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H.611

**New version for HHS discussion – strikes Secs. 4 & 5, amends Secs. 6 & 7**

Representatives Wood of Waterbury, Noyes of Wolcott, Brumsted of Shelburne, Gregoire of Fairfield, Haas of Rochester, McFaun of Barre Town, Nicoll of Ludlow, Pajala of Londonderry, Pugh of South Burlington, Redmond of Essex, and Rosenquist of Georgia move that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

\* \* \* Older Vermonters Act \* \* \*

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

CHAPTER 62. OLDER VERMONTERS ACT

§ 6201. SHORT TITLE

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

§ 6202. PRINCIPLES OF SYSTEM OF SERVICES, SUPPORTS, AND

PROTECTIONS FOR OLDER VERMONTERS

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

(1) Self-determination. Older Vermonters should be able to direct their own lives as they age so that aging is not something that merely happens to them but a process in which they actively participate. Whatever services, supports, and protections are offered, older Vermonters deserve dignity and

1 respect and must be at the core of all decisions affecting their lives, with the  
2 opportunity to accept or refuse any offering.

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

9 (3) Coordinated and efficient system of services. Older Vermonters  
10 should be able to benefit from a system of services, supports, and protections,  
11 including protective services, that is coordinated, equitable, and efficient;  
12 includes public and private cross-sector collaboration at the State, regional, and  
13 local levels; and avoids duplication while promoting choice, flexibility, and  
14 creativity. The system should be easy for individuals and families to access  
15 and navigate, including as it relates to major transitions in care. The system  
16 should be designed to address the needs and concerns of Older Vermonters and  
17 their families during normal times and in the event of a public health crisis,  
18 natural disaster, or other widespread emergency situation in this State.

19 (4) Financial security. Older Vermonters should be able to receive an  
20 adequate income and have the opportunity to maintain assets for a reasonable  
21 quality of life as they age. If older Vermonters want to work, they should be

1 able to seek and maintain employment without fear of discrimination and with  
2 any needed accommodations. Older Vermonters should also be able to retire  
3 after a lifetime of work, if they so choose, without fear of poverty and  
4 isolation.

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

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

17 (7) Housing, transportation, and community design. Vermont  
18 communities should be designed, zoned, and built to support the health, safety,  
19 and independence of older Vermonters, with affordable, accessible,  
20 appropriate, safe, and service-enriched housing, transportation, and community

1 support options that allow them to age in a variety of settings along the  
2 continuum of care and that foster engagement in community life.

3 (8) Family caregiver support. Family caregivers are fundamental to  
4 supporting the health and well-being of older Vermonters, and their hard work  
5 and contributions should be respected, valued, and supported. Family  
6 caregivers of all ages should have affordable access to education, training,  
7 counseling, respite, and support that is both coordinated and efficient.

8 § 6203. DEFINITIONS

9 As used in this chapter:

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

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

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

19 (4) “Family caregiver” means an adult family member or other  
20 individual who is an informal provider of in-home and community care to an

1 older Vermonter or to an individual with Alzheimer’s disease or a related  
2 disorder.

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

6 (6) “Greatest social need” means the need caused by noneconomic  
7 factors, including:

8 (A) physical and mental disabilities;

9 (B) language barriers; and

10 (C) cultural, social, or geographic isolation, including isolation  
11 caused by racial or ethnic status, sexual orientation, gender identity, or HIV  
12 status, that:

13 (i) restricts an individual’s ability to perform normal daily  
14 tasks; or

15 (ii) threatens the capacity of the individual to live  
16 independently.

17 (7) “Home- and community-based services” means long-term services  
18 and supports received in a home or community setting other than a nursing  
19 home pursuant to the Choices for Care component of Vermont’s Global  
20 Commitment to Health Section 1115 Medicaid demonstration or a successor

1 program and includes home health and hospice services, assistive community  
2 care services, and enhanced residential care services.

3 (8) “Kinship caregiver” means an adult individual who has significant  
4 ties to a child or family, or both, and takes permanent or temporary care of a  
5 child because the current parent is unwilling or unable to do so.

6 (9) “Older Americans Act” means the federal law originally enacted in  
7 1965 to facilitate a comprehensive and coordinated system of supports and  
8 services for older Americans and their caregivers.

9 (10) “Older Vermonters” means all individuals residing in this State  
10 who are 60 years of age or older.

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

14 (i) obtaining essential food, clothing, shelter, and medical care;

15 (ii) obtaining goods and services necessary to maintain physical  
16 health, mental health, or general safety; or

17 (iii) managing one’s own financial affairs.

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

1           (12) “Senior center” means a community facility that organizes,  
2           provides, or arranges for a broad spectrum of services for older Vermonters,  
3           including physical and mental health-related, social, nutritional, and  
4           educational services, and that provides facilities for use by older Vermonters to  
5           engage in recreational activities.

6           (13) “State Plan on Aging” means the plan required by the Older  
7           Americans Act that outlines the roles and responsibilities of the State and the  
8           area agencies on aging in administering and carrying out the Older Americans  
9           Act.

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

13           § 6204. DEPARTMENT OF DISABILITIES, AGING, AND

14                   INDEPENDENT LIVING; DUTIES

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

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

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

1           (A) State-funded and federally funded long-term care services and  
2 supports;

3           (B) housing and transportation;

4           (C) health care reform activities and;

5           (D) public health crisis and emergency preparedness planning.

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

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

12           (2) The Department shall use both qualitative and quantitative data to  
13 monitor and evaluate the system’s success in targeting services to individuals  
14 with the greatest economic and social need.

15           (c) The Department’s Advisory Board established pursuant to section 505  
16 of this title shall monitor the implementation and administration of the Older  
17 Vermonters Act established by this chapter.

18 § 6205. AREA AGENCIES ON AGING; DUTIES

19           (a) Consistent with the Older Americans Act and in consultation with local  
20 home- and community-based service providers, each area agency on aging  
21 shall:



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

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

6           (3) perform regional needs assessments to identify existing resources  
7           and gaps;

8           (4) develop an area plan with goals, objectives, and performance  
9           measures, and a corresponding budget, and submit them to the State Unit on  
10          Aging for approval;

11          (5) concentrate resources, build community partnerships, and enter into  
12          cooperate agreements with agencies and organizations for delivery of services;

13          (6) designate community focal points for colocation of supports and  
14          services for older Vermonters; and

15          (7) conduct outreach activities to identify individuals eligible for  
16          assistance.

17          (b) In addition to the duties described in subsection (a) of this section, the  
18          area agencies on aging shall:

19               (1) promote the principles established in section 6202 of this chapter  
20               across the agencies’ programs and shall collaborate with stakeholders to  
21               educate the public about the importance of each principle;

1           (2) promote collaboration with a network of service providers to provide  
2           a holistic approach to improving health outcomes for older Vermonters; and

3           (3) use their existing area plans to facilitate awareness of aging issues,  
4           needs, and services and to promote the system principles expressed in section  
5           6202 of this chapter.

6           § 6206. PLAN FOR COMPREHENSIVE AND COORDINATED SYSTEM  
7           OF SERVICES, SUPPORTS, AND PROTECTIONS

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

16           (1) priorities for continuation of existing programs and development of  
17           new programs;

18           (2) criteria for receiving services or funding;

19           (3) types of services provided; and

20           (4) a process for evaluating and assessing each program's success.

1        (b)(1) The Commissioner shall determine priorities for the State Plan on

2        Aging based on:

3                (A) information obtained from older Vermonters, their families, and  
4        their guardians, if applicable, and from senior centers and service providers;

5                (B) a comprehensive needs assessment that includes:

6                        (i) demographic information about Vermont residents, including  
7        older Vermonters, family caregivers, and kinship caregivers;

8                        (ii) information about existing services used by older Vermonters,  
9        family caregivers, and kinship caregivers;

10                      (iii) characteristics of unserved and underserved individuals and  
11        populations; and

12                      (iv) the reasons for any gaps in service, including identifying  
13        variations in community needs and resources;

14                      (C) a comprehensive evaluation of the services available to older  
15        Vermonters across the State, including home- and community-based services,  
16        residential care homes, assisted living residences, nursing facilities, senior  
17        centers, and other settings in which care is or may later be provided; and

18                      (D) identification of the additional needs and concerns of older  
19        Vermonters, their families, and their caregivers in the event of a public health  
20        crisis, natural disaster, or other emergency situation.

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

4           (c) At least 60 days prior to adopting the proposed plan, the Commissioner  
5           shall submit a draft to the Department’s Advisory Board established pursuant  
6           to section 505 of this title for advice and recommendations. The Advisory  
7           Board shall provide the Commissioner with written comments on the proposed  
8           plan.

9           (d) The Commissioner may make annual revisions to the plan as needed.  
10          The Commissioner shall submit any proposed revisions to the Department’s  
11          Advisory Board for comment within the time frames established in subsection  
12          (c) of this section.

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

17                 (1) implementation of the plan;

18                 (2) the extent to which the system principles set forth in section 6202 of  
19          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                   \* \* \* Adult Protective Services Program Reporting \* \* \*

11           Sec. 2. 33 V.S.A. § 6916 is added to read:

12           § 6916. ANNUAL REPORT

13           On or before January 15 of each year, and notwithstanding the provisions of  
14           2 V.S.A. § 20(d), the Department shall report to the House Committee on  
15           Human Services and the Senate Committee on Health and Welfare regarding  
16           the Department’s adult protective services activities during the previous fiscal  
17           year, including:

18           (1) the number of reports of abuse, neglect, or exploitation of a  
19           vulnerable adult that the Department’s Adult Protective Services program  
20           received during the previous fiscal year and comparisons with the two prior  
21           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 received during the previous fiscal year that  
6           required a field screen to determine vulnerability and the percentage of field  
7           screens that were completed within 10 calendar 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 received during the previous  
2           fiscal year, including the number of requests that resulted in removal of an  
3           individual 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           \* \* \* Vermont Action Plan for Aging Well; Development Process \* \* \*

10          Sec. 3. VERMONT ACTION PLAN FOR AGING WELL; DEVELOPMENT  
11                  PROCESS; REPORT

12           (a) The Secretary of Administration, in collaboration with the  
13           Commissioners of Disabilities, Aging, and Independent Living and of Health,  
14           shall propose a process for developing the Vermont Action Plan for Aging  
15           Well to be implemented across State government, local government, the  
16           private sector, and philanthropies.

17           (b) The Vermont Action Plan for Aging Well shall provide strategies and  
18           cultivate partnerships for implementation across sectors to promote aging with  
19           health, choice, and dignity in order to establish and maintain an age-friendly  
20           State for all Vermonters. The Action Plan shall also address the additional  
21           needs and concerns of older Vermonters and their families in the event of a

1 public health crisis, natural disaster, or other widespread emergency situation  
2 in this State.

3 (c) In crafting the proposed process for developing the Action Plan, the  
4 Secretary shall engage a broad array of Vermonters with an interest in creating  
5 an age-friendly Vermont, including older Vermonters and their families, adults  
6 with disabilities and their families, local government officials, health care and  
7 other service providers, employers, community-based organizations,  
8 foundations, academic researchers, and other interested stakeholders.

9 (d) On or before May 1, 2021, the Secretary shall submit to the House  
10 Committee on Human Services and the Senate Committee on Health and  
11 Welfare the proposed process for developing the Vermont Action Plan for  
12 Aging Well, including action steps and an achievable timeline, as well as  
13 potential performance measures for use in evaluating the results of  
14 implementing the Action Plan and the relevant outcomes set forth in 3 V.S.A.  
15 § 2311 and related indicators, to which the Action Plan should relate.



1 ~~home- and community-based services authorized by the Department of~~  
2 ~~Vermont Health Access or the Department of Disabilities, Aging, and~~  
3 ~~Independent Living, or both.~~

4 ~~(b) The Division, in collaboration with the Department of Disabilities,~~  
5 ~~Aging, and Independent Living, shall calculate the inflation factor for~~  
6 ~~home- and community-based services annually according to the procedure~~  
7 ~~adopted by rule and shall report it to the Departments of Disabilities,~~  
8 ~~Aging, and Independent Living and of Vermont Health Access for~~  
9 ~~application to home- and community-based provider Medicaid~~  
10 ~~reimbursement rates beginning on July 1.~~

11 ~~(c) Determination of Medicaid reimbursement rates for each fiscal~~  
12 ~~year shall be based on application of the inflation factor to the sum of:~~

13 ~~(1) the prior fiscal year's payment rates; plus~~

14 ~~(2) any additional payment amounts available to providers of home-~~  
15 ~~and community-based services as a result of policies enacted by the~~  
16 ~~General Assembly that apply to the fiscal year for which the rates are~~  
17 ~~being calculated.~~

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

19 RATE STUDY; ~~INFLATION FACTOR;~~ REPORT

20 ~~(a) As used in this section, "home- and community-based services"~~  
21 ~~means long-term services and supports received in a home or community~~

1 **setting other than a nursing home pursuant to the Choices for Care**  
2 **component of Vermont’s Global Commitment to Health Section 1115**  
3 **Medicaid demonstration or a successor program and includes home**  
4 **health and hospice services, assistive community care services, and**  
5 **enhanced residential care services.**

6 **(b)** The Departments of Vermont Health Access and of Disabilities, Aging,  
7 and Independent Living shall conduct a rate study of the Medicaid  
8 reimbursement rates paid to providers of home- and community-based  
9 services, their adequacy, and the methodologies underlying those rates. The  
10 Departments shall:

11 **(1) determine Medicaid reimbursement rates for providers of home-**  
12 **and community-based services that are sufficient to recruit and retain**  
13 **individual service providers while creating a fair and equitable balance**  
14 **between cost containment and high-quality care;**

15 (2) establish a predictable schedule for Medicaid rates and rate updates;

16 (3) identify ways to align the Medicaid reimbursement methodologies  
17 and rates for providers of home- and community-based services with those of  
18 other payers, to the extent such other methodologies and rates exist;

19 (4) limit the number of methodological exceptions; and

20 (5) communicate the proposed changes to providers of home- and  
21 community-based services prior to implementing any proposed changes.

1           **(c) The Departments of Vermont Health Access and of Disabilities,**  
2           **Aging, and Independent Living shall develop criteria and a process for**  
3           **calculating an annual inflation factor for potential application to the**  
4           **Medicaid rates for providers of home- and community-based services in**  
5           **future fiscal years. In developing the criteria and process, the**  
6           **Departments shall consider inflation factors applicable to payment rates**  
7           **for providers of home- and community-based services in other Agency of**  
8           **Human Services programs, and may include elements of the inflation**  
9           **factors in Agency of Human Services, Methods, Standards and Principles**  
10           **for Establishing Medicaid Payment Rates for Long-Term Care Facilities**  
11           **(CVR 13-010-001).**

12           **(d) On or before April 15, 2021, the Departments of Vermont Health**  
13           **Access and of Disabilities, Aging, and Independent Living shall report to the**  
14           **House Committees on Human Services and on Appropriations and the Senate**  
15           **Committees on Health and Welfare and on Appropriations with the results of**  
16           **the rate study conducted pursuant to subsection (b) of this section and the**  
17           **criteria and process for calculating the inflation factor as set forth in**  
18           **subsection (c) of this section.**

1   \* \* \* Self-Neglect Working Group \* \* \*

2           Sec. 7. SELF-NEGLECT WORKING GROUP; REPORT

3           (a) Creation. There is created the Self-Neglect Working Group to provide  
4           recommendations regarding adults who, due to physical or mental impairment  
5           or diminished capacity, are unable to perform essential self-care tasks. For the  
6           purposes of the Working Group, “self-neglect” has the same meaning as in 33  
7           V.S.A. § 6203.

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

10           (1) the Commissioner of Disabilities, Aging, and Independent Living or  
11           designee;

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

14           (3) the Vermont Attorney General or designee;

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

16           (5) the Executive Director of the Vermont Association of Area Agencies  
17           on Aging or designee;

18           (6) the Executive Director of the Community of Vermont Elders or  
19           designee;

20           (7) the Executive Director of the VNAs of Vermont or designee;

21           (8) the Executive Director of Disability Rights Vermont or designee;

1           (9) an elder care clinician selected by Vermont Care Partners; and

2           (10) the Director of the Center on Aging at the University of Vermont  
3           College of Medicine or designee.

4           (c) Powers and duties. The Working Group shall consider issues and  
5           develop recommendations relating to self-neglect, including determining the  
6           following:

7           (1) how to identify adults residing in Vermont who, because of physical  
8           or mental impairment or diminished capacity, are unable to perform essential  
9           self-care tasks and are self-neglecting;

10           (2) how prevalent self-neglect is among adults in Vermont, and any  
11           common characteristics that can be identified about the demographics of self-  
12           neglecting Vermonters;

13           (3) what resources and services currently exist to assist Vermonters who  
14           are self-neglecting, and where there are opportunities to improve delivery of  
15           these services and increase coordination among existing service providers;

16           (4) what additional resources and services are needed to better assist  
17           Vermonters who are self-neglecting; and

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





1 ~~report), and 7 (Self-Neglect Working Group; report) and this section~~ **This**  
2 **act** shall take effect on passage, except that in Sec. 1, 33 V.S.A. § 6206 (plan  
3 for comprehensive and coordinated system of services, supports, and  
4 protections) shall apply to the State Plan on Aging taking effect on October 1,  
5 2022.

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

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