

## **DAIL Advisory Board Meeting Minutes December 14, 2023**

### **Microsoft Teams Phone/Video Conference**

#### **ATTENDEES**

**Board Members:** Lynne Cardozo, Jane Catton, James Coutts, Eliza Eager, Kim Fitzgerald, Joseph Greenwald, Jeanne Hutchins, Rick Neu, Steven Pouliot.

**State Employees:** Monica White, Megan Tierney Ward, Laura Siegel, Angela McMann, Wendy Trafton, Pat Jones, Ginny Clark-Ziske

**Guests:** Bruce Hamory, Gloria Quinn, Elizabeth Southerland, Stephanie Parker, Marie Lallier, Susan Aranoff, Susan Garcia Nofi, ASL Interpreter; Mareike

#### **Motion to Approve November 9, 2023, Minutes:**

**First:** Jane Catton

**Second:** Steve Pouliot

**Minutes:** Approved

Jeanne Hutchins; A brief recollection of memorable moments of her service on DAIL Advisory Board- during the past 22 years. Some things change, others stay the same. Jeanne expressed her appreciation to the Board for the valued work they do.

Commissioner: Monica White expressed her thanks to Jeanne for her dedication, passion, and commitment work with the DAIL Advisory Board over the years. Best Wishes to Jeanne on a well-deserved retirement.

Jane Catton also expressed thanks to Jeanne and encouraged her to continue to serve with the meal on wheels program.

Deputy Commissioner Megan Tierney-Ward expressed that Jeanne has been a constant champion over the years and joy to work with.

Susan Aranoff thanked Jeanne for her time helping educate and support staff.

#### **DAIL Updates:**

**DAIL Commissioner Monica White:** - provided an update on the Age Strong VT Summit, November 15, 2023. The event held at the Waterbury State Office Complex was well attended. Over 75 attendees, fantastic event. Thank you to those who were able to come in person.

November was open to public comment, which is now closed. Comments are being analyzed and there is a plan to launch Age Strong Vermont in early 2024.

We will continue to provide periodic updates.

Regarding the general DAIL Advisory Board composition and new co-chairs, Commissioner White presented for future discussion the option to return to hybrid meetings. This will be discussed in January. What would that look like, and what are folks comfortable with.

We are preparing for the upcoming legislative session. Work continues several items for that.

This morning there was a discussion regarding Conflict-of-Interest Case Management. A link has been placed in the chat. The State of Vermont is seeking public feedback on comments set forth through Jan 25<sup>th</sup>, webinars, town halls are all listed in the link.

**<https://vermonthcbs.org/hcbs-coi-recommendations/>**

**Deputy Commissioner Megan Tierney-Ward:** added to the Commissioner's comments on the Conflict-of-Interest Case Management. DAIL will make changes to case management starting in mid-2025. Vermont is required to make changes under federal Medicaid rules. There will be differences in who can deliver CFC case management. Home and Community based services participants will be receiving letters about change and survey sent too.

Gloria Quinn from Upper Valley Services commented on the Conflict-of-Interest Case Management. The service provision is not clearly reflected in the document. That will be confusing for many people who will look at that data.

iCare ran into potentially serious problems around Thanksgiving that have been resolved. They continue to work on the conditions of the agreement regarding the Bennington facility. This created a delay in the process. This means the opening will be delayed by about two months until early 2024.

Representatives from the DAIL Commissioners Office will be making a road trip to Bennington on Monday December 18<sup>th</sup> to meet with representatives and attend a meet and greet with members of the community.

Laura Siegel is doing great work with emergency responders on how they communicate with people. She is working with dispatchers to determine what tools they might still need.

American Federation of State, County and Municipal Employees (AFSCME) have begun negotiations for a new collective bargaining agreement. Bargaining for July 1, fiscal year is in process now.

### **Deaf, Hard of Hearing, DeafBlind Services:**

Laura Siegel, Director of Deaf, Hard of Hearing, DeafBlind Services shared a presentation. (ASL) American Sign Language should be considered more as its own language. Reading captioning on a screen or writing on paper is not the same communication as an ASL interpreter provides. Funding for services has been the greatest challenge. Funding is currently relied on from a variety of places.

Funerals, wedding s special events, people are struggling to have accommodations for communication. Small organizations do not have funding available so that presents the problem that they are not able to provide equitable services.

Right now, there is a focus on UVMHC to participate in a pilot program, flashing doorbells, alarm clocks that flash, for people who cannot hear. A variety of assistive equipment, and technology that can be brought room to room for patient needs.

There is a lot of work to be done, from Mental Health Care, advocates, information availability on how to obtain interpreters. Lack of services creates additional discrimination for Deaf, Hard of Hearing patients. The goal is for Vermont to become a leader in the equity of services.

The biggest gaps are sustainable funding and education.

### **Community Engagement to Support Hospital Transformation:**

Elizabeth Southerland and Dr Bruce Hammering from Oliver Wyman Consulting Firm presented Act 167 Listening Session: The Oliver Wyman Consulting firm works to reach communities. To promote community engagement in responding to State efforts to optimize our health care system.

Act 167 health care Slides- overview presented.

Input from the following Board Members:

Kim Fitzgerald: Patients have a fear of cost when issues are brought up in well visit appointments.

Rick Neu: 21% of Vermonters are 60 or older. There are not enough geriatricians in Vermont, And there are no providers that work with cerebral palsy in adults.

Lynne Cardozo: There are not enough doctors in this state.

Where is the drive, desire of young people in Vermont to become a doctor?

Comprehensive pain program- Is it easy to find out about that?

Note: A Provider referral will help in the scheduling and insurance coverage process.

Jane – noticing trend of provider shortages- systemic pressure.

Care providers reevaluated a lot, hospitals turned upside down-

Confronting an aging provider network – not enough inflow into programs to level outflow  
Vermont always struggles with enough providers.

Rates, access, providers, burn out, retirement, young doctors going to large hospitals to be able to earn enough after the high cost of schooling.

Jeanne- Small town family practices that have never had EMR being bought out by larger Hospitals. Smaller practices do not survive unless they are under a bigger healthcare umbrella.

Kaili Kuiper- A lot of patient's complaints on how patients were being billed for discussions of issues mentioned during their well care visits.

There is a need for more Geriatricians or consulting with Geriatrician providers out of state.

Constantly hearing from hospitals with discharge planning, needing long term, rehab care and there are not enough beds, hospitals need more support in that area.

People are being forced to go out of state for long-term care, they are losing the ability of family and friends to visit and support them in ways they could if they were located in state and closer to home.

Susan Aranoff – during act 167 listening process, Dr Hamory held over 100 meetings – responded to request access to health care meeting for people with disabilities.

### **All Payor Model Update:**

Wendy / Pat

Update from last April - slides-

CMMI is now saying they want to offer multi state models, models must be available to more than 1 state.

CMMI and Vermont are in discussion of what 2025 would look like, they would like to extend out the current model.

Goals and components of AHEAD model discussed.

Jane Questions- how does the AHEAD model tie to Green Mountain Care Board? There is a broad interaction within communities gathering feedback on access and delivery of care, what types of changes and transformation should we be looking for?

Answers - Focused on Hospital transformation.

How are we doing on quality, access and utilization? How can we not have costs increase more than Vermonters can afford?

Answers - Vermont is currently one of the lowest cost Medicare State in the country. And how budgets are set will make all the difference.

Jane Q- are quality measure of AHEAD ties to hospital inpatient or hospital outpatient quality measures?

Answer - yes

AHEAD Timeline – slide presented.

Kim Fitzgerald– Mechanics, Will Vermont apply?

Answer- Yes

### **DAB Standing Items: Insurance Rate Memo**

Rate memo went out – very significant negative impact with proposed rate increases. This would be affecting over 11,000 policy holders. There is not great evidence in why they would need such a great increase, especially on disabled and older Vermonters. Recommending they should not be approved. Not sustainable.

Deputy Commissioner Tierney-Ward will forward the Board's response on behalf of the Board to the Department

Motion from Kim Fitzgerald to move forward:

Second: Rick Neu

Motion to move forward- Approved.

Kim Fitzgerald – Questions asked to Deputy Commissioner Tierney-Ward regarding the Governor's appointment to co-chair.

Answer- We are currently still waiting for the Governor to review and appoint and Co-Chair/Chair. The DAIL Advisory Board has been advised by the Governor's office to continue as planned. We will be notified when appointments have been made.

**Meeting was adjourned at 12:24 pm**

**First:** Kim Fitzgerald

**Second:** Jane Catton