



**STATE OF VERMONT**  
HOUSE OF REPRESENTATIVES

TO: Rep. Bill Lippert, Chair, House Health Care Committee

FROM: Rep. Ann Pugh, Chair, House Human Services Committee

DATE: April 20, 2017

SUBJECT: Comments on S.133

Thank you for the opportunity to comment on S.133 as it relates to services for individuals with developmental disabilities, substance used disorders and older Vermonters. While the majority of this bill deals with the mental health system, any bill that includes designated agencies and specialized service agencies also affects the other populations those providers serve. Please see our comments, by section, noted below:

**Section 1 --**

Paragraph 10 – Suggest deleting “lack of access to inpatient beds” and inserting “lack of access to appropriate services and supports.” It is not a foregone conclusion that “beds” are the appropriate response.

Paragraph 11 – suggest adding “usually” after “emergency departments”.

Paragraph 14 – Staffing recruitment, retention and salaries relates to all populations served by the DAs/SSAs.

**Section 2 –**

Paragraph 3 – include “specialized service agencies” after “designated agencies”

**Section 3 --**

Paragraph (a)(1) – Any plan developed that relies on the DAs/SSAs to implement should have their input during the process and they are not listed as collaborators.

**Section 4 –**

Paragraphs 6, 7 & 8 – In addition to the language exploring the need for geriatric or forensic nursing home capacity, the bill includes consideration of additional home and community-based services. We suggest consideration of prioritizing home and community-based services, even for the forensic population. Consulting with the DD service system on the more expansive use of individualized residential supports in the community for people with challenging needs could be helpful.

**Section 6 –**

Is the intent of this section to integrate all populations served by the DAs/SSAs? If so, the ACO model needs to address all individuals served by the DAs/SSAs, including

people with developmental disabilities. However, there are still many unanswered questions concerning the interplay of the ACO with services for people experiencing mental health issues, developmental disabilities, substance use disorders and elders. Particularly with DD services, where rates are already capitated on a per person/per year basis, with associated outcomes, it is unclear what benefits could be achieved by incorporation into the ACO. It is particularly worrisome given the ACO is controlled by health care professionals, and the services provided by the DAs/SSAs are much more diverse than health care services. We understand and agree with the push for parity of mental health care with physical health care; however, are concerned that with this push, full consideration be given to potential unintended consequences of having physical health care providers controlling social services that **are not** best delivered or funded in a medical model.

**Section 7 –**

Any plan revising the nature of payments to DAs/SSAs, needs to also be reported to the House Human Services Committee and perhaps the Appropriations Committees. It is also unclear how this section relates to Act 113 of 2016 regarding Medicaid Pathways; it appears to potentially conflict with that act.

**Section 9 –**

Paragraph (b)(1) – Membership on the Workforce Study Committee should be modified to require the Commissioners of DAIL and Mental Health as required members; as well as representatives of individuals who are affected by services and their and families. Since DA/SSA services also affect individuals with substance use disorders, the Commissioner of Health or his designee should also be included. Representatives of the DAs/SSAs should also be required members of the committee. It may just be easier to just delete the phrase “The Committee may include the following members”.

Paragraph (c) – The last sentence should include developmental disabilities.

Paragraph (e) – Any report should also include distribution to House Human Services Committee. The due date of September 1st seems ambitious given the issues to be addressed.

**Section 11 –**

Paragraph (a) – Suggest adding “or designee” after Secretary of Human Services.

**Section 13** – Increasing wages for workers employed by the DAs/SSAs is critical (as it is for all home and community-based providers). However, there are approximately 10,000 individuals working *through* the DAs/SSAs that are not their employees – they are the employees of families and home care providers. These individuals are covered under a separate bargaining agreement, but it should be noted that any changes in DAs/SSAs for salaries of direct care workers will need to be accompanied by commensurate wage increases in the bargaining unit.

Overall, the crisis that exists today has provided the opportunity to address long-standing issues of the need for sufficient support of our community-based system. We want to insure that issues related to Olmstead and the least restrictive environment are considered in this work, as well as the inclusion of individuals using services and their families in these important discussions and policy decisions.

Thank you for the opportunity to comment on this important bill.

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CC: Katie McLinn