

Agency of Human Services
**Department of Disabilities, Aging,
and
Independent Living**

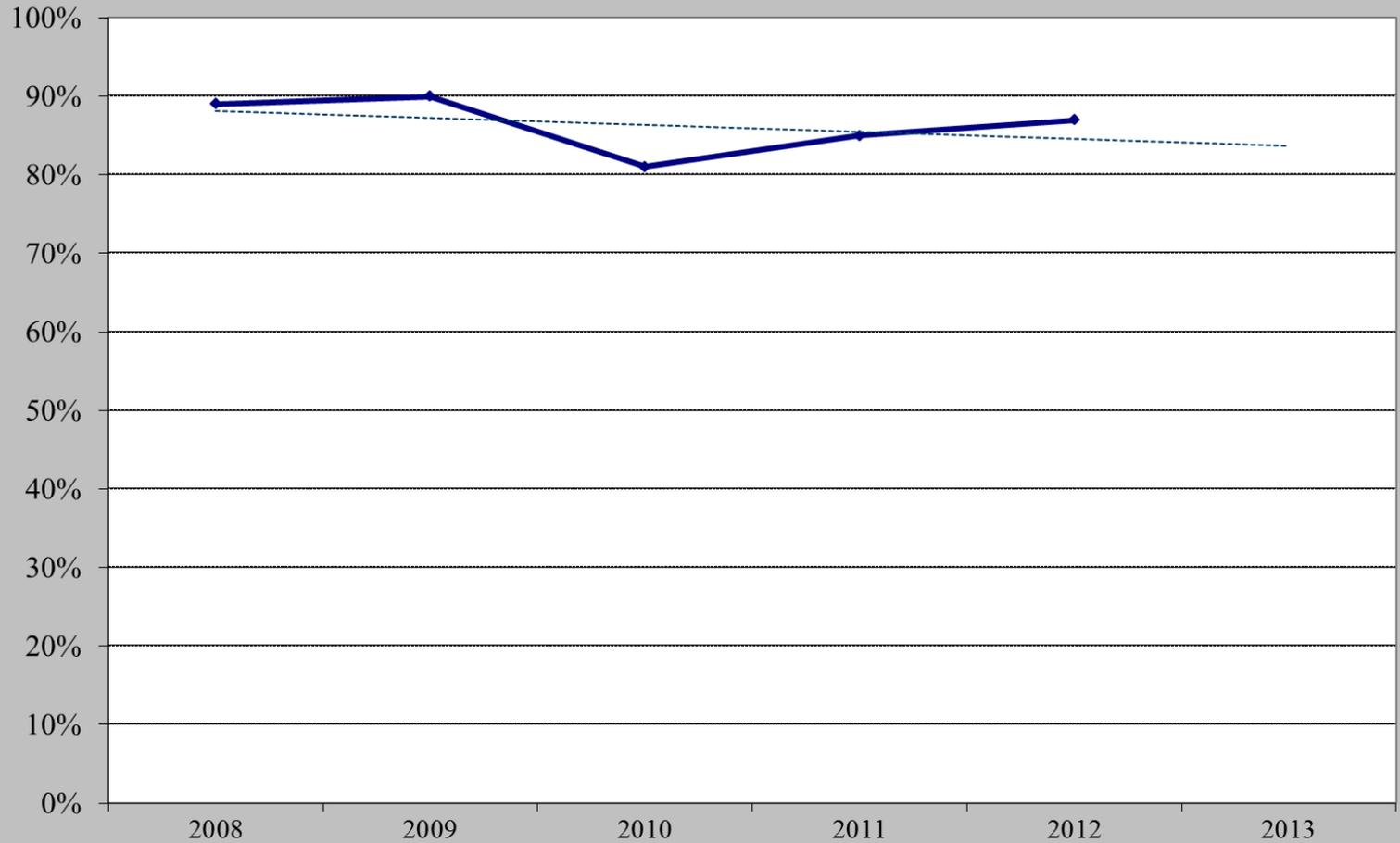


STATE FISCAL YEAR 2015 BUDGET

*Susan Wehry, Commissioner
and
William Kelly, Chief Financial Officer*

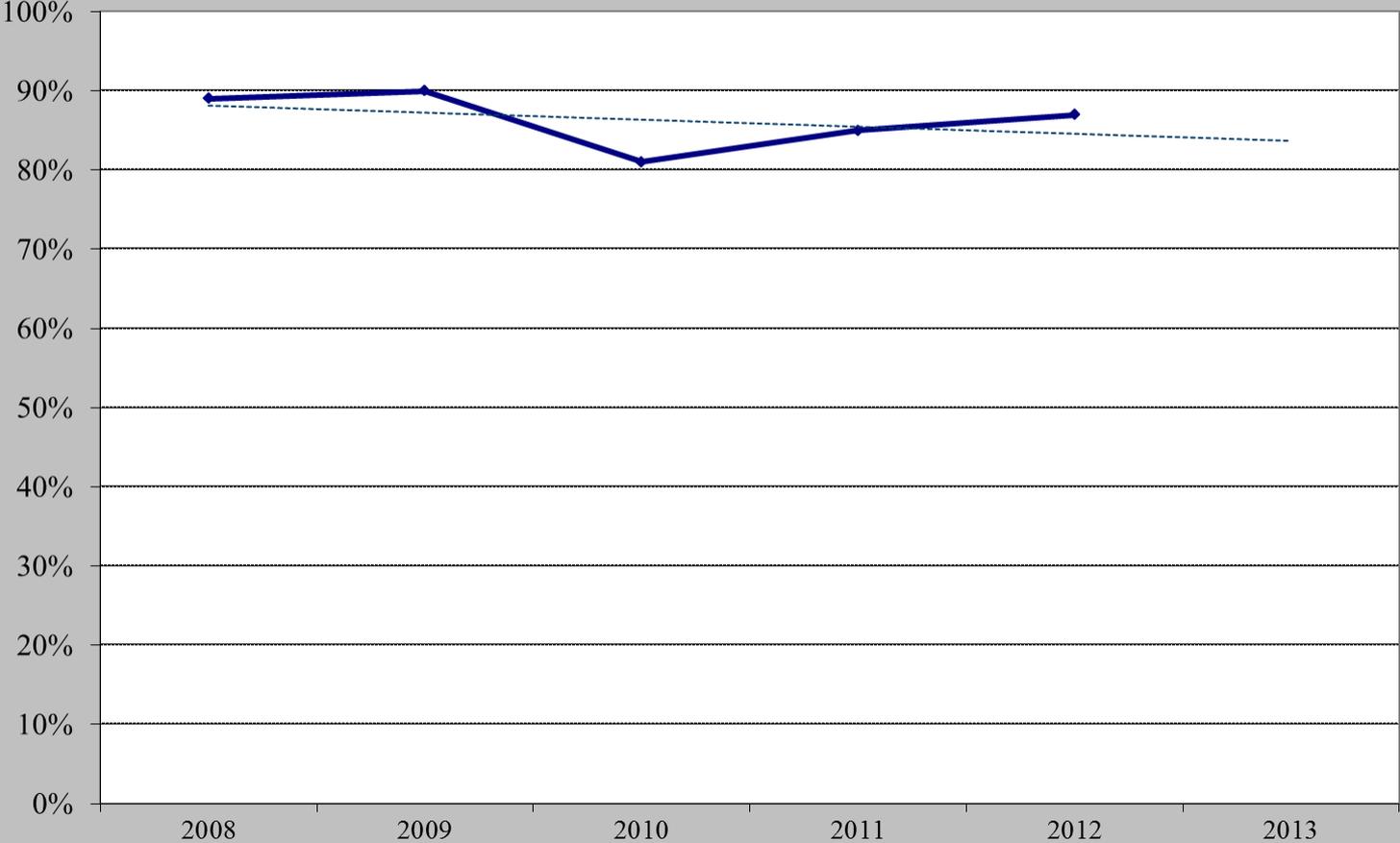
CFC HCBS Consumer Survey

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



CFC HCBS Consumer Survey

Percentage of Respondents Who Reported that Services Were Always or Almost Always Provided When and Where Needed



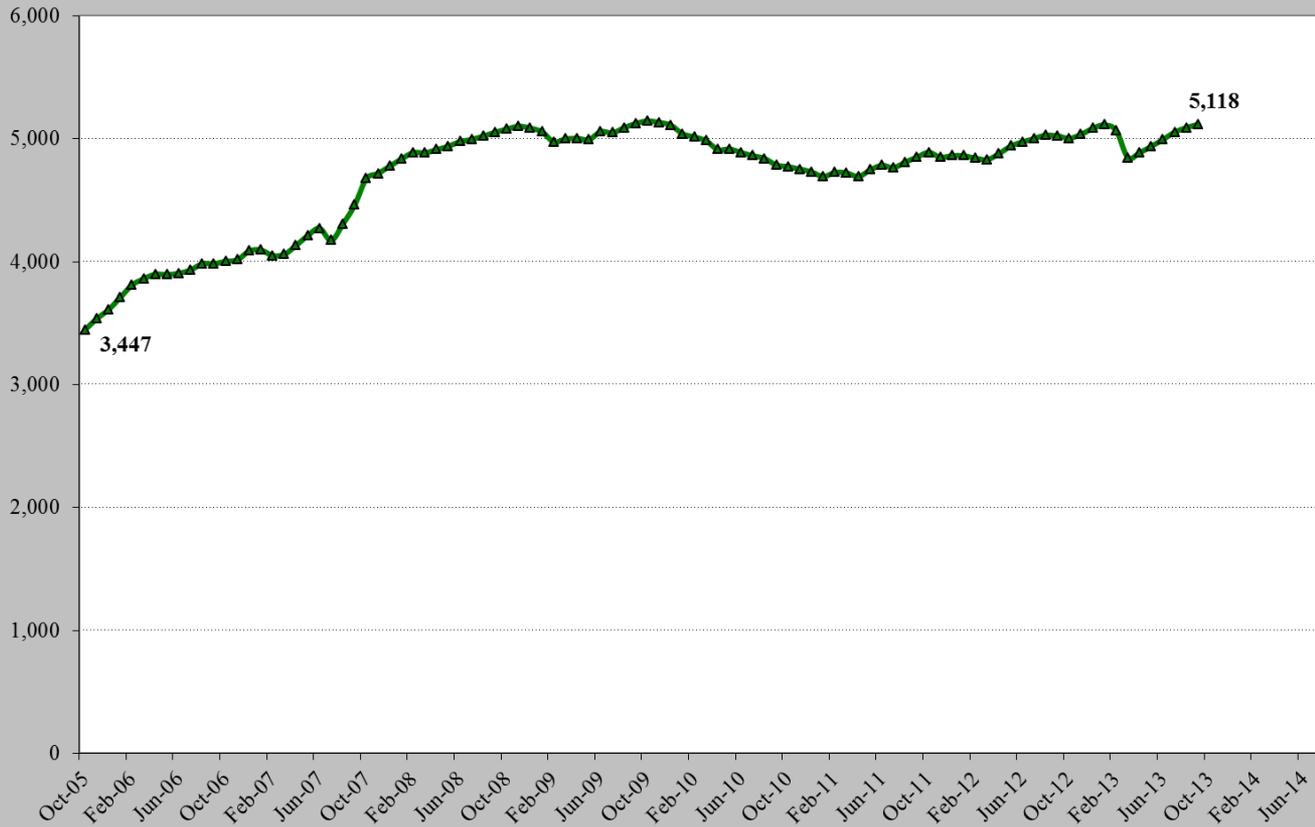
Serve more people - The number of people served by Choices for Care has increased substantially since it began in October 2005.

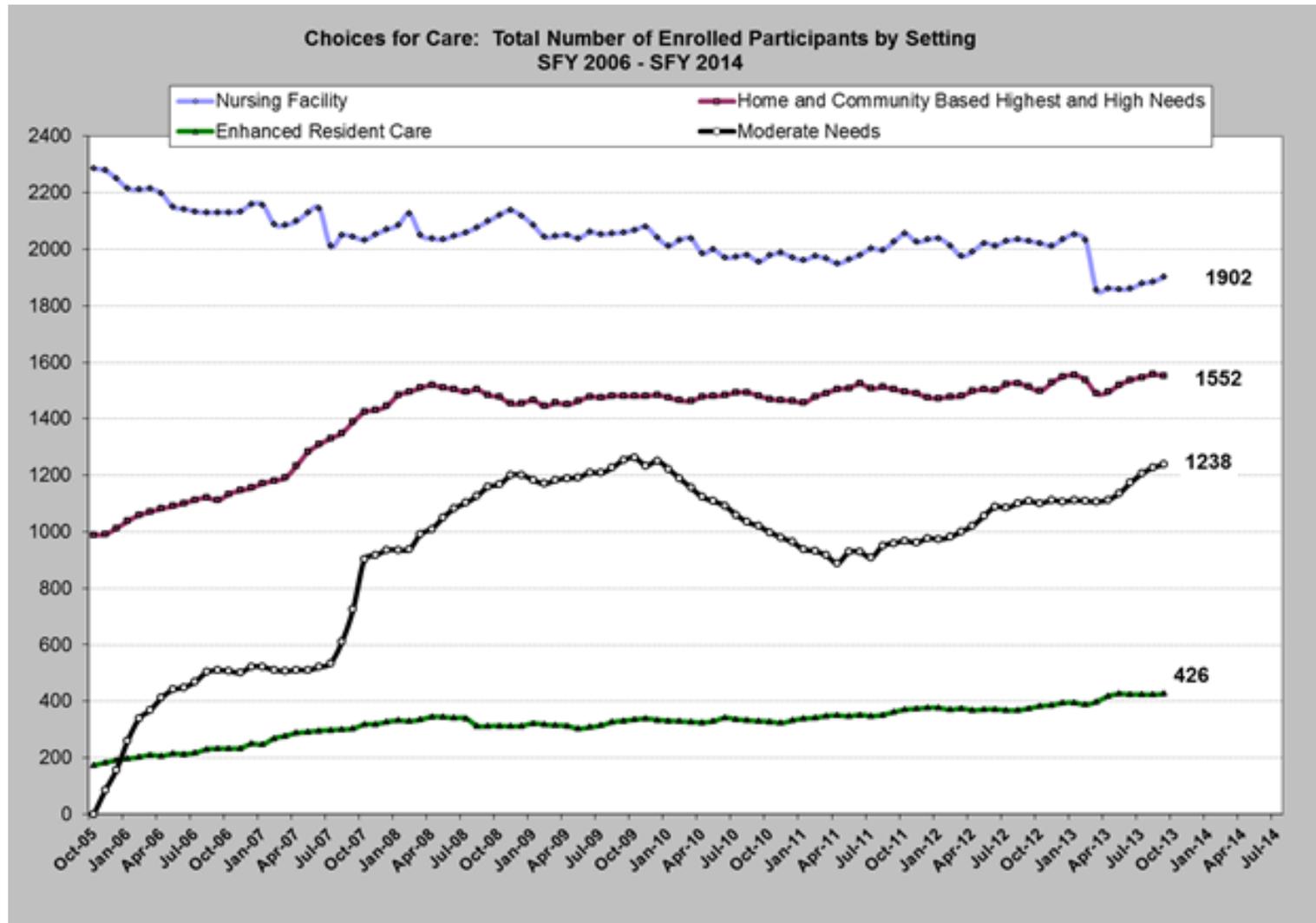


Choices for Care: Total Enrollment, sfy2006-sfy2014

includes Moderate Needs Group

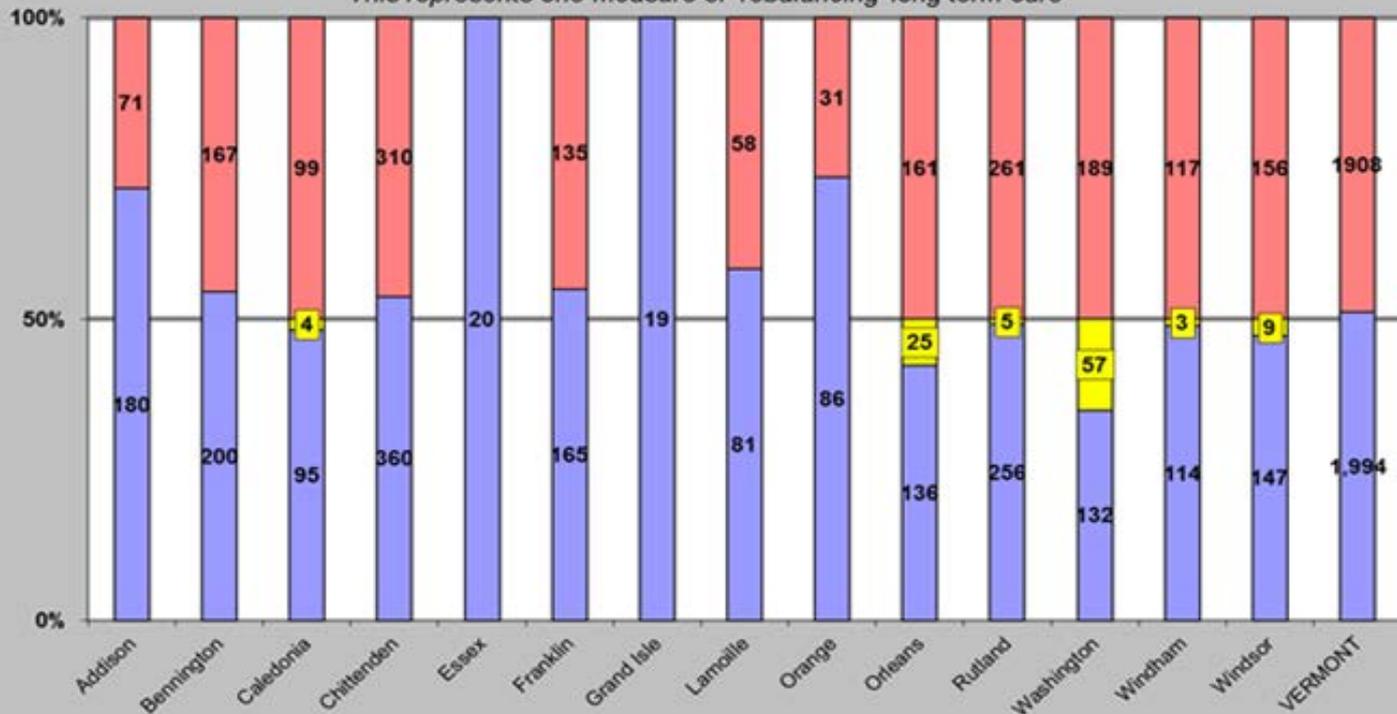
data source: SAMS





Data Source: SAMS

Vermont Choices for Care: Nursing Home Residents and Home & Community-Based Participants by County, December 2013
 Changes (in Yellow) Needed to Achieve At Least 50% Use of HCBS
 This represents one measure of 'rebalancing' long term care

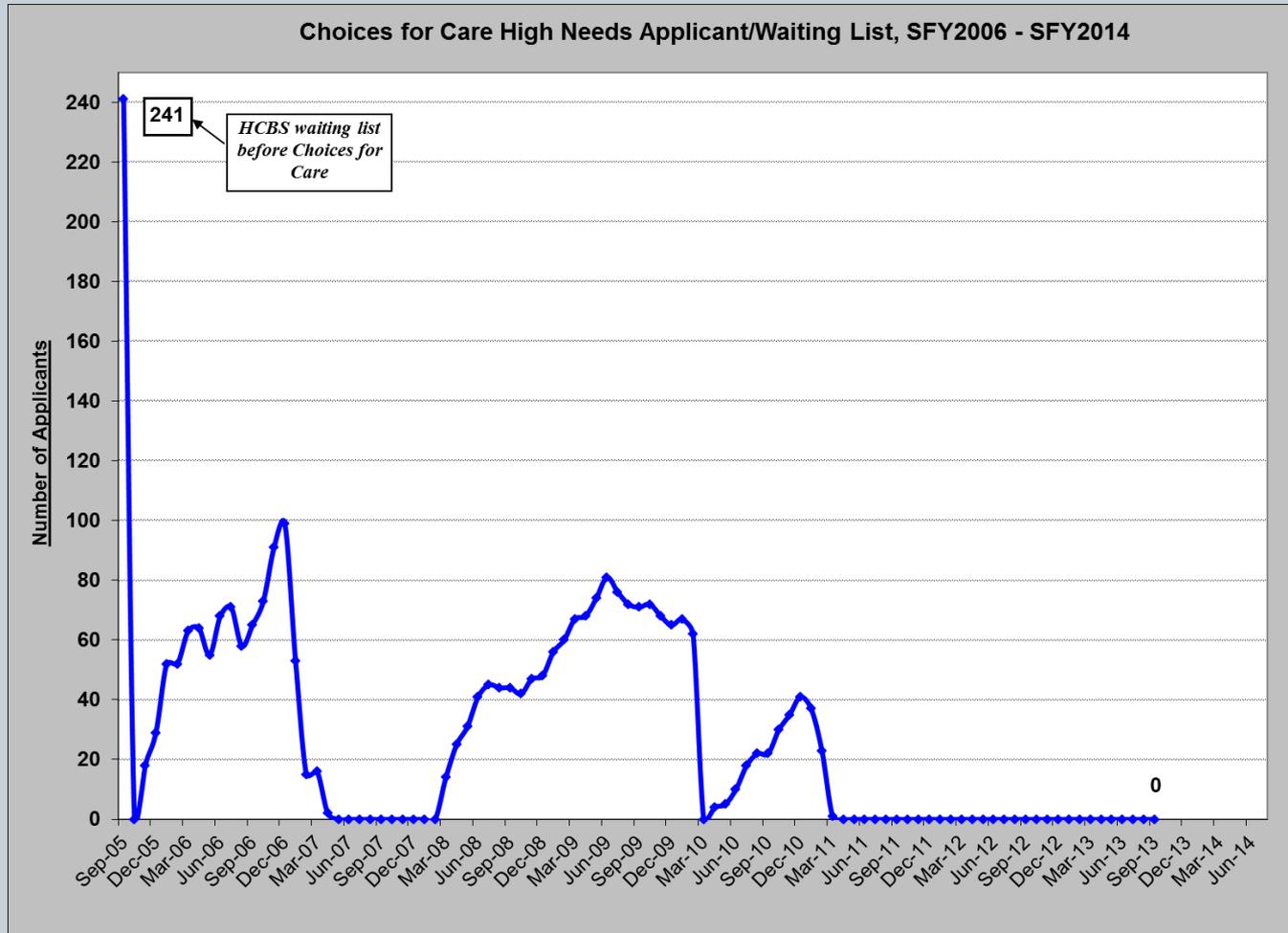


■ Number of Medicaid Nursing Home Residents Less Than or Equal to 50/50
■ Number of Medicaid Nursing Home Residents in Excess of 50/50
■ Number of HCBS Participants (includes ERC but excludes Moderate Needs Group)

Bennington and VERMONT figures exclude Medicaid residents in VT Veterans' Home (n=52).
 NF and ERC figures are based on current recorded residence, and often do not reflect county of residence prior to admission.
 VT residents in out of state facilities (n=42) included in VERMONT.

Data Source: SAMS

Eliminate or Reduce Waiting Lists - Choices for Care has eliminated the waiting list for people who meet nursing home level of care criteria (high/highest needs clinical eligibility.)



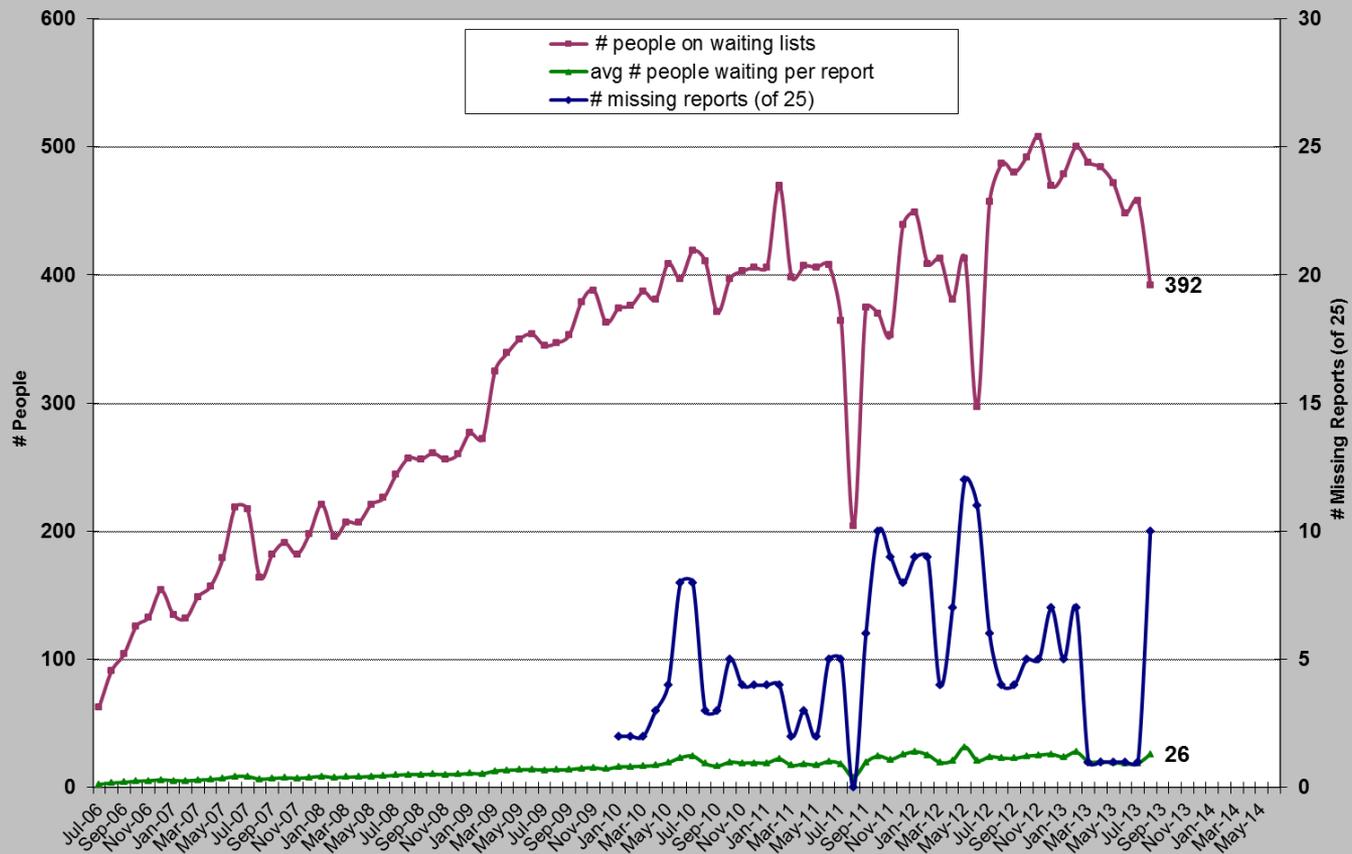
Data Source: SAMS

Waiting lists do continue for applicants in the who do not meet nursing home level of care criteria (Moderate Needs Group/MNG.) Many thousands of Vermonters are potentially eligible for this group, with services limited by available funding.



Choices for Care Moderate Needs Waiting Lists, sfy2007-sfy2014

data sources: MNG Adult Day and Homemaker provider waiting lists

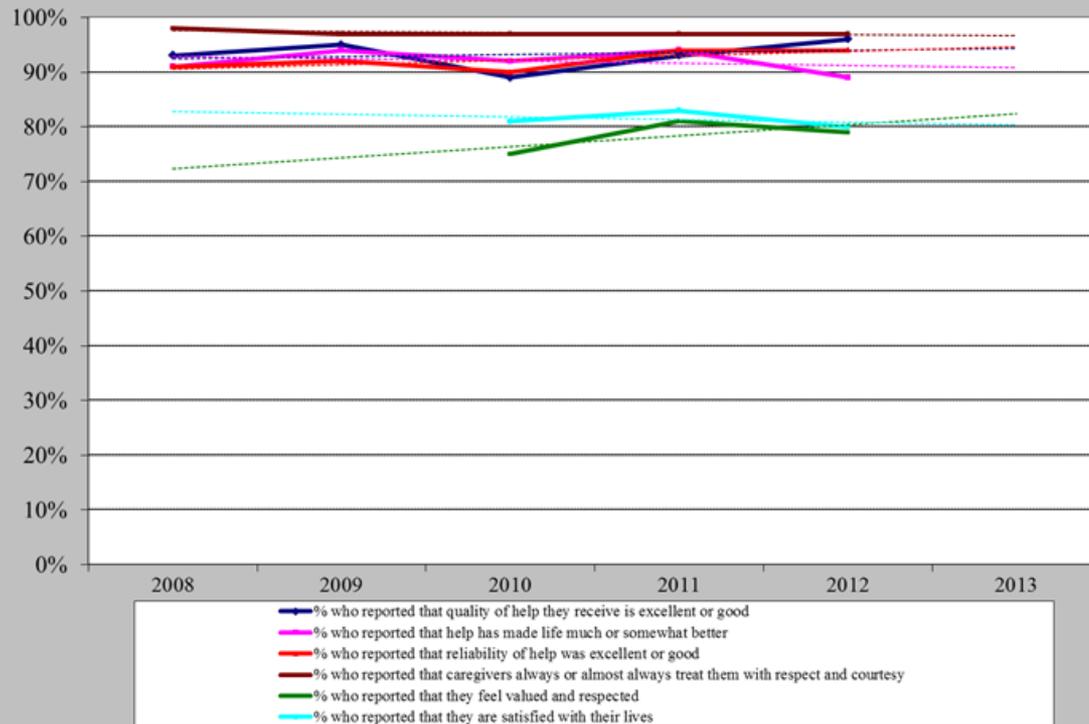


Ensure high quality services and support individual outcomes - The results of surveys of Choices for Care HCBS participants are generally positive. Consistent with recent recommendations from the state auditor, DAIL is now working with nursing home providers and enhanced residential care home providers to collect similar information from residents of these facilities.

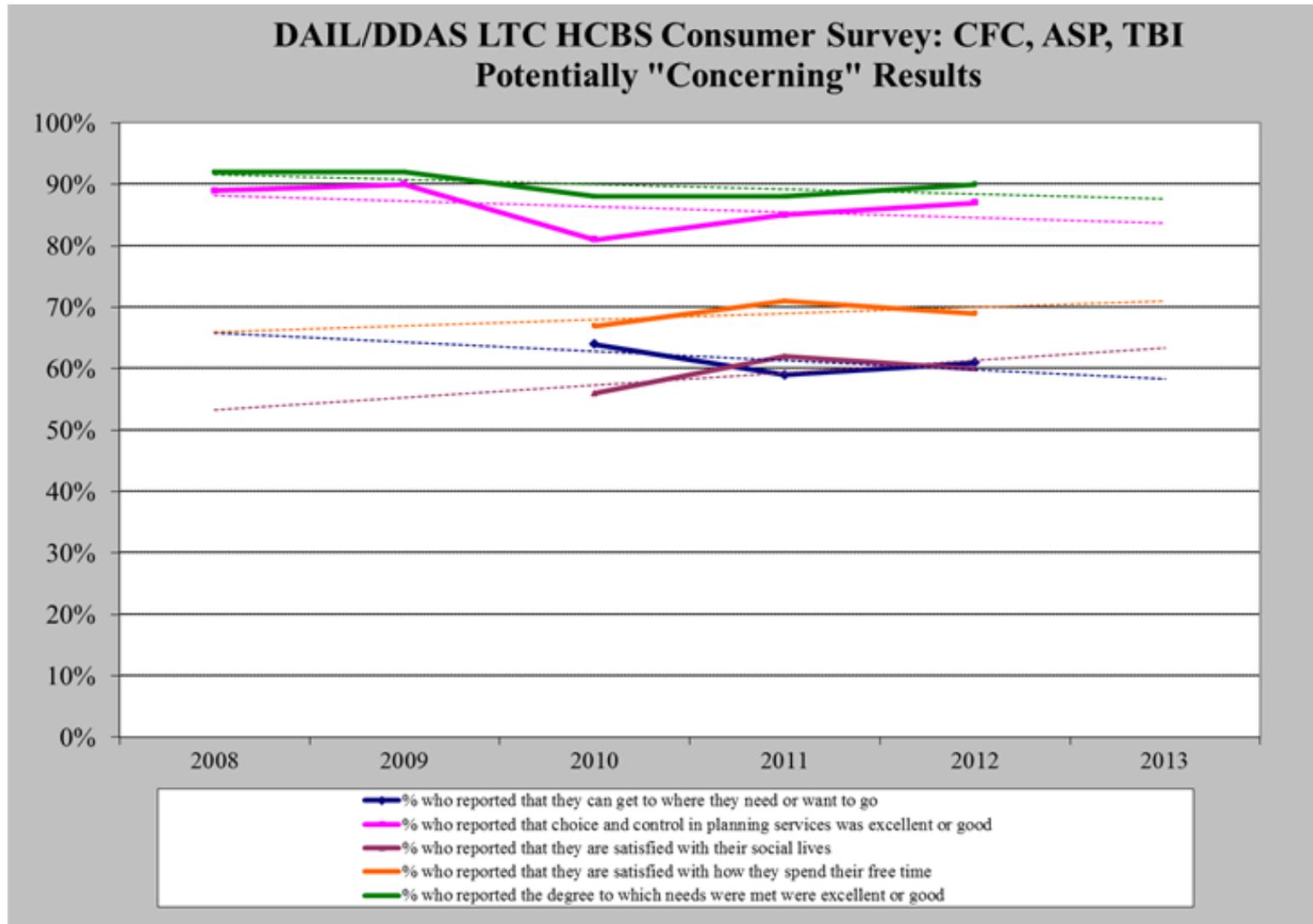
Through surveys, a large majority of CFC HCBS participants report positive aspects of services, as shown below:



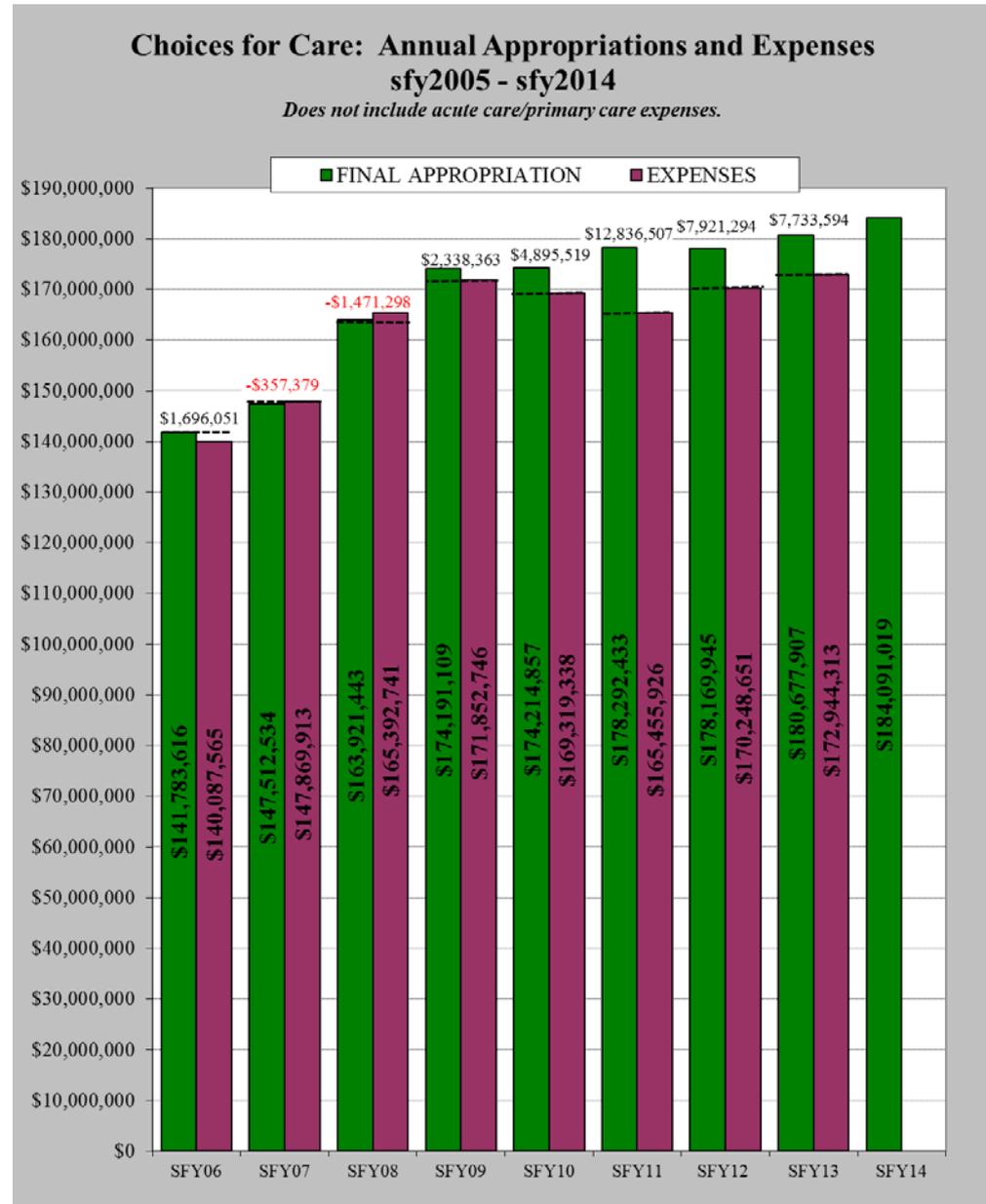
**DAIL/DDAS LTC HCBS Consumer Survey: CFC, ASP, TBI
Potentially "Promising" Results**



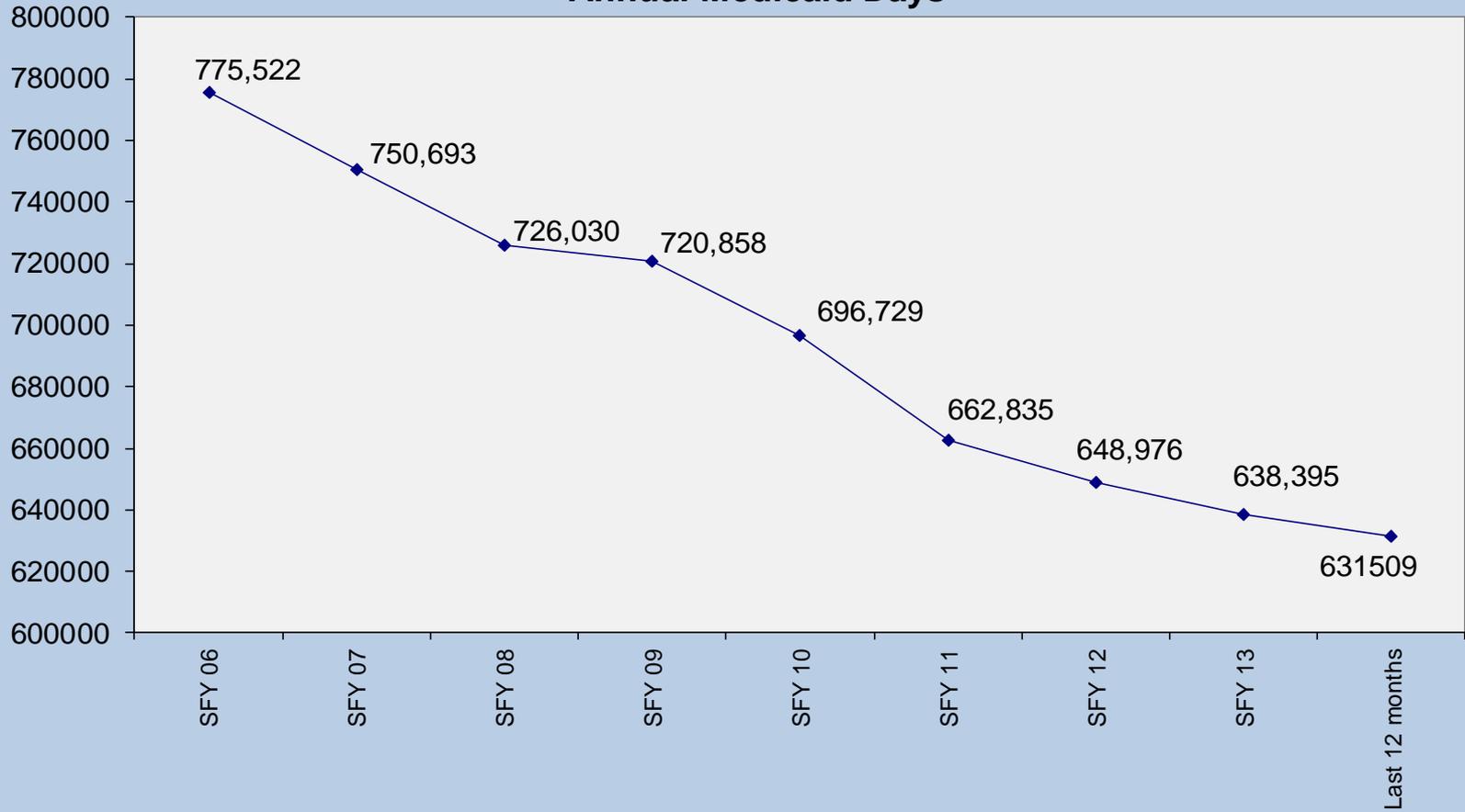
However, the surveys also suggest some opportunities for improvement:



Manage Spending to Available Funding - Recent financial reports show that Choices for Care spending has been less than the legislative appropriation.



Annual Medicaid Days



Annual Medicaid Days from SFY 2008 to Present

Data Source: Division of Rate Setting Census Data

PROPOSED SFY2014 Choices for Care Reinvestments (using SFY2013 Carryforward funds) \$6,005,391 available for reinvestment; plan awaiting legislative approval		
Initiative	Gross	General Fund Only
<i>approved by legislature (JFC) 9.11.2013 SFY14 increase funding for AAA nutrition (home delivered and cong meals): current figures \$170k offset sequestration, \$40k targeted initiatives</i>	\$210,000	\$210,000
<i>SFY14 HASS/SASH</i>	\$50,505	\$22,000
<i>SFY14 - addresses the Moderate Needs Waitlist of an estimated 433 individuals. Allocated as follows \$313,122 to Adult Day providers (46 individuals) and \$754,650 (387 individuals) to Home Health Agencies and \$179,000 to AAA's and \$50,000 to Adult Days for Moderate Needs Flex expansion</i>	\$1,296,772	\$564,874
<i>SFY15 - AAA Home delivered and cong meals to offset sequestration (investment is GF only \$170K Gross use is \$390,714 so federal share lost is \$220,714)</i>	\$170,000	\$170,000
<i>SFY15 - Continuation of addressing the Moderate Needs Group \$1,703,228 annualized for SFY15</i>	\$1,703,228	\$741,075
<i>SFY15 - Continuing SASH/HASS reinvestment</i>	\$50,505	\$21,975
<i>SFY14 High Needs and Moderate Wait list risk mitigation</i>	\$2,034,031	\$886,024
<i>\$ Committed</i>	\$5,515,041	\$2,615,948
<i>Federal share not earned due to GF only investments</i>	\$490,350	
<i>\$ Available</i>	\$6,005,391	\$2,615,948
<i>Balance available</i>	\$0	\$0

Data source: DAIL business office

Programs Managed by DAIL, but Appropriated to DVHA	
Choices for Care (CfC) 1115 Demonstration Waiver	
<i>(appears in DVHA's budget)</i>	
<p>CFC Spending Plan - Each year, DAIL creates a spending plan year using the amount appropriated to the long-term care budget. This includes estimated expenditures for nursing homes, home- and community-based services and other Medicaid acute/primary care costs for Choices for Care participants.</p> <p>Once we have our final '15 budget, we will develop a plan for that fiscal year.</p>	
> SFY14 Base Appropriation (not including acute portion)	\$176,888,248
> Statutory Nursing Home rate increase	\$1,990,154
> Estimated Nursing Home occupancy savings	\$(1,990,154)
> Annualization of Medicaid Rate Increases	\$564,321
> Nursing Home Dementia rate	\$479,154
> Replace one-time FY'13 carry forward from LTC portion	\$1,729,979
> Annualization of SFY14 Reinvestment (Base increase moderate needs)	\$2,073,750
> Annualization of SFY14 Reinvestment (Base increase moderate needs – funded by carryforward of SFY14 Reinvestment Funds)	\$(2,073,750)
> 2% Medicaid Rate increase for 6 months	\$599,682
> Technical Adj. to CFC Due to Conf. Committee Chgs. & Rate Increases	\$1,128,640
FY15 Recommend (not including acute care)	\$181,390,024