



Vermont Association of Area Agencies on Aging

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Vermont Association of Area Agencies on Aging (V4A)
Testimony before the House Committee on Human Services
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I am Mary Hayden, Executive Director of the Vermont Association of Area Agencies on Aging. Thank you for inviting me to testify today on H.171, an act relating to Adult Protective Services.

V4A is an association of five area agencies on aging (AAAs) located throughout Vermont. Our mission is to provide advocacy, leadership, and a voice for Vermont’s aging network. The AAA’s services include Meals on Wheels and Community Meals, Long-Term Care Coordination, Caregiver Programs, Medicare and Health Insurance Counseling and Education, Wellness Activities and Programs, and Information and Referrals for legal and mental health services and benefits such as housing, fuel, and 3SquaresVT.

Broad History of Area Agencies on Aging

Area Agencies on Aging were established nearly 50 years ago under the Older Americans Act, initially passed in 1965. In the 1970s, Congress established local area agencies on aging to support vulnerable older adults to live with dignity and independence in their local community. Nationally, there are over 622 Area Agencies on Aging. Today, AAAs are experts at coordinating community-level social service health-related support for older adults across the United States.

Some states have as many as 59 AAAs, while others have only three. Vermont has five area agencies on aging covering the entire state. Area agencies on aging may be affiliated with a county or municipal government, or as in Vermont, all are independent not-for-profits. In Vermont, our AAAs are *Age Well* in the northwest, *Central Vermont Council on Aging*, *Northeast Kingdom Council on Aging*, *Senior Solutions* in the southeast, and *Southwestern Vermont Council on Aging*.

Amendments to 33 VSA Chapter 69 (H.171) Adult Protective Services (APS)

Under the Older Americans Act, Title VII, State Plans on Aging are required “in coordination with the State agency ...responsible for elder abuse prevention services, (to) increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate...” All AAAs include goals and performance measures in their individual area plans on aging to prevent elder abuse and improve public awareness of how older Vermonters are vulnerable. AAAs are mandatory reporters.

AAAs remain pleased with the process undertaken to address the long-standing need to update, modernize, and improve the APS statute to better serve vulnerable older adults. We also commend the process undertaken by DAIL, APS, Joe Nussbaum, and others to be inclusive and highly organized in their approach to a project of this scope.

AAAs have the following comments on the draft APS statute revision:

Definition of vulnerable adult: (A)ii (page 13) AAAs support the addition of a person who “... was determined eligible to receive Long-Term Care Medicaid waiver services”. We would recommend a minor change to include those determined to be clinically eligible (even without a formal determination) who are also vulnerable.

Definition of Caregiver: (page 5) We advise clarification of the meaning of “designated responsibility for providing care to another.” Does this include informal, unpaid caregivers?

Definition of Mandatory Reporter: (page 8) We agree with changing from a job title to a description of the direct care work. We recommend clarifying in section 6903, Reporting Suspected Abuse (pages 14 – 16) that “...any other concerned person...” must report (although that is not included in the definition of Mandatory Reporter). This is overly broad and vague.

AAAs are required under the Older Americans Act to engage volunteers to provide services. Our volunteers are currently trained to notice the signs of elder abuse and exploitation and report to their supervisor. As volunteers will be covered under the revised definition of mandatory reporter (6903 (a)(1)), and penalties will increase for all violations, AAAs will need to provide increased training and oversight for this role.

Definition of Self-Neglect: AAAs strongly support aligning the definition of self-neglect with the Older Americans Act and expressly excluding self-neglect as a form of negligence. An individual that is truly suffering from self-neglect has an inability, due to a physical or mental impairment or diminished capacity, to perform essential self-care tasks. These tasks may be obtaining food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental, or general safety; or managing one’s own financial affairs. The role of the AAA is to assess the situation and help the client identify goals toward improving their well-being. Properly identifying a client as self-neglecting and struggling not by choice, rather than a victim of negligence, is critical to making appropriate referrals for needed complex case management engagement and services. Incorrect referrals of self-neglecting persons to APS delay needed services and can erode trust with the client.

Access to records-(page 32) AAAs may be engaged in services with a client for several years before there is abuse. Requiring the disclosure of information that preceded the abuse appears to be an unnecessary invasion of privacy. If a perpetrator was granted access to such an extensive record during the appeal process, this could potentially extend the exploitation and abuse of the victim.

Victim’s Rights We commend the addition of the victim’s right to review “unsubstantiation” determinations. We welcome utilizing restorative justice practices to address the high number of non-professional perpetrators. This will improve victim self determination as well as strengthen victim and family safety by reducing recidivism.

APS Options when there is a substantiation: APS is very limited in the penalties that they can impose if a report of abuse/neglect/exploitation is substantiated. The primary mechanism is to add the perpetrator to the adult abuse registry which would stop the individual from working in a professional setting where they are in contact with

vulnerable adults or to be paid for their caregiving responsibilities. It is worth noting that the vast majority of alleged perpetrators AAAs see are family members or friends who have a personal – not professional – relationship with the alleged victim. Addition to the registry does not remove their access to the vulnerable adult or impact them significantly.

Substantiation without identification of a perpetrator. We agree with other advocates that APS should be able to substantiate abuse without identifying a perpetrator so that the victim may receive the level of advocacy and services available to victims.

Differentiated Response: Setting up two tracks for both assessment and investigation is a great improvement. If there is no substantiation, clients may still need services. This tracks with other systems such as child protection.

Thank you for the opportunity to address the Committee on House Human Services. Please feel free to direct any questions to me.