DAIL Advisory Board Meeting Minutes
December 13, 2018
Sally Fox Conference Center, Waterbury

ATTENDEES:

Board Members: Ruby Baker, Robert Borden, Nancy Breiden, Kim Fitzgerald, Matthew Fitzgerald, Kenneth Gagne, Joseph Greenwald, Jeanne Hutchins, Laura MacDonald, Nick McCardle, Nancy Metz, Delaina Norton, Diane Novak, Steven Pouliot, Christine Scott, Lorraine Wargo

Guests: Toby Howe, Virginia Renfrew, Judy Peterson

State Employees: Monica Hutt, Liz Perreault, Kirsten Murphy, Dru Roessle

Motion to Approve Minutes: November 8, 2018 minutes: Approved: Robert Borden
Seconded: Steve Pouliot

Minutes are approved as written.

VNA Name Change/Affiliation with UVMHC
Judy Peterson, President and CEO of UVM Health Network Home Health and Hospice (UVMHNHHH)

Judy Peterson from UVMHNHHH presented how the Vermont Nurse Association (VNA) of Chittenden and Grand Isle County became affiliated with the UVM Health Network and discussed some of the benefits and challenges of becoming affiliated.

As of January 1, 2018, VNA of Chittenden and Grand Isle County joined UVM Health Network. Initially, the name of the organization stayed the same while the idea of the affiliation settled in with partners, consumers and donors. In October, The VNA of Chittenden and Grand Isle County officially changed their name to UVM Health Network Home Health and Hospice.

With this new partnership there is an opportunity for the home health services to have improved care coordination and transitions, access to the common medical record (EMR), better training and recruitment opportunities and participation in the system wide leadership.

The VNA is the first community-based group to join the network whose make-up is primarily representatives of hospitals. Sitting at the table with this group gives community-based care a voice and an opportunity to educate the hospitals of the benefits of home health care.

By working together, instances of rehospitalization can be reduced. If hospitals notify HHH that a patient is going home, the HHH would go into the home prior to the patient's release and do a home evaluation. Once the patient is home, HHH can monitor medications, coach families on caring for their loved one and have the use of telemonitors that is used to communicate with doctors from home. All these things help a person stay stable in their home and out of the hospital.

This level of collaboration is beneficial to hospitals because it reduces emergency room visits and rehospitalizations. It is beneficial to the patient and their families by providing in home care that supports stabilization with continued monitoring, care and education. OneCare also recognizes the cost benefit of supporting an individual in their home versus a hospital setting.

Along with the opportunities this partnership affords, there are some challenges. There is the potential of losing the established culture and identity of the VNA. This affiliation could also result in a loss of funding from the donor base because there may be a perception that funding will come with this affiliation with UVMHN, but there won't be any additional funding.

While taking into consideration the potential challenges of this affiliation, in the end, it can help transform the health care system into a whole person care system that doesn't stop the moment a patient steps out of a medical office. Home health can help facilitate prevention and wellness, post-acute care, chronic illness management and end-of-life support.

DAIL Advisory Board (DAB) Perspective
Christine Scott, DAIL Advisory Board Member

Christine Scott, DAIL Advisory board member and nursing home administrator, shared her perspective as a DAB member and acknowledged that, like others on the board have stated, she is on the board to try and make a positive difference for those she serves.

Christine's interest in nursing was born out of having a mom who contracted Polio and ended up paralyzed and in a wheelchair at a very young age with children to raise. Christine's mom would retell stories of all the amazing nurses and therapists that took care of her and helped her in her recovery.

Christine was drawn to Long Term Care (LTC) out of respect and a wanting to serve this older population. What shocked and upset Christine was the misconception that all people who worked in a nursing home were unskilled and unkind. This is a very unfortunate public perception due to some bad experiences. It is not all people or every nursing home. There are many very qualified, caring individuals in this industry and there are many individuals and families that are grateful for this type of care. One family member once told Christine, "you gave me my mom back".

Nursing homes can provide a person with the medical care, nutritious meals, socialization, and support that may not be possible to achieve in an individual's home. For these reasons, Christine was happy to be a representative for LTC on the DAIL Advisory Board. She wants to be the voice for the

facilities that do things right and for the staff who work so hard to take care of the people in their care. Christine finds it embarrassing and is sadden by the stories in the news that depict the mistreatment of people who live in nursing homes but she also wants to ensure that isn't the only story. There is a lot to be proud of and many homes that do things right. There is always room for improvement, but it is critical to not discount living in a nursing home setting as a good choice for some. "Nursing homes can be a place of comfort, security and high-quality care for older Vermonters."

Conversation with the Commissioner
Monica Hutt, DAIL Commissioner

Residential Care Home Discussion and Maple Hill and Pillsbury Manor Update-
A Residential Care Home is a mid-level care facility that has the feel of independence like living at home. They provide personal care to persons who are unable to live wholly independently, but do not need the level of care and services provided in a nursing home. And, with a variance from DAIL's Division of Licensing and Protection (DLP), a residential care home is able to provide care to people who also meet nursing home level of care. The availability of this type of housing for people with fewer financial resources is slowing shrinking. t is thought that individuals are staying in their own homes much longer then when they do require help, it is beyond what the mid-level care the residential homes can provide. This is an important option for people to have but preventing the closures of this style of living is difficult since it is a private industry that makes decisions based on financial viability.

One of the pressures that a residential care home faces is the low reimbursement rate for care by the Assisted Community Care Services (ACCS) through Medicaid. The rate for ACCS is now at about $35 per day. Medicaid reimbursement is also available through Choices for Care Enhanced Residential Care (ERC), but only for those people who are nursing home level of care and when the home has been granted a variance from DLP. Otherwise, this group of providers relies primarily on private pay. However, even with the two sources of Medicaid reimbursement, there is often a large gap of people who are not eligible for Medicaid, but don't have the funds to pay privately, which makes this option unaffordable to many older Vermonters.

The residential homes that are mostly private pay are doing better financially because the home is not being underfunded for the beds that are being used through low reimbursement rates. One solution would be for the Medicaid base rate to increase.

Pillsbury Manor is currently operating under a temporary receivership while their finances get cleaned up. The State is also pursuing a permanent receivership and the court dates are set for early January 2019. The residents are receiving the care and services they should receive and are being taken care of by a caring, competent staff.

Maple Hill, based in Waterbury, recently closed. It was a very good residential home but had to close because of a variety of issues.

New Department of Mental Health (DMH) Commissioner-
The new commissioner of DMH is, Sarah Squirrel. She had worked with "Building Bright Futures" which focuses on children and preventative measures in mental health. Mourning Fox will continue in his role as Deputy Commissioner.

Update on DS Payment Reform (Camille George)-
A statewide advisory group has been meeting to develop a new payment model that would provide transparency and accountability; an ease of understanding the payments and provide flexibility in paying for services needed. This process is also intended to establish that services are being paid for at a fair rate. DAIL is receiving tremendous help from the Department of Vermont Health Access (DVHA) and their consultant from Burns and Associates in carrying out this project.

There are also 3 separate work groups to work on advising DAIL about which validated, standardized assessment tool to adopt and how best to go about implementing it, advising the state on how best to ensure that encounter data about the types and amounts of services that are provided to each individual is reported and advising about the development about what the new payment model will look like. This is a major undertaking with much work ahead to establish the new payment system. Before any payment reform can occur, it is likely that the State will need to get CMS approval and revise the existing regulations and the DS System of Care Plan. Throughout these processes, public comment will need to take place. The good news is that it is likely that there will be a number of incremental steps that can be taken as we work toward this long-term goal.

In addition to the statewide advisory group and the three work groups, the results of the rate study based on the enormous amount of information provided by DS providers will soon be available. The results of this study will help to inform the work of establishing rates and developing the final payment model.

Nursing Home Oversight Working Group-
A working group has been meeting twice a month since August to create a system for transfer of ownership of a nursing home and quality of care oversight. The working group must prepare a report to present to the legislature by the end of January. During the meetings the group has discussed rates and the structure of rates, what information could be used to determine the ongoing financial health of a nursing home (if any), and how to ensure the owner is accessible if there are questions or concerns that may come up.

A recommendation will be made that all of the quality of care be moved to the licensing portion of the process and the actual transfer of ownership is based on financial viability at the time of transfer. By doing this, the licensing entity can stipulate certain things with a provisional license if there are initial concerns about the care of the residents in the home that is to be purchased. One of the

provisions would be to require a new owner to hire a professional consultant for whatever area is of concern. The consultant would work closely with the staff and owner of the facility and will report back to our licensing staff. This would also be a temporary condition until the weak area is strengthened.

Community Profiles
Dru Roessle, Agency of Human Services (AHS)

An excerpt from the AHS web site where you can find the community profiles sates in the history of the profiles; "the profiles were used to support data-driven planning at AHS, in communities, and in the state house, stimulate community-wide discussions about how to "turn the curve," and to support data-driven grant applications. Comprised of about 60 indicators, the profiles sought to quantify outcomes of well-being later established in statue in 1999. The data provided reflected a partnership between AHS and the then Department of Education, encompassing key indicators for success in school, as well as foundational family, individual, and community conditions of health and well-being, by supervisory union." AHS Community Profiles — Agency of Human Services This was the original creation and use of the profiles which have evolved since 1995.

Community profiles is a snapshot of data that can be used to see how a certain part, or community, of the state is doing comparatively to the rest of the state. It is a way to improve health and wellbeing through comparison and it also helps with a shared responsibility. There are three profiles: economic opportunities, equitable access and resilient communities. Each profile is broken down into counties, AHS District Offices and Hospital Service Areas. AHS will be working to add more profiles and indictors. Currently the profiles do not include any of the other agencies data that AHS could pull from.

The new profiles were developed two years ago by hosting talks around the state asking communities what data they would find useful. AHS collected over 600 proposed indicators from these talks and 20 indicators were developed for each profile out of the 600 that were collected. Some of the profiles will not have any data smaller than the state. Some data was just too small for accuracy.

One helpful way to use these profiles is for communities to see areas in the state that seem to be successful in something a community is struggling in. With that information, a community can look at what others are doing that may lend to their successes and use that in their own communities. Ten years down the road it would be ideal to have a huge data system that is available to anyone. This would allow for a better understanding of where we were, where we are and where we would like to go while using data to educate our decisions.

DAIL Advisory Board Updates-

Matt Fitzgerald- reported that the Vermont Family Network met its fundraising goal.

Ruby Baker- The COVE board is going through some member and structure changes. They are looking for members from around the state to ensure a regionally diverse board. If you are interested, contact Ruby and she will send you the information.

Additional Updates-

Kirsten Murphy- reported that the Developmental Disabilities Council gave $116,000 in grants.

Meeting was adjourned **1:45**