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To Whom It May Concern:

We the undersigned acknowledge that it is our intention to support the implementation of the enclosed Money Follows the Person (MFP) Sustainability Plan through Federal Fiscal Year 2020. This plan aligns conceptually with our long-term goals and objectives for enhancing Vermont's long-term services and supports, home and community-based initiatives. Our support of this sustainability plan is with the understanding that this document should be considered a working document. Vermont's MFP team and CMS will work closely to refine the contents of the plan to the final submission in the fall of 2015.

Thank you for your consideration of this sustainability plan,

Megan Tierney-Ward
Director, Adult Services Division

Susan Wehry Digitally signed by Susan Wehry
Date: 2015.04.27 15:03:10 -04'00'

Susan Wehry, MD
Commissioner, Department of Disabilities, Aging and Independent Living

Steven Costantino
Commissioner, Department of Vermont Health Access

I. Executive Summary

The Department of Disabilities, Aging and Independent Living (DAIL), Adult Services Division (ASD) has been operating the Money Follows the Person (MFP) grant since 2012 to help Vermonters living in nursing facilities overcome barriers to moving to their preferred community-based setting. Since 2012, MFP and its partners have helped 162 people transition to the community while 60 people completed a full 365 days of living in a community setting. In September 2013, with the help of the MFP grant, Choices for Care (CFC) implemented a new service called Adult Family Care (AFC). It is a wonderful new option that provides long-term services and supports in private homes around the state. Additionally, the MFP enhanced federal match for CFC community-based services has helped fund growth in Vermont's long-term services and supports system, such as increased wages for self-directed independent direct support workers in July 2014.

Through the MFP grant work, Vermont has learned that there are some very important factors to helping Vermonters transition from a nursing facility back to the community. Some lessons learned include:

- A high percentage of Vermonters (about 25%) who transition home return to a hospital or nursing facility for a period of 90 days or longer
- 45% of all people in MFP who expressed a desire to transition to a community setting were NOT able to transition back to the community due to insurmountable barriers (primarily housing). Affordable and accessible housing continues to be a challenge for the MFP population. Currently two of the staff transition coordinators are housing specialists. Both of these positions will be funded through September 2020. With Legislative approval, the State of Vermont currently plans to continue to fund at least one of these positions beyond the end of the MFP Grant. In addition, the grant will continue developing the Adult Family Care Home Model. This home-based 24 hour care model will be essential in caring for the MFP populations that may not be able to live in a traditional home-based setting like a home or apartment.

Vermont's successes, lessons learned and stakeholder feedback support the MFP plan to request federal funding to:

- Continue the MFP staffing and demonstration services through 2020
- Continue MFP transitions through 2018 with enhanced FMAP for eligible Choices for Care services through 2019
- Develop a plan to incorporate the work of MFP Transition Coordinators within the current CFC provider network or a new identified CFC service beyond 2020
- Create:
    - An improved discharge planning/Section Q process for people who wish to transition back to the community
    - Sustainable training resources for family and paid caregivers
    - One-time additional funding for costly home modifications

Vermont also plans to engage in efforts to improve the lives of people by:

- Incorporating elements of MFP Transition Funds into the CFC program beyond 2020
- Enhancing the person-centered planning process for all transitions
- Improving Vermont's re-institutional rate
- Expanding housing opportunities including improved access to Adult Family Care
- Requesting Vermont legislative approval to convert 4 limited MFP grant positions into permanent positions beyond 2020

This document describes Vermont's sustainability plan in a format prescribed by the Centers for Medicare and Medicaid Services (CMS).

II. Stakeholder Involvement

Process - The Sustainability Plan has been characterized by CMS as an ongoing process. As such, stakeholders are essential partners throughout the project and beyond. Stakeholder feedback regarding the sustainability of Vermont's home and community-based service system (which includes MFP) has come in many forms.

1. October 2013: DAIL published its first annual legislative report on "The Adequacy of the CFC Provider System". The report described the current Choices for Care (CFC) system of care, ways in which DAIL assures quality and receives stakeholder feedback and opportunities for CFC "reinvestments". http://ddas.vt.gov/ddas-publications/publications-cfc/cfc-legislative-reports/choices-for-care-system-adequacy-report-2013

    a. October 2014: DAIL published its second annual legislative report on "The Adequacy of the CFC Provider System". http://ddas.vt.gov/ddas-publications/publications-cfc/cfc-legislative-reports/choices-for-care-system-adequacy-reports-2014 The report includes:
    b. VT Long-Term Care Consumer Satisfaction Survey summary (Jan 2014)
    c. Choices for Care Independent Evaluation summary (May 2014)
    d. Choices for Care Policy Briefs summaries
        i. Alzheimer's Disease and Related Disorders (2013)
        ii. Non-Medical Providers (2013)
    e. Choices for Care Utilization Data
    f. MFP Experiences and Data
    g. Choices for Care Stakeholder Survey results (August 2014)

    Conclusions that indicate a need for more residential/housing options, increased staffing for home-based services and improved options for people with cognitive and behavioral health needs

2. February 2015: University of Massachusetts Medical School (UMMS) Policy Brief: "Factors Leading to Nursing Facility Readmission". http://ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/umass-policy-brief-factors-leading-to-nursing-facility-readmission-march-2015 . The policy brief included literature research and Vermont stakeholder interviews with recommendations including improved person-centered assessment and discharge planning process, and access to home community-based services.
3. March 2015: ASD Division Director and MFP Project Director attended DAIL Advisory Board to introduce new MFP Project Director, present MFP status update, present MFP sustainability plan concepts and receive recommendations. Stakeholders provided feedback around the need to improve access to services, discharge planning process, better assessments and person-centered planning.
4. April 2015: ASD Division Director and MFP Project Director met with Developmental Disabilities Services Executive Directors re: Adult Family Care and MFP. Recommendations included improved transitional fund usage, and access to housing options such as Adult Family Care (i.e. a better method assessing a person's needs prior to the matching process and a tier rate evaluation).
5. April 2015: Money Follows the Person Stakeholder Input Survey distributed to the stakeholders in the table below:

Stakeholder Group	Survey Invitations	Completed Surveys	Response Rate
AFC Homes	14	0	0%
AAA	18	7	39%
HHA	19	7	37%
Transitions II	2	1	50%
DAIL Advisory Board	45	12	27%
Total	98	27	28%

Stakeholder Survey Highlights:

The primary factors preventing consumers from returning to a home and community based setting were lack of supports, housing and their medical condition. The stakeholders agreed that having at least $2,500 available to aid in the transition process was important and offered many suggestions on optimizing the current policy. It was agreed that the AFC Home option adds value to the community but would like to see program improvements related to payment schedules, increasing the pool of home providers and some streamlining of current processes. The majority of respondents agreed that increased training for direct caregivers was important to the success of consumers remaining in the community. Isolation was a concern as a factor that would help improve a person's quality of life once they have returned to the community. Programs or services that encourage activities that reduce a consumer's feeling of isolation were identified as important to long term success in the community.

6. April 2015: Letter from ASD Division Director and MFP Project Director to CFC case management agencies and nursing facilities providing an MFP mid-project status update and an invitation to schedule regional "meet and greet" sessions starting May 2015.
7. Ongoing Stakeholder Group Meetings:
    a. Monthly Adult Family Care stakeholder conference call
    b. Quarterly Case Management Supervisors Meeting
    c. Quarterly Ombudsman Program Meeting
    d. Bi-monthly Home Health Executive Directors Meeting
    e. Monthly Area Agency Executive Directors Meeting

Summary of Stakeholders

Vermont's primary stakeholders for the Department of Disabilities, Aging and Independent Living (DAIL) and the Money Follows the Person grant include:

- The DAIL Advisory Board
- Program Participants
- Nursing Facilities
- Area Agencies on Aging
- Home Health Agencies
- Adult Family Care Authorized Agencies
- Aging & Disability Resource Connections (ADRC)
- Vermont Long-Term Care Ombudsman Program

The Department also works closely with Adult Day Providers, licensed Residential Care Homes, hospitals and other internal stakeholders such as the Department of Vermont Health Access, Department for Children and Families and Department of Mental Health.

III. Vermont's Plan for Continuing to support moving persons out of institutions

Vermont's Choices for Care (CFC) 1115 waiver program was designed to provide people with a choice to receive their long-term services and supports in the setting that they prefer. Since the implementation of CFC in 2005, the percentage of Vermonters receiving home-and community-based services (versus nursing facility) has risen from approximately thirty (30) percent to over fifty (50) percent. With the support of MFP through 2020, Vermont will continue to actively support moving people out of institutions into their chosen community-based setting. Details of the current MFP activities that will be continued are detailed in sections 4, 5 and 6 of this document. In Vermont, the MFP program supports both the elderly and the physically disabled adult populations. There is no plan to change supports provided to these populations going forward.

Vermonters who express an interest in leaving an institution shall continue to be referred to the Local Aging & Disabilities Resource Connections (ADRC) for Person-Center Options

Counseling. People who meet the MFP eligibility standards will continue to be referred to one of four regional MFP Transition Coordinators for assistance during the discharge planning process. The MFP Transition Coordinator will continue to work closely with the person, their CFC case manager, facility discharge planner and family supports to identify the needs for everything a person needs to assure a successful transition including (but not limited to) housing, furnishings, home-based services, backup plan, social opportunities, medical supplies, durable medical equipment, medical appointments and MFP Transition Funds. Once the person-centered plan has been developed, critical home-based services and medical supplies/devices have been secured, a discharge date is scheduled. After the successful transition, the CFC case manager will continue to provide the lead role for monthly monitoring, reassessments, and person-centered planning. The MFP Transition Coordinator will continue to monitor the individual's plan and complete Quality of Life surveys for the next 365 days. Critical incidents will continue to be reported to the MFP team by applicable CFC providers and reviewed on a weekly basis to evaluate issues and provide technical assistance to providers in order to reduce the risk of re-institutionalization or harm to the person.

IV. Demonstration Services and services funded by MFP Administrative funds included in the state's Operational Protocol and delivered to MFP participants

Transition Funds – Vermont will continue to offer a one-time transition assistance payment of $2,500 per person as an MFP demonstration service. MFP Transition Funds will continue to be reimbursed at an enhanced federal rate for services provided through 2018. (*See Estimated Budget Summary*) MFP enrollees are eligible to receive these transition funds to help remove identified barriers to transitioning and remaining in the community on home and community-based services (HCBS). The MFP team will be conducting a study of items purchased by the grant to determine the correlation between the items purchased and a whether the person was

successful in remaining in the community. The study will provide the state's senior leadership a recommendation on a sustainable dollar amount to be incorporated into the current CFC home-based Assistive Devices/Home Modification service beyond 2019.

V. Administrative (not service) Staff Positions funded by MFP Administrative funds.

Vermont currently has 7.5 full-time equivalent MFP positions that will continue to be 100% federally funded through 2020. Vermont's goal is to initiate a budget request and legislative process in 2018 to convert 4 (four) MFP limited positions into 4 (four) full-time positions by 2020. The positions will be dedicated to quality management, assuring continued quality of the person-centered discharge/transition process, CFC home-based services such as Adult Family Care and critical incident management. Approval of new positions is subject to the state of Vermont's budget at the time of the request and legislative approval.

#1 Position Title: Project Director (1FTE)
Main functions through 2020: The Project Director is responsible for leading the design, development, implementation, and plans for sustaining the CMS MFP demonstration.
Reports to: Adult Services Division Director
Plan after 2020: In 2018 will initiate a request to convert a total of 4 MFP limited positions into full-time permanent state position for the purpose described above.
Duties: • Hire personnel for program implementation • Responsible for overall quality and management of MFP program • Oversees budget and ensure financial accountability • Supervise program delivery • Recognize and solve potential problems and evaluate program effectiveness • Ensure operating procedures meet program goals • Provide program content expertise • Facilitate MFP Steering Committee Meetings • Facilitate ad-hoc workgroups and forums • Address capacity issues as they arise • Perform quality functions • Network with local, state and national agencies for future program development as required

- To perform this job successfully, an individual must be able to perform each duty satisfactorily
- The requirements listed below are representative of the knowledge, skill, and/or ability required
- Excellent supervisory, organizational and training skills
- Experience in program development and implementation
- Experience in coordinating activities, evaluating data, and establishing priorities
- Excellent communication and presentation skills
- Ability to analyze problems and make well-reasoned, sound decisions
- Related grant experience

#2 Position Title: Administrative Assistant (.5 FTE)

Main functions through 2020: The Administrative Assistant provides administrative support to the Money Follows the Person (MFP) Project Director and workgroups.

Reports to: Project Director

Plan after 2020: In 2018 will initiate a request to convert a total of 4 MFP limited positions into full-time permanent state position for the purpose described above.

Duties:

- Assist the Project Director to administratively organize the new MFP grant information, space, staff and files
- Assist the Project Director with coordinating the hiring process for potential new employees
- Perform all MFP administrative office tasks such as answering the phone, photo copying, faxing, filing and processing incoming and outgoing mail
- Arranging meetings and trainings by scheduling dates, finding space and disseminating necessary information to participants
- Provide administrative support to the Project Direct by creating meeting and workgroup agendas, taking minutes and disseminating information
- Perform word processing on documents and reports as requested
- Processing and disseminating program information and reports as needed
- Organize and process MFP sub-recipient grants as needed
- Organize and submit staff time-sheets and expense sheets for the Project Director
- Send email communications on behalf of the Project Director to staff, stakeholders, community partners and workgroups as needed
- Assist the Project Director with travel requests and arrangements as needed
- Perform other administrative tasks as requested by the Project Director
- To perform this job successfully, an individual must be able to perform each duty satisfactorily
- The requirements listed below are representative of the knowledge, skill, and/or ability required

- Typing skills
- Microsoft Word, Excel and Outlook experience
- Ability to operate copy and fax machines
- Good telephone communication skills
- Good organizational skills
- Good interpersonal skills

#3 Position Title: Senior Planner (1 FTE)

Main functions through 2020: The Senior Planner directs the management information systems plan, data analysis and other reporting needs for the Money Follows the Person (MFP) demonstration grant.

Reports to: Project Director

Plan after 2020: In 2018 will initiate a request to convert a total of 4 MFP limited positions into full-time permanent state position for the purpose described above.

Duties:

- Design and implement management information systems related to long-term care services and the MFP grant
- Assist the Program Director in managing all required internal, state and federal reporting, tracking and data management, including management of MFP benchmarks and data integrity.
- Interpret/translate program reporting needs into data elements
- Complete required MFP reports as needed
- Assist MFP Quality Management Specialists to manage program tracking systems
- Assist in identifying MFP website needs and developing a plan for updating the Department's website
- To perform this job successfully, an individual must be able to perform each duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.
- Considerable knowledge of management information systems
- Considerable knowledge of the principles and practices of program planning
- Ability to conceptualize methods for the development of automated systems to manage and integrate large amounts of data
- Ability to analyze complex problems and to develop and implement effective solutions
- Ability to prepare detailed technical reports
- Knowledge and understanding of the theories and practices of data analysis
- Considerable knowledge of databases, data collection and creating data reports
- Ability to work independently and set priorities among competing demands
- Ability to understand, interpret and apply state and federal regulations
- Ability to establish and maintain effective working relationships including the ability to interact respectfully and professionally with a wide variety of people
- Ability to express ideas and present information clearly and concisely in oral and written form
- Ability to prepare detailed analyses of problem situations and implement practical and attainable solutions
- Ability to use Microsoft Word, Excel and Outlook and other database applications

#4 Position Title: Quality & Program Specialist (1 FTE)

Main functions through 2020: The Quality and Program Specialist assists in the development, implementation and oversight of all quality management activities for the Money Follows the Person (MFP) demonstration grant.

Reports to: Project Director

Plan after 2020: In 2018 will initiate a request to convert a total of 4 MFP limited positions into full-time permanent state position for the purpose described above.

Duties:

- Oversee the 24/7 back-up system for the MFP grant
- Oversee critical incident reporting system and respond to critical incidents as directed by the OP for MFP
- Oversee risk mitigation programs
- Perform all required quality management and program utilization review activities.
- Assist with independent evaluation as necessary
- Assist in writing/updating the MFP Operational Protocol as needed
- Assist in analyzing data related to the MFP grant
- Oversee certification and licensure reviews of clinical staff and housing as needed
- Assist the Project Director and Data Analyst with MFP financial and performance reporting as needed
- Provide ongoing monitoring of all MFP program activities. Knowledge and understanding of the theories and practices of quality management
- Ability to work independently and set priorities among competing demands
- Considerable knowledge of principles and practices of disability issues and independent living as applied in home- and community-based service programs
- Considerable knowledge of aging issues and long-term care services in home- and community-based settings
- Considerable knowledge of state a;2nd federal rules and regulations relating to disability and elder issues and programs
- Working knowledge of Medicaid services that provide supportive services to elders and people with disabilities
- Ability to establish and maintain effective working relationships including the ability to interact respectfully and professionally with a wide variety of people including families, providers, other human service and housing organizations
- Ability to express ideas clearly and concisely in oral and written form
- Ability to present information and policy to the public and solicit the public's opinions
- Ability to prepare detailed analyses of problem situations and implement practical and attainable solutions.
- Ability to use Microsoft Word, Excel and Outlook and other database applications.

#4 Position Title: Transition Coordinator (4 FTE)

Main functions through 2020: Transition Coordinators provides MFP education and screening to people who are in nursing facilities and interested in transitioning to the community. They work closely with the discharge planning team during pre-transition coordination of services and follow the person into the community to provide monitoring and technical assistance for up to 365 days.

Reports to: Project Director

Plan after 2020: In 2018 will initiate a request to convert a total of 4 MFP limited positions into full-time permanent state position for the purpose described above.

Duties:

- Making visits to nursing facilities across the state to screen and identify individuals eligible for the MFP demonstration
- Responding to MFP referrals from nursing facilities, residents (self-referrals), families, guardians and others; undertaking comprehensive transition planning for all eligible MFP participants
- Performing transition assessments (including a comprehensive risk assessment);

- Developing individualized plans of care in collaboration with the participant and the participant's assigned case manager
- Collaborating with the participant's case manager and Community Development Specialist (described below) to arrange and coordinate services pre-transition
- Performing discharge planning functions in coordination with the nursing facility; and carrying out post-transition follow-up calls and visits as necessary to ensure implementation of the plan-of-care and to identify any unmet needs that could pose a risk of re-institutionalization

VI. Plan for Utilization of Rebalancing Funds

Vermont manages the Choices for Care (CFC) long-term services and supports budget as a whole for all settings: home-based, Adult Family Care, Enhanced Residential Care and Nursing Facility. The MFP enhanced federal match is included in the CFC home-based and Adult Family Care service options. Each year, Vermont further shifts the balance towards community-based settings which generally cost less to provide. Therefore, when the total CFC year-end expenditures are less than the total CFC legislative budget for that year, the Agency of Human Services (AHS) follows a legislative protocol to "reinvest" those dollars back into long-term services and supports. Each year in accordance with ***2013 Vermont Acts and Resolves No. 50, Sec. E.308(c)*** the Department of Disabilities, Aging and Independent Living (DAIL) submits an annual legislative report assessing "The Adequacy of the CFC Provider System". The report includes stakeholder feedback and data which provides AHS and the Vermont legislature with information needed to give input and make decisions on the CFC reinvestment plan. The October 2014 report can be found at: http://ddas.vermont.gov/ddas-publications/publications-cfc/publications-cfc-default-page

Vermont will continue to follow the state's budget and legislative protocol to reinvest Choices for Care savings, which include MFP rebalancing funds. The protocol can be found in the ***2013 Vermont Acts and Resolves No. 50, Sec. E.308(c)*** at:

http://www.leg.state.vt.us/docs/2014/Acts/ACT050.pdf

Since the implementation of the MFP grant, the following enhancements have been made to Vermont's home and community-based services system.

State Fiscal Year 2013:

- $.30/hr wage increase for all consumer/surrogate directed employees
- Reversed a 2009 2% rate reduction for all Choices for Care home and community-based services and Day Health Rehabilitation services for certified Adult Day providers
- $164,453 to 3 of Vermont's 5 Area Agencies on Aging to help maintain community services for people over 60

State Fiscal Year 2014:

- $170,000 emergency reinvestment to offset the impact of sequestration on Older Americans Act Congregate Nutrition Services (Title IIIC1,) and Home-Delivered Nutrition Services (Title IIIC2)
- $40,000 to reduce nutrition risk among older adults at high nutritional and social risk who receive home delivered meals
- $380,000 Area Agency on Aging nutrition services
- $101,010 SASH/Housing & Supportive Services
- $3.0 million to increase access to CFC Moderate Needs Services (preventative) and created a Flexible Funds Option
- Increased rates for all CFC providers including wages for consumer and surrogate directed employees by 2.75%

State Fiscal Year 2015:

- Increased wages for all consumer and surrogate directed employees to a new minimum of $10.80/hour or by 2% (whichever was greater)

VII. Timeline for Activities Planned in Sections 4, 5 & 6

Vermont's Sustainability Plan Timeline																			
	CY2016				CY2017				CY2018				CY2019				CY2020		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
MFP Grant Transitions	Last Transition on or before December 31, 2018 (Reimbursed at MFP Enhanced FMAP Rate)																		
Continued Transition Support													Continued Transition Support - Transition Service Provided by Network of Providers						
MFP Transition Funds	Reimbursed at MFP Enhanced FMAP Rate																		
Transition Funds Added to CFC Assistive Devices/ Home Modification Service													Reimbursed at Traditional FMAP Rate						
Grant and Program Reporting	MFP Senior Planning Position Responsible for Reporting																		
Conversion of 7.5 limited full-time equivalent MFP positions to 4 full-time state positions.									Budgeting and Legislative Approval Process for conversion of positions										
Projected Last Date an MFP Referral Accepted 06/30/18									X										

Other Project Milestones		
Description	Start Date	Completion Date
Create an improved Section Q/Aging & Disability Resource Connections (ADRC) process for people who wish to transition back to the community.	July 1, 2017	September 30, 2020
Create a sustainable training process for family and paid caregivers.	January 1, 2018	September 30, 2020
Offer one-time additional funding to pay for costly home modifications in MFP eligible settings.	January 1, 2018	September 30, 2020

VIII. Estimated Budget Summary

The table below represents Vermont's estimated budget summary in the template provided.

Vermont MFP Sustainability Plan Estimated Multi-Year Budget

Grantee Name:	State of Vermont	**Award Number:**	1LICMS330824				
Estimated Federal Budget							
6. Object Class Categories	**(1) CY 2016**	**(2) CY 2017**	**(3) CY 2018**	**(4) CY 2019**	**(5) CY 2020**	**(6) Total**	**State Share**
a. Personnel (100% Federal)	$397,473	$417,347	$438,214	$460,125	$483,131	**$2,196,290**	**$0**
b. Fringe Benefits (100% Federal)	$216,394	$227,214	$238,574	$250,503	$263,028	**$1,195,713**	**$0**
c. Travel (100% Federal)	$36,109	$37,914	$39,810	$41,801	$43,891	**$199,525**	**$0**
d. Equipment (100% Federal)	$0	$0	$0	$0	$0	**$0**	**$0**
e. Supplies (100% Federal)	$14,450	$15,173	$15,931	$16,728	$17,564	**$79,845**	**$0**
f. Contractual (100% Federal)	$22,000	$72,000	$122,000	$122,000	$14,000	**$352,000**	**$0**
g. Construction (100% Federal)	$0	$0	$0	$0	$0	**$0**	**$0**
h. Services (76.95 Federal / 23.05% State)	$3,225,164	$3,420,754	$3,625,024	$1,812,513	$0	**$12,083,454**	**$2,785,236**
i. **Total Direct Charges** (sum of 6a-6h)	**$3,911,590**	**$4,190,401**	**$4,479,553**	**$2,703,669**	**$821,614**	**$16,106,828**	**$2,785,236**
j. Indirect Charges (100% Federal)	$34,321	$38,482	$42,726	$44,558	$41,081	**$201,169**	**$0**
k. **Total Federal Budget** (sum of 6i-6j)	**$3,945,911**	**$4,228,883**	**$4,522,280**	**$2,748,227**	**$862,695**	**$16,307,996**	**$2,785,236**

All figures were compiled by MFP Project Director and reviewed by the DAIL Business Office

Administration CAP Projections for CY2016 and CY2017

		CY2016	**CY2017**	**Total**
ADMIN % - Formula	ADMIN	$672,426	$755,647	$1,428,074
=ADMIN/(ADMIN+Expenditures)	Expenditures	$3,225,164	$3,420,754	$6,645,917
	ADMIN %	17%	18%	18%

State Share Comparison

	CY2016	**CY2017**	**CY2018**	**CY2019**	**Total State Share**
State Share of Services if Claimed As Choices for Care	$ 1,738,364	$ 1,843,786	$ 1,953,889	$ 976,944.40	$ 6,512,983
State Share of Services if Claimed AS MFP	$ 743,400.49	$ 788,483.70	$ 835,568.40	$ 417,784.20	$ 2,785,237
Projected State Share Savings Difference	$ (994,963)	$ (1,055,302)	$ (1,118,320)	$ (559,160)	$ (3,727,746)

State Share Savings / Rebalancing Dollars

Enhanced FMAP	Regular FMAP	FMAP Difference
0.7695	0.5390	0.2305

Addendum #1

(Version 1.1)

This addendum was added to reflect the changes to Vermont's original Sustainability Plan due to the final Notice of Award dated 04/07/2016. It is Vermont intention to complete all aspects of this sustainability plan expect the total number of transitions, the final MFP transition date and grant activity end date. Page 18 of this document reflects the new timeline and page 19 reflects the new budget.

	Original	Updated
Last Transition	12/31/2018	12/31/2017
Total Transitions	172	132
Grant Activity End Date	09/30/2020	06/30/2019

Vermont's Sustainability Plan Timeline

	CY2016				CY2017				CY2018				CY2019				CY2020		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
MFP Grant Transitions	Last Transition on or before December 31, 2017																		
Continued Transition Support									Continued Transition Support - Transition Service Provided by Network of Providers										
MFP Transition Funds	Reimbursed at MFP Enhanced FMAP Rate																		
Transition Funds Added to CFC Assistive Devices/ Home Modification Service									Reimbursed at Traditional FMAP Rate										
Grant and Program Reporting	MFP Senior Planning Position Responsible for Reporting																		
Conversion of 7.5 limited full-time equivalent MFP positions to 4 full-time state positions.									Budgeting and Legislative Approval Process for conversion of positions										
Projected Last Date an MFP Referral Accepted 06/30/18									X										

Other Project Milestones

Description	Start Date	Completion Date
Create an improved Section Q/Aging & Disability Resource Connections (ADRC) process for people who wish to transition back to the community.	July 1, 2016	June 30, 2019
Create a sustainable training process for family and paid caregivers.	January 1, 2017	June 30, 2019
Offer one-time additional funding to pay for costly home modifications in MFP eligible settings.	January 1, 2017	June 30, 2019

CY2016 to CY2019 Vermont MFP Grant Budget - April 2016

Grantee Name	State of Vermont	Grant Number	1LICMS330824-01-05

Estimated Federal Budget

6. Object Class Categories	(1) CY 2016	(2) CY 2017	(3) CY 2018	(4) CY 2019	(5) CY 2020	(6) Total
a. Personnel	$363,757	$381,945	$401,042	$210,547	$0	**$1,357,291**
b. Fringe Benefits	$198,038	$207,940	$218,337	$114,627	$0	**$738,942**
c. Travel	$34,081	$35,785	$37,574	$19,727	$0	**$127,167**
d. Equipment	$0	$0	$0	$0	$0	**$0**
e. Supplies	$12,410	$13,031	$13,682	$7,183	$0	**$46,306**
f. Contractual	$22,000	$22,000	$14,000	$131,548	$0	**$189,548**
g. Construction	$0	$0	$0	$0	$0	**$0**
h. Services (Other)	$3,244,062	$3,406,218	$668,208	$0	$0	**$7,318,487**
i. **Total Direct Charges** (sum of 6a through 6h)	**$3,874,348**	**$4,066,918**	**$1,352,843**	**$483,631**	**$0**	**$9,777,740**
j. Indirect Charges	$35,367	$33,035	$34,232	$24,182	$0	**$126,816**
k. **Total Budget** [sum of (6i minus 6j)]	**$3,909,715**	**$4,099,953**	**$1,387,074**	**$507,813**	**$0**	**$9,904,555**

VT State Share	$ 745,416	$ 775,596	$ 152,152	$ -	$ -	$ 1,673,164
Federal Share	$ 3,164,299	$ 3,324,357	$ 1,234,922	$ 507,813	$ -	$ 8,231,391

New federal $$	$ 8,090,639
Carry-over federal $$	$ 140,752
Total	$ 8,231,391

Addendum #2

(Version 1.2)

This addendum was added to reflect the changes to Vermont's original Sustainability Plan due to the final Notice of Award dated 04/07/2016. It is Vermont's intention to complete all aspects of this sustainability plan except the total number of transitions and the final MFP transition date. Pages 21 to 38 of this document reflects the state's current MFP Sustainability milestones, page 37 reflects the new timeline and page 38 reflects the new budget.

	Original	Updated
Last Transition	12/31/2018	12/31/2017
Total Transitions	172	367
Grant Activity End Date	09/30/2020	09/30/2020

Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC2 South, 280 State Drive
Waterbury, VT 05671-2020

Phone: 802.241.2401
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Jeff Clopein
Project Officer
Center for Medicaid and CHIP Services (CMCS)
Phone: 410.786.7252
Jeffrey.clopein@cms.hhs.gov

To whom it may concern,

We the undersigned acknowledge that it is our intention to support the implementation of the enclosed Money Follows the Person (MFP) Sustainability Plan through Federal Fiscal Year 2020 (September 30, 2020). This plan aligns conceptually with our long term goals and objectives for enhancing Vermont's Long-Term Services and Supports (LTSS) for our home and community-based initiatives. As part of the annual MFP project process, the progress of this plan will be reviewed by Vermont's MFP team and CMS.

Thank you for your consideration of this sustainability plan,

Megan Tierney-Ward
Director - Adult Services Division (ASD)

10/28/2017

Monica Caserta Hutt
Commissioner - Department of Disabilities, Aging and Independent Living (DAIL)

I. Executive Summary

The Department of Disabilities, Aging and Independent Living (DAIL), Adult Services Division (ASD) has been operating the Money Follows the Person (MFP) grant since 2012 to help Vermonters living in nursing facilities overcome barriers to moving to their preferred community-based setting. MFP and its partners have helped 367 people transition to the community while 177 people completed a full 365 days of living in a community setting. In September 2013, with the help of the MFP grant, Choices for Care (CFC) implemented a new service called Adult Family Care (AFC). This housing option provides long-term services and supports in private homes around the state. Additionally, the MFP enhanced federal match for CFC community-based services has helped fund growth in Vermont's long-term services and supports system. See Section V for a summary of all Rebalancing Initiatives.

Through the MFP grant work, Vermont has learned many lessons important to assisting Vermonters that wish to transition from a nursing facility back to the community. Some of those valuable lessons learned include:

- A high percentage of Vermonters (about 20%) who transition home return to a hospital or nursing facility for a period of 90 days or longer. **[Re-institutionalization Rate]**
- 25% of all people in MFP who expressed a desire to transition to a community setting were NOT able to transition back to the community due to insurmountable barriers. The two barriers identified for this are a lack of **community caregivers** and **affordable / accessible housing** for our population.
- A current increasing trend in the populations we serve has been participants with multiple diagnoses. In addition to their chronic conditions, the participants are dealing with mental illnesses, cognitive deficits and behavioral issues. These complex care cases have created the need for a **specialized team** for care planning and placement.

Vermont's successes, lessons learned, and stakeholder feedback support the MFP plan to request federal funding to:

- Continue the MFP administrative staffing through September 2020 (Funding Dependent)
- Continue MFP transitions through 2017 with enhanced FMAP for eligible Choices for Care services through 2018
- Develop a plan to incorporate the work of MFP Transition Coordinators within the current CFC provider network or as a new identified CFC service beyond 2019
- Create:
    - An improved discharge planning process for the CFC population statewide
    - Sustainable training resources for family and paid caregivers
    - Enhanced participant follow-up protocol

Vermont also plans to engage in efforts to improve the lives of people by:

- Incorporating elements of MFP Transition Funds into the CFC program beyond 2018
- Enhancing the person-centered planning process for all CFC transitions
- Improving Vermont's re-institutionalization rate
- Expanding housing opportunities including improved access to Adult Family Care
- Requesting Vermont legislative approval to convert 3 to 4 limited MFP grant positions into permanent positions beyond 2019

II. Vermont's Plan for Continuing to support moving persons out of institutions

Vermont's Choices for Care (CFC) 1115 waiver program was designed to provide people with a choice to receive their long-term services and supports in the setting that they prefer. Since the implementation of CFC in 2005, the percentage of Vermonters receiving home-and community-based services (versus nursing facility) has risen from approximately thirty (30) percent to over fifty (50) percent. With the support of MFP through 2020, Vermont will continue to actively support moving people out of institutions into their chosen community-based setting. Details of the current MFP activities that will be continued are detailed in sections III, IV and V of this document. In Vermont, the MFP program supports both the elderly and the physically disabled adult populations. There is no plan to change supports provided to these populations going forward.

III. Demonstration Services and services funded by MFP Administrative funds included in the state's Operational Protocol and delivered to MFP participants

Transition Funds – Vermont will continue to offer a one-time transition assistance payment of up to $2,500 per person as an MFP demonstration service. MFP Transition Funds will continue to be reimbursed at an enhanced federal rate for services provided through 2018. MFP enrollees are eligible to receive these transition funds to help remove identified barriers to transitioning and remaining in the community on home and community-based services (HCBS). The MFP team will be conducting a study of items purchased by the grant to determine the correlation between items purchased and whether or not the person was successful in remaining in the community. The study will provide the state's senior leadership a recommendation on a sustainable dollar amount to be incorporated into the current CFC home-based Assistive Devices/Home Modification service beyond 2017.

IV. Administrative (not service) Staff Positions funded by MFP Administrative funds.

Vermont currently has 6.5 full-time equivalent MFP positions. The MFP administrative staff will continue to be 100% federally funded through September 2020 (Funding Dependent - $??). The RN transition coordinator's positions (2) will only be funded through December of 2019. These positions will be dedicated to quality management, assuring continued quality of the person-centered discharge/transition process, CFC home-based services such as Adult Family Care and critical incident management. Vermont's goal is to initiate a budget request and legislative process in 2018 to convert 3 to 4 (three to four) MFP limited positions into 3 to 4 (three to four) full-time positions by 2019. Approval of new positions is subject to the state of Vermont's budget at the time of the request and legislative approval.

There are six categories of work that Vermont's MFP team will be performing as part of this sustainability plan. These categories are CMS – Interface, CMS – Reporting, CMS – Grant Certification, CMS - MFP Participant Support, CMS – Stories / Lessons Learned, Sustainability Plan Projects and CFC - Support / Integration. The table below summarizes the percentage of time that each MFP position will contribute to each effort. The tables on the subsequent pages will describe the tasks and the actual estimated hours allocated for completion of jobs.

Category of Work by MFP Position (% of total available time)								
	Total	PD	QS – E	DA	ADM	QS – H	RN - 1	RN - 2
CMS - Interface	2%	7%	2%	0%	5%	0%	0%	0%
CMS - Reporting	10%	23%	8%	40%	0%	0%	0%	0%
CMS – Grant Certification	3%	6%	11%	2%	0%	0%	0%	0%
CMS - MFP Participant Support	15%	18%	10%	10%	11%	12%	21%	21%
CMS - Stories/Lessons Learned	13%	12%	36%	13%	11%	5%	7%	7%
Sustainability Plan Projects	15%	4%	16%	24%	0%	41%	10%	10%
CFC - Support / Integration	44%	32%	18%	12%	74%	42%	64%	64%
Total	102%	102%	101%	101%	101%	100%	102%	102%

Note: Totals may be more than 100% due to rounding to whole numbers in table.

CMS – Interface

The tasks associated with this category include supporting CMS monthly phone call, annual budget submission, quarterly grantee calls and processing MFP expenses.

CMS - Interface				
	Est. Hours	**CY2018**	**CY2019**	**CY2020 ($??)**
Project Director	344	146	146	52
Quality Specialist - Eligibility / Claims	80	40	40	0
Administrative	132	48	48	36
Total	556	234	234	88

CMS – Reporting

The tasks associated with this category include supporting quarterly eligibility, MFP reporting (ABCD, Expenditures, and Semi-Annual) and T-MSIS data integration into Vermont's Medicaid payment system.

CMS – Reporting				
	Est. Hours	**CY2018**	**CY2019**	**CY2020 ($??)**
Project Director	1,158	364	372	422
Quality Specialist - Eligibility / Claims	386	166	136	84
Data Analyst	1,994	782	632	580
Total	3,538	1,312	1,140	1,086

CMS – Grant Certification

The tasks associated with this category include verification of each MFP transition eligibility, HCBS claims and transition fund usage.

CMS – Grant Certification				
	Est. Hours	**CY2018**	**CY2019**	**CY2020 ($??)**
Project Director	320	0	192	128
Quality Specialist - Eligibility / Claims	560	0	328	232
Data Analyst	96	0	48	48
Total	976	0	568	408

CMS – MFP Participant Support

The tasks associated with this category include supporting MFP monthly staff meetings, transition coordinator (TC) monthly follow-ups for active MFP participants and TC transition support for MFP enrollees not transitioned by the end of CY2017 (estimated to be 40 people)

CMS – MFP Participant Support				
	Est. Hours	CY2018	CY2019	CY2020 ($??)
Project Director	888	288	240	360
Quality Specialist -	516	264	144	108
Data Analyst	516	264	144	108
Administrative	264	96	96	72
Quality Specialist -	600	432	96	72
RN Transition	576	528	48	0
RN Transition	576	528	48	0
Total	3,936	2,400	816	720

CMS – Participant's Stories and MFP Lesson's Learned

The tasks associated with this category include telling each MFP participant's story, analysis of all lessons learned (i.e. re-institutional rate, death rate, value of transition funds used, QoL, Semi-annual) and institutional vs HCBS care costs. [Hours allocated table on next page]

Participant's Stories and MFP Lesson's Learned				
	Est. Hours	CY2018	CY2019	CY2020 ($??)
Project Director	608	0	480	128
Quality Specialist - Eligibility / Claims	1,796	288	832	676
Data Analyst	640	0	416	224
Administrative	264	96	96	72
Quality Specialist - Housing	272	112	160	0
RN Transition Coordinator 1	192	192	0	0
RN Transition Coordinator 2	192	192	0	0
Total	3,964	880	1,984	1,100

CMS – Sustainability Plan Projects

The tasks associated with this category include Adult Family Care Home support and program integration support into Choices for Care, discharge planning protocol, participant follow-up protocol to improve Vermont's re-institution rate, and caregiver support and training project.

Sustainability Plan Projects				
	Est. Hours	**CY2018**	**CY2019**	**CY2020 ($??)**
Project Director	196	148	48	0
Quality Specialist - Eligibility / Claims	808	472	192	144
Data Analyst	1,193	554	396	243
Administrative	8	8	0	0
Quality Specialist - Housing	2,072	728	768	576
RN Transition Coordinator 1	272	80	192	0
RN Transition Coordinator 2	272	80	192	0
Total	4,821	2,070	1,788	963

CMS – CFC - Waiver Team Support / Integration

The tasks associated with this category include participation in CFC meetings and related improvement projects. Examples of regular meeting are Policy/Planning, Supervisor's, ASD Staff, LTCCC (Long-Term Clinical Care Coordinators), Nursing Home Dollars/Days, Waiver Team, background check variances. Improvement projects include but are not limited Critical Incidents, TBI applications, Complex Care Case Team, administrative support, AFC Tier Rate analysis, shared living home inspections, Attendant Services Program workgroup, Moderate Needs Group support and Ad-hoc HAR/MMIS query development.

CFC - Waiver Team Support / Integration				
	Est. Hours	**CY2018**	**CY2019**	**CY2020 ($??)**
Project Director	1,616	954	378	284
Quality Specialist - Eligibility / Claims	887	582	174	131
Data Analyst	611	222	222	167
Administrative	1,848	672	672	504
Quality Specialist - Housing	2,130	552	840	738
RN Transition Coordinator 1	1,752	1,068	684	0
RN Transition Coordinator 2	1,752	1,068	684	0
Total	10,595	5,118	3,654	1,823

Complex Care Team

Through the work of Choices for Care and Money Follows the Person a need was identified to develop a complex care team to help facilitate difficult transitions and placements due to:

- Chronic health conditions
- Behavioral issues
- Mental health diagnoses
- Department of Corrections involvement
- Individuals being considered for an out-of-state placement
- History of being rejected by nursing facilities

The work of the complex care team encompasses educating hospitals and facilities on the assistance available to aid in the discharge planning of individuals with multiple diagnoses and complex needs. The complex care team partners to find innovative solutions to identified gaps and barriers. This team also supports emergent placements of people that have been displaced due to facility closings or crisis in their current HCBS settings. They assist by meeting with residents to assess their needs and wants in order to transition them to a new setting of their choice.

The complex care team will work closely with the following hospitals and facilities (See table on next page) to provide:

- Monthly contact with the Director of Case Management of each facility
- Weekly follow-up on the status of complex cases in active discharge planning
- Reporting each month on the total active discharges and number of placements
- CFC clinical assessments to expedite the application process as needed
- Work to facilitate transitions back to Vermont for individuals placed out of state

Complex Care Team Hospitals and Facilities	
Name	**County**
University of Vermont Medical Center	Chittenden
Dartmouth Hitchcock Medical Center	Grafton, NH
Rutland Regional Medical Center	Rutland
Brattleboro Retreat	Windham
Central Vermont Hospital	Washington
Southwestern VT Medical Center	Bennington
Northeastern VT Regional Hospital	Caledonia
Northwestern Medical Center	Franklin
Springfield Hospital	Windsor
Brattleboro Memorial Hospital	Windham
Gifford Memorial Hospital	Orange
North Country Hospital & Health Ctr	Orleans
Porter Hospital	Addison
Copley Hospital	Lamoille
University of Vermont Medical Center Fanny Allen	Chittenden
Mt. Ascutney Hospital & Health Ctr	Windsor
Grace Cottage Hospital	Windham
Vermont Psychiatric Care Hospital	Washington
White River Junction VA Medical Center	Windsor

The complex care team will provide continued support for Money Follows the Person participants and former enrollees to:

- Follow-up on MFP participants for a period of one year after their transition date
- Support Participants and Case Managers to identify Transition Fund spending needs
- Continue to work with former MFP enrollees that did not transition to the community prior to January 1, 2018, for one year under the CFC umbrella. Transition support only, no transition funds or follow-up.

AFC intergration - Work Plan Summary
Date: 10/19/2017

Instructions: *This plan is intended to be a quick glance tool for documenting ASD projects, including goals and timelines. Keep the plan to 1-2 pages if possible. Update when the goals and timeline changes. Save in ASD folder: I:\ASD\ASD_WorkPlans. NOTE: More detailed documents/reports will be maintained in an ALLDAIL or ASD project folder separate from the work plan summary.*

Lead ASD Staff:	Katie Kenworthy
Team Members:	Andre Courcelles, Deb Coutu, Teresa Nelson and Matt Corjay
Work Plan Timeline:	October 19, 2017 to December 31, 2017
Project Folder Location:	I:\ASD\ASD_WorkPlans

I. Summary: To transfer AFC expertise from the MFP Team to the Complex Care Team.

II. Goals:

1. Get a DAIL shared living understanding between DS, TBI, AFC from Megan before starting this project.
2. Use the MFP Team's resources to finalize any AFC projects currently in process
3. Transfer all subject matter expertise to Teresa Nelson.

III. Potential Impacts:

a. Access to Services: ☐ No ■ Yes: describe
b. Quality of Services: ☐ No ■ Yes: describe
c. Budget: ■ No ☐ Yes: describe
d. Claims/Coding: ■ No ☐ Yes: describe

IV. PBR: Will the project affect a change in Medicaid policy, budget or reimbursement?

☐ Yes – Determine if a PBR is needed. Complete a PBR form 90 days before implementation.
■ No

V. Action Steps: The following outlines the steps required to meet the goals of the work plan. This is a dynamic process and is updated when needed.

	By date	Description	Responsible party
1.	TBD	Common Shared Living understanding	Megan
2.	TBD	Policy (integrate CFC manual and variance process)	Team
3.	TBD	Home Inspections (Policy, Database and Enforcement)	Team
4.	TBD	Forms (Location, Maintenance, and Storage of Completed Forms)	Team
5.	TBD	Tier Rates (Variances and Agency Tier Breakdown)	Team
6.	TBD	Definition of the support role of ASD going forward.	Team
7.	TBD	AFC Quality Plan	Team
8.	TBD	New Agencies	Team

IV. Completion Summary: This can remain blank until the project is complete. Update with a summary paragraph including the date the project was completed.

To be completed at end.

ASD 2017

Caregiver Workforce - Work Plan Summary

Date: 10/19/2017

Instructions: *This plan is intended to be a quick glance tool for documenting ASD projects, including goals and timelines. Keep the plan to 1-2 pages if possible. Update when the goals and timeline changes. Save in ASD folder: I:\ASD\ASD_WorkPlans. NOTE: More detailed documents/reports will be maintained in an ALLDAIL or ASD project folder separate from the work plan summary.*

Lead ASD Staff:	Rene Kaczka-Valliere
Team Members:	MFP/Complex Care Team and AHS Director Performance Improvement
Work Plan Timeline:	October 19, 2017 to December 31, 2017
Project Folder Location:	I:\ASD\ASD_WorkPlans

I. Summary: To scope the current caregiver shortage and create a project plan that outlines a protocol implementation plan.

II. Goals:

1. Create a Project Charter.
2. Form Project Team.
3. Create a Project Plan that outlines the steps of implementation.

III. Potential Impacts:

a. Access to Services: ☐ No ■ Yes: describe
b. Quality of Services: ☐ No ■ Yes: describe
c. Budget: ■ No ☐ Yes: describe
d. Claims/Coding: ■ No ☐ Yes: describe

IV. PBR: Will the project affect a change in Medicaid policy, budget or reimbursement?

☐ Yes – Determine if a PBR is needed. Complete a PBR form 90 days before implementation.
■ No

V. Action Steps: The following outlines the steps required to meet the goals of the work plan. This is a dynamic process and is updated when needed.

	By date	Description	Responsible party
1.	12/01/2017	Finalize Charter	The Team
2.	12/01/2017	Form Project Team	The Team
3.	12/15/2017	Project Plan	The Team

IV. Completion Summary: This can remain blank until the project is complete. Update with a summary paragraph including the date the project was completed.

To be completed at end.

ASD 2017

Post-Transition Participant Follow-up/Work Plan Summary

Date:

Instructions: *This plan is intended to be a quick glance tool for documenting ASD projects, including goals and timelines. Keep the plan to 1-2 pages if possible. Update when the goals and timeline changes. Save in ASD folder: I:\ASD\ASD_WorkPlans. NOTE: More detailed documents/reports will be maintained in an ALLDAIL or ASD project folder separate from the work plan summary.*

Lead ASD Staff:	Rene Kaczka-Valliere
Team Members:	MFP / Complex Care Team, Stuart Senghas
Work Plan Timeline:	October 19, 2017 to January 11, 2018
Project Folder Location:	I:\ASD\ASD_WorkPlans

I. Summary: To identify the gaps in the current post-transition participant follow-up process and create a project plan that outlines a protocol implementation plan.

II. Goals:

1. Map the current post-transition participant follow-up process.
2. Identify system gaps.
3. Create a Project Charter that outlines implementation plan.

III. Potential Impacts:

a. Access to Services: ☐ No ■ Yes: describe
b. Quality of Services: ☐ No ■ Yes: describe
c. Budget: ■ No ☐ Yes: describe
d. Claims/Coding: ■ No ☐ Yes: describe

IV. PBR: Will the project affect a change in Medicaid policy, budget or reimbursement?

☐ Yes – Determine if a PBR is needed. Complete a PBR form 90 days before implementation.
■ No

V. Action Steps: The following outlines the steps required to meet the goals of the work plan. This is a dynamic process and is updated when needed.

	By date	Description	Responsible party
1.	11/09/2017	Create slides for the meeting	The Team
2.	11/09/2017	Team Kickoff / brainstorm session	The Team
3.	12/14/2017	Process map and gap analysis completed	The Team
4.	01/11/2018	Project Charter submitted to Megan	The Team

IV. Completion Summary: This can remain blank until the project is complete. Update with a summary paragraph including the date the project was completed.

ASD 2017

Improved Discharged Planning - Work Plan Summary

Date: 10/19/2017

Instructions: *This plan is intended to be a quick glance tool for documenting ASD projects, including goals and timelines. Keep the plan to 1-2 pages if possible. Update when the goals and timeline changes. Save in ASD folder: I:\ASD\ASD_WorkPlans. NOTE: More detailed documents/reports will be maintained in an ALLDAIL or ASD project folder separate from the work plan summary.*

Lead ASD Staff:	Matt Corjay
Team Members:	MFP/Complex Care Team
Work Plan Timeline:	October 19, 2017 to January 11, 2018
Project Folder Location:	I:\ASD\ASD_WorkPlans

I. Summary: To identify the gaps in the current nursing facility discharge planning process and create a project plan that outlines a protocol implementation plan.

II. Goals:

1. Map the current discharge planning process.
2. Identify system gaps.
3. Create a Project Charter that outlines implementation plan.

III. Potential Impacts:

a. Access to Services: ☐ No ■ Yes: describe
b. Quality of Services: ☐ No ■ Yes: describe
c. Budget: ■ No ☐ Yes: describe
d. Claims/Coding: ■ No ☐ Yes: describe

IV. PBR: Will the project affect a change in Medicaid policy, budget or reimbursement?

☐ Yes – Determine if a PBR is needed. Complete a PBR form 90 days before implementation.
■ No

V. Action Steps: The following outlines the steps required to meet the goals of the work plan. This is a dynamic process and is updated when needed.

	By date	Description	Responsible party
1.	11/09/2017	Create slides for the meeting	The Team
2.	11/09/2017	Team Kickoff / brainstorm session	The Team
3.	12/14/2017	Process map and gap analysis completed	The Team
4.	01/11/2018	Project Charter submitted to Megan	The Team

IV. Completion Summary: This can remain blank until the project is complete. Update with a summary paragraph including the date the project was completed.

To be completed at end.

ASD 2017

V. Plan for Utilization of Rebalancing Funds

Vermont manages the Choices for Care (CFC) long-term services and supports budget as a whole for all home-based settings. Each year, Vermont further shifts the balance towards community-based settings which generally cost less to provide. Therefore, when the total CFC year-end expenditures are less than the total CFC legislative budget for that year beyond a 1% reserve, the Agency of Human Services (AHS) follows a legislative protocol to "reinvest" those dollars back into long-term services and supports. Each year in accordance with ***2013 Vermont Acts and Resolves No. 50, Sec. E.308(c)*** the Department of Disabilities, Aging and Independent Living (DAIL) submits an annual legislative report assessing "The Adequacy of the CFC Provider System". The report includes stakeholder feedback and data which provides AHS and the Vermont legislature with information needed to give input and make decisions on the CFC reinvestment plan. The protocol used can be found in the ***2013 Vermont Acts and Resolves No. 50, Sec. E.308(c)*** at: http://www.leg.state.vt.us/docs/2014/Acts/ACT050.pdf

Since the implementation of the MFP grant, the following enhancements have been made to Vermont's home and community-based services system.

Vermont Rebalancing Initiative Summary of Spent and Earned (02/02/2018)

Rebalancing Dollars Earned as of 12/31/2017	$	2,556,752.00
Total Rebalancing Dollars Invested to Date	$	3,052,718.59

VT13SA01 - 2013 First Period (January – June)	FMAP	0.4396	Total	State Share	Cumulative
Rebalancing Initiative #1					
Name of Initiative: Increase wages			$ 429,655	$ 188,876	$ 188,876
Brief Description of the Initiative: Proposed .30$/hr wage increase for all					
Rebalancing Initiative #2					
Name of Initiative: Budget Reductions			$ 779,979	$ 342,879	$ 531,755
Brief Description of the Initiative: Eliminated any proposed budget reductions. No cuts in					
Rebalancing Initiative #3					
Name of Initiative: Funding of Area Agencies on Aging			$ 164,453	$ 72,294	$ 604,049
Brief Description of the Initiative: Increase funds to three of Vermont's five Area Agencies on					

VT14SA01 - 2014 First Period (January – June)	FMAP	0.4489	Total	State Share	Cumulative
Rebalancing Initiative #1					
Name of Initiative: Increase wages			$ 486,848	$ 218,546	$ 822,595
Brief Description of the Initiative: Increase rated for all CFC providers including wages for consumer and surrogate directed employees by 2.75%.					
Rebalancing Initiative #2					
Name of Initiative: Sequestration of Nutrition Services			$ 170,000	$ 76,313	$ 898,908
Brief Description of the Initiative: Emergency reinvestment to offset the impact of sequestration on Older Americans Act Congregate Nutrition Services (Title IIIC1,) and Home-					
Rebalancing Initiative #3					
Name of Initiative: Nutritional Risk			$ 40,000	$ 17,956	$ 916,864
Brief Description of the Initiative: Funding needed to reduce nutritional risk among older					
Rebalancing Initiative #4					
Name of Initiative: Nutritional Services			$ 380,000	$ 170,582	$ 1,087,446
Brief Description of the Initiative: Increase funding for Area Agencies on Aging's Nutritional					
Rebalancing Initiative #5					
Name of Initiative: Housing and Supportive services			$ 101,010	$ 45,343	$ 1,132,789
Brief Description of the Initiative: Funds for SASH/Housing & Supportive Services					
Rebalancing Initiative #6					
Name of Initiative: Long-Term Care Preventative Services			$ 3,000,000	$ 1,346,700	$ 2,479,489
Brief Description of the Initiative: Increase access to CFC Moderate Needs Services					

VT15SA01 - 2015 First Period (January – June)	FMAP	0.4599	Total	State Share	Cumulative
Rebalancing Initiative #1					
Name of Initiative: Increase wages			$ 391,759	$ 180,170	$ 2,659,659
Brief Description of the Initiative: Hourly wage increase for all consumer/surrogate directed					

VT17SA01 - 2017 First Period (January – June)	FMAP	0.4554	Total	State Share	Cumulative
Rebalancing Initiative #1					
Name of Initiative: One Time Moderate Needs Group Rate Increase			$ 481,573	$ 219,308	$ 2,878,967
Brief Description of the Initiative: Moderate Needs Group rate increase for all services from					
Rebalancing Initiative #2					
Name of Initiative: ERC Rate Increase			$ 53,508	$ 24,368	$ 2,903,335
Brief Description of the Initiative: Rate increase by 3.027% will provide additional					

VT18SA01 - 2018First Period (January – June)	FMAP	0.4653	Total	State Share	Cumulative
Rebalancing Initiative #1					
Name of Initiative: ERC Rate Increase			$ 321,048	$ 149,384	$ 3,052,719
Brief Description of the Initiative: Rate increase by 3.027% will provide additional					

VI. Timeline for Activities Planned in Sections II, III & IV

Vermont's Sustainability Plan Timeline

Last MFP Transition will be December 31, 2017	2018				2019				2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Support of MFP enrollees that didn't transition prior to January 1, 2018	MFP Transition Coordinators (TC)						Support Ends					MFP Grant Closes Nationally September 30, 2020
Monthly TC Follow-ups with active MFP Participants through enrollment period	MFP Transition Coordinators (TC)				Support Ends							
Transition Funds for clients that transitioned prior to January 1, 2018	Transition Funds Available				End of Transition Funds Availability							
Transition Funds availability to all CFC High / Highest needs participants	State of Vermont is studying the effectiveness of these funds and an appropriate method of offering this demonstration service to CFC participants transitioning from a nursing facility.											
Grant Administration and Program/Financial Reporting	All requirements fully supported											
Discharge Planning Process Improvement and Protocol Creation	Protocol Created and Implemented						Monitoring of Program Effectiveness					
Participant Follow-up Process Improvement and Protocol Creation	Protocol Created and Implemented						Monitoring of Program Effectiveness					
Caregiver Shortage and Support Projects (CFC specific and State-wide Team)	Project Teams to be formed and final charters being defined											
Grant Certification - verify eligibility and claims for all MFP Transitions	Waiting for all Active Participants to end enrollments				Focused Effort by Project Director and Quality Specialist							
Participant's stories and Lessons Learned by the MFP Demonstration Grant	All members of the MFP team and stakeholders will take part in this effort.											
Refinement and implementation of the Complex Care Team State-wide	Complex Care Team Pilot Phase						State-wide Accept of Concept					
Expansion of Housing Opportunities and the improvement of AFC Home Program	One team member full-time and two other part-time members to support this effort											

VII. Estimated Budget Summary

The table below represents Vermont's estimated budget summary in the template provided.

MFP Sustainability Plan Estimated Multi-Year Budget

Grantee Name:					Award Number		
Estimated Federal Budget							
6. Object Class Categories	**(0) CY2016**	**(1) CY 2017 (Budgeted)**	**(1) CY 2017 (Actuals)**	**(2) CY 2018**	**(3) CY 2019**	**(4) CY 2020**	**(6) Total**
a. Personnel	$463,385.00	$451,031.00	$478,156.62	$469,774.76	$493,263.50		**$1,904,579.88**
b. Fringe Benefits	$159,800.00	$245,552.00	$196,543.64	$255,756.65	$268,544.49		**$880,644.78**
c. Travel	$13,777.00	$26,469.00	$12,315.74	$25,397.69	$13,746.74		**$65,237.17**
d. Equipment	$0.00	$0.00	$0.00	$0.00	$0.00		**$0.00**
e. Supplies	$6,189.00	$10,697.50	$4,652.01	$12,960.00	$5,000.00		**$28,801.01**
f. Contractual	$13,691.00	$8,500.00	$40.32	$5,000.00	$0.00		**$18,731.32**
g. Construction	$0.00	$0.00	$0.00	$0.00	$0.00		**$0.00**
h. Services	$2,134,960.16	$3,034,632.25	$1,991,350.56	$1,057,135.33	$0.00		**$5,183,446.05**
i. **Total Direct Charges** (sum of 6a-6h) Federal Only	**$2,791,802.16**	**$3,776,881.75**	**$2,683,058.89**	**$1,826,024.43**	**$780,554.72**	**$0.00**	**$8,081,440.20**
j. Indirect Charges	$35,367.00	$37,112.00	$37,112.00	$38,444.45	$39,027.74		**$149,951.19**
k. **Total Federal Budget** (sum of 6i-6j)	**$2,827,169.16**	**$3,813,993.75**	**$2,720,170.89**	**$1,864,468.88**	**$819,582.46**	**$0.00**	**$8,231,391.39**
k. Total Federal Budget (sum of 6i-6j)				**$1,864,468.88**	**$819,582.46**	**$0.00**	**$2,684,051.34**
							$1,093,822.86
							$1,590,228.48

	CY2016	CY2017	CY2018	CY2019	CY2020	Total
Federal	$ 2,134,960.16	$ 1,991,350.56	$ 1,057,135.33	$ -	$ -	$ 5,183,446.05
State	$ 637,304.26	$ 592,023.78	$ 319,477.00	$ -	$ -	$ 1,548,805.04
Total	$ 2,772,264.42	$ 2,583,374.34	$ 1,376,612.33	$ -	$ -	$ 6,732,251.09

	2017 Budget	2017 Actuals	Unobliated
Salaries and Wages	$ 451,031.00	$ 478,156.62	$ (27,125.62)
Fringe Benefits	$ 245,552.00	$ 196,543.64	$ 49,008.36
Supplies	$ 10,697.50	$ 4,652.01	$ 6,045.49
Travel	$ 26,469.00	$ 12,315.74	$ 14,153.26
Non Transition 087 Claims	$ 8,500.00	$ 40.32	$ 8,459.68
Federal Service Amount	$ 3,034,632.25	$ 1,991,350.56	$ 1,043,281.69
Indirect Costs	$ 37,112.00	$ 37,112.00	$ -
Totals	$ 3,813,993.75	$ 2,720,170.89	$ 1,093,822.86
			$ 1,093,822.86

The unobligated funds of $1,093,822.86 will primarily be used to fund the HCBS services for the remaining MFP participants active during CY2018. If there are any remaining funds available, these funds will be used to fund the state's Sustainability Projects during CY2020.