

DAIL Advisory Board Meeting Minutes
January 13, 2022
Microsoft Teams Phone/Video Conference/Red Maple

ATTENDEES

Board Members: Ruby Baker, Lynne Cardozo, Jane Catton, Jim Coutts, Kim Fitzgerald, Joseph Greenwald, Michael Gruteke, Jeanne Hutchins, Laura McDonald, Nick McCardle, Michelle Monroe, Delaina Norton, Steven Pouliot

Guests: Sean Londergan, Rachel Seelig, Howard Goodrow, Marie Lallier, Meg Polyte, Pamela Zagorski, Alexander Bobella, Lindsay Owen

State Employees: Megan Tierney-Ward, Liz Perreault, Kirsten Murphy, Conor O'Dea, Angela McMann, Bill Clark, Bard Hill, John Gordon

Motion to Approve Minutes: December 9, 2021, minutes: Move to Approve: Steve Pouliot
Seconded: Kim Fitzgerald

Abstained: None

Minutes are approved as written.

DAIL Updates:

Megan Tierney-Ward, Deputy Commissioner

DAIL Updates:

1. The new DDSD Director, Jennifer Garabedian, starts 1/24/22.
2. BAA Testimony: DAIL testified at House Human Services, House Appropriations and Senate Appropriations. The only budget item that is not “net neutral” is \$150K for Brain Injury utilization pressure. Other Topics of interest include:
 - a. Adult Day financial support for SFY22: Recently, the VT Association of Adult Day Services (VAADS) notified DAIL that the industry is expecting they will need an additional \$1,001,913 to support them through the remainder of the fiscal year. Average utilization is at about 40%. This is due to the continued COVID pandemic pressures including consumer hesitancy to participate, space/distancing restrictions and statewide workforce shortages.
 - b. Choices for Care Reinvestments: \$3.3M GC stayed within CFC, \$1.3M General Funds reinvested outside of CFC. Committees interested in the investment related to Adult Protective Services.

- c. HCBS Fmap & workforce: This is being managed centrally by AHS as a coordinated effort.
3. This is the time that several annual reports are due January 15, 2022. Please contact Liz Perreault if you would like to view any of the reports (liz.perreault@vermont.gov).
 - a. APS Older Vermonters Act Report
 - b. ADRD Report
 - c. LTC Ombudsman Report
 - d. D/HH/DB Council Report
4. COVID – It is expected that the state will continue to see high numbers this month as Omicron sweeps through Vermont. Though the number of cases are much higher than previously, the numbers with severe outcomes are still lower. The state maintains a continued emphasis on vaccinations/boosters.
5. Testing – DAIL received approval from VDH to distribute about 7000 antigen tests to AAA/Senior Centers and 1000 to Adult Day centers. At this time, we are having a bit of trouble getting the full distribution out. This may be due to competing efforts including schools and the new effort to distribute antigen tests to households. DAIL continues to advocate for testing resources across HCBS including Das/SSAs, Adult Day, AAA, Home Health.
 - a. LAMP tests are not widely available at this time.
 - b. We learned that antigen tests are the best option for determining likelihood of infectiousness in a person recovering from COVID. PCR tests can pick up on cellular information that can sometimes test positive for up to 90 days.
6. Hospital beds update: 127 (out of 139/90%, soon to be 149 with Woodridge) SNF beds have been reopened to address hospital bed flow. These beds are spread across 7 nursing facilities (soon to be 8 with Woodridge):
 - St. Albans Health and Rehab
 - Mountain View Center
 - Burlington Health and Rehab
 - Green Mountain Nursing Home
 - Rutland Health and Rehab
 - Centers for Living and Rehab
 - Newport Health Care Center
 - Upcoming: Woodridge

7. Bed board: We have contracted with the Vermont Health Care Association to provide bedboard-like services. Bed availability information from Vermont's nursing homes (excluding the closed community of Wake Robin) is shared with DAIL, VDH, VAHHS, and the Hospitals each weekday. This enhanced communication is intended to facilitate hospital transfers.
8. Staffing contract for LTC facility outbreaks and hospital support: Recently expanded the LTC staffing pool from 30 – 55 in alignment with current and projected deployments. This is the first wave of these staff.
9. ACCS/ERC rate study moving along. DVHA contractor Burns & Associates sent a provider survey which was extended to 1/14/22 to validate assumptions for the rate review. It is still expected that DVHA, along with the contractor, will finalize the rate review in January. Reminder: At this point there is not an appropriation identified for a rate increase, which would need to be addressed after the rate model is finalized.

EVV Update and Public Comment Period

Bill Clark, DVHA Director of Operations

The Department of Vermont Health Access (DVHA), in partnership with the Department of Disabilities Aging and Independent Living (DAIL), and Department of Health (VDH) is implementing Electronic Visit Verification (EVV) for in-home services funded by Vermont Medicaid to comply with federal requirements set forth in the [21st Century Cures Act \(Cures Act\)](#).

People who deliver personal care services will use EVV to record the services provided to Medicaid members. Included programs are Children's Personal Care, Choices for Care (including Flexible Choices & Moderate Needs Group), Attendant Services Program and the Traumatic Brain Injury Program. Home Health Services will be added in 2023.

Anticipated outcomes of EVV include:

- Ensuring Medicaid members are receiving the right services in the right location
- Program integrity by increasing billing accuracy and cost containment
- Reduce administrative burden associated with hard copy timesheets
- Compliance with the 21st Century Cures Act

EVV is not required when the caregiver lives in the home with the member or when services are provided entirely outside the home.

The goal is to support the provider so they can successfully use the EVV system. However, there will be a phased compliance push. Currently, the communication with employers and providers has been informational on what was coming with the new EVV system. This phase has ended and DVHA has moved to providing letters that are instructing providers must start using the system. The final phase will be informing providers that if they fail to use the EVV system fines will be imposed on them.

For more information, visit: <https://dvha.vermont.gov/initiatives/electronic-visit-verification>.

State Plan on Aging

Conor O'Dea, State Union on Aging Director

The State Plan on Aging is required by the Older Americans Act and outlines the roles and responsibilities of the State and the area agencies on aging in administering and carrying out the Older Americans Act.

The Older Vermonters Act expands the 2023-2026 State Plan on Aging to include all LTSS for Older Vermonters

- Priorities for programming
- Criteria to receive services
- Types of services
- Annual report on the implementation status, the extent to which the principles are achieved, and data supporting the effectiveness of reaching individuals with the greatest economic and social need.

The issues that have been identified and need to be addressed are:

- Raising awareness of HCBS
- Social isolation/loneliness
- Older adult suicide rates
- Housing/supporting policy and programs creating housing for older adults
- Fall prevention
- Elder abuse, neglect, exploitation

The needs that have been identified are:

- Transportation (social rides)
- Dementia awareness/education
- Digital divide
- DEI under OAA programming
- Medicare education (What it does and does not cover)
- Older adult mental health
- Workforce to support HCBS

A successful plan on aging that address the needs and issues will include the following:

- Increase awareness of AAAs across the State amongst public and professional entities including health care providers.
- Assess, offer, and monitor services that address the needs of older Vermonters at risk of institutionalization with particular attention towards individuals/families impacted by dementia.
- Availability of regularly scheduled fixed-route and on-demand transportation.
- Choices for quality-controlled, prepared meals responsive to a variety of dietary and cultural needs.

- Identify family caregivers and provide support guided by evidenced-based assessment. (TCARE)
- An array of evidence-based health promotion programs available to support older adults who live independently. (Falls prevention, medication misuse, healthy habits, caregiver support)
- Public/professional awareness on how to identify the risk of abuse, neglect, and financial exploitation and how to make a report.

To view the presented power point in its entirety, please follow this link:

<https://dail.vermont.gov/resources/advisory-board/dail-advisory-board-2022-agendas-handouts-minutes>.

Adult Protective Services (APS) Statute Review Status- Continued

John Gordon, APS Director

John Gordon came prepared to answer any of the board's questions on the APS statute review since last month's presentation ran over and there wasn't time to field questions. To view the report, please go to: <https://dail.vermont.gov/resources/advisory-board/dail-advisory-brd-2021-items>. Feel free to provide additional feedback by emailing john.gordon@vermont.gov.

Long Term Care Ombudsman Project (LTCOP)- Annual Conflict Free Letter

Sean Londergan, LTCOP Director

The DAIL Advisory Board created a subcommittee to conduct the annual review and then report back to the full DAIL Advisory Board. The subcommittee members were Ruby Baker, Lynne Cardozo, and Michael Gruteke. The subcommittee reviewed both the State and Federal Ombudsman statutes.

The DAIL subcommittee, which reviewed conflict of interest and the Vermont Long-Term Ombudsman Project, determined that the Project is currently free of conflicts and has procedures in place to ensure that it is able to operate free of conflicts of interest for the next year.

After hearing from the subcommittee, the full DAIL Advisory Board accepted the subcommittee's recommendations that the Ombudsman Project could operate conflict free for the upcoming year.

Lynne Cardozo moved that the DAIL Advisory Board certify that the Vermont Long-term Ombudsman Project was without conflict of interest and would be able to operate free of conflict of interest was made and approved by the full Board. Mike Gruteke seconded the motion, the motion was passed. DAIL will issue the certification letter to Sean Londergan for inclusion with the Ombudsman Annual Report that is submitted to the Legislature each year.

Advisory Board Challenges/Opportunities and Updates

DAIL Advisory Board Members

Lynne Cardozo asked what the number of deaths due to COVID were in LTC facilities. Deputy Tierney-Ward responded that the health outcomes for those who contract COVID are not as deadly as they were with the previous COVID strains.

Of the Older Vermonters who are dying is there a difference between those living in the community versus those living in facilities? Deputy Tierney-Ward reported that DAIL does not have that data but would try to find more information and share it with the board.

Jeanne Hutchins reported that the UVMMC inpatient rehab center is back open. Jeanne also reported that the Villages (Mt. Mansfield and Lamoille) currently has 57 members and 44 volunteers providing services. A yearly membership costs an individual \$240 or a household, \$300.

Mike Gruteke moved to adjourn the meeting; Jane Catton seconded the motion.

Meeting was adjourned