

**DAIL Advisory Board Meeting Minutes**  
**November 4, 2021**  
**Microsoft Teams Phone/Video Conference**

**ATTENDEES**

**Board Members:** Ruby Baker, Lynne Cardozo, Jane Catton, Jim Coutts, Kim Fitzgerald, Joseph Greenwald, Michael Gruteke, Jeanne Hutchins, Laura McDonald, Nick McCardle, Steven Pouliot, Marie Zura

**Guests:** Sean Londergan, Meg Burmeister, Rachel Seelig, Marie Lallier, Erika Wolffing, Mark Botwell, Virginia Renfrew, Jacqueline Rose

**State Employees:** Monica White, Megan Tierney-Ward, Liz Perreault, Kirsten Murphy, Jessica Bernard, Will Fritch, Bard Hill, Joe Nusbaum, Tela Torrey

**Motion to Approve Minutes:** October 14, 2021, minutes: Move to Approve: Steve Pouliot  
Seconded: Jane Catton

Abstained: Ruby Baker, Mike Gruteke, Nick McCardle

Steve Pouliot requested that the October minutes be changed to read that the White Cane Day is October 15, not November 15.

**Minutes are approved with changes.**

**DAIL Updates:**

**Monica White, Commissioner and Megan Tierney-Ward, Deputy Commissioner**

1. Action Plan for Aging Well Advisory Council Meeting – First meeting was on October 20<sup>th</sup> and it went very well. DAIL has a new web link to the information:  
<https://dail.vermont.gov/resources/legislative/older-vermonters-act/vt-action-plan-aging-well-advisory-committee>.
2. Hospital beds – Skilled Nursing Facility project: CRF is paying to staff up to 80 beds at \$1.4M. This is a two-month short-term project.
3. ACCS/ERC rate study is moving along. There is a meeting with stakeholders next week to review assumptions that will be used to build a rate.
4. Families with adult children in DS system who are Deaf, Hard of Hearing, DeafBlind, are struggling to obtain options and expressing a desire to offer group living in Vermont with specialized services. This is similar to other families seeking specialized group residential living in Vermont for adult children with autism. This is a topic that will be more fully explored during System of Care renewal process coming up.
5. National Family Caregiver Awareness Month – a press release will go out later this month to highlight the important role that family caregivers play in our system of care.
6. Restorative Justice Grant – Received a one year extension: Adult Protective Services (APS) was awarded a grant in 2019 by the Administration for Community Living (ACL) to provide

Restorative Justice case services towards lowering the re-victimization rates of vulnerable adults, as well as lowering the recidivism rates of perpetrators of maltreatment. The Restorative Justice pilot program in APS has demonstrated success, and ACL has offered to fund the pilot program for one additional year, awarding a supplement of \$204,750 additional funds to extend the performance period through late 2023 with the option for a no-cost extension beyond that.

7. DAIL staff have been participating on a multi-department team focused on increasing access to vaccine booster doses in long-term care facilities. Throughout the week of October 25th, DAIL and DVHA staff compiled data and built a prioritized list of LTCFs (by facility type, whether facility clinics were planned, and whether any doses had already been administered) that informed the VDH-led team of Emergency Medical Services (EMS) staff who went to every facility and offer booster clinics (i.e., EMS staff showing up with doses) where needed.
8. DAIL is planning a press release for mid-November addressing the importance of vaccine booster doses for persons ages 65 or older and spotlighting the new vaccine helpline resources available through the Vermont Association of Area Agencies on Aging.

#### **Developmental Disabilities Services Division (DDSD) Turnover and Staffing Plans:**

##### **Monica White, Commissioner and Clare McFadden, DDSD Director**

1. We are still recruiting for a DDSD Division Director.
2. Jeff Nunemaker will be starting as the Assistant Division Director on 11/22/21. He will be overlapping with Amy Roth for the purposes of training until her retirement on 12/17/21.
3. Clare McFadden will be retiring on 11/19/21 as the Acting Division Director. However, she will be coming back on 11/29/21 as a temporary employee working a couple days a week. Her role will be to assist in training and support to people newly entering their positions in the Division.
4. Jessica Bernard, the current Deputy Director of Payment Reform for DAIL will become the Acting Division Director while recruitment for a permanent director continues. She will begin in that role on 11/22/21. She will also continue working on Payment Reform during that time.
5. Hilary Conant will be joining the Division as the new Sr. Auditor and Program Consultant, starting 11/22/21. Hilary comes to DDSD from the DS program at Washington County Mental Health.
6. The Division is actively recruiting for a Public Safety Specialist, a Quality Management Reviewer, Administrative Services Coordinator and Children's Specialist as people leave these positions.
7. Lisa Parro, the division Administrative Assistant is retiring after 41 years of service to the state on November 19. Interviews have taken place, and there is a strong candidate.

Work is ongoing to create a path forward that will stabilize and strengthen the division for the future.

#### **Choices for Care Reinvestments:**

##### **Angela Smith-Dieng, Director of Adult Services Division (ASD)**

Each year DAIL is required by statute to calculate Choices for Care 'savings' from the previous fiscal year and reinvest those one-time savings into the program directly or into related supports for older Vermonters and Vermonters with disabilities (see details at: [33 V.S.A. § 7602](#)). For State Fiscal Year 2021, DAIL calculated that approximately \$6 million in savings is available for reinvestment. The proposed reinvestment plan was just approved by the Agency of Human Services and includes the following:

1. **Moderate Needs Homemaker Rate:** DAIL will increase the homemaker rate from \$22.16 to \$30.84 to match the Personal Care rate under Choices for Care, effective 12/1. The goal is to maintain consistency for staff skills crossover between services, to increase recruitment/retention of homemaker staff, to off-set high cost of staff mileage costs between visits and higher rate of missed visits. This reinvestment costs approximately \$750,000 (note: allocations/caps will not increase; utilization is anticipated to increase) and will be sustained in future years.
2. **Funding for Assisted Devices/Home Modifications:** Recognizing that many Assistive Device or Home Modifications (AT/HM) needed by participants to support mobility and independence in the home and decrease reliance on caregivers often cost more than the current \$867 allocated per person per year. Participants will be able to use up to \$2,000 for AT/HM in Calendar Year 2022 to accommodate higher cost home accessibility needs. This reinvestment costs approximately \$787,000 and is one-time.
3. **Personal Care under Self-Directed/Surrogate Directed Budgets:** DAIL will increase cost factor used to calculate self/surrogate directed budgets for personal care (separate from the CBA minimum wage) to expand flexibility to hire and retain staff. DAIL currently uses \$13.63 for PCA services to create Choices for Care self/surrogate directed budgets which is based on the Medicaid "rate" for the \$12.05 CBA minimum wage. We will increase this rate to a factor of \$14.71 for personal care services to allow self/surrogate directed employers to pay more than minimum wage. This reinvestment costs approximately \$1.7 million and will be sustained in future years.
4. **Training for Self-Directed/Surrogate Directed Employers and Employees:** With self-directed and surrogate directed responsibilities becoming more complex with the implementation of Electronic Visit Verification requirements; and a historically under-trained cohort of independent workers, training is one tool that may have an impact on workforce recruitment and retention as well as quality of care. This will require an RFP for a 1-to-2-year contract to build a sustainable training toolkit. This reinvestment costs approximately \$341,000 and is one-time.
5. **Adult Protective Services Investigative System:** Adult Protective Services (APS) is in much need of a new database system to support high quality and efficient investigations and protective services for vulnerable Vermonters, including those on Choices for Care. DAIL will use savings to support start-up costs for the new system. This reinvestment costs approximately \$2.5 million and is one-time.

We recognize the significant workforce challenges faced within our Choices for Care network and hope these reinvestments can be a positive step in helping to serve participants and providing support to caregivers. More communication will be shared with providers impacted by the above changes in the coming weeks/month as we work to begin to implement these activities and changes.

#### **Developmental Disabilities Services (DS) Payment Reform Update:**

##### **Jessica Bernard, Deputy Director of Payment Reform**

DS payment reform started in January 2018, paused during the beginning of the pandemic, and restarted in the fall 2020.

Goals of payment reform:

- Transparent: easily described and understood
- Effective: create a payment model that supports people getting appropriate services to meet their needs

- Equitable: resources made available in a similar way across the state
- Accountable: State can identify what services were delivered to people and relate that to payment for services
- Sustainable: Pay providers reasonable rates for delivering services

Independent Assessment of Need:

- Vermont is rolling out the Supports Intensity Scale-Adult assessment (SIS-A)
  - Current assessment tool is “home grown”, it is not standardized, does not lend itself to an objective, reliable way of measuring what people need, does not have a consistent way of translating information gathered into an individualized plan.
- Public Consulting Group (PCG) has been contracted to conduct assessments
  - PCG assessors undergo extensive training to become certified to administer the SIS A.
  - Assessors do not work for the agency providing services and will help reduce conflict of interest in service delivery.
  - Assessments started in the summer of 2021. Initial results will not impact anyone’s current budget, assessments completed prior to April 1, 2022, will only be used to help create a payment model.
  - This is a big change and we’re getting a lot of feedback about improvements we can make, as well as the impact on providers.

Accountability:

- Starting on July 1, 2021, service providers began entering information about the services they provide into the Medicaid Management Information System
  - This allows the state to see what services were delivered, if they match up to the assessed need, and the costs associated.
  - The data entered into the system is referred to as ‘encounter data’, because it captures the details of the encounters that happen in our system.
  - Having access to this data makes service delivery and budget payments transparent and holds the providers and the State more accountable for the use of resources.
  - Encounter data will be used to help create a future payment model, along with the SIS A information.

**Conflict Free Case Management Update:**

**Bard Hill, Principal Assistant; Clare McFadden, Director of DDSD; Angela Smith-Dieng, Director of ASD; Dylan Frazer, DVHA Healthcare Assistant Director**

Background:

- **January 16, 2014:** The Centers for Medicare and Medicaid Services (CMS) issued final regulations on home- and community-based services (HCBS) requirements (79 FR 2947).
- **2016:** AHS asked CMS for guidance on how to best ensure compliance with person-centered planning requirements.
- **2018:** AHS initiated workgroup to assess HCBS conflict of interest.
- **February 2019:** Began stakeholder engagement effort to educate and begin to collect feedback on potential solutions.

- **September 2019:** Starting with Developmental Disabilities, proposed a menu of options to stakeholders and collected feedback.
- **January 2020:** Presented 'choice' model to CMS; paused efforts due to COVID response.
- **2021:** Held additional meetings with CMS; provided additional info as requested.
- **October 2021:** CMS informed Vermont that the proposed 'choice' model is not an acceptable end state, and that Vermont must pursue separation of HCBS case management from HCBS service provision. For DAIL this applies to Choices for Care, Developmental Disabilities, and the Brain Injury Program.

#### Next Steps:

- DAIL is meeting regularly to develop a high-level roadmap to full implementation of the HCBS conflict of interest requirements.
- Goal: Develop a roadmap by mid-December that:
  - Includes milestones and decision points for implementing conflict of interest requirements,
  - Ensures adequate time and process for stakeholder input on those decisions points,
  - Improves quality of care, and
  - Ensures the stability of the provider system.

To view the presentation in its entirety, please go to: <https://dail.vermont.gov/resources/advisory-board/dail-advisory-brd-2021-items>.

#### **Money Follows the Person (MFP) Grant Update**

##### **Lynne Cleveland Vitzthum, MFP Program Director**

Money Follows the Person (MFP) Demonstration Grant is focused on transitioning people out of hospitals and into a Home and Community Based [Services] (HCBS) living situation using a supportive structure. This grant is set to expire September 2025.

#### CMS Demonstration Grant Goals:

- **Increase the use of HCBS** and reduce the use of institutionally based services.
- **Eliminate barriers** that restrict the use of Medicaid funds to enable LTSS Medicaid-eligible individuals to receive services in the settings of their choice.
- **Strengthen** the ability of **Medicaid programs** to provide HCBS to people who choose to transition out of institutions.
- Put procedures in place to provide **quality assurance** and improve HCBS.

#### MFP Supplemental Grant:

DAIL has received an additional \$5M from CMS through the MFP Supplemental Grant. These funds can be used for:

- Planning and capacity building efforts to accelerate LTSS transformation.
- Expanding HCBS capacities such as direct service workforce, caregiver/provider training, new HCBS services, SNF diversion strategies, and payment reform.

Process for Awarding Initiative Funding:

- MFP will partner with DAIL's Division of Vocational Rehabilitations and Assistive Technology Program through an Intradepartmental Memorandum of Understanding to begin the Direct Service Workforce and Assistive Technology initiatives.
- Other initiatives will require undertaking a formal Request for Proposal (RFP) Process to solicit bids and award contracts.
- The RFPs for the Holistic Social and Mental Health Supports and the Expansion of Volunteer Services have been posted on the Vermont Business Registry and bids will be due by November 12, 2021.
- The RFPs for the remaining initiatives are in the drafting process and we hope to have all of them posted by January 2022.

To view this presentation in its entirety, please go to: <https://dail.vermont.gov/resources/advisory-board/dail-advisory-brd-2021-items>.

**Advisory Board Challenges, Opportunities, and Updates:**

**Kim Fitzgerald-** SASH is celebrating their 10<sup>th</sup> anniversary and will live stream the event on November 19 at 1:00 pm.

**Jane Catton moved to adjourn; Nick McCardle seconded the motion.**

**Meeting was adjourned – 12:26**