



Vermont

State System of Care Plan

for

Developmental Disabilities Services

FY 2018 – FY 2020
Three Year Plan
Effective: October 1, 2017

Vermont State System of Care Plan for Developmental Disabilities Services

FY 2018 – FY 2020

Three Year Plan
Effective: October 1, 2017



Developmental Disabilities Services Division
Department of Disabilities, Aging and Independent Living
Agency of Human Services
State of Vermont

For additional information, or to obtain copies of this report in this or other
formats, please contact:

Developmental Disabilities Services Division
280 State Drive, HC 2 South
Waterbury, VT 05671-2030
Phone: 802-241-0304
Fax: 802-241-0410
www.ddsd.vermont.gov

TABLE OF CONTENTS

Page

Section One	Introduction	
	I. Background	1
	II. DAIL Mission Statement	5
	III. Principles of Developmental Disabilities Services	6
Section Two	Eligibility	
	I. Overview	8
	II. Eligibility Determination	9
	III. Intake Process and Choice of Provider	10
	IV. Authorization of Services and Funding and Notification	14
Section Three	Authorization of Services and Funding and Notifications	
	I. Overview	16
	II. Role of Division in funding	17
	III. Role of Designated Agency	19
	IV. Role of Specialized Service Agency	20
	V. Role of Supportive ISO	21
Section Four	Available Programs and Funding Sources	
	I. Description of Available Programs	23
	II. Special Initiatives	44
Section Five	Management of Home and Community-based Services	
	Funding	
	I. Base Allocation	46
	II. New Caseload Funding	47
	III. Role of Funding Committees	48
	IV. Guidance for Management of HCBS Funding	52
Section Six	Plan Development	
	I. Local System of Care Plans	68
	II. Quality Reviews	72
	III. Public Hearings	73
	IV. Advisory Groups	73
Section Seven	System Development Activities	
	I. DDS Strategic Plan	74
	II. DDS Work Plan – SFY 2018 – SFY 2020	76

Attachment A	Developmental Disabilities Services Codes and Definitions	81
Attachment B	Moving Funds in Individualized Budgets Overspending in Funded Areas of Support and Authorized Funding Limits	87
Attachment C	Developmental Disabilities Services Funding Appropriation– FY 2018	89
Attachment D	Developmental Disabilities Services Needs Assessment	91
Attachment E	Summary of Local System of Care Plans	103
Attachment F	System Development Activities for FY 2015 – FY 2017	115

SECTION ONE INTRODUCTION

I. Background

A. History

The closure of Brandon Training School in 1993 was a significant milestone in the history of Vermont's system of care for individuals with developmental disabilities. It marked the end of reliance on an institutional model of care and underscored the commitment to create those supports and services necessary for people to live with dignity, respect and independence outside of institutions. Community-based services and supports are provided through ten Designated Agencies and five Specialized Services Agencies (DA/SSAs) or are self or family managed with the assistance of a Supportive Intermediary Service Organization (Supportive ISO).

In 1996, the Vermont State Legislature embedded in law the process by which the state continues its commitment to community-based services. The Developmental Disabilities Act of 1996 (DD Act) requires the Department of Disabilities, Aging and Independent Living (DAIL), through the Developmental Disabilities Services Division (DDSD), to adopt a plan known as the *State System of Care Plan* that describes the nature, extent, allocation and timing of services that will be provided to people with developmental disabilities and their families. The *State System of Care Plan*, (from here on called the "*Plan*"), along with the *Regulations Implementing the Developmental Disabilities Act of 1996* and the *Developmental Disabilities Services Annual Report*, cover all requirements outlined in the developmental disabilities statute.

In 2014, the Legislature passed Act 140 amending the DD Act. It includes a new requirement that the department adopt certain categories of the *Plan* through the State rulemaking process. This means that they must be included in the department's *Regulations Implementing the Developmental Disabilities Act of 1996*. Those categories include:

1. Priorities for continuation of existing programs or development of new programs;
2. Criteria for receiving services or funding;
3. Type of services provided; and
4. A process for evaluating and assessing the success of programs.

The remaining parts of the *Plan* are submitted to the State Program Standing Committee (SPSC) for Developmental Disabilities Services for advice and recommendations 60 days prior their adoption. A draft was submitted to the SPSC on 4/13/17. Once the *Plan* priorities are determined, the Commissioner of the department considers funds available to the department in allocating resources.

The department initiated the rulemaking process to revise the *Regulations Implementing the Developmental Disabilities Act of 1996* (the rules) in the summer of 2016 to include the categories noted above. The initial intended effective date for both the rules and the *Plan* was 7/1/17. The effective date needed to be delayed due to a delay in the approval of the regulations. The revised effective date is 10/1/17. The rules were still in the process of review at the time this *Plan* was being drafted. Because of the timing, the proposed *Plan* was based upon the proposed rules that were submitted to the Legislative Committee on Administrative Rules (LCAR) for review. Revised rules were approved by LCAR on 7/20/17. Consequently, some adjustments were made to the *Plan* based on the finalized rule, subsequent to the draft *Plan* being submitted to the State Program Standing Committee.

The *Plan* reflects the Division's commitment to the health, safety and well-being of people with developmental disabilities and their families as well as to its principles and values. The principles, which can be found on pages 6-7 of this *Plan*, emphasize the Division's commitment to maximizing individual choice and control in designing and implementing this *Plan*.

B. Creation of the *Plan*

Gathering information about the needs of people with developmental disabilities in Vermont and the effectiveness of our services and supports is an ongoing endeavor. The *Plan* builds on experience gained through previous plans and is developed every three years and updated annually, as needed, with input from a variety of individuals interested in services and supports for people with developmental disabilities. Input is obtained by the State through a process of gathering information from conversations with stakeholders, current Local System of Care Plans (as required through Administrative Rules on Agency Designation), public hearings and written comments for the rules and the *Plan*, and satisfaction surveys of individuals receiving services (see Section Six for more details). As noted above, significant input and feedback was gathered through the rulemaking process for the *Regulations Implementing the Developmental Disabilities Act*. In addition, the department reviewed a number of sources of recent information and stakeholder input currently available

including:

- Vermont Developmental Disabilities Services “Imagine the Future” Task Force (<http://ddsd.vermont.gov/imagine-future-task-force>)
- Systems Thinking and Listening Session
- Report of the Developmental Disabilities Services Legislative Work Group Regarding: Act 50 – 2013
- Review of themes from previous Local System of Care Plans and surveys used to inform the FY2015-17 System of Care Plan.

The department also considered changes to the rules and the *Plan* based upon changes in state and federal regulations, policies and agreements. These include the rules for Home-and Community-Based Services (HCBS) that have been issued by the Centers for Medicare and Medicaid Services (CMS); U.S. Department of Labor Home Care rules; and the Global Commitment to Health 1115 Demonstration Waiver.

One of the key groups consulted during the development of this *Plan* is the State Program Standing Committee for Developmental Disabilities Services. In accordance with the Developmental Disabilities Act, specifically 18 V.S.A. §8733, this Governor appointed body is charged with advising DAIL on the status and needs of people with developmental disabilities and their families and advising the Commissioner on the development of the *Plan*. All these methods of input provide the perspective of a wide range of individuals.

C. Intention of the *Plan*

The *Plan* is intended to help people with developmental disabilities, their families, advocates, service providers and policy makers understand how resources for individuals with developmental disabilities and their families are managed. It lays out criteria for determining who is eligible for developmental disabilities services and prioritizes the use of resources. It is specifically intended to spell out how legislatively-appropriated funding will be allocated to serve individuals with significant developmental disabilities. The *Plan* guides the appropriate use of this funding to help people achieve their personal goals and to continuously improve the system of supports for individuals with developmental disabilities within available resources.

This *Plan* does not substitute for the State of Vermont’s Medicaid State Plan. It does not guide or direct the allocation of resources for all Medicaid State Plan services, or other services administered by the Agency of Human Services or other state agencies.

This three-year *Plan* is effective as of October 1, 2017 and will be updated on a yearly basis, as needed. It should be noted that proposed changes to components of the *Plan* that are adopted by rule would require utilizing the rulemaking process. Feedback on the *Plan* is welcome.

II. DAIL Mission Statement

The mission of the Department of Disabilities, Aging and Independent Living (DAIL) is to make Vermont the best state in which to grow old or to live with a disability; with dignity, respect and independence.

Core Principles of DAIL

- **Person-Centered**

The individual will be at the core of all plans and services.

- **Respect**

Individuals, families, providers and staff are treated with respect.

- **Independence**

The individual's personal and economic independence will be promoted.

- **Choice**

Individuals will have options for services and supports.

- **Self-Determination**

Individuals will direct their own lives.

- **Living Well**

The individual's services and supports will promote health and well-being.

- **Contributing to the Community**

Individuals are able to work, volunteer, and participate in local communities.

- **Flexibility**

Individual needs will guide our actions.

- 1. **Effective and Efficient**

Individuals' needs will be met in a timely and cost effective way.

- **Collaboration**

Individuals will benefit from our partnerships with families, communities, providers, and other federal, state and local organizations.

III. Principles of Developmental Disabilities Services

The Developmental Disabilities Act of 1996 states that services provided to people with developmental disabilities and their families shall foster and adhere to the following principles:

- A. **Children's Services:** Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced when the children are cared for within their own homes. Children with disabilities benefit by growing up in their own families; families benefit by staying together; and communities benefit from the diversity provided when people of varying abilities are included.
- B. **Adult Services:** Adults, regardless of the severity of their disability, can make decisions for themselves, can live in typical homes, and can contribute as citizens to the communities where they live.
- C. **Full Information:** In order to make good decisions, people with developmental disabilities and their families need complete information about the availability and choice of services, the cost, how the decision-making process works, and how to participate in that process.
- D. **Individualized Support:** People with disabilities have differing abilities, needs, and goals. Thus, to be effective and efficient, services must be individualized to the capacities, needs, and values of each individual.
- E. **Family Support:** Effective family support services are designed and provided with respect and responsiveness to the unique needs, strengths, and cultural values of each family and the family's expertise regarding its own needs.
- F. **Meaningful Choices:** People with developmental disabilities and their families cannot make good decisions unless they have meaningful choices about how they live and the kinds of services they receive. Effective services are flexible so they can be individualized to support and accommodate personalized choices, values and needs and assure that each recipient is directly involved in decisions that affect that person's life.
- G. **Community Participation:** When people with disabilities are segregated from community life, all Vermonters are diminished. Effective services and supports foster full community participation and personal relationships with other members of the community. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.

- H. **Employment:** The goal of job support is to obtain and maintain paid employment in regular employment settings.
- I. **Accessibility:** Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.
- J. **Health and Safety:** The health and safety of people with developmental disabilities is of paramount concern.
- K. **Trained Staff:** In order to assure that the purposes and principles of this chapter are realized, all individuals who provide services to people with developmental disabilities must have training as required by section 8731 of the Developmental Disabilities Act.
- L. **Fiscal Integrity:** The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.

SECTION TWO ELIGIBILITY

I. Overview

Using national prevalence rates, it is likely that roughly 15,651 of the state's 626,042¹ citizens have a developmental disability as defined in the Vermont Developmental Disabilities Act of 1996. Given the birth rate in Vermont of about 5,720 live births per year², it is expected that approximately 143 children will be born each year with developmental disabilities³.

Not everyone with developmental disabilities needs or wants services. Most individuals with developmental disabilities in Vermont are actively involved in home and community life, working and living along with everyone else. Of those who do need support, many people have only moderate needs. Those with more intense needs usually require long term, often life-long support.

In enacting the Developmental Disabilities Act, the Legislature made clear its intention that developmental disabilities services would be provided to some, but not all, of the state's citizens with developmental disabilities. It gave responsibility for defining which individuals would have priority for funding and supports to the Division through *Regulations Implementing the Developmental Disabilities Act of 1996* and the *State System of Care Plan*.

There were 4,486 people who received developmental disabilities services in FY 2016, which is about 29% of Vermonters who are estimated to meet clinical eligibility for developmental disabilities services⁴. The number of people served each year increases by approximately 100 individuals taking into account the people who die or otherwise leave services annually. Services are determined through an individual planning process and designed to be based on the needs and strengths of the individual, the individual's goals and the availability of naturally occurring supports.

¹ Based on national census figures for 2015 obtained from the U.S. Census Bureau (demographic profile based on 2010 census) and national prevalence rates of 1.5% for intellectual disability and 1.0% for Autism Spectrum Disorder.

² Based on 2015 calendar year data from the Vermont Department of Health Vital Statistics.

³ Based on prevalence rates of 1.5% for intellectual disability and 1.0% for Autism Spectrum Disorder.

⁴ The increase in percentage of the estimated population of people with developmental disabilities who received services over the past number of years may be in part due to the addition of Family Managed Respite services in FY 15 to the total caseload count and the calibration from six-year old census data.

II. Eligibility Determination

Individuals with developmental disabilities who wish to receive services must first be found eligible. There are three parts to determining eligibility.

1. Financial eligibility
2. Clinical eligibility
3. Funding eligibility

Financial Eligibility: In order to receive developmental disabilities services funding, an individual must be determined by the Department of Vermont Health Access to be financially eligible for Vermont Medicaid.

Clinical Eligibility: Clinical eligibility is determined by a Designated Agency. The Division verifies clinical eligibility for most services. Having a developmental disability means to have a diagnosis of one of the following based on a formal, professional evaluation:

- Intellectual Disability (IQ of 70 or less), or
- Autism Spectrum Disorder;

and have both of the following:

- Significant deficits in adaptive function (such as social/emotional development, daily living skills, communication, and/or motor development), and
- Onset of the disability prior to age 18.

Funding Eligibility: Each program and funding source has its own criteria to access funding.

The Regulations Implementing the Developmental Disabilities Act of 1996 provide more detail on clinical eligibility (Part 2), recipient criteria (Part 3), financial requirements and responsibilities (Part 6) and access criteria (Section 4.7). Section Four of this *Plan* describes the eligibility criteria as well as limitations of each program. The clinical and financial eligibility criteria above apply to most programs but for a few programs it is different.

III. Intake Process and Choice of Provider

Any person who believes he or she has a developmental disability or is the family member of such a person may apply for services, supports, or benefits. In

addition, the guardian of the person may apply. Any other person may refer a person who may need services, supports, or benefits. An agency or a family member may initiate an application for a person with a developmental disability or a family member but shall obtain the consent of the person or guardian to proceed with the application⁵.

The Agency of Human Services has agreements with ten Designated Agencies (DA) and five Special Services Agencies (SSA) to provide Developmental Disabilities Services. These agreements establish their status as certified providers. There is also an agreement with a Supportive Intermediary Service Organization (Supportive ISO) to assist individuals and families who wish to manage their own services. An application for Developmental Disabilities Services is filed at the DA for the geographic region where the individual with the developmental disability lives. Any disputes regarding which DA is the person's responsible DA can be resolved by the Division Director.

Within five working days of receiving an application, the DA shall complete the application screening process. If there are extenuating circumstances that prevent completion in 5 days, the agency (DA) shall document those in the individual's record. Information should be provided both verbally and in writing. The screening process includes all of these steps:

- a. Explaining to the applicant the application process, potential service options, how long the process takes, how and when the applicant is notified of the decision, and the rights of applicants, including the right to appeal decisions made in the application process;
- b. Notifying the applicant of the rights of recipients, including the procedures for filing a grievance or appeal⁶;
- c. Discussing options for information and referral; and
- d. Determining whether the person with a developmental disability or the person's family is in crisis or will be in crisis within 60 days. If the DA determines that the person or family is facing an immediate crisis, the DA shall make a temporary or expedited decision on the application.

During the screening process, a DA may provide information regarding whether the applicant is likely to be eligible for services, but must also inform the person or his/her right to file an application, have a full assessment and be given a formal notice of decision regarding eligibility.

⁵ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 4.1 Who may apply.

⁶ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 8 Grievance, Internal Appeal and Fair Hearing.

At the point of initial contact with an applicant, the DA shall inform the applicant of all certified providers (DA/SSAs) in the region and the options to:

- a. Receive services and supports through any certified provider (DA/SSAs) in the region;
- b. Share the management of those services with the DA or SSA; or
- c. Self/family-manage their services through the Supportive ISO.⁷

The DA shall help a recipient learn about service options, including the option of self/family-managed services⁸. The option to choose designated providers (DA/SSAs) other than the DA and to self/family-manage or share-manage services applies only to Home and Community-Based Services described in Section Four (g).

It is the DA's responsibility to ensure the individual is informed of his or her choice of all services options listed below in order to make an informed decision when making the choice of management options/service providers. The DA shall document options discussed and information shared as part of this process⁹, including a signed acknowledgement by the applicant that they understand their options. If the applicant wants more information about options or chooses to pursue services outside the DA, then the DA shall contact the SSA or Supportive ISO on behalf of the applicant¹⁰.

The DA shall provide the choices in an unbiased manner to reduce the potential for conflict of interest¹¹. The Designated Agency will clearly explain and provide contact information for the applicant to learn about each of the following options.

- **Agency-Managed Services:** Agency-managed services are when a Designated Agency or Specialized Service Agency (DA/SSA) manages all services and supports provided to the individual. Even when the DA/SSA contracts through another entity, such as a shared living provider or other service organization that hires or contracts for support workers, the DA/SSA remains responsible for management and quality oversight of all developmental disabilities services.

⁷ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 4.4 Screening.

⁸ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 4.10 Choice of Providers.

⁹ Ibid.

¹⁰ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 4.4 Screening.

¹¹ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 4.10 Choice of Providers.

- **Shared-Managed Services:** Shared-managed services are when a Designated Agency or Specialized Services Agency (DA/SSA) manages some, but not all, of the services and is responsible for the quality oversight of those services, and the individual or a family member manages some of the services. For example, a DA/SSA may provide service planning and coordination and arrange for other services, such as home supports, while the individual or a family member manages supports such as respite or community supports. Shared-managed services is not defined as a DA/SSA contracting with a shared living provider and/or other service organization who hires support workers because in those situations the DA/SSA is still responsible for the management and quality oversight of those services.
- **Self-Managed¹²:** Self-managed services are when an individual manages all of his or her developmental disabilities services. The individual is responsible for hiring his or her own staff, administrative responsibilities and quality oversight associated with receiving developmental disabilities services funding. However, no more than eight (8) hours per day of paid home supports may be self-managed. Except for supportive services, clinical services provided by licensed professionals, or camps that provide respite, individuals and families may not purchase services from a non-certified entity or organization.¹³
- **Family-Managed Services¹⁴:** Family-managed services are when a family member manages all of an individual's developmental disabilities services. The family member is responsible for hiring staff, administrative responsibilities and quality oversight associated with receiving developmental disabilities services funding. However, no more than eight (8) hours per day of paid home supports may be self/family-managed. Except for supportive services, clinical services provided by licensed professionals, or camps that provide respite, individuals and families may not purchase services from a non-certified entity or organization.¹⁵

When an individual or family chooses to self/family-manage services, the individual or family member is also responsible for ensuring that the approved

¹² For more information, see the Self/Family Management Guide for a comprehensive guide for people who are self/family-managing their developmental disabilities services funded through Medicaid.

¹³ See Regulations Implementing the Developmental Disabilities Act of 1996, Part 5 Self/Family-Managed Services.

¹⁴ For more information, see the Self/Family Management Guide for a comprehensive guide for people who are self/family-managing their developmental disabilities services funded through Medicaid.

¹⁵ See Regulations Implementing the Developmental Disabilities Act of 1996, Part 5 Self/Family-Managed Services.

funding is used in compliance with the *State System of Care Plan*, the *Regulations Implementing the Developmental Disabilities Act of 1996* and all other relevant policies and guidelines. The Supportive Intermediary Service Organization (Supportive ISO) must be used by individuals and family members who self/family-manage their services to help them understand their role and responsibilities for self/family-management, including assuring workers are trained, supervised and monitored, following all Division policies and guidelines and managing funding. The DA/SSA assumes this role when services are shared-managed. The Fiscal/Employer Agent (F/EA) must be used by employers of record, including individuals who self/family-manage or share-manage and shared living providers who hire workers, to assist with many of the bookkeeping and reporting responsibilities of the employer. The F/EA also conducts background checks for prospective employees and processes payroll for the employer.

Services from Providers other than the Responsible DA

An applicant may choose to receive services from the DA in the county where he or she lives, or may choose to receive services from a Specialized Service Agency (SSA) or another DA. Specialized Service Agencies are organizations that provide a distinctive approach to services and/or services that are designed to meet the needs of individuals with distinctive needs. There are five SSAs who provide services in select regions around the state. The other DA/SSAs have the option to decline to provide services in which case the individual may receive services from their DA or choose to self-manage or family-manage their services.

The recipient or family may choose to receive services from an agency (DA/SSA) in the state, if the agency (other DA/SSA) agrees to provide the authorized services at or below the amount of funding authorized for the DA to provide services.

If the recipient is not self/family-managing services, the DA shall ensure that at least one provider within the geographic area offers the authorized services at or below the amount of funding authorized at the DA.

If no other provider is available to provide the authorized services and the recipient or family does not wish to self/family-manage services, the DA shall provide the authorized services in accordance with its Master Grant Agreement. If the recipient's needs are so specialized that no provider in the geographic area can provide the authorized services, the DA may, with the consent of the

recipient, contract with a provider outside the geographic region to provide some or all of the authorized services.

A recipient or family may request that an agency (DA/SSA) sub-contract with a non-agency (non-DA/SSA) provider to provide some or all of the authorized services, however, the decision to do so is at the discretion of the agency (DA/SSA)¹⁶.

IV. Authorization of Services and Funding and Notification

The DA is responsible for determining whether an applicant meets the criteria for financial and clinical eligibility. The DA will conduct or arrange for an assessment to determine clinical eligibility. If an applicant has been found financially and clinically eligible, an Individual Needs Assessment must be completed to determine whether the applicant meets criteria to access any of the services or funding listed in Section Four of this *Plan*.

Within 45 days of the date of the application, the DA shall notify the applicant in writing of the results of the assessment and the amount of services or funding, if any, which the applicant shall receive. If the assessment and authorization of funding is not going to be completed within 45 days of the date of application, the DA shall notify the applicant in writing of the estimated date of completion of the assessment and authorization of services or funding.¹⁷ Failure to act in a timely manner according to state rules is appealable. For an individual who is authorized to receive Home and Community-Based Services, notification will specify the amount, types and costs for these services in the form of the individual's Authorized Funding Limit (AFL).

Within 30 days of written notification of approval for services and/or funding, the chosen DA/SSA will begin funded services. During this period, the DA/SSA will work with the applicant to initiate person-centered planning and the Person's Story and develop an Individual Support Agreement (ISA). The DA/SSA may begin some or all services before the 30-day timeframe depending on individual circumstances. However, there must be a signed ISA within 30 days of the first day of billable services. If the authorized services are not going to start within 30 days of notification of approval, the chosen DA/SSA will notify the applicant

¹⁶ See Regulations Implementing the Developmental Disabilities Act of 1996, Part 4.10 Choice of Provider

¹⁷ See Regulations Implementing the Developmental Disabilities Act of 1996, Part 4.9 Notification of Decision on Application.

in writing of the estimated start date of services. For individuals or families who choose to self/family-manage their services, the DA will transfer the authorized funding to the Supportive ISO. The individual or family may then arrange to implement services with the assistance of the Supportive ISO.

If the applicant is found ineligible for services, the DA is responsible to provide the individual information and referrals to other services. If the applicant is found ineligible to receive funding for some or all services, the DA will, as soon as possible, notify the applicant and provide information to the individual about the basis for the decision, the process for appeal and where to obtain legal assistance. The applicant's name will be placed on a waiting list maintained by the DA/SSA. The applicant will be informed that his or her name has been placed on the waiting list, and will be given information about the periodic review of the waiting list. (See the *Regulation Implementing the Developmental Disabilities Act of 1996*, Section 4.9 for more information on notification of decisions and Part 8 on the appeal process.)

SECTION THREE

FUNDING AUTHORITY AND SOURCES

I. Overview

The authority to offer and fund services for people with developmental disabilities is outlined in the special terms and conditions of Vermont's Global Commitment to Health Section 1115 Demonstration, an agreement between the Vermont Agency of Human Services and the federal Centers for Medicare and Medicaid Services regarding the administration of the State's Medicaid program. The agreement allows for the provision of "special programs" for individuals who would have been eligible under separate 1915 (c) waivers previously. Developmental Disability Services is one of these special programs.

The agreement indicates that "Vermont's specialized programs rely on person-centered planning to develop individualized plans of care. Specialized programs support a continuum of care from short term crisis or family support to intensive 24/7 home and community based wraparound services. These programs include both State Plan recognized and specialized non-State Plan services and providers to support enrollees in home and/or community settings. The state may require: additional provider agreements, certifications or training not found in the State plan; specific assessment tools, level of care or other planning processes; and/or prior authorizations to support these programs." It provides a summary of the services available but specifies that "complete service definitions, approved provider types, applicant rules, prior authorizations, limitations and exclusions can be found in Vermont statute, rule and policy."

Below is a list of the Vermont statutes, rules and policies that provide authority and guidance regarding the use of funding and service delivery for people with developmental disabilities:

- *The Developmental Disabilities Act of 1996*
- *Regulations Implementing the Developmental Disabilities Act of 1996*
- *Administrative Rules on Agency Designation*
- *The Vermont State System of Care Plan for Developmental Disabilities Services – FY 2018 – FY 2020*
- *Developmental Disabilities Services Division: Medicaid Claims Codes and Reimbursement Rates*
- *Individual Support Agreement Guidelines*
- *Behavior Support Guidelines for Support Workers Paid with Developmental Services Funds*

- Guidelines for the Quality Review Process of Developmental Disabilities Services
- Medicaid Manual for Developmental Disabilities Services
- Vermont State Medicaid regulations

Each year, the Legislature appropriates funding for the provision of Developmental Disabilities Services. The Agency of Human Services (AHS) is committed to providing high quality, cost effective services to support Vermonters with developmental disabilities within the funding available and to obtain good value for funding appropriated by the Legislature. To help achieve this goal, the Developmental Disabilities Services Division allocates these appropriated funds to its network of Designated Agencies and Specialized Service Agencies (DA/SSAs) as well as the Supportive Intermediary Service Organization (Supportive ISO) on behalf of people self/family-managing services. AHS has Master Grant Agreements with all DA/SSAs that outline the requirements for service provision and include the amount of funding allocated for each available program and funding source. There is a separate agreement with the Supportive ISO. The appropriation includes a base allocation used by DA/SSAs and the Supportive ISO for individuals currently receiving services. The appropriation may also include additional funding for individuals who are new to services or who currently receive services and have an increase in needs. A summary of the funding available in FY 2018 is shown in *Attachment C*. The Division as well as the DA/SSAs and the Supportive ISO each have roles in the allocation of funding to recipients.

II. Role of the Division in Funding

The Division maintains an active role in the allocation, review and approval of developmental disabilities services funding. The Division will:

- A. Prepare budget recommendations for the Administration's review, including analysis of emerging trends, changes in best practices, pressures, and opportunities for cost-reduction and system-delivery improvements.
- B. Issue instructions for any budgetary rescissions.
- C. Provide funding guidelines and technical assistance to DA/SSAs, Supportive ISO and local funding committees.
- D. Lead the Equity and Public Safety Funding Committees (see Section

- Five, III); establish operating procedures for each committee; take recommendations from the committees; assure that each funding proposal is in compliance with this *Plan*, the DDS Regulations Implementing the DD Act of 1996, and all other relevant policies and guidelines; make final funding decisions, track funding requests for current and new recipients and monitor caseload expenditures.
- E. Verify clinical eligibility of those newly funded for Home and Community-based Services.
 - F. Review representative samples of individuals' services to determine whether the supports currently funded are of high quality, cost effective, meet people's needs and achieve their desired goals.
 - G. Review Medicaid Management Information Systems, paid claims, Monthly Service Report (MSR) data, service documentation, time records or Electronic Medical Records (EMR) equivalent documentations to determine adherence with state/federal rules and utilization/funding guidelines and inform the process of working to ensure compliance.
 - H. Approve all Unified Services Plans. Unified Service Plans blend different funding sources (such as developmental disabilities Home and Community-Based Services funding, Children's Personal Care Services and/or High Technology Home Care Services¹⁸) into a unified funding approach with one coordinated service plan for individuals with complex and intensive medical and/or behavioral support needs.
 - I. Assist DA/SSAs to fill vacancies in group homes/residential settings that are considered statewide resources, including the Intermediate Care Facility for people with Developmental Disabilities (ICF/DD). DA/SSAs must notify DDSD of a group home/residential setting opening. The Division then sends a notice to the statewide provider network. DA/SSAs receive referrals and consult with DDSD staff to review viable candidates and come to a mutual agreement as to the best match for the home. In the event that a mutual agreement cannot be reached, the DA/SSA will make the final decision.

¹⁸ Children's Personal Care Services and High Technology Home Care Services for children are managed by Vermont Department of Health/Children with Special Health Needs. High Technology Home Care Services for adults are managed by Department of Disabilities, Aging and Independent Living/Adult Services Division.

- J. Approve increases in funding for group homes/residential settings that are agreed upon by the provider and DDS to be considered statewide resources.
- K. Assist DA/SSAs to negotiate and facilitate arrangements for eligible individuals when the Department for Children and Families (DCF), Department of Mental Health (DMH), Department of Corrections (DOC) or other state agencies and/or out-of-state organizations are contributing payment for an individual's Home and Community-Based Services. Provide final funding approval in conjunction with other departments, agencies or organizations.
- L. Prior authorize requests for any out-of-home placements supported by developmental disabilities Home and Community-Based Services funding for children under age 18.
- M. Resolve the issue of which agency is the Designated Agency when it is not clear which agency has the Designated Agency responsibilities for a particular individual in accordance with DDS guidance.
- N. Manage the DDS budget within available funding.
- O. Ensure use of HCBS funds are consistent with the federal HCBS rules.

III. Role of Designated Agency

- A. After determining clinical and financial eligibility, conduct needs assessments for all new applicants, and periodic reviews of needs for existing recipients as needs change or at least annually.
- B. Seek or authorize funding based upon assessed needs of individuals and families.
- C. Manage base allocation by shifting funds across individuals as needs change.
- D. Follow all Division rules and guidance in requesting and managing funds as outlined in the Master Grant Agreement, *the Plan*, regulations and the *Medicaid Manual for Developmental Disability Services*.
- E. Operate a Local Funding Committee (see Section Five, III.A).

- F. Submit requests for funding involving Unified Services Plans, DMH, DCF and DOC or other state agencies and/or out-of-state organizations to the Division for approval.
- G. Submit requests for out-of-home placements supported by developmental disabilities Home and Community-Based Services funding for children under age 18 to the Division for approval.
- H. Notify Division of openings in group home/residential settings that are considered statewide resources.
- I. Recalculate service and support costs annually and update individuals' budgets accordingly by reallocating (known as "re-spreading") costs across individuals' budgets, as appropriate.
- J. Address gaps in services identified in the Local System of Care Plans with available funds.

IV. Role of Specialized Service Agency

- A. Conduct periodic reviews of needs for existing recipients as needs change or at least annually.
- B. Seek or authorize funding based upon assessed needs of individuals and families.
- C. Manage base allocation by shifting funds across individuals as needs change.
- D. Follow all Division rules and guidance in requesting and managing funds as outlined in the Master Grant Agreement, *the Plan*, regulations and the *Medicaid Manual for Developmental Disability Services*.
- E. Participate in the Local Funding Committee. Submit requests for increased HCBS funding for an individual to the individual's DA. Present on those requests for HCBS funding at Local Funding Committee.
- F. Submit requests for funding involving Unified Services Plans, DMH, DCF and DOC or other state agencies and/or out-of-state organizations

to the Division for approval.

- G. Submit requests for out-of-home placements supported by developmental disabilities Home and Community-Based Services funding for children under age 18 to the Division for approval.
- H. Notify Division of openings in group home/residential settings that are considered statewide resources.
- I. Recalculate service and support costs annually and update individuals' budgets accordingly by reallocating (known as "re-spreading") costs across individuals' budgets, as appropriate.
- J. Address gaps in services identified in the Local System of Care Plans with available funds.

V. Role of Supportive ISO

- A. Conduct periodic reviews of needs for existing recipients as needs change or at least annually.
- B. Seek or authorize funding based upon assessed needs of individuals and families.
- C. Review service and individual budget utilization and assist individuals and families in understanding the funding rules and management of their budget.
- D. Follow all Division rules and guidance in requesting and managing funds as outlined in the Provider Standards for Supportive ISO for Self/Family-Management of Developmental Disabilities Services, *the Plan*, regulations and the *Medicaid Manual for Developmental Disability Services*.
- E. Operate a Local Funding Committee. Authorize up to \$5,000 per person annually for short-term needs from the shared funding pool. Submit requests for increases to annualized HCBS funding to the Local Funding Committee for review prior to submitting them to the Equity or Public Safety Funding Committees.
- F. Submit requests for funding involving Unified Services Plans, DMH,

DCF and DOC or other state agencies and/or out-of-state organizations to the Division for approval.

- G. Recalculate service and support costs annually and update individuals' budgets accordingly by reallocating (known as "re-spreading") costs across individuals' budgets, as appropriate.
- H. When a new person transfers from a DA/SSA to self/family-management, the Supportive ISO assists the person/family to plan how best to provide the services using the approved budget to meet the assessed needs.

SECTION FOUR

AVAILABLE PROGRAMS and FUNDING SOURCES

I. Description of Available Programs

Below is a description of the available programs for developmental disabilities services. As most of the descriptions come from language in the *Regulations*, the numbering and lettering is consistent with the *Regulations*. Each description includes information about the funding source, the intent of the program, the eligibility and access criteria; limitations and process for authorizing the services.

The Department's programs reflect its current priorities for providing services for Vermont residents with developmental disabilities. The availability of the Department's current programs, which are described below, is subject to the limits of the funding appropriated by the Legislature on an annual basis. The nature, extent, allocation and timing of services are addressed in the SOCP (the *Plan*), and additional details, limitations and requirements for each program are included in the SOCP (the *Plan*), the current Medicaid Manual for Developmental Disabilities Services and in specific Division guidelines. Programs will be continued and new programs will be developed based on annual demographic data obtained regarding Vermont residents with developmental disabilities, the use of existing services and programs, the identification of the unmet needs in Vermont communities and for individual residents of Vermont, and the reasons for any gaps in service."¹⁹

(a) **The Bridge Program: Care Coordination for Children with Developmental Disabilities**

The Bridge Program is an Early Periodic Screening, Diagnosis and Treatment (EPSDT) service that provides support to families in need of care coordination to help them access and/or coordinate medical, educational, social or other services for their children with developmental disabilities.²⁰ As an EPSDT service, children who meet the eligibility criteria below are entitled to receive this service and may not be placed on a waiting list. Agencies may use Targeted Case Management funding to meet the needs of

¹⁹ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 4.7 Available Programs and Funding Sources.

²⁰ Ibid.

some young adults between 18-22 when appropriate. Agencies should notify the department if they exhaust their Bridge funding and are in need of additional funds to prevent a waiting list.

On an annual basis, the Division negotiates and approves funding allocations for DAs and one SSA for the Bridge Program. The DAs will determine clinical and financial eligibility and approve individuals to receive this service. The Bridge Program Guidelines provide details regarding eligibility, scope of service provision and overall management of services.

(1) **Eligibility**

(A) Clinical:

Individuals who meet the criteria for developmental disability as defined in regulations.

(B) Financial:

Vermont Medicaid eligible as determined by Department of Vermont Health Access.

(C) Access Criteria:

Individual must be under the age of 22. Care coordination is available in all counties either through the Bridge Program or through an Integrating Family Services (IFS) program administered by the Department of Mental Health. Children who are receiving care coordination, case management or service coordination from another AHS-funded source listed in the Bridge Program Guidelines are not eligible to receive Bridge Program Care Coordination.²¹

(2) **Limitations**

(A) Bridge Program Care Coordination may be billed for an individual residing in a nursing home, ICF/DD, hospital, rehabilitation facility, residential school, psychiatric facility, or crisis facility only for the purposes of discharge planning when the service does not duplicate the facility's services and when provided 90 calendar days or less prior to discharge.

(B) Funds must be used in accordance with the *Bridge Program Guidelines*.

²¹ Ibid.

- (C) DA/SSAs should use Bridge Funding for children in need of case management/care coordination rather than Targeted Case Management, except for some young adults age 18-22 for whom TCM is determined to be the more appropriate service.

(b) Developmental Disabilities Specialized Services Fund

This fund pays for dental services for adults and adaptive equipment and other one-time ancillary services needs that individuals and families cannot meet or are not covered by other funding sources. Requests for Special Services Funds are made to the Division by DA/SSAs.

(1) Eligibility

(A) Clinical:

Individuals who meet the criteria for developmental disability as defined in regulations.

(B) Financial:

None.

(C) Access Criteria:

The goods and services requested must be related to the person's disability and meet the Division's *Special Services Fund Guidelines*.²²

(2) Limitations

(A) There is a limit of \$500 for any one person within a fiscal year for non-dental expenses.

(B) Dental for adults has a maximum limit of \$1,000 per person per fiscal year.

(C) Payments can only be made after the service has been rendered.

(D) The fund shall not be used to contribute to high cost projects, such as extensive home modifications, purchasing of vans, high-end adaptive equipment or orthodontic work.

²² Ibid.

- (E) The fund shall not be used to pay for services covered by Medicaid State Plan, HCBS funding, Medicare, private insurance or other available funding sources.
- (F) Funds are provided based on the funds available for this program at the Division.

(c) Employment Conversion

The Employment Conversion Initiative is intended to support people to convert their community supports funding to work supports.²³

This will offset the increased cost of work supports. An amount equal to a total of \$50,000 of annual caseload funding is allocated for support needed to maintain an employer-paid job for individuals who have transferred at least 50% of their existing community supports funding to work supports. DA/SSAs may request these funds through the Equity and Public Safety Funding Committees.

(1) Eligibility

(A) Clinical:

Individuals who meet the criteria for developmental disabilities as defined in regulations.

(B) Financial:

Vermont Medicaid eligible as determined by Department of Vermont Health Access.

(C) Access Criteria:

Individuals with HCBS funding who must have transferred at least 50% of their existing community supports funding to work supports.²⁴

(2) Limitations

The maximum amount available to add to work supports from this initiative for each individual is \$5,000, which shall be annualized in their individual budget. The \$4,500 threshold for Equity/Public Safety committee funding requests does not need to be met for these requests.

²³ Ibid.

²⁴ Ibid.

(d) Family Managed Respite

Family Managed Respite (FMR) funding is allocated by DAs to provide families with a break from caring for their child with a disability, up to age 21. Respite can be used as needed, either planned or in response to a crisis.²⁵ It may be used to allow the caregiver to attend to his or her own needs or the needs of other family members. Respite may also be used to create a break from the normal routine for the child with a disability. It is intended to promote the health and well-being of a family by providing a temporary break. Eligibility for FMR, determined through a needs assessment with a Designated Agency, is defined in the FMR guidelines. Families are given an allocation of respite funds that they will manage. Families are responsible for recruiting, hiring, training and supervising the respite workers. DAs may provide assistance with these responsibilities. The workers are paid through the F/EA who processes the payroll and conducts background checks for these employees.

(1) Eligibility

(A) Clinical:

Individual with a developmental disability or eligible to receive services from Children's Mental Health Services.

(B) Financial:

Vermont Medicaid eligible as determined by Department of Vermont Health Access.

(C) Access Criteria:

FMR is available to children up to, but not including, age 21 living with their biological/adoptive families or legal guardian.²⁶

(2) Limitation

(A) FMR funding can only be used for direct care provided by an employee hired by the family.

(B) FMR funds cannot be used to purchase goods or items, pay for camp or to pay an organization, agency, or facility.

²⁵ Ibid.

²⁶ Ibid.

- (C) FMR funds cannot be used for individuals receiving HCBS.
- (D) Maximum allocation per year is \$6,000 plus employer taxes.
- (E) Funds must be used in accordance with the *Family Managed Respite Guidelines*, including which family members can be paid to provide respite.

(e) Flexible Family Funding

Flexible Family Funding (FFF) provides funding for families caring for a family member with a developmental disability at home. Funding is provided to eligible families of individuals with developmental disabilities to help pay for any legal good or activity that the family chooses such as respite, assistive technology, home modification, or individual and household needs. These income-based funds, determined by a sliding scale, are used at the discretion of the family. FFF is available at DAs in all counties.²⁷ Families apply for FFF through their DA which is responsible for determining eligibility and making allocations accordingly. Additional details are available in the Flexible Family Funding Guidelines.

(1) Eligibility

- (A) Clinical:
Individuals who meet the criteria for developmental disability as defined in regulations.
- (B) Financial:
Income-based on sliding fee scale outlined in *Flexible Family Funding Guidelines*.
- (C) Access Criteria:
An individual of any age who lives with their family (i.e., unpaid biological, adoptive and/or step-parents, adult siblings, grandparents, aunts/uncles, nieces/nephews and legal guardians) or an unpaid family member who lives with and supports an individual with a developmental disability. Individuals living independently or with their spouse, and those receiving HCBS are not eligible.²⁸

²⁷ Ibid.

²⁸ Ibid.

(2) **Limitations**

- (A) Applicants whose income exceeds the upper limit of the sliding scale are not eligible.
- (B) Flexible Family Funding is limited to a maximum of \$1,000 per person per year, including when using one-time dollars for FFF and when FFF that is carried over by DAs into the next fiscal year.
- (C) Funds must be used in accordance with the Department's *Flexible Family Funding Guidelines*.
- (D) Availability of these funds is limited to the amount allocated to the DA for this program and available one-time funds.

(f) **Growth and Lifelong Learning**

These Department approved programs provide lifelong learning and teaching experiences to adults with developmental disabilities and increases the individual's ability to become an expert in topics of interest through supported research, inquiry, community networking and full examination of a topic. The experience empowers individuals as role models and results in improved confidence, self-direction, interpersonal skills, organization and executive functioning skills.

(1) **Eligibility**

- (A) Clinical:
Individuals who meet the criteria for developmental disabilities as defined in regulations.
- (B) Financial:
Vermont Medicaid-eligible as determined by Department of Vermont Health Access.
- (C) Access Criteria:
Access is limited to the geographic area where the approved program is provided.²⁹

²⁹ Ibid.

(2) **Limitations**

The Department determines the amount of funding allocated to a DA or SSA for this program.

(g) **Home and Community-Based Services (HCBS)**

Developmental Disabilities HCBS are long term services and supports provided throughout the state by private, non-profit developmental disabilities services providers, or through self/family-management, to adults and children with developmental disabilities with the most intensive needs. Individual HCBS budgets are based on an all-inclusive daily rate that combines all applicable services and supports provided to the individual in accordance with their assessed needs plus associated administrative costs. Services and supports may include: Service Coordination, Community Supports, Employment Supports, Respite Supports, Clinical Services, Supportive Services, Crisis Services, Home Supports and Transportation Services.³⁰ Definitions of these services are included in Attachment A. HCBS are accessed through the local DA for new applicants. Current recipients can request increased services or funding through their current DA/SSA or the Supportive ISO if they are self/family-managing.

The provision of HCBS must be consistent with federal HCBS rules. This includes providing supports for people to live in their own homes, fully integrated in their community. A person's home where these services are provided must honor and support the person's rights to free association and privacy. Services also must be integrated in the community in a manner that does not inhibit the person receiving services from knowing and being known by others in the community and forming enduring relationships.

(1) **Eligibility**

(A) **Clinical:**

Individuals who meet the criteria for developmental disability as defined in regulations.

(B) **Financial:**

Vermont Medicaid-eligible as determined by Department of Vermont Health Access.

³⁰ Ibid.

(C) Access Criteria:

(i) Must meet all 3 of the following criteria:

1. Individual would otherwise be eligible for Intermediate Care Facility for individuals with Developmental Disabilities (ICF/DD) level of care;
2. The individual has an unmet need related to their developmental disability; and
3. The individual's unmet need meets one of the following six funding priorities for HCBS.

1. Health and Safety: Ongoing, direct supports and/or supervision are needed to prevent imminent risk to the individual's personal health or safety.
[Priority is for adults age 18 and over.]
 - a. "Imminent" is defined as presently occurring or expected to occur within 45 days.
 - b. "Risk to the individual's personal health and safety" means an individual has substantial needs in one or more areas that without paid supports put the individual at serious risk of danger, injury or harm (as determined through a needs assessment).
2. Public Safety: Ongoing, direct supports and/or supervision are needed to prevent an adult who poses a risk to public safety from endangering others. To be considered a risk to public safety, an individual must meet the Public Safety Funding Criteria (see Section (g)(2), *infra*). [Priority is for adults age 18 and over.]
3. Preventing Institutionalization – Nursing Facilities: Ongoing, direct supports and/or supervision needed to prevent or end institutionalization in nursing facilities when deemed appropriate by Pre-Admission Screening and Resident Review (PASRR). Services are legally mandated. [Priority is for children and adults.]
4. Preventing Institutionalization – Psychiatric Hospitals and ICF/DD: Ongoing, direct supports and/or supervision needed to prevent or end stays in inpatient public or private psychiatric hospitals or end institutionalization in an ICF/DD. [Priority is for children and adults.]
5. Employment for Transition Age Youth/Young Adults: Ongoing, direct supports and/or supervision needed for a youth/young adult to maintain employment. [Priority for adults age 18 through age 26 who have exited high school.]
6. Parenting: Ongoing, direct supports and/or supervision needed for a parent with developmental disabilities to provide training in parenting skills to help keep a child under the age of 18 at home. Services may not substitute for regular role and expenses of parenting. [Priority is for adults age 18 and over.]

(2) **Public Safety Funding Criteria**

The following describes the criteria to access HCBS under the Public Safety funding priority:

(A) Criteria for Eligibility for Public Safety Funding:

- (i) For new applicants, the public safety risk must be identified at the time of application and applicants must meet the Public Safety Funding priority criteria below.
- (ii) For individuals currently receiving services, the public safety risk must be newly identified and recipient must meet the Public Safety Funding priority criteria below.
- (iii) The Department's Public Safety Risk Assessment must be completed or updated for each individual who applies for Public Safety Funding in accordance with the *Protocols for Evaluating Less Restrictive Placements and Supports for People with I/DD who Pose a Risk to Public Safety*.
- (iv) An individual must have proposed services that reflect offense-related specialized support needs and meet at least one of the following criteria:
 - (1) Committed to the custody of the Commissioner under Act 248 due to being dangerous to others. Services are legally mandated.
 - (2) Convicted of a sexual or violent crime, has completed their maximum sentence, and there is evidence that the individual still poses a substantial risk of committing a sexual or violent offense. Examples of "evidence" may include; recent clinical evaluations and/or recent treatment progress reports which indicate a continued risk to the public; recent critical incident reports which describe risks to public safety; and/or new criminal charges or DCF substantiations which involve harm to a person. Additional supporting evidence may be taken into account.

- (3) Substantiated by the Department or DCF for sexual or violent abuse, neglect, or exploitation of a vulnerable person and there is evidence that the individual still poses a substantial risk of committing a sexual or violent offense.
- (4) In the custody of DCF for committing a sexual or violent act that would have been a crime if committed by an adult, now aging out of DCF custody, and there is evidence that the individual still poses a substantial risk of committing a sexual or violent offense.
- (5) Not charged with or convicted of a crime, but the individual's risk assessment contains evidence that the individual has committed an illegal act and still poses a substantial risk of committing a sexual or violent offense.
- (6) Convicted of a crime and under supervision of the Department of Corrections (DOC) (e.g., probation, parole, pre-approved furlough, conditional re-entry) and DOC is actively taking responsibility for supervision of the individual for public safety. Public Safety Funding only pays for supports needed because of the individual's developmental disability. Offense-related specialized support needs, such as sex offender therapy, cannot be funded by the Department for an individual who is under the supervision of DOC.

(B) Access Restrictions:

- (i) It is not a priority to use Division funding to prevent an individual who has been charged with or convicted of a crime from going to or staying in jail or to prevent charges from being filed.
- (ii) Public Safety Funding shall not be used to fund services for individuals believed to be dangerous to others but for whom there is no clear evidence they pose a risk to public

safety, and who have not committed an act that is a crime in Vermont. These individuals may be funded if the individual meets another funding priority.

(iii) Public Safety Funding shall not be used to fund services for individuals who have committed an offense in the past, and:

(1) Whose proposed services do not reflect any offense-related specialized support needs, or

(2) Who do not still pose a risk to commit a sexual or violent offense.³¹

(3) **Limitations**

(A) HCBS funds must be used according to the guidance in this *Plan* in Section Five, Management of Home and Community-Based Services Funding. This section describes the availability and limitations of HCBS funding.

(h) **Intermediate Care Facility for Individuals with Developmental Disabilities**

Vermont has one six-person ICF/DD. This residence enables Vermont to provide comprehensive and individualized health care and rehabilitation services to individuals, as an alternative to HCBS, to promote their functional status and independence at an ICF/DD level of care.

(1) **Eligibility**

(A) Clinical:

(i) Individuals who meet the criteria for developmental disability as defined in regulations.

(ii) Individual must have significant medical needs.

(iii) Individuals must meet nursing home level of care, as well as ICF/DD level of care as defined by CMS.

³¹ Ibid.

The eligibility criteria noted above is specific to the one ICF/DD that is licensed in Vermont, which is specifically designed to meet the needs of individuals with DD who have very significant medical needs.

(B) **Financial:**

Vermont Medicaid eligible as determined by Department of Vermont Health Access.

(C) **Access Criteria:**

Access to the ICF/DD is based upon availability of a bed and prioritization of referrals by the operating DA and the Division.³²

(2) **Limitations**

Services must be provided in accordance with Federal ICF/DD regulations.

(i) **One Time Funding**

One time funds are generated from the new and returned caseload dollars for the Equity and Public Safety funding pools.³³ When new funding is approved, 100% of the annualized amount needed to support a full fiscal year of services for the individual is committed. This assures that funds to pay for a full fiscal year of services are built into the DA/SSA's base budget. When 365 days of funding are not required because the individual's newly funded services began after the start of the fiscal year (July 1st), the unused balance creates one-time funding.

One time funds are used to address short term needs and cannot be used for long term needs.³⁴ The Division may use one-time funding to support specific activities, pilot projects and special initiatives. When there are one-time funds available, a portion of those funds shall be distributed to agencies. The amount and timing of distribution is at the discretion of the Department.³⁵ The Department will provide a report on the use of one-time funds distributed to DA/SSAs and for specific activities, pilots and initiatives to the State Program Standing Committee annually.

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid.

Any one-time funding distributed to DA/SSAs must be allocated according to one-time funding guidance listed in item (2) below and reported to the Division. If there is a question about an allowable use of one-time funding, the Division makes the final decision. One-time funds should be used only after exploring other sources of funding such as Medicaid State Plan, Medicare, private insurance or other available community resources. One-time funds are accessed through DA/SSAs and Supportive ISO. The Supportive ISO has one-time funds generated from unused funds from individuals' budgets, which creates a reserved funding pool.

(1) Eligibility

(A) Clinical:

Individuals who meet the criteria for developmental disabilities as defined in regulations.

(B) Financial:

Vermont Medicaid eligible as determined by Department of Vermont Health Access, except when used for individuals for Flexible Family Funding, who must meet financial eligibility for that service.

(C) Access Criteria:

Recipients and individuals who meet clinical and financial eligibility who are not current recipients of funding to meet one of the needs listed below:

(2) Allowable Uses for One-Time Funding by Agencies (DA/SSA) and Supportive ISO:

(A) One-time funding must be prioritized for use as Flexible Family Funding (FFF). One-time allocations used as FFF for individuals with developmental disabilities and families waiting for FFF are not to exceed the FFF maximum allocation per person per year, regardless of source.

(B) One-time allocations to address personal health or safety or public safety issues for individuals with developmental disabilities.

- (C) Short-term increases in supports to individuals already receiving services to resolve or prevent a crisis.
 - (D) Assistive technology, adaptive equipment, home modifications to make the individual's home physically accessible, and other special supports and services not covered under the Medicaid State Plan.
 - (E) Supports that may not meet funding priorities but are proactive and short-term in nature.
 - (F) Transitional support to assist an adult to become more independent in order to reduce or eliminate the need for services.
 - (G) Small grants to self-advocates, families and others that promote the Principles of Developmental Disabilities Services; for innovative programs that increase a consumer's ability to make informed choices, promote independent living, and offer mentorship or career building opportunities.
 - (H) Funding for people receiving developmental disabilities services to attend a training or conference that increases consumer ability to make informed choices, promote independent living, offer mentorship or career building opportunities. One time funds can only be used to cover the costs of training/conference registration fee and/or transportation costs for the individual, if needed, to attend a training or conference.³⁶
- (3) **Limitations**
- (A) Maximum annual amount per person is \$5,000 and only for allowable uses described above.
 - (B) Cannot be used to pay for room and board, rent or utility subsidies.

³⁶ Ibid.

(j) Post-Secondary Education Initiative

The Post-Secondary Education Initiative (PSEI) is a program funded through a combination of grants and HCBS funding that assists transition age youth 18 to 28 with developmental disabilities to engage in typical college experiences through self-designed education plans that lead to marketable careers in competitive employment and independent living. Supports are arranged with the Department's approved PSEI college support organizations to provide academic, career and independent living skill development through a peer mentoring model.

(1) Eligibility

(A) Clinical:

Individuals who meet the criteria for developmental disability as defined in regulations.

(B) Financial:

Vermont Medicaid eligible as determined by Department of Vermont Health Access.

(C) Access criteria:

Adults who have graduated from high school or have a GED who have been accepted for enrollment in post-secondary programs facilitated by the PSEI support programs. The individual must also have access to resources that are needed to participate beyond what is provided by the PSEI program.³⁷

(2) Limitations

(A) Access to the PSEI is limited to the geographic area of partnering colleges, the capacity of the PSEI program to support additional students and the PSEI funds available at the DA/SSA.

(B) The individual's existing service budget, as appropriate, must be utilized prior to using funds from the PSEI allocations in the Master Grant Agreements. Upon college graduation, PSEI funding is returned to the DA/SSA for re-allocation to new students.

³⁷ Ibid.

- (C) Funds pay for support services only and may not be used to pay college tuition.

(k) Pre-Admission Screening and Resident Review (PASRR) Specialized Services

PASRR Specialized Services are available to individuals living in a nursing facility and who need additional services related to their developmental disability (e.g., social, behavior, communication) that are beyond the scope of the nursing facility.³⁸

These services are prior-authorized on an individual basis by the Division. Allocations for individuals currently receiving services are reviewed at least annually, or sooner if needs change, by the Division. Funding for Specialized Services is allocated from the revolving PASRR fund unless the individual was receiving Home and Community-Based Services funding prior to admission to the nursing facility, in which case a portion of his or her Home and Community-Based Services funding is converted to pay for specialized services. The Division is legally mandated to provide these services, therefore, if the PASRR Fund is depleted, funding is allocated through New Caseload Funding or Returned Caseload Funding.

If an individual receiving specialized services moves out of a nursing facility, the individual's specialized services funding is converted to Home and Community-Based Services funding to support the individual's community-based services. Any requests for additional Home and Community-Based Services funding go through the standard process for requesting HCBS funds. If an individual dies or stops receiving Specialized Services, the funds are returned to the revolving PASRR Fund or to the Returned Caseload Fund if there are sufficient resources to cover current and anticipated Specialized Services needs, as determined by the Division.

(1) Eligibility

(A) Clinical:

Individual with a developmental disability or related condition as defined by Federal PASRR regulations.

³⁸ Ibid.

(B) Financial:
None

(C) Access Criteria:
Individual over 18 years of age living in a nursing facility and having been determined to be in need of Specialized Services through PASRR evaluation.³⁹

(2) **Limitations**

Specialized Services are limited to a maximum of 25 hours per week.

(I) Projects for Transition Support

These Department approved projects prepare student-interns who are in their last year of high school with technical skills through internship rotations at a host business location. The cornerstone of these projects is immersion in a single business for the entire school year where students learn career development skills through job coaching and direct guidance provided by the business' department managers. This support is accessed through DA/SSAs with Department approved programs.

(1) **Eligibility**

(A) Clinical:
Individuals who meet the criteria for developmental disability as defined in these regulations (see exceptions in Access Criteria Section (I)(1)(C).

(B) Financial:
Vermont Medicaid eligible as determined by Department of Vermont Health Access.

(C) Access Criteria:
This program serves students in their last year of high school who have been determined to have developmental disabilities. If space allows, adults between the ages of 21 and 28 may apply to the program on a case-by-case basis. In addition, if space

³⁹ Ibid.

allows, students who receive special education and do not have developmental disabilities, but do have other challenges that are supported by an Individual Education Plan (IEP), may apply on a case-by-case basis.⁴⁰

(2) **Limitations**

Access to these Department approved projects is limited to the geographic area where they are provided.

(m) Public Guardianship Fund

This fund pays for unanticipated services and for small expenses directly related to the well-being of individuals receiving public guardianship services. Access to funds is at the discretion of the Division's Office of Public Guardian.

(n) Special Populations Clinic and Rehabilitation Services

Clinic and Rehabilitation services are mental health services provided within a community mental health or developmental disability service setting for individuals who are not receiving HCBS funding. Services include:

- diagnosis and evaluation (D & E)
- individual psychotherapy
- group therapy
- emergency care
- Medication Evaluation, Management and Consulting Services (Chemotherapy, med-Check)

(1) **Eligibility**

(A) **Clinical:**

Individuals who meet the criteria for developmental disabilities as defined in regulations.

(B) **Financial:**

Vermont Medicaid eligible as determined by Department of Vermont Health Access.

⁴⁰ Ibid.

(C) Access Criteria:

Access to these service is determined by the agency (DA) based upon need and available resources. An agency may not bill for these services and HCBS on the same day.⁴¹

(2) **Limitations**

Funds must be used in accordance with the *Medicaid Manual for the Developmental Disabilities Services*.

(o) Targeted Case Management for Persons with Developmental Disabilities

Targeted Case Management (TCM) is a Medicaid State Plan service that provides assessment, care planning, referral and monitoring. Services are provided by the agency (DA/SSA) and designed to assist adults and children to gain access to needed services.

(1) **Eligibility**

(A) Clinical:

Individuals who meet the criteria for developmental disability as defined in regulations.

(B) Financial:

Vermont Medicaid eligible as determined by Department of Vermont Health Access.

(C) Access Criteria:

TCM is available for adults age 21 and over, and children under 21 when the agency (DA/SSA) has exhausted Bridge Program funding. An agency may not bill for TCM and HCBS or other Medicaid funded case management services on the same day.⁴²

(2) **Limitations**

(A) TCM may be used for discharge planning from a general hospital or psychiatric hospital up to 30 days prior to discharge.

⁴¹ Ibid.

⁴² Ibid.

- (B) Funds must be used in accordance with the *Medicaid Manual for the Developmental Disabilities Services Division*.

II. Special Initiatives

The Division may invest in initiatives that enhance the overall system of support for people with developmental disabilities and their families. The Division may use funding to support initiatives that shall enhance choice and control, and increase opportunities for individuals receiving developmental disabilities services and their families. The timing and amount of funding for any initiative shall be identified in the *System of Care Plan*. For all special initiatives, specific outcome measures will be required and results will be reported by DDSD.⁴³ The ability to take on an initiative will depend upon financial resources available to the Division and staff capacity to manage projects.

Based upon stakeholder input, including priorities noted in the Local System of Care Plans, the Division will select initiatives that support the following areas:

- Increase the variety of supported living options that address the needs of a variety of age groups and maximizes independence.
- Strengthen the direct support professional workforce in skill development and retention.
- Advance opportunities for self-determination that recognize decision making as both a skill and a capacity that can vary over time and benefit from support appropriate to the situation and topic. These opportunities will include the use of decision making profiles that clarify how a person makes a decision and how they want to be supported in decision-making.
- Advance the capacity and use of person-centered thinking skills across the system through a network of credentialed trainers. Foster a learning community around best practices including:
 - Ways that the principles underlying person-centered thinking may be incorporated into relevant policies, mission/vision statement, operations documents and measurement mechanisms.
 - How staff at all levels of the system may have a consistent understanding of person-centered principles, values and implementation processes.

⁴³ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 4.8 Special Initiatives.

- How staff and leadership may receive ongoing capacity-building training in person-centered processes.

SECTION FIVE

MANAGEMENT of HOME and COMMUNITY- BASED SERVICES FUNDING

I. Base Allocation

As noted previously, the Legislature appropriates the funding for DDS, including HCBS funding. The appropriation includes a base allocation used by DA/SSAs and the Supportive ISO for individuals currently receiving services. The appropriation may also include additional funding for individuals who are new to services or who currently receive services and have an increase in needs. This funding is known as New Caseload Funding and is allocated to the Equity Fund and Public Safety Fund. DA/SSAs manage their base allocations for HCBS as follows:

Funds from the DA/SSAs and the Supportive ISO base allocation that are no longer needed are reallocated in two ways:

1. Agencies (DA/SSA) reassign funding to individuals who meet the funding priorities.
2. Funds are returned to the Division to be used as a statewide resource. These funds are known as Returned Caseload Funding. See Section Five, IV.A.1 and Section Five, IV.B.5 for when funds must be returned to the Division.

To ensure the highest value is obtained from funding, services must be of high quality and cost effective. To that end, the Division requires DA/SSAs to continually reassess the use of developmental disabilities HCBS funding to assure funding is used to:

1. Address unmet needs of individuals who apply for, or are currently receiving, developmental disabilities services when those needs meet a funding priority.
2. Provide services and supports using the most cost effective option to meet the individual's assessed needs. Consider an individual's strengths and personal goals, and the prevention of a need for more costly services when developing the plan for services and support.
3. Meet outcomes identified in Individual Support Agreements.
4. Provide services based on current Individual Needs Assessment or periodic review. A periodic review of needs is conducted at least annually for all individuals receiving services. The intent of this process is to reallocate

funding to where it is most needed. Funding is adjusted on an individual basis so that services are reduced where they are no longer needed and increased where there are new needs, as funds are available⁴⁴.

Before requesting New Caseload Funding, DA/SSAs must reallocate their base allocation funding that is no longer needed by individuals currently receiving services. When base allocation funds are not available, DA/SSAs may request New Caseload Funds from the Division.

The Supportive ISO must also conduct annual periodic reviews and adjust budgets accordingly. They do not shift base allocation funding between individuals. Base allocation funding that is not needed for ongoing needs should be returned to the Equity Fund. Funding that continues to be needed, but is not utilized goes into a reserved shared funding pool. Short-term needs up to \$5,000 can be accessed from the Supportive ISO from the reserved shared funding pool. When there are increased needs for ongoing funding, the Supportive ISO may request New Caseload Funding from the Division.

II. New Caseload Funding

New Caseload Funding, when available, may be accessed for eligible individuals who are new to services or existing recipients who have increased needs, who meet a funding priority listed in Section Four (g)(5), when base allocation funds are not available. The determination of meeting a funding priority is based upon the Individual Needs Assessment and takes into consideration the specific level of support needed, natural supports and other resources available to meet the individual's needs. Services and supports are then designed using the most cost effective option to meet the individual's assessed needs. An individual's strengths and personal goals should be considered when developing the plan for services and support. The proposed plan must be developed in accordance with all the rules in the *Plan* (Section Five, IV) and the *Medicaid Manual for the Developmental Disabilities Services* and Federal HCBS Rules.

For new applicants, if the individual is found to meet a funding priority, the DA is responsible for preparing a funding proposal requesting specific types and amounts of service based upon the individual's needs. The DA then presents it to the Local Funding Committee for approval and then the appropriate Statewide Funding Committee (Equity or Public Safety) for final review and

⁴⁴ See Attachment B for further guidance on *Moving Funds in Individualized Budgets*.

recommendation to DAIL for a final decision as described in Section Three II.D. For individuals currently receiving services from a SSA who have new assessed needs, the SSA prepares a funding proposal and submits it to the individual's DA prior to review by the Local Funding Committee. For individuals receiving support from the Supportive ISO, the Supportive ISO prepares the funding proposal and submits it to Supportive ISO funding committee. After review by the Local Funding Committee, if appropriate, proposals are then sent to the Equity or Public Safety Funding Committee.

Funding priorities focus on an individual's unmet needs and circumstances that require support from the developmental disabilities services system to address personal health and safety, public safety, keeping people from being institutionalized, keeping transition age youth/young adults employed and supporting parents with developmental disabilities. Circumstances that may result in an individual meeting a funding priority may include the loss of a caregiver; aging caregiver or inability of caregiver to provide care due to mental or physical limitations; caregiver unable to work without support; homelessness of the individual; or abuse, neglect or exploitation.

Although an individual may have needs that meet more than one funding priority, it is only necessary to meet one of the six funding priorities to access funding. However, the type and level of service may be dependent on the funding priority or priorities the individual meets.

The Equity Funding Committee and Public Safety Funding Committee will make funding recommendations for both new applicants and individuals with new needs in accordance with the roles of the Equity and Public Safety funding committees described in below. The Division makes the final decisions. Division decisions will be sent to agencies as soon as possible after the funding committee meetings. The Division will establish monthly funding targets and will use the targets as a guide to manage the annual Caseload and Returned Caseload funding.

III. Role of the Funding Committees

The Local and Statewide Funding Committees for Home and Community-Based Services and their respective roles and responsibilities are outlined below.

Funding Committee	Decision-making Authority
Local Funding Committees	Review requests to be submitted to Equity and Public Safety Funding Committees
Statewide Equity Funding Committee	Review requests for New Caseload Fund and Returned Caseload Fund – Division makes final decisions
Statewide Public Safety Funding Committee	Review requests for Public Safety Fund – Division makes final decisions

A. Local Funding Committees

Each Designated Agency must maintain a local funding committee that meets at least monthly and consists of staff from the Designated Agency, representatives from local Specialized Service Agencies, people receiving services and/or family members or guardians. Members must also include one or more individuals representing local community resources (e.g., Vocational Rehabilitation, schools, Department of Corrections, Area Agency on Aging, Department for Children and Families) and other interested stakeholders.

The Supportive Intermediary Service Organization (Supportive ISO) for people who choose to self/family-manage services must maintain a local funding committee that meets on a regular basis and consists of staff from the Supportive ISO and people receiving services and/or family members. Members must also include one or more individuals representing local community resources (e.g., Vocational Rehabilitation, schools, Area Agencies on Aging) and other interested stakeholders.

The local funding committee will review proposals for all new funding on behalf of individuals for whom they are the Designated Agency. The same expectations pertain to the Supportive ISO funding committee. The committee will:

1. Confirm that the individual meets clinical and financial (Medicaid) eligibility criteria for developmental disabilities services;
2. Determine whether the individual's needs meet a funding priority;
3. Determine if the supports and services described are needed by the individual and are the most cost effective option to meet the individual's assessed needs. Consider the individual's strengths and personal goals when making recommendations regarding the plan for services and support;
4. Ensure all other funding options and resources have been explored, including available naturally occurring supports or unpaid supports; and,
5. Confirm that each individual funding proposal is in compliance with this *Plan*, the DDS Regulations and all other relevant policies and guidelines;

and revise the proposal as necessary prior to sending it onto the relevant statewide funding committee.

If the committee determines that all criteria are met, the proposal is submitted to either the Equity Funding Committee or Public Safety Funding Committee, as appropriate, for funding consideration.

B. Equity Funding Committee

The Equity Funding Committee will follow the membership, management, and operating procedures established by the Division. The committee consists of the following membership.

# of Members	Representation	Selected by
2	Developmental Disabilities Services Division	Developmental Disabilities Services Division
3	Designated Agency and/or Specialized Service Agency	Designated Agencies and Specialized Service Agencies
2	Individual(s) receiving services and/or family member(s)	Recommendations from DA/SSAs, Green Mountain Self-Advocates and others – Division makes final decisions

The Equity Funding Committee assists in the management of New Caseload Funding allocated by the Legislature to meet the needs for individuals whose circumstances are described in the funding priorities – with the exception of the Public Safety funding priority which is managed through the Public Safety Funding Committee. The Equity Funding Committee also assists in managing Returned Caseload Funding that is returned to the Equity Fund when those dollars are no longer needed by an individual. If necessary, New and Returned Caseload Funding may be used to fund the needs of individuals who meet a Public Safety funding priority. Alternatively, it is permissible to use Public Safety funding, when necessary, to fund the needs of individuals who meet funding priorities other than the Public Safety priority. The decision to transfer funds is made by the Division.

The Equity Funding Committee will confirm:

1. The individual's needs meet a funding priority;
2. The supports and services described are needed by the individual and are the most cost effective option to meet the individual's assessed needs.

- Consider the individual's strengths and personal goals when making recommendations regarding the plan for services and support;
3. All other funding options and resources have been explored, including available naturally occurring supports or unpaid supports; and,
 4. Each individual funding proposal is in compliance with this *Plan*, the DDS Regulations and all other relevant policies and guidelines.

C. Public Safety Funding Committee

The Public Safety Funding Committee will follow the membership, management, and operating procedures established by the Division. The committee consists of the following membership.

Number of Members	Representation	Selected by
1	Developmental Disabilities Services Division	Developmental Disabilities Services Division
2	Designated Agency and/or Specialized Service Agency	Designated Agencies and Specialized Service Agencies
2	Other interested individuals (e.g., people receiving services/family members; Department of Corrections staff, public safety professionals)	Recommendations from DA/SSAs, Green Mountain Self-Advocates and others – Division makes final decisions

The Public Safety Fund consists of funding allocated by the Legislature to specifically address the needs of adults with developmental disabilities who pose a risk to public safety. If Public Safety Funding is insufficient for individuals who meet the criteria below, the individual may have access to the New Caseload Fund or the Returned Caseload Fund, depending on the funding availability. The decision about whether to access New Caseload or Returned Caseload funds is made by the Division.

The Public Safety Funding Committee will confirm:

1. The individual's needs meet a funding priority;
2. The supports and services described are needed by the individual and are the most cost effective option to meet the individual's assessed needs. Consider the individual's strengths and personal goals when making recommendations regarding the plan for services and support;
3. All other funding options and resources have been explored, including

available naturally occurring supports or unpaid supports, when appropriate; and,

4. Each individual funding proposal is in compliance with this *Plan*, the DDS Regulations and all other relevant policies and guidelines.

IV. Guidance for Management of HCBS Funding

A. Timeframes for Funding

1. New funding must be used to meet an individual's needs and goals related to the identified funding priority. Changes in a funded area of support must continue to meet the needs related to the identified funding priority. For up to one calendar year after approval of new funding, any reductions to an individual's budget, including both existing and new funding, up to the amount newly funded must be returned to the appropriate statewide fund (Equity and Public Safety). After one calendar year, these funds are available to the DA/SSA to reallocate. For reductions to budgets for those self/family managing, the Supportive ISO will return the funds to Equity Fund.
2. An individual's Home and Community-Based Services funding may be suspended for up to a maximum of 6 months. If a suspension exceeds 6 months, services must be terminated and the funding returned to the appropriate fund (Equity and Public Safety). A notification of termination must be sent to the individual informing him or her of the right of appeal, according to timeframes identified in *the Regulations Implementing the DD Act*. The same provision applies to services approved and funded, but not implemented within 6 months of receiving funding. The Division may grant additional time for exceptional circumstances. Services must be terminated rather than suspended in situations when it is reasonable to conclude from available information that the individual will not be resuming services within 6 months. Services, in whole or in part, must be suspended for the following reasons:
 - Incarceration – When an individual enters a correctional facility (pre- or post-sentencing) and is expected to stay no more than 6 months – all HCBS must be suspended.
 - Nursing Facility – When an individual enters a nursing facility and is expected to stay no more than 6 months – all HCBS must be suspended. With approval of the DAIL, some funds may be shifted to PASRR Specialized Services.

- ICF/DD – When an individual is admitted to an ICF/DD and is expected to stay no more than 6 months – all HCBS must be suspended.
- Psychiatric Hospitalization – Level 1: When an individual is admitted to a Level 1 psychiatric bed – all HCBS must be suspended⁴⁵.
- Other Hospitalization – When an individual is temporarily hospitalized in other than an inpatient Level 1 psychiatric bed⁴⁶, HCBS funding can be used to provide personal care type services. DA/SSAs can be reimbursed for an individual’s daily rate for home supports, service coordination and administration for up to 30 days of hospitalization.
- Gap in Service Provision – When there is a gap in the provision of any of an individual’s authorized HCBS that exceeds 14 days – billing for those HCBS services that are not being delivered must be suspended until services are resumed. Services that are provided on an intermittent basis (service coordination, respite, individual crisis and transportation for a van payment only), that can be expected to be used within the fiscal year, may continue without suspension for gaps over 14 days. Billing for shared living may continue when an individual is temporarily away from home for no more than 30 days, such as when visiting family, on vacation, at respite or at camp. In most instances, a shared living provider is considered to be on-call and may be expected to be available in the event of an emergency. It is at the discretion of the DA/SSA to determine under what circumstances they continue to pay a shared living provider. Services do not need to be suspended when a person is in an agency’s local crisis bed or accessing VCIN level III services.

Because there are some challenges in predicting whether agency delivered services and services paid through the Fiscal/Employer Agent will be utilized by the end of the fiscal year, paid claims may not be consistent with the amount of service delivered. Agencies will conduct an end of year audit of paid claims and compare that to service utilization for each individual for the FY. The agency will provide an accounting of when paid claims exceeded the amount of services delivered and when the amount of services delivered

⁴⁵ Vermont facilities that provide Level 1 inpatient psychiatric care are the Brattleboro Retreat, Rutland Regional Medical Center and Vermont Psychiatric Care Hospital. Note that not all “beds” used for psychiatric care in these facilities are considered to be Level 1.

⁴⁶ Ibid.

exceeded paid claims. The agency will pay back funds received in excess of 3.0% of total HCBS claims reimbursed after reconciling individual budgets. The calculation of the amount of services delivered exceeding paid claims will be based on additional units of service beyond what the agency was reimbursed multiplied by the most recent authorized rate for the service for the individual. Additional guidance on reconciliation will be provided to agencies.

- Visits outside of Vermont – When an individual leaves Vermont temporarily but continues to need services, Home and Community-Based Services funding may be continued for a period not to exceed 6 months⁴⁷. Those services that are not being delivered during this time must be suspended.
 - Leaves Services – When an individual drops out of services without notice and is unable to be contacted, all HCBS must be suspended.
 - Other circumstances – When an individual is not expected to receive services within a 6-month period, all HCBS must be suspended.
3. An individual's Home and Community-Based Services funding must be terminated for the following reasons.
- Incarceration – When an individual's stay in a correctional facility exceeds, or is expected to exceed, 6 months.
 - Nursing Facility – When an individual's stay in a nursing facility exceeds, or is expected to exceed, 6 months.
 - ICF/DD – When an individual's stay in an ICF/DD exceeds, or is expected to exceed, 6 months.
 - Extended Visit Out-of-State – When an individual's temporary visit out-of-state exceeds or is expected to exceed, 6 months⁴⁸.
 - Moved Out-of-State – When an individual makes a permanent move out-of-state. Exceptions for people who are living out-of-state for the purposes of receiving treatment (shared living in a NH, MA or NY border town)⁴⁹
 - Declines Services – When an individual voluntarily chooses to no longer receive services.

⁴⁷ For further information about the impact on Medicaid funding and Social Security Benefits when leaving the State of Vermont on a temporary or permanent basis, see Maintaining Vermont Medicaid Eligibility for HCBS when Living Out-of-State.

⁴⁸ For further information about the impact on Medicaid funding and Social Security Benefits when leaving the State of Vermont on a temporary or permanent basis, see Maintaining Vermont Medicaid Eligibility for HBS when Living Out-of-State.

⁴⁹ Ibid.

- Prolonged Suspension – When a suspension exceeds 6 months.
 - Death – When an individual dies. Termination of funding date is the day after the individual died.
4. If an individual's HCBS funding is terminated, including an individual whose eligibility is based upon Part 3.4 of the Regulations (grandfather clause for individuals who were receiving services on July 1, 1996), he or she retains clinical eligibility for services for up to one year, but must reapply for funding and have needs that meet the funding priorities in order to receive services.
 5. If an individual's HCBS funding has been terminated for more than one year, the individual must complete the full application process, which includes determination of clinical eligibility, financial eligibility and if needs meet a funding priority.
 6. If the start date for newly approved HCBS (in whole or in part) is delayed, the start date for each delayed service must reflect (or, if previously submitted to DAIL, be amended to) the actual date services were started. Billing for each service must coincide with the actual start date of each service.
 7. If an individual in a group living situation moves out or dies, the funding allocated to that individual may be spread across the budgets for the remaining people in the home for up to 30 days without prior approval. Requests to extend the funding beyond 30 days must be made to the Equity Funding Committee or Public Safety Funding Committee and cannot extend beyond 90 days in total. When spreading costs to the remaining people in the home, the total individual budget cannot exceed an annualized amount of \$300,000.

B. Administrative Guidance for Funding

1. Services and supports must be the most cost effective option to meet the individual's assessed needs.
2. Funds must be used in accordance with the *System of Care Plan* and the *Medicaid Manual for the Developmental Disabilities Services* and Federal HCBS Rules.
3. Each individual receiving services must receive at least an Annual Periodic Review of existing services by the DA/SSA providing services, or the Supportive ISO, to assure the level of funding is consistent with the individual's needs. A more frequent review is required if there is a significant change in the individual's needs. The Periodic Review must include an examination of the actual utilization of services in the past

year as compared to the authorized funding limit.

4. Movement of funding within an individual's budget:
 - a. Moving of funds between already funded areas of support within an individual's budget is allowable without an updated needs assessment.
 - b. Moving funding to a currently unfunded area of support is allowable if a new needs assessment reveals a serious unmet need in that new area (see Attachment B). However, within the first year of being funded, movement of funds to a previously unfunded area of support is allowable only if it continues to meet the needs related to the originally identified funding priority (see Section Five, IV.A.1.).
5. Funds are returned as Returned Caseload Funding when an individual has:
 - a. Had their services terminated (see Section Five, IV.A.3).
 - b. Moved into a group home/residential setting that is considered a statewide resource.
 - c. Received new funding and there are any reductions to an individual's budget during the 12 months after receiving funding, including both existing and new funding, up to the amount newly funded. Any amount reduced that is more than the newly funded amount is retained by the DA/SSA and is reallocated to others who have a new or increased need.
 - d. Moved to self/family-management and services cost less than Authorized Funding that was transferred from the DA/SSA.
 - e. Reduced budget upon periodic review when self/family managing. Savings are returned as Returned Caseload Funding.
6. In the event of funding allocation reductions, DA/SSAs and Supportive ISO must inform individuals in writing of their due process rights prior to reducing individual budgets or services as required by Part 8 of the *Regulations Implementing the Developmental Disabilities Act*. Individuals, families and guardians must be included in the budget reduction decision-making process.
7. Costs for broad-based services, as approved by the Division, include local and statewide crisis capacity (Vermont Crisis Intervention Network), and the Fiscal/Employer Agent, and are spread across all individuals' Home and Community-Based Services budgets.

8. Payroll taxes such as Social Security and Medicare (FICA), State unemployment taxes (SUTA) and worker's compensation insurance costs must be calculated for payments to direct caregivers. DA/SSAs and Supportive ISO may adjust for rate changes according to the Regulations (Part 4.12(b)(3)). However, if rates increase, DA/SSAs and Supportive ISO are encouraged to absorb the increase in cost rather than reduce services.
9. All service rates in individuals' budgets must be set at the actual cost to deliver or the prevailing DAIL-set rate⁵⁰, whichever is lower. Services must be billed at no more than the daily rate authorized by the Department. The budgets submitted to the Department for authorization should reflect the cost of actual services delivered except as allowable under rules noted in Section Five IV.A.2.
10. Joint funding arrangements for Home and Community-Based Services involving other state agencies (e.g., VDH, DCF, DOC, DMH) and/or out-of-state organizations must involve DDSD in negotiation and receipt of funding. The Division does not contract with local schools; however, schools may contract directly with DA/SSAs. These contracts do not involve DDS funding and are not managed by the Division.
11. Daily respite can be used for respite provided for a 24-hour period of which up to 8 hours of sleep time is excluded. The exclusion of payment for sleep time must be consistent with the Federal Department of Labor Home Care rules⁵¹ regarding payment for sleep time.
12. All existing and new budgets over \$200,000 shall be reviewed by the Division in order to verify that the funded level of support is needed. When the Division review process does not result in a finding that the level of need is verified, the Division Director shall make a final decision regarding the amount of funding authorized. DA/SSAs must be actively pursuing reductions in costs and be able to demonstrate, with supporting documentation, that they are exploring lower costs on a regular basis. Budgets over \$200,000 may be time limited and renewed based on review. Review time frames shall be established by DDSD at time of approval.
13. When utilizing shared living provider arrangements for home supports, DA/SSAs must follow all applicable state and federal tax and labor laws.
14. HCBS funding at a DA/SSA's may be converted to increase Targeted Case Management allocations with prior approval from the Department.

⁵⁰ *Developmental Disabilities Services Division: Medicaid Claims Codes and Reimbursement Rates*

⁵¹ https://www.dol.gov/whd/homecare/sleep_time.htm

This may also be done when an individual's whole HCBS budget has been suspended, to provide transition services for the individual when he or she is moving from a hospital to the community.

C. Guidance for Requesting New Caseload Funds

1. Before requesting new funding:
 - a. DA/SSAs must reallocate their base allocation funding that is no longer needed by individuals currently receiving services.
 - b. DA/SSA/Supportive ISO must explore all other funding options and resources, including those noted in D.1, D.2 and D.4 below.
 - c. The cost of services to meet the individual's new or increased needs must exceed \$4,500 (except those already self/family-managing).
 - d. For individuals who are already receiving services, the DA/SSA and Supportive ISO must complete a new needs assessment to verify a change in need.
2. Administration is authorized at 5% for all newly authorized funding rather than at the DA/SSA or Supportive ISO administration rate.
3. When requesting new funding, if an individual chooses to receive services from an agency (DA/SSA) other than the DA, or an agency (DA/SSA) agrees to subcontract with a provider, the provider shall submit a budget to the DA and the DA shall determine its costs to serve the individual and shall submit the lower of the two budgets to the funding committee. If an alternative provider is not able to provide the services at the lower approved budget, the DA must do so at the amount of funding authorized for the DA to provide services.⁵²
4. For new applicants who choose to self/family-manage their services, the Designated Agency determines its costs to serve the individual, and the individual self/family-managing works with the Supportive ISO to plan how best to provide the services using the approved budget to meet the assessed needs. While funds may be used flexibly, the plan must be based upon the assessed needs as noted in A.1 above, not expand services beyond addressing those needs. The Supportive ISO works with the person, with input from the team, to determine reasonable rates to provide services as noted in D.20. The number of hours of service and hourly rates determined by the Supportive ISO become the authorized amounts to be reflected on the person's budget. Any savings are returned to the Equity Fund.

⁵² See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 4.10 Choice of Provider.

5. For individuals' already self/family-managing services who have new needs as determined by a new needs assessment, the Supportive ISO develops and submits proposals to the Supportive ISO funding committee and then to the appropriate statewide funding committee.
6. When developing a proposal for an individual already receiving funding, the DA/SSA or Supportive ISO must consider the existing funds in all categories of the individual's budget to determine the most cost effective means of meeting the individual's needs. The individual's whole budget should be considered by the local and statewide funding committees and the Division in determining the best way to meet the individual's new needs.

D. Limitations for Funding

1. All services that can be funded under Medicare, Medicaid State Plan and/or private insurance must be accessed before using developmental disabilities HCBS funding. This includes, but is not limited to: personal care services; clinical services; durable medical equipment; nutrition; High Technology Home Care; Early Periodic Screening, Diagnosis and Treatment; Medicaid transportation and interpreter services when used for accessing Medicaid funded services. Private insurance may be available for children and young adults up to age 26.
2. Home and Community-Based Services funding may not duplicate or substitute for services and supports that are the responsibility of other publicly-funded support systems. Other support systems may include Vocational Rehabilitation, DCF, school systems, etc.
3. The maximum HCBS funding per person per year is \$200,000. Under extraordinary circumstances, the Division may grant an exception to the maximum on a time-limited basis, up to an annual budget of \$300,000. The Division must approve all budgets over \$200,000.
4. Funded services shall not duplicate or substitute for available naturally occurring supports or unpaid supports.
5. New funding may be authorized for a time-limited period, when appropriate, with the intention to reduce funding based on a review of needs.
6. The maximum cost for service coordination managed through a DA/SSA is \$51 per hour. Any increases to this rate shall be published

in the DDS Medicaid Claim Codes and Reimbursement Rates⁵³. If actual costs are less than the published rate, the actual cost must be used. The maximum cost for service coordination for individuals who self/family-manage is \$36 per hour. Any increases shall also be published by DAIL. When an individual transfers from a DA/SSA to self/family-managed, the difference between the DA/SSA's service coordination rate and the rate for individuals who self/family-manage is transferred to the Supportive ISO to pay their administrative costs.

7. Reasonable transportation expenses to provide mileage reimbursement to access community supports and payments toward the cost of accessible vehicles when used as the primary means of transportation for the individual with developmental disabilities may be funded. Transportation funding is not available for other service categories in the budget because it is either included in the cost of that service, is available through State Plan Medicaid or is not a component of that service. The maximum per person payment for accessible vehicles is \$6,475 per year. Any increases to this maximum amount shall be published in the DDS Medicaid Claim Codes and Reimbursement Rates⁵⁴.
8. A DA/SSA may not bill HCBS for an individual on the same day as Clinic Services, Rehabilitation Services, Bridge Program, Targeted Case Management, PASRR Specialized Services or ICF/DD services.
9. Home and Community-Based Services can only be billed through one HCBS program on the same day (e.g., DDS, TBI, Choices for Care, DMH). If an individual qualifies for more than one HCBS program, the individual can be evaluated to determine the package of supports available and then make an informed decision about which program to choose. Where services administered by either DMH and/or DDS are concerned, funding from one department may be transferred for use under one HCBS program according to the current interdepartmental agreement between DMH and DAIL.
10. Home and Community-Based Services funding may not pay for room and board costs, rent or utility subsidies. These costs are typically paid for through the individual's SSI/SSDI and other sources⁵⁵. HCBS also may not pay for the costs of vacations. Home and Community-Based

⁵³ Developmental Disabilities Services Division: Medicaid Claims Codes and Reimbursement Rates.

⁵⁴ Ibid.

⁵⁵ Sources of funding other than SSI/SSDI to assist with room and board costs include Section 8 subsidies, wages and public assistance (e.g., fuel assistance program, General Assistance vouchers, 3Squares VT).

Services funding may be used, however, to cover costs incurred by a paid caregiver to support an individual on vacation (e.g., hotel and food expenses). HCBS funding may be used to attend camp, when going to camp serves the function of respite. The amount of funding that can be used is up to the typical daily rate for respite for the individual for each day of attendance.

11. Shared living homes, including short term arrangements, must meet the standards outlined in the *Housing Safety and Accessibility Review Process*.
 - a. The shared living provider, or applicable landlord, is responsible for all costs to be in compliance with the housing standards.
 - b. Home and Community-Based Services funding may help pay for home modifications for physical accessibility, not to exceed \$10,000. The costs of ramps, widening doorways and accessibility modifications to bathrooms may be appropriate cost to reimburse.
 - i. Physical accessibility modifications that do not add to the value of the home may be paid for, when necessary, using DA/SSA base allocation, new funding or one-time funding. Once a modification is paid for, the additional allocation must be deducted from the individual's budget.
 - ii. Modifications that improve the value of the home that are made to meet the physical accessibility needs of an individual may only be funded up to 50% of the cost, not to exceed the \$10,000 cap. For example, if a new bedroom is needed to allow the individual to live in the home, the shared living provider should pay for the addition of the bedroom. However, additional cost to make that bedroom accessible may be paid for with HCBS funding.
 - iii. Two or more bids are required when construction work is needed to provide the modification. Funding is allocated based on the most cost effective bid.
 - iv. Home modifications under \$5,000 may be paid in a lump sum. Home modifications that cost from \$5,000 to \$10,000 will be paid on a monthly payment basis which ends if the individual moves.
 - c. HCBS funding may be used for other home modifications required for accessibility related to an individual's disability, including cost effective technology that promotes safety and independence in lieu of paid direct support⁵⁶. This would be in circumstances in which

⁵⁶ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 1.23 Home Supports.

the technology substitutes for paid staff. Examples include remote monitoring systems for the home, visual fire alarm systems for person who is deaf, medical alert systems, etc. Costs may be covered using DA/SSA base allocation, new funding or one-time funding. Once a modification is paid for, the funding for the modification must be deducted from the individual's budget. Costs for systems that require an ongoing service fee may continue to be included in the HCBS budget.

12. Funding for work supports is to maintain an employer-paid job. The following limits apply to new funding for community supports and work supports:
 - a. Community supports and work supports are limited to individuals who are not enrolled in high school who are age 18 and older.
 - b. Individuals receiving work supports only: work support hours may not exceed 25 hours per week, including transportation hours. Developing and executing a transportation plan is part of work supports. Individuals should be assisted, as needed, in learning to use public transportation or in working out rides from natural supports, including co-workers.
 - c. Individuals receiving community supports only: community support hours may not exceed 25 hours per week (including transportation time).
 - d. Individuals receiving both work supports and community supports: may not exceed a total of 25 hours per week of community supports and work supports (including transportation time). An individual is not eligible for new funding for community supports if he or she is already receiving 25 hours per week of work supports.
13. Individuals who chooses to self/family-manage or share-manage cannot manage 24-hour home supports (i.e., shared living, staffed living, group living). Individuals may self/family-manage up to 8 hours per day of paid home supports. However, individuals who need 24-hour home supports may receive them from their local DA, or an SSA of their choice.
14. Developmental disabilities HCBS services funding cannot be used to:
 - a. Increase the availability of residential settings that provide supports to more than four adults (age 18 and over). Any exceptions to this limitation must be approved by the Division.
 - b. Fund residential settings that provide supports to three or more children (under the age of 18). Any exceptions to this limitation

- must be approved by the Division.
- c. Fund placements in residential schools or treatment centers; or in-state or out-of-state nursing facilities⁵⁷, correctional facilities, psychiatric hospitals or ICF/DDs.⁵⁸
 - d. Fund out-of-state placements for adults unless they pose a risk to public safety and there are no appropriate treatment options in Vermont and the cost is less than the cost of community-based supports in Vermont. Involvement and approval by the Division is required.
 - e. Fund sheltered workshops or enclaves (segregated work environments within an employer's worksite).
 - f. Incentive payments, subsidies, or unrelated vocational training expenses for Supported Employment such as the following:
 - (1) Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program.
 - (2) Payments that are passed through to users of supported employment programs.
 - (3) Payments for vocational training that are not directly related to individuals' supported employment program.
 - g. Settings that tend to isolate as described in federal HCBS Rules.
17. For requests for new funding for clinical and supportive services the follow limits apply:
- (i) The maximum number of visits for psychiatry is four per year for those individuals who are stable on their medications and up to a maximum of 12 per year for those who are not stable on medications.
 - (ii) The maximum number of visits for individual, group or family therapy is 48 visits per year or a total of 96 visits per year for those needing a combination of those therapies.
 - (iii) The maximum number of visits for behavioral support and consultation is 96 visits per year.
 - (iv) All other supportive services are limited to 48 visits per year or a total of 96 visits per year for those needing a combination of supportive services (not including behavior consultation).

⁵⁷ Home and Community-Based Services funding may be converted to pay for PASRR Specialized Services for individuals living in nursing facilities.

⁵⁸ Exceptions to this limitation that involve a post-secondary educational experience may be considered but require approval by DAIL.

If a needs assessment justifies additional services, one-time or internal DA/SSA or Supportive ISO funds may be utilized to increase visits beyond these limits. When requesting new caseload funding, exceptions beyond these limits for psychiatry and individual, group or family therapy will be considered when the DA/SSA or Supportive ISO provides written documentation from the treating clinician that additional services are necessary.

18. Funding for Facilitated Communication shall only be approved when its use is consistent with the *DDSD Facilitated Communication Guidelines*.
19. The maximum amount of funding for the Parenting funding priority listed in Section Four (g)(1)(c)(3) is \$7,800 per person per year.
20. When authorizing hourly rates for services for workers who are paid through the F/EA, the lowest rate must be at least the minimum hourly wage negotiated through the Collective Bargaining Agreement for those workers (or VT minimum wage, if higher), plus employer taxes. The rates should be based upon the level of support needed by the individual. The rate range specifying minimum and maximum rates will be published on the DAIL website and will be updated as needed. DDSD approves rates for new requests to Equity and Public Safety Funding committees. The DA/SSA or Supportive ISO determines the authorized rates for existing recipients. DDSD may authorize exceptions to the maximum rate for new requests when a person has extraordinary needs. The DA/SSA or Supportive ISO may make exceptions for existing recipients with extraordinary needs. Once the authorized rate is approved, the employers of record may set the wage within the published rate range. A person may request an exception to pay above the maximum rate to be approved by DA/SSA or Supportive ISO, who will notify the F/EA of the approved exception. The parameters for granting exceptions will be published on the DAIL website as part of the document specifying the rate range.

E. Guidance for Transfers between DA/SSA/Supportive ISO or Methods of Management

1. If the individual decides to move to a different DA/SSA or method of management (self/family or shared management or home provider hiring workers) within a calendar year from receiving new funding, savings must be returned to the appropriate caseload fund (Equity and Public Safety). After one calendar year, if services cost less to meet an individual's assessed needs when transferring to a new DA/SSA or the

Supportive ISO, the savings should be reallocated through internal adjustments by the new DA/SSA or returned to the Equity Fund by the Supportive ISO for those who are self/family-managing. After one calendar year, for those moving to a new method of management within the same DA/SSA, savings should be reallocated through internal adjustments.

2. When a person chooses to change from having agency hired staff to hiring his/her own workers to deliver a specific service, the person's authorized hours of that service should remain the same. The agency works with the person and the team to determine the new hourly rate for the service as noted above in D.20. Any savings are returned to the agency for internal adjustments. This applies to agency and shared-management arrangements. See C.4 above for the process for self/family management.
3. If a person transfers from the Supportive ISO to a DA/SSA, a periodic review should be done to determine current needs. If the cost of services is greater at a DA/SSA, the rates may be adjusted through internal adjustments or requests for additional funding can be made to the Equity or Public Safety Fund committees when the amount exceeds \$4,500.
4. If at any time a recipient chooses or consents to receive some or all authorized services or supports from a different agency (DA/SSA or Supportive ISO), the agency (DA/SSA or Supportive ISO) currently serving the recipient shall promptly transfer the individual's authorized funding limit to the agency (DA/SSA or Supportive ISO) selected according to the procedures outlined in Division guidelines.⁵⁹ This includes the administration amount specified in division policy. Funding for local crisis services and the F/EA and statewide communication resources (through HowardCenter and Washington County Mental Health) are not transferred.
5. When an individual chooses to transfer to another agency (DA/SSA) or to self/family-manage, the receiving agency (DA/SSA) or Supportive ISO must fully inform the recipient and the individual's designated representative, if applicable, prior to the transfer, of the impact on the amount of services that can be provided within the approved budget based upon the agency (DA/SSA) or Supportive ISO's costs for services.
6. Any disputes about the amount of funding to be transferred shall be resolved by the director of the Division.⁶⁰

⁵⁹ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 4.10 Choice of Provider.

⁶⁰ Ibid.

7. When a person transfers to another DA/SSA or the Supportive ISO, the budget is prorated for the days remaining in the FY, regardless of the amount of service utilized for the FY. If there is an allocation to the F/EA, the receiving organization will send prorated allocations, based on the new approved budget, to the F/EA.

F. Managing Home and Community-Based Services Funding if There are Insufficient Funds

The Developmental Disabilities Act provides the authority for the Commissioner to consider funds available to the Department in allocating resources. In the event of fiscal pressures (e.g., an appropriation less than projected need, rescission), the Commissioner may adjust funding allocations to DA/SSAs. The Department may reduce DA/SSAs and Supportive ISO base allocations. The Division will issue instructions and provide guidance regarding any reductions. If services are reduced, individuals and guardians will be provided with notice of the right to appeal⁶¹ the reduction.

Any proposed change that impacts the four categories of the Plan that are required to be adopted by Rule must go through the rulemaking process.

Any proposed change that relates to the nature, extent, allocation and timing of services for the prioritized programs will be sent to the State Program Standing Committee for advice and recommendations 60 days prior to implementing the change. The proposed change will be presented at the earliest scheduled full committee meeting.

G. Waiting List

Each Designated Agency, Specialized Service Agency and Supportive ISO maintains a waiting list for services they provide, including:

1. Individuals eligible for HCBS (Home and Community-Based Services) based on their developmental disability, including those already receiving services, but whose request for services is denied, in whole or in part, because the individual's needs do not meet a funding priority.
2. Individuals eligible for, but denied, FFF (Flexible Family Funding)

⁶¹ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 8 Grievance, Internal Appeals and Fair Hearing.

because of insufficient funds (including people who receive partial funding and/or one- time funding).

3. Individuals eligible for, but denied, TCM (Targeted Case Management) because of insufficient funds.
4. Individuals eligible for, but denied, FMR (Family Managed Respite) funds because of insufficient funds.
5. Individuals eligible for, but denied, PSEI (Post-Secondary Education Initiative) funds because of insufficient funds or lack of capacity of the PSEI program to support additional students.

Each agency (DA/SSA) and Supportive ISO shall notify individuals when they have been placed on a waiting list and review needs of all people on the waiting list, as indicated below, to see if the individual meets a funding priority, and if so, to submit a funding proposal and/or refer the individual to other resources and services. A review of the needs of all individuals on the waiting list shall occur:

1. At least annually; and
2. When there are changes in the funding priorities or funds available;
or
3. When notified of significant changes in the individual's life situation.⁶²

Each Designated Agency, Specialized Service Agency and Supportive ISO shall submit waiting list data according to instructions established by the Division. The waiting list for Flexible Family Funding and Family Managed Respite are reviewed by the Division annually. Information regarding the utilization of each DA's allocation and waiting lists for the FFF and FMR programs is used in determining the following fiscal year allocations.

Information regarding waiting lists will be included in the DDSD annual report.

⁶² See Regulations Implementing the Developmental Disabilities Act of 1996, Part 4.18 Waiting List.

SECTION SIX PLAN DEVELOPMENT

This section highlights the contributors to the *Plan*. Preparation of the State System of Care Plan includes the following:

1. Review of local system of care plans from DAs;
2. Input received from public hearings;
3. Discussion with the State Program Standing Committee for Developmental Disabilities Services;
4. Analysis of trends in the quality review process and satisfaction surveys; and
5. Review of adherence to the Developmental Disabilities Act of 1996.

Sources of additional information and stakeholder input from recent work groups and documents were also reviewed as part of the plan development (see page 3).

I. Local System of Care Plans

All designated agencies under contract with the Division must submit a Local System of Care Plan that covers the three-year period of FY 2018 – FY 2020 for the review and approval by the Division. The purpose of the plans is two-fold:

1. Guide the development of local services, including identifying priority areas of support and use of resources to meet specific regional needs; and
2. Inform the *State System of Care Plan* and the annual budget process.

Local System of Care Plans include sections on plan development, priority needs, resources and outcomes. Designated Agencies identify local, regional and statewide issues, some of which require focused planning and change in process to achieve, while others require additional funding. The DA's followed a Results-Based Accountability (RBA) approach to outlining their goals for the 3-year plan period. For each goal, agencies described: *what they are going to do* (the goal), *how they are going to do it* (strategies to achieve the goal) and *what difference it will make* (how will they know if each goal was achieved and to what extent). Each plan was carefully reviewed and analyzed to determine the applicable contributions and feedback to the *State System of Care Plan*. The following page lists a summary of all local plans. *Attachment E* provides a detailed summary of each plan⁶³.

⁶³ Each Local System of Care Plan provides detail about the resources available and those needed to realize the priority needs and meet specific goals of the identified outcomes. Readers are encouraged to review the local plans in their entirety to understand and appreciate the full scope and focus of the

Summary of Priority Needs Identified in Local System of Care Plans

Many common themes emerged when categorizing the Priority Needs and System Outcomes outlined in the local plans. There was also considerable overlap across priority areas (for example, identified priorities could have recommendations that cut across multiple categories). Many of the System Outcomes were also identified as Regional Priority Needs. The Details section in the chart below lists specifics about the scope of each Key Concept taken from the local plans. Key Concepts identified as System Outcomes in at least one plan are bolded. The Mentions column identifies the number of DAs and SSAs who listed the Key Concept as a Priority Need and/or System Outcome.

Key Concepts	Details	Mentions
Alternative Housing/ Independent Living	Low income housing (rental subsidies) – Leverage partnerships (landlords, developers, land trusts, housing authorities) and resources – Accessibility – Non-traditional/transitional housing – Use of technology and creative/flexible models to promote interdependence and independence – Skill building for independent living	9
Workforce Sustainability	Staff turnover crisis (focus on all direct support workers): Compensation – Recruitment – Training – Incentives – Substitute coverage – Retention	7
Community Membership/ Community Inclusion	Enhance inclusion opportunities (meaningful work, volunteer experiences, spiritual wellness, social relationships, political participation, education and self-development, recreational experiences) – Promote creative options, skills and opportunity – Collaborate with community organizations – Opportunities to socialize	6
Financial Sustainability	Advocacy for improving timeline for access to new caseload funding – Creative	6

plans. Links to the LSCPs are posted on the DDSD website at [Local System of Care Plans / Developmental Disabilities Services Division](#)

Key Concepts	Details	Mentions
	less costly models of support – Supports needed for independence	
Integrated Services/ Clinical Oversight	Comprehensive support for co-occurring mental health, addiction, medical and other non-DD-specific diagnosis/issues – Increased clinical oversight and utilization review of individuals with dual diagnosis, aggressive and self-injurious behaviors, and high use of crisis and ER services – Nursing services/clinicians with DD expertise at agencies – Psychiatric services	6
Culture of Learning/ Training	Train and support for all levels of employees and independent support workers – Individually designed in-service training – Use of on-line training – Written training plans – Agency-wide quality training – Continuing education	5
Employment Funding	Fill in gap left by loss of VR funding – Increase employment opportunities – Education on transition age employment – Post-secondary opportunities – Job share options – Enhance self-employment opportunities	5
System Sustainability / Maintain DDS Values	Focus on values/Principles of Service – Remain vigilant with changes in practice – Policy and system reform – Inclusion of consumer voice – Health Care Reform – HCBS Rules	5
Crisis Services	Develop local bed and resources – Contract with clinicians with DD expertise – State-wide bed for children – Transitional housing	4
Flexible Funding	Maintain One-Time Funding – Maintain Flexible Family Funding	4
Shared Living Providers	Improved compensation, training, support	4
Communication Supports	Increased access to training, technology, and communication partners – Ongoing	2

Key Concepts	Details	Mentions
	planning and evaluation of progress through ISA	
Expertise for Aging Population	Specialized home supports/training – Focus on elders with significant medical needs – Dementia support focused home options – Support group for caregivers – Incorporate support needs of aging parents while supporting adult children to remain at home	2
Person Centered Services	Person Centered Thinking primary focus (intake/training/interactions/meetings) – Increase self-advocacy supports	2
Supported Decision Making	Training – Instructional and support approaches to develop effective personal decision making skills and knowledge – Reduce reliance on guardianship	2
Transportation	Increased mileage allocation – reliable public transportation	2
Youth Transition	Collaboration for youth transitioning – Support for youth without jobs	2

Priority Areas Mentioned by One DA or SSA

Needs identified as a System Outcome are bolded.

Budget Caps
Children Services
Unified Outcome Measures for System of Care
Autism Services
Caseload Sizes
Center of Excellence
Collaboration for Youth in Transition
Consumer Voice in Service Delivery
Department of Labor Ruling
Community Education and Communication
Manage Physical Growth of Agency
Parents Support
Peer Services/Advocates
Respite Providers and Budget
Transition into Adult Services

II. Quality Reviews

The Division's Quality Management Reviewers conduct bi-annual on-site reviews to assess the quality of services provided by DA/SSAs and services that are self/ family-managed. Services for a total of 390 individuals were reviewed in the most recent two-year cycle⁶⁴. This increase in total number of individual services reviewed was due to the addition of a part time Quality Management Reviewer position being added to the team allowing an increased sample size from 10% to 15% of individuals receiving HCBS funded supports.

Areas of Strength – The following trends were noted as areas of strength during this review cycle:

- Communication among the individual's team members.
- Individualized supports across all funded areas.
- Knowledgeable and well-trained service coordination staff.
- Successful, creative employment supports – individualized to meet needs and increased support for consumer businesses and self-employment.
- People experiencing post-secondary education opportunities at local colleges and universities.
- Well trained direct service staff, including shared living providers.
- Positive family supports.
- Individuals supported to make healthy meal choices & exercise regularly.
- Clinical supports available and used as appropriate.

Areas of Importance to Improve the Quality of Services – The majority of DA/SSAs had no areas of importance noted during this review cycle. Of those that did have areas identified, the following trends were noted. Agencies have submitted plans of correction to address these areas.

- Service Coordinator training to ensure consistency in quality and depth of Individual Support Agreements, person centered planning processes, and following the Health & Wellness Guidelines and Needs Assessment & use of services to identify needs and allocate funds to meet these needs across individuals.
- Special Care Procedure training, monitoring and support.
- Recognizing the need for, developing, writing, implementing and monitoring comprehensive Behavior Support Plans.
- Need to establish or expand availability of clinical and therapy supports.

⁶⁴ The 390 individuals were reviewed between July 2014 and June 2016.

- Lack of consistency and thoroughness in the ISA documents (e.g., no clear method for documenting or tracking progress toward accomplishing the outcomes).

III. Public Hearings and Comments

The draft *plan*, notice of a public hearing and request for comments was posted on the DAIL website on August 4, 2017. The request for comment was also sent to key stakeholder groups. A public hearing on the DRAFT Developmental Disabilities Service State System of Care Plan was held on August 17, 2017 from 10:00 a.m.-12:30 p.m. All comments were recorded. Written comments were accepted until September 15, 2017. All comments were reviewed and considered prior to finalizing the *plan*. Any changes made in response to comments have been incorporated in to the final version.

IV. Advisory Groups

The Department provided a draft SOCP and an overview of the proposed changes to the SOCP to the State Program Standing Committee for Developmental Disabilities Services (SPSC) at its April 20, 2017 and June 15, 2017 meetings. Feedback on the DRAFT *Plan* was provided as part of the public hearings scheduled during the SPCS meeting on August 17, 2017.

SECTION SEVEN

DDS SYSTEM DEVELOPMENT ACTIVITIES

I. DDS Strategic Plan

The goals and objectives listed below follow a Results Based Accountability approach. They are part of the DAIL Strategic Plan and are consistent with the Agency of Human Services Strategic Plan and the Governor's priorities for all Vermonters.

	Results	Performance Measures	What we are going to do to Improve Performance	Turning the Curve (updated annually)
Goal 1: Making Vermont an affordable place to live, work, and do business [Governor Scott Goal]				
1	People with intellectual and developmental disabilities are employed.	Percentage of working age adults (age 18 – 65) supported by developmental disabilities services who are employed. <u>FY 18 Target:</u> 45% working age adults employed statewide.	1.a. DDSD will collaborate with the Division of Vocational Rehabilitation (DVR) to provide training and technical assistance to providers to enhance employment outcomes and meet the target. 1.b. DDSD will support and expand opportunities for transition age youth to participate in post-secondary education which will support their career goals. 1.c. DDSD will collaborate with DVR, Agency of Education and the National Project Search to implement Vermont Project	1.a. % Working Age Adults – % Employed: FY 14 – 48 FY 15 – 47 FY 16 – 48 1.b. Post-Secondary Education Initiative – # Graduates / # Employed / % Employment Rate: FY 14 – 23 / 20 / 87% FY 15 – 27 / 21 / 78% FY 16 – 46 / 38 / 83% 1.c. Project Search – # Graduates / # Employed / % Employment Rate: FY 14 – 3 / 3 / 100% FY 15 – 3 / 2 / 67%

	Results	Performance Measures	What we are going to do to Improve Performance	Turning the Curve (updated annually)
			<p>Search which provides transition-age youth industry-based training to support their employment opportunities and career goals.</p> <p>1.d The proposed System of Care for 2018 – 2020 lowers the eligibility for funding priority to support employment after graduation from age 19 to age 18.</p>	<p>FY 16 – 21 / 18 / 86% (2 projects were added in FY 16)</p>
Goal 2: All Vermonters Have Access to High Quality Health Care. [AHS Strategic Plan Goal]				
2	<p>People receiving developmental disabilities Home and Community-Based Services will have access to health care.</p>	<p>Percent of people receiving developmental disabilities HCBS services who access preventive care: (recipients age 20 and older with one or more annual preventive/ambulatory health services visits during the measurement year)</p> <p>The target is for each agency to remain above the statewide rate for all Medicaid Recipients.</p>	<p>2.a. The goal is included in DA/SSA Master Grant Agreements with AHS.</p> <p>2.b. DDSD Quality Management Unit also monitors the requirement for annual physicals as part of each DA/SSA biannual quality services review. Corrective feedback and technical assistance is provided as needed.</p>	<p>2.a. Access to Preventative Health Care % Accessed / % Accessed Medicaid Recipients Statewide: CY 13 – 93% / 87% CY 14 – 88% / 83% CY 15 – 92% / 79%</p> <p>This is monitored during each agency's Quality Services Review and corrective actions is required when an area for improvement is identified.</p>

II. DDS Work Plan SFY 2018 – SFY 2020

Over the next three years (FY 18 – FY 20), the Developmental Disabilities Services Division (DDSD) will focus on the following activities in partnership with other stakeholders to help people with developmental disabilities achieve their personal goals and to improve the system of supports. The system development activities from the previous System of Care Plan covering FY 15 – FY 17 are summarized in Attachment F.

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
Goal #1			
Services for people with developmental disabilities use person-centered and inclusive processes and provide comprehensive and integrated services that improve health and quality of life.			
1.a.	DDSD will participate in a Community of Practice initiative with key stakeholders to enhance the cultural and linguistic competence of providers in meeting the needs of people with developmental disabilities in Vermont.	FY18-20	
<u>Actions Taken</u>			
1.b.	DDSD will participate in a grant received by the Vermont Department of Health - Health Promotion and Disease Prevention Division to build capacity among chronic disease programs to improve inclusivity and accessibility of public health programming for Vermonters with disabilities (including mobility limitations and cognitive disabilities).	FY18-20	
<u>Actions Taken</u>			
1.c.	DDSD will continue to support training of DD providers in person-centered thinking and person-centered planning.	FY18-20	
<u>Actions Taken</u>			

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
Goal #2			
People interested in self/family-management are informed about how to manage developmental disabilities services.			
2.a.	DDSD will update the <i>Guide for Self or Family-Management of Medicaid-funded Developmental Services and Handbook for People who Self- and Family-Manage Medicaid Wavier Services</i> .	FY 18	
<u>Actions Taken</u>			
Goal #3			
People receiving services have voice and choice in their life.			
3.a.	DDSD will continue work with stakeholders to develop and implement a plan to assure services to people funded through Home and Community-based Services (HCBS) are in compliance with Centers for Medicare and Medicaid Services (CMS) HCBS rule changes (e.g., person-centered planning, consumer choice and control, conflict-free case-management).	FY 18 – 20	
<u>Actions Taken</u>			
Goal #4			
Developmental disabilities services are effective, cost efficient and are provided in a way consistent with the DD Act Principles of Service.			
4.a.	DDSD will develop a work plan and timeline to provide updates to the following policies and guidelines: <ul style="list-style-type: none"> Grievance and Appeals procedures and user-friendly guide ISA guidelines Update guardianship regulations 	FY 18-19	
<u>Actions Taken</u>			

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
4.b.	DDSD will support improvement of statewide workforce performance via enhanced training and supervision. DDSD will explore resources to support and invest in training in priority areas such as clinical supports for emotional regulation, person-centered thinking and service coordinator training.	FY 18-20	
<u>Actions Taken</u>			
<u>Goal #5</u>			
The process for allocating home and community-based services resources will be equitable, transparent and uniform across the state.			
5.a.	DDSD will examine the current resource allocation methods and utilization of funding and explore alternatives to the process of resource allocation and monitoring to sustain increased service demands while ensuring efficiency and effectiveness in DDS home and community-based services. DDSD will report to stakeholders on findings and involve them in developing recommendations and strategies for improvements.	FY 18-19	
<u>Actions Taken</u>			

ATTACHMENTS

[Page intentionally left blank.]

ATTACHMENT A

DEVELOPMENTAL DISABILITIES SERVICES CODES AND DEFINITIONS EFFECTIVE: October 1, 2017

All services and supports are provided in accordance with the person's Individual Support Agreement (ISA) and applicable State and Federal requirements, including health and safety, training and emergency procedures. Services and supports are funded in accordance with the guidance outlined in the Vermont State System of Care Plan for Developmental Disabilities Services.

Individual budgets may comprise any or all of the services and supports defined in this document and are included in an all-inclusive daily rate that combines all applicable services and supports provided to the individual. The daily rate may include:

<u>Code</u>	<u>Service</u>
A01	Service Coordination
B01	Community Supports
C01 – C04	Employment Supports
D01 – D02	Respite
E01 – E08	Clinical Services
G01 – G02	Crisis Services
H01 – H06	Home Supports
I01	Transportation
E07, N01-02	Supportive Services

Service Coordination

A01 Service Coordination: assistance to recipients in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services and supports for a specific individual. Service Coordination responsibilities include, but are not limited to, developing, implementing and monitoring the ISA, coordinating medical and clinical services; establishing and maintaining a case record; reviewing and signing off on critical incident reports; and providing general oversight of services and supports. The provision of Service Coordination will be consistent with the HCBS requirements for conflict-free case management.⁶⁵

Community Supports

B01 Community Supports: support provided to assist individuals to develop skills and social connections. The supports may include teaching and/or assistance in daily living, support to participate in community activities, and building and sustaining healthy personal, family and community relationships. Community Supports may involve individual supports or group supports (two or more people). Supports must be provided in accordance with the desires of the individual and their Individual Support Agreement and take place within settings that afford opportunities for choice and inclusion that are consistent with federal Home and Community-Based Services rules.⁶⁶

Employment Supports

Employment supports means support provided to assist transition age youth and adults in establishing and achieving work and career goals. Employment supports include assessment, employer and job development, job training and ongoing support to maintain a job, and may include environmental modification, adaptive equipment and transportation, as necessary.⁶⁷

Environmental modifications and adaptive equipment are component parts of supported employment and, as applicable, are included in the hourly rate paid to providers. Transportation is a component part of Employment Supports that is separately identified, included in the total hours of Employment Supports, and is included in the hourly rate for Employment Supports.

C01 Employment assessment involves evaluation of the individual's work skills, identification of the individual's preferences and interests, and the development of personal work goals.

C02 Employer and Job Development assists an individual to access employment and establish employer development and support. Activities for employer development include identification, creation or enhancement of job opportunities, education, consulting, and assisting co-workers and managers in supporting and interacting with individuals.

⁶⁵ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 1.38 Service Coordination.

⁶⁶ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 1.10 Community Supports

⁶⁷ See *Regulations Implementing the Developmental Disabilities Act of 1996*, Part 1.18 Employment Supports

C03 Job Training assists an individual to begin work, learn the job, and gain social inclusion at work.

C04 Ongoing Support to Maintain Employment involves activities needed to sustain paid work by the individual. These supports and services may be given both on and off the job site, and may involve long-term and/or intermittent follow-up.

Employment Supports do not include incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or,
3. Payments for vocational training that are not directly related to individuals' supported employment program.

Respite Supports

Respite Supports means alternative caregiving arrangements for family members or home providers/foster families and the individual being supported, on an intermittent or time limited basis, because of the absence of or need for relief of those persons normally providing the care to the individual, when the individual needs the support of another caregiver.⁶⁸

D01 Respite Supports provided by the hour.

D02 Respite Supports provided for a 24-hour period.

Clinical Services

Clinical Services means assessment; individual, family and group therapy; and medication or medical services provided by clinical or medical staff, including a qualified clinician, therapist, psychiatrist or nurse. Clinical Services are medically necessary services and equipment (such as dentures, eyeglasses, assistive technology) that cannot be accessed through the Medicaid State Plan.⁶⁹

E01 Clinical Assessment services evaluate individuals' strengths; needs; existence and severity of disability(s); and functioning across environments. Assessment services may include evaluation of the support system's and community's strengths and availability to the individual and family.

E02 Individual Therapy is a method of treatment that uses the interaction between a therapist and the individual to facilitate emotional or psychological change and to alleviate distress.

⁶⁸ See Regulations Implementing the Developmental Disabilities Act of 1996, Part 1.34 Respite Supports

⁶⁹ See Regulations Implementing the Developmental Disabilities Act of 1996, Part 1.8 Clinical Services

E03 Family Therapy is a method of treatment that uses the interaction between a therapist, the individual and family members to facilitate emotional or psychological change and to alleviate distress.

E04 Group Therapy is a method of treatment that uses the interaction between a therapist, the individual and peers to facilitate emotional or psychological change and to alleviate distress.

E05 Medication and Medical Support and Consultation Services include evaluating the need for and prescribing and monitoring of medication; providing medical observation, support and consultation for an individual's health care.

[E06 intentionally missed – used by DMH. E07 moved to Supportive Services below]

E08 Other Clinical Services are services and supports not covered by Medicaid State Plan, including medically necessary services provided by licensed clinicians and equipment (such as dentures, eyeglasses, assistive technology).

Crisis Services

Crisis Services means time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis. Crisis Services may include crisis assessment, support and referral or crisis beds and may be individualized, regional or statewide.⁷⁰

G01 Emergency/Crisis Assessment, Support and Referral include initial information gathering; triage; training and early intervention; supportive counseling; consultation; referral; crisis planning; outreach and stabilization; clinical diagnosis and evaluation; treatment and direct support.

G02 Emergency/Crisis Beds offer emergency, short-term, 24-hour supports in a community setting other than the person's home.

Home Supports

Home Supports means services, supports and supervision provided for individuals in and around their residences up to 24 hours a day, seven days a week (24/7). Services include support for individuals to acquire and retain life skills and improve and maintain opportunities and experiences for individuals to be as independent as possible in their home and community. Services include maintaining health and safety and home modifications required for accessibility related to an individual's disability, including cost effective technology that promotes safety and independence in lieu of paid direct support. Home supports shall be in compliance with HCBS rules which emphasize choice, control, privacy, tenancy rights, autonomy, independence and inclusion in the community.⁷¹

⁷⁰ See Regulations Implementing the Developmental Disabilities Act of 1996, Part 1.11 Crisis Services

⁷¹ See Regulations Implementing the Developmental Disabilities Act of 1996, Part 1.23 Home Supports

An array of services is provided for individuals, as appropriate, in accordance with an individual planning process that results in an Individual Support Agreement (ISA).

When applicable, the costs for home modifications or cost-effective technology are included in the daily rate paid to providers. Costs for room and board cannot be included in the daily rate.

H01 Supervised Living are regularly scheduled or intermittent hourly supports provided to an individual who lives in his or her home or that of a family member. Supports are provided on a less than full time (not 24/7) schedule.

H02 Staffed Living are provided in a home setting for one or two people that is staffed on a full-time basis by providers.

H03 Group Living are supports provided in a licensed home setting for three to six people that is staffed full time by providers.

H04 Shared Living (licensed) supports are provided for one or two children in the home of a shared living provider/foster family that is licensed. Shared living providers/foster families are contracted home providers and are generally compensated through a “Difficulty of Care” foster care payment.

H05 Shared Living (not licensed) supports are provided to one or two people in the home of a shared living provider/foster family. Shared living providers/foster families are contracted home providers and are generally compensated through a “Difficulty of Care” foster care payment.

H06 ICF/DD (Intermediate Care Facility for people with Developmental Disabilities) is a highly structured residential setting for up to six people which provides needed intensive medical and therapeutic services.

Transportation Services

I01 Transportation Services means acquisition and maintenance of accessible transportation for an individual living with a home provider or family member or reimbursement for mileage for transportation to access Community Supports.⁷²

Supportive Services

Supportive Services means therapeutic services, that cannot be accessed through State Plan Medicaid. These are therapeutically or medically appropriate services, that do not necessarily require a licensed clinician to provide, that include behavior support and consultation; assessment, consultation and training for communication supports; skills-based training such as dialectical behavior therapy skills group or sexuality groups. This includes other therapeutic or medically appropriate services not covered under State Plan Medicaid when provided by licensed or certified

⁷² See Regulations Implementing the Developmental Disabilities Act of 1996, Part 1.45 Transportation Services

individuals (such as therapeutic horseback riding).⁷³

E07 Behavioral Support, Assessment, Planning and Consultation Services include evaluating the need for, monitoring and providing support and consultation for positive behavioral interventions/emotional regulation.

N01 Communication Support means assessment, consultation and training that cannot be accessed through State Plan Medicaid to assist a team to support a person to increase his/her ability to communicate.

N02 Other Supportive Services include skills-based training such as dialectical behavior therapy skills groups or sexuality groups not provided by licensed clinicians. They also include other services that cannot be accessed through State Plan Medicaid but must be provided by licensed or certified individuals (such as therapeutic horseback riding).

⁷³ See Regulations Implementing the Developmental Disabilities Act of 1996, Part 1.43 Supportive Services

ATTACHMENT B

MOVING FUNDS IN INDIVIDUALIZED BUDGETS

**Applies to ALL
Self-Managed / Family-Managed / Shared-Managed/ Agency-Managed
Services and Supports**

Moving funds between funded areas of support is allowable without an updated needs assessment. A move to an unfunded area is allowable if a new needs assessment reveals a serious unmet need in that area. Only individuals and/or their guardians and the agency may make decisions to move funds between funded areas. Home providers or other employers may not move funds. Moving funds requires a team decision. In all cases the agency or Supportive ISO must be notified of the decision. Moving funds must comply with the DS State System of Care Plan.

Applies to Self-Managed and Family-Managed Services

The individual/family:

- Makes the decision to move funds within funded areas of support with his or her team
- Notifies the Supportive ISO prior to implementing any change
- Is responsible for any overspending in the funded areas of support/authorized funding limits
- Must personally pay their employee(s) or other bills if the overall authorized funding limit is exceeded

The Supportive ISO:

- May or may not be part of the team
- Notifies the Fiscal/Employer Agent of any changes in the budget/authorized funding limits
- May determine the individual or family cannot manage services if overspending is repeated

The Fiscal/Employer Agent:

- Will enforce the limits on funded areas of support/authorized funding limits
- Will not pay the employee(s) or bills if overall authorized funding limit is exceeded

Applies to Shared-Managed Services

The individual/family:

- With the agency, discuss moving funds; come to agreement prior to moving the funds between funded areas of support and before implementing any change
- Is responsible for any over-spending in the funded areas for those services that they manage

The Agency:

- Notifies the Fiscal/Employer Agent of any changes in the budget
- Is responsible for any overspending in the funded areas it manages
- May determine the individual/family cannot manage services if overspending is repeated

The Fiscal/Employer Agent:

- Will enforce the limits on funded areas of support and the authorized funding limits
- Will not pay the employee(s) or bills if overall authorized funding limit is exceeded

Applies to Agency-Managed Services

The individual/family:

- Is involved in the team decision about moving funds between funded areas of support

The Agency:

- Manages the individualized budget and is responsible for any overspending in funded areas of support/ authorized funding limits.
- Does not use the Fiscal/Employer Agent for their employees

OVERSPENDING IN FUNDED AREAS OF SUPPORT

AUTHORIZED FUNDING LIMITS

Applies to Self-Managed / Family-Managed and Shared-Managed Services and Supports

If an individual or family exceeds the money available in a funded area of support, but there are still funds in another funded area of support, the Fiscal/Employer Agent (F/EA) will pay the worker for that payroll period only. The F/EA will not continue to pay workers after they have notified the individual or family and the agency or Supportive ISO of the overspending, unless directed by the agency or Supportive ISO. The team must address the issue before the next payroll period. The agency or Supportive ISO must notify the F/EA of any changes in the budget before the next payroll period. Otherwise, timesheet and requests for non-payroll payments will not be processed by the Fiscal/Employer Agent. Also, the F/EA will not process timesheets or requests for non-payroll payments that exceed the overall authorized funding limits for “goods” and services.



Applies to Self-Managed and Family-Managed Services	Applies to Shared-Managed Services
<p><i>The individual/family:</i></p> <ul style="list-style-type: none"> ▪ Is notified of the overspending by the Fiscal/Employer Agent Is notified of the overspending by the Fiscal/Employer Agent and the team decides how to address the issue ▪ Notifies the Supportive ISO how they addressed the issue and the changes to existing funded areas of support ▪ Is responsible for personally paying his or her employee and other bills if the overall authorized funding limit is exceeded <p><i>The Supportive ISO:</i></p> <ul style="list-style-type: none"> ▪ Discusses how the issue will be addressed with the individual or family. The Supportive ISO may make contact if the individual or family does not contact them. ▪ Notifies the Fiscal/Employer Agent of the new changes in the funded areas of support ▪ Is not responsible for any overspending caused by the individual or family ▪ May determine the individual or family cannot manage services if overspending is repeated <p><i>The Fiscal/Employer Agent:</i></p> <ul style="list-style-type: none"> ▪ Enforces spending limits in each funded area of support ▪ Notifies the individual or family and the Supportive ISO of any overspending in funded areas of support ▪ Pays the worker if there are unspent funds in another funded area of support ▪ Will not pay the worker if the overall authorized funding limit is exceeded 	<p><i>The individual/family:</i></p> <ul style="list-style-type: none"> • Is notified of the overspending by the Fiscal/Employer Agent ▪ The team decides how to address the issue and whether any money can be shifted between funded areas of support ▪ Is responsible for the services he or she manages ▪ Is personally responsible for paying his or her employee and other bills if funding cannot be moved or if overall authorized funding limit is exceeded <p><i>The agency:</i></p> <ul style="list-style-type: none"> ▪ Discusses how the issue will be addressed with the individual or family. The agency may make contact if the individual or family does not contact them. ▪ Notifies the Fiscal/Employer Agent of the new changes in the funded areas of support ▪ Is not responsible for overspending by the individual or family ▪ Is responsible for any overspending in the area it manages ▪ May determine the individual or family cannot manage services if overspending is repeated <p><i>The Fiscal/Employer Agent:</i></p> <ul style="list-style-type: none"> ▪ Enforces spending limits in each funded area of support ▪ Notifies the individual or family and the DA/SSA of any overspending in funded areas of support ▪ Pays the worker if there are unspent funds in another funded area of support ▪ Will not pay the worker if the overall authorized funding limit is exceeded

ATTACHMENT C
DEVELOPMENTAL DISABILITIES SERVICES
FUNDING APPROPRIATION FOR HCBS – FY 2018

New Caseload Projected Need (356 individuals (includes high school graduates) x \$33,473 avg x 1% COLA)	12,035,648
Minus Returned Caseload Estimate (3 year average)	(5,240,031)
Public Safety/Act 248 (17 individuals x \$75,644 average x 1% COLA)	1,298,800
TOTAL FY '18 ESTIMATED NEW CASELOAD	8,094,417

Annualization of FY17 Medicaid Rate Increase

TOTAL DDS APPROPRIATION - AS PASSED FY 18	\$208,837,426
--	----------------------

[Page intentionally left blank.]

ATTACHMENT D

Vermont Council of Developmental and Mental Health Services
--

NEEDS ASSESSMENT

Name:

D.O.B.:

Recorder (name & title):

Date:

Informant(s) (name(s) & relationship to consumer):

Supports requested:

☐ **Housing & Home Supports:** Supports related to current or needed living arrangements.

☐ **Community Supports:** Supports related to being an included and contributing member of the community such as volunteer, recreational, and self-advocacy activities, board member responsibilities, establishing/maintaining friendships.

☐ **Work Supports:** Supports related to obtaining or maintaining employment.

☐ **Service Planning & Coordination:** Supports related to coordination and monitoring of services.

☐ **Respite Care:** Supports to give breaks to caregivers in order to maintain living situation/placement.

☐ **Crisis Supports:** Supports that aid in the prevention of crisis and that assist people in crisis situations.

☐ **Clinical Interventions:** Supports needed to meet therapeutic needs such as individual and group therapy, occupational therapy, physical therapy, speech and language therapy, consultation, psychiatric, and team training.

☐ **Transportation:** Specialized transportation:

☐ **Other:** Please specify:

NEEDS ASSESSMENT

COMMUNICATION: Level of support needed to express wants and needs and to understand ideas from others (e.g., verbal prompts, cueing, communication devices, gesture dictionaries, sign language, interpreters).

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No support

Minimal. Some support

Moderate. Ongoing support and/or uses alternative means of communication and/or requires interpreter

Significant. Uses maximum level of support to understand communication or be understood

<u>Current Level of Support</u>		<u>Level of Support Needed</u>
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

SELF-CARE: Level of support needed to complete self-care tasks such as bathing, dressing, toileting, eating, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some physical assistance and/or verbal prompting

Significant. Total physical assistance to complete most tasks

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

INDEPENDENT LIVING: Level of support needed to complete independent living tasks such as home care, budgeting, cooking, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some physical assistance and/or verbal prompting

Significant. Total physical assistance to complete most tasks

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

WORK: Level of support needed to obtain or maintain employment.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some assistance and/or verbal prompting

Significant. Total assistance to complete most tasks

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
Job development:	Select Level	Select Level
On-the-job support & supervision:	Select Level	Select Level
Job follow-up:	Select Level	Select Level
Transportation:	Select Level	Select Level
Supports related to being safe:	Select Level	Select Level
Accessibility issues/adaptations:	Select Level	Select Level
Communication:	Select Level	Select Level
Legal concerns:	Select Level	Select Level
Health/physical needs:	Select Level	Select Level
Personal care needs:	Select Level	Select Level
Psychological/emotional/ behavioral:	Select Level	Select Level

NEEDS ASSESSMENT

RESPITE: Level of support needed to give breaks to caregivers in order to maintain living situation/placement.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No respite

Minimal. Occasional respite

Moderate. Consistent ongoing respite

Significant. Regular, frequent respite

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level

NEEDS ASSESSMENT

PARENTING: Level of support needed to provide training in parenting skills to help keep a child under 18 at home.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Regular intervention and support

Significant. Intense intervention and support

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

HEALTH CARE/MEDICAL/MOBILITY: Level of support needed in the following areas: taking medications; making and getting to medical/dental appointments; using special equipment such as a wheelchair, Hoyer lift, etc.; addressing chronic medical conditions such as diabetes, seizures, etc.; addressing special care procedures such as tube feedings, colostomy bag, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring or periodic support / Routine health care; stable

conditions **Moderate.** Ongoing assistance / Serious and/or multiple conditions

Significant. Total assistance / Substantial health issues

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
Taking medication:	Select Level	Select Level
Making medical/ dental appointments:	Select Level	Select Level
Getting to medical/ dental appointments:	Select Level	Select Level
Using specialized equipment such as wheelchair, Hoyer lift, etc.:	Select Level	Select Level
Chronic medical conditions such as diabetes, seizures, etc.:	Select Level	Select Level
Special care procedures such as tube feedings, colostomy bag, etc.:	Select Level	Select Level
Other:	Select Level	Select Level

NEEDS ASSESSMENT

SLEEPING: Level of support needed as a result of sleep disruption during the night.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No intervention

Minimal. Occasional assistance; monitoring of medium or short duration

Moderate. Frequent assistance; monitoring of extended duration on an episodic basis

Significant. Nightly assistance of long duration

Current Level of Support

Level of Support Needed

At Home:

Select Level

Select Level

NEEDS ASSESSMENT

BEHAVIORAL/MENTAL HEALTH: Level of support/supervision needed throughout the day to manage emotions and/or behavior.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Periodic or ongoing intervention

Moderate. Planned support and skilled intervention and/or 24-hour support and/or monitoring

Significant. Extensive skilled intervention and/or 24-hour supervision in close proximity

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

CLINICAL: Level of support needed to meet therapeutic needs.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No support

Minimal. Infrequent intervention

Moderate. Ongoing intervention

Significant. Intervention more than once a week

	<u>Current Level of Support</u>	<u>Level of Support Needed</u>
Psychotherapy:	Select Level	Select Level
Psychiatry:	Select Level	Select Level
Occupational Therapy:	Select Level	Select Level
Physical Therapy:	Select Level	Select Level
Speech Therapy:	Select Level	Select Level
Communication:	Select Level	Select Level
Behavior Consult/Support:	Select Level	Select Level
Offender Treatment:	Select Level	Select Level
Other:	Select Level	Select Level

NEEDS ASSESSMENT

Additional Comments:

ATTACHMENT E

SUMMARY OF LOCAL SYSTEM OF CARE PLANS

ADDISON COUNTY

Counseling Service of Addison County Local System of Care Plan

Priority Outcomes – Regional

1. New options for increased socialization

- a. Investigate ability to develop and potentially implement an assigned staff person to facilitate increased socialization opportunities.
- b. Improve upon support of Speak Up Addison County and continue to provide support where able to activities.
- c. Look at creating additional skill building groups.

2. Staff turnover and increase substitute roster

- a. Review and improve upon its staff recruitment process.
- b. Offer additional training opportunities as well as community education on the DS services. Consider altering advertising practices. Continue to advocate for improving living wages.
- c. Have a sufficient number of trained substitute staff with low staff turnover.

3. Increasing consumer voice in how services are delivered:

- a. Work with consumers on increasing participation in hiring of staff and providers.
- b. Review consumer input in the ISA process.
- c. Ask Self Advocates and Family Advisory for ways to improve input of consumer voice.
- d. Look at improving communications to families and consumers on services and system updates.

Priority Outcomes – System

1. Maintain DS Values in system reforms

- a. Continue to advocate for the respectful inclusion of system values and consumer voice in the all change processes.
- b. Revitalize the Local Standing Committee to empower a stronger voice. Work with the larger DS system to determine whether or not a statewide consumer/family voice could be promoted.
- c. Provide the benefit of having consumer voice considered early in the systems change process.
- d. Look towards provision of training and implementation of supported decision making.

2. Health Care Reform

- a. Remain informed and active in ongoing discussions regarding pending changes in Health Care Reform.
- b. Expend administrative resources to ensure participation at ongoing discussions and participate where needed. Keep Local Standing Committee and staff apprised of pending changes so as consumer voice will hopefully direct changes.

- c. Work to assure DS services is well represented in the change process of Health Care Reform.

3. Employment funding and loss of VR funds

- a. Work with State partners to continue to advocate for the replenishment of lost VR dollars.
- b. Review all related services and determine possible restructuring in order to meet need.
- c. Reassign related employees, as able.

**BENNINGTON COUNTY
United Counseling Services,
Inc. Local System of Care Plan**

Priority Outcomes – Regional

- 1. Assist United Counseling Service to become certified as a Center of Excellence**
 - a. Meet required criteria for the division.
 - b. Begin tracking data for Center of Excellence outcomes as related to DS consumers.
- 2. Continue to increase the number of people working in paid competitive employment**
 - a. Work to employ qualifying adults served.
 - b. Convert self-employments to paid competitive employments in the community or build up self-employments to true self-managed businesses.
- 3. Increase training for all staff so as to better meet the needs of those we serve**
 - a. Conduct mandatory trainings.
 - b. Implement trainings so that staff will be satisfied with the trainings offered.
- 4. Implement a clinical staff member specific to the division**
 - a. Develop a process and resources to hire a clinician or interventionist to work for DS.
 - b. Utilize this staff member to assist with crisis, mental health needs, day-to-day issues and possibly provide therapy to DS clients.

Priority Outcomes – System

- 1. Sustainability of the system**
 - a. Adequate funding is needed to maintain a system of supports, ensuring that consumer voice is heard and respected in system redesign and decision making and that the values of the system are upheld. Take into account the new HCBS rules and potential avenues of payment reform.
 - b. Appropriate funding and resources need to occur in order to establish a more effective and timely crisis system within each region.
 - c. The gap between DS and Mental Health needs to be bridged to allow for joint services where both worlds can work together to provide comprehensive and quality supports for those who struggle with dual diagnoses.
 - d. Adequate funding needs to be developed to allow agencies to place a high emphasis on training. Specific focus needs to be on newer populations of consumers who bring different sets of challenges.
- 2. Development of cost effective residential models to meet the needs of individuals, including those with complex needs**
 - a. Increase the number of housing subsidies, ensuring affordable housing and making the move to an apartment viable for someone on a limited income, especially in rural areas.
 - b. Development of, and funding for, on-going technology resources that will increase the number of individuals who can reside in a less restrictive environment, while maintaining safety.

**CHITTENDEN COUNTY
HowardCenter
Local System of Care Plan**

Priority Outcomes – Regional

1. Develop housing options

- a. In collaboration with other programs within client services, conduct a needs assessment related to individuals experiencing difficulty in finding or maintaining housing and residential supports.
- b. Leverage partnerships and resources both within and beyond HowardCenter, to develop alternative models of residential housing suitable to each client's unique needs to support independence, choice, and long-term success.

2. Increase person-centeredness in service provision

- a. Expansion of options for community supports beyond 1:1 staffing or contracted supports.
 - Create at least one innovative method to deliver community supports (e.g. creative application of staff support).
- b. Education:
 - Train all staff in Person Centered Thinking, using The Learning Community curriculum.
 - Educate the community regarding inclusion through the Community Education Series.
 - Provide training on supported decision-making concepts.
- c. Collaborate for results
 - Increase support for self-advocacy activities.
 - Plan and hold a summit to collaborate with community organizations.
- d. Support Community Inclusion by refocusing on utilizing community resources, rather than creating DS-specific alternatives.
 - Increase partnerships to facilitate access and affordability of activities. (e.g. Echo, Flynn Center)

3. Improve access to communication supports

- a. Access to training and instruction in their preferred method of communication.
- b. Access to technology necessary for the use of their preferred method of communication.
- c. Access to skilled and trained support partners to facilitate communication across settings.
- d. Access to ongoing planning and evaluation of progress by individual teams through the ISA process.

Priority Outcomes – System

- 1. Housing and accessibility**
- 2. Low-barrier access to developmental services**
- 3. Integrated Services (with mental health, medical, other providers)**
- 4. Flexible and personalized services**
- 5. Unified outcomes measures to enable the system of care to effectively communicate the value and impact of services provided**

LAMOILLE COUNTY
Lamoille County Mental Health Services, Inc.
Local System of Care Plan

Priority Outcomes – Regional

- 1. Decrease staff turnover**
 - a. Advocate and discuss concerns with DAIL, VCP and Legislators.
 - b. Develop wellness options and brainstorm what can be done to support moral.
- 2. Increase funding for adequate transportation**
 - a. Develop better narrative sections of Equity funding proposals.
- 3. Increase housing options**
 - a. Explore setting up transitional housing options.
 - b. Invest in finding individuals who have attached apartment housing.

Priority Outcomes – System

- 1. Greater flexibility of HCBS to pay for housing**
- 2. System sustainability**
 - a. Underfunded system.
 - b. Staff turnover and vacancy rates.

**FRANKLIN/GRAND ISLE COUNTIES
Northwest Counseling and Support Services, Inc.
Local System of Care Plan**

Priority Outcomes – Regional

- 1. Increase the ability of individuals to live outside the home provider model and/or to move consistently to a more independent home model.**
 - a. Capture the preferred living model through the Independent Living Assessment (ILA). The assessment will help the Services Coordinator and the team to identify the particular living situation the individual would prefer to transition to. The assessment will determine strengths and areas of potential growth to move the individual closer to their goal.
- 2. Increase the number of twenty-four-hour home providers with specialized training for an increasing elder population with significant medical needs**
 - a. Provide trainings through an experienced onsite RN and LPN on Health and Wellness guidelines.
 - b. Assist in identifying medically appropriate care addressing individual needs.
 - c. Continue to provide home provider trainings and support groups to assist in the education of home providers and to gain inside knowledge of the challenges that are being faced tracking the elder concerns.
- 3. Increasing clinical oversight and utilization review of identified individuals with dual diagnosis (e.g., significant mental health and substance abuse issues). Clinical review of individuals with aggressive and self-injurious behaviors as well as high utilization of crisis and emergency room services.**
 - a. The Quality Reviewer will begin with those individuals identified as highest utilizers of DS crisis services and most in need of behavior support planning or with any form of restriction of rights.
 - b. Once the review is complete and the behavior support plan completed, the Services Coordinator and team members will be invited to the clinical review team for recommendations and trainings will be noted.
- 4. Increase in supports for transitioning youths to meet the funding priority of competitive employment.**
 - a. Work closely with intake to identify graduates at least 6 months prior to transitioning to adult services. Present cases that may not meet funding priorities to weekly VR meetings and begin transition planning on potential work sites and supports.
 - b. Continue working closely with schools on contracting services to provide supported employment where needed.

Priority Outcomes – System

- 1. Alternative Residential Models**
- 2. Needs of Aging Consumers**
- 3. Increased Clinical Oversight**
- 4. Collaboration for Transitioning Youths**
- 5. System Sustainability**

**ORANGE COUNTY
Upper Valley Services, Inc.
Local System of Care Plan**

Priority Outcomes – Local/Regional

- 1. Continue work to enhance inclusion opportunities**
 - a. Conduct point in time surveys on an annually basis that will look at the nature of each individuals' community presence and participation across seven domains: meaningful work, volunteer experiences, spiritual wellness, social relationships, political participation, education and self-development, and recreational experiences.
 - b. Use data to determine future areas of training and support for individuals and their teams.
 - c. Use data to report on agency outcomes on this inclusion variable.
- 2. Create a structured approach to the provision of training**
 - a. Create a focused training committee within each UVS program location that will canvas UVS stakeholders to determine areas of training need and interest.
 - b. Develop a written training plans for each region.
 - c. Plan agency wide training opportunities.
 - d. Enhance training resources by the use of the Relias training system.
- 3. Increase the option for people to be their own guardian through Supported Decision Making**
 - a. Work in conjunction with other State partners (Guardianship Services, State evaluators, etc.) along with consultation from Syracuse University to identify candidates for the Supported Decision Making project.
 - b. Assist and cooperate with the development of criteria and an assessment protocol to enable an evaluator to make a recommendation to the Court about the individual's guardianship status.
 - c. Assist in the development of instructional and support approaches that will help prepare individuals to develop the skill and knowledge needed to allow them to be more effective personal decision makers.

Priority Outcomes – System

- 1. Health Care Reform efforts**
- 2. Compensation levels for staff and home providers**
- 3. Children's services in Randolph**
- 4. Clinical resources particularly in psychiatry**
- 5. Department for Children and Families crisis bed**
- 6. Rent assistance**

**ORLEANS/ESSEX/CALEDONIA COUNTIES
Northeast Kingdom Human Services, Inc.
Local System of Care Plan**

Priority Outcomes – Regional

- 1. Sustain and recruit IDDS staff, respite and contractors.**
 - a. Continue to pursue recruitment with our new Human Resource Director.
 - b. Provide ongoing training and support with individual “Circle of Support teams” as well as program monthly trainings.
 - c. Continue to train, support and prepare contractors for timely readiness to provide needed supports.
 - d. Advocate for ongoing increases in staff and contractors pay.
- 2. Independent living skills – I**
 - a. Purchase needed materials, equipment and resources to provide more options to individuals to practice, use and support others in these skills.
 - b. Work with individuals receiving these supports and others to learn and give back to their communities.
- 3. Independent living skills – II**
 - a. Assist individuals to look at options for residential supports such as apartment living and mother-in-law apartments for limited support but more than independent living.
 - b. Work with our community partners for new living possibilities.

Priority Outcomes –System

- 1. Financial sustainability**
 - a. The uncertainty of funding across all areas of our region, State and Country, has all individuals, families, community members, employees, etc. focusing on what is happening now, what will happen and what if services are cut or eliminated.

RUTLAND COUNTY
Rutland Mental Health Services
Local System of Care Plan

Priority Outcomes – Regional

1. Increasing employment opportunities

- a. Be an active member of the Rutland Core Transition Team.
- b. Work collaboratively with high schools to support youth transitioning into employment, College Steps or Project Search.
- c. Explore job carve out and job share options.
- d. Expand community connections/partnerships by increasing presence with the Chamber of Commerce and Creative Workforce Solutions (CWS).

2. Expanding housing options to more responsively meet current and anticipated needs of individuals and promote independent and interdependent living

- a. Explore supported living options that promote independence and interdependence such as a supportive apartment with shared staff and modular additions for homes.
- b. Approach the Land Trust and/or a housing developer to partner to develop affordable apartment living.
- c. Build rapport with local landlords to better support individuals who want to live independently.

3. The need to develop expertise and models of support to meet the emerging needs of individuals we serve who develop dementia and of individuals with aging parents

- a. Develop expertise within CAP to support individuals with dementia.
- b. Partner with other organizations with expertise in supporting people with dementia (e.g., Our House, Interage).
- c. Explore and plan a transition of our Level III Residential Care Home, 7 Royce St., to a dementia support focused home.
- d. Develop support group for caregivers of individuals with dementia or Alzheimer's.
- e. Explore Home Share for Rutland County as an option for supporting aging parents.
- f. Explore incorporating support needs of aging parents in inclusive person-centered planning for individuals who want to remain living at home.

4. Crisis services

- a. Assess unmet needs for crisis services and evaluate current crisis supports available.
- b. Partner and cross team with RMHS Crisis Team.
- c. Strategize ways to enhance current crisis supports that do not require additional resources.
- d. Provide training for service coordinators by experienced DD crisis workers that includes in-depth discussion of scenarios and solutions.
- e. Explore resources to contract/consult with clinicians with DD expertise supporting individuals with complex and challenging behavior.
- f. Assess viability of reallocating internal funds to develop local crisis resources.
- g. Evaluate the need for a local crisis bed and resources required.

Priority Outcomes – System

1. Workforce issues

- a.** Lack of staff and contracted workers, inadequate pay, and workforce development were identified as statewide/system issues that will require collaboration, innovation, and additional resources to address.

2. Sustainability of the developmental disabilities services (DDS) system

- a.** Inadequate funding remains a concern and underlies agency sustainability and workforce issues.

**WASHINGTON COUNTY
Washington County Mental Health Services, Inc.
Local System of Care Plan**

Priority Outcomes – Regional

1. Transitional Housing/Crisis Beds

- a. Continue to advocate at a local and state level the serious need for crisis beds and transitional housing in our Region.
- b. Partner with other local and regional agencies, businesses, providers etc. to acquire the networking, resources, and funding necessary for procuring buildings, apartments, or properties for the use of crisis/transitional purposes.

2. Caseload Sizes

- a. Work towards decreasing case load sizes by developing and implementing a compensation plan.
- b. Increased wages and salaries will provide incentive to recruit and retain experienced and qualified Case Managers.
- c. Progress with exploring ways to decrease caseload sizes through reallocation, reducing hours where needed, and through hiring additional staff.

3. One Time Funding

- a. Continue to advocate at a local and state level by maintaining a consistent voice and presence with the state legislature on the importance of one time dollars.
- b. Continue to educate the DS community, administrative staff, and fiscal departments on the importance of one time dollars.

Priority Outcomes – System

1. Compensation

2. Budget Caps

**WINDHAM/WINDSOR COUNTIES
Health Care and Rehabilitation Services of Southeastern
Vermont Local System of Care Plan**

Priority Outcomes - Regional

- 1. Housing**
 - a. In-law style shared living provider options.
 - b. Advocacy within the State system of support for more flexible residential models and supports to ensure that the supports provided are person-centered and system supported.
- 2. Person-Centered Thinking**
 - a. HCRS certified Person-Centered Thinking trainers.
 - b. Person-Centered Thinking Implementation group to include employees, contractors, guardians and family members.
 - c. Person-Centered Training Tool of the Month.
 - d. Two-day Person-Centered Trainings available to partner agencies with the capacity to expand as demand develops.
 - e. Incorporate Person-Centered Training into the intake process to start building relationships with Person-Centered Training present from the beginning of the support relationship with HCRS.
- 3. Culture of Learning and Support**
 - a. Training (Person-Centered Thinking, online class options, video trainings).
 - b. Service Coordinators (monthly service coordinator training days).
 - c. Direct Care Staff (revamp current training to be more person-centered and relevant to current daily challenges faced by direct support staff).
 - d. Shared Living Providers (shared living provider resources on intranet site, evening trainings, performance evaluations).
- 4. Comprehensive support for those who experience a DS eligible disability with co-occurring mental health diagnosis. Discuss ways to broaden Community Support options for our clients.**
 - a. DS/AMHAS Collaborative Group.
 - b. Mental Health First Aid Training.
 - c. Risk Assessment Training.
 - d. Enhanced MH supports for DS support staff and those they support.

Priority Outcomes - System

- 1. Housing**
- 2. Person-Centered Thinking**
- 3. Comprehensive support for those who experience a DS eligible disability with co-occurring mental health diagnosis**

Attachment F

DDS Work Plan – SFY 2015 – SFY 2017

Summary of Actions Taken

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
<u>Goal #1</u>			
Disability Long Term Services and Supports (DLTSS) use person-centered and inclusive processes and provide comprehensive and integrated services that improve health and quality of life.			
1.a.	Developmental Disabilities Services Division (DDSD) will advocate for participation by individuals and families in Vermont’s health reform initiative.	FY 15 – FY 17	Ongoing.
1.b	DDSD will participate in the development of health reform models to ensure they meet the needs of people with developmental disabilities and are consistent with the Principles of Developmental Disabilities Services.		
<u>Actions Taken</u>			
The DDSD Assistant Director participated on the Vermont Health Care Innovation Project (VHCIP) Care Management/Care Models workgroup. There was good representation on the workgroups from key stakeholders who represent the needs of people with developmental disabilities. New collaborations have formed between physical health care and social services in some of the targeted communities. Representatives from the Department who participated in VHCIP workgroups continually advocated for including individuals and families who use DLTSS to participate in health reform workgroups and to review proposed working documents framing health reform initiatives. While the grant that funded activities for VHCIP has ended, DAIL/DDSD will remain involved in Health Care Reform initiatives and continue to work towards this goal.			

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
Goal #2			
People interested in self/family-management are informed about how to manage developmental disabilities services.			
2.a.	DDSD will update the <i>Handbook for People who Self- and Family-Manage Medicaid Wavier Services</i> .	FY 15	In Progress
Actions Taken			
The Division leadership team collected information on an on-going basis about best practices from family experience, as well as the ISO responsible for assisting families in management of services. A revision process is scheduled to start in 2017.			
Goal #3			
People receiving services have voice and choice in their life.			
3.a.	DDSD will work with stakeholders to develop a plan to assure AHS is in compliance with Centers for Medicare and Medicaid Services (CMS) home and community-based services rule changes (e.g., person-centered planning, consumer choice and control).	FY 15 – FY 17	In progress
Actions Taken			
The Division has completed an assessment of discrepancies between the current state rules and the new HCBS rules regarding person centered planning, community engagement and service rights. Revised proposed state rules and system of care documents reflect the required changes. A survey to providers was developed and was completed to provide a summary of their current operations in relationship to the new HCBS rules. Plans for a Survey of people receiving services and for evaluating settings have been developed. Direction from CMS is pending on whether the current approach to case management is sufficiently free of conflict.			

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
<u>Goal #4</u>			
The design of Integrated Family Services (IFS) meets the needs of families and children.			
4.a.	DDSD will advocate for participation by families and children in the development of Integrated Family Services.	FY 15 – FY 17	ongoing
4.b.	DDSD will continue to participate in the design and implementation of Integrated Family Services to support the needs of children with developmental disabilities and their families.		
<u>Status Summary</u>			
<p>Representatives from the Vermont Federation of Families for Children’s Mental Health are on two of the IFS workgroups – Leadership and Governance and Community-Based Prevention and Promotion.</p> <p>The DDSD Assistant Director is on the Senior Leadership Team of Integrating Family Services (IFS) and the State Interagency Team for children. The DDSD Children’s Services Specialist is on the IFS Implementation Team and many other cross departmental committees and workgroups focused on integrated services for children. These staff have continued to advocate for meeting the needs of children with DD and their families in the design and implementation of IFS. IFS provided oversight of the State Interagency Team which includes representatives from the Vermont Family Network and the Vermont Federation of Families for Children’s Mental Health. IFS hosted trainings for Local Interagency Teams. The Vermont Autism Plan has also been overseen by IFS. The advisory committee includes family members of individuals with ASD.</p>			
<u>Goal #5</u>			
Developmental disabilities services are effective, cost efficient and are provided in a way consistent with the DD Act Principles of Service.			
5.a.	DDSD will develop a work plan and timeline to provide updates to policies and guidelines (e.g., DDS Medicaid Manual, Pre-Admission Screening and Resident Review [PASRR], Health and Wellness Guidelines.)	FY 15	In progress

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
<u>Actions Taken</u> <ul style="list-style-type: none"> Health and Wellness Guidelines are scheduled to be finalized by 9/1/17 Quality Services Review guidelines are scheduled to be finalized by 9/1/17 Medicaid Manual is scheduled to be finalized on 9/15/17 Grievance and Appeals procedures will be written after the new regulations related to Grievance and Appeal have been adopted in response to new federal requirements, likely in FY18. 			
5.b.	DDSD will explore the feasibility of implementing automated processes for applying for services and tracking funding authorization.	FY 16	Pending
<u>Actions Taken</u> <p>The process for funding requests, authorization and tracking have been extensively mapped. This is the first step in considering the application of state resources for technology solutions. Existing systems that are in use by other divisions have been evaluated for practicality in use by other divisions including SAMS. It is anticipated that the Department of Information and Innovation (DII) will have personnel resources available in late 2017 to deploy for division improvements in this area. The MMIS/HSE project has been completed and all functions mapped and reported. There is no indication that the MMIS project will result in an automated system for applying for services and tracking authorizations. Awaiting prioritization from DII for an alternative IT solution.</p>			
5.c.	DDSD will support improvement of statewide workforce performance via enhanced training and supervision through support of, and investment in, the Vermont Training Consortium.	FY 15 – FY 16	ongoing

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
<u>Actions Taken</u> DDSD has supported improved statewide workforce performance through delivery of person-centered thinking, Individual Support Agreement, Critical Incident Requirements, inclusion, health and wellness, supported decision-making, offender and self-regulation support trainings. The Vermont Clinical Training Consortium's specific work has refocused on the development and implementation of training and ongoing supervision specifically targeting improved statewide workforce competencies and support for people with complex trauma. The Training Consortium is a valuable collaboration between DDSD and the provider network.			
5.d.	DDSD will finalize the Critical Incident Reporting (CIR) requirements to: 1) reflect changes in electronic reporting, and 2) provide clarity in the definitions of critical incidents (e.g., when and how CIRs are reported; internal process for handling CIRs; data review, analysis and reporting).	FY 15	completed
<u>Actions Taken</u> CIR reporting requirements have been finalized. A follow-up process has been established to support data review, analysis and reporting.			
5.e.	DDSD will streamline the current Critical Incident Reporting (CIR) process by working with AHS/DAIL Information Technology (IT) to enable providers to submit CIR reports electronically.	FY 15 – FY 16	Pending
<u>Actions Taken</u> Awaiting prioritization from IT.			
5.f.	DDSD will examine the use and quality of group community services and report to the State Program Standing Committee.	FY 16	ongoing

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
<u>Status Summary</u> <p>Questions about group community services (specifically “center-based” services) were included in the NCI Adult Consumer Survey that is being conducted annually. Analysis of information from a variety of sources has led to the conclusion that group and “center-based” community services are often created in response to staffing issues, loneliness, transportation challenges and the lack of opportunities for social interactions. The Council on Quality & Leadership has agreed to a partnership to use Personal Outcome Measures to interview and learn more from people who have experienced these settings regarding their effects on people and how that system should consider them. The Quality Services Review process will be used ongoing to evaluate adherence to CMS HCBS rules related to settings.</p>			
5.g.	DDSD will examine how DDSD addresses services to people who pose a risk to public safety in a respectful and equitable manner.	FY 15 – FY 16	completed

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
<u>Actions Taken</u> <p>The Developmental Disabilities Sex Offender Discussion Group has been functioning for at least 15 years and was once a monthly information and case supervision discussion group, but has moved to quarterly since late 2011. Bob McGrath has been involved for many years and continues to be a current and legacy information expert asset for the division. The large 2011 Public Safety Risk Assessment project additionally set a benchmark for assessed risk meeting appropriate funding levels for 177 persons receiving some form of PS risk supports in their HCBS budgets. This found about \$370,000 in support budget spending system wide that may have been excessive based on the assessed risk. That number was good enough to justify the assessment process as a valid effort to control costs and demonstrated that the system costs did not appear to be significantly out of line with supporting those with DS and PS risk needs. We also work closely with DOC in the SFI State process to ensure that DS eligible folks who are known receive appropriate attention from whichever designated agency they will come out to. The PS Funding Committee continues to be a priority for the DS Directors to ensure that they have members who have PS support provision experience and know the real costs to providing certain supports.</p> <p>Findings to date include:</p> <ul style="list-style-type: none"> • That deinstitutionalization is the best road and most people with DD who pose a risk to public safety can be appropriately supported in community based settings. • That DDSD continues to actively support the agencies and dedicate resources at a Division level to specifically assist agencies who work with PS/Act 248 involved persons. • That DDSD has support monitoring systems in place which go beyond regular QA functions and prompt agencies to attend to the needs of those who are deemed a risk to public safety in our current support system. 			
<u>Goal #6</u> People with developmental disabilities have expanded service and support options and opportunities.			
6.a.	DDSD will work to expand post-secondary education supports for people eligible for developmental disabilities services when additional funds are available.	FY 15 – FY 17	Ongoing

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
<p><u>Actions Taken</u></p> <p>A supported Post-Secondary Education model has been expanded to several new regions in the state based on the finding that 1) it promotes true and authentic college campus inclusion, 2) it establishes individual learning plans derived from personal planning processes such as MAPS and PATH to promote learning based on interest and passions, and 3) it offers college internships developed to enhance career paths and employment at graduation. Experience has demonstrated that supported education based on full campus inclusion and a peer model of direct service supports young adults with DD/ID/ASD to mature and transform quickly and in long enduring ways that agency supported direct one/one services are unable to accomplish. Data indicates a high employment rate at graduation ranging between 87 to 90% between programs. Job placements are often higher level or complex positions compared to employment options prior to college. The social and extracurricular component has positive impact on students' self-esteem, communication abilities, and social aptitudes. Funds are blended from VSAC, VR, PASS Plans, and scholarships so almost ALL students thus far have had their tuition paid in full. Students pay their full tuition and are actually funding the college.</p>			
6.b.	DDSD will review recommendations from the Residential Alternatives work group (formed in response to the 2013 DDS Summer Legislative Work Group) and work with providers to transition more people: 1) from Shared Living to Supervised Living, and 2) to more independent living arrangements.	FY 16 – FY 17	Ongoing

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
<p><u>Actions Taken</u></p> <p>This area of exploration and research has resulted in several key findings:</p> <ul style="list-style-type: none"> o Long standing “home alone” guidelines that provide ideas on how to have less eyes-on supervision for people in Shared Living which would lead to increased independence and reduced costs of home support. o The few home ownership experiences have not been successful over the long haul. o There are opportunities for use of technology to increase the numbers of people in Supervised Living. However, there needs to be a critical mass of people in a geographic area to make it financially feasible. o The system is overly dependent on the shared living model because of its relative affordability. Many adults are “stuck” in shared living who could otherwise be successful in supervised living if they were able to obtain a Section 8 rental voucher in the area of the state where they currently live and work. It can be difficult to obtain Section 8 rental vouchers. o There are families who want to support their adult children to own their own homes and to live with others of their peers. o Howard Center has a great working relationship with the local Chittenden county housing authority that gets them rental vouchers when the State Housing Authority has endless waiting lists. o Creative use of technology and on-call staff supporting people to be successful for a long time in supervised living – Home Base, in particular. o Data show costs of Supervised Living can still be high when hourly 1:1 staff time is used. When a person needs more than approximately 20 hours a week of support in Supervised Living, the cost exceeds a Shared Living model. o Our devotion to our values and our long memories make us loath to move toward different models of support that could look like group living arrangements of the past that were not successful. o A group has formed in southern Vermont and one in the Upper Valley to explore alternative options for supported living. No options have been developed yet. 			
6.c.	DDSD will review recommendations from the Residential Alternatives work group (formed in response to the 2013 DDS Summer Legislative Work Group) and work with providers to expand the use of technology to help people live in Supervised Living/more independent living arrangements (similar to Safety Connections). Focus specifically on areas outside of Chittenden County.	FY 15 – FY 17	Dropped

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
<u>Actions Taken</u> DDSD has not focused on this option to date, however, several agencies are exploring this option.			
6.d.	DDSD will review recommendations from the Employment Work Group (formed in response to the 2013 DDS Summer Legislative Work Group) and review and work with providers to pilot the paying of employers/coworkers to support an individual on the job.	FY 15 – FY 17	Ongoing
<u>Actions Taken</u> An employer survey was completed and analyzed. The division has designed and refined agreements with employers that explored funding limits and provisions that could effectively direct public dollars to this type of project while carefully providing oversight of outcomes and costs that benefit the employee. Funding to implement this option was reduced requiring a rethinking of how it could be implemented. The model is planned to be tested out by a few agencies.			
<u>Goal #7</u> The process for allocating home and community-based services resources will be equitable, transparent and uniform across the state.			
7.a.	DDSD will explore various approaches/enhancements to the process of resource allocation to sustain increased service demands while ensuring efficiency and effectiveness in DDS home and community-based services. DDSD will report to stakeholders on findings and involve them in developing recommendations and strategies for enhancement.	FY 16	Pending

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
<u>Actions Taken</u> The department has revised practices to more equitably transfer administrative rates at the time of transfer of a person from one agency to another. DDSD has not further explored alternatives to the current resource allocation methods. There is a plan to convene a workgroup to examine other methods of resource allocation in FY18.			
7.b.	DDSD will implement an improved resource allocation process.	FY 17	Ongoing

#	Activity / Actions Taken	Timeline Target (Fiscal Year)	Status (In Progress, Pending, Ongoing, Reevaluate, Dropped, Completed)
	<p><u>Actions Taken</u></p> <p>Division personnel have regularly participated in AHS initiatives related to the development of the All Payer Model of health and human service delivery and the Medicaid Pathways initiative. The Medicaid Pathway accelerates payment and delivery system reform for Medicaid Specialized Services and Providers (mental health, substance use, developmental disabilities, and long-term services and supports). These providers and services are not subject to the proposed financial caps of the All-Payer Model where the primary focus is hospital and physician services. The goals of the Medicaid Pathway include (excerpts from document posted here):</p> <ul style="list-style-type: none"> •Foster integrated service delivery for Medicaid beneficiaries across the care continuum. •Support flexibility to allow individuals and providers to decide on necessary services based on a person’s unique treatment and/or support plan needs and social determinants of health, including use of home-and community-based services. •Reduce payment silos and fragmentation across provider and service types. •Connect payments with quality in service delivery and health of Medicaid beneficiaries. •Provide data and feedback to providers delivering care to support accountability for quality and cost. •Create a foundation for program oversight, provider monitoring, provider reporting, corrective action and quality improvement planning that assesses accountability for delivering contracted services; appropriateness of care based on best practice and State standards; and outcomes. •Transition payments in a manner that is operationally feasible for both the State and providers. <p>With the transition to a new Administration in state government, the work of Medicaid Pathways has been put on hold. Work on the All Payer Model continues. The APM agreement with CMS requires alignment of the Medicaid Specialized Programs, including Developmental Disabilities Services in this payment reform effort. At this time, it is not known specifically how that will impact the Developmental Disabilities Services resource allocation process.</p>		