

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred House Bill No.
3 611 entitled "An act relating to the Older Vermonters Act" respectfully report
4 that it has considered the same and recommends that the bill be amended by
5 striking out all after the enacting clause and inserting in lieu thereof the
6 following:

7 * * * Older Vermonters Act * * *

8 Sec. 1. 33 V.S.A. chapter 62 is added to read:

CHAPTER 62. OLDER VERMONTERS ACT

10 § 6201. SHORT TITLE

11 This chapter may be cited as the “Older Vermonters Act.”

12 § 6202. PRINCIPLES OF SYSTEM OF SERVICES, SUPPORTS, AND
13 PROTECTIONS FOR OLDER VERMONTERS

14 The State of Vermont adopts the following principles for a comprehensive
15 and coordinated system of services and supports for older Vermonters:

16 (1) Self-determination. Older Vermonters should be able to direct their
17 own lives as they age so that aging is not something that merely happens to
18 them but a process in which they actively participate. Whatever services,
19 supports, and protections are offered, older Vermonters deserve dignity and
20 respect and must be at the core of all decisions affecting their lives, with the
21 opportunity to accept or refuse any offering.

1 (2) Safety and protection. Older Vermonters should be able to live in
2 communities, whether urban or rural, that are safe and secure. Older
3 Vermonters have the right to be free from abuse, neglect, and exploitation,
4 including financial exploitation. As older Vermonters age, their civil and legal
5 rights should be protected, even if their capacity is diminished. Safety and
6 stability should be sought, balanced with their right to self-determination.

7 (3) Coordinated and efficient system of services. Older Vermonters
8 should be able to benefit from a system of services, supports, and protections,
9 including protective services, that is coordinated, equitable, and efficient;
10 includes public and private cross-sector collaboration at the State, regional, and
11 local levels; and avoids duplication while promoting choice, flexibility, and
12 creativity. The system should be easy for individuals and families to access
13 and navigate, including as it relates to major transitions in care.

14 (4) Financial security. Older Vermonters should be able to receive an
15 adequate income and have the opportunity to maintain assets for a reasonable
16 quality of life as they age. If older Vermonters want to work, they should be
17 able to seek and maintain employment without fear of discrimination and with
18 any needed accommodations. Older Vermonters should also be able to retire
19 after a lifetime of work, if they so choose, without fear of poverty and
20 isolation.

1 (5) Optimal health and wellness. Older Vermonters should have the
2 opportunity to receive, without discrimination, optimal physical, dental,
3 mental, emotional, and spiritual health through the end of their lives. Holistic
4 options for health, exercise, counseling, and good nutrition should be both
5 affordable and accessible. Access to coordinated, competent, and high-quality
6 care should be provided at all levels and in all settings.

7 (6) Social connection and engagement. Older Vermonters should be
8 free from isolation and loneliness, with affordable and accessible opportunities
9 in their communities for social connectedness, including work, volunteering,
10 lifelong learning, civic engagement, arts, culture, and broadband access and
11 other technologies. Older Vermonters are critical to our local economies and
12 their contributions should be valued by all.

13 (7) Housing, transportation, and community design. Vermont
14 communities should be designed, zoned, and built to support the health, safety,
15 and independence of older Vermonters, with affordable, accessible,
16 appropriate, safe, and service-enriched housing, transportation, and community
17 support options that allow them to age in a variety of settings along the
18 continuum of care and that foster engagement in community life.

19 (8) Family caregiver support. Family caregivers are fundamental to
20 supporting the health and well-being of older Vermonters, and their hard work
21 and contributions should be respected, valued, and supported. Family

1 caregivers of all ages should have affordable access to education, training,
2 counseling, respite, and support that is both coordinated and efficient.

3 § 6203. DEFINITIONS

4 As used in this chapter:

5 (1) “Area agency on aging” means an organization designated by the
6 State to develop and implement a comprehensive and coordinated system of
7 services, supports, and protections for older Vermonters, family caregivers, and
8 kinship caregivers within a defined planning and service area of the State.

9 (2) “Choices for Care program” means the Choices for Care program
10 contained within Vermont’s Global Commitment to Health Section 1115
11 demonstration or a successor program.

12 (3) “Department” means the Department of Disabilities, Aging, and
13 Independent Living.

14 (4) “Family caregiver” means an adult family member or other
15 individual who is an informal provider of in-home and community care to an
16 older Vermonter or to an individual with Alzheimer’s disease or a related
17 disorder (expand?).

18 (5) “Greatest economic need” means the need resulting from an income
19 level that is too low to meet basic needs for housing, food, transportation, and
20 health care.

- 1 (6) “Greatest social need” means the need caused by noneconomic
2 factors, including:
3 (A) physical and mental disabilities;
4 (B) language barriers; and
5 (C) cultural, social, or geographic isolation, including isolation
6 caused by racial or ethnic status, sexual orientation, gender identity, or HIV
7 status, that:
8 (i) restricts an individual’s ability to perform normal daily
9 tasks; or
10 (ii) threatens the capacity of the individual to live
11 independently.
12 (7) “Home- and community-based services” means long-term services
13 and supports received in a home or community setting other than a nursing
14 home pursuant to the Choices for Care component of Vermont’s Global
15 Commitment to Health Section 1115 Medicaid demonstration or a successor
16 program and includes home health and hospice services, assistive
17 community care services, and enhanced residential care services.
18 (8) “Kinship caregiver” means an adult individual who has significant
19 ties to a child or family, or both, and takes permanent or temporary care of a
20 child because the current parent is unwilling or unable to do so.

1 (9) “Older Americans Act” means the federal law originally enacted in
2 1965 to facilitate a comprehensive and coordinated system of supports and
3 services for older Americans and their caregivers.

4 (10) “Older Vermonters” means ~~an all~~ individuals residing in this State
5 who ~~is are~~ 60 years of age or older.

6 (11)(A) “Self-neglect” means an adult’s inability, due to physical or
7 mental impairment or diminished capacity, to perform essential self-care tasks,
8 including:

- 9 (i) obtaining essential food, clothing, shelter, and medical care;
10 (ii) obtaining goods and services necessary to maintain physical
11 health, mental health, or general safety; or
12 (iii) managing one’s own financial affairs.

13 (B) The term “self-neglect” excludes individuals who make a
14 conscious and voluntary choice not to provide for certain basic needs as a
15 matter of lifestyle, personal preference, or religious belief and who understand
16 the consequences of their decision.

17 (12) “State Plan on Aging” means the plan required by the Older
18 Americans Act that outlines the roles and responsibilities of the State and the
19 area agencies on aging in administering and carrying out the Older Americans
20 Act.

1 (13) “State Unit on Aging” means an agency within a state’s
2 government that is directed to administer the Older Americans Act programs
3 and to develop the State Plan on Aging in that state.

4 § 6204. DEPARTMENT OF DISABILITIES, AGING, AND

5 INDEPENDENT LIVING; DUTIES

6 (a) The Department of Disabilities, Aging, and Independent Living is
7 Vermont’s designated State Unit on Aging.

8 (1) The Department shall administer all Older Americans Act programs
9 in this State and shall develop and maintain the State Plan on Aging.

10 (2) The Department shall be the subject matter expert to guide decision
11 making in State government for all programs, services, funding, initiatives, and
12 other activities relating to or affecting older Vermonters, including:

13 (A) State-funded and federally funded long-term care services and
14 supports:

15 (B) housing and transportation; and
16 (C) health care reform activities.

17 (3) The Department shall administer the Choices for Care program,
18 which the Department shall do in coordination with efforts it undertakes in its
19 role as the State Unit on Aging.

1 (b)(1) The Department shall coordinate strategies to incorporate the
2 principles established in section 6202 of this chapter into all programs serving
3 older Vermonters.

4 (2) The Department shall use both qualitative and quantitative data to
5 monitor and evaluate the system's success in targeting services to individuals
6 with the greatest economic and social need.

7 (c) The Department's Advisory Board established pursuant to section 505
8 of this title shall monitor the implementation and administration of the Older
9 Vermonters Act established by this chapter.

10 § 6205. AREA AGENCIES ON AGING; DUTIES

11 (a) Consistent with the Older Americans Act **and in consultation with**
12 **local home- and community-based service providers**, each area agency on
13 aging shall:

14 (1) develop and implement a comprehensive and coordinated system of
15 services, supports, and protections for older Vermonters, family caregivers, and
16 kinship caregivers within the agency's designated service area;

17 (2) target services and supports to older Vermonters with the greatest
18 economic and social need;

19 (3) perform regional needs assessments to identify existing resources
20 and gaps;

- 1 (4) develop an area plan with goals, objectives, and performance
 - 2 measures, and a corresponding budget, and submit them to the State Unit on
 - 3 Aging for approval;
 - 4 (5) concentrate resources, build community partnerships, and enter into
 - 5 cooperate agreements with agencies and organizations for delivery of services;
 - 6 (6) designate community focal points for colocation of supports and
 - 7 services for older Vermonters; and
 - 8 (7) conduct outreach activities to identify individuals eligible for
 - 9 assistance.
- 10 (b) In addition to the duties described in subsection (a) of this section, the
- 11 area agencies on aging shall:
- 12 (1) promote the principles established in section 6202 of this chapter
 - 13 across the agencies' programs and shall collaborate with stakeholders to
 - 14 educate the public about the importance of each principle;
 - 15 (2) promote collaboration with a network of providers to provide a
 - 16 holistic approach to improving health outcomes for older Vermonters; and
 - 17 (3) use their existing area plans to facilitate awareness of aging issues,
 - 18 needs, and services and to promote the system principles expressed in section
 - 19 6202 of this chapter.

1 § 6206. PLAN FOR COMPREHENSIVE AND COORDINATED SYSTEM

2 OF SERVICES, SUPPORTS, AND PROTECTIONS

3 (a) At least once every four years, the Department of Disabilities, Aging,
4 and Independent Living shall adopt a State Plan on Aging, as required by the
5 Older Americans Act. The State Plan on Aging shall describe a comprehensive
6 and coordinated system of services, supports, and protections for older
7 Vermonters that is consistent with the principles set forth in section 6202 of
8 this chapter and sets forth the nature, extent, allocation, anticipated funding,
9 and timing of services for older Vermonters. The State Plan on Aging shall
10 also include the following categories:

- 11 (1) priorities for continuation of existing programs and development of
12 new programs;
13 (2) criteria for receiving services or funding;
14 (3) types of services provided; and
15 (4) a process for evaluating and assessing each program's success.

16 (b)(1) The Commissioner shall determine priorities for the State Plan on
17 Aging based on:

18 (A) information obtained from older Vermonters, their families, and
19 their guardians, if applicable, and from providers of care and services to older
20 Vermonters;

21 (B) a comprehensive needs assessment that includes:

1 (i) demographic information about Vermont residents, including
2 older Vermonters, family caregivers, and kinship caregivers;
3 (ii) information about existing services used by older Vermonters,
4 family caregivers, and kinship caregivers;
5 (iii) characteristics of unserved and underserved individuals and
6 populations; and
7 (iv) the reasons for any gaps in service, including identifying
8 variations in community needs and resources; and
9 (C) a comprehensive evaluation of the services available to older
10 Vermonters across the State **at all levels and in all settings**, including home-
11 and community-based services, residential care homes, assisted living
12 residences, nursing facilities, **hospitals and health clinics**, adult day facilities,
13 senior centers, **private medical offices**, and other settings in which care is or
14 may later be provided.

15 (2) Following the determination of State Plan on Aging priorities, the
16 Commissioner shall consider funds available to the Department in allocating
17 resources.

18 (c)(1) At least 60 days prior to adopting the proposed plan, the
19 Commissioner shall submit a draft to the Department's Advisory Board
20 established pursuant to section 505 of this title for advice and

1 recommendations. The Advisory Board shall provide the Commissioner with
2 written comments on the proposed plan.

3 **(2) At least 30 days prior to filing a proposed rule with the Secretary**
4 **of State pursuant to 3 V.S.A. chapter 25 that contains the categories**
5 **required pursuant to subsection (a) of this section, the Commissioner shall**
6 **provide the proposed categories to the Advisory Board for its review. The**
7 **Advisory Board may submit public comments on the proposed rule in**
8 **accordance with 3 V.S.A. chapter 25.**

9 (d) The Commissioner may make annual revisions to the plan as needed in
10 **accordance with the process set forth in this section.** The Commissioner
11 shall submit any proposed revisions to the Department's Advisory Board for
12 comment within the time frames established in **subdivision (e)(1) subsection**
13 **(c) of this section.**

14 (e) On or before January 15 of each year, and notwithstanding the
15 provisions of 2 V.S.A. § 20(d), the Department shall report to the House
16 Committee on Human Services, the Senate Committee on Health and Welfare,
17 and the Governor regarding:

18 (1) implementation of the plan;
19 (2) the extent to which the system principles set forth in section 6202 of
20 this chapter are being achieved;

1 (3) based on both qualitative and quantitative data, the extent to which
2 the system has been successful in targeting services to individuals with the
3 greatest economic and social need;

4 (4) the sufficiency of the provider network and any workforce
5 challenges affecting providers of care or services for older Vermonters; and
6 (5) the availability of affordable and accessible opportunities for older
7 Vermonters to engage with their communities, such as social events,
8 educational classes, civic meetings, health and exercise programs, and
9 volunteer opportunities.;

10 (6) with respect to the Department's adult protective services
11 activities during the previous fiscal year:

12 (A) the number of unduplicated reports of abuse, neglect, or
13 exploitation of a vulnerable adult received by the Department's Adult
14 Protective Services program and the number of these reports assigned for
15 investigation;

16 (B) the total number of cases currently open and under
17 investigation;

18 (C) the number of reports assigned for investigation that were
19 not substantiated;

20 (D) the number of cases that were not investigated pursuant to
21 section 6906 of this title because:

1 (i) the report was based on self-neglect;
2 (ii) the alleged victim did not meet the statutory definition of a
3 vulnerable adult;
4 (iii) the allegation did not meet the statutory definition of
5 abuse, neglect, or exploitation;
6 (iv) the report was based on “resident on resident” abuse;
7 (v) the alleged victim died; or
8 (vi) for any other reason;
9 (E) for reports not investigated because the alleged victim did not
10 meet the definition of a vulnerable adult, the relationship of the reporter
11 to the alleged victim;
12 (F) regardless of whether a report was investigated,
13 substantiated, or unsubstantiated, the number of reports referred to other
14 agencies for investigation by the Adult Protective Services program,
15 including identification of each agency and the number of referrals it
16 received;
17 (G) the number of reports that the Adult Protective Services
18 program referred for protective services, including a summary of the
19 services provided;

1 (H) the number of reports resulting in a written coordinated
2 treatment plan pursuant to subsection 6907(a) of this title or a plan of care
3 as defined in subdivision 6902(8) of this title;
4 (I) the number of reports for which an individual was placed on
5 the abuse and neglect registry as the result of a substantiation;
6 (J) the number of reports referred to law enforcement agencies;
7 (K) the number of reports for which a penalty was imposed
8 pursuant to section 6913 of this title and the number of reports for which
9 actions for intermediate sanctions were brought pursuant to section 7111
10 of this title;
11 (L) for reports not investigated pursuant to section 6906 of this
12 title, the services or agencies to which the reporter, alleged victim, or both
13 were referred; and
14 (M) for each of the items reported pursuant to subdivisions (A)–
15 (L) of this subdivision (6), a statistical breakdown of the number of
16 reports according to the type of abuse and to the victim's:
17 (i) relationship to the reporter;
18 (ii) relationship to the alleged perpetrator;
19 (iii) age;
20 (iv) disability or impairment; and
21 (v) place of residence.

1

§ 6207. SERVICE PROVIDERS; REGISTRATION

2

The Department of Disabilities, Aging, and Independent Living shall
establish a process for registering all business organizations providing in-
home services to older Vermonters that are not Vermont Medicaid-
participating providers or family caregivers. The registration process
shall include collecting contact information and a general description of
the services each provider offers and making the information publicly
available on the Department's website.

9

* * * Adult Protective Services Program Reporting * * *

10

Sec. 2. 33 V.S.A. § 6916 is added to read: **(NEW)**

11

§ 6916. ANNUAL REPORT

12

On or before January 15 of each year, and notwithstanding the provisions of
2 V.S.A. § 20(d), the Department shall report to the House Committee on
Human Services and the Senate Committee on Health and Welfare regarding
the Department's adult protective services activities during the previous fiscal
year, including:

17

(1) the number of reports of abuse, neglect, or exploitation of a
vulnerable adult that the Department's Adult Protective Services program
received during the previous fiscal year and comparisons with the two prior
fiscal years;

1 (2) the Adult Protective Services program's timeliness in responding to
2 reports of abuse, neglect, or exploitation of a vulnerable adult during the
3 previous fiscal year, including the median number of days it took the program
4 to make a screening decision:

5 (3) the number of reports that required a field screen to determine
6 vulnerability during the previous fiscal year and the percentage of field screens
7 that were completed within 10 (business?) days;

8 (4) the number of reports of abuse, neglect, or exploitation of a
9 vulnerable adult that were received from a facility licensed by the
10 Department's Division of Licensing and Protection during the previous fiscal
11 year;

12 (5) the numbers and percentages of reports received during the previous
13 fiscal year by each reporting method, including by telephone, e-mail, Internet,
14 facsimile, and other means;

15 (6) the number of investigations opened during the previous fiscal year
16 and comparisons with the two prior fiscal years;

17 (7) the number and percentage of investigations during the previous
18 fiscal year in which the alleged victim was a resident of a facility licensed by
19 the Department's Division of Licensing and Protection;

20 (8) data regarding the types of maltreatment experienced by alleged
21 victims during the previous fiscal year, including:

1 (A) the percentage of investigations that involved multiple types of
2 allegations of abuse, neglect, or exploitation, or a combination;
3 (B) the numbers and percentages of unsubstantiated investigations by
4 type of maltreatment; and
5 (C) the numbers and percentages of recommended substantiations by
6 type of maltreatment;
7 (9) the Department's timeliness in completing investigations during the
8 previous fiscal year, including both unsubstantiated and recommended
9 substantiated investigations;
10 (10) data on Adult Protective Services program investigator caseloads,
11 including:
12 (A) average daily caseloads during the previous fiscal year and
13 comparisons with the two prior fiscal years;
14 (B) average daily open investigations statewide during the previous
15 fiscal year and comparisons with the two prior fiscal years;
16 (C) average numbers of completed investigations per investigator
17 during the previous fiscal year; and
18 (D) average numbers of completed investigations per week during the
19 previous fiscal year;

1 (11) the number of reviews of screening decisions not to investigate,
2 including the number and percentage of these decisions that were upheld
3 during the previous fiscal year and comparisons with the two prior fiscal years;
4 (12) the number of reviews of investigations that resulted in an
5 unsubstantiation, including the number and percentage of these
6 unsubstantiations that were upheld during the previous fiscal year and
7 comparisons with the two prior fiscal years;
8 (13) the number of appeals of recommendations of substantiation that
9 concluded with the Commissioner, including the number and percentage of
10 these recommendations that the Commissioner upheld during the previous
11 fiscal year and comparisons with the two prior fiscal years;
12 (14) the number of appeals of recommendations of substantiation that
13 concluded with the Human Services Board, including the numbers and
14 percentages of these recommendations that the Board upheld during the
15 previous fiscal year and comparisons with the two prior fiscal years;
16 (15) the number of appeals of recommendations of substantiation that
17 concluded with the Vermont Supreme Court, including the numbers and
18 percentages of these recommendations that the Court upheld during the
19 previous fiscal year and comparisons with the two prior fiscal years;

1 (16) the number of expungement requests during the previous fiscal
2 year, including the number of requests that resulted in removal of an individual
3 from the Adult Abuse Registry;

4 (17) the number of individuals placed on the Adult Abuse Registry
5 during the previous fiscal year and comparisons with the two prior fiscal years;
6 and

7 (18) the number of individuals removed from the Adult Abuse Registry
8 during the previous fiscal year.

9 * * * Strategic Action Plan on Aging Development Process * * *

10 Sec. 3. STRATEGIC ACTION PLAN ON AGING; DEVELOPMENT
11 PROCESS; REPORT (NEW)

12 The Secretary of Administration, in collaboration with the Commissioners
13 of Disabilities, Aging, and Independent Living and of Health, shall propose a
14 process for developing a Strategic Plan on Aging for Vermont to be
15 implemented across State government, local government, the private sector,
16 and philanthropies. The Strategic Plan on Aging shall provide strategies and
17 cultivate partnerships for implementation across sectors to promote aging with
18 health, choice, and dignity in order to establish and maintain an age-friendly
19 state for all Vermonters. In crafting the proposed process, the Secretary shall
20 engage a broad array of Vermonters with an interest in creating an age-friendly
21 Vermont, including older Vermonters and their families, adults with disabilities

and their families, local government officials, health care and other service providers, employers, community-based organizations, foundations, academic researchers, and other interested stakeholders. The Secretary shall submit the proposed process for developing a Strategic Plan on Aging, including action steps and an achievable timeline, to the House Committee on Human Services and the Senate Committee on Health and Welfare on or before December 1, 2020.

* * * Increasing Medicaid Rates for Home- and Community-Based
Service Providers * * *

10 Sec. 4. 33 V.S.A. § 900 is amended to read:

11 § 900. DEFINITIONS

12 Unless otherwise required by the context, the words and phrases in this
13 chapter shall be defined as follows As used in this chapter:

14 * * *

15 (7) “Home- and community-based services” means long-term services
16 and supports received in a home or community setting other than a nursing
17 home pursuant to the Choices for Care component of Vermont’s Global
18 Commitment to Health Section 1115 Medicaid demonstration or a successor
19 program and includes home health and hospice services, assistive community
20 care services, and enhanced residential care services.

1 **See. 3. 33 V.S.A. § 904 is amended to read:**

2 **§ 904. RATE SETTING**

3 **(a)(1) The Director shall establish by rule procedures for determining
4 payment rates for:**

5 **(A) care of State-assisted persons to nursing homes;**
6 **(B) inflationary rate increases to providers of home- and
7 community-based services; and to**
8 **(C) such other providers as the Secretary shall direct.**

9 **(2) The Secretary shall have the authority to establish rates that the
10 Secretary deems sufficient to ensure that the quality standards prescribed
11 by section 7117 of this title are maintained, subject to the provisions of
12 section 906 of this title.**

13 **(3) Beginning in State fiscal year 2003, the Medicaid budget for care
14 of State-assisted persons in nursing homes shall employ an annual
15 inflation factor which that is reasonable and which that adequately
16 reflects economic conditions, in accordance with the provisions of Section
17 5.8 of the regulations promulgated rules adopted by the Division of Rate
18 Setting (“Methods, Standards, and Principles for Establishing Medicaid
19 Payment Rates for Long-Term Care Facilities”).**

20 **(b) No payment shall be made to any nursing home, on account of any
21 State-assisted person, unless the nursing home is certified to participate in**

1 **the State/federal medical assistance program and has in effect a provider**
2 **agreement.**

3 Sec. 5. 33 V.S.A. § 911 is added to read:

4 § 911. INFLATION FACTOR FOR HOME- AND COMMUNITY-BASED
5 SERVICES; PAYMENT RATES

6 (a) The Director shall establish by rule procedures for determining an
7 annual inflation factor to be applied to the rates for providers of home- and
8 community-based services authorized by the Department of Vermont Health
9 Access or the Department of Disabilities, Aging, and Independent Living, or
10 both, to provide home-based, community-based, or home- and community-
11 based services to individuals receiving services pursuant to the Choices for
12 Care component of Vermont's Global Commitment to Health Section 1115
13 Medicaid demonstration **shall be increased by an annual inflation factor.**

14 (b) The Division, in collaboration with the Department of Disabilities,
15 Aging, and Independent Living, shall calculate the inflation factor for home-
16 and community-based services annually according to the procedure adopted by
17 rule and shall report it to the Departments **of Disabilities, Aging, and**
18 **Independent Living and of Vermont Health Access** for application to home-
19 and community-based provider Medicaid reimbursement rates beginning on
20 July 1.

1 (c) Determination of Medicaid reimbursement rates for each fiscal year
2 shall be based on application of the inflation factor to the sum of:
3 (1) the prior fiscal year's payment rates; plus
4 (2) any additional payment amounts available to providers of home- and
5 community-based services as a result of policies enacted by the General
6 Assembly that apply to the fiscal year for which the rates are being calculated.

7 Sec. 6. HOME- AND COMMUNITY-BASED SERVICE PROVIDER

8 RATE STUDY; REPORT **(NEW)**

9 (a) The Departments of Vermont Health Access and of Disabilities, Aging,
10 and Independent Living shall conduct a rate study of the reimbursement
11 amounts paid to providers of home- and community-based services in the
12 Choices for Care program and the methodologies underlying those amounts.

13 The Departments shall:

14 (1) establish a predictable schedule for Medicaid rates and rate updates;
15 (2) identify ways to align the Medicaid reimbursement methodologies
16 and amounts for providers of home- and community-based services with those
17 of other payers;
18 (3) limit the number of methodological exceptions; and
19 (4) communicate the proposed changes to providers of home- and
20 community-based services prior to implementing any proposed changes.

1 (b) On or before January 15, 2021, the Departments of Vermont Health
2 Access and of Disabilities, Aging, and Independent Living shall report to the
3 House Committees on Human Services and on Appropriations and the Senate
4 Committees on Health and Welfare and on Appropriations with the results of
5 the rate study conducted pursuant to this section.

6 * * * Self-Neglect Working Group * * *

Sec. 7. SELF-NEGLECT WORKING GROUP; REPORT

8 (a) Creation. There is created the Self-Neglect Working Group to provide
9 recommendations regarding adults who, due to physical or mental
10 impairment or diminished capacity, are unable to perform essential self-care
11 tasks.

12 (b) Membership. The Working Group shall be composed of the following
13 members:

14 (1) the Commissioner of Disabilities, Aging, and Independent Living
15 or designee:

16 (2) the Director of the Adult Services Division in the Department of
17 Disabilities, Aging, and Independent Living or designee;

(4) the State Long-Term Care Ombudsman or designee;

20 (5) the Executive Director of the Vermont Association of Area
21 Agencies on Aging or designee:

1 (6) the Executive Director of the Community of Vermont Elders or
2 designee; and
3 (7) the Executive Director of the VNAs of Vermont or designee;
4 **(8) the Executive Director of Disability Rights Vermont or**
5 **designee; and**
6 **(9) the Director of the Center on Aging at the University of**
7 **Vermont College of Medicine or designee.**
8 (c) Powers and duties. The Working Group shall consider issues and
9 develop recommendations relating to self-neglect, including determining the
10 following:
11 (1) how to identify adults residing in Vermont who, because of
12 physical or mental impairment or diminished capacity, are unable to perform
13 essential self-care tasks and are self-neglecting;
14 (2) how prevalent self-neglect is among adults in Vermont, and any
15 common characteristics that can be identified about the demographics of self-
16 neglecting Vermonters;
17 (3) what resources and services currently exist to assist Vermonters
18 who are self-neglecting, and where there are opportunities to improve
19 delivery of these services and increase coordination among existing service
20 providers;

1 (4) what additional resources and services are needed to better assist

2 Vermonters who are self-neglecting; and

3 (5) how to prevent self-neglect and identify adults at risk for self-
4 neglect.

5 (d) Assistance. The Working Group shall have the administrative,
6 technical, and legal assistance of the Department of Disabilities, Aging, and
7 Independent Living.

8 (e) Report. On or before December 15, 2020, the Working Group shall
9 report its findings and its recommendations for legislative and nonlegislative
10 action to the House Committee on Human Services and the Senate
11 Committee on Health and Welfare.

12 (f) Meetings.

13 (1) The Commissioner of Disabilities, Aging, and Independent Living
14 or designee shall call the first meeting of the Working Group to occur on or
15 before July 1, 2020.

16 (2) The Working Group shall select a chair from among its members at
17 the first meeting.

18 (3) A majority of the membership shall constitute a quorum.

19 (4) The Working Group shall cease to exist following submission of its
20 report pursuant to subsection (e) of this section

1

* * * Effective Dates * * *

2 Sec. 8. EFFECTIVE DATES

3 (a) Secs. 1 (Older Vermonters Act), 2 (Adult Protective Services
reporting), 3 (Strategic Plan on Aging; development process; report), 6
(home- and community-based service provider rate study; report), and 7
6 (Self-Neglect Working Group; report) and this section shall take effect on
7 passage, except that in Sec. 1, 33 V.S.A. § 6206 (plan for comprehensive and
8 coordinated system of services, supports, and protections) shall apply to the
9 State Plan on Aging taking effect on October 1, 2023.

10 (b) Secs. 4 and 5 (Medicaid rates for home- and community-based service
11 providers) shall take effect on passage and shall apply to home- and
12 community-based service provider rates beginning on July 1, 2021.

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18 (Committee vote: _____)

19 _____

20 Representative _____

21 FOR THE COMMITTEE