

**VERMONT
STATE SYSTEM OF
CARE PLAN
FOR
DEVELOPMENTAL SERVICES**



**THREE-YEAR PLAN
FY 2002 – FY 2004**

**Effective:
August 1, 2001 – June 30, 2004**

**Vermont
State System of Care Plan
for
Developmental Services**

**Three-Year Plan
FY 2002 – FY 2004**

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TABLE OF CONTENTS

Introduction	1
Principles of Developmental Services	2
Eligibility for Supports	4
Plan Development	5
Fiscal Resources	26
Systems Planning	27
Role of DDS in Caseload Funding	34
Criteria for Funding	35
Existing Caseload Funding	38
Existing Caseload Funding Priorities	40
New Caseload Funding	41
New Caseload Funding Priorities	42
Equity Committee	44
One-time Funding	47
One-time Funding Priorities	48
Special Program Allocations	49
Future Budget Considerations	51
Attachment A	53

INTRODUCTION

The Developmental Disabilities Act of 1996 requires the Department of Developmental and Mental Health Services (DDMHS), Division of Developmental Services (DDS), to adopt a plan describing the nature, extent, allocation and timing of services that will be provided to people with developmental disabilities and their families. The purpose of this report is to present the State System of Care Plan to individuals with developmental disabilities, families, advocates, service providers and policy makers. The State System of Care Plan, together with the DDS Annual Report, covers all requirements outlined in developmental disabilities statute. The content of this report is based on the collective input obtained through a variety of means and from a wide range of individuals. Information gathering concerning the need and effectiveness of supports to people with developmental disabilities in Vermont is an ongoing endeavor.

The Vermont Developmental Services System of Care Plan, developed every three years and updated annually, determines criteria for individuals to obtain services and funding, including priorities to develop new, and continue current, services and programs. This plan reflects the Division of Developmental Services' commitment to the well-being of people with disabilities and the use of resources to achieve personal and system outcomes consistent with the Agency of Human Services' outcomes for the citizens of Vermont. This plan covers the period starting August 1, 2001¹ through June 30, 2004.

¹ To allow sufficient time for public input for the new three-year plan, the *FY 2001 State System of Care Plan Update* was extended until July 31, 2001.

PRINCIPLES OF DEVELOPMENTAL SERVICES

It is critical that all endeavors that support Vermont's citizens with developmental disabilities be founded on the principles outlined below. These principles were developed through an exhaustive and inclusive effort to define for the public what this system is about. The Developmental Disabilities Act of 1996 (DD Act) states that services provided to people with developmental disabilities and their families shall foster and adhere to the following principles:

- ∞ **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.
- ∞ **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.
- ∞ **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.
- ∞ **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.
- ∞ **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.

PRINCIPLES OF DEVELOPMENTAL SERVICES

- ∞ **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.
- ∞ **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.
- ∞ **Employment.** The goal of job support is to obtain and maintain paid employment in regular employment settings.
- ∞ **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.
- ∞ **Health and Safety.** The health and safety of people with developmental disabilities is of paramount concern.
- ∞ **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 this title.
- ∞ **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.

ELIGIBILITY FOR SUPPORTS

The Department of Developmental and Mental Health Services *Rules Implementing the Developmental Disabilities Act of 1996* (Parts 1 and 2) govern eligibility. The DD Act replaced the term “mental retardation” with “developmental disability” in response to the desires of people with disabilities, their families and advocates. Part 1 of the regulations for the DD Act provides a definition of developmental disability and criteria for determining developmental disability for young children, school-age children and adults. Part 2 of the regulations provides a definition of who is a recipient (see Attachment A).

Roughly 10,200 of the state's 593,740² citizens have a developmental disability as defined in the DD Act of 1996³. The birth rate in Vermont is about 6,560 live births per year⁴. Using the same percentage, it is expected that approximately 115 children will be born each year with developmental disabilities. Conversely, only about 25-30 people who receive services die each year.

Most people with developmental disabilities in Vermont are actively involved in home and community life, working and living along with everyone else. Not everyone with developmental disabilities needs services. Of those that do need support, many people have only moderate needs. Those with more intense needs do require long term, often life-long support, many at a very intensive level. There were 2,560 people served in FY 2000, which is only 25% of eligible Vermonters. Services are specific to the needs of the person and determined through an individual planning process.

² Based on State of Vermont 1999 Vital Statistics.

³ Based on national prevalence rates of 1.5% for mental retardation and .22% for PDD.

⁴ Based on 1999 estimates, US Census Bureau, January 2001.

PLAN DEVELOPMENT

The Division of Developmental Services (DDS) gathered information from a variety of sources, including people and organizations that provide, receive, advocate for, and are influenced by, developmental services and supports. The sources of information and a summary of the information gathered are summarized below.

Sources of Information for the State System of Care Plan

- *Designated Agencies; Local Standing Committees* – Local System of Care Plans
- *People with Developmental Disabilities* – Green Mountain Self-Advocates March and May 2001 meetings, 1999 Consumer Survey results, Designated Agency (DA) information gathering
- *Families* – 1999 Family Satisfaction Survey results; DA information gathering
- *Division of Developmental Services* – Community Alternatives Specialists, Guardianship Services Specialists, DDS Leadership Team, Quality Services Reviews, Self-determination Project Staff
- *State DS Program Standing Committee* – May and June 2001 meetings

Local System of Care Plans

All Designated Agencies (DAs) with which DDS contracts submitted Local System of Care Plans that covers the next three years. The purpose of the plans is two-fold:

- 1) To guide the development of local services, including identifying priority areas of support and use of resources, and
- 2) To inform the State System of Care Plan and the annual budget process.

The Local System of Care Plans contain sections on plan development, priority needs and resources, and outcomes. DAs identify local, regional and statewide issues, some of which require focused planning and change in process to achieve, while others require additional funding. Each plan was carefully reviewed and analyzed to determine the applicable contributions and feedback to the State System of Care Plan. The priority needs and outcomes from each local plan are summarized below⁵ followed by a two-page summary of all local plans.

⁵ Each Local System of Care Plan provides great detail about the resources available and needed to realize the priority needs, as well as specific goals and action steps. Readers are encouraged to review the local plans in their entirety to understand and appreciate the full scope and focus of the plans.

PLAN DEVELOPMENT

ADDISON COUNTY

Counseling Services of Addison County – Local System of Care Plan

Priority Service & Support Needs

1. Group Activities – peer to peer relationships
2. Communication & Information – access to timely information regarding activities or services, access to other services, eligibility requirements
3. Transportation – transportation in a rural county, mileage reimbursement
4. Transition (School to Work) – communication, collaborative work with school system
5. Respite – available respite, funding, pool of respite workers
6. Alternative Residential Models – alternative to developmental home and independence of apartment
7. Expanding supports to families – navigate intake process, working with multiple services systems, information and funding to coordinate own services
8. Funding – additional services, increase wages, training, recruiting workers
9. Bureaucratic Red Tape – processes and requirements (background checks, developmental home (DH) paperwork, hiring and training requirements)
10. Trusting Relationships – respecting home providers, providing information
11. Collaborating with Schools – coordinating transition
12. Nursing – nursing vacancy, medication administrating training

Specific Agency Outcomes

1. Communication
 - Improve communication with family, consumers and other interested people.
2. Group Social Activities
 - Increase availability of group social activities
3. Transportation
 - Find available transportation
 - Raise mileage reimbursement rate to adequately reimburse staff
4. Transition to Adult Services
 - Increase coordination, communication and collaboration
5. Respite
 - Develop a network of contracted respite providers
 - Fund additional respite providers
6. Alternative Residential Model
 - Develop a residential model that will bridge the gap between 24-hour care and total independence
7. Funding
 - Advocate for raises for staff, home providers and respite workers
8. Nursing
 - Hire a qualified program nurse
9. Crisis Services
 - Build formal local crisis response capacity

PLAN DEVELOPMENT

BENNINGTON COUNTY

United Counseling Services, Inc. – Local System of Care Plan

Primary Service & Support Needs

1. Residential Services – shared living providers, recruitment, options, accessible housing
2. Crisis Support/Services – 24-hour on-call beeper system, variety of resources, crisis apartment
3. Respite – respite to natural families, staff recruitment, requirements regarding respite workers, flexible family funding, personal attendant services, case management, staff training and supervision, children with autism, funding for non-crisis situations
4. Parent and Peer Support/Education Groups and Advocacy – peer and parent support groups, opportunities to socialize, educational program, self-directed services
5. Case Management/Behavioral Consultation and Training – coordinate and obtain needed services and benefits, communication among providers, behavioral consultation
6. Transition – communication and coordination
7. Vocational Services – job development, placement, training, follow-up
8. Day Support/Community Integration – community inclusion, program for seniors
9. Medical – full time nurse, health care provider resources
10. Clinical – clinicians with experience working with individuals with developmental disabilities
11. Support to Parents with a Developmental Disability (Parent Outreach Services)
12. Transportation – public transportation, rural areas, obtaining learner’s permit

Specific Agency Outcomes

1. Residential Services
 - Develop resource of shared living providers
2. Crisis Support/Services
 - Expand the local crisis and respite capacity
3. Family Support
 - Provide assistance with planning for future support of individuals living with aging parents
 - Develop the Mix and Mingle group into a family support group
4. Children with PDD
 - Partner with community members regarding common issues to meet needs of consumers/families
5. Utilization Management
 - Ensure that all programs are perceived as services of high quality
6. Vocational Services
 - Employ individuals who have the goal of competitive employment
7. Day Support/Community Integration
 - Continue enhancement of community supports
 - Continue to break down the “program model” of day services
8. Individual Support
 - Support individuals in order to meet their desired outcomes
 - Support the ability for consumer to effectively communicate with others

PLAN DEVELOPMENT

CHITTENDEN COUNTY

Howard Center for Human Services – Local System of Care Plan

Primary Service & Support Needs

1. Respite & Flexible Family Funding – flexible funding, intensive in-home supports, family-directed services, shared parenting, statewide respite provider, proactive (pre-crisis) funding, respite providers, personal care services workers
2. Case Management – varied roles through areas of specialization
3. Intake – education, resource and referral, pool of licensed psychologists to provide assessments, alternative assessment tools
4. Employment – transition planning, educational forums, specialized supports, business community relationships
5. Residential Supports – alternative residential support models, children with extreme emotional and behavioral challenges, sex offenders
6. Communication Services – fixed point of responsibility for addressing communication needs, communication supports through case management, training, education and technology resources
7. Community Access, Social Support, and Adult Learning Opportunities – active community participation, diverse social relationships, on-going opportunities for learning
8. Self-Advocacy – self-advocacy groups
9. Crisis Services – comprehensive crisis response service, crisis intervention with children
10. Access to Comprehensive Medical and Mental Health Services – comprehensive mental health services, access to health care providers/private psychological/ psychiatric practitioners

Specific Agency Outcomes

1. Recruitment & Retention of a Skilled Workforce
 - Evaluate models of support
 - Focus on human and financial resources
 - Improve recruitment efforts
2. Children & Family Services
 - Develop a second respite home in the greater Burlington area
 - Advocate for exceptions to respite requirements
 - Establish partnership to provide support to children attending summer recreation programs
 - Supplement clinical resources
 - Establish partnerships with local special educators and children's mental health providers
 - Reassess current values and models of support to children
3. Crisis and Mental Health Services
 - Increase effectiveness of crisis on-call team
 - Educate providers of children's mental health services about DS services
 - Identify mental health practitioners in the greater Burlington area
 - Develop in-house expertise to better support people with Borderline Personality Disorder

PLAN DEVELOPMENT

LAMOILLE COUNTY

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

Primary Service & Support Needs

1. Crisis – training, adequate and reliable funding
2. Education – consumers, staff, contracted workers
3. Vocational Supports – dedicated job coaching, transportation to job sites
4. Case Management
5. Substitute Day Staff
6. Community Activities – evening/”after-hour” activities, vocational/community activities for people living independently
7. Housing – alternative options, “supervised” housing
8. Transportation – rural, daytime transportation, other options
9. Nursing
10. Referral & Coordination – listen to concerns of parents
11. Community Access – after hours
12. Training – specialized training, state/regional/local collaboration
13. Psychiatric – diagnosis and treatment
14. Agency Collaboration – relationships with other agencies in area
15. Developmental Homes – quarterly meetings, DH manual/respite provider manual

Specific Agency Outcomes

1. Crisis
 - Enhance and sustain present crisis system
 - Offer intensive crisis training to all staff
 - Develop regional crisis bed
2. Education & Training of Consumers, Staff and Contracted Personnel
 - Maintain current levels of education and training (pre-service and in-service training, consumer education)
 - Enhance training opportunities through collaboration with other mental health agencies
 - Provide a comprehensive consumer training on sexuality/relationship building
3. Vocational Supports
 - Create a funding mechanism to support vocational specialists
 - Develop dedicated job coaching position

PLAN DEVELOPMENT

FRANKLIN/GRAND ISLE COUNTIES

Northwest Counseling & Support Services, Inc. – Local System of Care Plan

Primary Service & Support Needs

1. Collaboration – Autism collaborative, training across regional providers, recruiting new professionals
2. Transition Students – job development, education to families, funding to prevent crisis, Core Transition Team
3. Communication – division newsletter, training, transition to new name, automated phone system
4. Staffing Issues – salary, recruitment and longevity, training, substitute pool, sharing positive practices, parent support group, reimburse family members, weekend/evening support
5. Educational Opportunities – career development and ongoing educational opportunities in the field
6. Supported Living – supported living options, housing, public transportation, group home
7. Education and Leisure Activities – college program for people with developmental disabilities, social and leisure activities, relationships
8. Self-Determination – self-assessment concerning self-determination

Specific Agency Outcomes

1. Autism Collaborative
 - Develop Autism Collaborative as a county wide effort to bring service providers together to work on behalf of children diagnosed with autism or challenging behaviors
2. Transition Students
 - Develop informational meetings and handouts for families on transition
 - Improve contact between schools and agency
3. Communication
 - Improve agency newsletter
 - Participate in more events
 - Send information about services to rural newspapers
4. Staffing Issues
 - Advertise creatively and promote careers in mental health at area schools

PLAN DEVELOPMENT

ORANGE COUNTY

Upper Valley Services, Inc. – Local System of Care Plan

Primary Service & Support Needs

1. Children Services and Supports – children with PDD
2. Working Conditions of Staff and Contracted Providers
3. Employment Opportunities – range, hours
4. Transition Process – working relationship with area schools
5. Social and Recreational Opportunities – range, frequency, after school
6. Communication – internally, externally
7. ISA Process – consistency, timeliness
8. Disseminate Information about Supports and Services to the Community
9. Elder Services – design, delivery

Specific Agency Outcomes

1. Information Dissemination
 - Develop operational component for disseminating of information for public information and public relations
2. Improve the Consistency and Timeliness of Individual Support Agreements (ISAs)
 - Develop ISAs that substantially meet requirements for content and timeliness
 - Provide periodic training for all agency case managers
 - Provide pre-service training and supervision on ISA process for new case managers
3. Improving the Working Conditions for Staff and Contractors
 - Make pre-and in-service training opportunities available for all staff and contractors
 - Make elective training opportunities available for staff and contractors to pursue areas of interest
 - Afford opportunities for staff and contractors to provide feedback to the agency on strategies to improved working conditions
4. Encouraging the Development of More Social Recreational Opportunities for Consumers
 - Address social and recreational interests and needs of consumers through the individual's ISA
 - Facilitate inclusion of individuals into existing community-based activities and functions
5. Developing Improved Internal and External Community Systems
6. Structuring a Formal Working Relationship with Local School Systems to Ease the Process of Transition
 - Solicit input from schools, families, students and others to define the role and relationship between Upper Valley Services (UVS) and various school systems
7. Increase the Range and Quality of Employment Opportunities for UVS Consumers
 - Analyze and make improved adjustments in program structures
8. Define an Agency Mission for Children Services
9. Effectively respond to the Needs of Consumers who are Elderly

PLAN DEVELOPMENT

(Orange County – UVS Local System of Care Plan continued)

10. Waiver Usage Clarification
 - Develop guidelines to help agencies fairly manage the waiver program without unduly restricting individuals and families
11. Lack of Funding for the Local System of Care Plan
 - Consider reallocation of dollars to fund local system of care priorities
12. Limits on who the Developmental Services System will Support
 - Assess the capacity and readiness of the DS system
 - Provide adequate funding and training
13. System Flux
 - Limit change on important processes and procedures (ISA)
14. Incentives & Recognition
 - Recognize and publicize efforts of individual agencies that have excelled in certain areas
 - Use incentive payments to reward agencies and to stimulate creativity
15. Relationship & Responsibility under Act 264
 - Define the role of the DA with respect to Act 264 proceedings
16. Standard Procedures for Intake, Assessment, Re-Assessment, and Referral
 - Improve upon the processes of intake, assessment, referral and re-assessment
17. Use of Consumer Satisfaction Survey Data
 - Adopt a consumer satisfaction survey process to be used in conjunction with the ISA process
 - Continue the statewide process, but limit to analyzing statewide data only
18. Encouraging the Development of Rural Transportation Options
 - Explore ways to expand public transportation options in rural areas
19. Need to Expand Respite (Flexible Family Funding) Services
 - Expand the respite program

PLAN DEVELOPMENT

ORLEANS/ESSEX/CALDONIA COUNTIES

Northeast Kingdom Human Services, Inc. – Local System of Care Plan

Primary Service & Support Needs

1. Crisis Response – adequate, immediate, safe
2. Psychiatric Care
3. Workforce – qualified, trained, reliable, wages
4. Provide Support through Currently Available Services – adequate funding, inflationary challenges
5. Nursing Oversight and Support
6. Self-advocacy
7. Offenders – safe support system, program alternatives
8. G.R.A.C.E. Arts Project
9. Families – financial assistance for parents, support for aging family members, medical concerns, alternatives to nursing home placements
10. Quality Improvement System
11. Client Choice and Human Rights
12. Day Services

Specific Agency Outcomes

1. Crisis Bed
 - Develop staffing to accommodate more challenging individuals
 - Develop medical and psychiatric services
 - Approach a zero-reject model of services with additional on-call nursing and psychiatric follow-up
2. Clinical/Medical
 - Increase psychiatric coverage and integrate DS psychiatric component with agency psychiatrists
 - Increase nursing oversight and support in the crisis program
3. Workforce
 - Increase compensation for workers
4. Self-advocacy
 - Support self-advocacy activities
5. Offenders
 - Develop program alternatives
 - Seek resources to supplement local initiatives
6. G.R.A.C.E. Arts Program
 - Explore other funding
7. Elderly Parents
 - Advocate to increase SSI rate to assist those on fixed incomes
8. Quality Improvement Program
 - Restructure supervisory component
 - Coincide quality improvement with program and agency requirements for designation
 - Follow-up on priority of enhanced human rights

PLAN DEVELOPMENT

RUTLAND COUNTY

Rutland Mental Health Services – Local System of Care Plan

Primary Service & Support Needs

1. Residential/Home Support - residential options, respite providers, crisis bed capacity, appropriate salary and compensation
2. Employment – vocational training, choice in types of jobs, coordinated transition planning
3. Medical Supports – nursing supports, facilitate and coordinate psychiatric and medical supports
4. Case Management – caseload size
5. Transportation – affordable, safe, flexible
6. Public Relations (Advocacy & Public Relations) – advocacy, information sharing, legislative advocacy, information about services/access to services, intake process
7. Community/Social Supports - options for community related activities (evenings, weekends, holidays), formalized activities, social networking opportunities
8. Staff/Providers – courteous, knowledgeable, committed to quality of care, hiring and retaining quality staff, adequate compensation, training, requirements/mandates.
9. Family Support – respect for families, families involved in decision making, support during crisis and emergencies, access to information, respite services, transition, support groups

Specific Agency Outcomes

1. Health & Safety
 - Complete a medical needs assessment
 - Create a training coordinator position
 - Hire and retain qualified staff
2. Quality of Life
 - Develop a job training and career advancement curriculum
 - Provide a broader range of residential options based on individual needs, wants and expectations
 - Develop a broader range of formal and informal community based social/recreation activities
3. Organization
 - Develop an operations manual to be used as training tool by staff on internal organizational procedures related to all Community Access Program functions
 - Develop a broader range of employment opportunities for individuals
4. Systems
 - Develop an integrated, well coordinated, transition process from school to adult programs
 - Improve overall access to transportation

PLAN DEVELOPMENT

WASHINGTON COUNTY

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

Primary Service & Support Needs

1. Residential Living Options
2. Case Management – awareness, training
3. Facilitated Communication – planned approach, understand best practices
4. Crisis Services – residential crisis support, Crisis Response Team, Central Vermont Intervention Services (CVIS)
5. Family Services – specialty resources, flexible funding, case management, personal care attendant services, respite and specialized personnel
6. Employment Services
7. Intake – coordinator, intake process
8. Quality Assurance

Specific Agency Outcomes

1. Residential Living Options
 - Develop shared semi-independent residential options
2. Case Management
 - Improve periodic review prior to annual ISA
3. Communication
 - Expand and better support communication as a right
 - Provide ongoing competency-based training for facilitators
4. Crisis Services
 - Evaluate Crisis Response Team to assure best use of staff for crisis intervention and prevention
 - Develop resources to allow for full compliment of residential staff for CVIS facility
 - Update in-take process
 - Develop transitional resources for longer-term residential placements
 - Increase ability to serve and support regional crisis needs
 - Broaden training of staff
5. Family Services
 - Develop a resource for using and recruiting individuals with expertise in children's issues
 - Increase responsiveness of case managers
 - Adequately inform families on how funds can be used
 - Improve recruitment of qualified personal care attendants and respite personnel
 - Increase training attendance by direct support staff
 - Recruit consultants and personnel who have knowledge of, and expertise in, autism
6. Employment Services
 - Provide anyone requesting a job the opportunity to work
 - Strive for recognition of employment services as an asset to community and businesses

PLAN DEVELOPMENT

(Washington County – WCMHS Local System of Care Plan continued)

- Provide opportunity for personal and professional growth to all consumers receiving vocational services and to all staff providing vocational services and support
7. Intake
- Formalize grievance and appeal process
 - Help families have more knowledge about the DS system and funding eligibility
 - Educate schools and community organizations about the DS system
 - Use community and natural resources more
8. Quality Assurance
- Develop a strategy for periodic reviews
 - Involve families with all aspects of an individual's services, as appropriate
 - Create new service assessments
 - Continue to have family forums
 - Communicate with DDS contact person
9. Local Funding Committee
- Continue ability to meet waiting list needs with use of one-time finding
 - Improve funding committee process
 - Increase funding committee members knowledge
 - Develop formal notification process of family and consumers regarding funding decisions
 - Review PDD funding requests at local level

PLAN DEVELOPMENT

WINDHAM/WINDSOR COUNTIES

Health Care and Rehabilitation Services of Southeastern Vermont – Local System of Care Plan

Primary Service & Support Needs

1. Community Supports – access to local community, building relationships, being involved in activities, staffing issues, self-managed supports
2. Residential Supports – residential options, alternative models, home provider stability, paying families as home providers, training, home provider support network
3. Crisis Supports – crisis response team, access to crisis services
4. Respite Supports – flexible family funding, respite via the Medicaid waiver, agency respite home, Intermediary Service Organization (ISO)
5. Service Coordination – adequate and timely case management, generic and agency-based support
6. Employment Supports – employment opportunities, job development, employment of high school graduates
7. Clinical Supports – psychiatry and psychotherapy supports, group therapy, timely psychological evaluations, behavioral support
8. Peer Support/Self-advocacy – peer support groups, group and social activities
9. Child & Family Services – service options, case management services, flexibility, respite supports, staffed support, behavioral support, personal care services, application process, information regarding PDD
10. Systemic Concerns – sufficient resources, wages and benefits, training, operating costs, changing population of eligible individuals, collaboration with other organizations/DMH

Specific Agency Outcomes

1. Community Supports
 - Develop a solid resource base of available community support staff (regular and per diem)
2. Residential Supports
 - Develop a pool of available residential providers
 - Offer multiple residential options
3. Crisis Supports
 - Improve crisis response/supports
4. Respite Supports
 - Respite supports will be available to meet the needs of all consumers
 - Respite funds will be more flexible in meeting needs
5. Service Coordination
 - Consumers will have more timely response to their needs by case managers
6. Employment Supports
 - Employment supports will be available to consumers who desire the same
 - Job placements will be more timely in being established

PLAN DEVELOPMENT

(Windham/Windsor Counties – HCRS Local System of Care Plan continued)

7. Clinical Supports
 - Increase access to trained, qualified psychiatric and psychotherapy services
 - Psychologists will be available to complete necessary psychological evaluations in a timely manner
8. Peer Support
 - Peer support groups will be active in all areas within the region
 - Consumer access to these meetings will be improved
 - Consumers will clearly identify and direct the group goals and mission
9. PDD
 - The needs of children with PDD will be evaluated and a comprehensive system of supports will be developed
10. System Issues
 - The systemic needs identified, including staff salary and benefit compensation, will be addressed

PLAN DEVELOPMENT

Local System of Care Plans Summary		
Priority Need/Outcome Areas	Frequently Mentioned (by 3 or more DAs)	Occasionally Mentioned (by 2 DAs)
SERVICE AREAS		
Clinical Services	Nursing Psychiatric/mental health services	Ancillary services Access to health care providers Behavioral support
Community Supports	Social activities with peers Integrated social activities Education classes	Evening/weekend/holiday activities
Crisis Services	Crisis bed Crisis response	
Employment Services	Job coach supports	Funding for non-System of Care Plan priority
Family Supports	Respite Flexible funding Family support groups Personal care service/respite providers	Respite home Pervasive Developmental Disorders
Home Supports	Alternative "models" Shared living provider recruitment/options Aging parents/family member	Housing
Service Coordination	Caseload size	
Transition Supports	Collaboration with schools	High school graduate – funding priority

PLAN DEVELOPMENT

Local System of Care Plans – Summary – continued		
Priority Need/Outcome Areas	Frequently Mentioned (by 3 or more DAs)	Occasionally Mentioned (by 2 DAs)
OTHER SUPPORTS/PROCESS AREAS		
Agency Communication/PR	Information about services Intake/eligibility	Internal agency communication
Funding for Services	Adequate funding Funding for crisis prevention/ non-System of Care Plan priorities	
Intake/Needs Assessment	Intake process Eligibility/needs assessments Referrals	
Processes/Mandates		Training requirements Hiring requirement Background checks
Quality Improvement/Mgt.	Quality assurance process	
Self-Advocacy	Support self-advocacy	Self-determination
Training	Staff/contracted workers Specialized training needs	Respite/subs
Transportation	Rural transportation	General access
Workforce	Wages Retention/recruitment	Career advancement

PLAN DEVELOPMENT

Self Advocates

Information was gathered from the Green Mountain Self-Advocates through their March 2001 Vermont Interactive Television meeting and their May 2001 Leadership Retreat. The key themes that self-advocates outlined as their primary concerns for the developmental service system include:

1. Control
 - Run our own lives
 - Influence who our support people are
 - Live with our girlfriend or boyfriend
 - Do things on our own
 - Manage our own money
 - Attend meetings about services
 - Write our own ISA, speak for ourselves
2. Employment
 - Have jobs
3. Transportation
 - Have our own transportation
4. Access
 - Have easier access for people with disabilities in the community
5. Respect
 - Have community members be more accepting, not pick on us
 - Be like normal people with good lives
6. Friendships
 - Have many different friendships and relationships
7. Funding
 - Funding for services
 - Funding for computers
8. Training/Information
 - Opportunities for educational programs, to go to college
 - Support for self-advocacy, self-advocates to be trained
 - Information on how to write our own ISA
 - Information about budgets, needs assessments, appeal process
9. Staff
 - Find qualified staff
 - Respite staff pool
 - Support for support workers

PLAN DEVELOPMENT

Consumer Survey

In 1999, the Consumer Survey Project conducted 200 interviews of adults who receive developmental services. Overall, people generally expressed satisfaction with where they lived and worked, and with the people who provide them support. Responses from the adults interviewed also show a fair amount of discrepancy on questions concerning choice, amount of support, and information on rights and responsibilities. Results from the survey show a wide variance concerning the following:

- Having a say in choosing the place where they live
- Having a say about who lives with you
- Having a key to your house
- Working enough hours at your job
- Getting enough hours of daytime support
- Having enough hours of volunteer time
- Having enough friends
- Being asked by anyone for help
- Being easy to get in touch with your caseworker
- Having other skills you would like to learn now or in the future
- Being talked to about your rights and services
- Being talked to about voting in elections
- Wanting to know more about self-advocacy or self-determination

Analysis of the consumer survey data also show people who live in supervised living situations generally expressed having more choices and autonomy than adults who lived in developmental homes or family homes.

Family Satisfaction Survey

The Division of Developmental Services sent out a Family Satisfaction Survey in 1999 to all people who had a family member with developmental disabilities living with them who received services. There were 523 surveys completed and returned, representing a 58% response rate.

Overall, families were satisfied with the services and supports they receive. Family members who responded to the survey generally felt that:

PLAN DEVELOPMENT

- Staff respected their choices and opinions,
- Staff were courteous and knowledgeable, and
- Services have made a difference in keeping their family member at home

Survey results also showed that the majority of the families who responded to the survey felt that:

- Frequent changes in support staff is a problem,
- Help is not always provided right away when in crisis, and
- They are not informed of their agency's grievance process.

Division of Developmental Services

Community Alternative Specialists conduct annual on-site reviews to assess the quality of services provided by the 16 developmental service providers in Vermont. A total of 432 people were reviewed in the 2000 calendar year, nearly one-quarter of people getting Medicaid-funded services.

Some common themes surfaced during the 1999-2000 reviews. Areas of *strength* that emerged across most agencies (7 or more) included:

- Quality of shared living homes (relationships, sense of belonging, valued, included members of family)
- Quality interactions
- Health care/services that address individual's needs and maintain wellness
- Knowledgeable, skilled, committed, caring staff and contracted workers
- Case managers, staff, contracted providers are well supported
- Agency commitment to high quality, person-centered, flexible and responsive services and supportive agency structure

In addition, the following *strengths* were identified at some of the agencies (5 – 6 providers):

- Quality of children's and family supports services (feel supported, informed, included, services family determined)
- Quality employment services
- Individuals supported to make informed choices and determine their services
- Individualized community supports
- Responsive crisis services
- Highly competent, dedicated, motivated case managers who go above and beyond
- Staff training
- Effective, cohesive teams

PLAN DEVELOPMENT

Areas for *development* were also identified in the reviews. Far and above, the most common area for *development* that emerged across agencies was:

- Improve personal planning process and develop more meaningful, person-centered Individual Support Agreements (ISAs)

Other areas for *development* identified by at least 5 agencies included:

- Provide Medical Guidelines training and assure services coordinators have clear understanding of their responsibility for health care coordination and monitoring
- Develop medication delegation policy and implement training
- Provide training for service coordinators, staff and contracted workers

The Division of Developmental Services identified the need for the state and local providers to provide ongoing support for self-advocacy. The very nature of self-advocacy creates a tendency to want to leave the organization of state and local self-advocacy groups to the self-advocates themselves. However, Green Mountain Self-Advocates is a developing organization, as are its associated member groups throughout the state. Dedicated, ongoing support of these groups is needed from many partners in order to maintain and strengthen self-advocacy in Vermont. Specific supports from DDS and local service providers include:

- Assistance in developing and providing ongoing supports to local self-advocacy organizations (recruitment of self-advocates, transportation to self-advocacy activities, support to select and pay for an advisor)
- Provision of leadership development training and support to self-advocates
- Information about self-management, self-direction, needs assessments, person-centered planning, and developing ISAs and individualized budgets.
- Annual financial support for self-advocate outreach coordinator, office and operating expenses
- State-funded position to serve as advisor for self-advocacy activities

In addition to the above, a number of meetings were held with DDS staff to elicit feedback about the plan. Community Alternative Specialists and Guardianship Services staff provided suggestions for specific areas of the plan. The Division's leadership team reviewed local plans, including evaluating existing supports and services and formulated suggested planning areas for systems development.

PLAN DEVELOPMENT

State Standing Committee

The Developmental Services State Standing Committee reviewed the plan at their meeting in May 2001. A public forum was held in conjunction with the June 2001 State Standing Committee meeting. The meeting was held centrally in Randolph and was open to the public. Over 40 people attended; including self-advocates, family members, DS directors, direct support staff, local standing committee members, and other interested people. Feedback from the State Standing Committee and other stakeholders was incorporated into the plan.

FISCAL RESOURCES

For FY 2002 the Division of Developmental Services has an appropriated budget of combined state general funds and federal Medicaid funds of \$81,082,643⁶ plus \$1,617,251 appropriated to the Department of Prevention, Assistance, Transition and Health Access (PATH), bringing the total to **\$82,699,894** in support of people with developmental disabilities. This is allocated as follows:

Existing Community Services	\$72,150,114
5.4% Cost of Living Increase for Community Services	3,132,695
<small>(Note: actual increase is \$3,549,644, but DS appropriation adjusted due to FY 01 error in calculating split between MH and DS.)</small>	
Health Insurance Cost Increase	491,938
New Funding for Consumer Needs	
Caseload – DDMHS (584,074 GF)	⁷ 1,574,323
Caseload – PATH (600,000 GF)	1,617,251
June Graduates (75,000 GF)	202,156
Flexible Family Funding (all GF)	89,760
Self-determination (150,000 GF one-time)	150,000
<small>(Note: Total estimated amount available including receipts is approximately \$346,000.)</small>	
Division of Rate Setting	63,855
Salaries and Expenses for Guardianship Services, Quality Assurance and Division Administration	<u>3,227,802</u>
TOTAL	<u>\$82,699,894</u>

⁶ This does not reflect any potential budgetary rescissions for FY 2002 still pending at the writing of this document.

⁷ \$363,881 (\$135,000 GF) of this amount is dedicated to services for children with PDD.

SYSTEMS PLANNING

**DEVELOPMENTAL SERVICES SYSTEMS PLANNING AND DEVELOPMENT
FISCAL YEAR 2002 – FISCAL YEAR 2004**

**Ideas and Initiatives to Explore to Further Enhance Vermont’s
Developmental Services System**

Life Cycle				Support Area	FY 2002	FY 2003	FY 2004
Young Children	Transition Age	Adults	Older Adults				
X	X			<i>Family Services</i>	<ul style="list-style-type: none"> Define goal of children’s services for DS; explore defining scope of services to family support 		<ul style="list-style-type: none"> Evaluate impact of any changes to scope of children’s services
X	X	X			<ul style="list-style-type: none"> Explore waiver to convert Flexible Family Funding (FFF) to Medicaid; develop “family support” waiver while still keeping the “flexibility” of FFF 	<ul style="list-style-type: none"> If waiver option is successful, increase FFF from \$1,122 and enhanced FFF from \$3,000 to account for inflation 	
		X			<ul style="list-style-type: none"> Consider redefining enhanced FFF for use only by adults who meet new caseload funding priorities 		
	X	X			<ul style="list-style-type: none"> Clarify funding priority for support to parents with DD 		
		X	X		<ul style="list-style-type: none"> Clarify funding priority for adults facing loss of a family or minimally paid caregiver 		

SYSTEMS PLANNING

**DEVELOPMENTAL SERVICES SYSTEMS PLANNING AND DEVELOPMENT
FISCAL YEAR 2002 – FISCAL YEAR 2004**

**Ideas and Initiatives to Explore to Further Enhance Vermont’s
Developmental Services System – continued**

Life Cycle				Support Area	FY 2002	FY 2003	FY 2004
Young Children	Transition Age	Adults	Older Adults				
X	X			<i>Family Services</i>	<ul style="list-style-type: none"> Work with Dept. of Education and State Interagency Team regarding conflicts between Act 264 and DD Act 		
X	X	X	X	<i>State Respite Homes</i>	<ul style="list-style-type: none"> Develop plan for use of homes considering unmet needs and criteria for use 		
X	X	X	X		<ul style="list-style-type: none"> Recruit new home in southeastern part of Vermont 		
X	X			<i>Personal Care Services</i>	<ul style="list-style-type: none"> Work with PATH to explore an interagency agreement to have DS manage PCS funding for DS eligible children 	<ul style="list-style-type: none"> If successful, develop unified budgeting process for children with PCS and waiver supports 	
	X	X		<i>Supported Employment</i>	<ul style="list-style-type: none"> Work to create equitable access to supported employment services across VT (further develop Randolph and Lamoille County areas for increased VR involvement) 	<ul style="list-style-type: none"> Increase VR resources in Randolph and Lamoille County 	

SYSTEMS PLANNING

**DEVELOPMENTAL SERVICES SYSTEMS PLANNING AND DEVELOPMENT
FISCAL YEAR 2002 – FISCAL YEAR 2004**

**Ideas and Initiatives to Explore to Further Enhance Vermont’s
Developmental Services System – continued**

Life Cycle				Support Area	FY 2002	FY 2003	FY 2004
Young Children	Transition Age	Adults	Older Adults				
	X	X		Supported Employment	<ul style="list-style-type: none"> Change funding priorities to increase employment opportunities 		
	X			Transition Supports	<ul style="list-style-type: none"> Develop support and identify resources to provide services to all “June graduates”, regardless of employment or residential status; consider achieving through expansion of FFF 	<ul style="list-style-type: none"> If agreed upon, implement family support waiver concept (see family services above, FY 2002) 	
	X				<ul style="list-style-type: none"> Work with schools to reduce bias against students who live in areas where schools do not prioritize community work opportunities 		
	X				<ul style="list-style-type: none"> Assure reassessment of graduates who have received services as children to insure comparability with other adults receiving services 		

SYSTEMS PLANNING

**DEVELOPMENTAL SERVICES SYSTEMS PLANNING AND DEVELOPMENT
FISCAL YEAR 2002 – FISCAL YEAR 2004**

**Ideas and Initiatives to Explore to Further Enhance Vermont’s
Developmental Services System – continued**

Life Cycle				Support Area	FY 2002	FY 2003	FY 2004
Young Children	Transition Age	Adults	Older Adults				
X	X	X	X	<i>Service Coordination</i>	<ul style="list-style-type: none"> Develop infrastructure to support service coordination functions for both independent service coordinators and those that work within provider agencies 		
X	X	X	X		<ul style="list-style-type: none"> Explore ways to simplify scope of service coordinator responsibilities (e.g., create statewide information resource service, simplify TCM billing) 		
X	X	X	X	<i>Community Supports</i>	<ul style="list-style-type: none"> Limit use of “institutional settings”, such as nursing facilities, as community support locations 		
		X	X		<ul style="list-style-type: none"> Reprioritize use of resources for community day supports in response to universal requests of self-advocates for work, educational and social opportunities; continue focus on making community supports relevant for the person, not a function of where he/she lives 		
		X			<ul style="list-style-type: none"> Continue focus on shifting funding from community supports to work supports 		
		X	X		<ul style="list-style-type: none"> Periodically disseminate information on options/funding for accessing transportation; explore creative transportation alternatives outside of DDMHS 		

SYSTEMS PLANNING

**DEVELOPMENTAL SERVICES SYSTEMS PLANNING AND DEVELOPMENT
FISCAL YEAR 2002 – FISCAL YEAR 2004**

**Ideas and Initiatives to Explore to Further Enhance Vermont’s
Developmental Services System – continued**

Life Cycle				Support Area	FY 2002	FY 2003	FY 2004
Young Children	Transition Age	Adults	Older Adults				
		X	X	<i>Home Supports</i>	<ul style="list-style-type: none"> ▪ Explore creative, safe ways to reduce 24 hour care; develop alternative residential options (e.g., flexible supported living) 		
	X	X	X		<ul style="list-style-type: none"> ▪ Develop experience and expertise, including use of existing housing resources, that promotes home ownership (e.g., Home of Your Own, Section 8 flexibility) 		
X	X	X	X	<i>Crisis/Clinical Services</i>	<ul style="list-style-type: none"> ▪ Continue training and increase local human resources to enable positive approaches 		
X	X	X			<ul style="list-style-type: none"> ▪ Increase clinical capacity in the state for evaluations and direct clinical work 		
X	X				<ul style="list-style-type: none"> ▪ Identify resources necessary to address mental health needs of children with developmental disabilities (e.g., MH system, private practitioners, etc.) 		
X	X	X	X		<ul style="list-style-type: none"> ▪ Develop and fund second state-wide crisis bed 		
X	X	X	X		<ul style="list-style-type: none"> ▪ Expand and fund local crisis response capacity 		

SYSTEMS PLANNING

**DEVELOPMENTAL SERVICES SYSTEMS PLANNING AND DEVELOPMENT
FISCAL YEAR 2002 – FISCAL YEAR 2004**

**Ideas and Initiatives to Explore to Further Enhance Vermont’s
Developmental Services System – continued**

Life Cycle				Support Area	FY 2002	FY 2003	FY 2004
Young Children	Transition Age	Adults	Older Adults				
X	X	X	X	<i>Clinical/Crisis Services</i>	<ul style="list-style-type: none"> ▪ Assure medical consultations/coordination via nursing is available locally 		
X	X	X	X	<i>Communication Supports</i>	<ul style="list-style-type: none"> ▪ Ensure systemic and local means for supporting and enhancing communication skills, technology and training 		
	X	X		<i>Offenders with Developmental Disabilities</i>	<ul style="list-style-type: none"> ▪ Secure resources to address recommendations made in the <i>Report to the Legislature on Offenders with Developmental Disabilities</i> as follows: <ul style="list-style-type: none"> ○ Develop emergency/short term stay/crisis bed ○ Develop alternative placements to increase security ○ Earmark funds for high risk offenders ○ Provide advanced training, clinical supervision and therapy options ○ Provide reliable, enhanced respite 		
	X	X			<ul style="list-style-type: none"> ▪ Amend Act 248 as recommended in the <i>Report to the Legislature on Offenders with Developmental Disabilities</i> 		

SYSTEMS PLANNING

**DEVELOPMENTAL SERVICES SYSTEMS PLANNING AND DEVELOPMENT
FISCAL YEAR 2002 – FISCAL YEAR 2004**

**Ideas and Initiatives to Explore to Further Enhance Vermont’s
Developmental Services System – continued**

Life Cycle				Support Area	FY 2002	FY 2003	FY 2004
Young Children	Transition Age	Adults	Older Adults				
X	X	X	X	<i>Self-determination</i>	<ul style="list-style-type: none"> Develop Self-Management Handbook 		
X	X	X	X		<ul style="list-style-type: none"> Support ongoing development of self-advocacy activities, including resources for self-advocates to be paid trainers 		
X	X	X	X	<i>System Issues</i>	<ul style="list-style-type: none"> Develop mechanism for annual cost of living increases to support community services 		
X	X	X	X		<ul style="list-style-type: none"> Develop accurate and meaningful “waiting list” documentation. 		
X	X	X	X		<ul style="list-style-type: none"> Improve understanding of the rights of applicants and service recipients (e.g., accessible complaint and appeals process) 		
X	X	X	X		<ul style="list-style-type: none"> Evaluate “systems change” initiatives (e.g., intake process, needs assessment, funding process, etc.) to identify processes that support or inhibit supports for individuals and families 		

ROLE OF DDS IN CASELOAD FUNDING

The Division of Developmental Services (DDS) maintains an active role in the allocation and review of caseload funding. DDS will:

- *Make initial new caseload and existing caseload allocations to DAs.*
- *Issue guidelines for any budgetary rescissions.*
- *Review allocations of caseload funding at least quarterly to ensure the appropriate distribution of resources. The Division of Developmental Services in consultation with DAs, may reallocate funding among regions to respond to new applicant and consumer demand and unusual circumstances that affect service requests during the fiscal year.*
- *Participate as a consultant in deliberations of the Equity Fund.*
- *Review funding requests for current and new recipients whose services cost in excess of \$100,000. Prior approval is required.*
- *Assist agencies to negotiate and facilitate arrangements for eligible individuals when Social and Rehabilitation Services, local schools, Department of Corrections, or other state agencies and/or out-of-state organizations are contributing payment for an individual's services through the waiver.*
- *Review requests for any out-of-home placements supported by DS funding for children under 18 years old. Prior-approval is required.*
- *Administer special program allocations (Special Services Fund, Vacation Fund, and Guardianship Services Fund) and joint funding with other state agencies, (see Special Program Allocations – page 49).*
- *Manage the risk pool, with input from the Oversight Committee (made up of consumers, providers and Department staff).*
- *Assist in filling vacancies in ICF/MRs or group homes, as these residential supports are statewide resources.*
- *Resolve questions from new applicants, existing consumers, providers and others concerning who is the DA.*
- *Provide guidelines and technical assistance to agencies around allocation of new caseload funding and use of the Equity Fund to assure compliance with state and federal standards.*

CRITERIA FOR FUNDING

At least 75% of new caseload funds are used for people who meet the new caseload funding priorities *and* the definition of “new consumer.”

New Consumer – a person who:

- *Is new to services (did not receive services in the previous fiscal year);*
- *Is not currently receiving DDS funding (but may be receiving services from a DS provider; for example, PATH-funded personal care services);*
- *Is an existing consumer currently receiving only “minimal services”; minimal services are:*
 - *Flexible Family Funding,*
 - *Enhanced Flexible Family Funding,*
 - *Targeted Case Management (generally averaging 2 hours or less/week), or*
 - *Transition grant-funded employment services.*
- *Experiences the death or loss of an unpaid or minimally paid⁸ caregiver providing home supports; or,*
- *Graduates from school or leaves SRS custody during the year.*

Up to 25% of new caseload funds may be used to meet priority needs for people who meet the definition of “existing consumer” and who are experiencing a need consistent with the new caseload funding priorities.

Existing Consumer – a person currently receiving DDS funded services who is not a “new consumer” (see above).

⁸ e.g., a residential care home provider.

CRITERIA FOR FUNDING

The following general conditions must be met whenever Division of Developmental Services funding is allocated:

Meeting the Service System's Standards – Any changes in individuals' current budgets are made first and foremost to assure funding is available to meet New Caseload Funding Priorities for new and existing consumers. Decisions to allocate funding or change any individual's budget must be consistent with the following:

- *The Developmental Disabilities Act of 1996 and corresponding regulations;*
- *Medicaid rules and regulations;*
- *Needs assessment performed during initial intake and periodic review;*
- *Individual Support Agreement Guidelines;*
- *Guidelines for Quality Services; and,*
- *The Developmental Service System Restructuring Plan (1998) and subsequent interpretations.*

Waiting Lists – Each designated agency maintains a waiting list of:

- *All people (new and existing) who are eligible for, but denied service(s) because the person's needs do not meet the System of Care Plan's funding priorities. These individuals are periodically reviewed to see if their needs have changed resulting in meeting a funding priority;⁹ or,*
- *All people who have needs that meet the funding priorities but for whom there are insufficient funds either through newly appropriated caseload funding or reallocation of existing resources.*

⁹ A person on a waiting list shall be reassessed for priority status if there are significant changes in the person's life situation, when there are changes in the funding priorities, or at least annually.

CRITERIA FOR FUNDING

Complying with Limitation on Use of Funds – DDS funding cannot be used to increase the availability of the following services:

- *Sheltered workshops and enclaves (segregated work environment within an employer's setting);*
- *Congregate residential settings for children under 18 years old; or,*
- *Congregate residential settings in excess of 4 beds for adults (age 18 and over).*

DDS funding cannot be used to fund the following services/settings:

- *Institutional settings (e.g., nursing facilities, etc.) for providing “community supports” other than for people living, working or volunteering in the setting;*
- *Out-of-state institutional placements (e.g., ICF/MR, nursing facility, residential school/treatment center); or,*
- *Costs for room and board in either the individual's normal living environment or any temporary or intermittent locations (e.g., hotels, motels, restaurants, etc.). (Medicaid waiver only.)*

Prioritization of Funding – The developmental services system is responsible by statute to support eligible individuals ***within the funds appropriated by the legislature***. Each year requests for services exceed the funds available. To target resources to eligible individuals most in need, funding decisions are made in accordance with funding priorities set by DDS¹⁰ through use of newly appropriated caseload funds and through review of potential funding changes for existing consumers.¹¹

¹⁰ See Regulations for Implementing the Developmental Disabilities Act of 1996 Parts 1 and 2.

¹¹ The accompanying document, *DDS Funding Guidelines*, assists agencies in making individual funding determinations and allocations.

EXISTING CASELOAD FUNDING

It is important to note that the vast majority of all resources for services (over \$72 million) are within the existing allocations for Designated Agencies and Specialized Service Agencies for people already receiving services. The use and flexibility of these funds, therefore, needs to be considered. Existing caseload funding:

- *Provides capped funding to cover the needs of existing consumers served by the DA or an SSA.*
- *Provides for the reallocation of existing funding from services that are no longer needed, or that cost less than anticipated, to meet areas of critical need of other individuals including new consumers¹². However, the Authorized Funding Limit for people who self-manage their services will only be reduced to accommodate the needs of other people if the person determines he or she does not need or is unable to use the resources for the specific areas funded for support.*
- *Provides a distribution to DAs and SSAs in an amount equal to that received for existing consumers in FY 2001, plus an approximate 5.4% cost of living increase primarily targeted to staff and contractor wage improvement, as well as funding targeted for health insurance increases for staff employed by providers.*
- *Reverts to the Equity Fund when a person dies (except PASARR specialized services), moves out-of-state, or makes a long-term move to an institutional placement (e.g., jail, nursing facility, residential school) to meet critical needs of consumers (see Equity Fund – page 44).*
- *Reverts to PDD Fund if individual has a diagnosis of PDD.*

¹² Individual budgets and need for services for existing consumers are re-examined at least annually by DAs and SSAs to see if adjustments are necessary. The needs assessment process must have an individual focus. These decisions will be reviewed by DDS through monitoring activities. Once a need has been identified and funding approved to meet the need, the method by which the need is met (e.g., how the service is provided) is still fundamentally the choice of the consumer within the funds available and appropriate uses of state and federal funding.

EXISTING CASELOAD FUNDING

- *Remains with the DA as new caseload funding when individuals previously supported become independent of, or voluntarily leave, DDS-funded services. The DA maintains funding responsibility if the person seeks services in the future. If the individual moves to a region covered by a different DA, the person's existing funding is transferred to the new region that is responsible for providing services.*
- *Designated Agencies are encouraged to provide services and supports that are identified in Local System of Care Plans that may prevent the need for more costly services, if it will help alleviate the person's circumstance or can help prevent a circumstance that results in meeting funding priorities.*

EXISTING CASELOAD FUNDING PRIORITIES

When reallocating existing funding, DA's are encouraged to provide supports, within funding available, to assist each individual to increase his/her independence. Each DA must take the following priorities into consideration:

Reducing or Eliminating Unwanted Services

When making reallocation decisions, DAs will consider reducing or eliminating services that are not needed, wanted or valued by people receiving supports.

Improving the Quality and Quantity of Services

Designated Agencies, SSAs and Certified Providers will be expected to focus on improving the quality and quantity of services that relate directly to a person's quality of life and/or which prevent greater human or financial costs in the future. One way this may be done is through implementation of Local System of Care Plan initiatives that are not incorporated into the State System of Care Plan.

Funding will be used in creative and innovative ways, individually and systemically, to achieve successful progress in some or all of the following areas specified in Local System of Care Plans and consumer and family surveys:

- | | |
|---|--|
| <ul style="list-style-type: none"> ☞ <i>Employment</i> ☞ <i>Social/Recreation/Friendships</i> ☞ <i>Respite/Flexible Family Funding</i> ☞ <i>Self-advocacy</i> | <ul style="list-style-type: none"> ☞ <i>Alternative Home Supports</i> ☞ <i>Transition Supports</i> ☞ <i>Transportation</i> ☞ <i>Training</i> |
|---|--|

Maintaining Existing Quality Services

It is essential that supports and services, other than those that fit clearly in the categories above, also be of priority if they help people achieve their desired life goals. This is accomplished by:

- ☞ *Involving the person (and his or her guardian if applicable) when making individual budget adjustments that change the quality and quantity of services;*
- ☞ *Working with the individual to identify the supports and services that are the most economical and cost effective to meet the needs of the person;*
- ☞ *Taking into account the actual benefit and proactive nature of services for each person when shifting funding; and,*
- ☞ *Not reducing supports or services to an individual if it will endanger the health, well-being, or safety of the person¹³.*

¹³ If there is a proposed reduction or termination of supports or services, the person will be advised, in writing and in another method that is understood, if necessary, of his or her right to appeal.

NEW CASELOAD FUNDING

The efficient use of resources is important to sustaining an effective system of services for Vermonters with developmental disabilities. It is the role of the developmental services system to support communities – not to substitute for them. To that end, new caseload funding is used in accordance with the following parameters:

- *Funding may be provided to support, not take the place of, the role of family and community – community and family resources must be used to the fullest extent possible.*
- *Alternative funding must be unavailable or insufficient. Waiver funding should be used only for services that cannot be funded through other private or public means, or as a Medicaid State Plan Service.*
- *Funding may not duplicate services that are the responsibility of other support systems.*
- *Funding must be consistent with the system's standards and limitations (see pages 36 and 37).*

New caseload funding is used to support eligible individuals whose needs fit the priorities listed on the following table (page 42). Funding requests may often stem from critical life situations, but ***it is expected that DAs will be thoughtful and creative in making funding decisions that anticipate and prevent circumstances that may lead to individuals going into crisis.*** How funding is actually used is relatively flexible as long as the support directly addresses a priority area of need and is within guidelines for use of state and federal funding.

Funding priorities focus on a person's circumstances, and translate to needs for supports that address fundamental health and safety, security, legally mandated services and community safety. One priority category also focuses on moving people toward independence from formal services and by obtaining employment. Funding priorities are of equal value, but are viewed in relation to the general category of need in which they appear (i.e., health and safety; security; independence; and, legally mandated services and community safety). An individual may have needs in more than one priority area for funding. Within the resources appropriated by the legislature, it is the goal of the developmental services system to assist eligible people who have need for support brought about by the following circumstances to have those needs met:

NEW CASELOAD FUNDING PRIORITIES

Health & Safety

- ☞ *Support needed to prevent an adult from being abused, neglected or exploited, or otherwise having his or her health and safety jeopardized.*
- ☞ *Support needed to prevent an adult or child from regressing mentally or physically¹⁴.*

Security

- ☞ *Support needed to keep a child under 18 with his or her natural or adoptive family. Services may not replace the regular role and expenses of parenting (e.g., childcare, transportation, household bills, etc.).¹⁵*
- ☞ *Support needed for parents with developmental disabilities to provide training in parenting skills to help keep a child under 18 at home. Services may not substitute for the parent and may not replace the regular role and expenses of parenting (e.g., childcare, transportation, household bills, etc.).*
- ☞ *Support needed to prevent an adult from becoming homeless.*
- ☞ *Support needed by an adult who is experiencing the death or loss of a caregiver¹⁶.*
- ☞ *Support for a young adult aging out of SRS custody who is eligible for and requires ongoing services.*
- ☞ *Support needed to prevent or end institutionalization (i.e., VSH, psychiatric hospitals, nursing homes, residential schools).*

Independence

- ☞ *Support needed to keep a person from losing a job.*
- ☞ *Support needed to assist an adult to be independent from DDS-funded services, or to move to “minimal services,” within 2 years.*

Legally Mandated Services & Community Safety

- ☞ *Support needed by an adult who has been committed to the custody of the Commissioner of DDMHS pursuant to Act 248¹⁷.*
- ☞ *Support needed to prevent an adult who poses a risk of public safety from endangering others¹⁸.*
- ☞ *Support needed by a person in a nursing home for specialized services or community placement under the requirements of federal law (i.e., OBRA '87).*

¹⁴ This includes equipment and modifications that may be needed to prevent an adult or child from regressing. This is not intended to substitute for other responsible public services (e.g., public education, child welfare, health insurance, etc.)

¹⁵ Services can cover extraordinary costs as a result of the child's developmental disability.

¹⁶ Caregiver means an unpaid or minimally paid (e.g., a residential care home) caregiver.

¹⁷ Vermont's civil commitment law for offenders with developmental disabilities found incompetent to stand trial.

¹⁸ Based upon past known behavior (e.g., arrested for serious offense, substantiated sexual abuse, under restraining order because of dangerous conduct, etc.). Not intended to substitute for or replace Department of Corrections supervision for people who have committed and been convicted of a crime.

NEW CASELOAD FUNDING

Other Considerations

- *For FY 2002, new consumers under age 21 with pervasive developmental disorders are covered under the PDD Fund overseen by the statewide Equity Committee. (See Equity Committee – page 44).*
- *Allocations to people who are new to services will not be reduced within the first year. However, if an individual does not receive all or part of a service, the unused resources are returned to the local caseload, Equity Fund, PDD or PASARR funds as applicable.*
- *For a person who currently lives in another state, that state, or other source, may be willing to pay for bridge funding in Vermont for a period of at least one year. DDS may facilitate such an arrangement. When bridge money ends, the person needs to meet funding priorities as a new consumer in order to receive support.*
- *A person who has been out of services voluntarily, (e.g., temporarily living elsewhere, trying to be independent of the system), retains his or her eligibility for services for up to two years, but must meet new caseload funding priorities to access funding.*
- *A person who leaves services temporarily (i.e., to go to a correctional or nursing facility), retains eligibility for services¹⁹, but must meet new caseload funding priorities to access funding upon leaving the facility.*

¹⁹ See Regulations for Implementing the Developmental Disabilities Act of 1996 Parts 1 and 2.

EQUITY COMMITTEE

The Equity Committee is comprised of five DA representatives and two self-advocates or family members. The Committee manages the following funds:

Equity Fund

Each DA is allocated a share of new caseload funding to manage for its local geographic region. In contrast, the Equity Fund is a statewide resource that contains funding returned because a consumer has died, gone into an institution, left the state or not used funding granted during the year by the Equity Committee. The Fund supplements agency allocations, based on specific requests from local funding committees, when local resources are insufficient to meet new caseload funding priorities for eligible consumers. The Equity Fund also provides funding for any young adult aging out of SRS custody who meets eligibility and new caseload funding priorities. The purpose of the fund is to assure that no particular designated agency suffers undue hardship as the result of extraordinary needs of people with disabilities and their families in the region.

Pervasive Developmental Disorders (PDD) Fund

In FY 1997, individuals with Pervasive Developmental Disorders became eligible for support through the developmental service system. For the past four fiscal years, a separate fund for children with PDD has been administered at the Department of Developmental and Mental Health Services. The original impetus for a separate fund was two-fold; 1) to address the perception that children with PDD were being denied access to personal care services via the Department of Social Welfare (now PATH); and 2) to infuse the system with some new money to try to meet the needs of this new category of eligible individuals. Both of these original intentions have been satisfied – children with the label of PDD are being approved for personal care services through PATH, and the specially designated funding has enable the developmental services system to "catch up" with individuals formerly not eligible for support.

EQUITY COMMITTEE

For these reasons and the need to maintain equity for all children with developmental disabilities, the Division's goal is to unify access and management of the funding for all children eligible for support.

By FY 2003 access and management of funding will occur at the local level with no separate fund. In FY 2001, the Division began a two-step transition process with the unification of the new caseload funding priorities. In FY 2002, the Equity Committee will manage a separate fund for children under 21 years of age with a diagnosis of PDD. Because there is no separate appropriation for PDD funding, \$363,881 (\$135,000 GF) is set aside from new caseload funding for these children.

A portion of the PDD funds had been previously shared with the Division of Mental Health, Children's Unit. This practice is discontinued; however, funding previously transferred to the Division of Mental Health will remain available for children with PDD meeting Mental Health funding priorities.

The money is used for children with PDD who are new to DDS or for increases in funding for existing children with PDD. If funding is reduced or eliminated for any children with PDD, the funds revert back to the PDD fund so it may be used for new or existing children with PDD. Children who reach the age of 21 will continue to receive services as identified through a periodic review of their needs and the reassessment required as children transition into adult services. Their funding will not revert to the PDD fund. Once PDD funds are exhausted, individuals meeting the System of Care Priorities are eligible for Equity funding.

Starting in FY 2003, there will be no separate PDD fund. Requests for funding for children with PDD will be managed by the local DA funding committees in the same manner as all other funding requests.

High School Graduate Fund

High school graduate funding is provided to individuals who meet graduation requirements and exit high school during the year. Sometimes referred to as "June Grad funding," it is not limited to those individuals who

EQUITY COMMITTEE

graduate in June. In order to receive funding, high school graduates must have needs that meet the new caseload funding priorities (see page 42).

The local funding committee first reviews funding applications, but because of limited resources for high school graduates, the statewide Equity Committee manages the high school graduate funding. For FY 2002, the legislature appropriated \$202,156 (\$75,000 GF). If the June graduate appropriation is exhausted, new caseload funding and/or the Equity Fund is used for high school graduates who meet funding priorities.

ONE-TIME FUNDING

When new caseload funding is approved, the general fund amount needed to support a full year of services is committed. This assures that funds to pay for a full year of services are built into the base budget. The balance of the general fund allocation that is not needed for supporting the person that first year creates resources known as one-time funding.

One-time funding is used for one-time, temporary or short-term expenditures (it may not be used for ongoing needs) that directly assist people with disabilities and their families, or to cover the costs of implementing the regulations from the DD Act of 1996. This funding is available to both new and existing consumers, as well as to support systemic needs (e.g. investments to increase support for self-advocacy activities; expanding crisis capacity; developing additional housing and home support options, etc.).

These funds are maintained at the Division for use by providers and/or the Division in meeting the one-time funding priorities (see page 48). The Division will consult with local funding committees or the Equity Committee as appropriate, for any use requested by the Division.

One-time funding is created through three funds:

- 1) *Local Caseload* allocations;
- 2) *Equity Fund* allocations; and,
- 3) *PDD Fund* allocations.

ONE-TIME FUNDING PRIORITIES

Individual and/or Family Priorities

- ⌘ *One-time allocations of Flexible Family Funding to people with disabilities and families in need.*
- ⌘ *Short-term increases in supports to a person already receiving services to resolve or prevent a crisis.*
- ⌘ *Assistive technology (e.g., adaptive equipment, home modifications to make the person's residence accessible) and other special supports and services not covered under the Medicaid state plan.*
- ⌘ *Supports that may not meet New Caseload Funding Priorities but are proactive and/or short-term in nature.*
- ⌘ *Transitional support to assist an adult to become independent of DDS-funded services.*

System Priorities

- ⌘ *Small grants to self-advocates, families and others for innovative programs, plans or training that promote the principles of services as stated in the Developmental Disabilities Act of 1996.²⁰*
- ⌘ *Implementation of the Training and Special Care Procedure regulations for the Developmental Disabilities Act of 1996.*
- ⌘ *Implementation of Local System of Care Plan initiatives that are not incorporated into the State System of Care Plan.*

²⁰ *Developmental Disabilities Act of 1996, 18 V.S.A. § 8724 (see Principles section).*

SPECIAL PROGRAM ALLOCATIONS

DDS Administered Funds

DDS administers three small funds that cover dental services, adaptive equipment and other ancillary services not covered by Medicaid; stipends for vacations for people who do not receive waiver funded housing and home supports; and, unanticipated services for individuals not served by Designated Agencies. Funds for FY 2002 are allocated as follows:

- *Special Services Fund* \$ 30,000
- *Vacation Fund* \$ 8,000
- *Guardianship Services Fund* \$ 33,000

Joint Funding

Joint funding arrangements for Medicaid waiver and targeted case management involving other state agencies (e.g., Department of Social and Rehabilitation Services, Department of Corrections, Division of Mental Health), and/or out-of-state organizations, must involve the Division of Developmental Services in negotiation and receipt of funds. Providers may contract directly with local schools to provide services that are not funded through the Medicaid waiver or targeted case management. However, any service arrangements involving local schools and use of the Medicaid waiver that have not expired continue to require involvement and approval of the Division.

PASARR²¹ Funding

Individuals who live in nursing facilities who need specialized services are funded under Nursing Home Day Rehabilitation and prior authorized on an individual basis by DDS. Allocations for existing consumers remain the same as long as the person's needs remain the same. If a person who had waiver funding moves to a nursing facility and needs specialized services, a portion of his or her waiver money is converted to Nursing Home Day

²¹ "Pre-Admission Screening and Resident Review" for people with developmental disabilities in, or at risk of entering, a nursing facility.

SPECIAL PROGRAM ALLOCATIONS

Rehabilitation funding to pay for specialized services. If a person needs specialized services and is not supported under the waiver, funding comes from the revolving PASARR fund. If a consumer dies or stops receiving specialized services, the funds are added back to the revolving PASARR fund. The Division of Developmental Services may review circumstances involving temporary nursing facility placements on a case-by-case basis. If a person receiving specialized services moves out of a nursing facility, his or her specialized services funding can be converted to waiver funding to support the community-based services. The balance of the waiver costs for a person moving from a nursing facility to a community placement comes from the DA's new caseload funding or Equity Fund.

FUTURE BUDGET CONSIDERATIONS

Through a review of local system of care plans and evaluation of the system's current needs, the following areas require additional budgetary attention. However, in FY 2002 resources are not sufficient to expand the areas beyond current funding or funding priorities already noted. They will, therefore, be considered as needs for the FY 2003 and FY 2004 budget processes:

- *Mechanism to provide ongoing cost of living increases for provider staff, contractors, and operating needs.* Quality supports and services for people with developmental disabilities and their families are dependent on a quality workforce. Maintaining and improving on the quality of the workforce is a multi-faceted task, a major component of which is ongoing cost of living increases. A method and the accompanying resources to support ongoing cost of living increases needs to be identified in order not to lose the ground gained in FY 2000, 2001 and 2002.
- *Special education students who graduate from high school.* As noted under the System Development section, increased emphasis needs to be placed on securing ongoing resources on an annual basis for this group of individuals whose needs are beyond those of the new caseload funding. Estimates indicate that between 30 – 40 graduates each year are eligible for and need long term developmental services. However, currently only those who meet New Caseload Funding Priorities are served. In addition, there are dozens of individuals who have graduated in the past several years who are not participating in their communities as fully as possible because of the previous limited support for high school graduates.
- *Individuals with mental retardation who pose a danger to other individuals or property.* As noted in the System Development section, a specific budget request to address the recommendations made in the *Report to the Legislature on Offenders with Developmental Disabilities* is needed to support individuals entering the system who pose a danger to others or property.

FUTURE BUDGET CONSIDERATIONS

- *Young adults who age out of the Medicaid State Plan for personal care services.* Several years ago the Agency of Human Services implemented a state plan service under the requirements for Early and Periodic Services for Diagnosis and Treatment (EPSDT) for children. These children are now reaching adulthood and some may require ongoing personal care assistance.
- *Consumer and Family Education, Training and Self-advocacy.* Dedicated funding is needed to directly support consumers and families to increase their roles in their own support planning and direction, training peers and providers, increasing self-advocacy and providing a source of accurate information independent of the service system.
- *Ongoing new caseload demands.* Vermont's developmental services system serves approximately 25% of the eligible population. Clearer information about eligibility and expectations of individuals and families for supports continue to place demands on the system that exceeds current resources. These demands coupled with the need to provide support for some of the most vulnerable of Vermont's citizens will continue to place pressure on the Department to provide services to more and more individuals. It is anticipated that new funding in excess of 1.0 million dollars (GF) will be required each year to serve those most in need.

ATTACHMENT A

Developmental Disabilities Act of 1996

Regulations, Part 1 (1.01, 1.06)

Young Children

A young child (not yet old enough to enter first grade) is considered a person with a developmental disability if he or she has:

- 1. A condition which has a high probability of resulting in mental retardation; or*
- 2. Significant delays in cognitive development and adaptive behavior; or*
- 3. A pervasive developmental disorder (i.e., autistic disorder, Rett's disorder, childhood disintegration disorder, Asperger's disorder, and pervasive developmental disorder not otherwise specified) resulting in significant delays in adaptive behavior.*

Regulations, Part 1 (1.07, 1.08, 1.05)

School Age Children & Adults

A school-age child (old enough to enter first grade and younger than age 18) or an adult (age 18 or older) is considered a person with a developmental disability if he or she has:

- 1. Mental retardation (i.e., significantly sub-average cognitive functioning documented by a full scale score of 70 or below on an appropriate standardized test of intelligence and resulting in substantial deficits in adaptive functioning) or a pervasive developmental disorder (i.e., autistic disorder, Rett's disorder, childhood disintegration disorder, Asperger's disorder, and pervasive developmental disorder not otherwise specified) which occurred before age 18; and*
- 2. Substantial deficits in adaptive behavior which occurred before age 18.*

ATTACHMENT A

Regulations, Part 1 (1.14)

People with developmental disabilities and families who are receiving services on July 1, 1996, shall continue to receive services consistent with their needs and the system of care plan.

Regulations, Part II (2.01,2.02)

Recipient

A recipient is either:

- 1. A person with a developmental disability; or*
- 2. A family member who supports a person with a developmental disability who receives services supports, vouchers, or case benefits funded by the Division of Developmental Services.*

