

**SYSTEM OF CARE PLAN**  
**for**  
**Developmental Services**



**FY 2000 UPDATE**

**Effective:**  
**July 1, 1999 – June 30, 2000**

# **System of Care Plan for Developmental Services FY 2000 Update**

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## 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 that describes the nature, extent, allocation and timing of services that will be provided to people with developmental disabilities and their families<sup>1</sup>. The Vermont System of Care Plan, developed every three years and updated annually, includes 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 is the FY 2000 update to the 3-year plan covering the period of July 1, 1998 through June 30, 2001.

The Division of Developmental Services gathered information for the State System of Care Plan from a wide variety of sources. All Designated Agencies (DAs) with which DDS contracts submitted updates to their Local System of Care Plans. Each plan describes the services provided by the agency, the planning process used for obtaining feedback from stakeholders, services that are needed, resources available, gaps in services, service priorities, and agency outcomes. The updates also included feedback on the current State System of Care Plan funding priorities. Additional information was obtained from the 1998 Consumer Satisfaction Survey. The Developmental Services Advisory Board reviewed the plan update in April and May 1999 and input was received at an open public forum in May 1999.

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<sup>1</sup> For current information pertaining to the types and amount of services provided by the Vermont developmental service system, see the Division of Developmental Services 1999 Annual Report.

## FISCAL RESOURCES

For FY 2000, the Division of Developmental Services has an appropriated budget, of combined state general fund and federal Medicaid funds of \$67,240,532. This is allocated as follows:

Existing Community Services	58,758,046
2% Cost of Living Increase for Community Services (Additional 2% reallocated from existing resources)	1,180,798
New Funding for Consumer Needs	
PDD Children (298,768 GF)	786,646
Emergency Caseload Increase (900,000 GF)	2,501,317
Replacement of VI-C Vocational Grants (50,000 GF)	131,648
Intermediary Service Organization (324,016 GF)	856,505
June Graduates (50,000 GF)	131,648
Division of Rate Setting	81,025
Salaries and Expenses for Guardianship Services and Division Administration	<u>2,812,899</u>
<b>TOTAL</b>	<b>67,240,532</b>

## CRITERIA FOR RECEIVING FUNDING

The Division of Developmental Services 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 DDS<sup>2</sup>. Designated Agencies are expected to provide supports to eligible individuals who meet the funding priorities. Funds are allocated to each Designated Agency to continue support for existing consumers and to meet the critical needs of new consumers<sup>3</sup>.

At least 75% of new caseload funds are to be 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 FY 1999);*
- *Is not currently receiving DDS funding;*
- *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/week), or*
  - *Transition grant-funded employment services.*
- *Experiences the death or loss of an unpaid or minimally paid<sup>4</sup> caregiver; 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 are experiencing a need consistent with the new caseload funding priorities.

***Existing Consumer*** – a person currently receiving DDS funded services and who is not considered to be a “new consumer”.

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<sup>2</sup> See Regulations for Implementing the Developmental Disabilities Act of 1996 Parts 1 and 2.

<sup>3</sup> The accompanying document, *DDS Funding Guidelines*, assists agencies in making individual funding determinations and allocations.

<sup>4</sup> E.g., a residential care home provider.

## CRITERIA FOR RECEIVING FUNDING

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

***Meeting the Service System's Standards*** – Changes in individual funding are made first and foremost to assure funding is available to meet New Caseload Funding Priorities, if needed. Decisions to change an individual's budget must be consistent with the following:

- *The policies and principles stated in the Developmental Disabilities Act of 1996 and corresponding regulations;*
- *Medicaid rules and regulations;*
- *Individual Support Agreement Guidelines; and,*
- *The developmental service system restructuring plan.*

***Complying with Limitation on Use of Funds*** – Services funded through DDS resources cannot be used to increase the availability of the following services:

- *Sheltered workshops;*
- *Congregate residential settings for children under 18 years old;*
- *Congregate residential settings in excess of 4 beds for adults (age 18 and over); or*
- *Out-of-state institutional placements.*

## NEW CASELOAD FUNDING

New caseload funding is used in accordance with the following parameters:

- *Funding may be provided to support, not supplant the role of family and community – thus community resources must be used to the fullest extent possible.*
- *Alternative funding must be sought and found unavailable or insufficient.*
- *Funding shall not duplicate services that are the responsibility of other support systems.*
- *Funding must be consistent with Medicaid rules and regulations.*

New caseload funding is used to support eligible individuals whose needs fit the priorities listed on the following table (page 6). Funding requests may often stem from critical life situations, but it is expected that DAs will be thoughtful and creative in making funding decisions in order to anticipate and prevent circumstances that may lead to individuals going into crisis. How funding is actually used (i.e., category of service) is relatively flexible as long as the support addresses the circumstance of need (i.e., funding priority). Priorities tend to focus on a person's circumstances, and translate to supports needed to address fundamental health, safety and security, and legally mandated services. An additional priority category focuses on moving people toward independence from services. Funding priorities are of equal value.

## NEW CASELOAD FUNDING PRIORITIES

### Health & Safety

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

### Security

- b** *Support needed to keep a child under 18 with his or her natural or adoptive family. This includes, but is not limited to, appropriate respite care, case management, companionship supports and parent training, and support for parents with developmental disabilities. Services must not supplant the parent-child relationship<sup>5</sup>.*
- b** *Support needed to prevent an adult from becoming homeless.*
- b** *Support needed by an adult who experiences the death or loss of a caregiver.*
- b** *Support for a young adult aging out of Social and Rehabilitation Services (SRS) custody who is eligible for and requires ongoing services.*
- b** *Support needed to prevent or end institutionalization (i.e., VSH, psychiatric hospitals, nursing homes) or out-of-state placements (e.g., residential schools).*

### Independence

- b** *Support needed to keep a person from losing a job.*
- b** *Support needed to assist an adult to become independent from DDS-funded services or to move to “minimal services” (within 2 years).*

### Legally Mandated Services

- b** *Support needed by an adult who has been committed to the custody of the Commissioner of DDMHS pursuant to Act 248.*
- b** *Support needed by a person in a nursing home for specialized services or community placement under the requirements of OBRA '87.*

<sup>5</sup> For example, funding for normal parenting expenses, such as childcare or transportation. Extraordinary or additional expenses due to the child's disability may be considered.

# NEW CASELOAD FUNDING

## Other Considerations

- *New consumers under age 21 with Pervasive Developmental Disorders are not covered under New Caseload Funding Priorities (See Specific Program Allocations – page 15).*
- *Allocations to people who are new to services will not be reduced within the first year. However, if an individual chooses not to receive all or part of a service, the unused resources are returned to the local caseload or the Equity Fund as applicable.*
- *A state in which a person resides, 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.*
- *People who were receiving DDS funding and left services voluntarily may retain access to needed funding for up to one year. Any person who has been out of services voluntarily for more than one year, (e.g., temporarily living elsewhere, made a try at independence), must reapply as a new applicant.*
- *People who leave services involuntarily (e.g., go to a correctional facility or nursing home), retain eligibility for services<sup>6</sup> but must meet new caseload funding priorities to access funding.*

## Equity Fund

Each DA maintains a local funding committee for its geographic region to manage caseload allocations provided by DDS. The Equity Fund, a statewide resource, is administered by a committee comprised of five DA representatives and two consumers or family members and contains resources returned because a consumer has died or gone into an institution. The fund supplements agency allocations, based on specific requests from local funding committees, to assure that priority needs of applicants and consumers are met consistent with the System of Care Plan and funding priorities. This includes oversight and distribution of Equity Fund one-time funding. The fund is administered on an equitable basis throughout the state without creating an undue financial hardship on any particular agency.

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<sup>6</sup> See Regulations for Implementing the Developmental Disabilities Act of 1996 Parts 1 and 2

## ROLE OF DDS IN CASELOAD FUNDING

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

- *Make initial new caseload and existing caseload allocations to DAs.*
- *Review allocations of caseload funding at least quarterly to ensure the appropriate distribution of resources. The Division of Developmental Services in consultation with DA's, may reallocate funding among regions to respond to new applicant and consumer demand and unusual circumstances that affect service requests during the fiscal year.*
- *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 youth when Social and Rehabilitation Services, local schools, other state agencies and/or out-of-state organizations are contributing payment for an individual's services.*
- *Review requests for out-of-home placements for children under 18 years old. Prior-approval is required.*
- *Administer specific program allocations, Pervasive Developmental Disorder (PDD) and other joint funding, and the Special Services and Guardianship Services Funds (see Specific Program Allocations – page 15).*
- *Jointly manage the risk pool with DAs. This fund provides some "stop loss" insurance for DA's in order to balance DA's risk and potential financial implications of that risk. The need and use of this fund will be reevaluated with DAs during FY 2000.*
- *Assist in filling any vacancies in ICF/MRs or group homes, as these residential supports are considered to be statewide resources.*
- *Assist new applicants, existing consumers, providers and all others involved when there are questions concerning who is the DA.*
- *Provide guidelines and technical assistance to agencies around allocation of new caseload funding and use of the Equity Fund, including attending regular meetings.*

## EXISTING CASELOAD FUNDING

It is important to note that the vast majority of all resources for services (over \$60 million) are within the existing allocations for Designated 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 in the DA's region.*
- *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 consumers<sup>7</sup>. However, the Authorized Funding Limit for people who self-manage their services will not be reduced to accommodate the needs of other people for the duration of their Individual Support Agreement.*
- *Provides a distribution to DAs and SSAs in an amount equal to that received for existing consumers in FY '99, plus a 4% across-the-board cost of living increase.*
- *Reverts to the Equity Fund when a person dies 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 7).*
- *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.*

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<sup>7</sup> Individual budgets for existing consumers are re-examined at least annually by DAs and SSAs to see if adjustments are necessary. These decisions will be reviewed by DDS through monitoring activities.

## EXISTING CASELOAD FUNDING PRIORITIES

When reallocating existing funding, an agency 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:*

- b** *Employment*
- b** *Social/Recreation/Friendships*
- b** *Respite & In-home Support*
- b** *Residential*
- b** *Transportation*

### **Maintaining Existing Quality Services**

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

- b** *Involving the person (and his or her guardian if applicable) when making individual budget adjustments that change the quality and quantity of services;*
- b** *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<sup>8</sup>;*
- b** *Taking into account the actual benefit and proactive nature of services for each person when shifting funding; and,*
- b** *Not reducing supports or services to an individual if it will endanger the safety of the person<sup>9</sup>.*

<sup>8</sup> This process must have an individual focus. 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.

<sup>9</sup> If an agency reduces supports or services, the person will be advised of his or her right to appeal.

## PREVENTING THE NEED FOR MORE COSTLY SERVICES

The efficient use of resources is important to sustaining an effective system of services for Vermonters with developmental disabilities. To that end, designated agencies are encouraged to allocate resources to prevent the need for more costly services by:

- *Providing services and supports that are identified in Local System of Care Plans that may prevent the need of more costly services (e.g., supports to communicate; access to assistive technology; daytime supports, including after school, weekend, summertime; access to the community; and, transition supports from school to adult life).*
- *Providing the needed level of support by creatively funding and/or reallocating existing supports to an individual, and not waiting for a crisis to develop.*
- *Providing funding for assistive technology (e.g., adaptive equipment and environmental modifications) if it will help alleviate the person's circumstance or can help prevent a circumstance that results in meeting funding priorities.*
- *Providing the necessary training to staff, contracted providers and respite workers, people with disabilities and their families, and members of the community is a key component to the provision and acquisition of quality supports.*

## ONE-TIME FUNDING

When new caseload funding is committed, the general fund amount needed to support a full year of services will be allocated to the Designated Agency regardless of when during the year the person enters services. This assures that funds to pay for a full year of services in future years are built into the agency's budget. The balance of the general fund allocation that is not needed for supporting the person that first year goes to the agency for use as one-time funding.

One-time funding is used for one-time or short-term expenditures (not ongoing needs) that are used to directly assist people with disabilities and their families, or to cover the costs of implementing the regulations from the DD Act of 1996<sup>10</sup>. This funding is available to both new and existing consumers.

One-time funding exists at three levels:

- 1) **Local Caseload** allocated through DA funding committees;
- 2) **Equity Fund** allocated by a statewide committee who may grant individual DA requests or distribute funds in lump sum allocations to Designated Agencies; and
- 3) **PDD Fund** allocated by the joint mental health/developmental services committee.

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<sup>10</sup> Annually, the Designated Agency will provide DDS with an itemized list of expenditures supported with one-time funds.

## ONE-TIME FUNDING PRIORITIES

Funds for training and funding to implement specific requirements of the DD Act were repeatedly mentioned in the local system of care plans. Therefore, the *top priorities* for use of one-time funds during FY 2000 are to provide training and to implement any potentially unfunded areas in the DD Act, and provide one-time allocations of Flexible Family Funding to people with disabilities. Services and support that can be funded include:

### Top Priorities

- b** *Implementation of the Training and Special Care Procedure regulations for the Developmental Disabilities Act of 1996 (see above).*
- b** *One-time allocations of Flexible Family Funding to people with disabilities and families in need.*

### Other Priorities

- b** *Short-term increase in supports to a person already receiving services to resolve or prevent a crisis.*
- b** *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.*
- b** *Supports which may not meet New Caseload Funding Priorities but are of a pro-active, short-term nature.*
- b** *Transitional support to assist an adult to become independent of DDS-funded services.*
- b** *Small grants to consumers, families and others for innovative programs, plans or training that promote the principles of services as stated in the Developmental Disabilities Act of 1996<sup>11</sup>*
- b** *Implementation of Local System of Care Plan initiatives that are not incorporated into the State System of Care Plan.*

<sup>11</sup> *Developmental Disabilities Act of 1996, 18 V.S.A. § 8724 (see Attachment).*

## SPECIFIC PROGRAM ALLOCATIONS

### **Replacement of VI-C Grant-funded Employment Services**

Support to work in regular, employer-paid jobs are at, or near the top, of every source of input from consumers. Employment services at United Counseling Service and Lake Champlain Community Services have completed the transition from sheltered workshop services to community employment services. Each provider received a VI-C systems change grant from Vocational Rehabilitation that assisted in this process. Additionally, both providers transferred significant Medicaid waiver resources to build an employment program. An allocation of \$25,000 in state general funds, which can be matched with Medicaid waiver funding, is made to each program to replace VI-C grants and enhance successful work supports.

### **Flexible Family Funding**

Flexible Family Funding (FFF) is a fundamental foundation to the system of supports for people with developmental disabilities and their families. Resources are reallocated among DAs in the FY 2000 allocations. If a DA's FFF allocations are depleted for the year, new needs for FFF can be met through one-time funding, while maintaining a waiting list as necessary. Eligible families can use Flexible Family Funding at their discretion towards services and supports that are in the best interests of the family member with a disability and that person's family. This funding is allocated on an individual basis and is used as the family determines appropriate. The maximum amount available to a family is \$1,122 per year or up to \$3,000 for Enhanced Flexible Family Funding. The FY 2000 appropriation for Flexible Family Funding is \$772,406 (GF).

## SPECIFIC PROGRAM ALLOCATIONS

### **Pervasive Developmental Disorders**

The incidence of PDD appears to be increasing and the types of interventions being requested are very intensive and begin at a young age. In FY 1999 \$298,768 (GF) was added to the base appropriation for developmental services. In FY 2000 these initial funds continue and an additional \$298,768 (GF) is allocated through the budget process. This money will be used for children under age 21 with PDD who are new to DDS (and Division of Mental Health services), or changes in children's needs who were originally funded with PDD dollars. Children with PDD may meet eligibility criteria for either DDS or DMH funding. For this reason, DDS and DMH (Children's Unit) will continue to jointly administer the PDD money for FY 2000. Priority will be given to children with severe behavioral challenges, intense instructional needs, or distressed family situations. The Division of Developmental Services, with DAs, will determine how to address funding these individuals as adults. If funding is reduced or eliminated for individual consumers, funds revert back to the PDD fund so it may be used for new children with PDD.

### **DDS Administered Funds**

DDS administers a number of small funds that cover dental services, adaptive equipment and other ancillary services not covered by Medicaid; stipends for vacations for people who are not waiver recipients; and, unanticipated services for individuals not served by Designated Agencies. Funds for FY 2000 are allocated as follows:

- *Special Services Fund*           \$ 23,000
- *Vacation Fund*                   \$ 5,000
- *Guardianship Services Fund*   \$ 40,000

## SPECIFIC PROGRAM ALLOCATIONS

### **Joint Funding**

Joint funding arrangements for Medicaid waiver and targeted case management involving local schools, 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.

### **PASARR<sup>12</sup> Funding**

Individuals who live in nursing facilities determined to be in need of specialized services are funded under Nursing Home Day Rehabilitation and 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 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.

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<sup>12</sup> "Pre-Admission Screening and Residential Review" for people with MR/DD in, or at risk of entering, a nursing facility.

## SPECIFIC PROGRAM ALLOCATIONS

### Issues of Consideration

- Staff and contractor wages: Almost all designated agencies noted staff and contractor wages as an issue in retaining and recruiting qualified staff. The Department has begun to address this issue in its FY 2000 budget with a legislatively supported 2% cost of living increase supplemented by an additional 2% through redistribution of existing funds.
- Transition planning from personal care, school and PDD services: DA funding committees and the Equity Fund Committee need to plan for the appropriate replacement of personal care services as children age out of the state plan coverage. Additionally, some agencies are assisting children and local schools by providing school services to a limited number of children. Funding from the PDD Fund covers children up to age 21 with consideration of continuation of appropriate service needs to be done by the DA. Review of these budgets and replacement of funds is another item of consideration for DA's.
- Waiting Lists: Each Designated Agency maintains a waiting list of all people who are eligible for, but denied, service(s) because the person's needs do not meet the System of Care Plan's funding priorities. People on waiting lists are periodically reviewed to see if they have become a priority for DDS funding<sup>13</sup>. There should not be any person waiting for services who meets the funding priorities. Waiting lists also include services for which existing consumers are waiting if they do not meet existing reallocation priorities, new caseload priorities, or if existing funding has not been able to be reallocated.

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<sup>13</sup> 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 System of Care Plan funding priorities, or at least annually.

## SYSTEM DEVELOPMENT IN FY 2000

Priorities for program and system development in FY 2000 reflect the need to strengthen and extend the capacity of Vermont's communities to support people who have developmental disabilities, consistent with the policy and principles stated in the Developmental Disabilities Act of 1996 and in compliance with corresponding regulations. Emphasis is on the establishment of options for individual supports that are flexible, responsive, comprehensive and effective. Specific areas that arose as system-wide areas of focus are supports and services for:

- *Enhanced communication skills, technology and training for people with disabilities and those who support them;*
- *High school graduates to assure necessary ongoing supports after school ends;*
- *Employment services that are comparable regardless of the source of funding or support; and,*
- *Continued training, technical assistance and outreach from DDS on system restructuring as we enter the second year of implementing systems change.*

## FY 2001 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 2000 resources are not sufficient to expand the areas beyond current funding or changes in priorities already noted. They will, therefore, be considered as needs for the FY 2001 budget process:

- *Wage issues for provider staff and contractors.*
- *Support for the continuation of the Self-Determination Project.*
- *Increased support and services for aging parents and their adult sons and daughters who live at home.*
- *Special education students who graduate from high school.*
- *Training and Special Care Procedure regulations.*
- *Maintaining minimum safe caseloads for Guardianship Services Specialists & DDS Representative Payee.*

## QUALITY MANAGEMENT & OUTCOMES

Ongoing assessment and assurance of service quality is a critical function of the Division of Developmental Services. All programs and services funded by the state must be in compliance with state and federal regulations and policies. Additionally, services must address the needs of individuals and families in a manner that is consistent with their goals for services, training and supports. People need to be satisfied with the supports they receive and feel that they have direct and valued input into decisions that concern their lives. To this end, the Division of Developmental Service's quality management activities focus on goals and outcomes that reflect the quality of life, health, safety, and civil and human rights of the people supported by the developmental service system.

The Division of Developmental Services is in the midst of developing a new process for certifying service providers that receive DDS funding. The design of the new certification process is being integrated with current DDS quality assurance guidelines that are also undergoing revision. The plan is to maintain the individualized approach to quality while melding it with a focus on individual and system outcomes.

The Division of Developmental Services is working to reassess the list of consumer and system outcomes that will be the focus of the service system. These outcomes will enable state policy makers, regulators, consumer and family members, advocates, and service providers to evaluate the quality and effectiveness of developmental services, track costs, and assess progress on targeted objectives.

# ATTACHMENT

## Principles of Developmental Services

Services provided to people with developmental disabilities and their families shall foster and adhere to the following principles:

- b 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.
- b 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.
- b 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.
- b 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.
- b 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.

- b 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
- b Employment.** The goal of job support is to obtain and maintain paid employment in regular employment settings.
- b Accessibility.** The variety among people with developmental disabilities requires that services be designed to be responsive to and enhance the varying abilities of people to communicate, learn, travel, and participate. If people with developmental disabilities or their families have to move to gain access to services, they forfeit natural supports; thus, services must be geographically available.
- b Health and Safety.** The health and safety of people with developmental disabilities is of paramount concern.
- b 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.
- b 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.