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House Health Care Committee
Talking Points for Testimony: S. 133
4/7/17

- S. 133 is a very complex bill
- I have had the opportunity to discuss this bill with Commissioner Bailey- I would agree that the bill seeks to address two main issues: ED stays and flow within the system and the structural/pay scale issues for the DA/SSA system- both of those are extremely important but combining them makes for a very complicated set of solutions
- Agree that there are major issues within mental health/community based services that need to be addressed:
 - Flow
 - Funding/Financing
 - Workforce
 - Facilities
- Globally, the system as a whole has been talking about rates, payment structure, infrastructure; outcomes, reporting and clarifying outcomes and expectation requirements; and flow
- I know that Commissioner Bailey discussed the fact that our DA/SSA system serves individuals in mental health and developmental disabilities and substance abuse – I realize that developmental services issues typically live in HHS but they are embedded in the bill in front of you
- Addressing the pay structure for direct care workers impacts both sides of the house in our DA system
- CONCERN: It is critical to define “direct care worker”- do we mean the employees of the Agencies or is it broader to include Independent Support workers (in DS) which do provide direct care, work for families or self-advocates and are subject to a collective bargaining agreement (11.04/hr; daily minimum \$168- 10,000 workers/ 5,000 employers)
- Portions of the bill that overlaps both MH and DS:
 - Individuals with developmental disabilities can and do have mental health issues
 - Older Vermonters have mental health issues; either could be presenting in ED and in Level One beds
 - Workforce issues and the workforce study committee (pg 9)
 - Rates of payments to DA/SSA (pg 12)
 - Payments to DA/SSA (pg 13) integrated
 - Health insurance (pg 15)
 - Payscale (pg 15)
- Additionally, DAIL supports Older Vermonters in Long Term Care- some of whom may have a mental illness
- It’s important to realize that we are talking about a complex population – not every older Vermonter is eligible for nursing facility level of care, not every older Vermonter with mental

health issues is eligible for nursing facility level of care- Choices for Care (CFC) eligibility is based on individual needs meeting nursing home level of care

- 39 Nursing Homes in VT- 2 are private pay only (Arbors and Mertins), 1 private pay and Medicare only (Wake Robin), the rest accept Medicaid and have some number of Medicaid beds, there are roughly 3047 available beds in the system as a whole
- Older Vermonters with mental illness, like all Vermonters, utilize the community based system, often we need to develop individualized placement and that takes time- for those that are eligible, step down options from hospital placement until a community placement is developed could be a real value; supporting Skilled Nursing Facilities to feel competent and able to support those individuals with more psychiatric supports and less anxiety would be a huge benefit to the larger system
- Geriatric and Forensic Psychiatric Skilled Nursing Unit or Facility (pg 8) section of the bill
 - “asses existing community capacity and evaluate the extent to which a geriatric or forensic psychiatric skilled nursing unit or facility, or both, are needed within the State. If the Secretary concludes that the situation warrants more home and community-based services, a geriatric or forensic nursing home unit or facility, or any combination thereof, he shall develop a plan for the design, siting and funding of one or more units or facilities with a focus on clinical best practice for these patient populations.”
 - Forensic and geriatric psychiatric are very different needs and different populations
 - DAIL is fine with a study or assessment
 - Happy to see community capacity included because it’s important to look at capacity vs. a pre-determined solution that is primarily bricks and mortar
 - Need to consider this population across multiple settings; DOC, DMH, DAIL- nursing facility, residential care homes, an individual’s own home or an Adult Family Care home
- I would be negligent if I don’t mention peer supports- Sarah Launderville at VCIL would very much like to testify for this committee to discuss their role in our overall system