

Testimony of Sue Chase
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Just over ten years ago, Vermont took the lead, nationally, by establishing the Choices for Care program. This Legislature, along with the Vermont Department of Aging, Disabilities & Independent Living (DAIL) did the right thing by helping frail adults in their efforts to remain at home. In December, 2005 forty percent of Vermonters on CFC were receiving home and community based services. Ten years later (December, 2015) about 53% were on the home and community based program. Both the Legislature and DAIL should feel good that you have achieved your goal of reducing utilization of nursing homes. A wide range of services including personal care, adult day, case management, respite care, adult family care homes, ERC's and more have helped achieve this goal.

In October, 2005, Vermont also created the Moderate Needs Group (MNG) program which provides preventive services such as homemaker and adult day that helps many people avoid or delay the need for more costly care.

While there have been challenges with the MNG program and frustrations regarding waiting lists, the program has proven to be a valuable resource. It has enabled moderate income, frail Vermonters who are not Medicaid eligible to receive adult day services. Many people who may not have otherwise are now able to remain active in their communities stimulating their minds and bodies. They have access to health monitoring services to address their chronic diseases, receive dignified assistance with personal care needs and engage in stimulating, therapeutic activities along with receiving nutritious meals and snacks.

VAADS supports the Governor's Budget which includes retaining the \$1.2 million that was put into the CFC program, including MNG, this past October. These additional funds meant that people currently enrolled in the MNG program could continue to receive adult day services. Otherwise, adult days may have had to limit services which would have increased waiting lists.

VAADS encourages the Legislature to include language in the budget that addresses CFC savings and reinvestment. Language regarding CFC savings was not included in the SFY 2017 Budget. When DAIL created CFC it was with the understanding that some of the anticipated savings would be reinvested in home and community based services. Over the past ten years, there have been saving reinvestments. Currently, there is no high needs wait list due to savings. The MNG program has benefited from increased allocations to address long waiting

lists. New initiatives have been undertaken to again support frail Vermonters in their efforts to remain in the community.

Over the past 10 years, the acuity and complexity of needs for adult day program participants has grown significantly, including those on the MNG program. Last fiscal year, 67% of adult day participants had hypertension, 56% dementia and 47% cardiovascular disease. Thirty-six percent of participants had diabetes many of whom required extensive monitoring and intervention. In addition, almost half needed help with medication administration and over 60% needed help with two or more activities of daily living. The average length someone attends one of Vermont's adult day programs is four years at a significant savings, especially since adult day services cost less than 45% of nursing home care.

Adult day services are a model of person and family centered care. Please support this vital, community-based resource which is helping some of Vermont's frailest citizens to live in the community setting of their choice at significant savings to the State.

Thank you.

Language for FY17 Budget

CHOICES FOR CARE; SAVINGS, REINVESTMENTS, AND SYSTEM ASSESSMENT

(a) In the Choices for Care program, "savings" means the difference remaining at the conclusion of fiscal year 2016 between the amount of funds appropriated for Choices for Care, excluding allocations for the provision of acute care services, and the sum of expended and obligated funds, less an amount equal to one percent of the fiscal year 2016 year total Choices for Care expenditure. The one percent shall function as a reserve to be used in the event of a fiscal need to freeze Moderate Needs Group enrollment. Savings shall be calculated by the Department of Disabilities, Aging, and Independent Living and reported to the Joint Fiscal Office.

(1) It is the intent of the General Assembly that the Department of Disabilities, Aging, and Independent Living only obligate funds for expenditures approved under current law.

(b)(1) Any funds appropriated for long-term care under the Choices for Care program shall be used for long-term services and supports to recipients. In using these funds, the Department of Disabilities, Aging, and Independent Living shall give priority for services to individuals assessed as having high and highest needs and meeting the terms and conditions of the Choices for Care program within the Global Commitment waiver.

(2)(A) First priority for the use of any savings from the long-term care appropriation after the needs of all individuals meeting the terms and conditions of the waiver have been met shall be given to home- and community-based services. Savings may also be used for quality

improvement purposes in nursing homes but shall not be used to increase nursing home rates under 33 V.S.A. § 905.

(B) Savings either shall be one-time investments or shall be used in ways that are sustainable into the future. Excluding appropriations allocated for acute services, any unexpended and unobligated State General Fund or Special Fund appropriation remaining at the close of a fiscal year shall be carried forward to the next fiscal year.

(C) The Department of Disabilities, Aging, and Independent Living shall not reduce the base funding needed in a subsequent fiscal year prior to calculating savings for the current fiscal year.

(c) The Department, in collaboration with Choices for Care participants, participants' families, and long-term care providers, shall conduct an assessment of the adequacy of the provider system for delivery of home- and community-based services and nursing home services. On or before October 1, 2016, the Department of Disabilities, Aging, and Independent Living shall report the results of this assessment to the House Committees on Appropriations and on Human Services and the Senate Committees on Appropriations and on Health and Welfare in order to inform the reinvestment of savings during the budget adjustment process.

(d) On or before January 15, 2017, the Department of Disabilities, Aging, and Independent Living shall propose reinvestment of the savings calculated pursuant to this section to the General Assembly as part of the Department's proposed budget adjustment presentation.

(e) Concurrent with the procedures set forth in 32 V.S.A. § 305a, the Joint Fiscal Office and the Secretary of Administration shall provide to the Emergency Board their respective estimates of caseloads and expenditures for programs under the Choices for Care program.