

1 rights should be protected, even if their capacity is diminished. Safety and
2 stability should be sought, balanced with their right to self-determination.

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

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 Vermonters,
19 including physical and mental health-related, social, nutritional, and
20 educational services, and that provides facilities for use by older Vermonters to
21 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 (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, senior
12 centers, and other settings in which care is or may later be provided; **and**

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

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

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

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

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

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

11 (1) implementation of the plan;

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

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

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

19 (5) the availability of affordable and accessible opportunities for older
20 Vermonters to engage with their communities, such as social events,

1 educational classes, civic meetings, health and exercise programs, and
2 volunteer opportunities.

3 * * * Adult Protective Services Program Reporting * * *

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

5 § 6916. ANNUAL REPORT

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

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

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

19 (3) the number of reports received during the previous fiscal year that
20 required a field screen to determine vulnerability and the percentage of field
21 screens that were completed within 10 calendar days;

1 (4) the number of reports of abuse, neglect, or exploitation of a
2 vulnerable adult that were received from a facility licensed by the
3 Department’s Division of Licensing and Protection during the previous fiscal
4 year;

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

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

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

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

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

17 (B) the numbers and percentages of unsubstantiated investigations by
18 type of maltreatment; and

19 (C) the numbers and percentages of recommended substantiations by
20 type of maltreatment;

1 (9) the Department’s timeliness in completing investigations during the
2 previous fiscal year, including both unsubstantiated and recommended
3 substantiated investigations;

4 (10) data on Adult Protective Services program investigator caseloads,
5 including:

6 (A) average daily caseloads during the previous fiscal year and
7 comparisons with the two prior fiscal years;

8 (B) average daily open investigations statewide during the previous
9 fiscal year and comparisons with the two prior fiscal years;

10 (C) average numbers of completed investigations per investigator
11 during the previous fiscal year; and

12 (D) average numbers of completed investigations per week during the
13 previous fiscal year;

14 (11) the number of reviews of screening decisions not to investigate,
15 including the number and percentage of these decisions that were upheld
16 during the previous fiscal year and comparisons with the two prior fiscal years;

17 (12) the number of reviews of investigations that resulted in an
18 unsubstantiation, including the number and percentage of these
19 unsubstantiations that were upheld during the previous fiscal year and
20 comparisons with the two prior fiscal years;

1 (13) the number of appeals of recommendations of substantiation that
2 concluded with the Commissioner, including the number and percentage of
3 these recommendations that the Commissioner upheld during the previous
4 fiscal year and comparisons with the two prior fiscal years;

5 (14) the number of appeals of recommendations of substantiation that
6 concluded with the Human Services Board, including the numbers and
7 percentages of these recommendations that the Board upheld during the
8 previous fiscal year and comparisons with the two prior fiscal years;

9 (15) the number of appeals of recommendations of substantiation that
10 concluded with the Vermont Supreme Court, including the numbers and
11 percentages of these recommendations that the Court upheld during the
12 previous fiscal year and comparisons with the two prior fiscal years;

13 (16) the number of expungement requests received during the previous
14 fiscal year, including the number of requests that resulted in removal of an
15 individual from the Adult Abuse Registry;

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

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

21 * * * Vermont Action Plan for Aging Well; Development Process * * *

1 Sec. 3. VERMONT ACTION PLAN FOR AGING WELL; DEVELOPMENT
2 PROCESS; REPORT

3 (a) The Secretary of Administration, in collaboration with the
4 Commissioners of Disabilities, Aging, and Independent Living and of Health,
5 shall propose a process for developing the Vermont Action Plan for Aging
6 Well to be implemented across State government, local government, the
7 private sector, and philanthropies.

8 (b) The Vermont Action Plan for Aging Well shall provide strategies and
9 cultivate partnerships for implementation across sectors to promote aging with
10 health, choice, and dignity in order to establish and maintain an age-friendly
11 State for all Vermonters. **The Action Plan shall also address the additional**
12 **needs and concerns of older Vermonters and their families in the event of**
13 **a public health crisis, natural disaster, or other widespread emergency**
14 **situation in this State.**

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

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

2 § 911. INFLATION FACTOR FOR HOME- AND COMMUNITY-BASED
3 SERVICES; PAYMENT RATES

4 (a) The Director shall establish by rule procedures for determining an
5 annual inflation factor to be applied to the Medicaid rates for providers of
6 home- and community-based services authorized by the Department of
7 Vermont Health Access or the Department of Disabilities, Aging, and
8 Independent Living, or both.

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

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

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

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

1 Sec. 6. HOME- AND COMMUNITY-BASED SERVICE PROVIDER
2 RATE STUDY; REPORT

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

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

9 (2) identify ways to align the Medicaid reimbursement methodologies
10 and rates for providers of home- and community-based services with those of
11 other payers, to the extent such other methodologies and rates exist;

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

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

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

20 * * * Self-Neglect Working Group * * *

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

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

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

8 (1) the Commissioner of Disabilities, Aging, and Independent Living or
9 designee;

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

12 (3) the Vermont Attorney General or designee;

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

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

16 (6) the Executive Director of the Community of Vermont Elders or
17 designee;

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

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

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

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

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

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

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

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

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

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

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

1 coordinated system of services, supports, and protections) shall apply to the
2 State Plan on Aging taking effect on October 1, 2022.

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

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18 (Committee vote: _____)

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Representative _____

FOR THE COMMITTEE