

**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 does not include children or individuals receiving institutional services through ICFs/MR.

Nursing facility admissions are managed through three strategies:

- Implementing Person-Centered Assessment and Options Counseling Process - Individuals seeking long-term care services complete an assessment process to identify what services need to be put in place to enable them to remain at home. An assessment instrument identifies which of two tiers of services matches individuals' choices and needs. To accomplish this, two tiers are created within the level of care criteria for long-term care services. Participants with the highest needs, who meet the highest tier's criteria, 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 results in fewer participants qualifying for nursing facility services. The minimum criteria for meeting institutional level of care criteria (LOC) remains unchanged; however, the access to institutional services requires participants to have the highest need for services. With fewer participants using high-cost nursing facility services, more funds are available to increase community-based services for more participants. Savings 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 includes 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 at risk of requiring nursing facility services.

Individuals who were participants within section 1915(c) Home and Community-Based Services and Enhanced Residential Care waiver programs remain in the demonstration maintain these services.

NUMBER OF INDIVIDUALS SERVED

Approximately 4520 individual annually.

BENEFIT PACKAGE

Individuals in the highest and high need groups are 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 based on funding availability.

DELIVERY SYSTEM

Services would be delivered through the current provider network.

QUALITY ASSURANCE

A Quality Assurance/Quality Improvement Plan will be implemented to assure the health and welfare of participants and continuous program improvement.

MODIFICATIONS/AMENDMENTS

None.

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

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