

However, there are exceptions to CFC financial eligibility. If a person sells an asset, at fair market value, or uses a savings for themselves and not others, that may be allowable within the LBP. Transactions for less than fair market value may result in a period of ineligibility. If an individual is married, the individual is able to have up to \$2,000.00 in savings, and assets above that amount can be transferred to the spouse within the first year to meet the financial eligibility requirements of the program.

Along with considering an individual's assets and savings, what they pay for "rent" is also considered and offsets their income. There is \$1,100.00 allowed to pay for housing and household maintenance. This allowance does change slightly based on where the individual lives in the state.

Centers for Medicaid and Medicare Services (CMS) requires a 45-day turn around for the application process. CMS appreciates Vermont's client centric focus and as long as there is forward movement with the application process, CMS will allow exceptions to the 45-day rule and grant extensions. States are held accountable by CMS to be timely in the processing of applications and if the timeline isn't adhered to, states could be fined.

DVHA's recent successes have included employing mentors that travel from site to site around the state working with staff that may have a particularly complicated application. There are monthly face-to-face staff meetings, increased trainings for both new and established staff and constant reallocating of cases to keep the workload more manageable all the while working on decreasing processing times.

Some of the challenges to the application process includes a complicated financial application that some applicants find too overwhelming to complete and end up withdrawing the application. The 5-year (60 month) LBP is cumbersome, high caseloads and system limitations also add to the challenge of providing a timely application process.

Upcoming events include the Uploader Pilot in the Newport office which is a system that allows applicants to scan and send their supporting documents quickly and easily. DVHA will be consolidating staff into 3 locations: Rutland, Essex and Barre, for easier peer support and sharing of information. There is work that is also happening with a HealthCare Application Usability tool which is a new single streamlined application for all healthcare programs. The current pilot does not include LTC because of security risks. Once proper security is created, LTC will rejoin the pilot.

Board Member Perspective

Nick McCardle, DAIL Advisory Board Member

The year was 1978, the place, England and Nick McCardle was a young lad trying to figure out what to do with his impending adulthood looming in front of him. The coal miners were on strike and electricity was scarce. That was when Nick decided to take a leap of faith and go across the pond to attend college. Nick attended school in Cleveland, Ohio where he lumbered his way through college.

Once graduated, while residing in a tent, Nick worked at a residential care youth camp in Benson, Vermont.

The camp served children who were in DCF custody and exhibited externalizing disorders. Nick witnessed good things happening for the youth, even though today we don't find a residential environment, such as this, suitable. Working with the children in an outdoor setting was very beneficial to them. What was missing at that time, was the benefit of wraparound services for after the completion of the program. If that had been in place, it would have helped lower recidivism rates.

Nick then moved on and lived in Florida where he worked for 10 years, also with youth. He found the culture to be disrespectful of the children and a system that treated them like criminals. This is where Mental Health came into his understanding. Nick learned about reframing and finding strengths, solution building and using youth assessment screenings. Nick also helped train parole officers to understand the difference between high and low offenders and recognize the difference.

Then Nick found Home Health and the Choices for Care program, here in Vermont working for BAYADA. To Nick, CFC is very important, to the point that he kisses his daughter in the morning and kisser her at night and everything in between is CFC.

Nick's life changed when his mom was diagnosed with Alzheimer's. His mom was fortunate to live in a place where people knew each other and looked out for each other. One day, Nick got a call from a taxi driver who would take her around on her errands. The driver hadn't seen Nick's mom for a couple of weeks, that is when he discovered his mom was in the hospital.

It took some time to find an appropriate facility but Nick's mom found a place where she and the family felt she was cared for and she found connections. This experience only strengthened Nick's understanding of the importance of companionship and human connections for people who could easily find themselves isolated either at home or in a facility.

Nick is on this advisory board because of CFC and to hear and learn from the other board members. He appreciates how we all keep his mind sharp!

Conversation with the Commissioner

Monica Hutt, DAIL Commissioner

DLP: A DLP update; Clayton Clark's, DLP Director, last day was March 29. Recruitment for a new Director is getting underway.

APS Grant: Currently, the Adult Protective Services (APS) relies heavily on investigation and does not have the capacity for making referrals or implementing a rehabilitative component. The only protection tool that is available is to put a person's name on a registry if they have been

substantiated to have abused, neglected or exploited a vulnerable adult. This registry is only used for background checks when a person seeks employment in an industry that serves vulnerable individuals.

We anticipate that there will be an ACL grant opportunity that can be used to employ social workers that would allow for better protections by having the opportunity to implement the rehabilitative piece and offering referrals for other supportive services.

There is also a grant through the Victims of Crime Act which is a multi-year grant that must be used for service-based activities that would strengthen access to services.

VDH and DAIL Collaborations: DAIL is working with the Vermont Department of Health (VDH) on preventative measures that can be implemented to provide healthier aging for Vermonters. There is also work being done to make Vermont a “friendly for all ages state” that provides things like flat sidewalks and good hiring practices that benefit not only older Vermonters, but all Vermonters.

Legislative Updates: There are two bills being considered that DAIL is watching closely. One is the minimum wage bill that would increase minimum wage to \$15.00 per hour. This would have significant cost implications for many of the programs that DAIL administers. The issue is not only about covering the increase to minimum wage, but compression pressures of having to increase the wage paid to other employees throughout an organization. DAIL is coordinating with AHS in working with the legislature to understand the implications.

The second bill DAIL is watching is the Family Medical Leave Act (FMLA) that would require the employee to pay a tax to fund medical leave. This bill also includes an optional employer tax. Here again, this could impact those who provide personal care to people in programs administered by DAIL.

Facilitated Communication: Recently, DAIL has been contacted with concern about this form of communication. Vermont has always supported facilitated communication as one tool that families and individuals could use if it made sense for them. There is a national campaign, by True Voices, arguing that this form of communication is too easily influenced by the support person helping with the communication. The State has not been going up against this group or engaging. Vermont continues to support individual’s choice to use this form of communication as one of a number of choices and provides guidelines and a waiver for individuals who choose to use Facilitated Communication.

Budget: The FY 2020 Big Bill House Web Report was shared with the board and Commissioner Hutt went over the numbers. This report shows what DAIL proposed for a budget and the number that the House suggested.

Office of Public Guardian (OPG)

Jackie Rogers, Director of OPG

Jackie Rogers, Director of OPG, introduced Sarah Nussbaum who is now the Elder Intake and Diversion Specialist for OPG. Mike Attley, who had been with OPG for many years, retired and vacated this position. Sarah will work out of the Montpelier office taking calls from folks who are 60 and over helping them find services whether it is in DAIL or other state departments.

OPG has many long-time guardians who will be retiring in the near future. There are 750 people who have some type of public guardianship through OPG. Each guardian has approximately 38 individuals on their caseload, which is a heavier caseload than it should be. Facing the loss of guardians will be challenging. It takes a couple of years of training and experience to get comfortable being a PG.

OPG has been working on updating the regulations that would include meaningful caseload limits and Evaluation Guidelines for the courts. The Evaluation Guidelines would provide the court system a way to determine a person's abilities and supports and possibly provide alternatives to public guardianship.

Supported Decision Making

Jackie Rogers, OPG Director

In order to show a person has the capacity and support system around them to help them make good decisions, there needs to be a tool that can look at each individual's unique situation and determine what level of supervision is needed. This tool, that is being used on a limited basis, is the Supported Decision- Making Agreement. This agreement includes the individual and team's assessment on the person's abilities to make decisions in various areas and identify where the individual needs assistance and who is best suited to provide that assistance. The agreement would also incorporate any appropriate measure such as: Representative Payee, Power of Attorney for Education, Financial, or Healthcare, direct deposit, electronic payments and joint accounts, among other things. These are all alternatives to a public guardianship.

There are some misconceptions on what a guardianship can do. A guardianship does not provide a living placement for an individual, have the ability to force medications or hospitalizations. Even under guardianship, an individual has the right to refuse the guidance. Because a person can still make their own decisions, even if it is deemed that they struggle with that responsibility, it is better to educate individuals on how to make good decisions.

It is important that children learn the skills needed in order to make good decisions. A person can learn these skills and like most things, if taught at an early age, people are better able to acquire this skill. Many times, an individual who lives with developmental disabilities are not allowed to make decisions due to a parent and system trying to protect the individual. Once that child grows up and becomes an adult and begins to exercise the right to make decisions, they lack the skill and practice

of doing so. With that in mind, supported decision making can be used throughout a person's life for the different living situations they find themselves in.

Vermont Legal Aid has been a big help in implementing the Supported Decision-Making Agreement and some attorneys have really mastered the art of preparing these agreements with people. Judges make the final decision on whether guardianship is granted or not so educating the clerks and the judges would help them understand the process and see alternatives to guardianships. Currently, there are 5 court orders calling for a Supported Decision-Making Agreement. The other types of orders that have been issued is forcing a plan within 2 years of the guardianship before termination of the guardianship.

DAIL Advisory Board Updates

DAIL Advisory Board

Beth Stern: CVCOA is having their annual Age Out Loud fundraiser at the Barre Opera House on May 4 at 7:30. Tickets are available online and at the door.

Ken Gagne: Voices and Choices, a self-advocate conference, is taking place on April 29 and 30 at the Double Tree Hotel in Burlington.

Village Model Mount Mansfield is launching next month with 7 members; Lamoille Neighbors launched with 22 volunteers and 7 members and Montpelier is working hard and getting close to launching.

Delaina Norton: The Howard Center is holding an education series on Brain Health at Dealer.com in Burlington.

Meeting was adjourned 2:00