



# VAHHA Voice

The Newsletter of the Vermont Assembly of Home Health and Hospice Agencies

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## VAHHA and FAHC Team Up for Home Care Referral Coordination

Fletcher Allen Health Care's Case Management and Social Work Team, which handles discharge planning for Vermont's largest hospital, has a new resource available when making referrals to VAHHA agencies. VAHHA members have signed a contract with the VNA of Chittenden and Grand Isle Counties to handle referral coordination for the other nine VAHHA members.

"The goal of this contract is to make discharges to VAHHA home health agencies as simple as possible for Fletcher Allen," said Janet McCarthy, CEO at Franklin County Home Health in St. Albans and project director for the VAHHA Board of Directors. "One call, one contact, gets the job done."

Deb Jones, RN, Community Liaison for the Chittenden VNA, is the project coordinator and has been working at Fletcher Allen in Burlington since early November. The FAHC Case Management and Social Work (CMSW) Team consists of about 70 nurse case managers, social workers, clinical reviewers, and support staff. The CMSW Team's clinical managers decided to start the project by having Jones work

with a subgroup of the medical, cardiology, and hematology/oncology case managers. Jones gets involved in coordination after the need for home health has been established and patients have chosen a VAHHA member agency.

The current plan is to design a smooth, efficient workflow and then expand the VAHHA Home Care Coordinator's role to work with the case managers and social workers who cover the other medical and surgical services.

*"One call, one contact, gets the job done."  
Janet McCarthy, CEO  
Franklin County  
Home Health Agency*

"I have had a chance to develop relationships with the smaller CMSW group, and have gradually begun working with some of the case managers who handle discharges from the surgical and other specialty units", Jones said.

"As we've worked out some of the initial challenges of communication, I am focusing more now on what is most helpful to the FAHC/CMSW Team, the patients slated for discharge with VAHHA home health care, and the VAHHA agencies receiving referral information." Jones said. She does not have office space at Fletcher so

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## VT Legal Aid Files Class Action on Home Care Rules

Vermont Legal Aid and the Center for Medicare Advocacy in Connecticut have filed a class action lawsuit against Kathleen Sebelius, the Secretary of Health and Human Services, aimed at terminating the application of the Medicare "Improvement Standard," a policy that denies services to patients suffering from chronic conditions.

The lawsuit was filed in United States District Court in Burlington on behalf of four individual plaintiffs from Vermont, Connecticut, Rhode Island, and Maine and five national organizational plaintiffs: the National Committee to Preserve Social Security and Medicare, the National Multiple Sclerosis Society, Parkinson's Action Network, Paralyzed Veterans of America, and the American Academy of Physical Medicine and Rehabilitation.

"If Vermont Legal Aid wins this case this will be

a game changer for home care," said Peter Cobb, Executive Director of the Vermont Assembly of Home Health and Hospice Agencies. "A win would open up home care services to thousands of Vermonters and millions of Americans who have been denied the services they need."

Michael Benvenuto, project director of the Medicare Advocacy Project at Vermont Legal Aid, and co-counsel in the case, agrees. "Many of our clients are elderly, 80 or 90 years old, living alone, getting home health services," Benvenuto said. "Nurses and aides come to their homes to provide essential care that doctors are ordering."

The suit was filed against the Secretary of Health and Human Services, the head of the department that runs Medicare. Medicare provides coverage for health care and services that are "reasonable and necessary"

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## VAHHA/FAHC Team Up for Home Care Referral Coordination - *continued from page 1*

she travels throughout the Fletcher Allen complex and visits with patients to answer their questions about home care, checks in daily with case managers, and calls VAHHA agencies with patient information.

Fletcher Allen utilizes an electronic health record, Epic PRISM, for all patient information, including home care referrals. "I am still mastering navigation of the PRISM record, which has a wealth of information about the patient's hospitalization and needs at discharge", said Jones. Located in Burlington, Fletcher Allen Health Care is the state's only tertiary care hospital (a referral center

hospital for high need, intensive care patients). It has 562 licensed beds and had more than 50,000 inpatient and outpatient admissions in 2010. The hospital refers home care patients to every Vermont town.

VAHHA members also have a toll-free 1-800-HOMECARE referral number for use by discharge planners and the public. Anyone in Vermont needing home care services can dial this number, punch in the zip code of the town where services are needed, and the call is routed directly to the agency that serves that town.

## Studies Could Prove Whether Blueprint Works or Not

Two current studies could prove if Vermont's Blueprint for Health works as designed. The first, "Reducing Avoidable Hospitalizations at Southwestern Vermont Medical Center" (SVMS), is geared toward determining if hospital readmissions can be reduced and the second, "Understanding Emergency Room Utilization at Northwestern Medical Center", focuses on inappropriate use of the emergency department. Vermont's Blueprint is not the main focus of either study but will be considered in the evaluation of both. The Blueprint is supposed to save the state millions of dollars by encouraging better use of state health resources. Unnecessary hospitalizations and inappropriate use of emergency rooms are two targets for change.

At SVMC, the current rate of readmissions is 12% annually. The goal of the project is to reduce that rate to 8% at a minimum and possible to as low as 4%. Among other things, this report will determine if there is a differ-

ence between readmissions from Blueprint practicing physician practices versus non Blueprint.

The St. Albans study will investigate why people who do not need to use the ER do so and also track the total of inappropriate users by attending physicians. These totals also should shed some light on the effectiveness of the Blueprint.

Vermont's Blueprint for Health is a key element in the current health care reform. The Blueprint is a multi-pronged approach to improving health and health care delivery for Vermonters. The program assists primary care clinicians with providing comprehensive, coordinated, and patient-centered care. Vermont's Blueprint facilitates a re-structuring of the state's health care system to better focus on preventing illness and complications, rather than simply reacting to acute health emergencies.

## Franklin RN Demonstrates Clinical Expertise

Franklin County Home Health Agency (FCHHA) has announced that Gwen Eckley, RN has successfully completed the Certificate for OASIS Specialist-Clinical exam sponsored by the OASIS Certificate and Competency Board (OCCB).

"Professional certification is an important part of providing the highest quality of care to patients. The Agency is proud of Gwen for achieving the COS-C designation and demonstrating her expertise and commitment to OASIS data accuracy," said Jen Martin, Community Relations Coordinator at FCHHA.

The Outcome and Assessment Information Set, (OASIS), is a quality measure used in home health agencies across the country to enhance care for patients in the home.

The OCCB is a non-profit organization dedicated to promoting greater reliability in OASIS data, through consistent application of guidelines provided by the Centers for Medicare & Medicaid Services (CMS.)

FCHHA is a CMS certified, non-profit home health care organization serving the 15 cities and towns of Franklin County. The Agency is a member of the VT Assembly of Home Health & Hospice Agencies, VNA Health Systems of Vermont, National Hospice & Palliative Care Organization, the Franklin Grand Isle United Way, and a partner in the Center for Health & Wellness.

For more information about the programs and services of FCHHA, call 527-7531 or visit the agency home page at: [www.fchha.org](http://www.fchha.org).

## Werneke Named Director of Business Development at VNA

Christine M. Werneke is the new Director of Business Development and Marketing at the VNA of Chittenden and Grand Isle Counties.

Christine has been the CMO (Chief Marketing Officer) for the State of Vermont since 2005 with responsibility for all marketing efforts across the agencies and departments of state government.

At the VNA she will be responsible for leading the agency-wide business development and marketing/sales programs. Her goals will include increasing the number of patients, clients and families served by VNA programs, and strengthening awareness and appreciation for our agency and services. She will work closely with Ann Irwin (community development and fundraising), Beverly Boget (public advocacy), Claire McCabe (intake and referral), and Deb Jones (provider relations) to meet the agency's advancement goals.



The VNA will be Christine's fifth senior position in her field. She holds graduate and undergraduate degrees in Community Development and Applied Economics from UVM and serves on the Board of the Vermont affiliate of the American Red Cross. Christine is a third generation Vermonter with close ties our great outdoors. She lives in Richmond with her husband and two young sons. She will begin her work with the VNA on Monday, February 28<sup>th</sup>.

The VNA of Chittenden and Grand Isle Counties is the state's largest home health agency.

## Six-state Home Care Conference Scheduled for May 25 & 26

The New England Home Care Conference and Trade Show is set for May 25 and 26 in Newton, Massachusetts. This is the first time all six New England states will present a jointly-sponsored trade show. For Vermont, Maine and New Hampshire, this conference replaces the 30-year run of the Northern New England conference.

"With all six states working together we are able to present a much bigger and better trade show," said VAHHA Director Peter Cobb. "The variety and quality of the speakers is a testament to that."

The six New England states plus New York and New Jersey already combine forces for the annual home care leadership conference which is held in Boston in January or February. "We are hoping to match the success of that conference with this trade show. I am confident that this is not only the biggest conference yet but the best," Cobb said.

The conference will feature four tracks with workshops for management (three separate tracks), private duty, financial and clinical. The management track on day one features Karen Utterback on the electronic health record and Jeanne Brian on "Why Don't Clinicians Document in the Patient's Home."

The management day two track features Jeannie Ryan, "Achieve Outstanding Quality, Satisfaction and Financial Health" and Bill Bassett on "Leveraging HHCAPHS Results to Improve Patient Care and Increase Revenue."

The third track features well-known home care attorney Deb Randall on fraud and abuse and Joan Hull on mergers and affiliations.

Trish Tulloch will lead the clinical track on day one with a workshop "2011 PPS Essential Efficiencies, Compliance and Outcomes." There will also be a session on implementation of disease management.

Aaron Little will open the financial track with a session "Optimizing the Home Care Revenue Cycle" and Bill Dombi, the lead counsel for the National Association for Home Care, will head the financial managers forum.

Also on day one Steven Tweed will hold an all-day Academy for Private Duty.

Day two features Mary Naylor on transitions and Eric Coleman and Bob Markette on creative marketing and Mike Ferris also on marketing. Our own Harry Snyder, HR director for the Rutland Area VNA and Hospice, will hold a workshop on cultural competency in home care. Other speakers include Karen Vance, "There is More to Therapy than Threshold Re-assessments" and Robin Seidman on billing compliance.

Pat Donehower and the Tom Sheeran from the VNA of Chittenden and Grand Isle Counties will present a workshop entitled "Using Telemedicine to Improve Geriatric Depression Treatment in Home."

The brochure and registration form for this conference are available on the VAHHA homepage [www.vnavt.com](http://www.vnavt.com).



## **VAHHA Says Home Care Must be an Essential Benefit**

*The following comments by the VAHHA membership were sent in response to the report by Dr. William Hsiao that presents three options for health care financing for Vermont. Legislators are currently considering these options.*

Home Care - Home care and hospice services are not included in the essential benefit package for two of the three options. We assume this is simply an oversight. Not to include home care and hospice is a mistake. It is well documented that expanding home health and hospice services is directly related to helping contain the substantial growth of costs in nursing homes and hospitals. Not only do home care and hospice services help to decrease lengths of stay in hospitals and nursing homes, and reduce unnecessary hospitalizations and emergency room visits, but also improve the quality of life for thousands of Vermonters. The report also incorrectly appears to assume that home care is a long term care service only. Home care provides services for both acute and long term care. Some examples of those served include:

- A patient, just out of the hospital, who requires ongoing assessment, education and treatment related to her condition.
- A child with serious health needs who, without home care, would live in a hospital or nursing home
- A person with a terminal illness who wants to die at home
- A child born with a condition needing regular monitoring
- A frail elderly person not able to do shopping or light housework
- A patient in need of dressing changes and treatment for an infected incision site or skin ulcer

Single Payer - VAHHA has no opinion concerning whether single-payer is best for Vermont. If Vermont does evolve to a single-payer system, payments by this entity must be fair and cover reasonable costs. Anything less would destroy Vermont's home care system.

Independent Board - An independent board would set rates and design the benefit package. The board would include representatives from employers, state government, consumers, and health care providers. Home care must be on this board to ensure that the entire continuum of care is represented. Home care is a \$100+ million business that serves more than 20,000 people each year. On any given day there are more people served by the home care agencies than there are inpatients in Vermont's 14 hospitals. In addition, home care agencies serve thousands of nursing home level patients and provide a safety net for Vermont's sickest and most frail citizens.

Payment Reform - Payments to doctors, hospitals, physicians, home care and other health care providers would be changed from fee-for-service to capitated rates with performance-based incentives. VAHHA members are concerned that control of home care spending would rest with hospitals or another non home care entity. The current system has helped assure that needed home care and hospice services are available to all Vermonters, regardless of income, severity of illness, or location of their residence. This is not the case in the rest of the country. Regardless of the health care organizational system approved, whether an Accountable Care Organization or some other entity, home care must control its own destiny. There are many important unanswered questions in your report including:

- Would it be an insurance model or a public benefit model?
- Would participation be mandatory for all Vermonters?
- What would be the impact on and relevance of the Medicare rules that currently govern home health and other health care providers?

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# VAHHA Calendar

- March 1 **VAHHA Teleconference 3-part Series - Home Health 2011: How Medicare Changes Affect Therapy & Nursing Care - "Providers Confront Nursing and Back Office Changes"** 1:00 pm to 2:30 pm
- March 8 **VAHHA Teleconference "Keen Observation and Reporting"**. 2:00 pm to 4:00 pm.
- March 8 **VAHHA Teleconference Series for Hospice Aides - "Professional Boundaries and Maintaining Them"** - 3:00 pm to 4:00 pm.
- March 9 **Teleconference - Watch Out for Falls! Management Tools for Home Health Therapists** - 9:30 am to 11:00 am.
- March 10 **VAHHA Teleconference - "The Aide's Role in Pain Management "** - 3pm to 4pm. This workshop will provide the aide with valuable information on her role in improving patient pain. Call VAHHA for details.
- March 17 **VAHHA Teleconference Series Communication is Key - "Problem Solving Tools for Effective Decision Making"** - 11:30 am to 1:00 pm
- March 15 – May 17 **VNA Spring Hospice Volunteer Training**– Thursdays from 6:00pm—8:30 pm VNA main Office, 1110 Prim Rd. Colchester, VT Registration is \$25/person.
- March 17 **VAHHA Teleconference Series Communication is Key - "Problem Solving Tools for Effective Decision Making"** - 11:30 am to 1:00 pm
- April 6 **VNA Spring Blooms! Fashion Show and Luncheon** -11:30 am –1:30 pm at the Sheraton Hotel and Conference Center, Burlington, VT. The VNA ushers in spring with a delicious lunch and beautiful fashions from SportStyle and Brooks Brothers Factory. For more information, please contact Maria McGrath at 802-860-4435 or mcgrath@vnacares.org.
- April 7 **Quarterly Board Meeting of the HPCCV** will be April 7, 2011 12-2pm at CVHHH in Berlin. Clinicians and Volunteer Coordinators will meet in respective meetings from 9:00-12pm. Annual Conference Brochures will be distributed. Contact [director@hpccv.org](mailto:director@hpccv.org) for more information.
- April 12 **Vermont Geriatrics Conference - Montpelier**. Sponsored by the Area Health Education Centers (AHEC).
- April 12 **VAHHA Teleconference Series for Hospice Aides - "What Does It Mean to be a Member of the IDG?"** - 3pm to 4pm.
- April 12 **VAHHA Teleconference "Emergency Care Planning for the Home Health Aide"**. 2pm to 4pm.
- April 14 **VAHHA Teleconference - "The Aide's Role in Pressure Ulcer Prevention and Care"** - 3pm to 4pm. This workshop will provide the aide with information on special pressure sore prevention products and techniques, help her recognize pressure sore states and understand nutritional support and symptoms and know when to report to the RN.

# VAHHA Calendar

- April 19 **VAHHA Teleconference - OASIS C Series - "Dealing with OASIS Wound Healing Items"**  
3pm to 4:30pm
- May 7 **Vermont Respite House 5K Fun Run & Jiggety Jog** - 8:00 am registration, race starts at 9:00am. For information: [www.vnacare.org](http://www.vnacare.org).
- May 10 **VAHHA Teleconference Series for Hospice Aides - "Infection Control Practices for the Hospice Aide"** - 3pm to 4pm.
- May 12 **VAHHA Teleconference - "The Aide's Role in Maintaining Appropriate Boundaries"** - 3-4pm  
The relationship between the aide and patient is often complicated. This workshop will address how to maintain proper boundaries
- May 25-26 **New England Home Care Conference and Trade Show** - Boston Marriott Hotel, Newton, Mass.
- June 3-5 **Camp Knock Knock**— Overnight camp. Camp Knock Knock, a weekend family bereavement camp for Families with children who have experienced the death of a loved one. It is held each year at YMCA Camp Abnaki in North Heav, VT. For information: call 802-860-4499 ext. 6665
- June 9 **VAHHA Teleconference - "The Aide's Role in Fostering Independence"** 3pm to 4pm. This workshop will help the aide find ways to promote patient independence (even in the face of reluctance).
- June 9 **20th Annual Conference of the Hospice & Palliative Care Council of Vermont.** at the Lake Morey Resort in Fairlee, Vermont. Conference brochures will be available on the web and in print in early April. Board, Volunteer Coordinators, and Bereavement Coordinators Meetings will be Wednesday June 8, 2011, also at Lake Morey. **SAVE THE DATES!**
- Oct. 6 **Annual Board of Directors Meeting** at the Middlebury Inn, Middlebury, VT
- Oct. 15 **Annual Blue Jean Ball** sponsored by Franklin County Home Health and Hospice
- November is National Hospice & Palliative Care Month** - Memorial Services, educational events and community events will be hosted by each hospice in Vermont.
- For details and registration forms for all VAHHA workshops check our homepage at [www.vnavt.com](http://www.vnavt.com).

*For an up-to-date listing of all the VAHHA and VAHHA member events and for details and registration forms for all VAHHA workshops, go to the VAHHA homepage at: [www.vnavt.com](http://www.vnavt.com)*



## VAHHA Presents Ideas for Solutions State Budget Problems

*Members of the Vermont Assembly of Home Health and Hospice Agencies recently met with Doug Racine, the newly appointed Secretary of the Agency of Human Services and also, at different meetings, with Susan Wehry, Commissioner of the Department of Disabilities, Aging and Independent Living, and Jeb Spaulding, Secretary of the Administration. Budget problems dominate much of the discussions about human services programs. VAHHA members presented several ideas that could improve quality of the care delivered and reduce costs.*

### Home Care Concerns and Solutions to Consider

**Problem** - Medicaid payments do not cover costs. Home care agencies subsidize state programs by \$5+ million per year. The gap between the cost of care and state payments is growing. The agencies cannot continue to sustain these losses.

#### Solutions

**Payment Commission** - The State must commit to providing full inflationary payment increases for all providers otherwise access to needed programs will suffer. Home care suggests that the State create a bipartisan health care commission that would create a viable plan to achieve adequate and sustainable health care financing.

**PPS (Prospective Payment System)** - The current fee-for-service payments for home care do not work. Medicaid should fund the prospective payment pilot project proposed by the Rutland Area Visiting Nurse Association and Hospice to determine if this system could work in Vermont. VAHHA, RAVNAH and the State have worked on this project for several years.

**Choices for Care** - DAHL should develop a case rate payment option for CFC services. The State also should allow agencies to pilot a fixed-fee proposal with greater local flexibility. This would incorporate savings to the State without reducing the rates paid.

**Tele-health** - The State should pay for tele-health services. These services foster higher quality care, help reduce expensive and unnecessarily hospitalizations, and allow the agencies to use their staff most efficiently.

**Problem** - In July of 2007, the State adopted rules for home care. These rules were mandated by legislation passed in 2005. The rules established a set of mandated services as well as set service regions for each agency. Some of the current rules cost the agencies thousands of dollars with no benefit to the patients.

#### Solutions

**Rules** - VAHHA has worked with the State for over three years on amending the home care rules. This project should be completed this year. The final rules should both protect the consumer and allow the agencies to provide high quality home care services at a reasonable cost.

**Separate Entities** - Medicare allows for a "separate entity" designation for programs that do not require supervision by a nurse or other professional. The cost to run programs deemed separate entities is much less as RN supervision is not required nor needed. Over the past few years the Department of Licensing and Protection has not allowed programs that had previously qualified as "separate entities" to waive the expensive supervision requirements. Medicare rules should not be applied either to the Choices for Care program nor to private duty programs when an agency operates them as "separate entities".

**Problem** - Currently, a patient on Choices for Care (CFC) who qualifies for hospice can get hospice services but a hospice patient, who qualifies for CFC, cannot get CFC services. This makes no sense.

#### Solutions

Hospice patients who also qualify for CFC services should receive what they need.

**Problem** - The Department of Disabilities, Aging and Independent Living collects home care revenue data.

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## VT Legal Aid Files Class Action on Home Care Rules *(continued from page 1)*

for the “diagnosis or treatment of illness or injury.” The “Improvement Standard” is shorthand for Medicare coverage denials issued on the grounds that the individual’s condition is stable, chronic, not improving, or that the services involved are for “maintenance only.” The use of an Improvement Standard is not supported by Medicare law, Benvenuto said. Under the law and related regulations it is not necessary to improve in order to get coverage, he said.

The Plaintiffs argue that the Secretary’s continuing use of the Improvement Standard as a rule of thumb is an additional and illegal condition of coverage, resulting in the termination, reduction, or denial of coverage for thousands of Medicare beneficiaries.

Nearly half (46%) of all Medicare beneficiaries have three or more chronic conditions, the majority of which need therapeutic care. The Improvement Standard’s application unfairly targets paralyzed individuals, including veterans, people with Multiple Sclerosis, Alzheimer’s Disease, Parkinson’s Disease, and ALS, who need the care they are being denied, according to the Plaintiffs.

“Following a hospital stay and three months in a rehabilitation facility in early 2010, I was released to home care. Although my doctors state that I need physical therapy, the home health agency denied me this care because, as they say, my wound is chronic and will never heal and therefore these services are not covered by Medicare,” stated Mrs. Edith Masterman, a resident of Wilton, Maine and one of the individual plaintiffs in the case.

“We must terminate the misapplication of policy which is preventing people with MS and other chronic illnesses from receiving medically necessary care to

help avert physical and cognitive deterioration or maintain optimal functioning,” stated Dr. Nicholas LaRocca of the National Multiple Sclerosis Society. “This deterioration often leads to more intense, more expensive services, hospitalization or nursing care,” he added.

“The lawsuit comes as a last resort,” stated attorney Gill Deford, the Center for Medicare Advocacy’s Director of Litigation. The Center for Medicare Advocacy, together with other agencies and several members of Congress, have urged the federal Centers for Medicare & Medicaid Services (CMS) to eliminate the application of the Improvement Standard. “While we thank CMS for their recent clarification of Medicare coverage for home health services – including physical therapy, occupational therapy and speech-language pathology services – the clarification does not undo conflicting policies and practices. We must move forward to ensure people do not suffer needlessly,” Deford continued.

A judgment in favor of the lawsuit’s plaintiffs would grant millions of Americans who suffer from chronic and debilitating conditions a fair chance to obtain the Medicare coverage for which they qualify and the health care treatments they need to remain as healthy and productive as possible, according to Benvenuto. As those with chronic conditions account for more than 70% of all deaths in the United States, ending application of the Improvement Standard is a life or death issue for countless Americans.

“Medicare does not cover long term care needs,” Cobb said. “A victory would provide some coverage.”

For more information about the class-action lawsuit, or to learn more about the Improvement Standard or how to get involved in advocacy activities visit the web site: [www.medicareadvocacy.org](http://www.medicareadvocacy.org).

## Shaw’s Employees Donate to Addison Home Health and Hospice

Addison County Home Health and Hospice recently received a check for \$2,000 from Shaw’s Supermarket in Middlebury. Larry Goetschius, Executive Director for the nonprofit home health care agency said that the funds would help the organization acquire a portable defibrillator.

“Survival of cardiac arrest depends on a series of critical interventions and a defibrillator coupled with CPR will aide in those first critical minutes. With a growing workforce it is important for our agency to have access to technology tools that can enhance outcomes and survival and we are very grateful to have Shaw’s generous donation,” said Goetschius.

Shaw’s recently celebrated its grand re-opening

after extensive remodeling including a newly designed produce section.

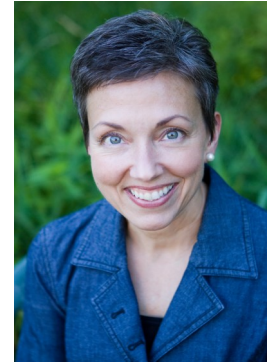
Store Director Randy Thompson said that employees were instrumental in identifying the local recipient for their end-of-year donation. “I know I speak for all our employees in saying that we are delighted to help this local nonprofit continue their mission and help support the acquisition of important medical equipment.”

Addison County Home Health and Hospice has been providing comprehensive home health care services in Addison County since 1968. The nonprofit agency employs more than 180 employees and serves people of all ages within the 23 towns of Addison County.

## VNA End-of-Life Care Director is New President of Vermont Hospice Council

Angel Means, MS, RN, Director of End-of-Life Care services at the Visiting Nurse Association of Chittenden and Grand Isle Counties, has been elected to a four-year term as President of the Hospice and Palliative Care Council of Vermont. Angel has worked in health care since 1983 and for the past 17 years has focused on Hospice and Palliative Care.

The Hospice and Palliative Care Council of Vermont is committed to assuring access to high quality palliative and end-of-life care to all Vermonters. Members of the council include home and community based end-of-life care providers as well as associate members/other groups involved in end-of-life care.



## VNA Opens Dementia Care Site

The Visiting Nurse Association of Chittenden and Grand Isle Counties recently announced the re-opening of their Adult Day Program at Grand Way Commons in South Burlington, now specializing in the care of persons with dementia.

The Grand Way program provides a structured and secure environment for people with early onset and beginning to mid-stage dementia. Specifically designed programming allows participants to feel connected, successful and loved and to be accepted for who they are rather than be defined by their disease. The program offers site supervision by a registered nurse, case manager, and skilled, caring professionals who are trained to care for persons with dementia. This program also allows families a respite from the caregiving role while offering the security that their loved ones are receiving great care.

The VNA also offers support groups at the Grand Way Commons Adult Day site for caregivers of persons with dementia and for people with early onset and beginning to midstage dementia. For more information about the new dementia care program or the monthly support groups, visit the VNA website at [www.vnacares.org](http://www.vnacares.org).

## VNA Names New HR Director

Susan Anderson-Brown joins the Visiting Nurse Association of Chittenden and Grand Isle Counties as the new Director of Human Resources. Susan is responsible for strategic and operational leadership of the VNA's human resources programs including employee recruitment and retention, employee relations, staff support and advocacy, compensation strategies and structure, and human resources policies and procedures.

Susan comes to the VNA from the Counseling Service of Addison County in Middlebury where she was the Director of Human Resources.

## VAHHA Solution - Continued from page 7

The State has assumed, incorrectly, that if the agencies have a positive bottom line, all agencies are financially healthy. This is not correct. The financial health of each agency should be evaluated separately. In addition, the State should evaluate Medicaid and other state programs separately from other payment sources.

This year, Medicare rates are being cut by 5%, which should cut home care revenues by nearly \$3 million. This will have a significant impact on the financial stability of the agencies.

## VAHHA Says Home Care Must be an Essential Benefit *Continued from page 4*

- How would the State deal with "border" issues (care for Vermonters by out-of-state providers such as Dartmouth Hitchcock)?
- Would Vermont tax non-resident employees of Vermont firms?
- How will the plan impact ERISA health plans?
- Would the new payroll taxes be tax-deductible for businesses (as premium costs are now) and for individuals (as the state income tax is now)?
- What would be the new tax/contribution provisions for the self-employed (farmers, artisans, professionals, etc.)? Would they pay the full 14.5% tax on income?
- What would be the impact on providers' current charity care programs?
- How would these plans impact labor negotiations? Existing bargaining agreements?
- Do federal antitrust laws prevent the level of clinical and payment integration required for success?

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