

**CHOICES FOR CARE PROGRAM
ENHANCED RESIDENTIAL CARE**

**Program Overview
&
Provider Enrollment Application Procedure**

Revised July 2018

State of Vermont, Agency of Human Services
Department Aging & Independent Living
Adult Services Division
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This document is available in alternative format upon request.

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I. INTRODUCTION

Purpose

The purpose of this application process is to enroll new Enhanced Residential Care providers in the Choices for Care Medicaid waiver program who demonstrate the capability and philosophy to help the Vermont Department of Disabilities, Aging and Independent Living (DAIL) achieve the following objectives for the Long-Term Care Medicaid Program.

- To offer quality, augmented, nurse-supervised residential care services in safe home-like settings that enable low-income elders and adults with disabilities who meet the clinical eligibility requirements for nursing home level of care and who are at high risk of nursing home placement, to age in place in the community;
- To increase statewide access to the program; and,
- Increase program utilization.

Eligible Providers

Providers eligible for consideration are those who are:

- Level III Residential Care Homes/Assisted Living Residence (RCH/ALR) that are currently licensed and in substantial compliance with the Residential Care Home/Assisted Living Residence Regulations and are recommended for participating provider status by the Department of Aging and Independent Livings' Division of Licensing and Protection (DLP); and
- Facilities that can accomplish said Level III Residential Care Home/Assisted Living Residence licensure.

Selected homes must meet Level III RCH/ALR licensing regulations and applicable requirements for building, fire and life safety codes prior to participation. Homes which have sprinklers shall be given preference in the review process.

Applications from providers throughout Vermont will be considered.

Other criteria are as follows:

- Providers complaint record
- Provider experience and/or ability to serve nursing home level of care residents.
- Provider's ability to retain residents.
- Provider's ability to promote aging in place.

- Provider's interest and commitment in CFC ERC priority admissions from the community.
- The provider's history and/or willingness to serve SSI and low income residents.
- Financial stability of the provider.
- Physical accommodations within the home.
- The type and amount of activities offered by the provider.
- Availability of private bedrooms for ERC participants.
- Provider's anticipated staffing pattern.

Selected providers must enter into letters of agreement with DAIL to provide Enhanced Residential Care Services. Such agreements contain no guarantee of income. Provider income from program participation appears to increase based on a provider's ability and willingness to admit and retain eligible consumers at higher risk of institutionalization and based on consumers' preference for provider's home and services.

Eligible Consumers

Eligible consumers must:

- Meet the Choices for Care clinical eligibility at nursing home level of care
- Meet the financial eligibility criteria for Long-Term Care Medicaid
- Be given choice of setting and where they want to live and receive services
- Sign an Admission Agreement with the approved provider
- Pay room & board and patient share (if applicable)

Technical Assistance

Technical assistance (by phone, email and limited in-person) will be available upon request. Assistance will be by appointment only and subject to staff availability. To receive technical assistance, contact:

- Paula Brown: (802) 241-0283 or email paula.brown@vermont.gov
- ASD Main Line: (802) 241-0294 or email AHS.DAILASDProviderEnrollment@vermont.gov.

All applications received will be considered public property and will be available for review by the public upon request.

II. ORGANIZATIONAL OVERVIEW

The Department of Disabilities, Aging and Independent Living (DAIL) was established in 1989 and is the center of the Agency of Human Services' program management and policy development with respect to older persons and persons with disabilities. Its two essential purposes are to:

- Foster the development of comprehensive and coordinated service systems which assist older individuals and individuals with disabilities to live as independently as their personal circumstances permit; and to
- Advocate on behalf of older persons and persons with disabilities, particularly those in greatest economic or social need, to obtain services which they need and to which they are entitled.

The Department manages the State's obligations under the federal Older Americans Act of 1965, the Rehabilitation Act of 1973, certain portions of the Social Security Act, and several state laws. DAIL is responsible for supporting and overseeing a variety of federally and state-funded services such as nutrition, personal assistance, homemaker, adult day programs, respite, transportation, service coordination, benefit counseling, information and referral, senior companions, ombudsman activities, and acting as the appointed (public) guardian for some persons over age 60 adjudged to be mentally disabled.

The Department's Adult Services Division administers the Choices for Care Medicaid Waiver and coordinates activities with the Division of Licensing and Protection (DLP). DLP is responsible to monitor the quality of care and services provided in residential care homes and Assisted Living Residences to assure that services meet the needs of the residents. DLP is also responsible to coordinate with the Department of Labor and Industry to assure that RCH/ALRs are safe and in compliance with fire safety requirements.

III. HISTORY AND STATUS OF THE ENHANCED RESIDENTIAL CARE PROGRAM

Because the ERC option is based on the individual's clinical and financial eligibility, and consumer choice, DAIL cannot guarantee a specific amount of Medicaid revenues to any provider. In addition, a provider is not required to accept as a resident any consumer who, after careful review and consideration, is found to be inappropriate for placement. DAIL seeks a good match between the needs of the consumer and the ability of the provider to deliver appropriate care and services. DAIL shall monitor the selection and admission of all program participants.

IV. SCOPE OF SERVICES REQUESTED AND POPULATION TO BE SERVED

Providers selected to participate in ERC must agree to the program goals, principles, provider qualifications, and standards of performance included in the Choices for Care program manual, as required by the Global Commitment to Health 1115 Waiver approved by the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid (CMS). Providers also agree to maintain (at a minimum) the services, staffing and policies as presented in the ERC provider application and as agreed to as conditions of approval.

Additional record-keeping and financial accountability requirements are associated with receiving Long-Term Care Medicaid reimbursement and are elaborated in a manual maintained by the Medicaid fiscal intermediary (currently the Department of Vermont Health Access (DVHA) in Williston, VT).

DAIL requires providers to adhere to the requirements described in a Choices for Care Policies & Procedure Manual, which is available on the Department's website: <http://asd.vermont.gov/services/choices-for-care-program>

In addition to these requirements, participating providers must comply with:

- All regulations associated with retention of their Level III Residential Care Home/Assisted Living Residence license
- Vermont Life Safety requirements
- CFC Policies and Procedures set forth in the CFC manual
- Medicaid Provider Agreement and regulations

Services shall be provided to adults aged 65 and older or 18 and older with a physical disability who have been assessed as 1) meeting the program's clinical criteria (Highest or High Need) and 2) Long Term Care Medicaid eligible.

Participating consumers must have a need for:

- personal care assistance, and/or
- skilled nursing services, and
- assistance with instrumental activities of daily living associated with loss of independence.

Participating consumers must require these services because of:

- chronic physical illness or disability,
- frailty associated with the aging process, or
- cognitive impairments associated with Alzheimer's Disease or a related dementia.

Consumers with mental health and developmental needs are not excluded from admission. However, mental health and developmental needs cannot be the primary need for enhanced residential care services. Consumers with such needs may be eligible for other services or financial supports provided through

the Department of Disabilities, Aging and Independent Living -Developmental Services or through the Department of Mental Health (DMH).

V. PROGRAM ELEMENTS

Assessments; Plans of Care; Resident Service Plans; Records; Case Management Services; and Quality Assurance Activities

Consumers who apply to the program are assessed by a Choices for Care Long Term Care Clinical Coordinator (LTCCC) nurse from DAIL's Adult Services Division (ASD) to determine that the consumer meets the nursing home level of care criteria.

Participating consumers must meet nursing home level of care. Residential Care Home regulations prohibit a home from admitting or retaining a resident who meets nursing home level of care (LOC). Therefore, participating RCH providers must obtain a **LOC Variance** from DLP to admit or retain each eligible consumer. If the provider is limited to a specific number of LOC variances because of capacity to provider care, staffing, or fire and safety issues, a provider may be unable to serve a potential or current nursing home level of care resident.

Participating providers shall have in place a resident admission agreement that specifically reflects the ERC services and reimbursements.

After admission, the resident will have an additional assessment completed by the ERC provider. The ***Vermont Resident Assessment Tool*** (RA) is the required ERC assessment tool. The Resident Assessment tool is used in the Enhanced Residential Care Long-Term Care Medicaid Program to support 1) development of a Resident Service Plan, and 2) assignment of the appropriate daily reimbursement tier rate for care. It is the responsibility of the ERC provider to complete and submit the RA assessment, tier scoring and ERC requested service plan for the appropriate reimbursement tier.

The provider's designated nursing staff (including a registered nurse) must develop a ***Resident Service Plan*** in collaboration with the participating consumer and involved family or friends (with the consent of the consumer). Resident service plans reflect a consumer's needs, strengths, and desired outcomes, and identify services that support independent functioning to the greatest extent possible.

Each resident must have an ***individualized activity plan documented as prescribed*** by DAIL, or on a comparable approved form.

Resident records required: All records as required by RCH licensure and to include the following: ERC application, ERC assessments (RA), (ERC) service plan, resident care plans, activity assessments and plans; records of all bills and charges to consumers and payments received, and claims submitted and payments received from Medicaid and documentation related to the same.

Reimbursement: Participating providers receive reimbursement in three forms. First, the participating consumer must pay a room and board fee directly to the participating provider. As a condition of participating in the program, providers agree that the room and board fee shall be capped at a monthly rate which is the lesser of the following two amounts: a) the federal portion of the SSI rate or b) the participating consumer's monthly income minus the prevailing Personal Needs Allowance. The room and board fee shall be prorated to a daily rate if the consumer moves into the home after the first of the month.

The second part of provider reimbursement is for **enhanced care services**. This is paid by DAIL from state funds matched with federal dollars through the Medicaid fiscal intermediary (presently DXC). Reimbursement for enhanced care is currently paid at three daily rates for Tier 1, Tier 2 and Tier 3. Tiers for RCH and ALR are different.

The higher tier rates for care will be authorized when a consumer's RA assessment and service plan demonstrates that more expensive, intensive services are indicated and will be provided.

Exceptions: ERC reimbursement will *not be* paid when:

- a participating consumer is not at the home due to visits away for a full 24 hours
- a participating consumer is admitted to Medicaid-reimbursed health care facility (including a hospital, skilled nursing home, or rehabilitation home). The ERC provider may accept the allowable room and board rate during these absences.

The third and final part of provider reimbursement is through the State Medicaid Assistive Community Care Services program (ACCS). ACCS pays a daily reimbursement for the level III care services provided to ERC residents. (*Note: Provider must meet all applicable requirements, be approved as an ACCS provider and be enrolled with Medicaid as an ACCS provider.*)

The reimbursement from ERC Medicaid, ACCS Medicaid and room & board are the sole reimbursement a provider may request and accept. All ERC and ACCS billing codes and rates can be found on the ASD website: <http://asd.vermont.gov/resources/rates>

ERC Assessments and service plans are updated annually, and more frequently at the time of any significant change in condition.

Quality assurance and continuing quality improvement reviews are conducted on at least an annual basis by staff from DAIL. Providers must collaborate with DAIL to ensure that services provided to Enhanced Residential Care consumers achieve the outcomes elaborated in the waiver approved by CMS.

In summary, the general order of the ERC application and eligibility process for

consumers are as follows:

- The provider requests a LOC variance from the Division of Licensing and Protection (DLP).
- DLP grants the participating provider a variance to serve the consumer.
- The consumer submits initial application for the CFC program;
- The ASD LTCCC completes a clinical assessment and the consumer is determined to be at nursing home level of care;
- The Department of VT Health Access (DVHA) finishes the financial eligibility and the consumer is determined to be eligible for Medicaid-Long Term Care;
- The consumer receives a Notice of Decision from DVHA that also includes patient share information;
- The consumer and provider complete the Resident Assessment (RA) and person-centered care plan.
- The provider completes the ERC Tier Worksheet and Service Plan and submits with the RA to the LTCCC for review.
- The LTCCC reviews and authorizes the Service Plan.
- The consumer is now approved to receive ERC services and the provider may bill for services.

VI. APPLICATION SUBMISSION

All prospective Enhanced Residential Care (ERC) providers must receive prior approval from the Department of Disabilities, Aging and Independent Living (DAIL) **before** enrollment as a Vermont Medicaid provider.

Carefully review the instructions and referenced materials, then complete the ERC Provider Enrollment Application found on this ASD web page: <http://asd.vermont.gov/resources>.

Mail, fax or email the application and all attachments to:

DAIL - Adult Services Division

Attention: New ERC Provider Enrollment

280 State Drive, HC2 South

Waterbury, VT 05671-2070

FAX: (802) 241-0385 or Email: asd.provider.enrollment@vermont.gov

VII. APPLICATION REVIEW PROCESS

Once the application is received, a Department staff person shall make a scheduled visit to the facility. The ERC Committee (which may include representatives from DLP, ASD, Ombudsman, Life Safety) shall review the

application, findings of the staff visit, Division of Licensing and Protection survey history and Department of Labor and Industry survey to determine whether the applicant has the capacities required by the Waiver approved by CMS. The ERC Committee may request additional information and assurances before determining the outcome of the application. The Committee may recommend approval with a maximum capacity lower than that requested.

The applicant will be informed of the outcome. If the ERC Committee recommends approval the provider must complete the following for participating status:

- DAIL Approved Resident Admission Agreement with ERC (& ACCS) language, Enroll as a Medicaid Provider through DVHA,
- A Medicaid Provider Agreement through DVHA,
- Become familiar with the ERC Policies and Procedures, and Any other requirements as set forth by the ERC Committee.

Submission of the ERC Provider Enrollment application does not guarantee approved enrollment as a Vermont Medicaid provider. Providers will be notified in writing of the decision within 30 days of receipt of the complete application and all attachments.

If approved, providers will be instructed to submit a [Vermont Medicaid Provider Enrollment](#) application. Call (802) 241-0294 with questions about the ERC Provider Enrollment application packet. Call (802) 879-4450 with questions about the Medicaid Provider Enrollment process.

All approved ERC Provides must maintain compliance with the licensing regulations and program standards. Provider must also maintain familiarity with:

- The Residential Care Home Licensing Regulations and, if applicable, the Assisted Living Residence Licensing Regulations online: <http://dlp.vermont.gov/survey-cert/facility-regs>
- The DAIL Room & Board Standards, updated annually online: <http://asd.vermont.gov/resources/guidance-memos>
- The Universal Provider Standards found in the Choices for Care High/Highest Program Manual online: <http://asd.vermont.gov/resources/program-manuals>
- The Enhanced Residential Care service section of the Choices for Care High/Highest Program Manual. (link above)
- The Enhanced Residential Care Medicaid rates for revenue codes and rates found in the rate table online. <http://asd.vermont.gov/resources/rates>
- The Medicaid provider enrollment instructions found on the Vermont Medicaid Provider Portal. <http://www.vtmedicaid.com/#/provEnrollInstructions>
- The Medicaid general provider agreement found on the VT Medicaid Provider Portal. <http://www.vtmedicaid.com/#/provEnrollDataMaint>

- The Vermont Department of Vermont Health Access Program Integrity information regarding Medicaid fraud, waste and abuse.
<http://dvha.vermont.gov/for-providers/program-integrity>
- The Vermont Adult Protective Services mandated reporting laws.
<http://dlp.vermont.gov/aps/mandatory-reporting>

VIII. EVALUATION CRITERIA

The Department will only consider approval for providers who demonstrate adequacy in all of the following dimensions:

- Current compliance and recent complaint record with Level III RCH or ALR Regulations
- Admission Agreement Language
- Home Description and Physical Plant
- Staffing and Personal Care Capacity
- Activities Program
- Community Involvement
- Financial Stability