

# Companion Aide Pilot Project

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Presented by:

Kathleen Denette, Director of Division of  
Rate Setting

Rebecca Fay, Staff Attorney, Division of  
Rate Setting

# What are Companion Aides?

- ❖ **Companion Aides** are Licensed Nurse Aides (LNA) with specialized training in person-centered dementia care.
- ❖ **Person-Centered Dementia Care**—care that includes the following elements:
  - ❖ an individualized approach to care planning that uses the perspective of the person with dementia as the primary frame of reference;
  - ❖ values the personhood of the individual with dementia; and
  - ❖ provides a social environment that supports psychological needs.

# If the Proposed Rules are Adopted...

- ❖ The pilot will begin on January 1, 2015 and last 2.5 years.
- ❖ Five Vermont nursing facilities will be selected for enhanced funding for Companion Aides.
- ❖ Each of these five facilities will receive enhanced funding through their rates for five aides per 100 filled beds.

# How Many Aides Will Each Selected Facility Receive Reimbursement for?

A selected facility will receive five Companion Aides per 100 filled beds=5%

## The Math:

- ❖ If the facility has 76 beds  $\times 5\% = 3.80$  Companion Aides
- ❖ If the facility has 45 beds  $\times 5\% = 2.25$  Companion Aides

This number will be rounding up and rounding down, so

- ❖ The 76 bed facility would receive **4 Companion Aides**
- ❖ The 45 bed facility would receive **2 Companion Aides.**

# Staffing of Companion Aides

- ❖ The Companion Aides should be seen as extenders rather than substitutes for other staff within the selected facilities.
- ❖ If currently employed LNAs are moved into the Companion Aide positions, additional LNAs must be employed to fill those positions, so there is a net increase in LNAs by the number of Companion Aides paid for in this Pilot.

# Role of the Companion Aides

- ❖ Identifying and recommending changes to the resident's care plan or the environment that would better support a resident's quality of life.
- ❖ Implementing elements of individualized care plans that extend beyond usual activities of daily living care needs, such as bathing, grooming, dressing, toileting, etc. This could include, but is not limited to:
  - ❖ Creating and monitoring use of *Music and Memory* intervention,
  - ❖ Accompany the resident on walks indoors and outdoors,
  - ❖ Engaging the resident in individualized activities, including eating meals together, and/or
  - ❖ Identify preferences and engage the resident in individualized and small group activities.

# What are the Job Duties?

- ❖ 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;

# Job Duties (cont.)

- ❖ Attend the resident's care planning meetings and use the "who" and observations of unmet needs to help drive care;
- ❖ Support participation in resident's preferred activities that enhance quality of life; this could include, creative, recreational, spiritual and social activities; and
- ❖ Encourage residents to eat or take nourishments.

# Job Duties Facility-Wide

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

# What are the Qualifications?

- ❖ Basic LNA Training; AND
  - ❖ Successful completion of basic dementia care training (as provided by Alzheimer's Association); or
  - ❖ Successful completion of basic TBI training (online Michigan course); or
  - ❖ Successful completion OASIS, Hand-in-Hand or other approved CMS trainings.

# Application Process

- ❖ All Vermont Nursing Homes participating in Medicaid are eligible to apply.
- ❖ Application packages will be sent to nursing facilities in October 2014.
- ❖ Applications will be due in the beginning of November.
- ❖ A paper and electronic copy of the application must be submitted by the deadline.
- ❖ Facilities will not be selected unless the proposed rules are adopted.

# What Information Must be Included with the Application?

- ❖ Attestation
- ❖ Facility Specific Data
- ❖ Budget Form For Companion Aides
- ❖ Survey Results
- ❖ Complete *Artifacts of Change Culture Change Tool*

# Application: Attestation

The nursing facility must attest (in part) that:

This Nursing Facility is 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”, “OASIS” 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 agrees to collect certain data to help evaluate the success of this enhancement to dementia care.

# Application: Facility Specific Data

- ❖ Total residents as of June 15, 2014
- ❖ Total residents with Alzheimer's or Dementia as a primary diagnosis based on data reported on the 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
- ❖ Number of involuntary discharges due to behavioral issues over the last 12 months

# *Artifacts of Change Culture Change Tool*

- ❖ This tool is designed to collect data to show where a facility is with changing its culture and improving the quality of life for residents and staff.
- ❖ For this pilot, facilities will be required to complete the following sections:
  - ❖ Care Practice Artifacts,
  - ❖ Family and Community Artifacts, and
- ❖ If you would like to access the full report, go to:  
<http://www.artifactsofchange.org/Data/Documents/artifacts.pdf>

# What is the Selection Process

- ❖ Step One—Applications will be sorted by the geographical location of the facility.
- ❖ Step Two—within each geographical area, one nursing facility with the highest proportion of residents with diagnoses of dementia or Alzheimer's will be selected to participate in the pilot.

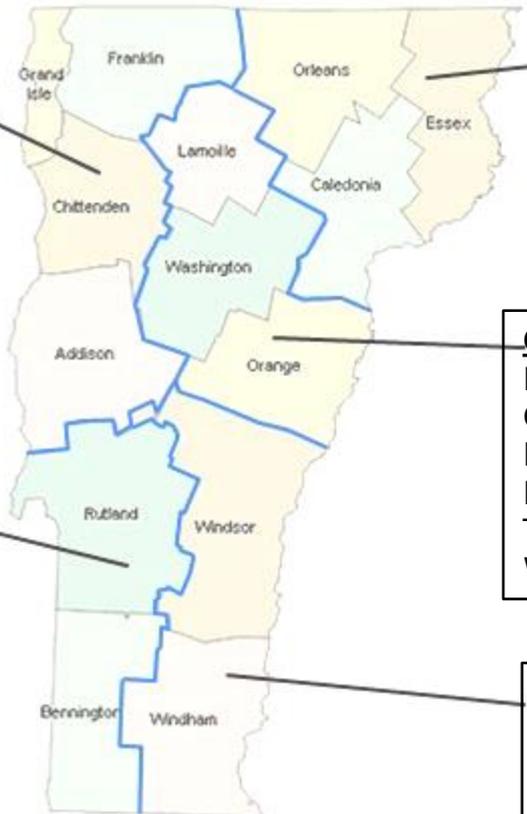
# Step One: Geographical Areas

## **Northwest Vermont**

Birchwood Terrace  
Burlington H&R  
Green Mountain  
Helen Porter  
Redstone Villa  
St. Albans Healthcare  
Starr Farm

## **Northeast Vermont**

Bel-Aire  
Derby Green  
Greensboro  
Maple Lane  
Newport  
Pine Knoll  
St. Johnsbury  
Union House



## **Central Vermont**

Berlin  
Gifford  
Mayo  
Rowan Court  
The Manor  
Woodridge

## **Southwest Vermont**

Bennington H&R  
Centers for Living & Rehab  
Crescent Manor  
Pines at Rutland  
Rutland Healthcare  
Veterans' Home

## **Southeast Vermont**

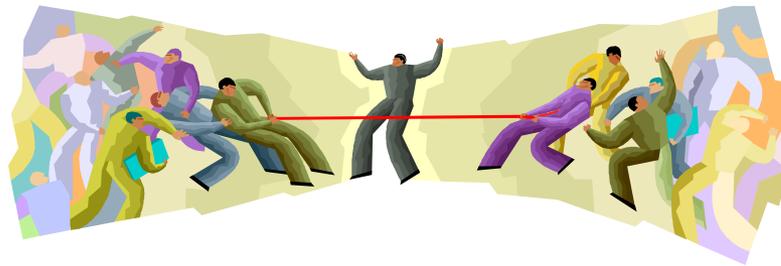
Brookside (WRJ)  
Cedar Hill  
Gill Odd Fellows  
Pine Heights at Brattleboro  
Thompson House  
Vernon Green

# Selection Process—Step 2

- ❖ Within each geographical area, facilities will be ranked by the proportion of residents with a diagnoses of dementia and Alzheimer's
  - ❖ The data will be from the MDS forms used for the second quarter 2014 picture date (6/15/14)
- ❖ The facility with the highest proportion within each geographical area will be selected

# Variables

- ❖ If no nursing facility applies from a given region, an additional nursing facility from the geographical area with the highest number of applicants will be selected.
- ❖ If there is a tie, the facility with the highest percentage of Medicaid residents to total residents in State Fiscal Year 2014 census information reported to the Division of Rate Setting will be selected.



# Ongoing Reporting Requirements

- ❖ The five selected facilities will be required to submit ongoing outcome reports.
- ❖ These reports will be due on November 10, 2015 and November 10, 2016.
- ❖ Continued participation in the Pilot may be discontinued if the reports are not completed.

# Content of Ongoing Reporting Requirements.

- ❖ 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 satisfaction surveys
- ❖ Number of hours Companion Aide were 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.

# Inflation and Nursing Cap

- ❖ 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 Division's rules.
- ❖ The adjustment will stop on July 1, 2017 when nursing costs are rebased to base year 2015. This will be the first year when the Companion Aides will be in the base year costs.
- ❖ These Companion Aide costs for the five selected facilities will be exempt from the cap on nursing costs in the July 1, 2017 rebase. In rebases after that time, the extant cap on nursing will apply.

# Procedurally Speaking

- ❖ The Division of Rate Setting sets rates based on our rules: the *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/1adopted-rule-effective-9sept2013.pdf>

- ❖ We have started the rulemaking process to implement the Companion Aide Pilot Project.

- ❖ **All the information in this presentation and discussed today, is dependent on successful completion of the rulemaking process. This means nothing will happen with the Companion Aide Pilot Project unless our proposed rule amendments become final.**

# The Rulemaking Process Ensures:

- ❖ The public is informed of proposed rules before they take effect;
- ❖ The public can comment on the proposed rules and provide additional data to DRS;
- ❖ DRS will analyze and responds to the public's comments; and
- ❖ DRS creates a permanent record of its analysis and the process.

# What is the Rulemaking Process

- ❖ File proposed rule with the Interagency Committee on Administrative Rules (ICAR)
- ❖ File with the Office of the Secretary of State → This begins the notice and comment period, which includes:
  - ❖ Notice of the proposed rule is published in the newspaper,
  - ❖ Public hearing, and
  - ❖ Response to comments.
- ❖ The final rule is filed with the Office of the Secretary of State and Legislative Committee on Administrative Rules (LCAR).
- ❖ If LCAR approves, an adopted rule is filed and there is a 15 day wait before the rule is effective.

# Where are we?

- ❖ September 8, 2014—ICAR
- ❖ September 15, 2014—Filed with the Secretary of State.
  - ➔ Currently we are in the notice and comment period.
- ❖ On October 24, 2014—Public hearing on the proposed rule at DRS, 25 Omega Drive, Williston at 10:00 a.m.
- ❖ November 4, 2014—deadline to submit written comment
- ❖ November 13, 2014—earliest date to attend LCAR
- ❖ December 2014—rules finalize

# Accessing the Proposed Rules

- ❖ The proposed rules can be found on our website:

<http://humanservices.vermont.gov/departments/office-of-the-secretary/ahs-drs/nursing-homes/new-information-on-proposed-rule-change-for-nursing-facilities/new-information-on-proposed-rule-change-for-nursing-homes>

- ❖ If you cannot access the rules online, you can contact the Division of Rate Setting at 1-802-652-6528 and request a paper copy of the rules.

# Commenting on the Proposed Rules

- ❖ You can comment on the proposed rules by contacting:

Rebecca Fay, Staff Attorney

State of Vermont  
Agency of Human Services  
Division of Rate Setting  
103 South Main Street  
Waterbury, VT 05671-2201

1-802-652-6532

[Rebecca.Fay@state.vt.us](mailto:Rebecca.Fay@state.vt.us)

- ❖ Attend the Public Hearing on October 24, 2014 at 10:00 a.m. at the Division of Rate Setting, 25 Omega Drive, Suite 201, Williston, Vermont.
- ❖ All written comments, must be submitted by **November 4, 2014.**

# Questions...Comments...

Our contact information:

- ❖ Kathleen Denette, Director, Division of Rate Setting  
[kathleen.denette@state.vt.us](mailto:kathleen.denette@state.vt.us)  
1-802-652-6533
- ❖ Rebecca Fay, Staff Attorney, Division of Rate Setting  
[rebecca.fay@state.vt.us](mailto:rebecca.fay@state.vt.us)  
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