

1 TO THE HOUSE OF REPRESENTATIVES:

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

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

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

9 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.

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 community  
17 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 all individuals residing in this State  
5           who 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) “Senior center” means a community facility that organizes,**  
18           **provides, or arranges for a broad spectrum of services for older**  
19           **Vermonters, including physical and mental health-related, social,**  
20           **nutritional, and educational services, and that provides facilities for use by**  
21           **older Vermonters to engage in recreational activities.**

1           (13) “State Plan on Aging” means the plan required by the Older  
2           Americans Act that outlines the roles and responsibilities of the State and the  
3           area agencies on aging in administering and carrying out the Older Americans  
4           Act.

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

8           § 6204. DEPARTMENT OF DISABILITIES, AGING, AND  
9           INDEPENDENT LIVING; DUTIES

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

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

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

17           (A) State-funded and federally funded long-term care services and  
18           supports;

19           (B) housing and transportation; and

20           (C) health care reform activities.

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

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

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

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

13          § 6205. AREA AGENCIES ON AGING; DUTIES

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

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

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

1           (3) perform regional needs assessments to identify existing resources  
2           and gaps;

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

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

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

10           (7) conduct outreach activities to identify individuals eligible for  
11           assistance.

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

14           (1) promote the principles established in section 6202 of this chapter  
15           across the agencies' programs and shall collaborate with stakeholders to  
16           educate the public about the importance of each principle;

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

19           (3) use their existing area plans to facilitate awareness of aging issues,  
20           needs, and services and to promote the system principles expressed in section  
21           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 **senior centers and service** providers  
20            **of care and services to older Vermonters, including senior centers;**

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, including home- and community-based services,  
11                   residential care homes, assisted living residences, nursing facilities, adult day  
12                   facilities, senior centers, and other settings in which care is or may later be  
13                   provided.

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

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

1       (d) The Commissioner may make annual revisions to the plan as needed.  
2       The Commissioner shall submit any proposed revisions to the Department's  
3       Advisory Board for comment within the time frames established in subsection  
4       (c) of this section.

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

9             (1) implementation of the plan;

10            (2) the extent to which the system principles set forth in section 6202 of  
11            this chapter are being achieved;

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

15            (4) the sufficiency of the provider network and any workforce  
16            challenges affecting providers of care or services for older Vermonters; and

17            (5) the availability of affordable and accessible opportunities for older  
18            Vermonters to engage with their communities, such as social events,  
19            educational classes, civic meetings, health and exercise programs, and  
20            volunteer opportunities.

21                    \* \* \* Adult Protective Services Program Reporting \* \* \*

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

2 § 6916. ANNUAL REPORT

3 On or before January 15 of each year, and notwithstanding the provisions of  
4 2 V.S.A. § 20(d), the Department shall report to the House Committee on  
5 Human Services and the Senate Committee on Health and Welfare regarding  
6 the Department’s adult protective services activities during the previous fiscal  
7 year, including:

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

12 (2) the Adult Protective Services program’s timeliness in responding to  
13 reports of abuse, neglect, or exploitation of a vulnerable adult during the  
14 previous fiscal year, including the median number of days it took the program  
15 to make a screening decision;

16 (3) the number of reports **during the previous fiscal year** that required  
17 a field screen to determine vulnerability **during the previous fiscal year** and  
18 the percentage of field screens that were completed within 10 **calendar** days;

19 (4) the number of reports of abuse, neglect, or exploitation of a  
20 vulnerable adult that were received from a facility licensed by the

1 Department’s Division of Licensing and Protection during the previous fiscal  
2 year;

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

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

8 (7) the number and percentage of investigations during the previous  
9 fiscal year in which the alleged victim was a resident of a facility licensed by  
10 the Department’s Division of Licensing and Protection;

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

13 (A) the percentage of investigations that involved multiple types of  
14 allegations of abuse, neglect, or exploitation, or a combination;

15 (B) the numbers and percentages of unsubstantiated investigations by  
16 type of maltreatment; and

17 (C) the numbers and percentages of recommended substantiations by  
18 type of maltreatment;

19 (9) the Department’s timeliness in completing investigations during the  
20 previous fiscal year, including both unsubstantiated and recommended  
21 substantiated investigations;

- 1           (10) data on Adult Protective Services program investigator caseloads,  
2           including:
- 3                   (A) average daily caseloads during the previous fiscal year and  
4           comparisons with the two prior fiscal years;
- 5                   (B) average daily open investigations statewide during the previous  
6           fiscal year and comparisons with the two prior fiscal years;
- 7                   (C) average numbers of completed investigations per investigator  
8           during the previous fiscal year; and
- 9                   (D) average numbers of completed investigations per week during the  
10          previous fiscal year;
- 11           (11) the number of reviews of screening decisions not to investigate,  
12          including the number and percentage of these decisions that were upheld  
13          during the previous fiscal year and comparisons with the two prior fiscal years;
- 14           (12) the number of reviews of investigations that resulted in an  
15          unsubstantiation, including the number and percentage of these  
16          unsubstantiations that were upheld during the previous fiscal year and  
17          comparisons with the two prior fiscal years;
- 18           (13) the number of appeals of recommendations of substantiation that  
19          concluded with the Commissioner, including the number and percentage of  
20          these recommendations that the Commissioner upheld during the previous  
21          fiscal year and comparisons with the two prior fiscal years;

1           (14) the number of appeals of recommendations of substantiation that  
2           concluded with the Human Services Board, including the numbers and  
3           percentages of these recommendations that the Board upheld during the  
4           previous fiscal year and comparisons with the two prior fiscal years;

5           (15) the number of appeals of recommendations of substantiation that  
6           concluded with the Vermont Supreme Court, including the numbers and  
7           percentages of these recommendations that the Court upheld during the  
8           previous fiscal year and comparisons with the two prior fiscal years;

9           (16) the number of expungement requests **received** during the previous  
10          fiscal year, including the number of requests that resulted in removal of an  
11          individual from the Adult Abuse Registry;

12          (17) the number of individuals placed on the Adult Abuse Registry  
13          during the previous fiscal year and comparisons with the two prior fiscal years;  
14          and

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

17          \* \* \* Vermont Action Plan for Aging Well; Development Process \* \* \*

18          Sec. 3. **STRATEGIC VERMONT** ACTION PLAN **ON FOR** AGING  
19          **WELL**; DEVELOPMENT PROCESS; REPORT

20          The Secretary of Administration, in collaboration with the Commissioners  
21          of Disabilities, Aging, and Independent Living and of Health, shall propose a

1 process for developing ~~a Strategic Plan on Aging for Vermont~~ the Vermont  
2 Action Plan for Aging Well to be implemented across State government, local  
3 government, the private sector, and philanthropies. The ~~Strategic Plan on~~  
4 Aging Vermont Action Plan for Aging Well shall provide strategies and  
5 cultivate partnerships for implementation across sectors to promote aging with  
6 health, choice, and dignity in order to establish and maintain an age-friendly  
7 State for all Vermonters. In crafting the proposed process, the Secretary shall  
8 engage a broad array of Vermonters with an interest in creating an age-friendly  
9 Vermont, including older Vermonters and their families, adults with disabilities  
10 and their families, local government officials, health care and other service  
11 providers, employers, community-based organizations, foundations, academic  
12 researchers, and other interested stakeholders. ~~The On or before January 15,~~  
13 2021, the Secretary shall submit ~~to the House Committee on Human~~  
14 Services and the Senate Committee on Health and Welfare the proposed  
15 process for developing ~~a Strategic Plan on Aging~~ the Vermont Action Plan  
16 for Aging Well, including action steps and an achievable timeline, as well as  
17 potential performance measures for use in evaluating the results of  
18 implementing the Action Plan and the relevant outcomes set forth in  
19 3 V.S.A. § 2311 and related indicators, to which the Action Plan should  
20 relate ~~to the House Committee on Human Services and the Senate~~  
21 Committee on Health and Welfare on or before December 1, 2020.



1 home- and community-based services to individuals receiving services  
2 pursuant to the Choices for Care component of Vermont's Global  
3 Commitment to Health Section 1115 Medicaid demonstration.

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

11 (c) Determination of Medicaid reimbursement rates for each fiscal year  
12 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- and  
15 community-based services as a result of policies enacted by the General  
16 Assembly that apply to the fiscal year for which the rates are being calculated.

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

18 RATE STUDY; REPORT

19 (a) The Departments of Vermont Health Access and of Disabilities, Aging,  
20 and Independent Living shall conduct a rate study of the Medicaid  
21 reimbursement amounts rates paid to providers of home- and community-

1 based services in the Choices for Care program, their adequacy, and the  
2 methodologies underlying those amounts rates. The Departments shall:

3 (1) establish a predictable schedule for Medicaid rates and rate updates;

4 (2) identify ways to align the Medicaid reimbursement methodologies  
5 and amounts rates for providers of home- and community-based services with  
6 those of other payers, to the extent such other methodologies and rates  
7 exist;

8 (3) limit the number of methodological exceptions; and

9 (4) communicate the proposed changes to providers of home- and  
10 community-based services prior to implementing any proposed changes.

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

16 \* \* \* Self-Neglect Working Group \* \* \*

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

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

1 **purposes of the Working Group, “self-neglect” has the same meaning as in**  
2 **33 V.S.A. § 6203.**

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

5 (1) the Commissioner of Disabilities, Aging, and Independent Living or  
6 designee;

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

9 (3) the Vermont Attorney General or designee;

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

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

13 (6) the Executive Director of the Community of Vermont Elders or  
14 designee;

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

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

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

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

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

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

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

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

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

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

17       (d) Assistance. The Working Group shall have the administrative,  
18       technical, and legal assistance of the Department of Disabilities, Aging, and  
19       Independent Living.

20       (e) Report. On or before December 15, 2020, the Working Group shall  
21       report its findings and its recommendations for legislative and nonlegislative

1 action to the House Committee on Human Services and the Senate Committee  
2 on Health and Welfare.

3 (f) Meetings.

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

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

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

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

12 \* \* \* Effective Dates \* \* \*

13 Sec. 8. EFFECTIVE DATES

14 (a) Secs. 1 (Older Vermonters Act), 2 (Adult Protective Services  
15 reporting), 3 (Strategic Action Plan on Aging; development process; report),  
16 6 (home- and community-based service provider rate study; report), and  
17 7 (Self-Neglect Working Group; report) and this section shall take effect on  
18 passage, except that in Sec. 1, 33 V.S.A. § 6206 (plan for comprehensive and  
19 coordinated system of services, supports, and protections) shall apply to the  
20 State Plan on Aging taking effect on October 1, ~~2023~~ 2022.

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

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9           (Committee vote: \_\_\_\_\_)

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Representative \_\_\_\_\_

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FOR THE COMMITTEE