

***DAIL Advisory Board Meeting***  
***April 10, 2014***  
***Comfort Inn, Berlin***

**Attendees:**

Board Members: Linda Berger (via phone), Janet Cramer, Nick McCardle, John Pierce, Steve Pouliot, Harriet Goodwin, Diane Novak, Beth Stern, Gini Milkey, Peter Cobb, Jim Coutts, Robert Borden,

Guests: Michelle Carter, Barb Prine, Dagny Hoff, Kristin Murphy

State Employees: Susan Wehry, Stuart Schurr, Clayton Clark, Lisa Parro,

The DAIL Advisory Board meeting minutes from the conference call on March 13, 2014 were approved as written.

Janet Cramer read a resignation letter from Sarah Launderville. Janet has written Sarah a letter of appreciation on behalf of the board.

**Older American's Month: "Safe Today. Healthy Tomorrow."** - Stuart Schurr on behalf of Mary Woodruff

Last month Mary Woodruff charged the Board with identifying partners, organizations, and individuals to create and offer activities for seniors that support the prevention of injuries and raise awareness of unintentional injuries.

Throughout the year, Central Vermont Council on Aging offers these types of events on a regular basis and they are applying for a grant to help with strength training. Janet Cramer has brought the Older American's Month information to the Parish healthcare nurse in Brattleboro and they have at least two programs scheduled, which are not necessary health related, but they will assist with communication with seniors and discuss how interaction changes as we age. Jim Coutts has sent copies of the posters to the Chamber of Commerce. Linda Berger has contacted the career and technical centers in her area and would like to remind people to connect with the educational systems and entry level positions. Last week there was a wonderful article in the New Yorker by Roger Angell about being ignored as you get older. It is very poignant and funny.

Gini felt some of the information from the Administration for Community Living website that addressed transportation alternatives did not apply to Vermont and wondered if there were other tips about transportation or other issues that could be used to help people in Vermont.

Making people aware of the events that are occurring and available is key. A suggestion was made to have DAIL put something on Channel 3 during their Super Senior segment.

There was a discussion about how seniors are not always viewed as active or participants in the community, as well as how people tend to talk to seniors, which is something that needs to change. The Board was pleased that the posters reflected elders who were healthy and active.

### **Autism Awareness Resolution:**

Stuart read a Resolution by the House and Senate on Autism Awareness, H.C.R.290, designating April 2014 as Autism Awareness Month. There was a lot of work done by many departments to make this happen, and Clare McFadden from DAIL was very instrumental.

A discussion pursued about whether there is an increase in the number of people who have Autism or if it appears this way because of new medical diagnoses being added and/or more awareness. The Board would like an expert in the field to come and speak.

### **Board Updates:**

The Art of Creative Aging Exhibit at the Hubbard Library will open on May 1<sup>st</sup> for the month of May. There were over 100 entries for the exhibit. Thirty five pieces were chosen to be displayed, and all of the artists are seniors. Sales of the art pieces will benefit the library, the artists, and Central Vermont Council on Aging. <http://www.cvcoa.org/art-of-creative-aging-reception.html>

The COVE newsletter contains an article by Joe Sherman about scams. Gini sent the link to the Board members; however, if it was not received, let Gini know. <http://www.vermontelders.org/wordpress/wp-content/uploads/2014/01/SMP-Newsletter-Edition1.pdf>

The Oral Health For All Coalition is involved in legislation regarding regulating licensed dental practitioners. This legislation would assist in the coverage of dental work for individuals on Medicaid; however, it has been voted out. COVE will pursue it again next year. If you would like more information about this legislation, please contact Gini.

### **Home Access Program and Modifications – Sarah Launderville (via phone)**

<http://www.vcil.org/services/home-access-program>

The Vermont Center for Independent Living (VCIL) has been running the statewide home access program for 28 years. (DAIL has provided some of this funding directly or to the VT Home Board for 8 or 9 years.) Modifications are limited to entryways and bathrooms, due to the limited resources that are available. The Vermont Housing Conservation Board and VCIL agreed years ago that in order to qualify for the modification funding a person has to have a disability and have an 80 percent of median income. The program runs on a first come, first served basis. If a person needs modifications in order to get out of a nursing home, or a parent is at risk of losing a child due to modification needs, they will be moved to the front of the list. VCIL receives many applications for modifications from many different entities; Sarah believes

they complete modifications for about 80 households a year (about \$400,000). She can provide more detailed information if the Board would like.

The average cost for a bathroom or entrance modification is \$10,000; but there are some modifications that may cost up to \$15,000. There are other entities that pay for modifications in which VCIL may work with in order to help get the cost covered.

VCIL has a list of approved contractors that they train in ADA accessibility in the home, which may be more than the ADA requirements, and they work with the contractors about working with people with disabilities/disability etiquette. When new contractors are used, they go through the educational training and VCIL will oversee the job that is completed. If everything is completed satisfactorily, they are added to the list of approved contractors. Volunteers have been used before; however, the work is not always up to code and it may end up costing more to correct any issues. VCIL also tries to help the landlords understand their requirements and rights.

There are no building codes or ADA compliance requirements for independent homes; however, licensed contractors need to meet the standards around any work that they complete and the quality of the work needs to be acceptable, the home needs to be safe, and the needs of the person to live independently need to have been met. The contractors are responsible to obtain any required permits for the work they do.

VCIL currently has four Independent Access Consultants to review the work that is completed. About a month after a project is completed, the individual will be contacted to find out if the work that was completed is satisfactory. If it is not done to satisfaction, the consultant will do a site review. Any complaint about the quality of work that was completed is reported to Sarah. With DAIL focusing on outcomes of grants and contracts, the Department will also be looking at the quality measures and safety measures for any funding that is provided.

The possible \$300,000 from DAIL would almost double the number of modifications that could be completed, offering more opportunities and serving more people. However, one difference would be that these funds would be specifically for people who are on the Choices for Care Program.

The Commissioner has identified the Home Access Program as a program in which Choices for Care reinvestment funds could be used, if there are any extra funds available. Robert made the motion that the Board approves the use of approximately \$300,000 for the purpose of the home access program, if funding becomes available; Harriet seconded. There were no abstentions or nays.

## **Commissioner Wehry's Updates**

A video about the Poor and Old in America was shown. DAIL is working on the future demographics for transportation and housing needs for seniors. This spring, DAIL may issue a Request for Proposal (RFP) revisiting the Shaping the Future report about the planning needs for

long term care that Julie Wasserman used to create for the department. More details will be available once the RFP is issued.

Conversations ensued about the housing needs for all individuals, and the needs for the new generation of seniors who will need housing but are likely to be over income in qualifying for assistance under the current limits due to 401k or savings.

### **Full Circle Festival**

When Camilla Rockwell, Vermont film maker, turned 60 she found it difficult to engage people in conversations about growing older due to two main reasons: old people are looked at as being vulnerable and in need of service, or there was a denial of growing old. She created the Full Circle Forum as a place to have these conversations. DAIL is one of the sponsors for the Festival, and the Commissioner will be giving the opening address on Saturday morning. The schedule is posted online.

### **Legislation**

H.728, An Act Relating to Developmental Services System of Care Plan, a bill about the DD Act. DAIL is continuing to watch this bill.

H. 629, An act relating to elevators, which VCIL and SILC have campaigned to oppose, does not appear to be moving anywhere. *This bill would change the law in the redevelopment of smaller sites, changing the requirement for elevators to upper floors at 3,000 square feet or more (currently it is 1,000 square feet or more).*

DAIL FY15 Budget – DAIL’s budget was developed with Results Based Accountability: how many people are served, how well they are served, and is anyone better off. Developmental Services and Choices for Care both completed consumer satisfaction surveys, which showed a 90% satisfaction rate. However, families of consumers seem to see things one way, while consumers see them another way. The Commissioner would like to have family of consumers on the DAIL Boards; however, there have always been obstacles in them attending meetings. Suggestions were made to have a column in the newspaper for family caregivers asking for input from families (unsure who would do it or how); gather ideas and information about how other countries involve families; and continue to use surveys with language that is easily understood, with return postage envelopes. These seem to be less intimidating and take less time, and people seem to be more likely to give input. The Commissioner would like to keep the conversation going about ways to engage families who feel disengaged, and ways in which families can be involved. If anyone has any ideas, please let the Commissioner know.

DAIL is asking the senate to restore the 2% Medicaid rate that was in the Governor’s original budget. There isn’t any other significant action going on with the budget.

### **DAIL Staff**

The interviews for the Adult Protective Services (APS) Chief have been completed and references are being check. It is expected that the position will be filled soon.

Phil Seiler has been hired as the new DAIL IT Manager. Phil is working to re-launch the DAIL website redesign project, which will provide easier navigation. The portal redesign is expected to be launched in July, with work on the division websites being completed by January 2015.

DAIL has had a vacant Long Term Care Clinical Coordinator position for about 5 months, and continues to work to get this position filled.

### **Health Reform Update**

The Vermont Health Connection website explains how individuals may buy insurance. Despite the complications that have arisen, many people have been enrolled in programs. Conversations about health records and centralized health databases continue. The federal funding cycle is due to run out in FY15, and this may or may not be extended.

A single payer health system remains the goal for 2017. More information will be obtained about whether Medicare is going to be a part of the single payer health system, and it will be shared with the Board. The MMIS system is a system in which the Agency of Human Services manages information about services across the agency. DAIL and the other departments in the agency have been asked to assign a staff person, who is an expert in the field, to the MMIS project. The position in the department that is used will be backfilled during the project.

Integrated eligibility continues. Information would be obtained from an individual once and any program in the agency would be able to see the information – a version of ‘no wrong door.’ The concept is straight forward; however, it is hard work to get there.

Marybeth McCaffrey is working hard to stay abreast of everything related to health care reform. A DAIL representative is on every health care reform workgroup and is involved in internal meetings related to health care reform.

### **Adult Protective Services (APS) Annual Report**

As the Board requested, Clayton Clark, Division of Licensing and Protection (DLP) Director, provided some clarifying information about the APS data from last month. The Harmony data system is going to be able to include the location of where an incident occurred; however, at this time this information is not available as it is included in the narrative and cannot be extracted easily. APS will start entering the information differently so it will be available in the future. It may be January before the first report that will be able to provide this information.

APS reports the number of trainings and the number of people attending the training; however information about the success of the trainings has not been measured but obtaining this information is being worked on through results based accountability.

### **DAIL Advisory Board Meeting for May**

There are several issues that have time requirements and need to be included in the May DAIL Advisory Board meeting: The State Plan on Aging public hearing, the Tri-annual Developmental Services System of Care Plan, and the Choices for Care UMass report. The

Board decided to extend the May DAIL Advisory Board meeting to 3:00 to accommodate all topics.

**State Health Insurance Program (SHIP) – Dagny Hoff, SHIP Regional Coordinator, Central Vermont Council on Aging**

*(PowerPoint presentation, Centers for Medicare and Medicaid Services handbook, and information about Supplemental Insurance was distributed)*

Dagny is one of 5 SHIP Regional Coordinators for the state. There are also SHIP Counselors. The Coordinators help people navigate through the health insurance system, and help point out some details that are not necessarily prevalent. For example, preventative testing may be covered by insurance; however, if something is found during the testing (such as polyps on a colonoscopy), the insurance may only cover 80% of the cost for further steps taken. Sometimes SHIP Coordinators do additional education to assist individuals to navigate the system independently, and sometimes they assist and walk through the process with the individual. Individuals are made aware that the Federal Government system is moving to paperless as well and individuals will need to go online for Social Security. There are concerns about this as many people are illiterate and/or computer illiterate, and even those who are computer literate have difficulty maneuvering through the system.

For Medicare, individuals need to apply for health insurance 3 months prior to age 65. The SHIP Coordinators are finding that there are a significant number of people who do not know this, and many people do not realize that January through March 31<sup>st</sup> is the only time you can enroll in Medicaid Part B and if it is not taken within the grace period, there is a penalty.

While there are laws that forbid agents from cold-calling an individual without a prior invitation, there are some people that are misled by insurance agents or given misinformation and the SHIP Coordinators can help an individual sort out the information. Legitimate plans can be found on the Vermont Department of Financial Regulations website (in handout).

The health insurance programs do not regulate the drug companies and rising co-payment cost. VPharm, the state pharmacy assistance program, assist many people who are unable to afford their medication.

President Obama has been addressing the health care system looking at the possibility of using an individual's income to determine the payment for health care insurance.