DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850

Children and Adults Health Programs Group

FEB 27 2015

Steven M. Costantino
Commissioner
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05495

Dear Mr. Costantino:

This letter is to inform you that the Vermont Companion Aide Pilot Project has been approved and will become Attachment H of the Special Terms and Conditions for the "Global Commitment to Health" section 1115 demonstration. The implementation of this pilot is subject to our receipt of your written acceptance within 30 days of the date of this letter. The state expects to implement the pilot on March 1, 2015.

The Companion Aide Pilot Project will provide assistance to nursing facilities in advancing culture change with a focus on person-centered dementia care. The pilot project will provide dedicated Companion Aides to participating nursing facilities. The Companion Aide is a trained licensed nursing assistant who will champion person-centered dementia care and be a supportive resource for residents and co-workers.

Your project officer for this demonstration is Ms. Brenda Blunt. She is available to answer any questions concerning your section 1115 demonstration. Her contact information is as follows:

Centers for Medicare & Medicaid Services
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7500 Security Boulevard, Mail Stop: S2-01-16
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Telephone: (410) 786-8802
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E-mail: Brenda.Blunt@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Blunt and to Mr. Richard McGreal, Associate Regional Administrator in our Boston Regional Office. Mr. McGreal's contact information is as follows:

Centers for Medicare & Medicaid Services
JFK Federal Building, Room 2275
Boston, MA 02203-0003
Telephone: (617) 565-1226
E-mail: Richard.McGreal@cms.hhs.gov

We look forward to continuing to work with you and your staff on the demonstration.

Sincerely,

Manning Pellanda
Director
Division of State Demonstrations and Waivers

Enclosures

cc: Mr. Richard McGreal, ARA, Boston Regional Office

ATTACHMENT H
Choices for Care Companion Aide Pilot Project and Payment Methodology

Purpose

The purpose of the Companion Aide Pilot Project is to provide assistance to nursing facilities in advancing culture change with a focus on person-centered dementia care. The goal of the pilot is to provide financial assistance to interested and eligible facilities that are committed to person-centered dementia care through a dedicated "Companion Aide." The Companion Aide is a trained licensed nursing assistant (LNA) who will champion person-centered dementia care with the goal of improving the lives of people with dementia, as evidenced by positive changes such as a reduction of the use of psychotropic drugs, incidence of resident to resident altercations, and improved staff satisfaction.

The pilot allows the state to provide funding to nursing facilities to hire additional LNA staff who will be specialized "Companion Aides."

Pilot Development

According to the Alzheimer's Association, 69 percent of nursing home residents have some degree of cognitive impairment; 45 percent have moderate to severe cognitive impairment (*U.S. Department of Health and Human Services, Centers for Medicare &Medicaid Services. Nursing Home Data Compendium, 2010 Edition*). In 2012, CMS commenced a national partnership to improve dementia care to reduce inappropriate medication use. Vermont is participating in this partnership.

With the increasing number of Vermonters diagnosed with Alzheimer's disease and related disorders (ADRD), one of the state's priorities is to continually seek ways to improve the system of care for people with ADRD. In 2013, the Department of Disabilities, Aging and Independent Living (DAIL) identified several problems:

- Vermont hospitals reported difficulty finding nursing facility options for people with cognitive impairment;
- Division of Licensing and Protection reports a significant increase in resident to resident incidents involving residents with dementia;
- Residents with dementia are at increased risk for involuntary discharge;
- Residents with dementia are at increased risk for receiving inappropriate medications;
- Facilities reported needing additional support to manage care for people with dementia.

The state underwent significant public notice regarding the project as shown in the timeline below:

- September 2013 - August 2014: Workgroup and Stakeholder Meetings
- October 2013: Choices for Care System Gap Analysis
- January 2014: Legislative Testimony on pilot in SFY15 Budget
- May 2014: SFY 15 Budget passed
- August 2014: Draft regulations
- September 2014: DAIL advisory board update
- September 8, 2014: ICAR approval

- November 20, 2014: Medicaid Exchange and Advisory Board
- September 18, November 14, December 22, 2014: Notice of proposed rulemaking to interested parties
- September 18 - November 4, 2014: Written comments accepted
- October 2, 2014: Presentation at Vermont Health Care Association (VHCA) Conference
- October 24, 2014: Public hearing
- November 20, 2014: Final rules filed
- December 4, 2014: Legislative Committee on Administrative Rules (LCAR) hearing
- December 22, 2014: LCAR approval
- March 1, 2015: Projected Start Date

Pilot Description

The pilot provides funding of approximately $479,000 per year over a period of approximately 2 years to provide financial assistance to interested and eligible facilities that are committed to person-centered dementia care through a dedicated "Companion Aide." The Companion Aide is a trained LNA who will champion person-centered dementia care and be a supportive resource for the resident and co-workers.

Eligible nursing facilities are committed to furthering advances in long term care collectively known as *culture change* with a focus on person-centered dementia care. This is evidenced by routinely providing training such as "Hand in Hand" or other CMS approved curriculum related to culture change for all staff and by making other changes to assist residents to exercise their preferences in various situations. The facility must collect data and complete the Artifacts of Culture Change Tool, Care Practice and Environment sections (Developed by the Centers for Medicare & Medicare Services and Edu-Catering, LLP) to evaluate the success of this enhancement to dementia care (See Reporting Requirements). Expenditures for the Companion Aides are contingent on the Companion Aides meeting the requirements outlined in the job description. Companion Aides must also be part of an overall facility wide effort to improve the lives of residents with various forms of dementia.

Companion Aides must be a respected agent for promoting culture change in each facility selected to participate in the pilot. The hours worked by Companion Aides during calendar 2015 will match the number of Full Time Equivalents (2,080 hours per FTE) as calculated on the Agency of Human Services Division of Rate-Setting Budget Form submitted with the nursing facility's application. The Companion Aide's monthly hours can be utilized for general LNA duties in the following limited instances: an event that results from the occurrence of natural causes that could not have been prevented by the exercise of foresight or caution; an inevitable accident (i.e., snow storms or floods) so that other LNAs on a large scale cannot make it into work; or for short-term assistance in emergency situations (when a resident has fallen or needs immediate assistance). The facility must track how many hours a Companion Aide works in his/her Companion Aide role. The time when a Companion Aide is reassigned for general LNA work must be tracked separately.

DAIL will offer guidance and support to the facilities to assist them in empowering staff by identifying tools to help them better understand and care for people with dementia and identify approaches that are person-centered to improve quality of care and life for people with dementia.

The pilot is projected to run from March 1, 2015, through the end of the current demonstration period—December 31, 2016. If the Global Commitment to Health demonstration is renewed past December 31, 2016, the state expects to continue funding the pilot through June 30, 2017.

Application and Selection Process

All Vermont nursing facilities received an invitation to apply for the Companion Pilot project. The invitation included the following:

- Companion Aide Pilot Project Description;
- Companion Aide Job Description;
- Application Form;
- Budget Form;
- Artifact of Culture Change Form (Care Practice and Environment sections); and
- Ongoing Reporting Requirements Form.

Applications contained facility specific data including:

- Total residents as of June 15, 2014;
- Total residents with Alzheimer's or Dementia as a primary diagnosis based on data reported on the Minimum Data Set (MDS) forms on June 15, 2014;
- Total residents with a positive response for the uses of antipsychotic medications on the MDS forms for the picture date of June 15, 2014 (Q2 2014);
- Number of resident to resident incidents which occurred in the six months from January 1, 2014 to June 30, 2014;
- LNA Turnover; and
- Number of involuntary discharges due to behavioral issues over the last 12 months.

One nursing facility from each of five geographical regions of the state was selected to participate in the pilot. In each geographical region, the nursing facility whose application showed the highest proportion of residents with diagnoses of dementia or Alzheimer's was selected to participate in the pilot. The state's goal was to increase the number of LNAs in the facilities that had the highest proportion of residents with diagnoses of dementia or Alzheimer's. These facilities would benefit the most from the dedicated Companion Aides.

Reporting Requirements

Each facility must submit an annual report by November 10, 2015, and November 10, 2016, with the following information:

- Number of resident to resident incidents in a prescribed six month period;
- Number of residents with use of antipsychotic medications, as reported on the MDS forms;
- LNA Turnover;
- Number of involuntary discharges based on behavioral issues;
- Most recent resident and employee satisfaction surveys;
- Number of hours Companion Aides paid for the last calendar year;
- Number of different individuals who were staffed as Companion Aides over the last calendar year;
- Average length of service of the Companion Aides;

- Description of specialized training provided to Companion Aides; and,
- Artifact of Culture Change form (Care Practice and Environment sections).

Companion Aide Job Functions

Each facility is responsible for ensuring the Companion Aides are trained to perform the specific duties listed below.

Specific duties to be performed for residents with dementia:

- Get to know who the resident is and communicate the "who" to the care team;
- Interact with family and resident to get information on the resident's life and preferred daily routine;
- Be present and listen to the resident;
- Help identify unmet needs and help to meet them;
- Attend the resident's care planning meetings and use the "who" and observations of unmet needs to help drive care;
- Create and monitor use of the Music and Memory intervention;
- Accompany the resident on walks (indoors and out of doors);
- Identify preferences and engage the resident in individualized and small group activities;
- Support participation in the resident's preferred activities that enhance quality of life; this could include, but need not be limited to, creative, recreational, spiritual, and social activities;
- Encourage residents to eat or take nourishments; and
- Assist the staff development coordinator or OASIS trainer with "just-in-time" trainings on person-centered dementia care as able.

Each Companion Aide will assist the staff development coordinator or OASIS trainer with trainings on person-centered dementia care and participate in quality improvement initiatives in the facility as able.

Companion Aide Qualifications and Training

Each facility is responsible for ensuring the Companion Aides meet the qualification and training outlined below.

Companion Aides must have the following qualifications:

- Licensed Nursing Assistant (LNA) through the Vermont Secretary of State Office of Professional Regulation following the training and competency standards prescribed by the Vermont State Board of Nursing (https://www.sec.state.vt.us/professional-regulation/professions/nursing/licensed-nursing-assistants.aspx);
- Have prior training in dementia care with at least two years of experience working in a nursing home setting; and
- The staff person must attest that the role is chosen, not assigned. To qualify, the employee must want to do this.

Companion Aides must demonstrate satisfactory completion of the following Person-Centered dementia care training in the first year:

a. The facility's basic dementia care program (as provided by the Alzheimer's Association). This must be evidenced by a passing score on an examination or a certificate of completion;
b. Basic dementia care training (as provided by the Alzheimer's Association and others),
c. Basic TBI training (on-line Michigan course); and
d. Hand and Hand or other approved CMS trainings and pass core competencies at the end of each module.

Each Companion Aide must take an annual refresher on person-centered dementia care using an approved curriculum by DAIL in year two of the pilot. Each Companion Aide must be in good standing with the facility as evidenced by at least one satisfactory performance evaluation during the previous rating period.

Rate Adjustment Calculations

Vermont currently utilizes a case-mix payment system for nursing facilities which is established in state regulation. A per diem rate is set for each facility based on the historic allowable costs of that facility. Allowable costs include salary and fringe benefits of LNA staff at wage rates set by each facility. For details on Vermont's rate-setting methodology, please refer to *Methods, Standards and Principles for Establishing Medicaid Payment Rates for Long-Term Care Facilities* found at http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/.

The nursing facility rate adjustment for the pilot will include only the salary and fringe benefit costs for the approved number of Companion Aides at the selected facilities. The hourly salaries and fringe benefit rates will be reported on the Companion Aide application and reviewed by the Division of Rate Setting.

The selected facilities will be funded at a ratio of five Companion Aides per 100 total filled beds. As of December 2014, the average number of filled beds in a Vermont facility is 74. The calculated number of Companion Aides shall be rounded up or down to determine the number of Companion Aide Full Time Equivalents at 40 hours per week (40 hours/week X 52 weeks/year = 2,080 hours/year). The resulting number of aides to be funded will vary with the number of total filled beds at the selected facilities.

The number of total beds filled shall equal the total number of residents reported on the June 15, 2014 MDS picture date (Q2 2014) summary report supplied to the Division of Licensing and Protection.

The original per diem adjustment for Companion Aides will be inflated on July 1, 2015, and July 1, 2016, using the same methodology as detailed in Subsection 5.8 of the rate-setting regulations. http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/.

Evaluation

The goal of the pilot is to improve the lives of people with dementia as evidenced by positive change such as a reduction in the use of psychotropic drugs, incident of resident to resident altercations, and improved staff satisfaction.
An evaluation of the pilot will utilize the reports submitted by the facilities with the following targets:

- **Target #1**: Reduction in resident to resident incidences by 10 percent the first year, an additional 25 percent in second year for a total of 35 percent reduction from baseline by end of year two;
- **Target #2**: Reduction in antipsychotic use to at least five percent below the state average by the end of the pilot;
- **Target #3**: Ten percent reduction in LNA turnover each year;
- **Target #4**: Reduce involuntary discharges based on behavioral issues to zero by the end of the pilot;
- **Target #5**: Maintain or improve overall satisfaction of residents and employees by the end of the pilot;
- **Target #6**: Increase Care Practice Artifact score by the end of the pilot; and
- **Target #7**: Increase Family & Community Artifact Target score by the end of the pilot

DAIL will provide oversight in the following areas:

- Number of hours Companion Aides paid for the last calendar year;
- Number of different individuals who were staffed as Companion Aides over the last calendar year;
- Average length of service of the Companion Aides; and
- Specialized training provided to Companion Aides.

The state must evaluate the data and generate a summary evaluation report for each year of the pilot. The state must submit plans to evaluate the pilot in the revised draft evaluation design. The state must also submit updates on the pilot in each quarterly report.