

**Vermont § 1115 Demonstration
The Vermont Long-Term Care Plan**

FACT SHEET

Name of Section 1115 Demonstration:	The Vermont Long-Term Care Plan
Date Proposal Submitted:	October 7, 2003
Date Proposal Approved:	June 13, 2005
Date Demonstration Implemented:	October 1, 2005

SUMMARY

The Vermont Long-Term Care Plan, a section 1115 demonstration, is a statewide initiative to rebalance long-term care services through managing nursing facility admissions and increasing community-based options. The demonstration would not include children or individuals receiving institutional services through ICFs/MR.

Nursing facility admissions would be managed through three strategies:

- Implementing Person-Centered Assessment and Options Counseling Process - Individuals seeking long-term care services would complete an assessment process to identify what services would need to be put in place to enable them to remain at home. An assessment instrument would identify which of two tiers of services would match individuals' choices and needs. To accomplish this, two tiers would be created within current level of care criteria for long-term care services. Participants with the highest needs, who meet the highest tier's criteria, would qualify for nursing facility or Home and Community-Based Services (HCBS). Participants meeting the less restrictive criteria of the second tier would still be eligible for nursing facility or HCBS; however, if funds were not available individuals entering this lesser-need category may be placed on a waiting list and served in order of greatest need.
- Creating Access to Home and Community-Based Services (HCBS) – Creating tiers within level of care criteria would result in fewer participants qualifying for nursing facility services. The minimum criteria for meeting institutional level of care criteria (LOC) would remain unchanged; however, the access to institutional services would require participants to have the highest need for services. With fewer participants using high-cost nursing facility services, more funds would be available to increase community-based services for more participants. Savings also would allow an expansion group to receive, at a minimum, case management, homemaker and adult day services. Access to these services may prevent or forestall participants' need for nursing facility services.
- Selective contracting – As a result of the strategies described above, the demand for nursing facility beds is projected to be less. To adjust the State's nursing facility bed capacity to the reduced demand, the State may seek to selectively contract with nursing facility providers for fewer beds than are currently used.

TARGET POPULATION/ELIGIBILITY

The demonstration would include older people (age 65 years and older) and adults with physical disabilities (age 18 and older) and in need of long-term care services or be at risk of requiring nursing facility services.

Individuals participating in the existing Section 1915(c) Home and Community-Based Services and Enhanced Residential Care waiver programs would remain in the demonstration with current services.

NUMBER OF INDIVIDUALS SERVED

Approximately 4520 individual annually.

BENEFIT PACKAGE

Individuals in the highest and high need groups would be eligible for nursing facility and home and community-based services including case management services, personal care, respite care, companion services, adult day services, personal emergency response services, assistive devices, home modification, nursing facility, residential care, homemaker services and other community-based services. Individuals with moderate needs currently but at risk of needing long-term care would receive case management, homemaker and adult day services.

COST SHARING

None

ENROLLMENT LIMIT/CAP

Enrollment in the high need and moderate need groups would be limited.

DELIVERY SYSTEM

Services would be delivered through the current provider network.

QUALITY ASSURANCE

To be determined

MODIFICATIONS/AMENDMENTS

None.

For additional information, please contact the CMS Project Officer – Jean Close at 410-786-2804 or jean.close@cms.hhs.gov.

January 4, 2006