



TESTIMONY OF JOHN MICHAEL HALL
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ON BEHALF OF V4A

HOUSE HUMAN SERVICES COMMITTEE
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Five Area Agencies on Aging in Vermont

- Private, non-profits – 501(c3)
- Authorized and partially funded by federal Older Americans Act of 1965 (OAA)
- Designated by State to serve seniors, targeting “those in greatest social & economic need”
- According to DAIL, AAAs serve approximately 60,000 seniors annually
- Leading providers of Medicaid services under Choices for Care waiver (CFC)

Essential Services & Supports Provided by AAAs – Wellness Works!

- Nutrition supports, especially Meals on Wheels for seniors determined “at nutritional risk”
- Case management & service coordination under CFC and OAA
- HomeMeds – medication review & counseling via consulting pharmacists
- SHIP--Health insurance counseling, especially Medicare enrollment and plan selection
- Senior HelpLine – Toll-free Information & Assistance
- Alzheimer Respite / Family Caregiver Support

Proposed All-Payer Waiver / ACO

- Vital role of AAAs, VNAs, mental health, adult day and community-based providers in keeping people healthy & independent
- Health Happens at Home – Legislature should direct GMCB / Administration / ACO to focus on upstream, preventative, primary and community-based approaches to health care
- Legislature should require development of a five-year timeline establishing concrete milestones for gradual, but steady integration of community-based providers into a transformed, fully integrated health care system
- prevent duplication of services offered by existing community-based service providers

H.730

- Coverage of Nutrition Services under Medicaid Choices for Care
 - CFC clients are nursing facility level-of-care, and by definition at “nutritional risk”
 - No responsible care plan excludes nutrition
 - Medicaid / CFC doesn’t hesitate to pay for meals 3x day, 365 days / year in NFs
 - OAA funding for Meals on Wheels is flat & strained
 - Medicaid’s refusal to cover nutrition under CFC is siphoning off overtaxed resources from other at-risk seniors
- COLA Parity – Balanced treatment of institutional & community-based long-term care providers
 - Vermont’s policy since passage of Act 160 in 1996 has been to shift the balance, stop giving funding preference to nursing facilities, put NFs & HCBS on level playing field
 - Vermont cannot claim that its policy / preference is for seniors to age-in-place and remain in home- & community-based settings, but at the same time fortify NFs and weaken HCBS