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**Report to**  
**The Vermont Legislature**

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**Older Vermonters Act Working Group Report**

**In Accordance with 2018 Acts and Resolves No. 172, Section 3:  
An act relating to creating an Older Vermonters Act working group.**

**Submitted to:** Representative Ann Pugh, Chair, House Committee on Human Services

Senator Virginia Lyons, Chair, Senate Committee on Health and Welfare

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Agency of Human Services

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**Prepared by:** Older Vermonters Act Working Group

**Report Date:** November 25, 2019



AGENCY OF HUMAN SERVICES

Department of Disabilities, Aging and Independent Living

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## **I. Executive Summary**

In 2018, the Vermont Legislature passed Act 172 which established an Older Vermonters Act Working Group (OVAWG) charged with making recommendations for a future Older Vermonters Act. This report describes the process the OVAWG followed and thirty-one recommendations specific to the charges in Act 172.

### **General Recommendations**

We recommend that:

1. The OVAWG Framework of Rights and Principles (Appendix C) be incorporated into the future Older Vermonters Act.
2. The future Older Vermonters Act refer to all Vermont State and Medicaid funded “Long-Term Services & Supports” (LTSS) available to older Vermonters and people with disabilities.
3. The future Older Vermonters Act language be “person first” and understandable to the lay person.
4. The future Older Vermonters Act adopt “Reframing Aging” principles for non-ageist and inclusive language.
5. Resources be realigned to better support Vermont’s aging demographic to achieve the best system of services and supports for older Vermonters.

### **Recommendations specific to the Charges of Act 172**

We recommend that the future Older Vermonters Act:

6. Identify the Department of Disabilities, Aging and Independent Living (DAIL) as the designated State Unit on Aging.
7. Designate the DAIL Advisory Board, or subcommittee, (established in V.S.A. 33: Chapter 5 § 505) as the body responsible for overseeing the implementation of the future Older Vermonters Act.
8. Identify DAIL as the department responsible for the management of the Choices for Care program, in close coordination with the State Unit on Aging work.
9. Clearly articulate the required roles and responsibilities of the Area Agencies on Aging (AAA) as dictated by the federal [Older Americans Act](#) and managed by DAIL through the [State Plan on Aging](#) and AAA Area Plan [Assurances](#).
10. Identify the AAAs, in their designated OAA role, as a lead partner responsible for:
  - a. Promoting the OVAWG Framework of Rights and Principles (Appendix C) across OAA programs and collaborating with stakeholders to educate the public and
  - b. Promoting collaboration with a network of providers for a holistic approach to improve health outcomes for older Vermonters
11. Describe “all levels and all settings,” as described in the OVAWG Framework of Rights and Principles (Appendix C), including home-based, community-based, residential care homes, assisted living residences, nursing facilities, hospitals and health clinics, adult day facilities, senior centers, private medical offices, and other settings that exist now, along with recognition that settings will evolve over time.
12. Be clear about older Vermonters’ rights to health and wellness, specifically defining the settings in which access to health care services, including medical, dental, mental health

and substance abuse, should be provided and who should provide them, as well as the settings in which health and wellness activities should be encouraged and how this should be developed in policy and planning.

13. Include recognition of the workforce challenges at all levels of care and the urgent need to address it.
14. Include the need for a “variety of affordable and accessible opportunities for engagement in community,” and that these may include social events, educational classes, civic meetings, health/exercise programs, volunteer opportunities and more. Activities should be free or low-cost and easily accessible, so that income, transportation and disability do not act as barriers to participation.
15. Support and encourage the State, AAAs and the network of providers to seek innovative strategies across the spectrum of services and supports to meet the changing needs of older Vermonters. This includes offering state-approved promising practices in addition to federally approved evidence-based programs.
16. Require that the State coordinate a response to allegations of abuse, neglect and exploitation of older Vermonters with community partners.
17. Require that the public be educated about the services provided by the State, AAAs and network of providers, through increased visibility so that members of the public, including older Vermonters, may be empowered to seek these agencies’ assistance as needed.
18. Require that the State formalize its response to self-neglect.
19. Require that the AAAs use their existing AAA area plans as a tool to facilitate and promote awareness of aging issues, needs and services and to champion the overarching rights and principles contained within the OVAWG Framework of Rights and Principles (Appendix C) developed by the work group.
20. Require that qualitative and quantitative data be used to monitor and evaluate how well the system is targeting those in greatest economic and social need.
21. Require that Vermont develop and codify in separate statute a systematic approach to annual Medicaid increases to all health care providers and LTSS providers to ensure the provision of high-quality care to those in greatest need.
22. Promote evidence-based research on social isolation and loneliness showing the effects they have on the health and wellness of older Vermonters, in order to elevate their importance and develop prevention goals. Critical services such as transportation should include plans to address social isolation and loneliness.
23. Demonstrate a commitment to creating a system of support that is accessible, and affordable, including intergenerational and culturally inclusive opportunities to all older Vermonters at the state level and the local level.
24. Support financial security and wellness for family caregivers.
25. Promote evidence-based research on how providing adequate caregiver supports can improve health and wellness of older Vermonters.
26. Encourage the State to:
  - a. Explore strategies to enhance collaboration across Department of Labor, Agency of Education, DAILE Division of Vocational Rehabilitation, Vermont Chamber of Commerce and Vermont’s Area Agencies on Aging to promote employment and volunteer opportunities and educate the public.
  - b. Promote, encourage and support a system of gradual retirement for older Vermonters which supports older Vermonters staying longer in the workforce and transitioning more slowly into retirement.

- c. Promote, encourage and support educating employers to implement methodologies that better enable the successful recruitment, integration and retention of older Vermonters into modern workplaces.
- d. Promote, encourage and support a public education about the positive financial and social contributions that older Vermonters make.
- e. Promote, encourage and support an element in Town Planning to address social connection.
- f. Promote and support mechanisms to connect older Vermonters with employers, such as workforce development projects that are responsive to labor market demands, and transportation systems that enable isolated individuals to access training and work.
- g. Provide employers with information on hiring practices and strategies that promote the recruitment and retention of diverse employees, to support a business ecosystem that is age neutral and free of age bias.
- h. Recognize and reward businesses that demonstrate exceptional commitment to employment practices that benefit and support the inclusion and retention of mature workers, resulting in a positive impact on our state's economic sustainability as well as the health and well-being of older Vermonters.
- i. Promote a culture that values community engagement and work, with supportive services that build job readiness and independence, wherein all individuals who want to work can do so.
- j. Promote public and private sector policies that support gradual transition into retirement.
- k. Promote programs and services that empower older workers to stay in the workforce longer by enabling them to remain current on industry knowledge and relevant skills.
- l. Develop a marketing campaign that appreciates the contributions of older Vermonters to the workforce and their intrinsic value in the community as a whole
- m. Support opportunities for mature workers to engage in entrepreneurial and self-employment pursuits.

### **Additional Recommendations**

Although not necessarily appropriate for the Older Vermonters Act, we recommend that:

- 27. The State Agency of Human Services create strategies to embed the overarching rights and principles contained within the OVAWG Framework of Rights and Principles (Appendix C) into all Medicaid funded "Specialized Programs" that serve Older Vermonters.
- 28. The network of providers of services to older Vermonters and to family caregivers act as the champions of the overarching rights and principles contained within the OVAWG Framework of Rights and Principles (Appendix C) in their respective areas of work and that they use the framework as a guide in working with older Vermonters and family caregivers to make coordinated planning and service decisions.
- 29. The State Agency of Human Services create strategies to embed the overarching rights and principles contained within the OVAWG Framework of Rights and Principles (Appendix C) across all Long-Term Services and Supports, Medicaid policy, and other related state policies

impacting the well-being of older Vermonters, such as the Participant Directed Attendant Care (PDAC) program

30. That Vermont public benefits program be adequate to financially support people to prevent impoverishment.
31. The State seek strategies to ensure the growth and financial sustainability of senior centers and other critical non-Medicaid funded providers of supports to older Vermonters and support exploration of future health care funding options for currently unfunded and under-funded health care and prevention services. Such services include senior nutrition, fall prevention, exercise, socialization and other physical and mental health-supporting opportunities.

## **II. Introduction**

With the goal of creating an Older Vermonters Act, [Act 172](#) describes the purpose and composition of an Older Vermonters Act Working Group (OVAWG) and the following nine specific charges with regards to recommendations the OVAWG must make:

- (1) the authority and responsibilities of the Vermont Department of Disabilities, Aging, and Independent Living as a State Unit on Aging;
- (2) the authority and responsibilities of the Vermont Department of Disabilities, Aging, and Independent Living with respect to the management, approval, and oversight of services provided to eligible older Vermonters through the Choices for Care program;
- (3) the roles and responsibilities of the Area Agencies on Aging as the designated regional planning organizations serving older Vermonters and family caregivers;
- (4) the roles and responsibilities of the network of providers of services to older Vermonters and family caregivers;
- (5) a description of a comprehensive and coordinated system of services and supports for older Vermonters and family caregivers as envisioned by the Older Americans Act and the Choices for Care program, including supportive services, nutrition services, health promotion and disease prevention services, family caregiver services, employment services, and protective services;
- (6) a description of how such a system would be coordinated across State agencies, provider networks, and geographic regions;
- (7) how to ensure that such a system would target those in greatest economic and social need;
- (8) ways to encourage and educate older Vermonters to continue in the workforce and to become or remain involved in their communities through participation in volunteer activities and opportunities for civic engagement; and
- (9) ways to educate employers about the value of the older Vermonters talent cohort and the benefits of maintaining a multigenerational workforce, as well as identification of models that may be replicated across sectors and industries.

## **The Working Group**

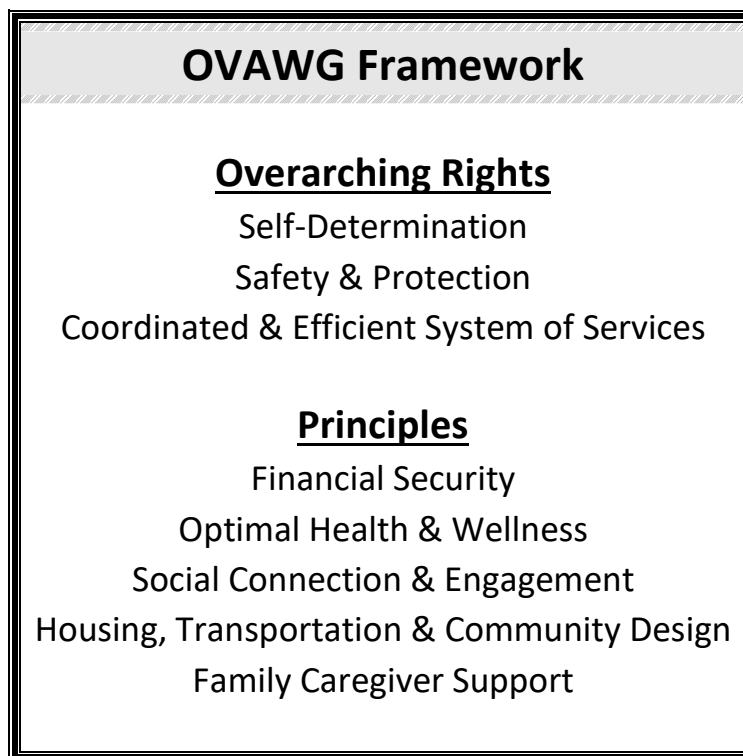
To accomplish the [Act 172](#) charges, the Department of Disabilities, Aging and Independent Living (DAIL) convened the OVAWG according to membership instructions found in Section 3 (b) and (c) of the act. The OVAWG and its consultants along with DAIL staff, legislators and members of the public, met seven times between September 2018 and September 2019 to learn about the current State and Federal system of services, to review relevant data and to develop recommendations for the final report.

A table of the OVAWG members, “In Consultation” participants, State and legislative participants and members of the public who participated is included in Appendix A. The OVAWG meeting schedule and agenda topics is in Appendix B.

Prior to making recommendations, the OVAWG decided it was important to first create a framework to guide recommendations. To do this, the group drafted core framework elements and broke into three subgroups by topic:

1. Employment & Community Engagement Subgroup
2. Health & Wellness/Long-Term Services & Supports Subgroup
3. Comprehensive System of Services and Supports Subgroup

Using subgroup recommendations, the full group worked together to create the “**OVAWG Framework of Rights and Principles**” (Appendix C) consisting of three overarching rights and five critical principles required of a successful system to support older Vermonters now and into the future. The “OVAWG Framework of Rights and Principles” (Appendix C) became the tool used by the OVAWG to guide all recommendations found in this report.



### III. Background and Data

In considering recommendation for the act, it was important for the OVAWG to consider Vermont's changing demographics, specifically the demographic profile of those age 60 and older. With support from the Vermont State Data Center at the Center for Rural Studies, the OVAWG learned that:

- **24.2%** of Vermonters are 60 years or older.
- **7.7%** of Vermonters 60 and older are below the poverty level, which is approximately **11,408** people.
- **2.8%** of Vermonters 60 and older are living with grandchildren. **0.8%** are responsible for their grandchildren.
- On average, Vermonters 60 and older work **13.6 hours** per week.
- The average annual retirement income is **\$5,575.90** for Vermonters 60 and older.
- The average annual Social Security income is **\$9,539.80** for Vermonters 60 and older.
- **19.3%** of Vermonters 60 and older rent, with a median gross rent of **\$726**. For **50.6%** of them, this rent represents 30% or more of their household income.
- **80.7%** of Vermonters 60 and older own their homes, with a median home value of **\$220,800**. For **33.6%** of them, monthly housing costs represent 30% or more of their household income.
- **30.6%** of Vermonters 60 and older have a disability.
- There are more women who are 60 and older, but comparable percentages of men and women have disabilities.
- **59%** of Vermonters 60 and older are married, **18%** are widowed, and **16%** are divorced.

#### Looking Ahead

By 2030, 1 in 3 Vermonters will be over 60. With declining birth rates, limited immigration, and an aging cohort, the percentage of Vermont's population that is age 65 and over is expected to increase to 27% by 2030, and the fastest growing demographic are those 85 and older. Meanwhile, the population of children under age 18 is on the decline. These changing demographics create pressures on Vermont's workforce and economy, healthcare systems, and community systems of supports and services and represent an important consideration for the development of an Older Vermonters Act.

The complete data brief from the Vermont State Data Center can be found in Appendix D. Additional age and service projections can be found in the narrative of the [Vermont State Plan on Aging](#), pages 6-8, and will also be referenced in the upcoming [Vermont Public Transit Policy Plan](#), currently under development by the Vermont Agency of Transportation.

The [Older Americans Act](#) (OAA) was first passed in 1965 along with Medicare and Medicaid and was the nation's first effort to develop supports for older Americans beyond Social Security. The OAA created the foundation for a comprehensive and coordinated system of services and supports for older Americans by developing an infrastructure of planning and coordination at the federal, state and local level. The Administration for Community Living (ACL) provides



oversight at the federal level. DAIL, acting as Vermont's designated State Unit on Aging under the OAA, is tasked with the development and administration of the [State Plan on Aging](#) as well as the designation and oversight of the [Area Agencies on Aging](#) administer and coordinate services and supports at the regional and local level throughout the state.

In addition to its role as the State Unit on Aging, DAIL has many statutory responsibilities regarding services to older Vermonters and Vermonters with disabilities, as outlined in [Title 33: Chapter 5](#). This includes DAIL's responsibility to administer the Choices for Care program, Vermont's long-term services and supports program contained in [Vermont's Global Commitment to Health 1115 Medicaid waiver](#). These roles and responsibilities are outlined in more detail later in the report.

Title I of the Older Americans Act (OAA) objectives states that older Americans are entitled to:

- Adequate income
- Physical and mental health
- Affordable, accessible housing
- Comprehensive, community-based long-term care options
- Employment opportunity without discrimination
- Retirement in health, honor and dignity
- Meaningful opportunity for civic, educational and recreational activities
- Efficient community services, including transportation and social supports
- Benefits from proven research knowledge for health and happiness
- Self-determination, full participation in planning services for their benefit
- Protection against abuse, neglect and exploitation

The Department of Disabilities, Aging and Independent Living (DAIL) was created pursuant to 3 V.S.A. §3085a. Its mission is to "make Vermont the best state in which to grow old or to live with a disability, with dignity, respect and independence."

As the subgroups met to formulate their thoughts about the consistent framework, all groups generally agreed with and supported the mission of DAIL and the tenets of the OAA., Additionally, they reviewed them based on their areas of expertise and made recommendations to strengthen, emphasize and fill in gaps based on the explicit charge from Act 172. The full workgroup then came together to review the work of each subgroup and adopted the following overarching rights and principles.

#### **Overarching Rights:**

***Self-Determination:*** All older Vermonters have the right to autonomy, to direct our own lives as we age. As older Vermonters from diverse cultures and backgrounds, we should be able to age with intention so that aging is not something that just happens to us but something that we actively participate in. Whatever services, supports and protections are offered, older Vermonters deserve dignity and respect, must be at the core of all decisions, and have the right to accept or refuse.

***Safety and Protection:*** All older Vermonters have the right to live in communities, whether urban or rural, that are safe and secure. Older Vermonters have the right to be free from

abuse, neglect and exploitation, including financial exploitation. As we age, our civil and legal rights should be protected even if our capacity is diminished. Safety and stability should be sought, balanced with our right to self-determination.

***Coordinated and Efficient Systems of Services:*** All older Vermonters should benefit from a system of services and supports, including protective services, that is coordinated, equitable and efficient, includes public and private cross-sector collaboration at the state, regional and local level, and avoids duplication while promoting choice, flexibility and creativity. Such a service system, including key transitions of care, should be easy for individuals and families to access and navigate.

### **Principles:**

***Financial Security:*** All older Vermonters have the right to an adequate income and the opportunity to maintain assets for a quality of life as we age. If we want to work, older Vermonters have the right to seek and maintain employment without fear of discrimination and with any needed accommodations, but also retire after a lifetime of work if we choose, without fear of poverty and isolation.

***Optimal Health and Wellness:*** All older Vermonters have the right, without discrimination, to optimal physical, dental, mental, emotional and spiritual health through end of life. Holistic options for health, exercise, counseling and good nutrition should be both affordable and accessible. Access to coordinated, competent and high-quality care should be provided at all levels and in all settings.

***Social Connection and Engagement:*** All older Vermonters have the right to be free from isolation and loneliness, with affordable and accessible opportunities in community for social connectedness, including work, volunteering, lifelong learning, civic engagement, arts, culture and technology. Older Vermonters are critical to our local economies and their contributions should be valued by all.

***Housing, Transportation and Community Design:*** Vermont communities should be designed, zoned and built to support the health and independence of older Vermonters, with affordable, accessible, appropriate and service-enriched housing, transportation and community support options that allow us to age in a variety of settings along a continuum of care, and that foster engagement in community life.

***Family Caregiver Support:*** Family caregivers are fundamental to supporting the health and well-being of older Vermonters, and their hard work and contributions should be respected, valued, and supported. Family caregivers of all ages should have access to education, training, counseling, respite and support that is both coordinated and efficient.

## IV. Recommendations for Older Vermonters Act

All recommendations found in this section are identical to the recommendations found in the Executive Summary and, other than the general recommendations, have been organized to align with the Act 172 required areas for context.

### General Recommendations:

**General Recommendation #1: We recommend that the OVAWG Framework of Rights and Principles (Appendix C) be incorporated into the future Older Vermonters Act.**

It is critical that the OVAWG Framework of Rights and Principles be adopted into a future Older Vermonters Act as the first step in establishing Vermont's vision for supporting older Vermonters now and into the future.

**General Recommendation #2: Though Act 172 focuses on Choices for Care, we recommend that the future Older Vermonters Act refer to all Vermont State and Medicaid funded "Long-Term Services & Supports" (LTSS) available to older Vermonters and people with disabilities.**

*Think Broadly:* Choices for Care, Vermont's long-term services and supports Medicaid program, is an important program, but only touches a small proportion of older Vermonters. The system of supports for older Vermonters and family caregivers is much broader than Choices for Care or the Older Americans Act alone.

**General Recommendation #3: We recommend that the future Older Vermonters Act language be "person first" and understandable to the lay person.**

*Put the Person First:* The focus of the Act should be on the older Vermonter and family caregiver – what do we want Vermont to be like for us as we age and then based on that vision, what roles do the State, the Area Agencies on Aging and other services and supports play in achieving that vision?

**General Recommendation #4: We recommend that the future Older Vermonters Act adopt "Reframing Aging" principles for non-ageist and inclusive language.**

*Reframe Aging:* Most people, without even thinking of it, use common language to describe aging as a negative experience. Unfortunately, in our culture that language contributes to "ageism," which is a stereotyping or discrimination of a person or group of people because of their age. Ageism is a serious challenge in our culture and communities, manifesting in the unconscious thoughts we have, the actions we take, and in the social policies and systems we create.

In Vermont, we are engaged in a campaign to "reframe aging," to change the way our society thinks and acts about aging. To do this, we must first begin to change the way we communicate. Reframing aging using common language that celebrates our collective experience as we all age helps contribute to positive beliefs, attitudes and solutions. The

language we use truly matters. More resources about reframing aging can be found on the DAIL website: <https://asd.vermont.gov/reframing-aging-vermont>.

**General Recommendation #5: We recommend that resources be realigned to better support Vermont’s aging demographic to achieve the best system of services and supports for older Vermonters.**

**Align:** There was much discussion about the fact that neither Federal nor State funding has kept pace with the increasing demographics of Vermont’s aging population. This is particularly the case with Older Americans Act funding. Vermont’s demographic is aging, and our population is considered one of the oldest in the nation. Because of our overall small population, however, we only receive “base funding” from the Older Americans Act. As a result, Vermont only receives one half of one percent of OAA funds appropriated in any given federal fiscal year. With the exception of small increases, the OAA has essentially remained stagnant for decades. As an example of state level funding concerns, while various home and community-based service (HCBS) providers have received nominal increases over the years, there is no consistent mechanism to allow for regular increases to keep pace with the cost of living. Only licensed nursing facilities currently are entitled to regular cost of living increases per state statute. This as an important provision aimed at helping to support high- quality care and some degree of financial security for Vermont’s licensed nursing facilities. While a similar proposal was introduced for Medicaid funded HCBS in the legislature in 2019, to date no legislation has been passed. It should also be noted that here again, Medicaid is only a portion of what helps to fund and support the system of services for older Vermonters and family caregivers. Not only has the combined Federal and State funding not kept pace with the increasing aging demographics in Vermont, it has also not kept pace with the increased costs faced by service providers. All of this contributes to challenges experienced by aging network providers to maintain both financially viable organizations and a stable and high-quality workforce.

### **Act 172 Charge #1**

***Develop recommendations on the authority and responsibilities of the Vermont Department of Disabilities, Aging, and Independent Living as a State Unit on Aging.***

Vermont [Title 33: Chapter 5 § 504](#) currently outlines DAIL’s roles and responsibilities including the administration of all laws and programs assigned to the federal [Older American’s Act \(OAA\)](#). The OAA assurances describe the State’s roles & responsibilities as the State Unit on Aging. The Administration for Community Living (ACL) requires that the State of Vermont and its designated Area Agencies on Aging partners, sign written agreements that commit both parties to specific ground rules and activities within Title III (Grants for State and Community Programs on Aging) and Title VII (Vulnerable Elder Rights Protection Activities) of the [Older American’s Act \(OAA\)](#). Assurances are a very important part of managing OAA services and the designation of Vermont’s Area Agencies on Aging. [Assurances](#) are located within the following sections of the OAA.

- [Title III, Sec. 305: Organization](#)

- Title III, Sec. 306: Area Plans
- Title III, Sec. 307: State Plans
- Title III, Sec. 308: Planning, Coordination, Evaluation, and Administration of State Plans
- Title VII, Sec. 705: Additional State Plan Requirements

Currently, Vermont Title 33 contains language that speaks to the following values that align with the OVAWG Framework of Rights and Principles (Appendix C) recommended by the working group:

It is the policy of the State of Vermont that all older Vermonters and Vermonters with disabilities should:

- (1) be able to live as independently as they choose and as their personal circumstances permit;
- (2) be able to receive services and benefits which they need and to which they are entitled by law;
- (3) be able to be full and active participants in the life of their communities, including competitive employment consistent with their abilities and interests; and
- (4) be protected against unlawful and unnecessary restriction.

### Charge #1 Recommendations

☒ We recommend that future Older Vermonters Act Identify the Department of Disabilities, Aging and Independent Living (DAIL) as the designated State Unit on Aging.

☒ We recommend that future Older Vermonters Act designate the DAIL Advisory Board, or subcommittee (established in V.S.A. 33: Chapter 5 § 505), as the body responsible for overseeing the implementation of the future Older Vermonters Act.

**NOTE:** The Vermont legislature may want to consider revising Title 33 to more fully align with the future Older Vermonters Act.

### Act 172 Charge #2

*Develop recommendations on the authority and responsibilities of the Vermont Department of Disabilities, Aging, and Independent Living with respect to the management, approval, and oversight of services provided to eligible older Vermonters through the Choices for Care program.*

Currently, the Choices for Care program is managed by DAIL through:

- The [Global Commitment to Health 1115 Waiver Special Terms and Conditions](#) effective January 1, 2017 through December 31, 2021. This authority is typically reauthorized every five years, providing an opportunity for amendments.
- The Intragovernmental Agreement (IGA) with the Department of Vermont Health Access (DVHA).

- Vermont [Title 33: Chapter 76](#) which governs how the Choices for Care annual “savings” and “reinvestment” is managed.

Through the IGA, DVHA delegates specific functions to DAIL to assure compliance with the federal Code of Federal Regulations [42 CFR 438](#). Most relevant to this work are the IGA requirements to maintain an eligibility review and authorization process, a quality/monitoring process, participant protections, confidentiality, and grievance and appeals processes. With the passage of the SFY2020 budget, the Vermont legislature authorized the movement of the Choices for Care budget from DVHA to DAIL.

It is important to note that all of the “Special Health Needs Populations” or “Specialized Programs” are subject to the Global Commitment Special Terms and Conditions and 42 CFR 438, including:

- Choices for Care
- Traumatic Brain Injury Program
- Developmental Disabilities Services
- Enhanced Family Treatment (children’s mental health)
- Community Rehab & Treatment (adult mental health)

### **Charge #2 Recommendations**

☒ We recommend that the future Older Vermonters Act identify DAIL as the department responsible for the management of the Choices for Care program, in close coordination with the State Unit on Aging work.

☒ Although not necessarily appropriate for the future Older Vermonters Act, we recommend that the State Agency of Human Services create strategies to embed the overarching rights and principles contained within the OVAWG Framework of Rights and Principles (Appendix C) into all “Specialized Programs” that serve Older Vermonters.

### **Act 172 Charge #3**

*Develop recommendations on the roles and responsibilities of the Area Agencies on Aging as the designated regional planning organizations serving older Vermonters and family caregivers.*

The primary role of the AAA is to act as a regional planning entity to foster the development and implementation of a comprehensive and coordinated system to serve older Vermonters and family caregivers within the AAA service area, and to target services and supports to those in greatest economic and social need (details on this targeting are below under Charge #7). In addition, AAAs are charged with the following key requirements under the OAA:

- Perform regional needs assessment to identify existing resources and gaps;
- Develop an Area Plan with goals, objectives and performance measures and corresponding budget and submit to the State Unit on Aging for approval;
- Concentrate resources, build community partnerships, and enter into cooperative agreements with agencies and organizations for the delivery of services;

- Designate community focal points for co-location of supports and services for older Vermonters; and
- Conduct outreach to identify individuals eligible for assistance.

Additional requirements are within the Area Plan Assurances.

### Charge #3 Recommendations

- ☒ We recommend that the future Older Vermonters Act clearly articulate the required roles and responsibilities of the Area Agencies on Aging (AAA) as dictated by the federal [Older Americans Act](#) and managed by DAIL through the [State Plan on Aging](#) and AAA Area Plan Assurances.
- ☒ We recommend that the Older Vermonters Act identify the AAAs, in their designated OAA role, as a lead partner responsible for:
  - a. Promoting the OVAWG Framework of Rights and Principles (Appendix C) across OAA programs and collaborating with stakeholders to educate the public and
  - b. Promoting collaboration with a network of providers for a holistic approach to improve health outcomes for older Vermonters.

### Act 172 Charge #4

*Develop recommendations on the roles and responsibilities of the network of providers of services to older Vermonters and family caregivers.*

Included in this “network of providers” is a diversity of organizations across the spectrum of supportive services, protective services, long-term care, health and wellness, housing, transportation, community engagement, employment and more. It is not recommended that a specific list of organizations be included in statute because the network is often evolving, but rather, a list and description is required as part of the [State Plan on Aging](#) (see State Plan on Aging, Attachment B, pages 41-45).

### Charge #4 Recommendation

- ☒ Although not necessarily appropriate for the future Older Vermonters Act , we recommend that that the network of providers of services to older Vermonters and to family caregivers act as the champions of the overarching rights and principles contained within the OVAWG Framework of Rights and Principles (Appendix C) in their respective areas of work and that they use the framework as a guide in working with Older Vermonters and family caregivers to make coordinated planning and service decisions.

### Act 172 Charge #5

*Develop recommendations on a description of a comprehensive and coordinated system of services and supports for older Vermonters and family caregivers as envisioned by the Older Americans Act and the Choices for Care program, including supportive services, nutrition*

***services, health promotion and disease prevention services, family caregiver services, employment services, and protective services.***

As described in the OVAWG Framework of Rights and Principles (Appendix C), the working group believes that access to a comprehensive, coordinated and efficient system of services is an essential right of older Vermonters.

There was significant discussion in the working group about what “optimal health and wellness” as described in the OVAWG Framework of Rights and Principles (Appendix C) looks like in different settings of care. Because services and providers evolve over time, the working group did not recommend that the future Older Vermonters Act attempt to provide a comprehensive description of all services and all providers. However, the group did recommend that there be a description of what is meant by “all levels and all settings” as outlined in the OVAWG Framework of Rights and Principles (Appendix C).

In many regards, Vermont is considered a leader in innovation. There was much discussion in the working group about when innovation proves successful, it should be supported and replicated.

Both statewide and locally, the local, state and federal agencies providing protective services to older Vermonters, including law enforcement, Adult Protective Services, the Office of the Public Guardian, Survey and Certification, the Office of the Long-Term Care Ombudsman, the Department of Financial Regulation, States Attorneys, the Office of the Attorney General, the Area Agencies on Aging and Legal Aid, are all working to protect older Vermonters from abuse, neglect and exploitation. The timeliness and effectiveness of these respective entities and services is dependent on their coordinated efforts with clear understandings of responsibilities and roles.

### **Charge #5 Recommendations**

☒ We recommend that the future Older Vermonters Act describe “all levels and all settings,” as described in the OVAWG Framework of Rights and Principles (Appendix B), including home-based, community-based, residential care homes, assisted living residences, nursing facilities, hospitals and health clinics, adult day facilities, senior centers, private medical offices, and other settings that exist now, along with recognition that settings will evolve over time.

☒ We recommend that the future Older Vermonters Act be clear about older Vermonters’ rights to health and wellness, specifically defining the settings where medical, dental, mental health and substance abuse, should be provided and who should provide them, as well as the settings in which health and wellness activities should be encouraged and how this should be developed in policy and planning.

☒ We recommend that the future Older Vermonters Act include recognition of the workforce challenges at all levels of care and the urgent need to address it.

☒ We recommend that the future Older Vermonters Act include the need for a “variety of affordable and accessible opportunities for engagement in community,” and that these may



include social events, educational classes, civic meetings, health/exercise programs, volunteer opportunities and more. Activities should be free or low-cost and easily accessible, so that income, transportation and disability do not act as barriers to participation.

☒ We recommend that the future Older Vermonters Act support and encourage the State, AAAs and the network of providers to seek innovative strategies across the spectrum of services and supports to meet the changing needs of older Vermonters. This includes offering state-approved promising practices in addition to federally approved evidence-based programs.

☒ We recommend that the future Older Vermonters Act require that the State coordinate a response to allegations of abuse, neglect, and exploitation of older Vermonters with community partners.

☒ We recommend that the future Older Vermonters Act require that the public be educated about these services provided by the State, AAAs and the network of providers through increased visibility so that members of the public, including older Vermonters, may be empowered to seek these agencies' assistance as needed.

☒ We recommend that the future Older Vermonters Act require that the State formalize its response to self-neglect.

☒ Although not necessarily appropriate for the future Older Vermonters Act, we recommend that the State Agency of Human Services create strategies to embed the overarching rights and principles contained within the OVAWG Framework of Rights and Principles (Appendix C) across all Long-Term Services and Supports, Medicaid policy, and other related state policies impacting the well-being of older Vermonters, such as the Participant Directed Attendant Care (PDAC) program.

### **Act 172 Charge #6**

***Develop recommendations on a description of how such a system would be coordinated across State agencies, provider networks, and geographic regions.***

Sections III and IV of this report describes DAIL's roles and responsibilities as outlined in the State statute and the Federal Older American's Act. In particular, Section 305 (3) of the OAA describes the State's responsibility to promote the development and implementation of a comprehensive and coordinated system of services that is responsive to the needs of older adults and family caregivers and emphasizes the State's role in collaborating, coordinating and consulting with other State agencies in developing, implementing and administering programs and services.

Section IV of this report describes the AAAs' roles & responsibilities as outlined in the Federal Older Americans Act. Section 306 of the OAA articulates in specific detail the responsibility of AAAs to develop area plans for the provision and coordination of comprehensive services and determine how resources will be targeted to those in greatest need. The OAA also addresses

the AAAs' responsibility to coordinate with state and local agencies in the formulation, implementation and administration of services.

### **Charge #6 Recommendation**

**☒ We recommend that the future Older Vermonters Act require that the AAAs use their existing area plans as a tool to facilitate and promote awareness of aging issues, needs and services and to champion the overarching rights and principles contained within the OVAWG Framework of Rights and Principles (Appendix C) developed by the work group.**

### **Act 172 Charge #7**

***Develop recommendations on how to ensure that such a system would target those in greatest economic and social need***

The Older Americans Act includes requirements for the targeting of resources and defines in Section 102 (23) and (24) "greatest and economic need:"

*"The term 'greatest economic need' means the need resulting from an income level at or below the poverty line."*

*"The term 'greatest social need' means the need caused by noneconomic factors, which include-*

*(A) Physical and mental disabilities;*

*(B) Language barriers; and*

*(C) Cultural, social, or geographic isolation, including isolation caused by racial or ethnic status, that—*

*i. Restricts the ability of an individual to perform normal daily tasks; or*

*ii. Threatens the capacity of the individual to live independently."*

When considering the charge of targeting to those in greatest economic and social need, the work group identified the challenge that funding for many of the state's-safety nets for older Vermonters in greatest economic and social need have not kept pace with the increasing demographic or the cost of providing quality services. This jeopardizes the health and well-being of those at greatest risk and jeopardizes the system of services.

Medicaid funded long-term services and supports are well-g geared toward meeting the needs of older Vermonters in greatest economic need, but for those on the edge of financial eligibility, State, or alternatively funded programs such as the Participant Directed Attendant Care (PDAC) program may have the potential for assisting with social needs as well.

Family Caregivers are the backbone of long-term services and supports, because they provide the bulk of care in Vermont and nationwide. A 2014 report by the National Family Caregiver Alliance estimated that there were 64,300 "informal caregivers" in Vermont, who contributed 69 million caregiving hours at an estimated value of \$683 million<sup>i</sup>, far exceeding what we spend on any of our "formal" long term services and supports for older Vermonters.

### **Charge #7 Recommendations**

- ☒ We recommend that the future Older Vermonters Act require that qualitative and quantitative data be used to monitor and evaluate how well the system is targeting those in greatest economic and social need.**
- ☒ We recommend that the future Older Vermonters Act require that Vermont develop and codify in separate statute a systematic approach to annual Medicaid increases to all health care providers and LTSS providers to ensure the provision of high-quality care to those in greatest need.**
- ☒ We recommend that the future Older Vermonters Act promote evidence-based research on social isolation and loneliness and the effects they have on the health and wellness of older Vermonters, in order to elevate their importance and develop prevention goals. Critical services such as transportation should include plans to address social isolation and loneliness.**
- ☒ We recommend that the future Older Vermonters Act demonstrates a commitment to creating a system of support that is accessible and affordable, including intergenerational and culturally inclusive opportunities to all older Vermonters at **at the state level and the local level.****
- ☒ We recommend that the future Older Vermonters Act support financial security and wellness for family caregivers.**
- ☒ We recommend that the future Older Vermonters Act promote evidence-based research on how providing adequate caregiver supports can improve health and wellness of older Vermonters.**
- ☒ Although not necessarily appropriate for the future Older Vermonters Act, we recommend that Vermont public benefits program be adequate to financially support people to prevent impoverishment.**
- ☒ Although not necessarily appropriate for the future Older Vermonters Act, we recommend that the State seek strategies to ensure the growth financial sustainability of senior centers and other critical non-Medicaid funded providers of supports to older Vermonters and support exploration of future health care funding options for currently unfunded and under-funded health care and prevention services. Such services include senior nutrition, falls prevention, exercise, socialization and other physical and mental health-supporting opportunities.**

### **Act 172 Charges #8 & #9**

***Develop recommendations on ways to encourage and educate older Vermonters to continue in the workforce and to become or remain involved in their communities through participation in volunteer activities and opportunities for civic engagement.***

*Develop recommendations on ways to educate employers about the value of the older Vermonter talent cohort and the benefits of maintaining a multigenerational workforce, as well as identification of models that may be replicated across sectors and industries.*

### **Charges #8 & #9 Recommendations**

We recommend that the future Older Vermonters Act encourage the State to:

- Explore strategies to enhance collaboration across Department of Labor, Agency of Education, DAIR Division of Vocational Rehabilitation, Vermont Chamber of Commerce and Vermont's Area Agencies on Aging to promote employment and volunteer opportunities and educate the public.
- Promote, encourage and support a system of gradual retirement for older Vermonters which supports older Vermonters staying longer in the workforce and transitioning more slowly into retirement.
- Promote, encourage and support educating employers to implement methodologies that better enable the successful recruitment, integration and retention of older Vermonters into modern workplaces.
- Promote, encourage and support a public education about the positive financial and social contributions that older Vermonters make.
- Promote, encourage and support an element in Town Planning to address social connection.
- Promote and support mechanisms to connect older Vermonters with employers, such as workforce development projects that are responsive to labor market demands, and transportation systems that enable isolated individuals to access training and work.
- Provide employers with information on hiring practices and strategies that promote the recruitment and retention of diverse employees, to support a business ecosystem that is age neutral and free of age bias.
- Recognize and reward businesses that demonstrate exceptional commitment to employment practices that benefit and support the inclusion and retention of mature workers, resulting in a positive impact on our state's economic sustainability as well as the health and well-being of older Vermonters.
- Promote a culture that values community engagement and work, with supportive services that build job readiness and independence, wherein all individuals who want to work can do so.
- Promote public and private sector policies that support gradual transition into retirement.
- Promote programs and services that empower older workers to stay in the workforce longer by enabling them to remain current on industry knowledge and relevant skills.

☒ Develop a marketing campaign that appreciates the contributions of older Vermonters to the workforce and their intrinsic value in the community as a whole.

☒ Support opportunities for mature workers to engage in entrepreneurial and self-employment pursuits.

## V. Recommended Actions

In addition to specific Act 172 charges and recommendations for the future Older Vermonters Act, participants of the OVAWG generated additional actions that could have a positive impact on the future of older Vermonters. Although not necessarily appropriate for inclusion in a future Older Vermonters Act statute, this list of recommended actions (below) represents important and educated ideas generated by stakeholders during core and subgroup meetings throughout the year.

### **Financial Security:**

1. Create opportunities for education around financial literacy and planning as possible ways to decrease future dependency on services.
2. Promote, encourage and support the creation of more opportunities for Vermonters to access long-term care insurance.
3. Promote ways to utilize medical billing staff (or similar positions) to refer those in financial need to social service agencies.
4. Improve Vermont's public benefits and Medicaid income and asset tests so people can adequately maintain living expenses, personal needs and quality of life as they age. This includes ways to avoid the so-called "benefits cliff."
5. Require that all Medicaid and State funded programs for older adults include language that recognizes the need for continued employment supports, regardless of age or ability.

### **Optimal Health and Wellness:**

6. Recognize the role of senior centers in supporting health, social connection, engagement and wellness along the continuum of care, and the need for more support, coordination and funding for centers to sustainably fulfill this role into the future.
7. Develop opportunities for dental care to take place in all settings (some settings may offer simple screenings; others may offer comprehensive care).
8. Support and encourage municipal policies and strategies that promote healthy aging and improved accessibility.
9. Get the positive health and wellness message to the broad public, including reducing or eliminating stigmas related to treatment of certain conditions.
10. Better publicize resources and tools that connect job seekers and people who need paid caregivers.
11. Create marketing efforts to educate job seekers about what the career of caregiving is and is not; dispel the myths & point out the rewards.

12. Enhance best practice for recruiting in the healthcare industry (supporting career ladders).  
The Department of Labor is involved in some programs that follow this basic model: start as a PCA, move up the healthcare ladder, potentially toward RN or PA status. Ladders are more attractive, especially to younger people. Another best practice is paid training (“earn while you learn”) which makes it easier for people to accept work, especially in a new field.
13. Import workers to address healthcare labor shortages. Consider recruiting people from Quebec.
  - a. NAFTA treaty visas make it easy for people to come across the border for work.
  - b. Wages in Vermont (even minimum wage) are better than in Quebec.
  - c. USD-CAD exchange rate favorable for Canadians to work in USA.
  - d. Educate healthcare employers about the visa sponsorship process to recruit workers from Canada.
14. Use recognized research that demonstrates how dental, vision and hearing affect a person’s health and wellbeing as they age, to improve coverage for those services and products/technologies.
15. Use research that demonstrates how adequate nutrition positively affects a person’s health and wellbeing as they age, to increase funding for a variety of nutrition services such as home delivered and congregate meals.
16. Adopt licensing rules that allow all licensed healthcare providers to be able to provide the widest scope of practice, to increase the number of critical service providers in Vermont.
17. Improve access for older Vermonters to all types of community providers, such as suicide prevention, access to mental health services, increased provision of eldercare clinicians.
18. Ensure that Vermont maximizes federally allowed flexibility of Medicaid and Medicare coverage to promote person-centered access to health and preventive care services.
19. Invest in technology and review state reimbursement policies, to enable more use of telehealth in community settings.

**Social Connection and Engagement:**

20. Prioritize the needs of older Vermonters in a wide variety of state grants. For example, prioritize facilities serving older adults in the Buildings and General Services facility grants.
21. Promote, encourage and support co-locating childcare and older adult facilities to economize and achieve better outcomes.
22. When appropriate, promote, encourage and support including young adults in housing residences for older Vermonters with opportunities for reduced or free rent in exchange for work at the residence.
23. Create an Older Vermonter Worker Corps to better engage older Vermonters with work and serve community objectives.
24. Leverage Corporation for National Community Service to address social connection and engagement of older Vermonters.
25. Continue to support National Senior Corp in Vermont.
26. Work towards Vermont becoming an “age friendly state,” through state policy, local initiative and multi-sector engagement (refer to AARP “age friendly” domains).
27. Require that all Vermont Medicaid LTSS programs include language that recognizes the need for paid support that helps people engage in their communities according to a person-centered plan.

28. Maximize full advantage/opportunity of potential flexibility of health care payment reform in how, where and what services are provided.
29. Make internet/broadband/technology available to all older Vermonters, as the internet is becoming an increasingly important way to support older adult health (tele-medicine, etc.)
30. Enhance efforts to retain workers who would otherwise retire (Vermont's "Returnships" Program is doing this). Trying different options like personal care attendant work can sometimes be a great option.

#### **Housing, Transportation and Community Design:**

31. Promote, encourage and support tax credits for universal new housing design elements.
32. Promote, encourage and support ways to encourage accessibility at the local level, such as zoning, etc.
33. Promote, encourage and support more coordinated efforts to recruit volunteer drivers for medical appts, home delivered meals delivery, etc.
34. Explore new incentives for recruiting volunteer drivers such as a box to check on the DMV license renewal or registration forms.
35. Promote, encourage and support a variety of housing options including accessory dwellings, universal design, mixed aged/income residential units.
36. Engage in conversations with current programs and providers that begin to implement innovations to meet the needs of older Vermonters.
37. Strengthen public transportation in rural areas and devote more resources to transportation including through Medicaid.
38. Broaden access for people who do and don't have Medicaid and expand availability of Vermont transportation funds.
39. Engage with town and regional planning commissions to identify how they can support healthy aging.
40. Connect the Vermont "Health in All Policies" Taskforce in work to become an "age friendly" state and to support Older Vermonters Act strategies. Explore innovations in the Community Paramedic model used by other states and in Vermont.

#### **Family Caregiver Support:**

41. Promote, encourage, support and fund incentives and education for employers to support and offer flexibility to their employees who are family caregivers.
42. Endorse, support, and underwrite maximum support networks for family caregivers.
43. Promote caregiver support resources as part of employee assistance programs provided by businesses. This could include information about options for care, safety training, financial planning assistance, legal assistance, etc.
44. Explore best practices for supporting family caregivers with adequate supports and policies that allow payment to family caregivers with state or federal funds (Washington State Model).
45. Promote foster caregiver arrangements for those who do not have family.

## VI. Conclusions

The recommendations contained in this report were created with a clear framework in mind and with the intent of supporting the overarching goal to support older Vermonters now and in the future to live as independently as possible, with dignity, respect and independence.

Vermont's shifting demographics mean that a larger proportion of its population are older Vermonters. That proportion is expected to increase over time; and this has implications for the state's workforce and economy, healthcare systems, and community systems of supports and services.

Passage of an Older Vermonters Act is an important step that the Vermont Legislature can take to:

- Codify, both, the rights that are available to all older Vermonters and the principles that should be used in the design, implementation, coordination and evaluation of the systems of care;
- Recognize the contribution that older Vermonters and family caregivers make to the state;
- Establish clear parameters for how best to use the state's resources to best meet the needs of older Vermonters and family caregivers; and
- Ensure that services and supports are appropriately administered, accessible, coordinated and effective.

## Appendices

- A. Older Vermonters Act Working Group (OVAWG) members and contributors
- B. OVAWG Schedule of Agendas
- C. OVAWG Framework of Rights and Principles Document
- D. Older Vermonters Data Brief

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<sup>i</sup> National Family Caregiver Alliance. State of the States in Family Caregiver Support, State Profile: Vermont. Updated September 2014. <https://www.caregiver.org/caregiving-across-states-50-state-profiles-2014>.