

Mount Mansfield Villages will be supported mostly by volunteers with one part-time employee with an anticipated annual budget of \$65,000.00 to \$70,000.00 to pay for services and operating costs. Fundraising, endowments, grants and annual fees will be instrumental in providing the money needed to operate the Villages.

Some of the work the group has done to date in preparation for the creation of the Mount Mansfield Villages is to approach local select boards and rotary clubs to pitch the idea. A survey was created that was given out at town meetings and outreach was done on public community forums like Front Porch Forum. The most needed services identified from the survey was looking for help around the house and wanting a friendly visitor.

The Village model does not provide its members housing, a community center, case management or medical services. The Village model's intent is to organize, vet and provide the communities resources in a way that is accessible to their members. Also, by charging a fee for these services, people tend to reach out for help more often than if it were a free service. Frequently people's pride prevents them from asking for assistance. However, if they pay a fee they feel they have a right to the services.

Board Business

Camille George, Deputy Commissioner and Advisory Board Members

Older Vermonters Act Working Group Appointments

The act (H.608) to create an Older Vermonters working group passed and now the Department of Disabilities, Aging and Independent Living (DAIL), as the State Unit on Aging, is charged with forming this working group to, "develop recommendations for an Older Vermonters Act aligned with the federal Older Americans Act, the Vermont State Plan on Aging, and the Choices for Care program. The working group shall address the value of older Vermonters to the fabric of the State's communities, as well as the service and support needs that older Vermonters may have."

The working group will consist of the following 18 people:

1. DAIL Commissioner or designee who will chair (Camille George, Deputy Commissioner)
2. the Director of Health Promotion and Disease Prevention at the Department of Health or designee
3. the Commissioner of Labor or designee
4. the Attorney General or designee
5. the Executive Director of the Vermont Association of Area Agencies on Aging or designee
6. the State Long-term Care Ombudsman
7. the Director of Vermont Associates for Training and Development or designee
8. a representative of the Vermont Association of Adult Day Services, appointed by the Association
9. a representative of home health agencies, appointed jointly by the VNAs of Vermont and Bayada Home Health Care

10. a representative of long-term care facilities, appointed by the Vermont Health Care Association
11. the Director of the Center on Aging at the University of Vermont or designee
12. a representative of the Vermont Association of Senior Centers and Meal Providers, appointed by the Association
13. the Executive Director of the Alzheimer's Association, Vermont Chapter, or designee
14. the Director of Support and Services at Home or designee
15. two older Vermonters from different regions of the State, appointed by the Advisory Board
16. two family caregivers of older Vermonters, one of whom is a family member of an older Vermonter and one of whom is an informal provider of in-home and community care, appointed by the Advisory Board

As indicated by the Act's membership requirements, the DAIL Advisory Board is asked to appoint 4 members. There was interest from some board members to be considered for these appointments. After some discussion, Ken Gagne moved to ask the Advisory Board who would like to make appointments now or wait until the Advisory Board has gathered all interested parties and vote on appointments in July?

All those in favor of appointing working group members now: 5 members voted yay

All those in favor of waiting until the July board meeting to appoint members: 7 members voted yay.

The Advisory Board will vote on appointments at the July meeting.

Deputy Commissioner George and Liz Perreault will send instructions on how to apply for consideration for appointment by the DAIL Advisory Board to the Older Vermonters Act Working Group to DAIL Advisory Board. This information will also be sent to the DAIL Advisory Board other interested parties email group and posted on DAIL's website. Advisory Board members are also encouraged to share with anyone they think would be interested. All who are interested are asked to submit a short description of who they are and why they are interested in becoming a member of the OVA working group. This application is due to the DAIL Commissioner's office by June 28th. Liz Perreault will compile the applications for the Advisory Board to review and vote on at the next scheduled Advisory Board meeting on July 12.

Once all members are identified, the working group will have its kick-off meeting on **Friday, September 7, 2018 from 10:00 a.m. – 12:30 p.m.** here at the Waterbury State Office Complex. Meetings will then follow every other month for about one year. The working group will dissolve when the report for the legislature is finalized by fall, 2019.

Nursing Home Oversight Working Group Appointments

The act (H.921) relating to nursing home oversight was passed and now DAIL is required to create and oversee the Nursing Home Oversight Working Group. This working group's charge is to examine the oversight of nursing homes in Vermont, including financial stability and licensing criteria, in order

to ensure the provision of high-quality services and a safe and stable environment for nursing home residents.

The membership of the working group will include the following 8 people:

1. the Commissioner of DAIL or designee who will chair (Monica Hutt, Commissioner)
2. the Director of Division of Licensing and Protection in DAIL or designee
3. the Director of the Division of Rate Setting in the Agency of Human Services (AHS) or designee
4. the Vermont Attorney General or designee
5. the State Long-Term Care Ombudsman or designee
6. a representative of the Vermont Health Care Association
7. a member of the DAIL Advisory Board selected by the Board
8. a nursing home owner or administrator appointed by the Commissioner

As of July 1, 2018, “the Secretary of Human Services shall develop a process by which the Agency of Human Services shall accept and review applications for transfers of ownership of nursing homes in lieu of the certificate of need process...” This interim review process will continue until the working group crafts a process that is adopted by the legislature.

It was suggested that Christine Scott might make a good appointment based on extensive knowledge and experience working in both large and small nursing home settings and in different roles. Deputy Commissioner George did reach out to her and she indicated an interest in serving on this role. It was noted that there is already a seat for a nursing home owner or administrator appointed by the Commissioner and that she might fit that role as well. It was noted that that seat might be filled a person representing larger ownership/facilities and that it would be good to have balance with smaller ownership/facilities. It was also noted that there did not appear to be any representation from actual nursing home residents and/or families and that a consumer representative might be able to fill the DAIL Advisory Board appointment. For this kind of role, Diane Novak was suggested as a possible DAIL Advisory Board representative.

After lengthy discussion, Kim Fitzgerald made the motion to offer the DAIL Advisory Board slot to Diane Novak first and if Diane declines, offer the position to Christine Scott. Steve Pouliot seconded the motion. The vote was taken, and the motion was passed.

Robert Borden will contact both Diane and Christine to make the offer. Once he has their answers, Robert will contact Deputy Commissioner George. If neither accepts, the question will be brought back to the advisory board at the July 12 meeting.

Board Membership Updates

Earlier this spring, James Dean resigned from the board. He was serving as an extra representative of an older person. His position was an additional seat beyond the required minimum of 19 members and is not a required seat.

Martha Richardson has left the Alzheimer Association to work for Bayada in the Southeastern part of the state. Deputy Commissioner George is still in discussion with her about her continuation on the board.

CMS Home and Community Based Services and Rules

Andre Courcelle (ASD), Clare McFadden (DDSD) and Shawn Skaflestad (AHS)

The new Home and Community Based Services (HCBS) settings rules took effect on March 17, 2014 and on May 9, 2017 Centers for Medicaid and Medicare Services (CMS) extended the due date to March 17, 2022 to bring systems into compliance with the new settings rules. The purpose of the new rules is to ensure a person's right to privacy, choice and control and to have the same access to community as any person.

On December 7, 2017, Vermont received initial approval of the State Transition Plan (STP) from CMS. Vermont had already began moving away from institutionalizing citizens who are disabled and using a more person-centered approach. There were a few technical areas that Vermont needed to change and correct to obtain the initial approval, but those changes were made.

Vermont's next steps to receive final approval of the STP are to do the following by the proposed due dates indicated:

1. June 22, 2018- submit Milestones Document to CMS.
2. September 17, 2018 – complete comprehensive site-specific assessments of all home and community-based settings, implement necessary strategies for validating the assessment results, and include the outcomes of these activities within the STP.
3. November 17, 2018- STP Public Comment.
4. January 17, 2019- Submit updated STP to CMS.
5. Outline a detailed plan for identifying settings that are presumed to have institutional characteristics as well as the proposed process for evaluating these settings and preparing for submission to CMS for review under heightened scrutiny; identify by October 17, 2018; submit to CMS January 17, 2019.
6. Develop a process for communicating with beneficiaries who are currently receiving services in settings that the state has determined cannot or will not come into compliance with the home and community-based settings rule by March 17, 2022; and 25% by June 17, 2020 and completed by March 17, 2021.

7. Establish ongoing monitoring and quality assurance processes that will ensure all settings providing HCBS continue to remain fully compliant with the rule in the future. completed by March 17, 2022.

Draft remediation strategies and a corresponding timeline (milestone document) that will resolve issues that the site-specific settings assessment process and subsequent validation strategies identified by the end of the home and community-based settings rule transition period (resolved by March 17, 2022). During this process there will be conversation and decisions on how DAIL will handle settings that don't comply with the new settings rules and how to work with individuals who are living in these homes that are identified as not compliant. DAIL will have to help transition individuals to a new home if the one they live in does not comply with the new rules.

Once the 2022 date comes, the Agency will have to ensure compliance thereafter. That process will be adopted by the ongoing oversight that currently happens. Shawn will come back to the Advisory Board in either November or December to discuss the progress that has been made.

Those present also asked about the status of the State's work related to conflict free case management. This CMS rule is separate from but related to the HCBS rules. A waiver exception request to this rule was submitted by the State some time ago. CMS asked some additional questions, which were responded to, but Deputy Commissioner George has not heard much more since then. Advisory Board members requested to see the exception request that was submitted and other related correspondence between the State and CMS. Deputy Commissioner George will follow up about this. *(Post Script: Deputy Commissioner George is still following up about this. This communication did not happen directly between DAIL and CMS, but between AHS and CMS so it is taking a little time to track down, but she hopes to be able to provide this information soon).*

Disability Services (DS) Update

Clare McFadden, DDS Director

DS Payment Model:

Work to develop a new DS payment model was started partially in response to a 2014 State Auditor's office questioning of how we oversee the payment for services rendered by the Designated Agencies. The auditor's focus was financial accountability and there were weaknesses in the current process. Since the audit, DDS now has its own Senior Auditor and Program Consultant who is creating processes to oversee the payments with verification. Based on an agreement between the Agency of Human Services, DAIL and providers, a working group has been created to analyze how we pay the providers and to develop a new payment method that will ensure transparency and accountability and to ensure that people are receiving their authorized services.

As the process is conceived, the strengths that are currently in place will be kept while looking to create more choice in plan management, ease movement between agencies, more flexibility in services received, easier implementation of plans and creating more predictability and stability in funding to providers.

During this payment reform process, there will be a rate study done to see what it actually costs providers to deliver the services. It is imperative that rates realistically reflect the cost of providing services. This exercise may feel like a fee for service, but Medicaid demands that services delivered are tracked. This is the same expectation hospitals and other health care providers have. At the same time, outcomes are being looked at as well so there is a value-based payment connection.

The tracking system the providers and DAIL are using currently, is an excel spreadsheet that worked when there was only a small amount of people being tracked. There are now approximately 3,000 people being tracked with this outdated system. The goal is that along with a new model of payment, by July 2019, there will be a better payment/tracking system in place.

Children's Services:

The Department of Mental Health (DMH) is in the midst of a children's family payment reform as well and they are working to decrease administrative burden, eliminate complex and varying programmatic requirements, deliver more predictable payments to designated agencies, provide flexibility that supports comprehensive, coordinated care and standardizing an approach for tracking population indicators, progress and outcomes. DAIL and DMH have been working together to look at children's services and how they might be better integrated. DAIL Advisory Board members were reminded of some of our prior conversations and presentations at past meetings where we discussed this topic and also invited providers from around the state to share about how they are integrating children's services at the local level. DMH has created a placeholder for DS children's services with the idea that the funds that are currently being used in DS for a child receiving both MH and DS services would be combined so the needed services they receive from the Designated Agency would be seamless. There are currently approximately 300 children that receive case management, respite and flexible family planning, if DS merges with DMH, there is the potential to make more services available. However, there is still much to consider to be sure that this merge would truly be the best step for children and families. We will continue to provide updates to the DAIL Advisory Board and other groups as developments occur.

Voices and Choices Self-Advocacy Conference

Ken Gagne

On May 14 and 15, 2018 the Voices and Choices Self-Advocacy Conference took place at the Double Tree in Burlington with approximately 600 people in attendance. The conference hosted several workshops, dinner, a chance for networking and a dance at the end of the first night. This event is very well attended and sells out every year. Ken describes the experience as being at a family reunion as he catches up with old friends.

At the conference they gave out awards to people and organizations who have been identified as the ally of the year and the Theresa Wood Citizenship Award. Ken enjoyed going to the workshops,

his favorite being “How to be Mortgage Ready”, which talked about how to own your own home with the help of the Section 8 program.

- Mr. Gagne encourages anyone who knows of individuals that might be interested in being a self-advocate to contact Karen Topper at Green Mountain Self Advocates.
- There is a national self-advocacy conference every two years and it is difficult for individuals to find funding in order to go.
- Every February there is a Disability Awareness Day at the State House.

Board Business

Camille George, Deputy Commissioner and Advisory Board Members

Board Perspective Recruits

September – Gini Milkey

October – Ken Gagne

November – Kim Fitzgerald

Board Member Updates

Beth Stern

The Area Agencies on Aging are in the process of developing their area plans and public comment is part of the development of the plan. Central Vermont Area on Aging will be holding hearings on June 27 from 9-11 A.M. in Barre, Vermont. Information about the other AAA public input process can probably be found on each AAA’s webpage.

Ken Gagne

The Champlain Country Club in St. Albans is hosting the Community Partners Classic golf tournament on June 15.

Kim Fitzgerald

SASH sent representation to Japan in December of 2017 to talk about the SASH model.

Conversation with the Commissioner

Camille George, Deputy Commissioner

Residential Care Homes – follow up and discussion

There have been several closures of residential care homes recently. Country Village, Scenic View and Twin Maples are all up for closures in the next month. Residential care homes are struggling with giving services for higher needs and not getting adequate funding for those services. Unfortunately, because of regulations, DAIL is not required to receive a lot of notice for when these facilities are closing. When DAIL does know, DAIL can provide technical assistance and consultation to the

residential care home operator, who is responsible to ensure appropriate discharge planning for the residents.

There are residential care homes that are in the process for opening. It was asked whether the trend is for more private pay residential care homes to be opening as compared to those that accept Medicaid. DAIL's Survey and Certification Unit (S&C, part of the Division of Licensing and Protection) might have that information because if there are 3 or more unrelated people living in a home receiving care, that home must be licensed by S & C. There are also multiple levels of licensing depending on the care being provided. Camille will follow up with S&C for more information.

Housing, for many people, is difficult to obtain. The subject is so important and broad, Deputy Commissioner George would like to invite Angus Cheney from AHS to speak to the board to discuss this topic along with Laura Pelosi from Vermont Health Care Association and possibly someone from Downstreet, in order to get a broader perspective on housing for our older population with growing care needs. Kim Fitzgerald also offered to be a resource for a future conversation about housing.

TBI Grant

Vermont was awarded a grant from the Administration for Community Living focused on strengthening services and supports for people with traumatic brain injury (TBI). The TBI Grant awards up to \$150,000.00 per year for three years. Through this grant, Vermont will work with other states that have built a strong TBI infrastructure to learn from them. Vermont also commits itself to providing at least one 50% full time employee, creating an annual state plan, and a 2:1 financial match.

DS Retreat

The Developmental Services (DS) retreat included people from DDS, designated agencies and the legislature. The day was used as a time where the varied groups could review the principals in the Act and decide if the group was still in alignment, talk about whether the priorities now are the same as they were when the Act was passed and to discuss what is going well and not so well. Some common themes that arose from the day are person-centered approaches are important, and that staffing is a challenge. The group used this day to look to future directions and possible models to implement.

Clare McFadden, DDS Director, and her staff will compile the notes and create the next steps. DDS is committed to taking this information and using it to help guide the division's work. Once the material is pulled together, Clare will share it with the groups.

Budget Update

The budget has not passed yet, but none of DAIL's part of the budget is part of the controversy. According to the media outlets, the Governor is not accepting a budget with any tax increase.

Upcoming Board Topics

David Sagi from Division of Vocational Rehabilitation and and Fred Jones, Director of the Division for the Blind and Visually Impaired will be coming to speak in July about accessibility in physical spaces and electronic communication.

Also in July, Peter McNichol from the Department of Vermont Health Access (DVHA) Medicaid Transportation Program and Barbara Donovan and other colleagues from VTrans will join us to talk about Transportation 101. Transportation is a consistent need and challenge to most Vermonters. This presentation will be to help DAIL Advisory Board members prepare to provide public input into the Public Transit Policy Plan at a future meeting.

Meeting was adjourned