

***DAIL Advisory Board
March 14, 2013
Comfort Inn, Berlin VT***

Attendees:

Board Members: Nancy Lang (via phone), Linda Berger, Max Barrows, Bill Ashe, Beth Stern, Diane Novak, Harriet Goodwin, Steve Pouliot,

Guests: Barb Prine, Marlys Waller, Beth Sightler, Amy Caffry, Richard Atkinson, Patrice Thabault (via phone)

State Employees: Camille George, Lisa Parro, Susan Wehry, Stephanie Beck, Suzanne Santarcangelo,

Minutes accepted with one minor edit – page 3, 4th paragraph – delete extra ‘and’

Vermont Health Connect – Sean Sheehan, Director of Education and Outreach, Vermont Health Connect, Department of Vermont Health Access (DVHA) *(See handout)*

Launching in October, Vermont Health Connect will enable individuals, families, and small businesses to compare health coverage options, enroll in the plans that are right for them, and secure financial assistance. Every plan offered through Vermont Health Connect will cover doctor visits, hospital stays, preventive care, and prescription coverage – so there’s no guesswork about what’s covered. If Vermonters have questions or need help enrolling, expert help will be available online, by phone, or in-person.

Vermont Health Connect is for:

- Vermonters without health insurance
- Vermonters who purchase insurance for themselves
- Vermonters who have Medicaid or Dr. Dynasaur
- Vermonters who currently have Catamount or Vermont Health Access Program
- Vermonters who are offered “unaffordable” coverage by their employers
- Small businesses in Vermont that provide coverage for their employees

Vermont Health Connect does not offer Medicare. Medicare recipients will receive benefits and Medicare information the same way they do now. Information on the Affordable Care Act’s impact on Medicare can be found at

<http://www.healthcare.gov/law/information-for-you/seniors.html>

Insurance carriers submitted proposed health plan rates in late March to the Department of Federal Regulation (DFR). Vermont was the first state in the nation to release proposed rates. These rates will be reviewed by DFR and then the Green Mountain Care Board. Rates will be

finalized by the end of July and the Department of Vermont Health Access will then select standard and “choice” plans to offer on Vermont Health Connect.

Each participating insurance company will be required to offer a total of six standard plans—two bronze, two silver, one gold and one platinum metal level plan. Standard plans were approved with specific cost-sharing features. Bronze plans offer the lowest premiums but higher out-of-pocket costs, while platinum plans offer higher premiums but lower out-of-pocket costs. Insurance companies will also have the opportunity to offer additional “choice” plans that give companies the flexibility to provide new, innovative options to Vermonters. Choice plans may differ from standard plans within parameters specified approved by the Green Mountain Care Board. Vermont Health Connect plans will offer a range of different choices and prioritize low cost-sharing for primary care services and generic drugs.

DVHA and DCF are working closely to ensure that Vermonters receive consistent, high quality customer service. If Vermonters go to an ESD office, they will be helped in applying by phone, through a computer, or in connecting to a local Navigator for in-person assistance.

Vermont Health Connect is currently reviewing grant applications from potential Navigator Organizations. Grants will be announced in late May and contracts and training will begin in early July. Navigators will help with outreach in the summer and enrollment starting in October.

Vermont Health Connect has webinars on the third Thursday of every month and is holding community forums all across the state. You can find a schedule of events and information about the webinars on their website at: www.vermonthhealthconnect.gov

Commissioner Updates

Vermont was one of 7 states selected for the State Innovation Model (SIM) Grant, a pay for performance model with better health care at lower cost. The governance structure rests in the Department of Vermont Health Access (DVHA) and the Green Mountain Care Board (GMCB). A meeting on the governance structure is taking place on Monday. It is currently unknown as to how this may affect DAIL.

Vermont originally requested 62 million dollars in the SIM grant, and DAIL requested 4 positions for the special needs of our population. However, the amount was reduced to \$45 million and the impact on the requested positions is unknown at this time. DAIL continues to be very involved in the conversations about the SIM grant, and continues to push for long term services and supports in health care reform.

The Duals Project looks at the people who are dually eligible for Medicare and Medicaid and determines whether there would be any savings if the state gains flexibility over Medicare spending in these cases, much as they have over the Medicaid spending in Global Commitment, with more integrated care, better health care, at a lower cost. An actuarial report on the Duals Project is being done to determine if there would be any savings. If the report supports the savings, the plan will be put forward with CMS with a Memo of Understanding (MOU) and contract, with a start date in the fall of 2014.

Legislature:

S.93 – The bill that proposes that the Department of Mental Health (DMH) and DAIL would notify communities about individuals returning to a community who have a developmental disability and committed or were charged with a crime, was opposed and the bill will not be moving forward. DMH and DAIL already have methods of notification and protections in place.

S.59 - The bill that allows independent support workers to unionize, passed out of commerce and is to be reviewed by the Senate today. The administration and the workers are happy with the changes that have been made to this bill. If this bill passes, the Commissioner would like the DAIL Advisory Board to review it for language about how DAIL would maintain the registry, which is online now, and discuss how to make this system more robust. For example, should there be training, competency evaluations, qualifications or something through the Office of Professional Regulations? Background checks are already being done.

DAIL has a budgetary line for maintaining the registry website; however, there is not a budgetary line for advertising and notifying workers about the site. Organizations, such as CVAAA notify people about the website when they call looking for a worker or want to help. *ACTION STEP:* DAIL will look into ways to remind people about the website, and make sure 211 knows about it.

S.52 – The bill about the unionization of child care workers did not pass. The effort to get this bill passed will continue in future sessions.

H.154 – The bill requiring older drivers to have a vision test to obtain or renew driving operator's license. *Update: On 2/1/2013 it was read for the first time in committee, no further action is posted.*

H.140 – An Act Relating to Choices for Care. This bill is currently under review/mark-up, and the bill, in original form, is supported with modifications. The language modification includes how unobligated funds are used. It is unknown as to whether this bill will move out of the committee.

Everyone uses and defines wait lists differently, therefore, it is difficult to tell if there is a wait list, or the size of the wait list. For example, some agencies create a list of eligible people who might apply when they need services, some create lists of those who have connected with services but are waiting for a provider, and some create lists of those who have not yet been approved for services.

H.301 – Direct Care Worker bill. The amended version removed language stating if the rate of wages go up, it cannot result in services going down.

H.105 APS reporting bill – this may be in markup today. DAIL opposes this bill, and has given a lot of testimony on it.

The budget is moving forward without any problems.

- One piece that was questioned is the 3% Medicaid bump and whether this is something Vermont can afford this year. If it is not granted, there will be an impact across all DAIL Medicaid providers.
- If this year's increase in budget adjustment is carried forward for the developmental disabilities budget, there will be 3 million dollars carried forward; however, DAIL has not heard any more on this.
- It looks like there will not be a recession.
- The Commissioner will go through the DS budget reductions with the State Program Standing Committee (SPSC) next Thursday. A piece of this discussion may be the developmental home model for young adults which is very effective; however, some young adults would like to have more options and choices, which may cost more. The State System of Care plan is on a 3 year cycle. The Commissioner would like to meet with the SPSC about any ideas before putting any amendment on the table.
- There is about \$500,000 left from the CFC reinvestment (1.7 million is obligated). Information about the Choices for Care budget is posted every month on the website.

The Federal sequestration hit Voc Rehab (VR) and the Older Americans Act. Federal dollars mitigate the loses for VR; however, home delivered meals and congregate meals were reduced significantly. The commissioner met with the AAA's this week to discuss how they could offset and mitigate the impact, and ways to collect data to show the impact of on real people that the reduction has made. On March 27th, the budget will be voted on again.

The Division of Disability and Aging Services (DDAS) is going back to the way things were years ago, separating into two divisions: Division of Developmental Services and Division of Aging Services. Next week there is a meeting scheduled with key staff to sort out some of the details. If everything goes according to plan, the new divisions will take effect July 1st. The position for a Developmental Services Director has been posted for recruitment in anticipation of this change, and DAIL has received a robust list of candidates.

The statistics for the Adult Protective Services (APS) have not changed much since last month. The data continues to show improved performance with a median caseload average of 20, with 175-180 open cases. APS has been able to provide the legislature with most of the data they requested, and are working on the reports for the additional information requested. The Adult Protective Services monthly reports will be posted on the DAIL website:

<http://www.dlp.vermont.gov/protection>

A web based, user friendly APS intake form has just been posted on the APS website. Feedback on this form is being requested.

As of 3/31/13, all of the 135 PACE participants were successfully transitioned to another Choices for Care service option. About ½ of these individuals live in Chittenden county, and ½ live in Rutland county. Case managers from the Champlain Valley Agency on Aging, the VNA of Chittenden/Grand Isle, the Southwest VT Area Agency on Aging and the Rutland VNA worked closely with individuals and PACE to assure successful transitions, including Medicare Part D enrollments. In Rutland, the Interage Adult Day program expanded their services into the

former PACE site at the Maples, opening for business the first week of April. This allowed many former PACE participants to continue services with their peers at the same site.

DAIL is collaborating with PACE and the National PACE Association to determine whether a project can be sponsored to evaluate the PACE closure and individual outcomes before and after transitioning from PACE.

Board Updates

Green Mountain Self Advocates created an impressive booklet about domestic and sexual violence, and Max has provided a training with Jeff Coy from DDAS.

Until more information is received about the sequestration, CVCOA is not accepting any new care giver grant requests, is freezing healthy aging grants to senior centers for enhancements/events, freezing discretionary grants, and will hold off hiring someone for a vacant position.

The AAA is experiencing a growing caseload of individuals with mental health issues, as well as individuals from the prison population. Some of these cases can be very challenging. Beth Stern and the Commissioner will look into the possible reasons for the increase.

The Episcopal Church in Brattleboro is running a safer work program. Attending training with APS is a beneficial way for cross fertilization.

The Annual Voices and Choices conference will be held at the Sheraton in South Burlington on May 30th and 31st. There is a dinner, dance, activities, and self-advocates/people with disabilities run their own workshops. Last year about 600 people attended.

Disability Awareness Day is March 28th. Members of the Green Mountain Self Advocates will run workshops, attend hearings, and talk with legislators. Max invited the board to attend.

Max will be attending the Annual Disability Policy Seminar in Washington DC.

Global Commitment Waiver Extension (including consolidating GC and Choices for Care) - Suzanne Santarcangelo, Pacific Health Policy Group; and Stephanie Beck, Agency of Human Services (*see handout*)

Vermont's Global Commitment to Health Demonstration (GC) 1115 waiver began October 1, 2005 and is set to expire December 31, 2013. The renewal request was presented including consolidating Choices for Care and the Children's Health Insurance Program (CHIP) into the request, and accommodating Affordable Care Act (ACA) changes. The waiver renewal is required to be submitted at least 6 months prior to expiration; therefore, the plan is to get it submitted by the end of April to allow for ample negotiation time with CMS. Annual reports and transition plans have been submitted to CMS as required, have received a good response and have not highlighted any problems. There have been two public hearings on the waiver renewal. Comments are being accepted until March 22nd.

The GC provides Vermont with flexibility, by applying managed care concepts, to increase access to care, improve quality of care and control program costs. 1115 waivers allow CMS to “waive” many laws governing Medicaid to encourage innovation. GC financing was also presented.

In addition, Vermont just received the federal (SIM) State Innovation Model grant, and discussions are taking place about this model.