

Adult Services Division – Choices for Care

Program Overview

Choices for Care (CFC) is a program covered under [Vermont's Global Commitment to Health 1115 Waiver](#). CFC offers long-term services and supports to adult Vermonters who need nursing home level of care and who also need Vermont Medicaid to help pay for services. If a person is found clinically and financially eligible, they may choose where they want to receive their services whether it is in their own home, the home of another person or in a licensed residential care home, assisted living residence or nursing facility.

Staff and Partners

The Long-Term Services and Supports Unit manages Choices for Care and includes 20 staff, 15 whom are regionally located to manage applications and clinical eligibility for people in their regions.

Partners who provide direct services under CFC are many and include:

- Adult Day Providers
- Adult Family Care Authorized Agencies
- Area Agencies on Aging
- ARIS Solutions (employer payroll services)
- Designated Home Health Agencies
- Licensed Residential Care and Assisted Living Residences
- Licensed Nursing Facilities
- Providers of Personal Emergency Response Services
- Traumatic Brain Injury Providers

Recent Developments and Accomplishments

A large focus this year has been on the new federal regulations for [Home and Community-Based Services \(HCBS\)](#) settings characteristics and person-centered planning. A systemic evaluation and work plan was developed for CFC through a public process which led to a strengthening the certification standards for Adult Day and Case Management providers and program standards for Adult Family Care.

In July 2016, the minimum wage for all self-directed employees increased from \$10.80 to \$11.04 per hour. Additionally, the CFC home-based and Enhanced Residential Care services rates were increased by 2% September 1, 2016.

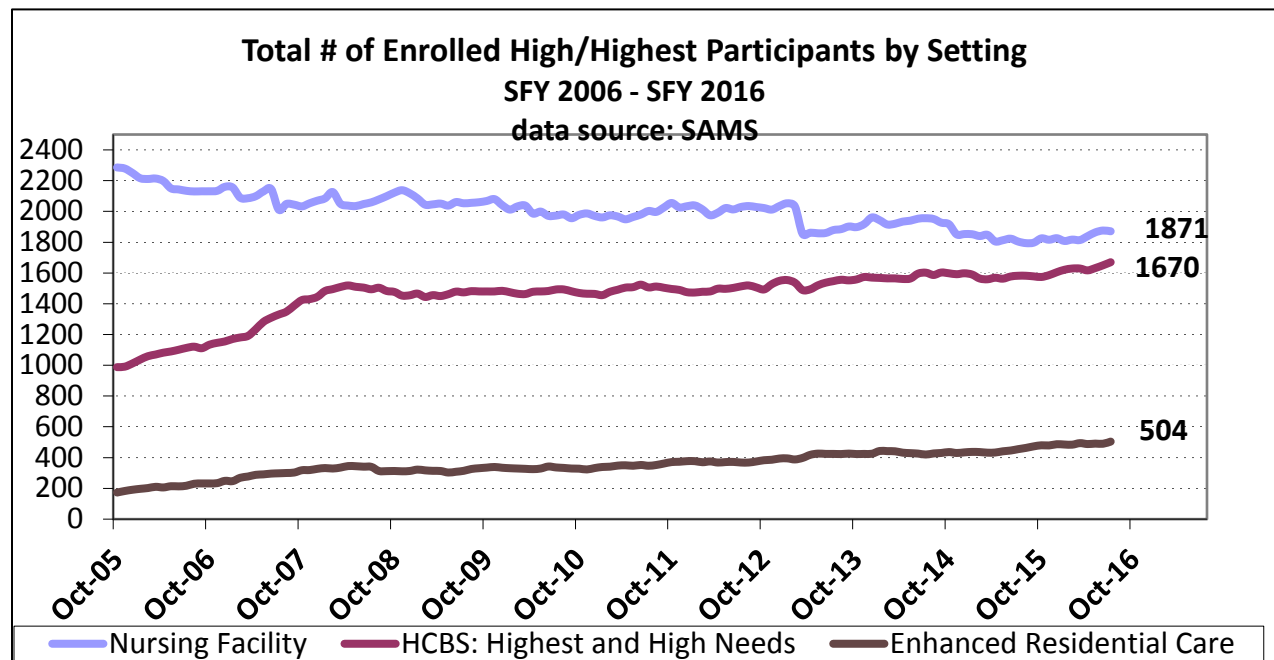
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The Companion Aide Project, which provides an enhanced Medicaid rate to four Nursing Facilities to improve the lives of people with Alzheimer's and related disorders living in nursing facilities, was nationally recognized for its innovation by the [National Association of States United on Aging & Disabilities](#) (NASUAD).

Future Directions

- Work will continue the HCBS regulations as it related to home-based setting requirements and person-centered planning.
- Will join the [National Core Indicators for Aging & Disabilities](#) next in 2017.
- Will continue as a primary focus of the State's Medicaid Pathway work from Act 113.

Results



- 46% of all High/Highest enrollments were in the Nursing Facility setting (1% decline from SFY15)
- 1467 people were enrolled in Moderate Needs services (7% decrease due to reduced funding) and provider wait lists increased to over 600 people
- As of June 2016, 94% of High/Highest clinical eligibility determinations were made within 30 days. The target is 95%.
- [Consumer survey \(2015\)](#) indicated that 85% of people receiving personal care state their choice and control over planning is excellent or good.
- [Consumer survey \(2015\)](#) indicated that 90% of people receiving personal care say the degree that services met their daily needs is excellent or good.