

DAIL Advisory Board Meeting Minutes
February 14, 2019
Sally Fox Conference Center, Waterbury

ATTENDEES

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

Guests: Cara Artus, Judy Hayes, Grace Gilbert-Davis, Lynne Cleveland-Vitzthum, Susan Yuan, Karen Topper, Jill Olson, Donna Hatcher

State Employees: Monica Hutt, Liz Perreault, Kirsten Murphy, Camille George, Angela McMann, Dylan Frazer, Andre Courcelle, Clare McFadden, Chris Jones, Bill Kelly, Bard Hill

Motion to Approve Minutes: December 13, 2018 minutes: Move to Approve: Steve Pouliot
Seconded: Kim Fitzgerald

Abstained: Beth Stern, Nancy Breiden

Minutes are approved as written.

**Centers for Medicare and Medicaid Services (CMS) Conflict Free Case Management Rule-
Dylan Frazer (DVHA), Angela McMann (ASD), Clare McFadden (DDSD), Andre Courcelle (TBI)**

On January 16, 2014, CMS issued final regulations on Home and Community Based Services (HCBS) requirements that includes a requirement that case management be provided without undue conflict of interest. HCBS is the way DAIL delivers the Choices for Care (CFC) Program, Developmental Services (DS) and Traumatic Brain Injury (TBI) Program services. These programs all fall under the Federal HCBS funding.

What is conflict-free case management? Conflict free case management is providing an array of options to a consumer that aren't swayed by conflict or preference of the case manager. Using conflict free case management can provide a more person-centered approach to case management. Conflict-free case management also includes structures that might facilitate better solutions to conflicts or disagreements.

Another provision of the rule states that HCBS service providers may not provide case management to, or develop the person-centered service plan for, people receiving services. However, this is exactly how Vermont's system of care has developed. If we were to seek an exception to the rule, the State of Vermont would have to demonstrate that there are no other willing and qualified entities to provide the case management in the defined geographic area. Vermont would have to prove that the current

structure is the best option for consumers. Vermont will also need to consider other options for providing HCBS. There will be meetings with stakeholders throughout the process to solicit input. Once information is gathered, the State will present the top options to Stakeholders to decide how to proceed with CMS. CMS will not consider an exception until the State goes through the process of assessing the current landscape.

The guidance from CMS has been slow in coming and is not clear. CMS is still putting out guidance and offering webinars to try to clarify the new rule and expectations. Dylan Frazer will send the webinar link to Camille George to be shared with the DAIL Advisory Board. Vermont is not the only state working to understand the new rule and working toward compliance.

Part of the confusion is that Vermont, among other states, currently has a CMS 1115 waiver and the new CBS rule was written for other types of waivers. CMS is still working to provide guidance for state's that are operating under the 1115 waiver. In the meantime, Vermont is moving forward to become compliant with the new rule.

At this stage, the State will work to identify potential conflicts and brainstorm with stakeholders' ways to address the identified potential conflicts. This may not affect programs at all, affect all programs or somewhere in between.

The Agency of Human Services (AHS), is doing a 2-phase stakeholder engagement process to be concluded by the end of March*. The first phase will provide stakeholders with information on the federal requirements and current status of the HCBS programs. AHS will also collect feedback from stakeholders.

The second phase will, based on feedback, provide stakeholders with potential changes, if any, to resolve or mitigate any identified conflicts. A formal public notice will occur to collect public comments.

The DAIL Advisory Board and guests reported concerns about the hastened time frame for gathering feedback from the public. If the goal is to receive a more complete picture of what is considered as concerns from the stakeholders, it would seem a longer comment period would be warranted. Dylan Fraser indicated that there would be an internal discussion on when formal input would happen for phase 2. Dylan will also send out follow up questions to the DAIL Advisory Board for feedback from the group. Comments and concerns are always welcomed at any time, it doesn't have to happen just during the formal comment period.

*Based on feedback from the meeting, the timeframe for Phase 1 has been extended and the list of stakeholders to be consulted in Phase 1 has been enlarged.

SASH

Kim Fitzgerald, Cathedral Square CEO

SASH stands for Support and Services at Home and is a program that aims to improve individual's health and save money. SASH has a partnership with community organizations and agencies in housing and

health care. It is based in non-profit, affordable housing, is part of Vermont's All Payer Model Health Care Improvement and Payment Reform Initiative. SASH works to target high cost and high-risk populations and focuses on evidence-based wellness and prevention strategies.

There have been several different program pilots done with measurable success. One pilot, in an attempt to reduce chronic conditions, was a diabetes pilot. The diabetes pilot was conducted in 25 different SASH sites and worked with local pharmacists to provide guidance to participants. Within months, all participants markers improved.

A Mental Health pilot has been embedded into two properties with a mental health provider on site to provide services. The outcomes from this pilot has shown a higher than typical participation by men, very little wait time for services and that the service prevented two potential evictions by providing services. There has also been more training in understanding mental health to staff and other residents thus creating a more tolerant and kinder environment for those dealing with mental health issues.

Telemedicine is a new initiative in collaboration with UVM Medical Center and Northwestern Medical Center and is in five locations. A SASH nurse accompanies the patient during the online meeting with the doctor's office. This service helps participants avoid bad weather traveling and the doctor is happy that there is a nurse to provide support to the patient.

The SASH model has been replicated in Rhode Island and Minnesota with other states interested in learning more. There is potential to expand this model to include more elder care and create a multi-generation living experience.

Funding for the mental health pilot in collaboration with OneCare, SASH and Howard Center is funded through August 2019. SASH is applying for more funds and are optimistic the pilot will go through the end of 2019 with continued success. There is a proposed cut in the FY20 Governor's budget to SASH in the amount of \$541 947. This represents a 55% reduction in the funding from DAIL to Cathedral Square which safeguards the \$3.8 M in federal funding through OneCare and supports the SASH partner time at team meetings, training, statewide delivery, and \$325K in HASS funding.

Review of DAIL Proposed SFY 19 BAA and SFY 2020 Budget- Bill Kelly (DAIL Financial Director), Monica Hutt (DAIL Commissioner)

The DAIL SFY 2020 budget exercise was to level fund. The summary, provided to DAIL Advisory Board members, maps to the Ups and Downs spreadsheet that was presented to the House and Senate Appropriation Committees during testimony (for full budget testimony, please follow this link: <https://dail.vermont.gov/resources>). Bill Kelly and Monica Hutt went over the summary line by line with explanations for the amounts, answering any questions that the advisory board had.

DAIL Advisory Board Member Updates

Jeannie Hutchins shared that Gerontology and Geriatric Conferences were coming up.

Ruby Baker shared that COVE is partnering with local partners and sponsors in a grassroots movement to support the healthy aging and a reframing of the narrative around aging. They have organized to have older Vermonters participate every Thursday at the Statehouse in discussing issues that older Vermonters face with legislators. The name of the initiative is “grow bOLD”. COVE is always looking for more participants.

Christine Scott announced her retirement from Mayo.

Meeting adjourned: 2:02

Meeting was adjourned

DRAFT