

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



FY 2001 UPDATE

**Effective:
July 1, 2000 – June 30, 2001**

State System of Care Plan for Developmental Services FY 2001 Update

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

The Division of Developmental Services
Department of Developmental & Mental Health Services
Vermont Agency of Human Services
103 South Main Street
Waterbury, VT 05671-1601
Phone: 802-241-2614
Fax: 802-241-1129
www.cit.state.vt.us/dmh

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INTRODUCTION

This document is the FY 2001 update to the 3-year *State System of Care Plan* covering the period of July 1, 1998 through June 30, 2001. 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 families¹. The Vermont *State 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.

All Designated Agencies (DAs) with which DDS contracts submitted updates to their Local System of Care Plans. Each Local System of Care Plan was carefully reviewed and analyzed to determine the applicable contributions and feedback to the State System of Care Plan. The updates also include reports on each agency's progress in meeting the local needs originally identified, as well as feedback on the current State System of Care Plan funding priorities.

The Developmental Services State Standing Committee reviewed the plan update in April and May 2000 and input was received at an open public forum in May 2000. Final recommendations from the State Standing Committee were made to the Department at the conclusion of the public forum. Additionally, written comments to the *State System of Care Plan* update were received from the Vermont Council of Developmental and Mental Health Services and the Guardianship Services Unit of the Division of Developmental Services.

¹ For current information pertaining to the types and amount of services provided by the Vermont developmental service system, see the Division of Developmental Services *Annual Report 2000*.

PRINCIPLES OF DEVELOPMENTAL SERVICES

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

- ☾ **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.

FISCAL RESOURCES

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 for eligible individuals in accordance with funding priorities set by DDS².

Designated Agencies are expected to provide supports to eligible individuals who meet the funding priorities utilizing the new caseload funds appropriated by the legislature, through review of potential funding changes for existing consumers and finally, through the use of risk pool funds if necessary. Funds are allocated to each Designated Agency to continue support for existing consumers and to meet the critical needs of new consumers³.

During FY 2000, demand significantly outpaced available new caseload dollars. This resulted in a one-time supplemental appropriation of \$300,000 to meet the increased need. This situation also resulted in legislative language that directs the Department not to change “eligibility and services before the end of fiscal year 2001”. As this update is written in June 2000, it is difficult to anticipate the exact need for the upcoming fiscal year. If need is comparable to FY 2000, there exists the potential that the demand for services may exceed the current appropriation for new caseload. To this end, the Department and the designated agencies will continue to define the limitations of financial risk held by DA’s and other mechanisms that can be used to manage within available resources.

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

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

FISCAL RESOURCES

For FY 2001 the Division of Developmental Services has an appropriated budget of combined state general funds and federal Medicaid funds of \$74,180,880. This is allocated as follows:

Existing Community Services	\$63,923,944
5.7% Cost of Living Increase for Community Services	3,958,178
New Funding for Consumer Needs	
PDD Children (150,000 GF)	398,512
Emergency Caseload Increase (850,000 GF)	2,258,236
Flexible Family Funding (all GF)	80,000
June Graduates (75,000 GF)	199,256
Self-determination (200,000 GF – one time)	400,000
Division of Rate Setting	63,855
Salaries and Expenses for Guardianship Services and Division Administration	<u>2,898,899</u>
TOTAL	<u>\$74,180,880</u>

CRITERIA FOR RECEIVING 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 FY 2000);*
- *Is not currently receiving DDS funding (but may be receiving services from a DS provider, for example 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 paid⁴ 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 are experiencing a need consistent with the new caseload funding priorities.

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

⁴ 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 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 policies and principles stated in the Developmental Disabilities Act of 1996 and corresponding regulations;*
- *Medicaid rules and regulations;*
- *Individual Support Agreement Guidelines;*
- *Guidelines for Quality Services; and,*
- *The Developmental Service System Restructuring Plan (1998) and subsequent interpretations.*

Complying with Limitation on Use of Funds – DDS funding 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

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 supplant the role of family and community – community 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 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 standards and limitations listed on page 7.*

New caseload funding is used to support eligible individuals whose needs fit the priorities listed on the following table (page 9). 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.

Funding priorities tend to focus on a person's circumstances, and translate to needs for supports that address fundamental health and safety, security, and legally mandated services. An additional priority category focuses on moving people toward independence from formal services. 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). An individual may have needs in more than one priority area for funding.

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 physically⁵.*

Security

- ☞ *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 training⁶, and support for parents with developmental disabilities. Services must not supplant the parent-child relationship⁷.*
- ☞ *Support needed to prevent an adult from becoming homeless.*
- ☞ *Support needed by an adult who experiences the death or loss of a caregiver.*
- ☞ *Support for a young adult aging out of Social and Rehabilitation Services (SRS) custody who is eligible for and requires ongoing services.*
- ☞ *Support needed to prevent or end institutionalization (i.e., VSH, psychiatric hospitals, nursing homes) or out-of-state placements (e.g., residential schools).*

Independence

- ☞ *Support needed to keep a person from losing a job.*
- ☞ *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

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

⁵ This includes equipment and modifications that may be needed to prevent an adult from regressing.

⁶ This includes training in behavioral supports and skill development for the parent and/or child.

⁷ For example, funding for normal parenting expenses, such as childcare or transportation unless there are extraordinary costs as a result of the child's disability.

NEW CASELOAD FUNDING

Other Considerations

- *For FY 2001, new consumers under age 21 with pervasive developmental disorders are not covered under new caseload funding. (See Specific Program Allocations – page 19).*
- *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.*
- *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 have an updated needs assessment completed to determine what, if any, needs meet the new caseload funding priorities.*
- *People who leave services temporarily (i.e., go to a correctional facility or nursing home), retain eligibility for services⁸ but must meet new caseload funding priorities to access funding.*

⁸ See Regulations for Implementing the Developmental Disabilities Act of 1996 Parts 1 and 2.

EQUITY FUND

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 self-advocates or family members and contains resources returned because a consumer has died, gone into an institution or not used funding granted during the year by the Equity Fund. 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 Equity Committee also manages the High School Graduate appropriation. 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.

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.*
- *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 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 through the waiver.*
- *Review requests for any out-of-home placements for children under 18 years old. Prior-approval is required.*
- *Administer specific program allocations (Special Services Fund, Vacation Fund, and Guardian Services Fund) and joint funding with other state agencies, (see Specific Program Allocations – page 20).*
- *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. Specific procedures for the use of this fund will be issued during FY 2001.*
- *Assist in filling vacancies in ICF/MRs or group homes, as these residential supports are considered to be 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.*

EXISTING CASELOAD FUNDING

It is important to note that the vast majority of all resources for services (almost \$64 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 consumers⁹. 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, unless the person does not need the resources.*
- *Provides a distribution to DAs and SSAs in an amount equal to that received for existing consumers in FY 2000, plus a 5.7% cost of living increase primarily targeted to staff and contractor wage improvement.*
- *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 11).*
- *Reverts to PDD Fund if individual was initially funded by the PDD Fund.*
- *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.*

⁹ 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. This 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.

EXISTING CASELOAD FUNDING PRIORITIES

When reallocating existing funding, DA's are encouraged to provide supports, within funding available, to assist individuals to become independent. 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:

- ☺ Employment*
- ☺ Social/Recreation/Friendships*
- ☺ Respite & In-home Support*
- ☺ Home Supports*
- ☺ Transportation*

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 person¹⁰.*

¹⁰ 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 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 (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 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 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 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 17). The Division will consult with local funding committees, the Equity Committee or the PDD 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 1996.¹¹*
- ⌘ *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.*

¹¹ *Developmental Disabilities Act of 1996*, 18 V.S.A. § 8724 (see Principles section).

SPECIFIC PROGRAM ALLOCATIONS

High School Graduate Funding

High school graduate funding is provided to individuals who meet graduation requirements and exit high school during the year. Sometimes referred to as “June graduate funding,” it is not limited to those individuals who graduate in June. In order to receive funding, high school graduates must have needs that meet the New Caseload Funding Priorities (see page 9). The local funding committee first reviews funding applications, but because of limited resources for high school graduates, the statewide Equity Committee manages the June graduate funding. For FY 2001, the legislature appropriated \$75,000 in state funds, \$199,256 total including Medicaid funds. If the June graduate appropriation is exhausted, new caseload funding is used for high school graduates.

Flexible Family Funding

Flexible Family Funding (FFF) is the fundamental foundation of the system of supports for people with developmental disabilities and their families. Resources are reallocated among DAs in the FY 2001 allocations based on waiting lists in each region. 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. Families do not need to meet any funding priority in order to access Flexible Family Funding. The maximum amount available to a family is \$1,122 per year or up to \$3,000 for Enhanced Flexible Family Funding. The FY 2001 appropriation for Flexible Family Funding is \$852,406 (GF).

SPECIFIC PROGRAM ALLOCATIONS

Pervasive Developmental Disorders

For each of the last two fiscal years (FY 1999 and FY 2000) \$298,768 (GF) was added to the base appropriation for developmental services to serve children with PDD. In FY 2001 these funds continue and an additional \$150,000 (GF) was added to the Division's budget. This money will be used for children under age 21 with PDD who are new to DDS (and Division of Mental Health), 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, an amount equal to 10% (\$15,000 GF) will be allocated to the Division of Mental Health, Children's Unit, for children who meet DMH funding criteria. The remaining 90% (\$135,000 GF) will be managed by the Division of Developmental Services as a distinct fund. If funding is reduced or eliminated for individual children, funds revert back to the PDD fund so it may be used for new children with PDD. Priority will be given to children who meet new caseload funding priorities (see page 9).

It is the intent that this will be the final year of a separately managed fund for children with PDD. The support needs of this group of individuals will be added to the Department's requests for new caseload funds. The PDD fund was originally intended to support children with PDD and their families because of questions about eligibility for either DDMHS services and/or personal care services. These issues have been largely resolved – many children have been approved for personal care services, and the regulations implementing the DD Act of 1996 clarify DDMHS eligibility for children with PDD.

Previously, it was the intent that these funds would only be used for children with PDD until the age of 21. At that time, the potential existed for individuals to have to reapply as a new applicant for adult services. Beginning in FY 2001, children who reach the age of 21 will continue with services as identified through a periodic review of their needs, and the

SPECIFIC PROGRAM ALLOCATIONS

reassessment required as children transition into adult services¹² – they will not need to reapply for services. Each person's resources may or may not be sufficient to address the individual's needs as an adult. Any adjustment to funding will be made through the transition process and application to local funding committees as with all other individuals.

Children with PDD, as with as *all* children with developmental disabilities, benefit from early intervention to provide the best opportunity for each child's life-long potential. Therefore, after FY 2001, there will be no distinction in the access to new caseload funding based on a child's diagnosis.

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 2001 are allocated as follows:

- *Special Services Fund* \$ 23,000
- *Vacation Fund* \$ 8,000
- *Guardianship Services Fund* \$ 40,000

¹² See section 6.04 of the Regulations implementing the Developmental Disabilities Act of 1996.

SPECIFIC PROGRAM ALLOCATIONS

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. Certified providers may contract directly with local schools to provide services that are not funded through the Medicaid waiver or targeted case management. However, any remaining service arrangements involving local schools and use of the Medicaid waiver continue to require involvement and approval of the Division.

PASARR¹³ 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 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.

¹³ "Pre-Admission Screening and Resident 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. Additionally, self-advocates and families also report wages as an integral element of being able to secure and keep good staff. Funding to target staff and contractor wages was appropriated by the legislature in an amount equal to approximately 5.7% of total wages and contract payments. The Department issued specific guidelines to DAs with regard to these resources and will approve and monitor the implementation of cost of living plans. An ongoing strategy to provide annual cost of living increases is a priority for the Department.
- Transition planning from personal care and school 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. Review of these budgets and potential replacement of funds is another item of consideration for DA's. There is no automatic continuation of services an individual may have been received from another department or system as a child. Each individual's needs and their relationship to the new caseload funding priorities will be evaluated as the individual transitions out of personal care and/or school services.
- 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 funding¹⁴. Depending on the

¹⁴ 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.

SPECIFIC PROGRAM ALLOCATIONS

demand for services and available resources, 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 new caseload priorities, or if existing funding can not be reallocated.

SYSTEM DEVELOPMENT IN FY 2001

Priorities for program and system development in FY 2001 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 require system-wide focus around supports and services are:

- *Assistance with planning for future support of individuals currently living with aging parents.* There is extreme stress experienced by aging parents about the future for their disabled son or daughter. Historically, there has been no individual who has become homeless or left without support as a result of an aging parent who is no longer able to provide the support needed. Existing funding priorities also address this need – “Support needed by an adult who experiences the death or loss of a caregiver.” However, it is clear from the anxiety expressed and the feedback in local system of care plans, that our system needs to better address the planning needs of these individuals and alleviate the distress that these families experience.
- *Incorporation of the principles and values of self-determination into the fabric of the service system.* The legislature appropriated \$200,000 in state funds for the continuation of the Division's self-determination initiative. These funds, however, were allocated for one year only. As of June 2000 there is a planning process involving self-advocates, families, providers, advocates, Self-determination Project staff, and Division staff to determine the best ways to use this funding to help the system be more responsive to individuals making decisions about their own lives and support needs.
- *Review of current resources and supports for individuals with mental retardation who pose a danger to other individuals or property.* In FY 2000, the number of people with dangerous histories entering the system, the high cost of services to ensure the community and individual's safety, and the system's capacity to meet the needs of

SYSTEM DEVELOPMENT IN FY 2001

some individuals with criminal histories have become concerns of stakeholders.

The Division has begun to compile data on current services for this population, and a group has convened to address the data, current laws and alternative service options. It is intended that a separate appropriation for offenders will be requested in the FY 2002 budget process. Alternative service options will be identified to maximize safety, security and treatment needs in cost effective ways. These alternatives will address options for people with very high cost needs and for individuals who do not demonstrate willingness to engage in treatment. The Commissioner has been asked to report to the legislature in January 2001 on current statutes, competency and custody issues relative to offenders with mental retardation. Information and recommendations from the workgroup and additional stakeholders will be incorporated into this report.

- *Development of intensive support system and crisis response for children with significant needs.* The Division is working collaboratively with the Department of Social and Rehabilitation Services to identify children who have been placed by SRS in out-of-state services. The intent is to develop a crisis response that would enable these children to return to Vermont and to prevent other children from being placed out-of-state. Discussions are under way with the provider system to identify the resources necessary to serve these children.
- *Enhanced communication skills, technology and training for people with disabilities and those who support them.* Increased emphasis is being placed on this extremely important issue through the development of a communication task force to evaluate and improve the supports provided in the developmental services system that help people to communicate their own needs.
- *Assure necessary ongoing supports after school ends for high school graduates.* Vermont makes a significant commitment to the education of children with disabilities in local schools. Many of

SYSTEM DEVELOPMENT IN FY 2001

these children will require ongoing support into adult life. Yet, there is no defined method to assure that the skills obtained through school will be maintain and improved upon in adult life. In essence, the investment made from birth through high school graduation can be lost if supports are not provided as these young adults leave the school system. Support provided at this point in life will do much to create the opportunity for these individuals to become productive, wage-earning taxpayers and community members.

- *Employment services that are comparable regardless of the source of funding or support.* Vermont's developmental services system is committed to providing totally community-based supports without reliance on a state institution. With this in mind, greater emphasis needs to be placed on evaluating the current use of "day service" funding as compared to supported employment services. Spending on supported employment is less than one-third of the resources spent on "day services". There needs to be greater balance in the proportion of current funding spent between these two areas. Now that Medicaid allows spending for employment services, there are no external barriers to this shift.

- *Continued training, technical assistance and outreach from DDS and DAs on access to the system, including consumer rights and knowledge about funding.* It is clear from continuing comments from self-advocates, families, and provider and Division staff that significant efforts need to continue in the area of informing and explaining peoples' rights, including information about grievance and appeals, and knowledge about how funding works. Vermont is a leader in the nation in individualizing supports and funding, but there is still more work to do in order to be clear, without being confining, about what is possible and what is not. Feedback was also received that local funding committees, as well as the Equity Committee, need to incorporate a broader array of individuals in the decision-making processes.

FY 2002 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 2001 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 2002 budget process:

- *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 2001.
- *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 25 – 35 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 limited support for high school graduates.
- *Maintaining minimum safe caseloads for Guardianship Services Specialists.* The Commissioner is charged with providing appropriate public guardianship for those adults who have been determined by the courts to lack the necessary supervision of another adult. Some current caseloads exceed 30 individuals. This is complicated by the increasing number of individuals with dangerous behavior entering the developmental services system who require guardianship services supervision. An addition full time equivalent position is required to address this issue.

FY 2002 BUDGET CONSIDERATIONS

- *Training for staff about special care procedures.* The DD Act of 1996 and the current Nurse Practice Act require specialized training and nursing delegation for individuals who have medical needs that require specialized procedures such as catheterization, suctioning, tube feedings, etc. Efforts to utilize generic resources such as home health agencies have been only minimally effective. This is an ongoing need, and therefore specific resources need to be appropriated to deal with this important health and safety issue.
- *Individuals with mental retardation who pose a danger to other individuals or property.* As noted in the System Development section, a specific budget request will be forthcoming from the study committee to address unmet need, as well as future need for individuals entering the system who pose a danger to others or property.
- *Self-determination.* Real systems change takes a period of years to accomplish. Efforts need to be focused not only on changing the system, but also on changing the thinking and perceptions about the abilities of individuals with developmental disabilities to make decisions about their lives and support needs. A request will be made to continue the one-time funding (\$200,000) appropriated by the legislature for FY 2001.
- *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 funding in excess of 1.0 million dollars (GF) will be required to serve those most in need.