



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

**THREE-YEAR PLAN  
FY 2005 – FY 2007**

**FY 2007 Update**

**Effective: July 1, 2006**



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

## **Three-Year Plan FY 2005 – FY 2007**

### **FY 2007 Update**

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

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*Photos courtesy of Brandon Training School archive.*

**The FY 07 State System of Care Plan Update for Developmental Services replaces the following Chapters in the Three-Year Plan:**

**Chapter Five – FY 05 – FY 07 System Development**

*Please note updates to the system development issues contained in this chapter. The updates are in **bold print**.*

**Chapter Six – Funding Process and Guidelines**

*Replace the former Chapter Six in its entirety.*

**All of the remaining chapters remain in full force and effect. Please note that wherever Division of Developmental Services is referenced, the new name is the Division of Disability and Aging Services.**

*This document is an update to the Vermont State System of Care Plan for Developmental Services FY 2005 – FY 2007. This is the 2007 Update to the Plan; please replace the above chapters in your copy of the Three Year Plan. If you do not have a copy of the original Plan, please contact the address on the previous page, or visit the web site.*

# CHAPTER FIVE – FY 05-07 System Development



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Development



The State of Vermont, through the community developmental services system, strives to have a system of community-based services and supports that is based on a continual effort to provide positive behavior supports to help people live the lives of their choosing. It is the expectation that all individuals work towards ending any type of coercive practices. To that end the Department of Disabilities, Aging and Independent Living does not permit certain types of practices including, but not limited to:

- Corporal punishment
  - Seclusion
- Psychological/verbal abuse
- Restriction of contact with family or significant others
  - Denial of basic needs
  - Limiting a person's mobility
    - Withholding funds
- Forced administration of medications
- Unauthorized use of physical, chemical or mechanical restraints (certain mechanical restraints are **prohibited altogether** -- restraints in which the individual lies face down; restraints that have the individual lying on the ground or in a bed with a worker on top of the individual; restraints that restrict breathing; restraints that hyper-extend a joint; restraints that rely on pain for control; and, restraints that rely on a takedown technique in which the individual is not supported and allows for free fall as he or she goes to the floor)

It is expected that any individual hired or paid by a designated agency, specialized service agency, consumer, family member or other surrogate or shared living provider conduct themselves in a way to support the person with a disability recognizing all basic human and civil rights and promoting the use of positive supports in developmental disability services and for any other services funded by other entities (e.g., schools, Department for Children and Families, etc.). DAIL expects designated agencies, specialized service agencies or any worker hired within the system not to participate in a service or support plan that may be promoted by another entity, which does not adhere to the Behavior Support Guidelines.

DAIL supports the rights of individuals to receive the most positive, least restrictive supports which have been designed and overseen by people with appropriate skills and training in understanding behavior and positive behavior support approaches. It is the desire and intent of DAIL that other organizations/entities be encouraged to adopt similar principles and strategies.

**DEVELOPMENTAL SERVICES SYSTEMS DEVELOPMENT  
FISCAL YEAR 2005 – FISCAL YEAR 2007  
Ideas and Initiatives to Explore to Further Enhance Vermont’s  
Developmental Services System**

Life Cycle				Support Area	FY 2005	FY 2006	FY 2007
Young Children	Transition Age	Adults	Older Adults				
X	X	X	X	<i>Agency of Human Services Reorganization</i>	<ul style="list-style-type: none"> <li>▪ Participate in the Agency of Human Services reorganization committees; work with Department of Disabilities, Aging &amp; Independent Living to implement creation of new department to facilitate consumer-focused services for children, youth and adults with disabilities, and elder citizens. <b>Done.</b></li> </ul>		
X	X			<i>Family Services – Personal Care/ High Tech Services</i>	<ul style="list-style-type: none"> <li>▪ Work to assume responsibility for Personal Care Services and High Tech Services effective 7/1/05; <b>Done.</b></li> <li>▪ Survey recipients; <b>Done.</b></li> <li>▪ Redesign program; <b>Done (in FY ‘06).</b></li> <li>▪ Explore service coordination access. <b>Not done.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Determine if personal care services can be converted to a waiver to allow more flexibility for families Change to: Develop unified service plans for Children Personal Care Services, Waiver Services and High Tech Services. <b>Done.</b></li> <li>▪ Develop Children’s Personal Care Program Guidelines. <b>Done.</b></li> <li>▪ Redesign Children’s Personal Care Assessment. <b>In process.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue High Technology Services redesign. <b>Added.</b></li> <li>▪ Implement AHS/DOE interagency agreement. <b>Added.</b></li> <li>▪ Continue to work with AHS Field Services to identify appropriate service coordination resources. <b>Added.</b></li> </ul>
	X				<ul style="list-style-type: none"> <li>▪ Work to create a smoother transition from Personal Care Service into adult services. <b>In process.</b></li> </ul>		

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Life Cycle				Support Area	FY 2005	FY 2006	FY 2007
Young Children	Transition Age	Adults	Older Adults				
X	X	X		<i>Respite Homes</i>	<ul style="list-style-type: none"> <li>▪ Increase use of state respite homes by people who live with their families and who receive minimal or no support. Ahead of schedule, begun in FY 05; re-established 4<sup>th</sup> respite home in Lamoille County. Produced respite home pamphlet. <b>Done.</b></li> <li>▪ Develop guidelines for use of respite homes. <b>Done.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop replacement for retiring respite home in Addison County. <b>Added.</b></li> </ul>	
X	X	X			<ul style="list-style-type: none"> <li>▪ Work with agencies to increase regional respite home options. <b>Completed with two agencies; in process with minimum of two others.</b></li> </ul>		

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Life Cycle				Support Area	FY 2005	FY 2006	FY 2007
Young Children	Transition Age	Adults	Older Adults				
		<b>X</b>	<b>X</b>	<i>Employment Supports</i>	<ul style="list-style-type: none"> <li>▪ Identify resources and provide incentive for converting Community Supports to Employment Supports. Set aside \$50,000 to provide incentives to individuals to move from community supports to employment. <b>Done.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ \$50,000 in Medicaid Infrastructure Grant (MIG) funds for conversion identified to begin in FY06. <b>Done.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Re-allocate a second year of \$40,000 MIG funds for Community Supports conversion. Work with the Supported Employment project to create long term sustainability. <b>Added.</b> <ul style="list-style-type: none"> <li>▪ Allocate \$6,042 MIG funds to UVM for focused Conversion trainings. <b>Added.</b></li> <li>▪ Revise System of Care Plan employment initiative criteria. <b>Added.</b></li> </ul> </li> </ul>
		<b>X</b>	<b>X</b>		<ul style="list-style-type: none"> <li>▪ Coordinate training and job development skills for Community Support workers to become Employment Support workers. <b>Ongoing.</b></li> </ul>		

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Life Cycle				Support Area	FY 2005	FY 2006	FY 2007
Young Children	Transition Age	Adults	Older Adults				
	X	X	X	<i>Employment Supports</i>	<ul style="list-style-type: none"> <li>▪ Improve statewide reporting of comparative employment data</li> <li>▪ New data system for employment programs under development. <b>In process.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Finish new supported employment data system. <b>Done.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Publish quarterly report on comparative statewide supported employment data by provider. <b>Added.</b></li> </ul>
	X	X	X		<ul style="list-style-type: none"> <li>▪ Work with Vocational Rehabilitation and Special Education Coordinators to develop a resource manual on employment. <b>Eliminate. Department of Education and the Division of Vocational Rehabilitation developed other resources.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaborate with Department of Education,, Division of Vocational Rehabilitation, and the Center for Disability and Community Inclusion to maintain and promote the public use of new &amp; existing employment resource manuals and websites. <b>Added.</b></li> </ul>	

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Life Cycle				Support Area	FY 2005	FY 2006	FY 2007
Young Children	Transition Age	Adults	Older Adults				
	X	X	X	<i>Employment Supports</i>	<ul style="list-style-type: none"> <li>▪ Work with Vocational Rehabilitation to develop forums/training for consumers and families. <b>Medicaid Infrastructure Grant Funds identified for GMSA to develop an Employment Toolkit to begin in FY 07.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Work with Vocational Rehabilitation to explore alternative methods of employment; specifically helping people to go into business for themselves. <b>2006 APSE Conference and training featured the theme of self employment. UVM and CVS attended out of state training and brought these resources back to VT. In process.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaborate with UVM to locate funding for a demonstration project to employ people with DD as employment consultant staff within SE programs. <b>Added.</b></li> <li>▪ Partner with Division of Vocational Rehabilitation in systems analysis of supported employment services through external survey tool. <b>Added.</b></li> </ul>
	X	X	X				<ul style="list-style-type: none"> <li>▪ Continue to provide resources and training for self employment. <b>Added.</b></li> </ul>

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Young Children	Transition Age	Adults	Older Adults				
	X			<i>Transition Supports</i>	<ul style="list-style-type: none"> <li>▪ Work with Vocational Rehabilitation and Special Education Coordinators to improve planning for high school graduates transitioning to adult services. <b>DDAS, VR, Dept. of Ed, Special Ed Coordinators collaborated on statewide workshops on improving transition planning. Workshops were held in Rutland 9-22-05, 11-29-05 and Randolph 1-26-06. DDAS/VR formed the Youth Transition Group, who will present ongoing transition-related workshops every 6 weeks. Additional statewide workshops on a family transition support model were presented by CSAC staff. Part of the workshop focuses on how to start a support group for families. Done.</b></li> <li>▪ Fund a Transition toolkit - a manual on CD-ROM and an accompanying training module for educators, VR staff, consumers and families. <b>Eliminate.</b></li> <li>▪ Co-sponsor Social Security work incentive trainings. <b>Done -- two trainings provided.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Partner with Career Start to reactivate local Core Transition Teams. <b>Added.</b></li> <li>▪ Implement AHS/DOE agreement. <b>Added.</b></li> </ul>	
X	X	X	X	<i>Service Coordination</i>	<ul style="list-style-type: none"> <li>▪ Evaluate the effectiveness of Service Coordination and devise ways to adjust the roles and responsibilities of Service Coordinators to enhance quality supports. <b>Provided series of Service Coordination training in FY '06; ongoing.</b></li> </ul>		

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Life Cycle				Support Area	FY 2005	FY 2006	FY 2007
Young Children	Transition Age	Adults	Older Adults				
X	X	X	X	<i>Intake</i>			<ul style="list-style-type: none"> <li>Provide Intake Coordinator training to enhance outreach and clarify role of intake as it relates to transition services. <b>Added.</b></li> </ul>
X	X	X	X		<ul style="list-style-type: none"> <li>Contact professional organizations to publicize the need of more qualified clinicians to do eligibility assessments. <b>Not done. Continued into FY 07.</b></li> </ul>		
X	X	X	X		<ul style="list-style-type: none"> <li>Develop a user-friendly informational booklet on eligibility and how to apply for services and funding. <b>Eliminate.</b></li> </ul>		<ul style="list-style-type: none"> <li>Work with Aging and Disability Resource Center (ADRC) grant to develop and clarify roles of intake coordinators and ADRC’s. <b>Added.</b></li> </ul>
		X	X	<i>Community Supports</i>		<ul style="list-style-type: none"> <li>Improve information on consumer outcomes related to Community Supports. <b>In process.</b></li> </ul>	<ul style="list-style-type: none"> <li>Define and highlight exemplary practices in Community Supports. <b>Added.</b></li> </ul>

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Young Children	Transition Age	Adults	Older Adults				
	X	X	X	<i>Community Supports</i>	<ul style="list-style-type: none"> <li>Facilitate exploration and creation of continuing/higher education opportunities. Informal efforts with our providers to promote higher education. [UVM and Dept of Ed collaborating with CCV to facilitate individuals with cognitive disabilities accessing classes.] <b>Done.</b></li> </ul>		<ul style="list-style-type: none"> <li>Modify funding priority for Community Supports conversion from 85% to 50% reallocation to promote supported employment. <b>Added.</b></li> </ul>
		X	X	<i>Home Supports</i>	<ul style="list-style-type: none"> <li>Work with agencies and state and regional housing officials to gain access to housing opportunities and Section 8 resources. <b>Monitored federal changes in HUD funding and impact on housing vouchers. Ongoing.</b></li> </ul>		
		X	X		<ul style="list-style-type: none"> <li>Work with Licensing and Protection to eliminate licensing barriers to small (3-6 person) supported living models. <b>Clarified rules on respite with Division of Licensing and Protection.</b></li> </ul>		
		X	X		<ul style="list-style-type: none"> <li>Work with AHS and DDAS housing specialists and providers to create opportunities to pilot creative housing alternatives. <b>Not done. Continue into FY 06 &amp; FY 07.</b></li> </ul>		
X	X	X	X				<ul style="list-style-type: none"> <li>Examine impact of home provider stipends being included in household income for purposes of property tax relief. <b>Added.</b></li> </ul>

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Young Children	Transition Age	Adults	Older Adults				
X	X	X	X	<i>Crisis/Clinical Services</i>	<ul style="list-style-type: none"> <li>Collaborate with Upper Valley Services to develop and administer a consumer survey of Vermont Crisis Intervention Network services. <b>In process.</b></li> </ul>	<ul style="list-style-type: none"> <li>Distribute and analyze VCIN survey results. <b>Done.</b></li> </ul>	
X	X	X	X		<ul style="list-style-type: none"> <li>Establish contact with Dept. of Psychiatry at Dartmouth Hitchcock Medical Center. <b>Added; done.</b></li> </ul>	<ul style="list-style-type: none"> <li>Facilitate collaboration and training with people who provide local, regional and statewide crisis supports to improve system-wide crisis network. <b>Ongoing.</b></li> </ul>	
X	X	X	X			<ul style="list-style-type: none"> <li>Evaluate the need for additional systemic and/or local clinical resources. Begun in FY 05, ahead of schedule; developed data collection mechanism to collect crisis information. <b>Done.</b></li> </ul>	
	X	X	X	<i>Communication Supports</i>	<ul style="list-style-type: none"> <li>Work with Vermont Assistive Technology Project, Office of Vermont Health Access and ancillary service provider networks to improve access to qualified professionals (e.g., SLPs, OTs, PTs) <b>Not done.</b> <b>VCTF built collaborative relationship with SLPs. Member of VT Communication Task Force meets with SLPs at their regular meetings.</b></li> </ul>		

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Young Children	Transition Age	Adults	Older Adults				
	X	X	X	<i>Communication Supports</i>	<ul style="list-style-type: none"> <li>Work with Vermont Communication Task Force and agencies to facilitate development of in-house capacity at agencies for local communication resource person and provide ongoing support. Five (5) agencies have a designated communication support person; all others agencies have people who have been trained and ask to some extent as a local communication resource person. <b>Done and ongoing.</b></li> </ul>		
	X	X	X		<ul style="list-style-type: none"> <li>Explore alternative ways to access Medicaid funding for communication services. <b>Ongoing.</b></li> </ul>		
X	X	X	X	<i>Training</i>	<ul style="list-style-type: none"> <li>Evaluate need for home provider training and develop and facilitate needed local, regional and statewide training opportunities of home providers and contracted workers. <b>GMSA provided training (FY '06).</b></li> </ul>		
X	X	X	X		<ul style="list-style-type: none"> <li>Provide training opportunities for consumers and families about issues of interest (e.g., rights, funding, Agency of Human Services reorganization). <b>Not done.</b></li> </ul>		
	X	X	X	<i>Offenders with Developmental Disabilities</i>	<ul style="list-style-type: none"> <li>Evaluate the need for increase in number of staffed residential situations. <b>Done. Two new three-person group homes and one two-person staffed home opened.</b></li> </ul>		
	X	X	X		<ul style="list-style-type: none"> <li>Implement crisis/respite home. <b>Done. Crisis and respite services are available 365 days per year.</b></li> </ul>		<ul style="list-style-type: none"> <li>Evaluate crisis/respite home.</li> </ul>

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Young Children	Transition Age	Adults	Older Adults				
X	X	X	X	<i>Self/Family-Management</i>	<ul style="list-style-type: none"> <li>▪ Develop Request for Proposal &amp; begin implementation for Supportive Intermediary Service Organization (ISO) for people who are self- or family-managing. (An ISO is an organization to help people self/family-managing and home providers who are employers recruit &amp; train employees). <b>RFP process completed – Transition II identified as Supportive ISO beginning July 2005. Done.</b></li> <li>▪ Develop handbook for people self- or family-managing services. <b>Done.</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Evaluate implementation of Supportive Intermediate Service Organization</li> </ul>	
	X	X	X	<i>Self-Advocacy</i>	<ul style="list-style-type: none"> <li>▪ Provide ongoing support to self-advocacy activities; explore use of Medicaid funding to enhance sustainability of self-advocacy activities. <b>Ongoing; workshops to support self-advocacy presented through Real Choice Grant. Need to continue to explore funding via Medicaid.</b></li> </ul>		
X	X	X	X	<i>Transportation</i>	<ul style="list-style-type: none"> <li>▪ Work with the Agency of Human Services transportation group and transportation users to advocate with VTrans and explore creative ways to expand accessible rural and mass transit transportation options <b>Ongoing. AHS and DAIL transportation specialists are in regular contact with VTrans concerning the administration of the Elders and Persons with Disabilities (E&amp;D) Program.</b></li> </ul>		

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Young Children	Transition Age	Adults	Older Adults				
X	X	X	X	<i>Transportation</i>	<ul style="list-style-type: none"> <li>▪ Work with Department of Disabilities, Aging &amp; Disabilities transportation specialist to develop a resource guide on transportation funding and resource options <b>Done. Reissued memo outlining transportation services funding options. Included copy of the current public transportation guide published by the Vermont Public Transportation Association.</b></li> </ul>		<ul style="list-style-type: none"> <li>▪ Work with providers to explore and develop creative alternative uses of waiver-funded transportation resources. <b>Eliminated.</b></li> </ul>
X	X	X	X				
X	X	X	X	<i>System/ Administrative Issues</i>	<ul style="list-style-type: none"> <li>▪ Examine system processes (e.g., intake, funding, etc.) on the state and local level for areas of simplification and streamlining; make adjustments as necessary. <b>Partially done – see Intake Support Area (page 43).</b></li> </ul>		

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Young Children	Transition Age	Adults	Older Adults				
X	X	X	X	<i>System/ Administrative Issues</i>	<ul style="list-style-type: none"> <li>Simplify system for funding new caseload needs. <b>Done. All funding decisions made by centralized committees that include representation from the State, consumers/families and providers.</b></li> </ul>		<ul style="list-style-type: none"> <li>Develop new process, form and instructions for FY '08 – FY '10 State System of Care Plan.</li> </ul>
X	X	X	X		<ul style="list-style-type: none"> <li>Complete revision to Medicaid Procedures to clarify and simplify expectations. <b>Eliminated.</b></li> </ul>		
X	X	X	X		<ul style="list-style-type: none"> <li>Participate in independent assessment of community provider system. <b>Done; resulted in administration recommendation for 7.5% increase/year for 3 years.</b></li> </ul>		<ul style="list-style-type: none"> <li>Participate in 2<sup>nd</sup> sustainability study of designated provider system, including ongoing caseload and workforce issues. <b>Added.</b></li> </ul>
X	X	X	X			<ul style="list-style-type: none"> <li>Strategic examination of future resources, demand and system expectations given financial climate. <b>Added. Ongoing.</b></li> </ul>	



# CHAPTER SIX – Funding Process & Guidelines

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## CHAPTER SIX – FUNDING PROCESS & GUIDELINES

The legislatively mandated study of the designated provider system for developmental services, mental health and substance abuse resulted in a negotiated increase of 7.5% per year for three years (FY 06, FY 07, and FY 08). In FY 07 for developmental services, 4% is allocated for cost of living increases for the community system. This is intended to cover the increased costs of any salary or contracted worker increases, higher insurance and fuel expenses. In addition to the cost of living increase, resources to address caseload issues were also allocated. A summary of the available caseload funding is provided below:

<u>Description</u>	<b>Total</b>
<b>Flexible Family Funding</b>	\$ 48,919
40 families @ \$1,122/family x 9% admin.	
<b>Emergency Caseload</b>	5,201,736
Provides support for adults who have significant needs as a result of abuse, neglect, exploitation, homelessness, health and safety; prevention of institutionalization; transitions from DCF custody; support of aging caregivers; parents with disabilities; aging out of children’s personal care	
182 individuals @ \$28,643 total	
Adjust for Equity Fund Available (3 year average)	(1,965,471)
<b>High School Graduates</b>	1,861,765
Provides support to adults aged 19 and older who graduate from high school throughout the year	
65 individuals @ \$28,643 total	
<b>Public Safety</b>	933,611
Provides services to individuals who pose a danger to other people or property	
21 individuals @ \$44,480 total	
<b>Total Caseload Increase</b>	<b>\$6,080,560</b>
<b>Inflationary Increase = 4%</b>	<b><u>\$3,996,153</u></b>
<b>TOTAL NEW DEVELOPMENTAL DISABILITIES FUNDING</b>	<b><u>\$10,076,713</u></b>

In order to prioritize the available resources, changes in the funding priorities specifically related to young adults graduating from high school were implemented in FY 06. Specifically, increasing numbers of individuals are leaving school at earlier ages, while at the same time the amount of new Medicaid waiver resources for adults with developmental disabilities cannot keep pace with the need. Therefore, implementation of an age requirement for certain funding priorities was necessary. These age requirements are continued in FY 07. Additionally, a waiting list for a limited number of individuals will be utilized, if necessary, as well as a reduction in the amount of available funding for “goods” was implemented. **Effective July 1, 2005, goods funding was limited to \$1,000/person per year.**

Of lesser impact in FY 07 is the change in federal financial participation. The blended rate is moving from 41.10% to 41.18%. The administration and legislature made provisions for this slight change; therefore, no service reductions are required. Increases in the budget for people with developmental disabilities equals approximately 10.9% in FY 07.

Moving into FY 08, the Department will meet with consumers, advocates and providers to prioritize the use of the 7.5% agreed upon increase for developmental services/mental health community system. Additionally, the legislature authorized a sustainability study to follow up on the original study and develop a five year plan that takes into consideration the workforce and other labor issues as well as consumer needs and demands for service.

Also incorporated in this chapter is written guidance to individuals, families and providers about various funding issues. This is not an exhaustive listing of the various Medicaid rules and regulations, and should be used in concert with the State’s approved Medicaid waiver and Medicaid procedures as well as any other interpretive memoranda, guidelines, policies, regulations, etc., issued by the Division.

### **Meeting the Service System’s Standards**

All funding decisions and any changes to individuals’ current budgets are made first and foremost to assure funding is available to meet the funding priorities. Decisions to allocate funding or change any individual’s budget must be consistent with the following:

- The Developmental Disabilities Act of 1996 and corresponding regulations;
- Medicaid rules and regulations;
- Needs assessment performed during initial intake and periodic review;

- Individual Support Agreement Guidelines;
- Guidelines for Quality Services; and,
- All other guidelines, policies, rules and regulations of the Division.

### **Limited Funding**

The Division is obligated to meet the needs of individuals eligible for services, *within the appropriated funding* received from the Legislature. No services may be authorized that exceed the fiscal year 2007 funding levels unless appropriate prior approval is received. It is, therefore, important that meeting personal and public safety needs are prioritized with all developmental services funding.

### **Existing Funding**

Since the majority of all developmental services funding already exists within the base budgets of designated and specialized service agencies, the use and flexibility of these funds must be continually assessed. It is expected that annually each designated agency and specialized service agency will recalculate service/support costs and update individuals' budgets accordingly, respreading costs as appropriate.

Designated agencies and specialized service agencies are encouraged to provide services and supports identified in the 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. The use of existing base caseload funds must:

- First meet needs related to personal health and safety and/or public safety.
- Be based on needs assessment/periodic review.
- Relate to a person's Individual Support Agreement; the services/supports must be something needed, wanted and valued by the person.
- Consider alternative funding sources and natural supports before using developmental disabilities funding.
- Provide for built-in processes for the ongoing quality improvement of services.
- Provide for the reallocation of existing funding from all individuals (agency-managed; shared-managed and self- or family-managed) from services that are no longer needed or that cost less than anticipated to meet areas of critical need of other individuals.
- Be the most cost effective way to meet the person's need.

Existing funding also provides for changes in existing consumers' budgets to meet needs identified during the periodic review process. This means that changes within already funded areas of support are allowable and can be made without an updated needs assessment. However, decisions made to fund any new areas of support are made during the periodic review process and can only be changed if an updated needs assessment reveals a *serious* need in the area and the provider has addressed personal/public safety issues of the individual or others.

***Existing Funding Reverts to the Equity Fund:*** All existing funding reverts to the Equity Fund when a person dies (except PASARR specialized services for people in nursing facilities), moves out-of-state, or makes a long-term move to an institutional placement (e.g., jail, nursing facility) or residential school. Existing funding also reverts to the Equity Fund when individuals become independent of or voluntarily leave Division-funded services.

***Transfers to Other Providers:*** When an individual transfers from one provider to another, all funding except the following infrastructure is transferred to the new provider: regional/local and state crisis; regional/local and state respite homes; and Intermediary Service Organization costs.

***Cost of Living Increase:*** The legislature provided a 4.0% cost of living increase targeted to workforce compensation issues (e.g., salaries, health insurance, contracted home provider payments, etc.) and provider operating expense increases (e.g., fuel, telephone, etc.).

***Self- and Family-Managed Services:*** Beginning July 1, 2005, individuals and families who manage their own services had the assistance of a Supportive Intermediary Service Organization (Supportive ISO). The Supportive ISO is Transition II and is available to provide technical assistance to individuals and families regarding the roles and responsibilities associated with managing services according to state and federal rules, policies, guidelines and regulations. All individuals or families who manage their services must use the Supportive ISO. Careful attention by designated agencies, specialized service agencies and the Supportive ISO is required when individuals transfer between agencies. All entities must effectively participate in transitioning the individual/family to the new agency.

## Access to New Caseload Funding

- **Funding Priorities:** Within the funds available, any individual whose life circumstances are described by the funding priorities has access to new caseload funding.
- **Dollar Threshold:** Individuals are eligible for new caseload funding if their needs as described in the funding priorities, exceed \$4,000 and the ability of the provider to use its existing base budget resources by reallocating among people already receiving services has been exhausted.

## Limitations on the Use of All DDAS Funding

Division funds cannot be used to increase the availability of the following services:

- Enclaves (segregated work environments within an employer's worksite)
- Congregate residential settings in excess of 4 beds for adults (age 18 and over)

Division funds cannot be used at all to fund the following services/settings:

- Congregate (defined as 3 or more individuals) residential settings for children under 18 years old<sup>1</sup>;
- Institutional settings (e.g., nursing facilities, etc.) for providing "community supports" other than for people living, working or volunteering in the setting;
- Any residential schools/treatment centers, in-state or out-of-state institutional or congregate placements (e.g., out-of-state ICF/MR, nursing facility, public or private training centers or schools, etc.);
- Room and board paid for with Medicaid waiver funds; room and board includes permanent or temporary housing (e.g., rent, hotels, etc.) and meals; or,
- Sheltered workshops.

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<sup>1</sup> Existing group home for children with emotional, behavioral and/or developmental disabilities in Chittenden County is "grandfathered in". Exceptions may be made on a case-by-case basis with prior approval of the Division.

## **Role of the Division in Caseload Funding**

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

- Assist agencies to negotiate and facilitate arrangements for eligible individuals when the Department for Children and Families, local schools, Department of Corrections or other state agencies and/or out-of-state organizations are contributing payment for an individual's services through the waiver.
- Prepare budget recommendations for the Administration's review.
- Issue guidelines for any budgetary rescissions.
- Review funding requests for current and new recipients whose services cost in excess of \$100,000. Prior approval is required.
- Participate in the deliberations of the Equity and Public Safety Funding Committees.
- Review requests for any out-of-home placements supported by developmental services funding for children under 18 years old. Prior approval is required.
- Administer special program allocations (Special Services Fund and Guardianship Services Fund) and joint funding with other state agencies (see Special Allocations).
- Manage the risk pool, with input from the Oversight Committee (made up of consumers, providers and Department staff).
- Assist in filling vacancies in the ICF/MR or group homes, as these residential supports are considered statewide resources.
- Resolve questions from new applicants, existing consumers, providers and others concerning who is the designated agency.
- Provide guidelines and technical assistance to agencies and local funding committees.

## **Guidance for Management of All Funding**

The following guidance applies to Division funding as noted below:

### ***Allocations:***

1. All resources identified as "new caseload funding" must be used to address the needs of individuals as described in the funding priorities.

2. For up to one (1) calendar year after approval, any unused resources for individuals who do not receive all or a part of the package of services for which funding was allocated are returned to the New Caseload Fund, Equity Fund, PASARR Fund (for people in nursing facilities), High School Graduate Fund or Public Safety Fund, as appropriate.
3. Any newly allocated funding to meet a person's needs as identified in a funding priority must be used to meet those needs. For up to one (1) calendar year after approval, the appropriate funding source must be notified if the intended funded areas of support change.
4. If a person in a group living situation moves out or dies, that person's costs may be spread among the remaining people in the home for up to thirty (30) days without prior approval. Requests to extend the funding beyond thirty (30) days must be made to the Equity Committee and cannot extend beyond ninety (90) days in total.

***Eligibility:***

5. Individuals who are receiving Flexible Family Funding and then move to Medicaid waiver services are no longer eligible for Flexible Family Funding.
6. 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. The Division may facilitate such an arrangement. When bridge money ends, the person needs to meet funding priorities in order to receive funding.
7. For a person who is currently receiving services in Vermont and plans to move to another state, Vermont may provide up to six months of bridge funding to the receiving state in order to facilitate the placement. The Division shall facilitate such an arrangement.

***Administrative:***

8. The allowable administrative rate for funding approved from the New Caseload Fund, Equity Fund, High School Graduate Fund, Public Safety Fund or PASARR Fund is limited to 5%.
9. **All services must be budgeted at the actual cost or prevailing State-set rate (only State-set rate is case management; see no. 12).** Individuals who anticipate receiving services from a provider other than the designated agency (e.g., from a specialized services agency or via self- or family-management), should submit a budget to the designated agency. The designated agency will review the budget and submit the lesser of the two costs for funding

consideration. If a decision is made within a calendar year from the date of the service implementation to move to a different provider or method of management, excess funding is returned to the appropriate caseload fund. By contrast, if the person decides to move to the designated agency for services, the designated agency may receive its costs to implement the same services originally funded.

10. Waiver services cannot be billed for the same individual at the same provider on the same day as clinic services, rehabilitation services or targeted case management. The waiver should include money to pay for appropriate mental health services if needed. However, mental health services provided by a private provider and billed directly to Medicaid should be pursued if feasible.
11. Infrastructure costs for services such as psychiatric and facilitated communication are charged to the individuals who use these services. Costs for broader-based services such as regional or statewide crisis, respite beds, fiscal Intermediary Service Organization(s), etc. are spread over all consumers' waivers.

***Funding Limitations:***

12. The maximum cost for service coordination managed through a designated or specialized service agency is \$48.66/hour; if actual costs are less than \$48.66/hour, the actual cost should be used. The maximum cost for service coordination for individuals self- or family-/guardian-managing is \$35.00/hour.
13. Goods funding is limited to \$1,000/person per year.
14. Reasonable transportation expenses, including payments for accessible vehicles, cannot exceed \$6,225/year (ongoing).
15. A person cannot receive funding from two waivers at the same time (e.g., Developmental Services' waiver and Mental Health Children's waiver, etc.). To determine which waiver is most appropriate, the individual should be evaluated by both to determine which is most appropriate. Then the person can make an informed decision about which waiver package can best meet his/her needs.
16. All State Plan Medicaid services must be explored and accessed before providing funding with a Medicaid waiver. This includes, but is not limited to: personal care services, therapy, home health, durable medical equipment, nutrition, high technology and Medicaid transportation.

17. All relevant generic and community resources are evaluated prior to using new or existing caseload dollars for waiver services. This includes: Vocational Rehabilitation; Department of Employment and Training; Social Security (IRWE, PASS); schools; Family, Infant and Toddler Program; parent/child centers; Department for Children and Families; Planned Parenthood; etc.
18. Room and board costs cannot be funded under the waiver. Other sources of funding to assist with room and board costs are SSI, Section 8 subsidies, public assistance (e.g., fuel assistance program, general assistance, food stamps, etc.), local funding raising, etc.
19. Physical accessibility modifications that do not add to the value of the home can be paid for, when necessary, using existing, new caseload or one-time funds. For example, if a new bedroom is needed to allow the person to live in the home, the home provider should pay for the addition of the bedroom. However, any additional cost to make that bedroom accessible could be paid for with caseload dollars. The costs of ramps, widening doorways, accessibility modifications to bathrooms are examples of appropriate costs to reimburse.
20. New caseload funding for community supports and work supports is limited to individuals aged 19 and older.
21. Funding for community supports is limited to 25 hours/week; funding for work supports is limited to 40 hours/week. Funding for work supports is to maintain an employer-paid job.
22. A person is not eligible for community supports if work supports already equal 25 hours/week or more; however, if work supports is less than 25, funding may be provided, based on need, for community supports and work supports together not exceeding 25 hours/week. If public safety issues warrant, funding for up to 40 hours/week of community and/or work supports, based on need, may be provided.
23. Developmental or shared living homes must meet the housing safety and accessibility guidelines for the consumer. The home provider, or applicable landlord, is responsible for all costs to be in compliance with the housing safety guidelines. Funding may be available to assist with home modifications for physical accessibility.

## **Individualized Budgets and Authorized Funding Limits**

All individuals with Medicaid waiver funding have an individualized budget and must be given an Authorized Funding Limit. The Authorized Funding Limit contains separate limits for “goods” and “services”. In both cases, the funding limits need to be reflective of the funded areas of support documented in the person’s needs assessment and the Individual Support Agreement and must be an allowable Medicaid expense.

Examples of “Goods” include assistive technology, home modifications, membership fees, tuition, art lessons, therapeutic horseback riding, etc. Goods must be an allowable Medicaid expense, relate to meeting goals outlined in the ISA, and included in a funded area of support. Goods are further described below:

<b>Funding Limit</b>	<b>Allowable Service Categories</b>	<b>Comments</b>
Goods Funding Limit	<ul style="list-style-type: none"> <li>■ Community Supports</li> <li>■ Employment Services</li> <li>■ Housing &amp; Home Supports</li> <li>■ Transportation</li> </ul>	<ul style="list-style-type: none"> <li>■ Maximum of \$1,000</li> <li>■ Must be consistent with the Individual Support Agreement and funded areas of support</li> <li>■ Is not used for employee or contractor salary or expenses</li> <li>■ The \$1,000 limit does not apply to accessible transportation expense which has a maximum of \$6,225/year.</li> <li>■ The \$1,000 limit does not apply to home modifications for physical accessibility, which are individually determined.</li> </ul>

Additional guidance is provided on the following two pages regarding the ability of individuals and teams to move funds within individualized budgets, as well as responsibilities if an individual overspends his/her waiver budget.

# MOVING FUNDS IN INDIVIDUALIZED BUDGETS

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

Moving funds between funded areas of support is allowable. A move to an unfunded area is allowable if a new needs assessment reveals a serious need in that area. Only individuals and/or their guardians and the agency may make decisions to move funds between funded areas. Home providers or other employers may not move funds. Moving funds requires a team decision. In all cases the DA/SSA or Supportive ISO must be notified of the decision. Moving funds must comply with the DS State System of Care Plan.

**Applies to  
Self-Managed and  
Family-Managed Services**

***The individual/family:***

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

***The Supportive ISO:***

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

***The Fiscal ISO:***

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

**Applies to  
Shared Managed Services**

***The individual/family:***

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

***The DA/SSA:***

- notifies the Fiscal ISO of any changes in the budget
- is responsible for any overspending in the funded areas it manages
- may determine the individual/family cannot manage services if overspending is repeated

***The Fiscal ISO:***

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

**Applies to  
Agency-Managed  
Services**

***The individual/family:***

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

***The DA/SSA:***

- manages the individualized budget and is responsible for any overspending in funded areas of support/authorized funding limits.
- does not use the Fiscal ISO for their employees

# OVERSPENDING IN FUNDED AREAS OF SUPPORT AND AUTHORIZED FUNDING LIMITS

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

If an individual or family exceeds the money available in a funded area of support, but there are still funds in another funded area of support, the Fiscal ISO will pay the worker *for that payroll period only*. The Fiscal ISO will not continue to pay workers after they have notified the individual or family and the DA/SSA or Supportive ISO of the overspending, unless directed by the DA/SSA or Supportive ISO. The team must address the issue before the next payroll period. The DA/SSA or Supportive ISO must notify the Fiscal ISO of any changes in the budget before the next payroll period. Otherwise, timesheet and Requests for Goods Payments will not be processed by the Fiscal ISO. Also, the Fiscal ISO will not process timesheets or Requests for Goods Payments that exceed the overall authorized funding limits for goods and services.

### Applies to Self-Managed and Family-Managed Services

#### *The individual/family:*

- is notified of the overspending by the Fiscal ISO and the team decides how to address the issue
- notifies the Supportive ISO how they addressed the issue and the changes to existing funded areas of support
- is responsible for personally paying his/her employee and other bills if the overall authorized funding limit is exceeded

#### *The Supportive ISO:*

- discusses how the issue will be addressed with the individual or family. The Supportive ISO may make contact if the individual or family does not contact them.
- notifies the Fiscal ISO of the new changes in the funded areas of support
- is not responsible for any overspending caused by the individual or family
- may determine the individual or family cannot manage services if overspending is repeated

#### *The Fiscal ISO:*

- enforces spending limits in each funded area of support
- notifies the individual or family and the Supportive ISO of any overspending in funded areas of support
- pays the worker if there are unspent funds in another funded area of support
- will not pay the worker if the overall authorized funding limit is exceeded

### Applies to Shared Managed Services

#### *The individual/family:*

- is notified of the overspending by the Fiscal ISO
- the team decides how to address the issue and whether any money can be shifted between funded areas of support
- is responsible for the services he/she manages
- is personally responsible for paying his/her employee and other bills if funding cannot be moved or if overall authorized funding limit is exceeded

#### *The DA/SSA:*

- discusses how the issue will be addressed with the individual or family. DA/SSA may make contact if the individual or family does not contact them.
- notifies the Fiscal ISO of the new changes in the funded areas of support
- is not responsible for overspending by the individual or family
- is responsible for any overspending in the areas it manages
- may determine the individual or family cannot manage services if overspending is repeated

#### *The Fiscal ISO:*

- enforces spending limits in each funded area of support
- notifies the individual or family and the DA/SSA of any overspending in funded areas of support
- pays the worker if there are unspent funds in another funded area of support
- will not pay the worker if the overall authorized funding limit is exceeded

## **Funding Priorities**

The role of the developmental services system is to support individuals and families in their communities – not to substitute or replace them. With that in mind, the following criteria must be met **before** accessing developmental services waiver funds:

- Community and family resources must be used to the fullest extent possible.
- Alternative funding must be unavailable or insufficient; waiver funding may be used only for services that cannot be funded through other private or public means or as a Medicaid State Plan service.
- Waiver funding may not duplicate or substitute for services and supports that are the responsibility of other support systems [e.g., education; Early Periodic Screening, Diagnosis & Treatment (EPSDT); medical health insurance, etc.].
- Funding requests must be more than \$4,000, unless otherwise noted.
- The **requested uses of funding must be consistent with the Principles of the DD Act of 1996** and must comply with all applicable rules, regulations and guidelines of the state and federal government.

Funding priorities focus on a person's circumstances and translate to the need for supports that address fundamental health and safety, security, legally mandated services and community safety. Funding priorities are of equal value. An individual may have needs in more than one priority area. **Within the resources appropriated by the legislature and those available from the Equity Fund and through review of funding changes for existing consumers**, it is the goal of the developmental services system to assist eligible people who have a need for support brought about by the following circumstances (see the following page) to have those needs met.

## FUNDING PRIORITIES

	Age	Priority	Approval	Comments
A.	Children & Youth under age 21	Support needed by families to assist them with personal care tasks as defined in the Personal Care Program	Eligibility & support level determined via Personal Care Program process	Entitled Medicaid state plan service for eligible children & youth
B.	Children & Adults	Support for respite and items through Flexible Family Funding that will help the biological or adopted family or legal guardian support the person at home	Determined by the designated agency; does not need to go through local funding committee	Sliding service scale in <i>Flexible Family Funding Guidelines</i> ; maximum \$1,122/person
C.	Children & Adults	Support needed to prevent or end institutionalization in inpatient public or private psychiatric hospitals or nursing facilities or end institutionalization in Intermediate Care Facilities for People with Mental Retardation (ICF/MR)	Reviewed by local funding committee & forwarded to Equity Committee	
D.	Adults 18 & over	Support needed to prevent or respond to an adult being abused, neglected or exploited	Reviewed by local funding committee & forwarded to Equity Committee	
E.	Adults 19 & over	Support needed by an adult to prevent an imminent risk to the person's health or safety	Reviewed by local funding committee & forwarded to Equity Committee	
F.	Adults 18 & over	Support needed for parents with developmental disabilities to provide training in parenting skills to help keep a child under 18 at home.	Reviewed by local funding committee & forwarded to Equity Committee	Services may not substitute for regular role & expenses of parenting; maximum amount of \$7,500/ year
G.	Adults 18 & over	Support needed to respond to an adult who is homeless or at imminent risk of being homeless	Reviewed by local funding committee & forwarded to Equity Committee	
H.	Adults 18 & over	Support needed by an adult who is experiencing the death or loss of an unpaid or minimally paid (e.g., family member, residential care home) caregiver	Reviewed by local funding committee & forwarded to Equity Committee	
I.	Adults 18 & over	Support needed for specialized services in a nursing facility	PASARR fund manager	Limited to 5 hours per week; legally mandated
J.	Adults 19 & over	Support needed for a high school graduate to <u>maintain</u> an employer-paid job	Reviewed by local funding committee & forwarded to Equity Committee	See Funding Limitations nos. 20, 21, 22 on page 58.
K.	Adults 18 & over	Support needed by an adult who has been committed to the custody of the Department of Disabilities, Aging & Independent Living pursuant to Act 248	Reviewed by local funding committee & forwarded to Public Safety Funding Committee	Services may be legally mandated
L.	Adults 18 & over	Support needed to prevent an adult who poses a risk to public safety from endangering others	Reviewed by local funding committee & forwarded to Public Safety Funding Committee	Does not substitute/ replace DOC supervision; see add'l. requirements under Public Safety Fund

Outlined below are the various funding committees and their respective roles and responsibilities.

<b>Funding Committee</b>	<b>Decision-making Authority</b>
Local Funding Committees	One Time Funding Also reviews requests for Equity and Public Safety Funding
Equity Committee	New Caseload Fund Equity Fund High School Graduate Fund Employment Conversion Initiative
Public Safety Committee	Public Safety Fund Employment Conversion Initiative if for an individual posing a risk to public safety
Division of Disability & Aging Services	Special Services Fund Guardianship Services Fund Joint Funding PASARR Funding

### **Local Funding Committees**

Each designated agency must maintain a local funding committee that meets at least monthly and is comprised of relevant individuals that may include staff, individuals with developmental disabilities and their families, individuals representing local community resources (e.g., Vocational Rehabilitation, schools, etc.), and other interested citizens.

The local committee will review applications for funding for the various caseload resources submitted on behalf of individuals with developmental disabilities for its county(ies). The committee will:

1. Confirm that the person meets Division eligibility criteria;
2. Determine whether the person’s needs meet a funding priority; and,
3. Determine if the supports and services described are relevant to the needs and funding priority and the most cost effective means of providing the service consistent with the need.

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

**Equity Committee**

The Equity Committee will manage the New Caseload Fund, Equity Fund and High School Graduate Fund. The Equity Committee is comprised of the following members:

#	Representation	Selected by
5	Designated Agency and/or Specialized Service Agency	Designated Agency & Specialized Service Agency
2	Consumer or Family	Designated Agency &/or Specialized Service Agency & Division of Disability and Aging Services
2	Division of Disability and Aging Services	Division of Disability and Aging Services

All Committee members (except the Division of Disability and Aging Services representatives) will serve on a rotating two year term, initially staggered from 2 – 3 years so that a balance of experienced and new members can be maintained. Alternates may be appointed to participate for Committee members in their absence. The Committee will select a chairperson from its membership.

Any conflicts of interest of Equity Committee members will be acknowledged and accommodated (e.g., refrain from voting on requests for funding where a conflict exists; sharing only relevant information, etc.). Other non-voting individuals may be invited to participate or mentor with committee members as determined by the Equity Committee.

Committee meetings will be held at least monthly with provisions for emergency decisions as necessary between regularly scheduled meetings. The Committee will use the standard application for funding format provided by the Division. Decisions of the Equity Committee will be made, in writing, to the provider as soon as practical following the Committee meetings.

## **Public Safety Funding Committee**

The Public Safety Funding Committee will review all referrals for funding from the Public Safety Fund. Local funding committees must review requests for public safety funding prior to submission to the Public Safety Funding Committee. The Committee will be comprised of the following members:

<b>#</b>	<b>Representation</b>	<b>Selected by</b>
2	Designated Agency and/or Specialized Service Agency	Designated Agency & Specialized Service Agency
1	Division of Disability and Aging Services	Division of Disability and Aging Svs. (i.e., staff member with responsibility for statewide offender services)
2	Other interested individuals/groups (e.g., consumer/family member; Sex Offender Group, Department of Corrections, sex offender professionals)	Division of Disability and Aging Services

Any conflicts of interest of Public Safety Funding Committee members will be acknowledged and accommodated (e.g., refrain from voting on requests for funding where a conflict exists; sharing only relevant information, etc.). Other non-voting individuals may be invited to participate or mentor with committee members as determined by the Public Safety Funding Committee. The Committee will select a chairperson from its membership.

Committee meetings will be scheduled and held as needed, with provisions for emergency decisions as necessary between meetings. The Committee will use the standard application for funding format provided by the Division. The Division of Disability and Aging Services will provide financial and administrative services to the Public Safety Funding Committee. Decisions of the Public Safety Funding Committee will be made, in writing, to the provider as soon as practical following Committee meetings.

## **New Caseload Fund**

The New Caseload Fund is comprised of funding allocated by the Legislature to meet the needs of individuals whose circumstances are described in the funding priorities and will be managed by the Equity Committee.

**FY 2007 Appropriated Amount**

**\$3,236,265**

## **Equity Fund**

The Equity Fund is a statewide resource that contains funding returned because a person has died, gone into an institution, left the state or not used funding granted during the year from the Equity Fund. The Equity Fund supplements the New Caseload Fund when those resources are insufficient to meet funding priorities. The purpose of the Equity Fund is to assure that funding already appropriated, but no longer needed, is reassigned to individuals who meet the funding priorities. The Equity Committee will manage the Equity Fund.

**FY 2007 Estimated Total Value of the Equity Fund** **\$1,965,471**

## **Public Safety Fund**

The Legislature appropriated funding to specifically address public safety issues posed by adults with developmental disabilities. It is not a priority to use new or existing caseload funds to prevent a person who has been convicted of a crime from going to jail or to prevent charges from being filed. All funding for public safety needs that meet the criteria noted below shall first come from the public safety fund. If targeted public safety funding is insufficient for individuals who meet the criteria below, the individual may have access to the New Caseload Fund or the Equity Fund, depending on the funding availability.

**FY 2007 Appropriated Amount Including Medicaid** **\$933,611**

*People currently receiving services* – risk must be newly identified and fall into any of the categories listed below.

*New applicants* – risk identified at application and must fall into any of the categories listed below.

### **MEETS AT LEAST ONE OF THE FOLLOWING:**

- Committed to the Department under Act 248 or under an order of non-hospitalization because of being dangerous to others; **OR**
- Convicted of a crime and has maxed out of sentence and there is evidence that the individual poses a risk of endangering others in the future; **OR**
- Substantiated by the Department of Disabilities, Aging and Independent Living or the Department for Children and Families for abuse, neglect, or exploitation, and there is evidence that the individual poses a risk of endangering others in the future; **OR**

- In the custody of the Department for Children and Families (DCF) for an act that would have been a crime if committed by an adult, and who is now aging out of DCF custody and there is evidence that the individual poses a risk of endangering others in the future; **OR**
- Not charged with or convicted of a crime, but the individual is known to have committed one or more acts which are dangerous to others and which are against the law in Vermont, and there is evidence that the individual poses a risk of endangering others in the future; **OR**
- Convicted of a crime and under supervision of the Department of Corrections (probation, parole, pre-approved furlough, conditional re-entry). The Department of Corrections is actively taking responsibility for supervision for community safety, and the developmental service agency is providing supports because of the person's developmental disability. *Note: offense-related specialized support needs cannot be funded for a person who is still under a sentence and is under supervision of the Department of Corrections.*

**Individuals Not Eligible:** The following individuals are not eligible for public safety funding:

- Individuals *believed* to pose a risk of dangerousness to others, but who have not committed an act that is a crime in Vermont.
- Individuals who have committed an offense in the past, but whose proposed services do not reflect any offense-related specialized support needs or who do not pose a risk of endangering others in the future.
- Individuals who have been charged with a crime, but whose case is still pending in the courts.

### **High School Graduate Fund**

High school graduate funding is provided to individuals aged 19 and older who exit high school during the year and who need support to maintain an employer-paid job or have a compelling rationale to meet another funding priority. Funding to serve approximately 65 individuals is budgeted. If targeted graduate funding is insufficient for individuals who otherwise meet the funding priorities, the individual has access to the New Caseload Fund or the Equity Fund. High School Graduate Funding will be managed by the Equity Committee.

**FY 2007 Appropriated Amount** **\$1,861,765**

## **One-time Funding**

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

1. New Caseload Fund;
2. Equity Fund;
3. High School Graduate Fund; and,
4. Public Safety Fund.

One-time Funding is used for temporary or short-term expenditures (it may not be used for ongoing needs) that directly assist people with disabilities and their families. This funding is available any eligible individual, including those already receiving services and those who are not receiving ongoing services. These funds are maintained at the Division and distributed to Local Funding Committees when available for use by providers according to the Appropriate Uses of One-time Funds (see below). Requests for One-time Funding are limited to a maximum of **\$5,000**. If there is a balance of one-time funds at the end of the fiscal year, it may be equally distributed to designated and specialized service agencies.

### ***Appropriate Uses for One-time Funds:***

- One-time allocations to address personal or public safety issues for individuals with developmental disabilities.
- One-time allocations of Flexible Family Funding to people with disabilities and families waiting for Flexible Family Funding.
- 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 home physically accessible) and other special supports and services not covered under the Medicaid State Plan.
- Supports that may not meet Funding Priorities but are proactive and short term in nature.
- Transitional support to assist an adult to become independent of Division-funded services.

- 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.

### **Special Allocations**

**Employment Conversion Initiative** – An amount equal to **\$50,000** is allocated for additional support needed to maintain an employer-paid job for individuals who have transferred an amount equal to at least 50% of his/her existing community supports funding to work supports. The maximum amount available for each person is up to \$5,000 for work supports, and funding decisions will be made by the Equity Committee or Public Safety Funding Committee, as appropriate.

**Division Administered Funds** – The Division administers two small funds that cover dental services, adaptive equipment and other ancillary services not covered by Medicaid and unanticipated services for individuals receiving public guardianship but not served by designated agencies or specialized service agencies. Funds for FY 2007 are allocated as follows:

- |                                     |                 |
|-------------------------------------|-----------------|
| ▪ <i>Special Services Fund</i>      | <b>\$30,000</b> |
| ▪ <i>Guardianship Services Fund</i> | <b>\$19,000</b> |

**Joint Funding** – Joint funding arrangements for Medicaid waiver and targeted case management involving other state agencies (e.g., Department for Children and Families, Department of Corrections, Division of Mental Health, etc.) and/or out-of-state organizations, must involve the Division of Disability and Aging 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 current service arrangements involving local schools and the use of the Medicaid waiver that have not expired, continue to require involvement and approval of the Division.

**Pre-Admission Screening & Resident Review (PASARR) 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 the Division. New applicants are limited to five (5) hours per week. Existing consumers' allocations are reviewed on an annual basis by the Division. Funding for specialized services will be allocated from the revolving PASARR fund. If the PASARR Fund is

depleted and the Division is legally mandated to provide a service, then funds will be allocated through the New Caseload or Equity Funds.

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 and is limited to 5 hours per week for a new referral. If a consumer dies or stops receiving specialized services, the funds are added back to the revolving PASARR Fund or may be allocated to the Equity Fund if there are sufficient resources to cover current and anticipated PASARR needs. If a person receiving specialized services moves out of a nursing facility, his or her specialized services funding is 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 New Caseload or Equity Funds.