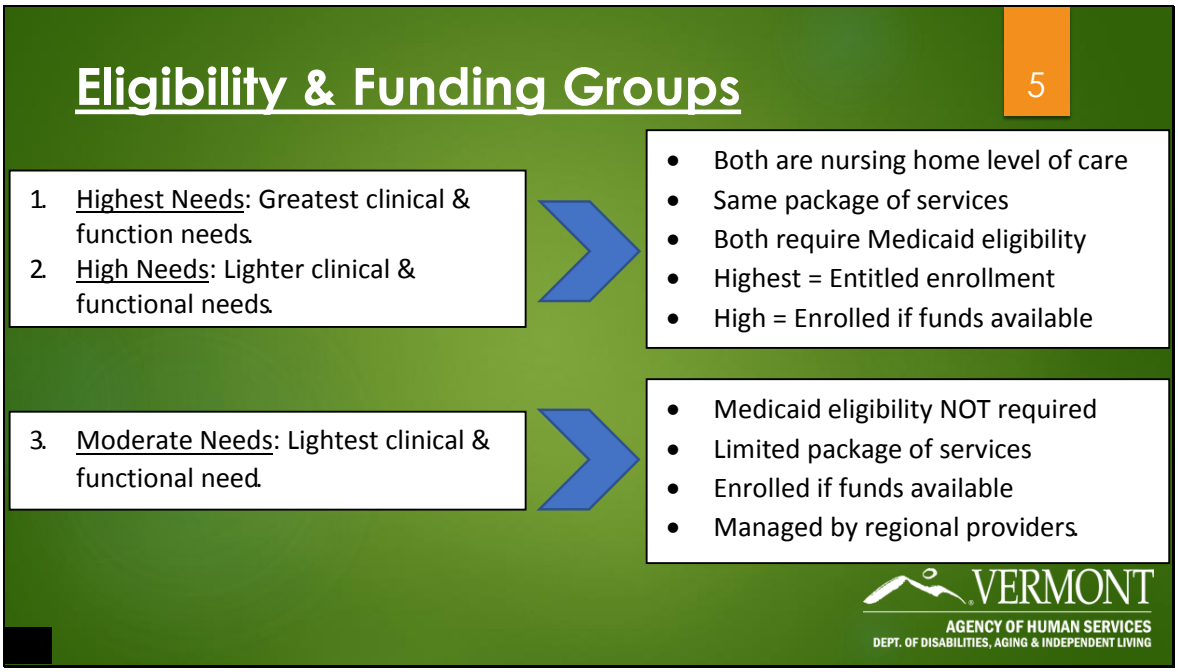

Choices for Care was created with three eligibility and funding groups: Highest Needs, High Needs and Moderate Needs.

- Highest and High Needs are both considered "nursing home level of care", offer the same package of services and require Vermont Medicaid eligibility.
- Depending on a person's income, they may be required to pay a monthly "patient share" to be eligible for Medicaid to pay for their Choices for Care Highest/High needs services.
- Highest needs eligible people have the greatest clinical needs and are "entitled" to Choices for Care enrollment.
- High Needs eligible people have slightly lighter clinical needs and services are available as long as program funding is available. As of 2017, funding was available and there was no wait list for people who met High Needs clinical eligibility.
- Moderate Needs is intended to provide a smaller amount of services to people who have lighter needs and do not require nursing home level of care. Funding is limited by the State budget process and is managed by regional providers.

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The Choices for Care Highest/High needs program offers service options in three core settings: Home-based, Enhanced Residential Care and Nursing Facility.

1. For people who want to live in a home-based setting, there are three available options: "Traditional" home-based, flexible choices or adult family care.

- In traditional home-based services a case manager helps the individual coordinate a plan for services in their own home that may include personal care, adult day services, personal emergency response and some assistive devices/home modification funds. Care may be provided through a local designated home health agency or if eligible, individuals may hire their own caregivers through the self-directed consumer or surrogate managed option. The individual chooses either their local Area Agency on Aging or Designated Home Health Agency to provide case management services.
- The Flexible Choices option is the most flexible package and requires the individual or an eligible surrogate take on more responsibility for

managing their own budget and services as the employer. A consultant from Transition II helps the employer create an allowance and budget for services in the individual's own home. The employer must work within their budget and coordinate their own services.

- Adult Family Care is an option for people to receive their care and services in an unlicensed family home. Services are managed through an Authorized Agency who matches the person with a contracted home provider and other long-term services and supports. This is the most "home-like" 24-hour live-in care option that Choices for Care offers.

2. Enhanced Residential Care or "ERC" option provides skilled nursing oversight, 24- supervision, personal care, meals and activities in a Vermont approved licensed Level III Residential Care Home or Assisted Living Residence. The individual pays for room and board and Medicaid pays for the care.

3. The nursing facility option offers individuals the highest level of skilled nursing care. Services include 24-hour nursing, supervision, therapies, personal care, meals, nutrition services, activities and social services provided by a VT licensed Nursing Facility.

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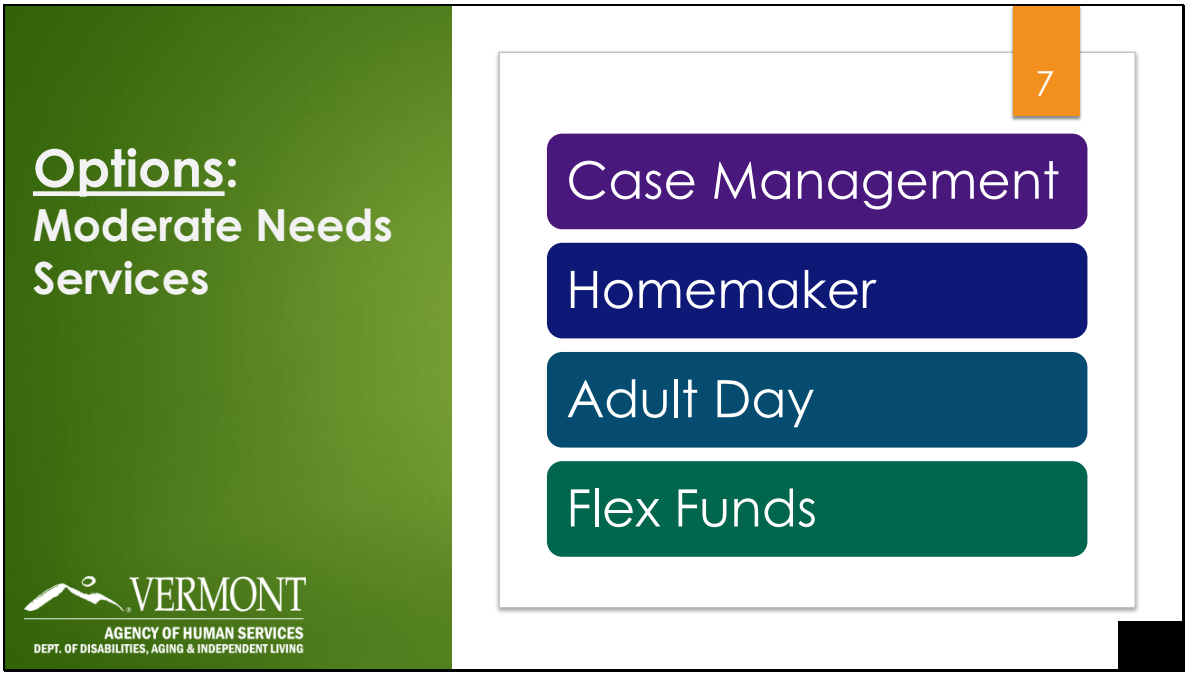

Services covered under the Moderate Needs program include case management, homemaker services, adult day services and limited flex funds.

- Case management is provided through the local Area Agency on Aging or Designated Home Health Agency.
- Homemaker services are managed through the local Designated Home Health Agency.
- Adult Day services are managed by the Vermont Certified Adult Day Centers.
- Flex Funds may be available to help the eligible individual purchase items or services not otherwise available. For example, some people use the funds to self-hire homemaker services or assistive devices and home modifications. Funds are managed by the case management agency and are limited by available dollars.

More detailed information about Highest, High & Moderate Needs eligibility and services can be found in the Choices for Care program manuals on the Adult Services Division website.

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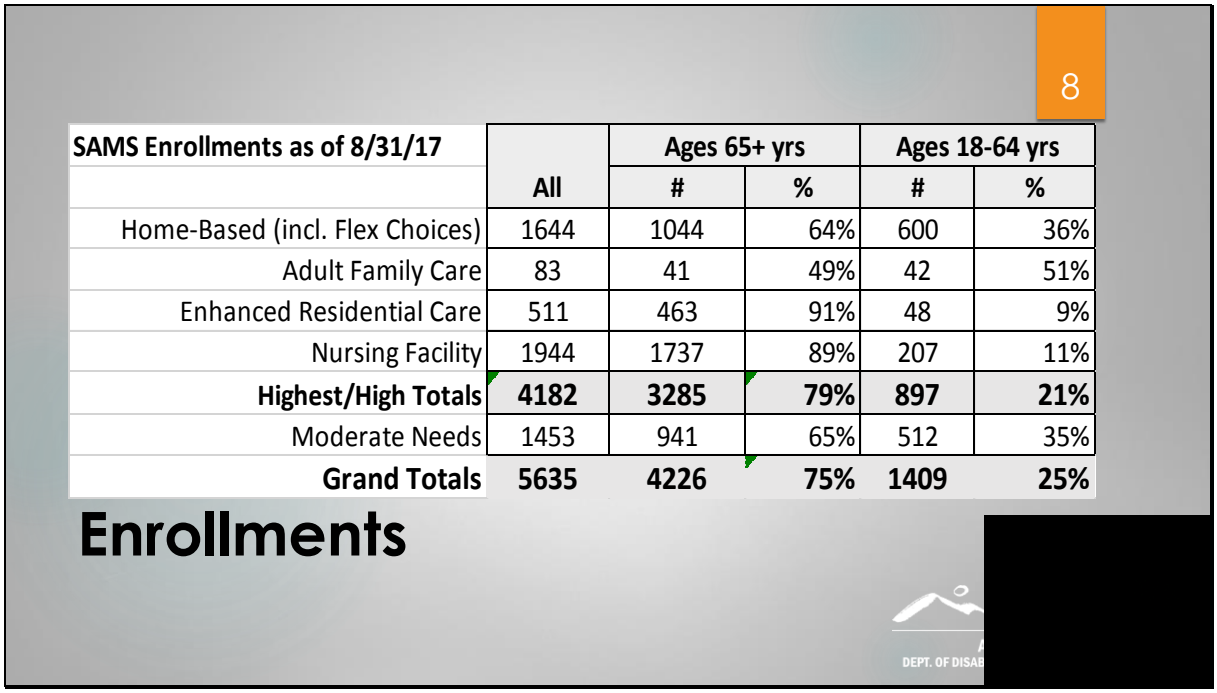

As of August 2017, there were over 5600 people enrolled in Choices for Care in all setting across High, Highest and Moderate Needs funding levels.

- Almost 80% of people were enrolled in Highest/High need services.
- 75% of all enrollments were people 65 years or older.

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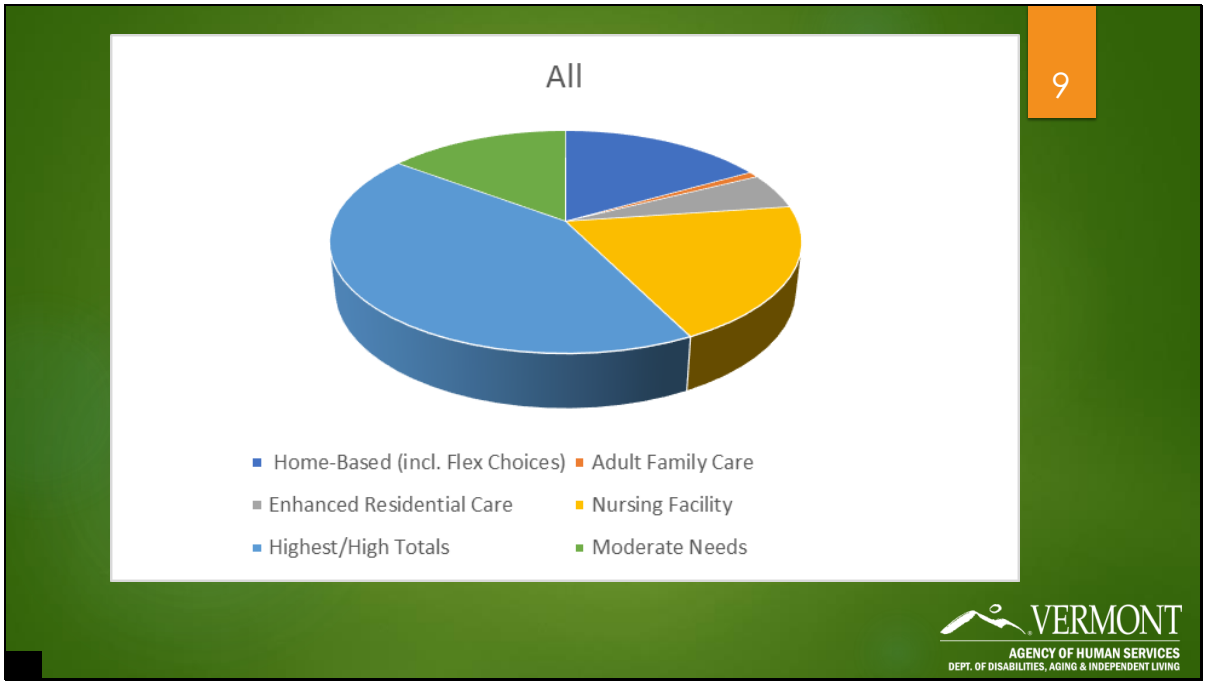

This chart gives you a visualization of the total enrollments by setting.

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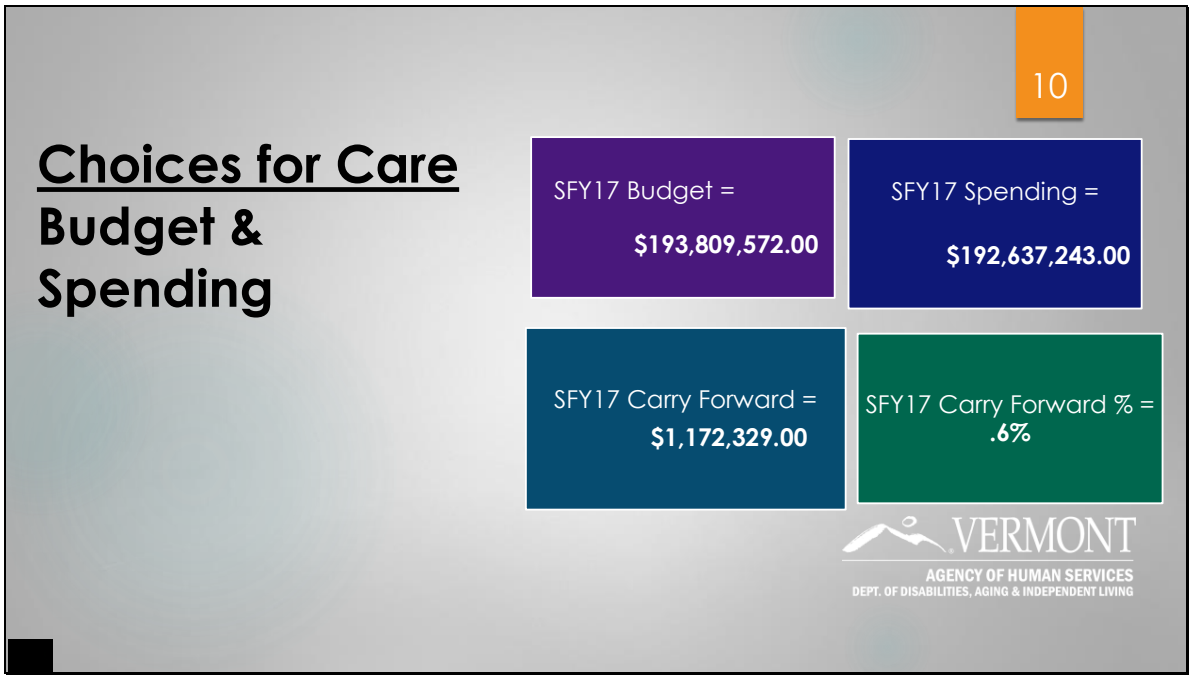

- In state fiscal year 2017 (July 1, 2016 through June 30, 2017) the Choices for Care budget was almost $200 million dollars.
- By the end of the fiscal year, the program had spent all but .6% of that budget.
- Many things can affect spending throughout the year, for example Medicaid rate increases and more people applying for services overall.
- Carry forward funds are either carried into the next fiscal year or reinvested into home and community-based services.

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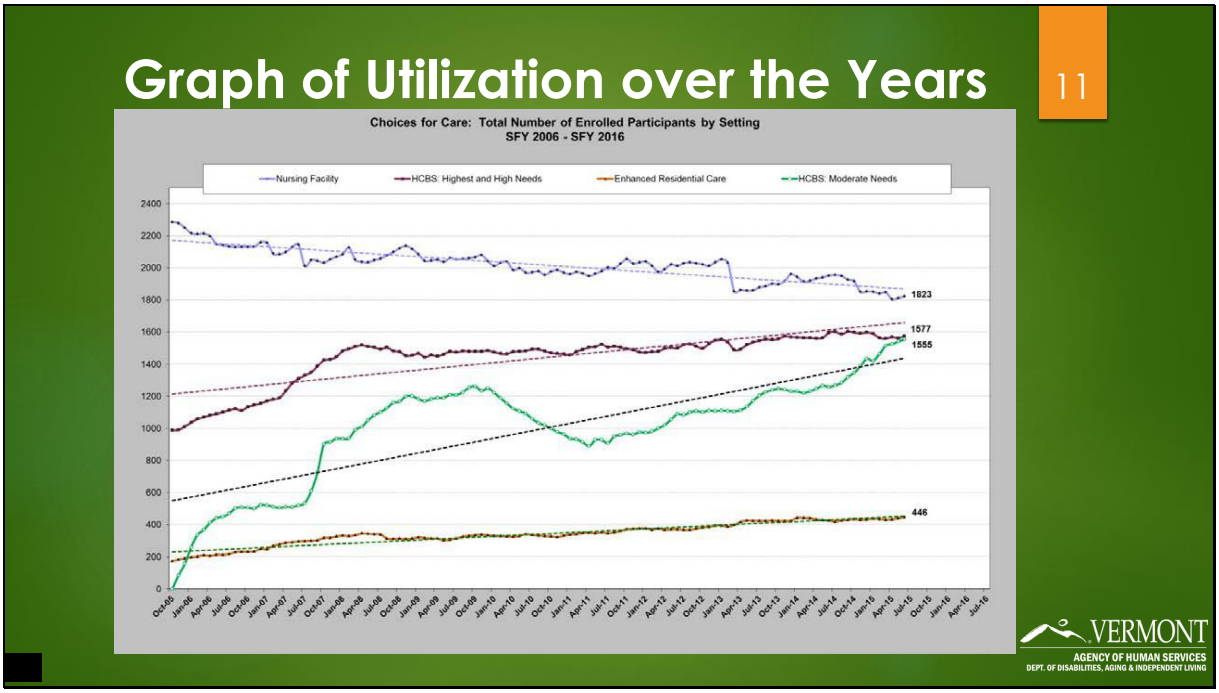

As you can see by this graph, Choice for Care utilization across settings has grown and rebalanced over the last 12 years. The top line shows an overall decline in nursing facility utilization and the other lines show an overall increase in all other service settings.

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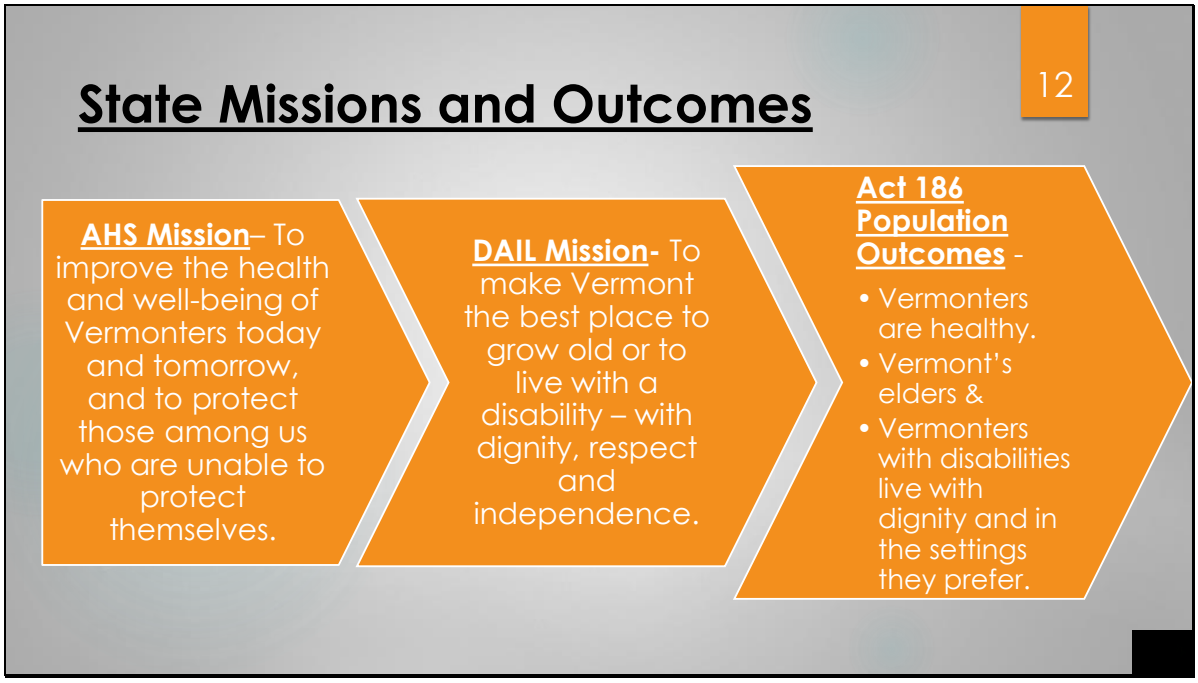

It is important to note that Choices for Care operates within the AHS and DAIL missions and also links directly to three of Vermont's Act 186 Population Outcomes.

- The AHS Mission is to improve the health and well-being of Vermonters today and tomorrow, and to protect those among us who are unable to protect themselves.
- The DAIL Mission is to make Vermont the best place to grow old or to live with a disability – with dignity, respect and independence.
- And the relevant Act 186 Population Outcomes include
    - Vermonters are Healthy
    - Vermont's elders live with dignity and in the settings they prefer.
    - Vermonters with disabilities live with dignity and in the settings they prefer.

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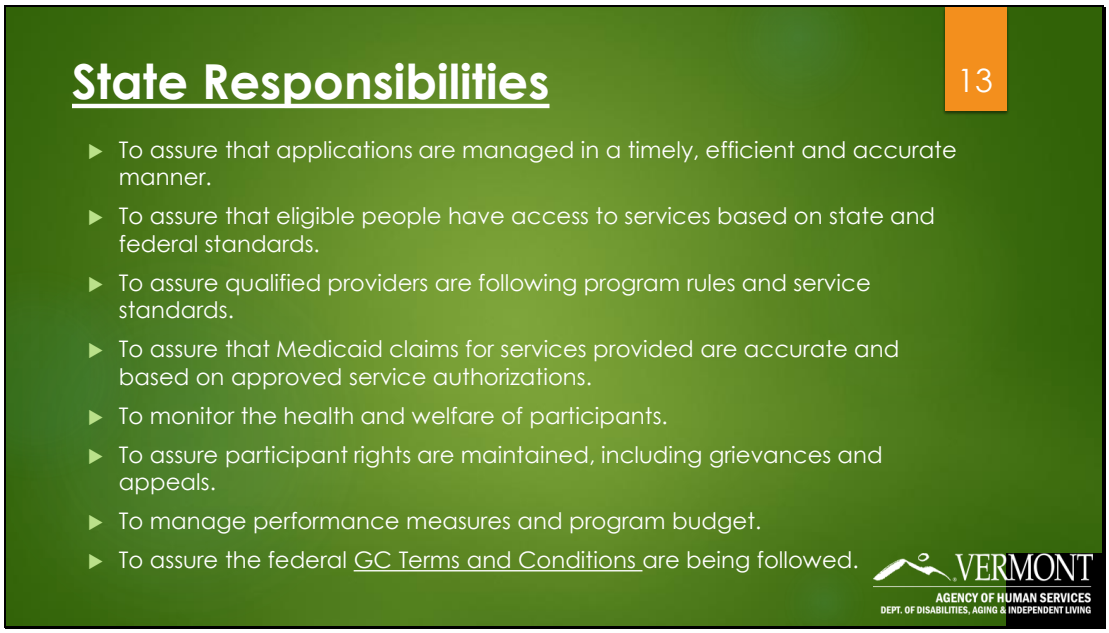

Vermont has an important role managing the Global Commitment to Health 1115 Waiver. A part of operationalizing the Choices for Care program includes roles and responsibilities of the State, Providers and Participants.

Some of the most important State Responsibilities include:

- To assure that applications are managed in a timely, efficient and accurate manor.
- To assure that eligible people have access to services based on state and federal standards.
- To assure qualified providers are following program rules and service standards.
- To assure that Medicaid claims for services provided are accurate and based on approved service authorizations.
- To monitor the health and welfare of participants.
- To assure participant rights are maintained, including grievances and appeals.
- To manage performance measures and program budget.
- To assure the federal Global Commitment (GC) Terms and Conditions are being followed.

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Some of the most important Provider Responsibilities include:

- To comply with the Vermont Medicaid Provider Agreement located on the Vermont Medicaid Portal.
- To follow the program standards as found in the Choices for Care Operational Manuals.
- To inform applicants and participants about their rights and responsibilities.
- To maintain person-centered practices at all times.
- To provide services according to the CFC service authorization and individualized plan of care.
- To accurately bill for services using the program specific billing codes following the Vermont Medicaid Provider Manual.
- To follow mandated reporting and critical incident reporting standards.
- To follow the DAIL Background Check Policy with regards to hiring employees.
- To maintain compliance with other provider specific regulations and/or certification standards.
- To participate in required trainings, audits and quality reviews.

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Participants also have important responsibilities as well. They include:

- To be aware of their rights and responsibilities.
- To provide accurate and timely information for clinical and financial eligibility determinations.
- To actively participate in the person-centered care planning process.
- To designate a representative who can act on their behalf if needed or desired.
- To know who to contact with questions or changes in their situation.
- To ask questions when needed.
- To report changes.

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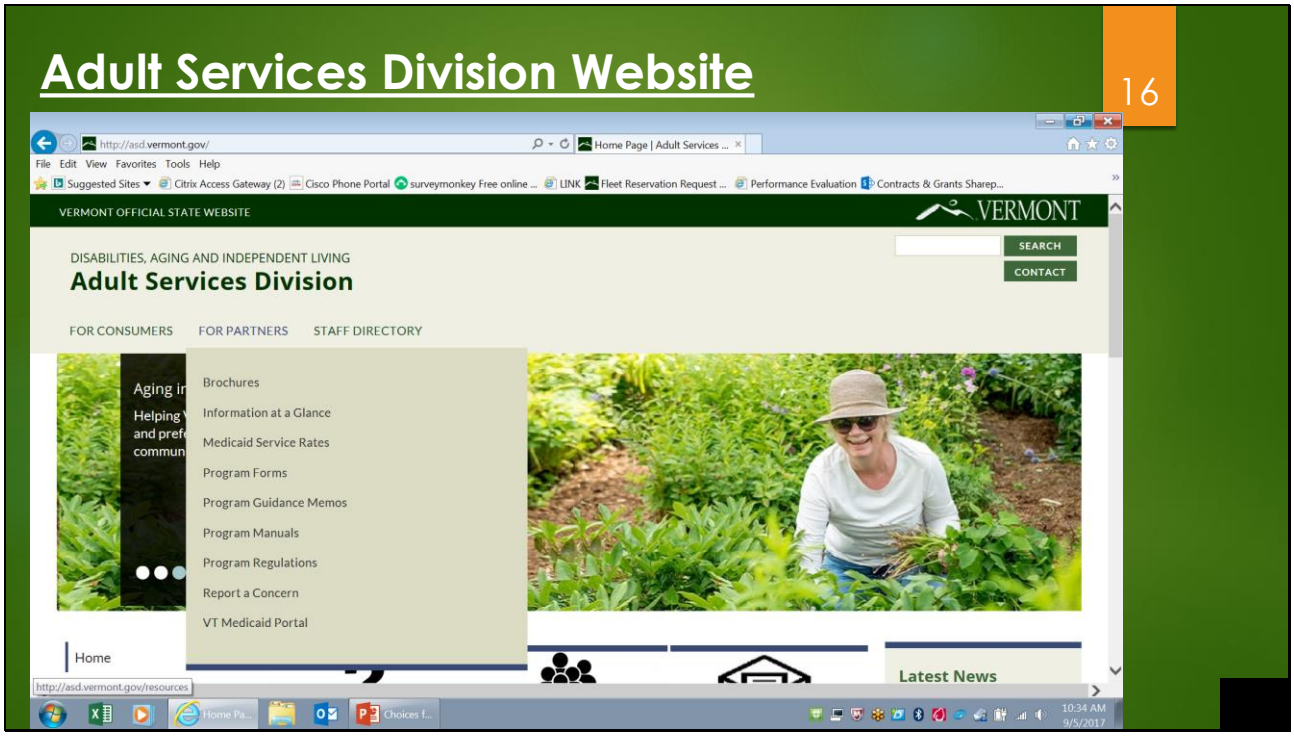

It is very important that providers, case managers and service coordinators become familiar with the Adult Services Division website. The website contains critical program information, manuals, guidance memos and training links in addition to a staff directory and "Latest News".

The "For Partners" drop-down tab provides quick access to program specific resources.

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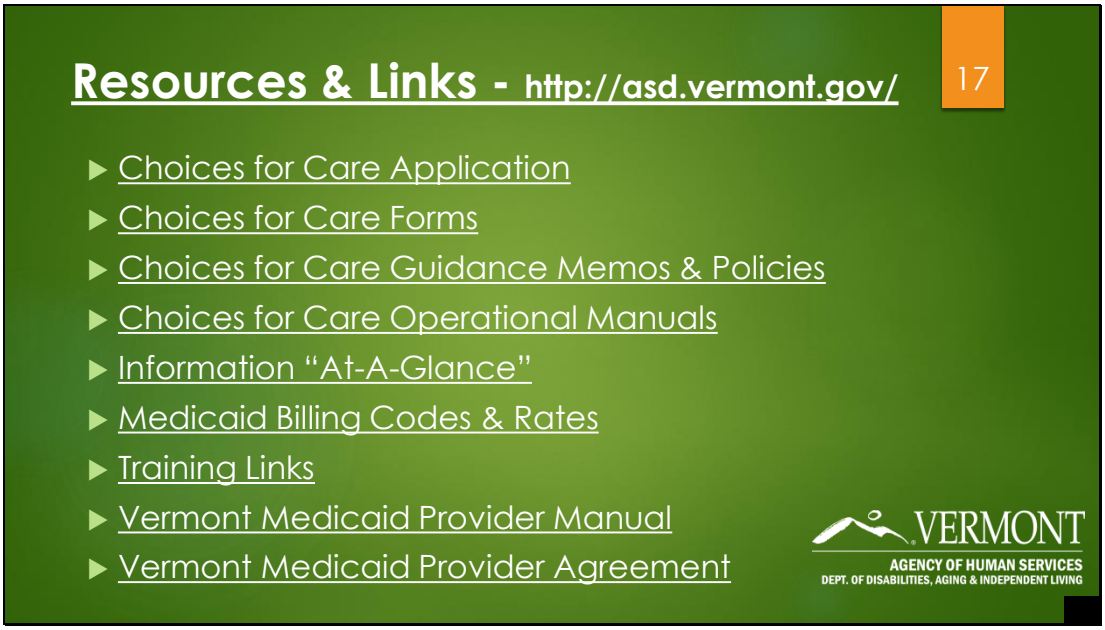

A variety of resources are available for case managers and providers. Links to most of the information can be found on the ASD website. Please take the time to review the list and know where to find the resources when you need them.

- Choices for Care Application
- Choices for Care Forms
- Choices for Care Guidance Memos & Policies
- Choices for Care Operational Manuals
- CMS Quarterly Reports
- Information "At-A-Glance"
- Medicaid billing codes & rates
- Training Links
- Vermont Medicaid Provider Portal
- Vermont Medicaid Provider Agreement

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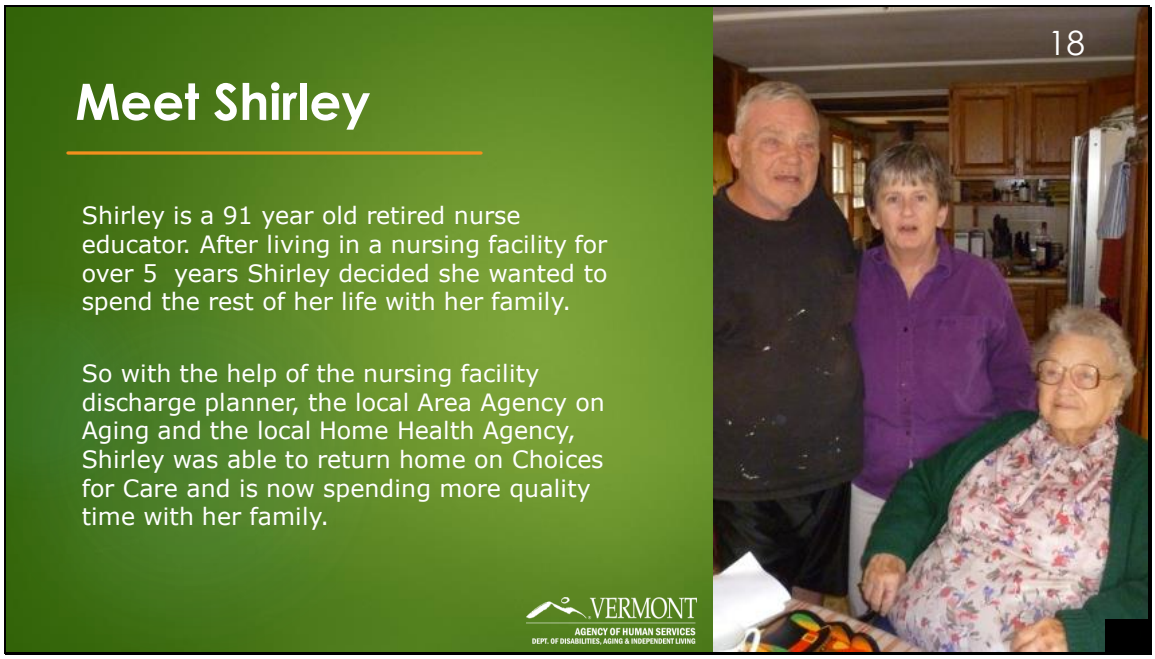

Many Vermonters are helped every day by the Choices for Care program and its dedicated partner agencies. These are people just like you who want to live the best life they can in the way that they choose.

Meet Shirley

Shirley is a 91-year-old retired nurse educator. After living in a nursing facility for over 5 years Shirley decided she wanted to spend the rest of her life with her family. So with the help of the nursing facility discharge planner, the local Area Agency on Aging and the local Home Health Agency, Shirley was able to return home on Choices for Care and is now spending more quality time with her family.

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Meet Nicole

During the five months that Nicole was recovering in a nursing facility her seven-year-old daughter, Natalie, could only visit periodically.

With help from Choices for Care, Money Follows the Person program and its many partners, Nicole and Natalie are now enjoying spending time together in their new home.

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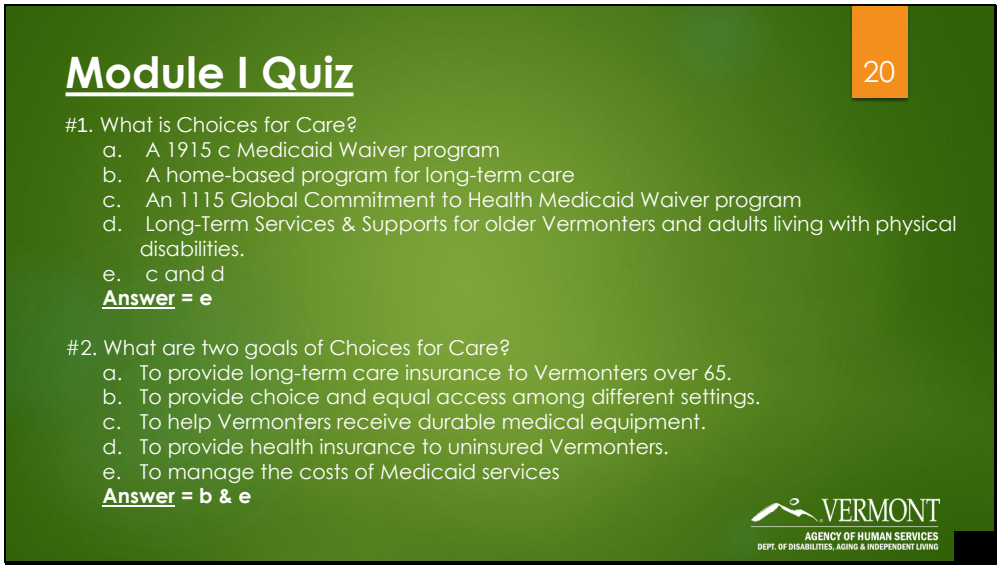

Please take the following quiz to see what you have learned:

#1. What is Choices for Care?

a. A 1915 c Medicaid Waiver program
b. A home-based program for long-term care
c. An 1115 Global Commitment to Health Medicaid Waiver program
d. Long-Term Services & Supports for older Vermonters and adults living with physical disabilities.
e. c and d

Answer = e – Choices for Care is both an 1115 Global Commitment program and a long-term services & supports program for older Vermont's and adults living with physical disabilities.

#2. What are two goals of Choices for Care? (answer = b. & e.)

a. To provide long-term care insurance to Vermonters over 65.
b. To provide choice and equal access among different settings.
c. To help Vermonters receive durable medical equipment.
d. To provide health insurance to uninsured Vermonters.
e. To manage the costs of Medicaid long-term services and supports.

Answer = b & e – Choices for Care was designed to provide choice and equal access among different settings and to help manage the costs by offering more less expensive home and community-based options.

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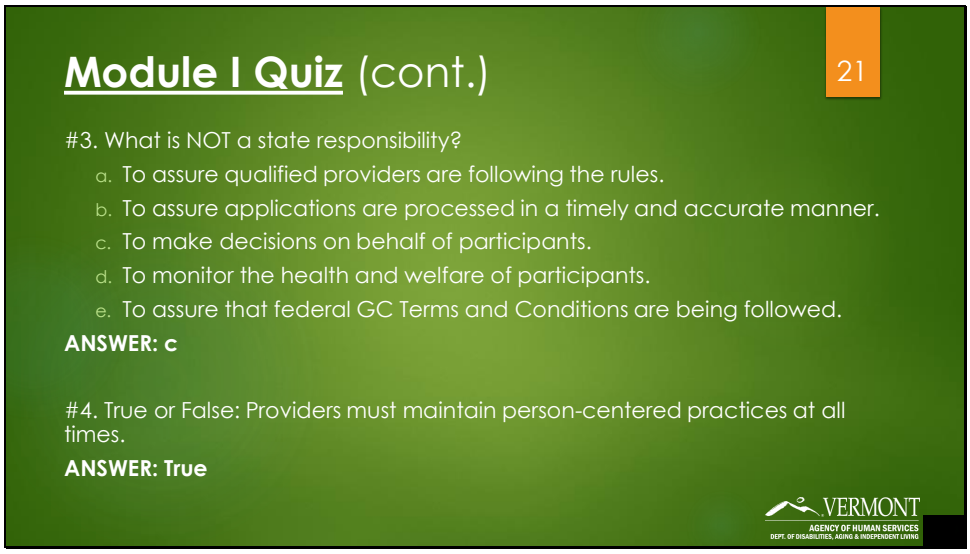

#3. What is NOT a state responsibility within the Choices for Care program?

a. To assure qualified providers are following the rules.
b. To assure applications are processed in a timely and accurate manor.
c. To make decisions on behalf of participants.
d. To monitor the health and welfare of participants.
e. To assure that federal GC Terms and Conditions are being followed.

ANSWER: c – The State does not decisions on behalf of participants. Program standards support participants and their legal representatives in making their own informed decisions.

#4. True or False: Providers must maintain person-centered practices at all times.

ANSWER: True – It is a federal and state requirement that providers maintain person-centered practices at all times.

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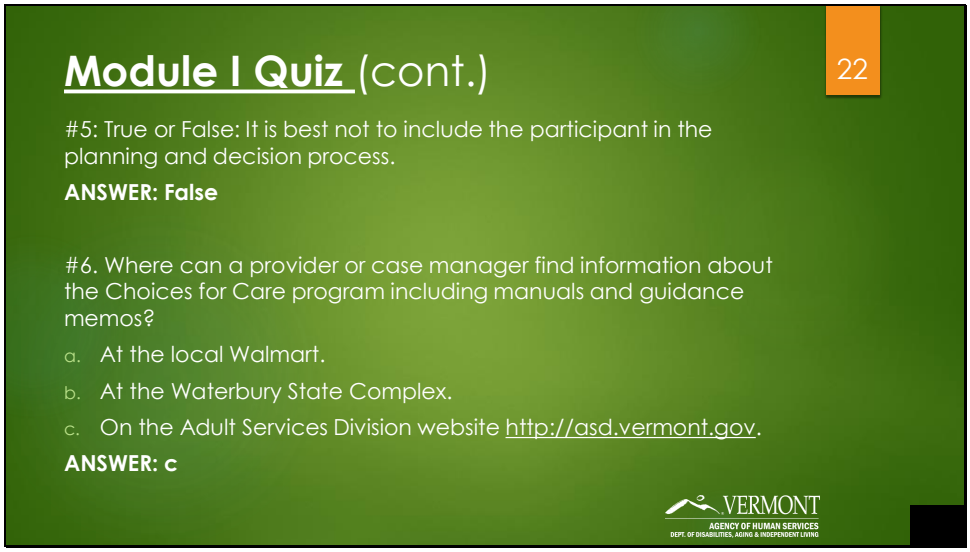

#5: True or False: It is best not to include the participant in the planning process.

ANSWER: False – The participant must always lead the planning process, even though they may designate a representative to participate on their behalf.

#6. Where can a case manager find more information about Choices for Care including manuals and guidance memos?

a. At the local Walmart
b. At the Waterbury State Complex
c. On the Adult Services Division website

ANSWER: c – On the Adult Services Division website located at http://asd.Vermont.gov.

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Thank you for participating in the Choices for Care Training, Module I Overview.

- To contact the Department of Disabilities, Aging & Independent Living, call 802 241-2401 or go online at dail.Vermont.gov and click "Contact Us".

- To contact the Adult Services Division, call 802 241-0294 or go online at asd.Vermont.gov and click "Contact Us".