

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

ATTENDEES

Board Members: Ruby Baker, Robert Borden, James Coutts, Kim Fitzgerald, Matthew Fitzgerald, Joseph Greenwald, Jeanne Hutchins, Frances Keeler, Laura MacDonald, Michelle Monroe, Delaina Norton, Diane Novak, Steven Pouliot, Beth Stern, Lorraine Wargo, Marie Zura

Guests: Tara Howe, Sean Londergan, Christopher Davey, Jill Olson, Toby Howe, Duccio Fontana, Stephen Falbel

State Employees: Monica Hutt, Liz Perreault, Kirsten Murphy, Camille George, Bill Clark, Barbara Donovan, Jackie Cassino, Lisa Neveu, June Bascom, Bard Hill

Motion to Approve Minutes: November 14, 2019 minutes: Move to Approve: Robert Borden
Seconded: Diane Novak

Abstained: Lorraine Wargo, Steve Pouliot, Joe Greenwald

Minutes are approved as written.

Certificates of Appreciation:

Monica Hutt, DAIL Commissioner and Camille George, DAIL Deputy Commissioner

Commissioner Hutt and Deputy Commissioner George expressed their gratitude to the four DAIL Advisory Board members who are stepping down from the board when their term expires on November 30, 2019. The time, expertise and passion they brought to the board is invaluable. A framed certificate of appreciation was given to Terri Collins, Matthew Fitzgerald, Robert Borden and Nancy Lang.

Conversation with the Commissioner:

Monica Hutt, DAIL Commissioner

Agency and Department Position News-

Mike Smith has been appointed as the new AHS Secretary. He is getting up to speed quickly and his main focus is currently on the budget. We will invite Secretary Smith to an upcoming DAIL Advisory Board meeting.

With Camille George retiring, the position of Deputy Commissioner will need to be filled. The DAIL Deputy Commissioner position is a Governor appointed position and that decision has not yet been

made. Commissioner Hutt shared her preference to the new Secretary, Mike Smith, who supported and shared that preference with Governor Scott. It was made clear that there would not be an overlap between the outgoing Deputy Commissioner George and the incoming Deputy Commissioner. The best we can hope for is that the position is immediately filled without a gap.

DAIL will be celebrating Camille George's retirement on her last day, December 20. There will be an open house from 2:00-4:00 at the Waterbury State Office Complex where folks will have an opportunity to stop in and wish Camille well. There will be an official invitation forthcoming.

DS Payment Reform Position and DDS Director Search-

In order to move Clare McFadden from her role as Developmental Disabilities Services Division Director (DDS) to Deputy Director of Payment Reform, DAIL recycled a position that was not occupied from within the Department.

DAIL is currently advertising for the DDS Director position and have received multiple applications that are being reviewed now. The posting for the position will remain open until November 18. DAIL is in a unique position of being able to hire division directors. In other departments the same role is a deputy role and must be appointed by the Governor. By being able to hire for these positions, DAIL is able to create stability, consistency, and the ability to look to the future when staffing.

The first round of interviews will occur the first week of December. The hiring committee for the first round of interviews will include DAIL staff, members from the DS State Program Standing Committee and stakeholders. It will be a rather larger committee but it was important to include the different perspectives in this hiring process.

The second round of interviews will take place the following week and will include Monica Hutt, Camille George and one other person yet to be determined.

Once one or more candidates have been identified as finalist(s), they will be invited to meet with the full DS State Program Standing Committee for a meet and greet. This is not another interview, but a chance for the Committee to meet the candidate(s), ask a few questions and give some input to Commissioner Hutt. The final decision to offer the position and hire will happen once the interviews and the meeting with the standing committee occurs. By late January to early February, the DDS position should be filled (we hope!).

Payment Reform Update-interim payment process-

Finance and Management is very interested in DAIL's payment reform process. Since the Department of Mental Health (DMH) went through a payment reform recently, there was an expectation that DAIL's process would be similar. However, DAIL's process is taking longer due to using this as an opportunity to not only reform payment but to ensure that the foundations of the reform are considered and are in place. As this work for payment reform happens, rates, encounter data, accountability, and the needs and accessibility to services are the pieces of the foundation that

are being considered. Since all these things are being considered now instead of later, the payment reform process is taking longer.

Regardless of the final payment model, person-centered services will remain the priority. Once payment reform is complete, it will be clear what the approved services are and how they are offered. The real change will be how a provider is paid. The goal of payment reform is to improve tracking of services so it will be easier for DAIL, Medicaid and the providers to know what services were provided and if people received the services they were supposed to receive.

This will not eliminate the individual tracking that the providers have to do for each person however, it will eliminate the need to report in more than one system. In the past there were gaps in the reporting of services and the rates set by each agency and attached to the services didn't always reflect the cost of the service. With the new system the reflection of the services provided, and cost associated with those services will be much more accurate. The target date for providers to begin using the MMIS system for reporting to the State is by the end of January 2020.

Also, as part of the DS payment model work, a rate study was conducted that took a comprehensive look at the true costs of providing a service. The rate study included expenses such as training and benefits. We need encounter data along with the rate study to truly understand what is happening. Without data and a full understanding of the need and costs for services, it becomes difficult to advocate and defend the amount of money that DAIL requests from the legislature to fund the services. At this point, there is a unfinalized draft of the rate study that has been shared with the DS State Standing Committee and providers for review and it will be finalized in the weeks ahead.

A concern was expressed that when new systems have been implemented in the past, the actual direct service was lessened in order for the direct care workers to complete the new mandated paperwork. The new payment reform should not take more time away from a worker's ability to provide the needed services to individuals. This new system is taking the place of the old system so it should not add time to the paperwork expectation. And, it is important to remember that it has always been a requirement to report the services that are provided. If a family finds that they are losing time in services due to the changes, they should contact the provider and have a conversation to discuss the hardship so it can be addressed in the care plan and corrected.

Another concern was brought up and a suggestion made to offer families training on how to manage the individual's care plan and how to accurately report the services provided. This would help avoid unintentional Medicaid fraud.

DAIL Budget-

Over the past decade, budgets have either been reduced or level funded, with no exception this year. DAIL was asked to produce a departmental budget that was level funded. As with all level fund exercises, there are expenses that are fixed which requires the leveling to occur in areas that have flexibility which is typically services.

For several years, through the 1115 Global Commitment Waiver, there have been savings, called investments, that can be used to cover costs for services that do not qualify for Medicaid payments. The original goal was to have approximately a 2% savings but DAIL has been averaging 11%. DAIL is constantly looking at services that can be moved from investments to Medicaid, however that has only happened with a couple of services because of Medicaid's regulations. The concern is that the investments will go away and DAIL will no longer be able to provide certain services.

The 1115 Global Commitment Waiver is up for renewal in 2020. There are pros and cons to having one global waiver versus individual waivers for services. Vermont still believes that the global commitment is beneficial to Vermonters. The negotiations will ultimately decide the fate of the waiver.

We will invite someone from Department of Vermont Health Access (DVHA) to speak more about the negotiation process with CMS and the renewal of the 1115 Global Commitment Waiver.

State Plan on Aging (SPA) One-Year Review-

Angela Smith-Dieng with the State Unit on Aging has been working on the implementation of the SPA and it is successfully driving state initiatives. We will invite Angela to come to the advisory board to go over the progress of the plan.

Vermont Department of Health (VDH) Hub and Spoke Work-

DAIL has been partnering with VDH, One Care, the UVM Center on Aging, and the Alzheimer's Association about identifying Alzheimer's sooner using a hub and spoke model originally created to manage the opioid crisis.

Currently there is a six to seven month wait before an evaluation can be done at the Memory Care Clinic. This wait is far too long before addressing the concerning symptoms of Alzheimer's. The goal is to have the diagnosis happen at primary care visits where it is more apt to be recognized. If the diagnosis is captured in this phase of the process it allows families the opportunity to put the individual's affairs in order and to fully understand the wishes and preferences of the individual before they are unable to communicate those wishes and to get families engaged in caregiver supports sooner.

Progress is being made. A UVM nurse practitioner has created an algorithm for use by nurse practitioners and primary care providers that looks at the symptoms of an individual and walks the provider through the diagnostic process. Of particular note, at the end of the process, the practitioner is directed to make appropriate referrals to services and supports for both the individual and the family.

The Center on Aging is providing caregiver training and has worked to create a Geriatric Division within UVM's Internal Medicine Department. There will soon be a soft announcement of this new division. The Center on Aging will provide inhouse consultations.

NCI Results for DS and Aging-

The 2018 National Core Indicators (NCI) national survey results are in for Developmental Services (DS) and Aging. For DS, this national survey conducted 325 interviews from people at 7 different agencies and the Transition II program in Vermont. These surveys are completed with a surveyor and sometimes, when appropriate, a proxy for the individual.

DS has been participating in the NCI Survey since 1997 with a brief gap. DS uses the results from this survey to better understand the lives of those we serve. The survey concentrates on the participants' satisfaction in services and living choices they are provided.

With 38 states participating, it allows for a decent comparison in the results. However, it is important to understand the context of the questions and that caution is taken when making comparisons between Vermont's results with other states.

The Adult Services Division (ASD) recently started participating. ASD is entering into their third year. The training of surveyors will happen in January 2020 and in June, the surveys will be conducted. It will be beneficial to have multiple years to look at in order to identify any trends.

Both ASD and DDS will use the survey results to guide the priorities for the two groups of people. The key is to have consistency in the questions year to year to be able to better compare the results. One thing that DAILE would like to see answered positively at 100% is the question of a person knowing where to go if they have questions or concerns about services. Currently, that number is high, but not 100%. The statistic that 50% of people receiving DS are not working but would like to, is something that the division will look at a little more closely. Loneliness is something both groups identified as something that needs improvement.

Overall, the results were not overly surprising but it does highlight the areas that are of most importance to the groups that we serve. This is valuable information that can help guide the work of ASD and DDS.

Links to survey results here:

<https://asd.vermont.gov/news/launch-national-core-indicator-consumer-experience-survey>

<https://ddsd.vermont.gov/nci-ddsd-vt-adult-consumer-survey-reports>

Board Member Updates:

Delaina Norton shared that there would be a viewing of "Invaluable," the unrecognized profession of direct support. The first showing is next Wednesday, November 20 in Burlington.

The Vermont Developmental Disabilities Council is hosting the first story telling night at the State Capital on February 20, 2019. There will be subsequent nights in Burlington and Rutland as well.

Vermont Public Transit Policy Plan (VPTPP):

Jackie Cassino – VTrans, Stephen Falbel – VTrans Consultant and Barbara Donovan – VTrans

The VPTPP recommends program and policy initiatives to better serve Vermonters and their experience with public transit. It is required by statute that this plan is reviewed and updated every five years with a 10-year projection.

This plan includes the state and federal regulations along with identifying current needs of Vermonters including older Vermonters and Vermonters with disabilities. The process for working on this plan is an 18-month process that most recently began in June 2018 and will happen within five phases: project initiation, existing conditions analysis, needs assessment, recommendations and final report. The current phase of this plan is in its final phase of completing the final report. The draft report will be finalized and submitted to the legislature in January 2020.

Prior to the final submission of the draft report, there will be time for public comment on the drafted final report between November and December. Please visit the VTrans website for more information on how to participate in the public comment opportunities.

VTrans contracted with MetorQuest to conduct a survey to get a better understanding what people needed in public transportation in Vermont. The people who took the survey sought it out and completed it. VTrans hoped to have at least 500 respondents but they had 1,200 respondents during the first round and 2,200 responses the second round. Since the respondents were self-selected, they are more than likely biased to have a personal interest in public transit unlike the survey that was conducted in 2016 with 2,496 respondent that were randomly chosen.

“The goals of the project:

- Develop a 10-year vision for improved transit in Vermont.
- Update state policies, goals, and objectives for public transportation.
- Incorporate human service transportation coordination plan into the PTPP.
- Identify components of an enhanced statewide transit system in Vermont.
- Engage the public and key stakeholders.” **Except from the Public Transit Policy Plan presentation.**

For more information on reports, this presentation and more, please go to:

www.vtrans.vermont.gov/planning/ptpp

If you have questions or comments, please reach out to Jackie Cassino at:

Jackie.cassinpo@vermont.gov

Electronic Visit Verification (EVV)- Update

Bill Clark – Department of Vermont Health Access (DVHA) Medicaid Compliance

In the 21st Century CURES Act that is primarily written to help the FDA move approved drugs through the regulation system quicker, it had a small section that addressed implementing an EEV system for all Medicaid funded personal care and home health services.

EVV is a way for people who are providing services in a person's home to verify when and where they are providing those services. It is to ensure that the correct services are provided at the right location and are recorded accurately.

The programs that are required to comply by January 2021 are: Children's Personal Care (administered by the Department of Health), Choices for Care, the Attendant Services Program, and the Traumatic Brain Injury Program. The situations where the EVV is not required are when the caregiver lives in the home and services provided outside the home.

In Vermont the system that will be used is by using a Mobile Application from Sandata Mobile Connect or the in-home provider will use a landline from the home where the services are being provided. These options work regardless of internet access. The app will store the information and when it is able to access the internet, download the information. The landline option works without the need of an internet connection.

There will be a six-month phased training approach. There will be pilot groups to begin the implementation of the training to test the effectiveness of the learning modules. The types of training that will be available are with Vermont and Sandata providing instructor-led webinars, self-paced online training and recorded webinars. There will also be an online library of role-based training modules. There hopefully will be opportunities for in-person trainings as well. For all the trainings, there will be printable manuals and user guides available for all users.

ARIS Solutions, the third party financial and administrative services organization, has been receiving calls with concern from care providers. One of the many ways this new requirement was communicated was through letters to employees and employers that ARIS supports.

Please visit the EVV website for more information and to complete the EVV Feedback Survey at: <https://dvha.vermont.gov/electronic-visit-verification-1>.

Meeting was adjourned

1:59