

House Committees on Health Care and Human Services Joint Hearing Testimony, 2/21/24

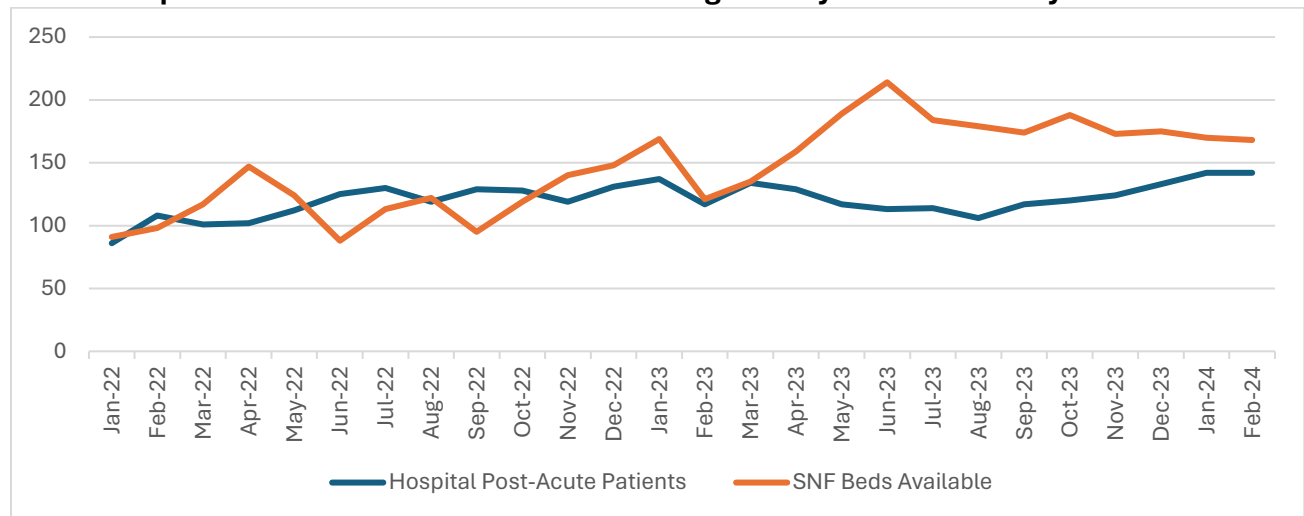
Presented by the Department of Disabilities, Aging and Independent Living (DAIL):
Megan Tierney-Ward, Interim Commissioner & Angela Smith-Dieng, Director, Adult Services Division

Data Snapshot

Hospital & Nursing Facility Bed Data	Jan 2022	Jan 2023	Jan 2024	Change 2022-2024
# Hospital Post-Acute Patients	86	137	142	65% higher
# SNF Beds Available	91	169	170	87% higher
% of all SNF Beds Filled	76%	82%	83%	7% points higher
% SNF Beds Offline Due to Staffing	15%	8%	5%	10% points lower

*Data Sources: VDH VTEM Resource Hospital Database and SNF self-reported bed survey data.

Hospital Post Acute Patient Data & Nursing Facility Bed Availability Over Time



What has been done so far?

Medicaid Rates

1. Nursing Facilities:

- a. SFY23 all nursing facilities received a retroactive 9.18% Medicaid rate adjustment effective 7/1/22 for a total of approximately \$4.5M, to help offset the high cost of contract traveling staff.
- b. SFY24 all nursing facility rates were re-based to 2021 costs.
- c. SFY24 DVHA rate setting conducted a review of the nursing facility rate methodology with recommendation in a [January 2024 legislative report](#).

2. Residential Care, Assisted Living and Home & Community-Based Services (HCBS):
 - a. SFY23 the legislature provided an 8% increase for DAIL home and community-based services for home health, residential care, assisted living, adult day, area agencies on aging, and developmental services.
 - b. SFY23 the State renegotiated the Collective Bargaining Agreement (CBA) with the American Federation of State, County and Municipal Employees (AFSCME), to increase minimum wages and provide incentive payments for Independent Director Support Workers who are hired by people who self-manage their in-home services.
 - c. SFY23 DVHA and DAIL worked together to perform a rate review for residential care, assisted living, home health non-skilled services and adult day. A [report](#) was submitted to the legislature in February 2023.
 - d. SFY24 the legislature provided Medicaid rate increases for home and community-based services and residential care/assisted living ranging from 4% to 79%. Current rates can be seen in the [Medicaid Rate Table](#).

Emergency Financial Relief

1. LTC Facility Emergency COVID Assistance: Throughout the pandemic, DAIL provided emergency grants to assist long-term care facilities experiencing COVID situations/outbreaks and serious financial hardship, in addition to a staffing pool contract with TLC to provide emergency staffing.
2. Nursing Facility Extraordinary Financial Relief: Current rate regulations allow nursing facilities to apply to DVHA for extraordinary financial relief (EFR) or emergency rate adjustments, if they are struggling financially. As of 2/20/24, approximately \$14.9M has been requested.
3. SFY22 & SFY23 Nursing Facility Bed Grants: In SFY22, DAIL awarded over \$5M in targeted grants to help 7 SNFs reopen beds over 120 SNF beds that had been taken offline due to lack of affordable staff. In SFY23, working to award an additional \$1.2M grants to 4 SNFs to bring on up to an additional 65 beds through early 2023.
4. Adult Day Financial Support: The legislature has supported Adult Day operations with general funds grants from the beginning of the pandemic through SFY24.

Crisis Capacity/Complex Care/Hospital Flow

1. Vermont Healthcare Emergency Preparedness Coalition through a VDH contract with All Clear Emergency Management Group collaborated with DAIL to hold regular partner meetings since 2021 to track and strategize barriers to hospital flow. Several initiatives were implemented, stemming from this group:
 - a. Bed Board: In SFY21, the VCHA and DAIL began manually collecting SNF bed availability data for use by hospitals and the State. SFY23-SFY24, DAIL worked with DMH to expand the DMH bedboard to include nursing facilities. The new bedboard is being launched February 2024.

- b. Long-Term Care (LTC) Medicaid Eligibility Process: DVHA implemented processes and staffing changes to expedite the LTC financial eligibility process for Choices for Care applicants and is exploring, with DAIL, ways to further expedite new applications.
 - c. In 2023 a series of Root Cause Analysis sessions were offered to hospitals. Reports fed into a hospital “play book” about to be released, for hospital case managers to address complex discharges. Similar sessions are now being offered to SNF’s.
2. RFP for Specialized Care in a Nursing Facility: DAIL, together with DVHA, DOC and DMH, completed an RFP and are finalizing a contract with [iCare Health Network](#) who is purchasing Bennington Health & Rehab (91 beds) to provide specialized care to people who would otherwise be difficult to place and remain in hospitals, jail or out of state facilities for lack of in-state options. The model is expected to be available March 2024 as MissionCare at Bennington.

Workforce Recruitment & Retention

1. SFY22-SFY23 AHS Premium Pay for Workforce Recruitment and Retention: The legislature through [Act 83](#) appropriated approximately \$60M to the Agency of Human Services to provide [workforce retention/recruitment](#) payments to health care and direct care workers across our system of care.
2. HireAbility: DAIL HireAbility Business Account Managers have ongoing relationships with many Home Health Agencies and SNFs across the state to connect job seekers with employers who are hiring.
3. Money Follows the Person Grant (MFP): DAIL MFP Grant and HireAbility are collaborating to support healthcare and personal care career development through scholarships and mentorships.

What is happening now?

1. Nursing Homes: For SFY25 DAIL has proposed \$9.9M in stabilizing rate method changes to address minimum occupancy penalties and outdated cost caps. This stabilization effort is intended to prevent closures and allow some nursing homes to hire staff and admit more residents.
2. HCBS/Choices for Care: SFY24 BAA and SFY25 Budget – DAIL has proposed 5% increase for Adult Family Care, Flexible Choices, Case Management and Moderate Needs Flexible Funding.

3. ASD Complex Care Hospital Coordination: The Adult Services Division (ASD) has three registered nurses (two funded through the federal Money Follows the Person grant) who, as part of their jobs, work with hospitals to support social workers/discharge planners with finding appropriate placements for individuals on Choices for Care and/or those who may be Choices for Care eligible who may have complex needs (mental illness, substance use, advanced dementia with difficult behaviors, etc.). They build relationships with hospitals, nursing homes and other providers to support the placement process, using a person-centered planning and team-based care approach.
4. Special Rates: ASD is able to work directly with long-term care facilities to offer an individual specialized rate for a resident who needs specialized care, often including more staffing support.
5. Hospital Grants for Discharge Planning: The two-year pilot projects with Southwestern Vermont Medical Center and Brattleboro Memorial Hospital using federal Money Follows the Person funds are underway and both have hired Complex Care Specialists for discharge planning. Both will also be working on developing standard protocols and guides that can be used by future staff at these hospitals and others to support successful discharge planning for patients with complex care needs.
6. Direct Care Workforce Promotion Campaign: DAİL has initiated a contract with Place, a Vermont-based marketing firm, to develop and execute a marketing campaign to promote the need for and value of our direct care workforce across the continuum of programs and care (long-term care, developmental services, mental health services, and substance use services). The campaign is under development and will launch later in 2024.
7. Prevention of Long-Term Hospital Stays: Some long-term hospital stays could likely be avoided if families and caregivers had more supports for their loved ones long before a crisis event that brings them to the hospital. Families report being overwhelmed and exhausted and unsure of where to turn. ASD staff are working closely with our partners at VDH, the Area Agencies on Aging, the Alzheimer's Association and more, to focus on reaching more unpaid family caregivers with resources and support to allow them to continue caregiving safely and successfully at home.
8. Age Strong VT Plan: The [Age Strong VT Plan](#), just finalized and launched this February, is a 10-year visionary plan to build an age-friendly state, with objectives and strategies that take a holistic multisector approach to aging well. This includes strategies focused on stabilizing the long-term care system (See Housing Objective #3 and its 8 strategies).