

**Subgroups Combined Draft Recommendations**  
**Edited at March 1, 2019 Older Vermonter’s Act Working Group Meeting**

---

**General Recommendations**

- It is recommended that the OVAWG “Overarching Rights/Values” and “Goals/Principles” be adopted into the Older Vermonter’s Act.
- Though Act 172 calls out Choices for Care, it is recommended that statute language refer to all Vermont State and Medicaid “Long-Term Services & Supports” (LTSS) available to older Vermonter’s.
- It is recommended that statute language be “person first” and understandable to the lay-person.
- It is recommended that the statute adopts “Reframing Aging” principles and rules for non-ageist and inclusive language.
- It is recommended that resources be realigned to better support Vermont’s changing demographic to achieve the best system of services and supports for aging Vermonter’s.

**NOTE:** Consider using this language as a descriptor in the final report: Other LTSS programs serve aging Vermonter’s and include Developmental Services, Traumatic Brain Injury and Mental Health services. Authority for these programs is outlined in an Intergovernmental Agreement with DVHA and the managing AHS Department. For example, DAIL manages the Choices for Care program daily operations following the DVHA managed CMS rules, Special Terms and Conditions, and Global Commitment Comprehensive Quality Strategy. That authority will likely not change in the near future

**Framework Goals/Principles**

1. **Financial Security:** *All older Vermonter’s have the right to an adequate income and the opportunity to maintain assets for a quality of life as we age. If we want to work, older Vermonter’s have the right to seek and maintain employment without fear of discrimination and with any needed accommodations, but also retire after a lifetime of work if we choose, without fear of poverty and isolation.*

Recommended for Statute	Strategies to meet goal	Notes
1. Public benefits programs should be adequate to financially support people to prevent impoverishment. 2. Require that all Medicaid funded LTSS programs include	1. Promote, encourage and support a system of gradual retirement “slopes” vs. “cliffs” that supports older Vermonter’s staying longer in the workforce and transitioning more slowly into retirement. 2. Promote ways to utilize medical billing staff (or similar) to refer those in financial need to social service agencies. 3. Create opportunities for education around financial literacy and planning as possible way to decrease future dependency on services. 4. Promote, encourage and support the creation of more opportunities for Vermonter’s to access long-term care insurance.	Take into consideration the impact of tax law changes on older Vermonter’s such as change in allowance for health care

<p>language that recognizes the need for continued employment supports, regardless of age or ability.</p>	<p>5. Improve Vermont’s public benefit and Medicaid income and asset tests so people can adequately maintain living expenses, personal needs and quality of life as they age. This includes ways to avoid the benefit “cliff” that makes peek ineligible for services.</p>	<p>expense deduction.</p> <p>There will be an opportunity to further describe the current system in the recommendations.</p>
---	--	--

2. **Optimal Health and Wellness:** *All older Vermonters have the right, without discrimination, to optimal physical, dental, mental, emotional and spiritual health through end of life. Holistic options for health, exercise, counseling and good nutrition should be both affordable and accessible. Access to coordinated, competent and high-quality care should be provided at all levels and in all settings.*

Recommended for Statute	Strategies to meet goal	Notes
<p>1. Describe the “all levels and all settings” continuum, including home-based, community-based, residential care homes, nursing homes, hospitals, adult day facilities, senior centers, private medical offices, and other settings that exist now, along with recognition these will evolve over time.</p> <p>2. Need to Define healthcare (dental, physical, mental) provided by clinicians (for example, what are the settings they’re expected to be in and what needs to happen) and then define wellness and holistic health and describing the policy for enacting it to support</p>	<ol style="list-style-type: none"> <li>1. In the continuum, describe in more detail the role and potential role of senior centers in supporting health/wellness and need for more. support/coordination/assistance/funding.</li> <li>2. Develop opportunities for dental care to happen in all setting.</li> <li>3. Support and courage policies for municipalities so that everyone has access to services.</li> <li>4. Work towards Vermont becoming an “age friendly state,” through state policy and local initiative; part of multi-sector engagement. Refer to AARP “age friendly” standards and language.</li> <li>5. Get the positive health/wellness message to the broad public, including reducing/eliminating stigmas related to treatment of certain conditions.</li> <li>6. Better publicize resources and tools that that connects job seekers and people who need caregivers.</li> <li>7. Create marketing efforts to educate job seekers about what caregiving is and is not; dispel the myths &amp; point out the rewards.</li> <li>8. Efforts are needed to retain workers who would otherwise leave workforce and retire. VT Returnships Program is doing this. Trying different options like PCA work can sometimes be a great option.</li> </ol>	<p>What are all the State departments and divisions doing and how should they coordinate more?</p> <p>Complex work, committed to working across the lifespan, many priorities unfunded, i.e.</p> <ul style="list-style-type: none"> <li>• Oral Health</li> <li>• Falls Prevention</li> </ul>

<p>healthy living/aging regardless of where and who you are.</p> <ol style="list-style-type: none"> <li>3. Need for adequate caregiving workforce and staffing of LTSS, recognition of the workforce challenge (at all levels of care) and the need to address it (see strategies).</li> <li>4. Since Optimal Health &amp; Wellness relies on people having access to an adequate supply of healthcare professionals and LTSS workers, it is recommended that Statute require that Vermont develop a systematic approach to annual Medicaid increases to all health care providers and LTSS providers.</li> <li>5. Use research of evidence-based programs and practices to inform policy and funding decisions impacting older Vermonters' health and well-being.</li> </ol>	<ol style="list-style-type: none"> <li>9. Enhance best practice for recruiting in the healthcare industry: career ladders. VDOL is involved in some programs that follow the basic model; start as a PCA, move up the healthcare ladder, potentially toward RN or PA status. Ladders are more attractive, especially to younger people.</li> <li>10. Another best practice: earn while you learn. Paid training makes it easier for people to accept work, especially in a new field.</li> <li>11. Import workers to address healthcare labor shortages in this area. Consider recruiting people from Quebec. <ol style="list-style-type: none"> <li>a. NAFTA treaty visas make it easy for people to come across the border for work</li> <li>b. Wages in Vermont (even minimum wage) are better than in Quebec</li> <li>c. USD-CAD exchange rate favorable for Canadians to work in USA</li> <li>d. Maybe help educate healthcare employers about the visa sponsorship process to get workers from Canada.</li> </ol> </li> <li>12. Use recognized research that demonstrates how dental, vision and hearing care affects a person's health and wellbeing as they age, to improve coverage for those services.</li> <li>13. Use research that demonstrates how adequate nutrition positively affects a person's health and wellbeing as they age, to increase funding for a variety of nutrition services such as home-delivered and congregate meals.</li> <li>14. Adopt licensing rules that allow all licensed healthcare providers to be able to provide the widest scope of practice, to increase the number of critical service providers in Vermont.</li> <li>15. Improve access for older Vermonters to all types of community providers, such as suicide prevention, access to mental health services, increased provision of elder-care clinicians.</li> <li>16. Ensure that Vermont maximize federally allowed flexibility of Medicaid and Medicare coverage to promote the person-centered access to health and preventive care services.</li> <li>17. Invest in technology to enable Telehealth in community settings.</li> </ol>	<p>Require that Vermont use a more population-based approach.</p>
---	--	---

3. **Social Connection and Engagement:** *All older Vermonters have the right to be free from isolation and loneliness, with affordable and accessible opportunities in community for social connectedness, including work, volunteering, lifelong learning, civic engagement, arts, culture and technology. Older Vermonters are critical to our local economies and their contributions should be valued by all.*

Recommended for Statute	Strategies to meet goal	Notes
<ol style="list-style-type: none"> <li>1. Describe the variety of “affordable and accessible opportunities in community”</li> <li>2. Promote evidence-based research on social isolation showing the effects it has on the health and wellness of older Vermonters, in order to elevate its importance and link the issue to the need for critical services such as transportation.</li> <li>3. Commitment to accessibility, affordability and intergenerational opportunities is essential at the state level and the local level.</li> </ol>	<ol style="list-style-type: none"> <li>1. Promote, encourage and support an element in Town Planning to address social connection.</li> <li>2. Prioritize the needs of older Vermonters in state grants/funding. For example, the Buildings and General Services facility grants: could facilities for older adults become a priority of those grant funds that already exist?</li> <li>3. Consider co-locating daycare and elder care facilities. Both are oversubscribed and underfunded. Perhaps together they can economize &amp; achieve better outcomes.</li> <li>4. Consider including a young adults, including college students, in housing residences for older Vermonters. They could live rent-free in exchange for labor, community watch duties, etc.</li> <li>5. Create an Older Vermonter Worker Corps to better engage older Vermonters with work and also serve community objectives.</li> <li>6. Leverage Corporation for Nation Community Service to address social connection and engagement of older Vermonters.</li> <li>7. Continue to support National Senior Corp in Vermont.</li> <li>8. Require that all Vermont Medicaid LTSS programs include language that recognizes the need for paid support that helps people access their communities according to a person-centered plan.</li> <li>9. Maximize full advantage/opportunity of potential flexibility of payment reform in how, where and what services are provided.</li> <li>10. Promote a public education and reframing campaign about the positive contributions that older Vermonters make.</li> <li>11. Make internet/broadband/technology available to all older Vermonters because the internet is becoming an increasingly important way to support older adult health (tele-medicine, etc.)</li> </ol>	

4. **Housing, Transportation and Community Design:** *Vermont communities should be designed, zoned and built to support the health and independence of older Vermonters, with affordable, accessible, appropriate and service enriched housing, transportation and community support options that allow us to age in a variety of settings along a continuum of care, and that foster engagement in the community life.*

Recommended for Statute	Strategies to meet goal	Notes
<p>Call out that there is a lot of innovation happening and that we should be encouraging and supporting those as much as possible: SASH, Village models, Home sharing, Neighbor Rides, Uber-like models, Complete Streets, Smart Growth, and more..... let's support and replicate where we can</p>	<ol style="list-style-type: none"> <li>1. Promote, encourage and support tax credits for universal design elements.</li> <li>2. Promote, encourage and support ways to encourage accessibility at the local level, such as zoning, etc.</li> <li>3. Promote, encourage and support more coordinated efforts to develop volunteer drivers for medical appts, MOW delivery, etc.</li> <li>4. Explore new incentives for recruiting volunteer drivers such as a box to check on the DMV license renewal or registration forms.</li> <li>5. Promote, encourage and support a variety of housing options including accessory dwellings, universal design, mixed aged/income residential units.</li> <li>6. Engage in conversations with current programs and providers that begin to implement innovations to meet the needs of older Vermonters.</li> <li>7. Strengthen public transportation in rural areas and devote more resources to transportation including through Medicaid.</li> <li>8. Broaden access for people who do and don't have Medicaid and expand availability of Vermont transportation funds.</li> <li>9. Engage with town and regional planning commissions to integrate into already existing strategies to find new/better ways to support healthy aging.</li> <li>10. Connect the VT "Health in All Policies" Taskforce in work to become an "age friendly" state and to support Older Vermonters Act strategies. Explore innovations in the Community Paramedic model used by other states and in Vermont.</li> </ol>	<p>Be sure to include the entities in #6 in the report with an explanatory description of the current system.</p>

5. **Family Caregiver Support:** *Family caregivers are fundamental to supporting the health and well-being of older Vermonters, and their hard work and contributions should be respected, valued, and supported. Family caregivers of all ages should have affordable access to education, training, counseling, respite and support that is both coordinated and efficient.*

Recommended for Statute	Strategies to meet goal	Notes
<ol style="list-style-type: none"> <li>1. Call out the need for financial security and wellness for family caregivers</li> <li>2. Promote evidence-based research on how providing adequate caregiver supports can improve health and wellness of older Vermonters, to elevate the importance.</li> </ol>	<ol style="list-style-type: none"> <li>1. Promote, encourage, support and fund incentives/education for employers to support and offer flexibility to their employees who are caregivers.</li> <li>2. Endorse, support, and underwrite maximum support networks for family caregivers. (NOTE: THE Alzheimer’s Association has a good model that may be replicated.)</li> <li>3. Promote caregiver support resources as part of employee assistance programs provided by businesses. This could include info about options for care, safety training, financial planning assistance, etc.</li> <li>4. Explore best practices for supporting family caregivers, with adequate supports and policies that allow payment to family caregivers with State or federal funds (review state of Washington).</li> <li>5. Promote foster caregiver arrangements for those who do not have family.</li> </ol>	<p>It was noted that even though Vermont has a fairly robust Information &amp; Referral system (AAAs, 211, etc) many Vermonters are not aware of the system.</p>