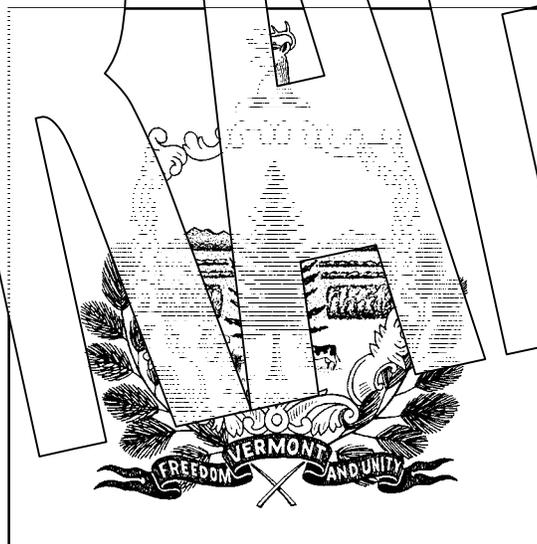


VERMONT
STATE SYSTEM OF
CARE PLAN
FOR
DEVELOPMENTAL SERVICES



THREE-YEAR PLAN
FY 2002 – FY 2004

Effective:
August 1, 2001 – June 30, 2004
AMENDMENTS EFFECTIVE DECEMBER 1, 2001
UNTIL FURTHER NOTICE

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.*
- *Changes in existing consumers' budgets may only be used to meet New Caseload Funding Priorities.* 12/01/01 EFFECTIVE DATE
- *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 consumers¹. **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.*** 12/01/01 BOLD ITEM SUSPENDED
- *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.*

¹ 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.

INCREASED QUANTITY SUSPENDED 12/01/01

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:

- | | |
|--|------------------------------------|
| ☞ <i>Employment</i> | ☞ <i>Alternative Home Supports</i> |
| ☞ <i>Social/Recreation/Friendships</i> | ☞ <i>Transition Supports</i> |
| ☞ <i>Respite/Flexible Family Funding</i> | ☞ <i>Transportation</i> |
| ☞ <i>Self-advocacy</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 person².*

² 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 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 physically³. 12/01/01

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.).⁴ 12/01/01 LIMIT SERVICE TO FLEXIBLE FAMILY FUNDING IN THE AMOUNT OF \$1,122/YEAR
- ☞ 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.). 12/01/01 LIMIT TO 2 HOURS/WEEK SERVICES COORDINATION OR
- ☞ Support needed to prevent an adult from becoming homeless.
- ☞ Support needed by an adult who is experiencing the death or loss of a caregiver⁵.
- ☞ 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). 12/01/01 SUSPEND NURSING HOMES AND RESIDENTIAL SCHOOLS

Independence

- ☞ Support needed to keep a person from losing a job. 12/01/01
- ☞ Support needed to assist an adult to be independent from DDS-funded services, or to move to “minimal services,” within 2 years. 12/01/01

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 248⁶.
- ☞ Support needed to prevent an adult who poses a risk of public safety from endangering others⁷.
- ☞ 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).

³ 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.)

⁴ Services can cover extraordinary costs as a result of the child's developmental disability.

⁵ Caregiver means an unpaid or minimally paid (e.g., a residential care home) caregiver.

⁶ Vermont's civil commitment law for offenders with developmental disabilities found incompetent to stand trial.

⁷ 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 Corrections supervision for people who have committed and been convicted of a crime.

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.* 12/01/01
- ⌘ *Transitional support to assist an adult to become independent of DDS-funded services.* 12/01/01

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 1996.⁸* 12/01/01
- ⌘ *Implementation of the Training and Special Care Procedure regulations for the Developmental Disabilities Act of 1996.* 12/01/01
- ⌘ *Implementation of Local System of Care Plan initiatives that are not incorporated into the State System of Care Plan.* 12/01/01

⁸ *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~~

12/01/01 \$19,000 ANNUAL

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.

PASARR⁹ 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

⁹ "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.

