

**DAIL Advisory Board Meeting Minutes**  
**January 12, 2017**  
**Sally Fox Conference Center, Waterbury**

**ATTENDEES:**

**Board Members:** Linda Berger, Robert Borden, Nancy Breiden, Terry Collins, James Dean, Kim Fitzgerald, Matthew Fitzgerald, Joseph Greenwald, Laura MacDonald, Nick McCardle, Nancy Metz, Diane Novak, John Pierce, Steven Pouliot, Martha Richardson, Christine Scott, Beth Stern

**Guests:** Leigh Holliday, Matt McMahon, Jill Olson, Hannah Schwartz

**State Employees:** Pam Cota, Joanne Fleurrey, Camille George, Brian Guy, Monica Hutt, Fred Jones, Suzanne Leavitt

**Motion to Approve Minutes:** December 8, 2016 minutes: Approved: Steve Pouliot  
Seconded: Kim Fitzgerald

**Review and Approval of Meeting Minutes**

**I. Review of Receivership Recommendations**

*Camille George, Deputy Commissioner and Suzanne Leavitt and Pam Cota, Division of Licensing and Protection, Survey & Certification*

A facility can be placed in receivership for several reasons and it takes the decision of an Assistant Attorney General for it to occur. Due to the high level of regulations on small, residential care facilities, they are at more risk of receivership than other facilities.

This past spring, a small, Level III, residential care home came into receivership. Once the receivership was put in place, things deteriorated very rapidly and the receiver made the decision that all residents needed to be placed somewhere else for their safety and medical well-being.

Since this was the second receivership, DAIL decided that we needed to have an external review of what worked well and what did not. A Request for Proposal (RFP) was sent out and four were received. It was decided that Flint Spring, in conjunction with the Lewin Group, would do the review. They interviewed many of the people that were involved, including staff from DAIL, Department of Mental Health (DMH), Department of Corrections (DOC), our community partners, the Long-Term Care Ombudsman, people that opened their homes to some of the residents needing new placement and several of the former residents for the residential care home. They were unable to interview any of the former staff or owners of the facility. This was due to their unwillingness or lack

of contact information of staff. Survey and Certification (S&C), the Adult Services Division (ASD), the Commissioner's office of DAIL and our Legal Unit played a large role in this receivership. DAIL licenses facilities, but we do not always fund them. None of the residents at the facility were on Choices for Care (CFC). Many were receiving Assistive Community Care Services (ACCS) which is part of the Level III Medicaid Bundle. DAIL does not have much involvement with these recipients, we only aid in provider billing. Since DAIL's involvement is minimal in these cases, we do not know the people, staff or owners involved. The hope was to stabilize the facility so people could eventually return home, but that did not happen.

A receiver is appointed by the court. DAIL provides three names of possible receivers to the court. It was challenging to find someone willing to step in. Although, the receiver may be well intentioned, they may not have the skill set that is needed. There are fiscal, legal, nursing, medication management, supervisory skills required to run a residential care home. One of the recommendations of the report is to develop a process to pre-qualify people as receivers to be sure that they have these skills or access to a team of people that do.

Another area of concern in the current receivership statute, is that the receiver is to be paid out of the troubled facility. But there is not usually funds or access to funds to pay the receiver, so there needs to be another way to pay the receiver.

In both receivership cases, there was no amount of training that could have helped to get these facilities back into compliance. One recommendation is to have a group meet when a facility is coming into trouble – this group would meet ad-hoc. This is something for the Advisory Board to think about being a part of going forward.

Please send your comments of the Receivership Report to Camille George at [Camille.george@vermont.gov](mailto:Camille.george@vermont.gov).

## **II. DAIL Scorecards**

*Brian Guy, Division of Vocational Rehabilitation (VR) and Fred Jones, Director of the Division for the Blind and Visually Impaired (DBVI) and Jennie Masterson, Developmental Disabilities Services Division (DDSD)*

### Vocational Rehabilitation (VR) and the Division for the Blind and Visually Impaired (DBVI)

Although the current scorecards are a consistent way to measure performance, VR and DBVI, for the next two years, will have nothing on their scorecards. Because, in 2014, the Workforce Innovation and Opportunity Act (WIOA) gave VR and DBVI new measures to track. These regulations have just been defined and a timeline of two years was given to put these regulations/guidelines into place. There are now six (6) regulations to measure.

1. Employment rate two quarters post program exit
2. Employment rate four quarters post program exit

3. Median earnings at two quarters post program exit
4. Credential attainment – High school diploma, GED
5. Measurable skills gains
6. Employer satisfaction

The first 3 measures all pertain to the rehabilitation. The fourth is obtaining any credentials in the process. Skills gains helps us answer how people are better off and gives us a little more depth to what we are reporting on. The skills are not only soft skills learned, but how to do different tasks, such as using a cash register or piece of office equipment.

For youth that is still in school, there are Youth Employment Specialists that work in the schools, along with the school teams (IEP/504 staff, guidance counselors, etc.). These specialists work on interviewing skills, resume building, and other pre-employment skills. This approach works well with the Governor's intention of job creation. It also starts the conversation around employment early on. Having VR's presence in teen's lives early on is a positive one. It helps teens get the extra help for employment at the onset. It helps push the skills for the jobs that are out there because VR works very closely with employers to find out what their needs are for the workforce.

#### Developmental Disabilities Services Division (DDSD)

Vermont has one of the highest employment rates in the country for people that are receiving services for developmental disabilities. We are one of the only states that are tracking people in this population that are actually working. Many states do not have this data, so we cannot compare nationally. Another reason we cannot compare to other states is, we do not support the employment of people working workshops while other states do. Vermont does not consider employment as being in a job in work enclaves, sheltered workshops or "work groups" that only consist of disable people; employment is being in a job with other people without disabilities, that is employer based.

Over the 35 years of supported employment, one feature that many states want to duplicate is blended funding. This requires all agencies to put all their employment funding into one place and it is all used to find employment with good leadership and dedicated supported employment. It is a blended pot of money of available funding. Vermont is unique in this way and we are sought out by other states on a regular basis. But, blending funds takes a lot of work and it is not easily done. And because there is a very long relationship with VR and DDSD, they have made sure to retain a supported employment staff member. This staff person arranges trainings for everyone to come together 3 months to use and to share resources –each agency involved brings a different strength to the table to share.

The nature of supported employment is that it is there for as long as it is needed. To qualify, you must qualify for developmental disability services. In the DDSD State Plan, the qualifying age was

increased from 22 to 26. Community supports may be transferred for long term job site supports. Here there is no age limit, it is a matter of changing how the dollars are used.

### **III. Conversation with the Commissioner**

*Monica Hutt, Commissioner*

#### Appointments

We are still waiting for the official word for reappointment of Deputy Commissioner George however it is confirmed that she will be continuing in her role as the Deputy at DAIL for which we are infinitely grateful. Both the Commissioner and Deputy Commissioner are waiting for their reappointment letters. As for other departments for the Agency of Human Services:

Department of Mental Health (DMH) – Melissa Bailey appointed as Commissioner, Frank Reed will continue at DMH in an Operations role.

Department of Corrections (DOC) – Lisa Menard was appointed as Deputy Commissioner and is the Acting Commissioner while they continue their search for a Commissioner.

Department of Vermont Health Access (DVHA) – Cory Gustafson appointed as Commissioner. Lori Collins and Michael Costa; appointed as Deputy Commissioners.

Department of Children and Families (DCF) – Ken Schatz has been reappointed as Commissioner and the Deputy Commissioners did not change.

Vermont Department of Health (VDH) – Harry Chen elected not to seek reappointment, but will stay on until March. The new Commissioner is Mark Levine. Prior to this appointment, Mark Worked in graduate education at the University of Vermont Medical Center so it's an opportunity to consider how to link to him and the education of physicians in the state.

Agency of Human Services – in addition to the appointment of Al Gobeille as Secretary, Martha Maksym, formerly of the United Way, has been appointed as Deputy Secretary.

#### New State Administration

Governor Phil Scott campaigned on protecting Vermont's vulnerable population. His father was a double amputee due to injuries received in WWII. His father went on to marry, become a father, and become a successful business man. It was a never a question that this is what he would do. Phil has a very real and close connection to our population and has said he would protect; he seems open to the idea of adding the concept of "empowerment" to that agenda.

### SFY18 Budget and SFY17 Budget Adjustment Act (BAA)

Nothing can be shared about the SFY18 Budget until the Governor has made his Budget address scheduled for January 24, 2017. As you remember, we started with instructions to build a level funded budget. We will be testifying on SFY17 BAA and there are no shocks or surprises in there.

### DAIL Legislative Initiatives

The Governor's office has asked us to simplify our initiatives for this year and prioritize the most necessary and important. We were asked to go through our initiatives and simplify and prioritize the list.

The AAAs have a set of legislative priorities that they will focus on. Having home delivered meals paid through Choices for Care (CFC) got some traction at the State House last year, but did not go anywhere. They hope to reintroduced the idea this year. The AAAs and DAIL have worked together over this winter thinking of ways to make this work. There is also an issue of parity between funding institutionalized services versus HCBS services. Institutional facilities get an increase to funding every year, whereas HCBS services do not.

Representative Theresa Wood is now on the House of Human Services committee. Theresa is a former Deputy Commissioner of DAIL and is well versed in DS services.

### Medicaid Pathway Transition

There is a desire and willingness to look at the Medicaid Pathway closely and how it will affect Long-Term Care (LTC) services, before we get too far down the road. There are still unanswered questions that will need to wait until the new leadership gets up to speed.

- Is there an easier payment structure to get there?
- Should we be doing this on our own?

As for the Accountable Care Organization (ACO) Contract, it has not been finalized yet due to a technical snag – it is being reworked.

Integrating Family Services (IFS) is still on people's radars. At its best, it is payment and practice reform. What is not working with IFS is mostly related to our ability to merge the necessary dollars and to create a realistic view of what it would actually cost.

### Medicaid as a Block Grant?

Receiving Medicaid in one lump payment is not a terrible concept, it is the amount of the trend rate that is worrisome. If it creates flexibility and helps us meet people's needs, then it would be a good idea. But, how to achieve the safety net of Medicaid with a block grant is what we are waiting to hear.

#### **IV. Perspective from a DAIL Advisory Board Member**

*Nancy Metz, DAIL Advisory Board*

What brought Nancy to the DAIL Advisory Board was partly through self-determination, accident and serendipity. When she first came to the Board, she felt that there was so much information, but she was receiving it in the wrong way. Now, for the past year, Nancy feels that she understands it more and gets more out of the meetings. Nancy is from Newbury, Vermont, where the median age is 10 years older than the rest of Vermont. People there are very much unaware of all the programs that are available to them. Some of the town officers had not even hear of DAIL. There are two low income housing complexes, Grafton County Nursing Home, and the Atkins House, where people that need to receive care in a different location than at home. There is a two-year waiting list for low-income rental subsidy. Housing is a huge concern, not just for seniors and people with disabilities, but for many in Vermont.

When asked to think about challenges and opportunities for the DAIL Advisory Board, Nancy feels housing is a big issue and we are really behind the eight-ball. People need it and cannot. We need to somehow make a cultural change in disabilities and aging. We are all trying, but it is not happening fast enough. That is the challenge. The opportunity is how to get the word out, better and louder, with some type of Public Relations Campaign.

This conversation brought up a future topic idea. Monica White, Director of Operations at DAIL, has put together a list of op-ed topics. We will ask her to attend a future meeting to share her strategy with the Board. We may get even more ideas to add to Monica White's list from the Board.

## **V. Board Updates**

### *DAIL Advisory Board*

Martha Richardson would like to see dementia be focused on during this legislative session. Martha shared that there is an upcoming PBS Special call "Every Minute Counts", that will air on January 25<sup>th</sup>. (post note: link <http://www.pbs.org/tpt/alzheimers-every-minute-counts/home/>). Martha would also like to explore the training for first responder when dealing with people with Alzheimer's. There is a growing need and looking for ways for it to be embedded in current training practices. (post note: link to existing first responder's training <http://www.alz.org/care/alzheimers-first-responder.asp>). There is also a lack of care givers, which is a growing problem in all areas of care givers.

Nancy Metz has taken a position with COVE. This position is in conjunction with the grant the COVE recently received for work around Elder Crime Victims.

### **Meeting was adjourned**