

***DAIL Advisory Board
December 13, 2012
Best Western, Waterbury***

Attendees:

Board Members: Max Barrows, Janet Cramer, Steve Pouliot, Harriet Goodwin, Diane Novak, John Pierce, Susan Gordon, Bill Ashe, Peter Cobb, Beth Stern (via phone), Jim Coutts (via phone), Nancy Lang (via phone)

Guests: Brenda Gagnon, Rich Atkinson, Amy Caffry, Heather Johnson, Marlys Waller, Laura Pelosi (via phone)

State Employees: Camille George, Lisa Parro, Susan Wehry, Mary Woodruff, Marie Bean, Sara Lane (via phone), Marybeth McCaffrey, Jackie Rogers

Vermont Aging and Disability Resource Connection (ADRC) - Marie Bean, Department of Disabilities, Aging, and Independent Living, and Heather Johnson, ADRC Project Manager

The ADRC does not have a physical location; it is a resource where people can obtain information about long-term services and supports (LTSS). The ADRC partners with the Brain Injury Association of VT (BIAVT), VT 211, Vermont Center for Independent Living (VCIL), the 5 area agencies on aging (AAA) and has recently started working with the Vermont Family Network (VFN) and Green Mountain Self Advocates (GMSA). Vermont does not yet have community mental health agencies in their partnership.

Including Vermont, there are now 28 states with an ADRC, and 142 centers for independent living that are involved. Heather Johnson has been the project manager for Vermont's ADRC since 2005.

The ADRC is like a funnel – the organizations in Vermont that touch people on a daily basis build a foundation, and when people need information, they are referred to the ADRC partners and through them the person receives guidance to an array of services that meets his or her needs. Senior centers are a critical piece of the tool box for individual choices. The ADRC is working on cross training with all of the partners to create consistency and a level of quality. The ADRC will be developing a consumer advisory group consisting of 8-10 people across a diverse network to assist in determining the impact of the projected outcome.

DAIL was one of only 8 states to receive a 3-year Enhanced Option Counseling grant for 2.3 million dollars from the Administration for Community Living (ACL). In conjunction with the Department of Vermont Health Access (DVHA), the Department of Children and Family

Services (DCF) and the existing and new ADRC partners, this new grant will allow the ADRC to expand both the populations served and in the capacity to provide ADRC services.

Through this grant, the Federal government is expecting state Medicaid follow-up, and DCF has helped to identify how ADRC partners can help eligibility specialists. Vermont will be partnering with other states on a national evaluation framework that will include use and cost effectiveness. The ADRC is working to utilize a national options counselor online training process. Vermont will develop a training and certification process for ADRC partners that will accommodate all learning styles and pass this information onto the other states. VFN and GMSA will provide valuable input in assuring that the training and certification process for ADRC partners will meet the training needs and different learning styles, and will bring awareness of any challenges to the table.

Also in Vermont, the Veterans Independence Program that is funded by the Veterans Administration (VA) serves veterans in need of long-term services and supports. Planning is underway to serve more people through a partnership with ADRC, and the ADRC project will train VA staff as certified options counselors.

Two years ago, the ADRC conducted focus groups to learn about people go about finding out about LTSS and accessing them, what works and recommendations for improvement. We will be using the information from this group to design public education and outreach strategies in 2013. We will be conducting outreach to the general public, and also targeting agencies who are not core partners working with people who could benefit from what ADRC has to offer.

The ADRC database is used by all of the partner agencies for referrals, and 6 or 7 of the partners use it to document options counseling services. The database is also used to document referrals to ADRC for people in nursing services. The information in the data system is accessible across all of the partners for referrals and resources. Discussions are taking place with Harmony about the SAMS software product and assessing the feasibility of moving the database to one single platform with Choices for Care. No final decisions about this have been made.

With additional public education and outreach, the ADRC will be able to provide more information about the different partners a person can go through in order to access information. In the past there was some discussion about having one main number for everyone to use; this may be revisited. A quarterly report, similar to what 211 provides, could be created to track barriers and share information throughout the community.

Follow Up Conversation: Long Term Care Medicaid Eligibility Determination Process

After the last DAIL Advisory Board meeting, follow up information about LTC Medicaid eligibility was e-mailed to the board. It is difficult to get accurate data for LTC due to antiquated data systems, elapsed time from when the information is submitted and the actual work is completed, and data entry errors. A tremendous effort is being put into a better system with the expectation of better data and easier access in the future.

The average mean for a pending service plan is the average between the minimum and maximum. The next time the data is calculated this will be done differently. Camille will obtain information about whether any of the 71 individuals identified on the waiver while waiting were found ineligible.

There is a lot of frustration about the approval turnaround time, as on the paperwork it states the approval will happen in 30 days; however, this means 30 days once everything has been received not once they fill out the paperwork. DAIL is working with DVHA and DCF to create a smoother, clearer, and more transparent process. In the meantime, it is recommended that whoever is working with an applicant clarify the processing time with them.

Richard Giddings stated at a previous meeting that it takes 2 years for staff to be efficiently trained, as DCF incurs penalties if the information is incorrect. The Federal government has tried, unsuccessfully, to obtain information from banks and other financial institutions to help reduce the processing time. It is the hope that as the system is modernized; the different computer systems will be able to talk to each other more and help cut down on the training time for staff.

One of the new ADRC initiatives is to facilitate the eligibility process. A person can begin working with an options counselor about what they can do while they are waiting for the eligibility process to be completed. The options counselor can provide the individual with information about other possible programs and work with them on an action plan that they can take home, which may include resources, timelines, things they can do for informal supports, etc. The options counselor, through the Medicaid funding strategy, will be able to work more closely with individuals; however, they will not become case managers. The ADRC partners are using existing staff as option counselors, adhering to the standards. For example, peer counselors at VCIL have all completed the necessary training and are all options counselor as well.

It was noted that while there have been some significant improvements and accomplishments in the LTC system; there is a tendency for people to ask questions and focus on the problems in the system. Sharing the data with others to show the improvements may be helpful.

Board Updates

The State Fiscal Year 14 budget development process is underway. DAIL presented their case as strong as they were able and will find out the results when the governor makes a decision. Active conversations continue with the Health Access Oversight Committee and partners about the remaining, unspent CFC funds. There is a desire by some to put this into the moderate needs group.

According to the state, the freeze on enrollment in the moderate needs group was lifted about 2 years ago and there is no longer a waiting list at the state level. However, there may be wait lists at the provider level in various services and regions. DAIL is working to track down the information from the areas about the status of any wait lists. Last year there was some discussion about including nonmedical providers in the moderate needs program; however, since the designated home health agency system in Vermont was serving Vermont well, there was

some concern about the impact on the system if it was opened to others. This discussion may need to be revisited with the legislature.

DAIL is very close to moving forward with Requests for Proposals (RFPs) for the Choices for Care reinvestments that were discussed earlier this year. Will Rowe just completed a draft RFP for activities focused on self-neglect. The AAA's are currently responsible for self-neglect of people over age 60 and they will need to respond to the RFP, if they choose to participate.

At the beginning of the discussions about the CFC reinvestment savings, one of the proposals was to make changes to the case management reimbursement system and make it a per case system. The AAA's were opposed to uniform rates and they looked at other strategic spending in other areas of revenue to offset the funding.

Tomorrow DAIL will meet with the Department of Mental Health, DVHA and the VDH Alcohol and Drug Abuse Program (ADAP) for a day long retreat about ways to enhance and increase the integration of services.

DDAS is working diligently on LTSS supports as health care reform in Vermont evolves. The language for this has been a challenge even though everyone agrees with concept.

The Commission on Successful Aging has been meeting regularly and is ready to submit deliverable proposals addressing the mature workforce.

This year it is anticipated that legislation will be introduced to allow direct care workers to form a union. .

GMSA is very excited about being involved in the ADRC options counseling.

During the GMSA VIT legislative forums, they had a good representation of members, and Jeb Spaulding and Jim Reardon were in attendance. .

Camille assured the board that funds had been allocated, and a work plan has been put in place to hire someone to assist in doing an overhaul of the DAIL website, including adding some features and making it more inviting and user friendly. It will take time to move this IT process forward, get the bidders on board, work with the state marketing person, etc.

At a past meeting Jackie Majoros presented information to the Board about the way the LTC Ombudsman addresses conflict of interest. The DAIL Advisory Board agreed that the process the LTC Ombudsman uses for conflict of interest is an acceptable process.

Developmental Services Fiscal Pressure – Marybeth McCaffrey, Division Director, Division of Disability and Aging Services and Jackie Rogers, Interim Assistant Division Director for Developmental Services

An overview of developmental services was given with information about how the program operates, how funds are distributed and the immediate funding pressures. Marybeth is looking for the Board's input about intermediate and long term solutions.

Overview of Developmental Disability Services

(See attached handout for basic facts and figures)

Funding process for Developmental Services

It is governed by the System of Care Plan and implemented by the Funding Committee process. The Plan specifies how funding is distributed to people new to the system or people already receiving services with new needs. To be eligible for funding, a person must be: 1) clinically eligible with a developmental disability; 2) Financially eligible (most are on SSI and thus automatically financially eligible); and 3) must meet a "funding priority" as defined in the System of Care Plan.

The Statewide Equity and Public Safety Funding Committees meet monthly to determine whose needs meet a funding priority and to recommend the amount of funds necessary to meet the need for that individual. Approximately 8-9 million dollars or about \$700,000/month is available to meet these needs.

This Year's Funding Pressures

This year there has been a marked increase in the overall number of proposals and amounts requested for individual cases. For the first 6 months of the year, an extra \$3M was spent to meet the additional needs, which is not sustainable in the program. DDAS is looking at the data to try to determine the reasons for the significant increase. Pressures may be related to increased needs due to public safety, autism, and refugees,

For example, the budgets for the public safety group have very high budgets and DDAS is evaluating these cases the best they are able to get the best estimate on how resources are being allocated, on containment or habilitation. (Habilitation items are things such as taking someone to the grocery store, supports for work or home. "Containment" is being used to describe the services that are not related to habilitation, or when people need more supports because they act out, or 2 on 1 supports are necessary to keep the community safe.)

Through the Challenges for Change legislation that was enacted a few years ago, all Act 248 participants at that time were assessed for the level of risk to see if the resources corresponded with risk level. We learned that the combination of a person's developmental disability needs and public safety risk level result in a complex result that do not have a 1:1 correspondence between risk level and funding level.

Another trend we have noticed in our data is a significant increase in the youth cohort being supported in the public safety group. In 2007, there were 26 people ages 18-24 being served in the Public Safety Group. In 2012, however, there are 65 people ages 18-24 in this group. DDAS is looking at the data to determine why there is such a significant increase in this age group, and how many of these individuals have come out of DCF custody.

The immediate pressure in the DS system is the hole in budget to address the current need; the intermediate opportunity is planning for the 2014 budget as a bridge for 5 years from now; and the long term is to create a process of where we want to be in the years ahead. Not loose what we have with community inclusion and our values, but shape and create the future.

Specific Areas for the Board's Consideration

The DS system is currently estimated to be approximately \$3 million over budget. There are 3 options: request increased funds for State Fiscal Year in the Budget Adjustment Act (which would not resolve the issue alone), a rescission (there have been 2 rescissions in the past 2 years), or amend the system of care plan to further restrict funding priorities (a change takes 60 days before it can be activated.)

One contributing factor that has been identified that is contributing to the additional pressure to the DS system, is the need for services for refugees, which is especially impacting Chittenden County. In addition, other possible contributing factors include: individuals with developmental disabilities are living older and have a higher risk of having Alzheimer's; the number of people diagnosed with autism have also steadily risen over the last 5 years; and as individuals with developmental disabilities are living older, the parents that used to be able to do the caregiving are aging and can no longer assist with care.

The Board would like to have further discussions on the DS Pressures at the meeting in January.