

**Theresa Utton-Jerman - Fwd: Fw: CFC**

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**From:** Theresa Utton-Jerman  
**Subject:** Fwd: Fw: CFC

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**From:** [Lynn Bedell](#)  
**To:** '[Susan Bartlett](#)'  
**Sent:** Friday, August 07, 2009 4:46 PM  
**Subject:** CFC

Susan, not only is there a high needs wait list, but when we have room we serve these folks on Moderate Needs, which creates two more problems: it really doesn't give them the services they desperately need, and it uses up the capped MNG funds designed for a totally different group.

Currently The Gathering Place has an MNG wait list I did most of last year and our cap was cut because we left money on the table. Which is another issue I'd like to bring up: there are so many delays in getting approvals that I'm beginning to suspect this is part of the greater plan to leave money behind. Last year, it took so long for me to get one MNG approval for a High Needs individual, that the family decided to put her in a nursing home isn't this the opposite of what we want to do?

It feels to me as if we've left people high and dry. If we can't serve them in the community, why did we close nursing homes? Sure, now they have a choice: which waiting list they want to be on?

Sorry, I'm sort of venting, but if you could see the level of need and hear the stories that I hear on a daily basis, you would know why. Then to find out that there was all of this money, plus about another \$2 Million in federal match that could have been used still could to help folks out, makes it even worse.

Another interesting point is that the Medicaid match was raised to 70% this fiscal year, but adult day reimbursement rates were cut by 2%. MNG which is a capped fund should have at least seen the benefit of the raise to 70%.

I don't envy you right now these are very tough times, and I'm sorry I went on and on. You have always been supportive of elders and those with disabilities, but I just had to let you know how I feel.

Enjoy the weekend! I think it's supposed to be mostly sunny! Lynn

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The Vermont Association of Adult Day Services is opposed to the Governor's proposal to take \$731,372 in savings from the Choices for Care Medicaid program and use it to balance the General Fund budget.

As you know, CFC gives people, who need long-term care, the choice to receive that care in the community, rather than in institutions. It's a good program—people can remain at home with their families if they choose, and the State saves hundreds of thousands of dollars in Medicaid costs each year.

While using this surplus to offset deficits might seem like a good idea to some, VAADS believes it is shortsighted, and strongly objects for the following reasons:

- In FY09, the Legislature adopted language specifically stating that any savings from CFC is to be reinvested in the program in order to serve more people— using the funds for any other purpose is a violation of the rules.
- Currently there are elderly and/or disabled Vermonters waiting for services that could be provided with this money. In fact there was a High Needs waiting list all of last year.
- Using the money to balance the budget costs the State a total of \$2,434,660 when you add the loss in federal funds.
- Reimbursement rates for long-term care providers were cut by 2% to save money, yet the program has “leftover” funds.

When the State instituted the CFC program, it promised Vermonters they would be able to receive their long-term care in the community. The savings generated were supposed to be reinvested so that more people could be served, not put on waiting lists. Using this money for general fund deficits is not fair to Vermont taxpayers, violates CFC rules and legislative language, and is contrary to the respectful manner in which VAADS would like to see Vermonters treated.

For your review, on the back of this page, is the legislative language that appeared in the FY'09 budget.

VAADS is happy to continue working with you on these budget issues in the hope we can reach a resolution that makes sense and is respectful to the Vermonters we serve.

NO. 192. AN ACT RELATING TO MAKING APPROPRIATIONS FOR THE SUPPORT OF GOVERNMENT.

(H.891)

Sec. 5.207. Sec. 1 of No. 56 of the Acts of 2005 as amended by Sec. 112a of No. 65 of the Acts of 2007 is further amended to read:

Sec. 1. LONG-TERM CARE MEDICAID 1115 WAIVER; CHOICES FOR CARE

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(g)(1) Any savings realized due to the implementation of the long-term care Medicaid 1115 waiver shall be retained by the department and reinvested into providing home and community-based services under the waiver. If at any time the agency reapplies for a Medicaid waiver to provide these services, it shall include a provision in the waiver that any savings shall be reinvested.

(2) In its annual budget presentation, the department of disabilities, aging, and independent living shall include the amount of savings generated from individuals receiving home and community-based care services instead of services in a nursing home through the Choices for Care waiver and a plan with details on the recommended use of the appropriation. The plan shall include the base appropriation; the method for determining savings; how the savings will be reinvested in home and community-based services, including the allocation between increases in caseloads and increases in provider reimbursements; and a breakdown of how many individuals are receiving services by type of service. The department shall convene a working group from its advisory council for the purpose of providing input on the advisability of seeking renewal of the waiver and how with any new waiver there can be timely reporting to providers and consumers on reinvested savings.

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Lynn Bedall, VT Assn. of Adult Days