

DAIL Advisory Board Meeting Minutes
January 9, 2020
Sally Fox Conference Center, Waterbury

ATTENDEES

Board Members: Ruby Baker, Nancy Breiden, Kim Fitzgerald, Joseph Greenwald, Jeanne Hutchins, Frances Keeler, Nick McCardle, Delaina Norton, Steven Pouliot, Christine Scott, Beth Stern, Lorraine Wargo, Marie Zura.

Guests: Sean Londergan, Laura Pelosi, Gail Zatz, Lynne Cleveland-Vitzhum.

State Employees: Monica Hutt, Megan Tierney-Ward, Liz Perreault, Kirsten Murphy, Sarah Sherbrook, Suzanne Leavitt, Jaime Mooney, Lindsay Gillette, Sarah Drinkwater, Bard Hill, Bill Kelly, Sarah Lane.

Motion to Approve Minutes: December 12, 2019 minutes: Move to Approve: Marie Zura
Seconded: Steve Pouliot

Abstained: Nancy Breiden

Minutes are approved as written.

Conversation with the Commissioner:

Monica Hutt, DAIL Commissioner

Staff Changes in the AHS Secretary's Office-

Martha Maksym, Agency of Human Services (AHS) Deputy Commissioner, served her last day with AHS on January 3. Secretary Smith is holding off filling the Deputy Secretary role until after the 2020 legislative session. He is considering having two Deputy Secretaries and dividing the oversight of departments between the two. Kirsten Murphey heard the testimony and reported that Secretary Smith would likely categorize the departments into healthcare centered and human services centered as a way of splitting the workload between the proposed new deputies. The speculated split would be Department of Corrections (DOC) and Department of Children and Families (DCF) under the human services centered and Department of Vermont Health Access (DVHA) and Vermont Department of Health (VDH) under the healthcare centered oversight. However, it is still unclear where the Department of Disabilities, Aging and Independent Living (DAIL) would land. It is important to note that Secretary Smith's proposal is about how he can best manage the AHS workload demands and is not related to other legislative discussions about reorganizing or "splitting" AHS.

Commissioner Hutt will find out more information about timeline and what is being considered when dividing up the oversight of the agency's departments. She will also find out how the Secretary would

prefer to get feedback from the DAIL Advisory Board and their suggestions on how DAIL should be managed. The DAIL Advisory Board may ask Secretary Smith to come to a meeting in order to have this discussion before the supervision of the department is decided.

DAIL Personnel-

Megan Tierney-Ward was appointed into the DAIL Deputy Commissioner role as of Monday, December 23. Deputy Commissioner Tierney-Ward was the former Adult Services Director (ASD) and Angela Smith-Dieng, as interim, has stepped in as the ASD Director position and Commissioner Hutt is hoping to officially appoint Angela into this position soon. With Angela taking the position of ASD Director, it leaves the State Unit on Aging Director position vacant. There will be a competitive posting for that vacant position.

In the Developmental Disabilities Services Division (DDSD), Selina Hickman has been hired as the new director effective Monday, January 20. Clare McFadden, former DDSD Director, has moved to the new position of Director of Payment Reform. Clare will fill in as DDSD Director until Selina comes on board.

DAIL Budget Adjustment for FY2020-

Commissioner Hutt, Deputy Commissioner Tierney-Ward and Financial Director Bill Kelly, testified at the House Appropriations Committee on December 17th and to the Senate Appropriations on Friday, January 10. There were no adjustments in DAIL Administration, Division for Blind and Visually Impaired (DBVI) Grants or Vocational Rehabilitation Grants.

The few adjustments that were made include:

Total Net Increase for BAA (all gross \$'s) \$ 6,131,403

This includes:

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| 1) Under-utilization adj. Attendant Services Medicaid | \$ (317,199) |
| 2) Non-HCBS Under-utilization adj. | \$ (368,524) |
| 3) Under-utilization adj. Year 2 ASFCME Collective Bargaining Agreement | \$ (412,519) |
| 4) Under-utilization adj. TBI Waiver | \$ (285,077) |
| 5) Money Follows the Person – federal funds | \$ 1,750,000 |
| 6) Nursing Home (case-mix score adj.) | \$ 2,900,000 |
| 7) Budget neutral items (meaning any GF share already budgeted) | |
| a. Act. 72 Sec. C 100 (a)(21) One-time funding for SASH Grant (year 1 of 3) | \$ 541,947 |
| b. Adj. to DA/SSA rate increase (AHS net-neutral, funding from DMH) | \$ 239,994 |
| c. Choices for Care carryforward from SFY19 | \$ 2,082,781 |

Perspective from Nursing Homes:

Laura Pelosi, Lobbyist with MMR

MMR is a lobbying firm that Laura Pelosi works for. Laura has “experience with regulated entities such as hospitals and nursing homes has proved very valuable as she works with clients to establish and maintain positive, productive relationships with regulators.” (excerpt from MMR website.)

Laura came to discuss the challenges nursing homes are currently facing. In the 38 facilities across the state, one of the biggest challenges is finding health care workers in Vermont to provide the care residents need. In 2018, approximately 12 million dollars was spent on hiring traveling nurses. It is estimated that in 2019, that number will have doubled.

To provide appropriate care, facilities are only able to take the residents they can realistically care for. In facilities, there may be bed space, but they can't be occupied because of the lack of staff. This creates another complication for facilities because the current rate setting regulations create a financial disincentive when they dip below 90% occupancy. If the facility is unable to maintain 90% percent occupancy, the facility is fined. There are many facilities that are under the 90% requirement and continue to keep the beds even though they are taxed for empty beds. Facilities would give up the beds they are unable to fill but once a bed is given up, getting permission to add beds back is very difficult. There is a bill being proposed that would change the mandated 90% occupancy rate.

Laura is on the Rural Health Services Task Force and chaired the Workforce Subcommittee. What they determined was that the lack of workforce was the number one threat to the healthcare system in Vermont. This report was submitted to the Green Mountain Care Board and it will be presented to the legislature this session. You can see this report by following this link: [Rural Health Services Task Force Report](#)

TBI Grant Status:

Sarah Lane and Sheri Lynn, TBI Program

The Traumatic Brain Injury (TBI) grant is funding over the course of three years to build and improve systems for identifying and supporting people with both acquired and traumatic brain injuries. This grant also brings states together to mentor each other. Those states that already have robust programs work with states that are working to improve their programs.

Over the last year, DAIL worked with VDH to add two questions to the Behavioral Risk Factor Surveillance System (BRFSS) survey that asks about a person's lifetime history of brain injury and how it occurred. The most recent survey included those question and it was found that 1 in 5 people report having had symptoms of a concussion.

With such a prevalence of brain injury in Vermont, it is vital for people to know what services are available to them. The DAIL TBI program is working with the Brain Injury Association of Vermont (BIAVT) to get information out to the general public about what is available for resources.

DAIL is also working with DOC to improve screening for people who are incarcerated for a lifetime history of brain injuries to better support those individuals. It has been found that approximately 75% of people incarcerated in other states have had a brain injury.

It was indicated in the DAIL Budget Adjustment that the TBI program had been underutilized. That has happened because there are always fluctuations in participants in a program and some people with long-term needs, move over to the Choices for Care program for their ongoing services. There is also work being done to educate the medical community to recognize the symptoms of a brain injury. If that was better identified, the underutilization would more than likely go away. Unfortunately, TBI symptoms are not always identified and are often misdiagnosed.

Work is being done with the BIAVT to revitalize the Brain Injury Advisory Board. The make-up of the board would include at least 50% of its members to either have had a brain injury or are a caregiver of a person who has had a brain injury.

The Vermont Brain Injury State Plan is being updated and Sheri Lynn will be asking for public feedback. The questions that are being asked are:

1. Do you know someone that has experienced a brain injury either traumatic (blow or jolt to the head) or non-traumatic (e.g., tumor, opioid overdose, etc.)?
2. Which of the three goals (early identification and referral; enhancements and development of resources; coordination of services across the system) relates the most to your work as an advisory member or from the viewpoint of the organization you represent on the board? Please provide an example of how you see the priority being relatable.
3. Is there a strategy, initiative or resource that you can think of that could support the three priorities or goals of the plan? E.g. it could be something at the organization, community, county, or state level.
4. What is the best way to keep you up to date as the plan is implemented?

Annual Personal Needs Allowance:

Megan Tierney-Ward, DAIL Deputy Commissioner

The increase for an individual in a nursing home facility will rise from \$47.66 to \$72.66 per month and from \$93.33 to \$145.33 per month for a couple. This will help individuals pay for things like haircuts and other personal items they need. This increase is in effect as of January 1, 2020. Sean Londergan has a follow-up question about the effective date and notifications to nursing facilities. Megan will follow up with Sean on this question.

There is also a change in room and board and personal needs allowance for people living in community based and residential care homes. That increase is in the amount of \$6.00 for room and

board and \$6.00 increase in personal allowance per month. This increase is effective as of January 1, 2020.

Advisory Board Member Updates:

Kim Fitzgerald reported that Cathedral Square did a survey with their residents about how they wanted to be referred to as; older person, elder or senior. The majority of respondents preferred to be referred to as a senior and really do not like the term elder. This is different than what other surveys have found. Is it generational or educational level that causes this group to prefer that title? Is reframing and using “older” more about changing the rest of the population’s perception of people of a certain age? In the end, we want to respect what people’s preferences are and refer to them with the title they choose.

Ruby Baker who is on the Workers Caucus reported that Representative Troiano and the Kinship Care Collation is proposing a bill that will bring parity in reach-up grants versus grants for children in foster care.

Meeting was adjourned: 1:22

DRAFT