

***DAIL Advisory Board Meeting
March 8, 2012
Comfort Inn, Berlin***

Attendees:

Board Members: Max Barrows, Steve Pouliot, Diane Novak, Susan Gordon, Janet Cramer, Robert Borden, Sarah Launderville, Harriet Goodwin, Steve Pouliot, Peter Cobb,

Guests: Nicole LeBlanc, Rich Atkinson, Beth Stern, Amy Caffry, Laura Pelosi

State Employees: Lisa Parro, Richard Giddings, Camille George, Linda Martinez, Susan Wehry

February meeting minutes were approved with the following edit:
Adding Barb Prine to the list of attendees

Board Updates

Rachel Cummings has submitted her resignation from the board.

Five buildings at Melrose Terrace in Brattleboro were affected by Tropical Storm Irene and FEMA has stated that there is substantial damage. About 80% of the buildings remain occupied; families in 4 or 6 apartments in the 5 buildings were affected and they were given special section 8 vouchers that were used in the community, or they were given priority for Haze Court and Melrose vacancies. Five people remain in temporary housing waiting to move back into their apartments. Permission has been given to renovate the brick building, which has had no structural damage, and plans are being investigated for building outside of the flood plain. The plan is to create a complete senior housing area that includes the Support and Services at Home (SASH) program. It may be another year before specific plans are completed.

The Vermont Association for the Blind and Visually Impaired (VABVI) will hold its' annual Technology Fair on April 19th at the St. Johnsbury school. VABVI will have volunteer drivers to assist people in attending.

Former DAIL staff person who oversaw the Attendant Services Program, Mike Meunier, passed away. A nice service was held for him. His wife, Carol, would be happy to hear from anyone.

Green Mountain Self Advocates (GMSA) will have their Disability Awareness event on 3/21 at the Statehouse. While the Respectful Language Report still needs to go back to legislature, a suggestion was made that this event might be a good day to advocate for the report.

The GMSA Voices and Choices conference will be held on May 14th and 15th at the Sheraton Hotel in South Burlington.

Long time president of Green Mountain Self Advocates, Bob Kay, passed away February 28th. He will be deeply missed. Memorial services will be held on Saturday, April 17th, at the First Unitarian Church in Burlington.

Susan Gordon co-taught a Powerful Tools for Caregivers class, a 6 session program. This program originated out West and has been around Vermont for a while; however, this was the first time it was delivered in the Central Vermont area. The program focuses on family and introduces 35 tools on how to relieve stress, have positive conversations, and deals with the emotions of care giving. Susan thought this class was an effective and worthwhile program, and she is now a certified trainer for the program. Jeannie Hutchins is trying to establish a list of the certified trainers in Vermont.

The final DAIL Operational Procedures manual has not yet been sent out to the DAIL Advisory Board. This will be added to the April agenda.

Notes from the DAIL Advisory Board APS Subcommittee were given to the board members.

DCF Modernization Efforts – Richard Giddings, Deputy Commissioner, Dept for Children and Family Services (DCF), Economic Services Division (ESD)

Richard handed out a weekly report that DCF uses to report to the House and Human Services. Reports can be found at: <http://dcf.vermont.gov/reports>

There are many agents taking phone calls at the DCF/ESD call center, however, there is a larger volume of calls being received. Staff are being asked to handle 60 calls a day. Three weeks ago, if a person was on the line waiting for 15 minutes, the call was bounced to the district to be answered; however, with caseloads of over 700, this is difficult for the district office workers to absorb. DCF is looking for the right balance as to how to respond to phone calls coming into the call center. Callers may establish an account so they can check their own account, or they have the option to leave a message. This week there was a holiday on Tuesday. The call volume at 8:00 a.m. on Wednesday was 400 calls waiting for a response. There have been 73,000 accounts established for people to check their accounts.

In October 2010, there were 53,000 calls; there are now 32,000 calls in the call center under the new system as they deal with needs immediately so the person does not need to call back.

Staff work at the call center 7:45 a.m. – 6:00 p.m., except for Fridays, it is 7:45 a.m. to 4:30 p.m. as there is system maintenance work, and staff have to be out of system.

Case managers and community partners have a different option to reach the call center, and go through a different queue. A board member reported that there were significant waits on this line as well, which Richard will investigate.

There is significant staff turnover at the call center. There is no real training program to train people prior to answering calls, but calls are done incrementally and there is a manual. It takes about 2 years to fully learn everything. New staff carrying caseloads have a mentor and training program, and are not assigned a caseload until they are competent in a program.

The benefits system is the access system (1972). The system does work, but has its challenges. There used to be 13 people programming the computer system in DCF, now there are 6 people. AHS IT has prioritized the contract needed to implement a new system. Richard is aware that some individuals, including elders, may struggle in getting through an electronic system and will be looking at those situations. Sarah Launderville has asked to meet with Richard Giddings about accessibility and usability of a new system.

ADPC (Automated Document Processing Center - the process for scanning and tracking paperwork) is a centralized system. People are able to apply online, except for General Assistance and Long Term Care applicants. Any items received are scanned in, indexed, and sent out to workers (an electronic file system) – the items can be looked at around state by different workers so that anyone can type in and find the information on a person. The standard turnaround time for processing paperwork is 2 days. This is one of the benefits from the modernization project.

There were about 60 days worth of documents, approximately 4800 documents, from Waterbury that needed to be scanned into the system after Tropical Storm Irene. Staff spent weekends, put in overtime, etc. and DCF is completely caught up now.

People can walk into an office at any time, and are taken care of immediately and the staff work with the individual to get the application and any information immediately and bring the case as far as possible at that time. The average wait time is just under 6 minutes, 23 minutes by time they leave the office. The sizes of the field offices vary regionally, and work can be moved around electronically so that the work per ratio is the same. The Burlington field office is the only office that is given a break as their walk in traffic is off the chart.

The goal is to be able to process 97% of the applications within 30 days, except for long term care applications where the information comes in piece by piece.

Richard would like to hear about any concerns. His direct line, rings at his desk, is 769-2113. .

Money Follows the Person – Linda Martinez, Project Director, Money Follows the Person, Division of Disability and Aging Services (DDAS)

Linda handed out a PowerPoint presentation that is being finalized. Once it has been finalized, this will be posted on the DAIL Website.

The Money Follows the Person program (MFP) will help rebalance and strengthen the use of home and community based services. It is an enhancement for the Choices for Care program (CFC). Nine staff have been hired, and two contracted positions have been posted for hire.

By the second year of the program, the goal is to have a person-centered system of care, with quality control, so that individuals will have some control over their options.

The purpose of the program is to help Medicaid beneficiaries who have been living in institutions for 90 days or more and want to return to their home or other community setting to do so. The focus in Vermont is therefore on nursing homes since there is no institution for people with developmental disabilities and the Vermont State Hospital was not Medicaid certified.

If a person is in a nursing home and they say they want to go home, a plan of care is developed together, barriers are identified, and a plan is developed make it happen. An assessment will be completed, and there will be a transition check list of what can and can not be done. The assessment will determine if a Money Follows the Person case manager or Agency on Aging case manager will oversee a case. Discussions are taking place as to how options counseling will work and if assistance will be paid to the AAA case managers. Staff at the nursing home will know whether an individual has a guardian, family members, etc. There will be a meeting on March 27th with representatives from Vermont nursing homes to discuss how the process will work.

Participants may be awarded up to \$2,500 to help overcome barriers that are preventing them from returning to the community. Examples include: helping to pay the deposit to get an apartment, buying a freezer or sofa, or clothes to get back to work. However, not all will need this type of one-time support for his or her transition. These funds will only be awarded to people if there are no other resources to meet the need. Some other states have up to \$4,000 available per person. CMS is very open and willing to work with Vermont on this.

Clients served in the MFP grant will be tracked, and clients that apply but do not meet requirements for the grant will be tracked. Information will be gathered on the need for

adult family care and how family care homes can be developed with oversight. A Request for Proposals to look at housing and transportation will be posted. (A suggestion was made to use UVM Medical interns to assist with this.)

The program will begin in four regions: Washington, Windham, Windsor, Bennington and staff will work very closely with VCIL. The key will be to get staff trained in the program. A public education campaign is being worked on in hopes that the Money Follows the Person program will open its door on May 1st.

In 5 years, when the grant money goes away, the program will be integrated into the Choices for Care program as another option for individuals.

Commissioner Updates

The situation with Adult Protective Services (APS) remains about the same. The program continues to recruit for some full time investigators. Caseloads are 1:29, 1:33. The new leadership is making extraordinary progress and is exceeding expectations from investigators. The litigation about APS continues.

The APS report by the consultant shows that DAIL is on the right course. The consultant did feel that enhancing training for a better response to Vermont's self-neglect seniors was needed. The Commissioner feels a better response is necessary; however, she is not sure that self-neglect belongs in APS. More discussions are taking place. Some of the other recommendations made by the consultant have already been put in place, for example, a new data system. APS has been working with Harmony Solutions on a new data system that is scheduled to be fully operational by the middle of April.

The Vermont Family Network (VFN) is working on new efforts to creative home supports for people with developmental disabilities. When the facility in Brandon VT closed, there were only a few choices available for people living in the community. VFN is convening a work group to look at the options, opportunities and desires. June Bascom in the Division of Disability and Aging Services (DDAS) is taking the lead on this for DAIL. She has met with VFN and will attend the first brainstorming meeting in April.

The project to serve people who are dually eligible for Medicaid and Medicare (referred to as the Dual Eligibles project) is moving forward. A letter for CMS is due by the middle of May about how Vermont will provide integrated set of services for people who are dually eligible, which is approximately 22,000 – 23,000 people with 40% of these people already on waivers and the other 60% are not receiving any waiver services. One of the requirements is to show savings that will fund the plan in the future. Right now, the thought is around pharmacy utilization and management, which in turn will also lower hospitalization costs. The most frustrating challenge is finding meaningful data.

Bard Hill presented information about what the Dual Eligibles Project means to people with disabilities at a Green Mountain Self-Advocates (GMSA) board meeting, and asked them what they felt should be done. The board will be sending their feedback to Bard soon.

The Governor held a day long meeting about his strategic plan. One of the goals for the plan is to be a more effective and responsive government. This means a new level of awareness of performance measures of our performance, along with our contractors' performance. The DAIL Division Directors are working on the divisions' strategic plans.

As of right now, DAIL is on track with the budget and will end with approximately 1.9 million dollars in Choices for Care to reinvest. Last Friday Commissioner Wehry met with AHS Secretary Racine and Choices for Care providers to discuss goals to strengthen the provider and caregiver network, identify gaps in services in the long-term care network, and build and expand the infrastructure. To this end, it was recommended to the House Appropriations committee to buy back \$780,000 of the proposed reductions in adult days and case management, and in conjunction with conversations with the VT Association of Adult Day Services, suspend the policy discussion. Discussions are taking place to move away from a fee for service case management to a flat fee per member per month, this will need to be approved by CMS. Home Health is receptive of a flat fee per month, if the rate per month is a fair rate. The AAAs are split on this.

Also as it stands at the present, DAIL will buy back the \$300,000 reduction for enhanced residential care (ERC) case management and will restore the 2009 2% rate reduction in ERC. In addition, it is proposed to add a \$1 day to the ERC rate. This will allow for training case managers within the ERC system create the capacity for some consultation. Only 350 people receive CFC ERC.

DAIL is also proposing the following investments: \$350,000 in AAAs to better address self neglect; increase wages by .15/hr in self-directed personal care/respite hourly rates; and issue an RFP to invest in training/support for case management in ERC. The choice to invest in AAAs was applauded, if APS is not going to do it, these funds will be necessary in order to increase skill levels as well as services. ***It is important to emphasize that all of the changes discussed to the DAIL proposed budget are not final and are contingent upon final legislative approval.***