DAIL Advisory Board Meeting Minutes
September 8, 2016
Sally Fox Conference Center, Waterbury

ATTENDEES:

Board Members: Linda Berger, Robert Borden, Nancy Breiden, James Dean, Kim Fitzgerald, Matthew Fitzgerald, Mary Fredette, Joseph Greenwald, Jeanne Hutchins, Nancy Lang, Laura MacDonald, Nick McCardle, Nancy Metz, Gini Milkey, Steve Pouliot, Martha Richardson, Christine Scott, Beth Stern, Lorraine Wargo

Guests: Clare Buckley, Janet Hunt, Jackie Majoros, Matt McMahon, Judy Peterson

State Employees: Joanne Fleurrey, Camille George, Roy Gerstenberger, Bard Hill, Angela Smith-Dieng, Megan Tierney-Ward

Motion to Approve Minutes: 07/14/16 minutes:

Approved: Nancy Lang
Seconded: Beth Stern
Abstention: Steve Pouliot, Nancy Metz, Lorraine Wargo

Review and Approval of Meeting Minutes

Gini Milkey asked if the wording could change in her bio to "shares in the care of…". In the first paragraph, third sentence, it was noted that this sentence "Members, old and new, gave a little background about themselves." was incorrect and should be changed to include guests, and DAIL staff.

I. **Conversation with the Commissioner**
Monica Caserta Hutt, Commissioner

Transition Document

The Department is currently working on the Transition Document which captures department specific information to hand off to the new Administration. It contains information that is static and information that is a work-in-progress. The document captures DAIL's priorities and what we want going forward and helps set the stage for the new Administration. It contains the "why" of what we do. Budgets ebb and flow, but our core values do not. The document outlines our current commitments to our populations and identifies current and emerging issues.

Legislative Initiatives

Commissioner Hutt asked the Board for input, comment and suggestions for initiatives for this year's upcoming Budget Planning and Legislative session, while asking them to keep in mind that there are some things we can and cannot do. Here is a bulleted list of what came out of the conversation:

- Would like to see Choices for Care (CFC) Moderate Needs and Flexible Funding increased and operated in a different, less bureaucratic, manner.
- Medicaid to cover nutrition services (i.e. Meals on Wheels).
- Open forums for certain topics so that folks are served more broadly and not individualized.
- One point of contact and how to be more efficient to meet people's needs.
- Push back on medical model of Developmental Services for full community integration and focus on workforce value.
- More pilots like the Enhanced Aging and Disability Resource Connections (ADRC) Options Counseling Program.
- Make hearing aids covered under Medicaid and Medicare.
- More focus on the cost associated with Alzheimer's Disease and related disorders.
- A State Plan on Aging that is more meaningful to Vermont.
- We need to educate many elected officials at the State House. It seems that some topics take over the focus and coverage (i.e. opiate abuse/misuse) while others such as education and autism get less focus.
- The need for an elder's caucus. Last year Elder Awareness Day at the State House made the legislators realize that there is a real need for this caucus.
- Make sure that they know we are not always asking for more money – we want to be more creative with the money that we already have.
- Community Assessment of what services are out there that DAIL may not know about. And then how best to use all the services – inside state government and out.
- Balanced approach to "need" and "opportunity."
- Population Health approach – give the community services (AAA, HHA, etc.) a pot of money to fund their population. Not a rate per hour but one amount of money. This could be an interim step before the Medicaid Pathway.
- Value workforce and be creative in how to do that. Look at the scope of practice and the potential barriers.
- Flexibility around providers and the individual. Let individuals have flexibility on how they get their services.

II. Member Introductions

Steve Pouliot, Laura MacDonald, Kim Fitzgerald, and Lorraine Wargo

Kim Fitzgerald – Kim is the CEO of Cathedral Square Corporations. She also grew up with a friend with disabilities who she helped support and transport to the University of Vermont. Her mother-in-law had ALS and Kim was her caregiver. Kim has worked at the ANEW Place (previously Burlington Emergency Housing) and serves on the Champlain Housing Asset Management Advisory Board.

Kim's work and personal experience touch on several of the populations that the DAIL Advisory Board supports.

Steve Pouliot – Steve is the Executive Director of the Vermont Association for the Blind and Visually Impaired (VABVI). VABVI assist individuals of all ages that are blind or visually impaired.

Laura MacDonald – Laura is the mother of a 12-year-old daughter that has Autism. Her daughter was diagnosed with Autism in the United Kingdom. The family relocated to Vermont because there were more services that her daughter needed here. Laura is a strong advocate at the State House for Autism and developmental disabilities.

Lorraine Wargo – Lorraine retired from the Department of Disabilities, Aging and Independent Living (DAIL) in 2010. She served as a division director and other positions within DAIL. Lorraine's education is in nursing. She used this education as she worked in the field of Traumatic Brain Injury (TBI) of 35 years. Lorraine's son and brother both have sustained a TBI, so she has personal and professional experience in that area.

Robert Borden then asked the Board members to share what their expectation of serving on the DAIL Advisory Board were:

Gini Milkey – Gini want to know that the Board's input is taken seriously and is listened to and that there is feedback. She feels that what is happening at the Board's meetings over the last year or so is how she feels it should be. Back and forth input and feedback is valued.

Kim Fitzgerald – Kim wants to reinforce the idea that the Board needs to think of the individual first and not just our organizations.

Matthew Fitzgerald – Matthew feels that we are here to serve Vermonters. He is there to provide feedback to DAIL and to help educate others in the public by sharing stories and experience. Serving on the Board does not always mean "cause and effect," but that we share for our priorities and what we care about.

Beth Stern – The Board is a combination of education and to provide input. One suggestion is to take time each meeting and have members have 10 minutes or so to provide input on a topic of their choice.

Robert Borden – Robert feels that the Board is a way to share the trends of how social services are being delivered and that the Board can be Ambassadors for these broad trends on a local level.

Linda Berger – DAIL, by design, has to live in "silo-thinking" but the Board can help break those down as they are on the front lines of services being delivered.

III. Reflections from Jackie Majoros

Jackie Majoros, Long Term Care (LTC) Ombudsman for Vermont Legal Aid

Jackie has not been an official member of the DAIL Advisory Board, but has been a regular attendee. We at DAIL look at Jackie as an "honorary" member of the Board. Jackie has served as Vermont's State Long Term Care Ombudsman since 1996. She was asked to reflect on her career with the DAIL Advisory Board. As she was cleaning out her office, she realized that she had saved every yearly calendar since 1985, from when she started out as a brand new attorney. She took those calendars and looks at every September 8th in those calendars. On September 8, 1985, Jackie had a meeting with Mary Shriver (then the Executive Director of the Vermont Health Care Association). The meetings topic was community based services and back then the role was much more simple – pre Choice for Care (CFC).

In 2005, her role as the LTC Ombudsman expanded immensely. It went from serving people in LTC facilities through the Older Americans Act (OAA) to serving people no matter how or where they received their LTC services. She knew at the time that CFC was going to be amazing, even though it put more pressures on providers and advocates.

Jackie then went on to share some of her successes. When the State LTC Ombudsman Program was contracted out from DAIL (that role was held by own our Camille George) to Legal Aid, it floundered for a couple of years. But, it gave them a chance to look at how they wanted it to work. At the time, the database they used was so dated, that it was a real challenge. But, once the data became more accurate it made people feel better; it gave them real results for their mission and values. This made them do a better job and they could be more accountable for the job that they did. So, having good data to support her work was one of the successes.

During her work as the LTC Ombudsman, Jackie has maintained a close relationship with DAIL. It has had its ups and downs over the years. Jackie knows that this relationship is a two lane road and that she can be very tenacious. As she leaves her positions, Jackie feels very optimistic about that relationship and hopes that the new LTC Ombudsman can create their own relationship and continue the work. This relationship with DAIL is another success. Changes in the way the guardianship program works is another. Instead of just having courts assign guardianship, without much thought or insight, is definitely a point in the right direction. As part of the Fatality Review Committee, Jackie also feels the creation of the Vulnerable Adult Fatality Review Team is a success, as well. This team is not made to point fingers, but to gather all the information and learn.

Jackie feels the main challenge facing LTC right now is staffing. She doesn't claim to know how it can be fixed but does know that it is critical. We can no longer offer to give care wherever/whenever without the proper staff to provide it in a quality manner. This issue is not just the responsibility of DAIL, this is everyone's issue and we need to look at it with a person-centered approach.

In closing, Jackie said that she has been very comfortable at her position as the LTC Ombudsman for 31 years. She has enjoyed the interaction with the Board. This is the only way to get things done.

The Board members then had a chance to share their memories of working with Jackie and ask questions of the role she played in the LTC world. Beth Stern has known Jackie for a long time. When hearing Jackie testify, Beth felt respected and that she made a big difference. Jackie was asked what kind of change she has seen over the years. One thing for sure is that people's willingness to complain has not changed. People are very happy that they are living in the community and are afraid that will be taken away. Jackie has seen a reluctance for folks to have Legal Aid address certain issues because of that fear. Jackie also sees that younger people are more articulate and able to voice their concerns and that they are well connected. The provider side shared that when they have had the ombudsman come in and mediate with facilities, that this had made a positive outcome.

Deputy Commissioner George presented Jackie with a Certificate of Appreciation in recognition for her valuable contribution as the Vermont State Long Term Care Ombudsman Program and continually advocating for residents of long-term care facilities and the Choices for Care participants.

IV. Deputy Commissioner Updates
Camille George, Deputy Commissioner DAIL

The Governor's Commission on Successful Aging has reached its sunset. This Commission focused on 3 main areas – workforce, livable communities and health reform. The Workforce subcommittee has really developed traction and is going to continue its work. The Health Reform subcommittee did a great deal of work specifically around dental health and falls prevention. The subcommittee gathered findings and made recommendations which have been given to the Governor. Collaboration needs to be across AHS to achieve healthy living. The Livable Communities have submitted their findings and these have been approved by the full commission. That report will now be given to the Governor. Once that has been reviewed by his office, it can be shared with the Board. When asked if there will be a new commission with the new administration, there were mixed answers.

V. Home and Community Base Services (HCBS) Rules Update and Transition Plan
Roy Gerstenberger, Director of Developmental Disabilities Services Division and Megan Tierney-Ward, Director of Adult Services Division

Developmental Disabilities Services Division (DDSD) and HCBS Rules Update. Roy gave an overview of the Home and Community Based Services (HCBS) funding that comes the Centers for Medicare and Medicaid Services (CMS). It is a type of Medicaid funding used by the state for the purpose of keeping services at home or within the community. Vermont is at the forefront in the nation for its HCBS and building communities. However, many states still rely on institutionalization for its Developmental Disabilities Services and other populations using funding that is intended for HCBS.

We have been very creative and positive in our services. CMS announced a few years ago that they are looking at funding by state and how they use their HCBS funding and Vermont was ahead of the curve. Now CMS is upping the ante and creating new rules. What is home? What is community? Each state was given a transition planning time for these new rules. The first part of the process was to look at state's regulations and see if they line up with the national regulations. And if they do not, identify what those areas are. The second part of the process is to go out into the community and report out on what is working and what is not. The final step is to put all of this into place.

The new rules fall into these areas – settings (location, geographically, actual access), person-centered planning and Conflict Free (CF) Case Management (CM). There is not a lot of wiggle room around the definition of CF CM, but other states are submitting corrective action plans. With regards to settings and person-centered planning there are some specific provisions such as freedom of movement that must be addressed. In Vermont, Choices for Care is the first program to begin this process, developmental disabilities services is also now underway. Once developed, the transition plans will be reviewed by CMS and corrective action plans may be required.

The Developmental Disabilities Services Division (DDSD) is in the process of producing a new DS System of Care Plan. This is the first time that DAIL/DDSD is required to move key parts of the plan into regulation. The 10 part DDSD regulations have been reviewed by the DS State Standing Committee (in draft form) and is headed to the Legislative Rules Committee to begin the formal rule making process. There will be a public comment period in mid-December.

Adult Services Division (ASD) and Choices for Care (CFC) Update on HCBS Rules – As with the DDSD Update, for CFC the transition plan is looking at standards and regulations. The Adult Services Division is working very closely with the Agency of Human Services (AHS) who is the lead on Vermont's State Plans. AHS is the representative to CMS. During the transition plan portion of this exercise, consultants came in to review our standards and regulations and made recommendations. What we learned was the areas of Case Management Standards, Adult Days and Adult Family Care were the areas that needed to be strengthened. What CMS wants aligned in practice is in some areas different from the written language of the HCBS rules. DAIL will have to work with homes and/or other providers that have trouble coming into alignment. AHS and DAIL may be told by CMS that it has to do a survey for each home, but AHS/DAIL would like to be able to do it by program. The plan is to have a couple of providers test the survey. Once test data is available, it will inform which direction to take from there.

The CFC work plan is scheduled to go through the end of December. The DS and TBI programs has a little longer time frame for their work plans.

Conflict Free Case Management – Conflict Free (CF) Case Management (CM), in a broad definition and is actually a separate CMS rule from CMS' HCBS rules. The rule states that the same organization that provides the case management cannot also provide the services. In a state such as ours, we only have two choices for CFC CM – Area Agencies on Aging and Home Health Agencies – who also

provide the services. The fact is that when the State's CFC Medicaid Waiver was approved and most recently when the Global Commitment (GC) for Health Medicaid Waiver was amended to include CFC, our system of care was approved. However, the State is now being told that we need to take a closer look. AHS/DAIL are now working with a consultant on how to implement this new rule. We are also working very closely with CMS since there are several ways to talk about these expectations and where we are in our health care reform.

We have not been given a specific timeline of implementation from CMS, they seem to be flexible at this point. Another item to note related to conflict-free case management is that currently CFC Enhanced Residential Care (ERC) is considered a Private Non-Medical Institution (PNMI) care, so it has not been included in the review of CF CM. However, we are still looking at it at the same time as other services. Because we are one big GC waiver that allows us to pay for LTC services in any setting – nursing home, home and community-based – this gives us the opportunity to really look at our standards and to help us to give individuals the services that they need when they need them.

I. Medicaid Pathways Updates and Senior Health Rankings

Camille George, Deputy Commissioner and Bard Hill, Director of Policy, Planning and Analysis

Medicaid Pathways is an offspring of payment reform activities. What we have done is create a shared savings model that are Accountable Care Organizations (ACO's), of which there are currently three, but it looks like we are heading towards one. The three payees are Medicaid, Medicare and Private/Commercial insurances. The cost shift that appears on the surface refers to the fact that Medicaid pays less than Medicare and Private/Commercial Insurance pays more than both. So it seems that providers charge Private/Commercial insurance more to make up for the reimbursement rate of Medicaid and Medicare. What isn't part of that equation is the fact that Medicaid pays for services that others do not pay for at all, such as long term services and supports. The goal is an alignment of payment and delivery principles that support a more integrated system of care, and pursue the triple aims – improve outcomes, improve access and control costs. To get to this goal there is increasing focus on bundled payments and performance based payments, rather than traditional fee-for-service.

The Agency of Human Services (AHS) has been directed to support a payment and delivery model that is known as the All-Payer Model. What this means is to move from volume-driven fee-for-service to a value-based, pre-paid model for Accountable Care Organizations (ACOs). This requires an alignment across Medicare, Medicaid and participating Commercial players. The purpose is to provides a coordinated, system-wide reform plan that addresses both cost and quality. The model is intended to be more responsive to a specific population. It works to treat the whole person, including integration between medical and specialized services. For example, Choices for Care services are not connected to their primary care physician –even though many people have multiple medical conditions and use multiple medications, and care might be improved by closer collaboration with physicians.

The Departments within the AHS have been meeting with stakeholders regarding the 'Pathways' for about a year now. Two separate groups have been meeting: the first group is focused on mental health, substance abuse, and developmental services within the Designated Agencies and Specialized Services Agencies; the second group is addressing LTSS, with a specific focus on Choices for Care. Much of the work to date has been to get participants on the same page as to what the model of care looks like and what the scope of the services are. Although the work has been proceeding there is a need for more consumer/advocate involvement- since consumers, families, and guardians know what services they need, they need to be involved. There is a recognition that we need to support flexibility on how to address individual needs and focus on what that person needs for services, in a more integrated and comprehensive approach. One of the challenges is funding, and how to proceed with limited resources.

While we have accomplished a lot in our specialized programs, we can always do better. The next step for the DA/SSA group is the issuance of an information gathering document. A single point of contact would be the goal – this is delivery reform but we need to know what payment reform we need to have to support that. The specific payment model has not yet been decided, but we anticipate less fee-for-service, to more lump sum or bundled payments. The pros and cons of changes in payment will need to be addressed – will individuals have their own budgets, with choice and control? Will providers receive population based payments and be the driver of more flexibility in pursuing outcomes for the groups of people that they serve? The end result should be a payment model that is nimbler and more fluid at the local level, with less direct involvement of State government in making decisions about individual budgets and service plans.

II. Introduction of New State Unit on Aging Director

Angela Smith-Dieng, Director of State Unit on Aging, Adult Services Division

Angela Smith-Dieng came to DAIL as our new State Unit on Aging Director in July of this year. She is still in the listening, learning, and observing stage. The majority of her work will be around the Older American's Act (OAA). She is learning the history and based on Vermont' demographics, thinking about how we want to go forward in the future. Angela hopes to find the best direction that will have the biggest impact with our partners around that state and how we can be the best advocate of elders that we can.

Angela comes to DAIL from her former employment as the Executive Director of the Vermont Association of Area Agencies on Aging (V4A). Prior to that, Angela's focus was on hunger advocacy at Hunger Free Vermont.

Meeting was adjourned