Vermont State System of Care Plan for Developmental Disability Services FY 2008 – FY 2010

FY 2010 Update

Effective: July 1, 2009

Division of Disability and Aging Services
Department of Disabilities, Aging and Independent Living
Agency of Human Services

Vermont
State System of Care Plan
for Developmental Disability Services
FY 2008 – FY 2010

FY 2010 UPDATE

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This document is the *FY 2010 Update* to the *Vermont State System of Care Plan for Developmental Disability Services FY 2008 – FY 2010*.

It replaces the following Chapters in the Three-Year Plan:

Chapter Five – FY 08 – FY 10 System Development Activities
Please note updates to the system development issues contained in this chapter.

Chapter Six – Funding Process and Guidelines
Replaces the former Chapter Six in its entirety.
There are no substantive changes except for the updated budget figures.

Chapter Seven – Applicant and Waiting Lists
Replaces the former Chapter Seven in its entirety.
Added Waiting List and Applicant List for the Bridge Program.

Appendix A – Developmental Disability Service Definitions
Replaces the former Appendix A in its entirety.
Added to Clinical Intervention definition.

All of the remaining chapters remain in full force and effect.

Please place these replacement chapters with your copy of the original three year plan.

To obtain a copy of the original plan,
contact the address on the previous page or visit the web site.

CHAPTER FIVE – FY 2008 – FY 2010 System Development Activities

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Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
1.a	***Provide Support to Families whose Family Members Live at Home***	▪ Develop and implement Children's Personal Care Services Children's Creative Connection (C^3).	X	X			FY '08 – Guidelines developed; participants selected for pilot; support brokers trained; pilot launched June 1, 2008. FY '09 – Pilot continuing with plan to present to AHS in FY '10 for statewide adoption.
1.b		▪ Redesign Children's Personal Care Assessment.		X			FY '08 – The Pediatric Evaluation of Disability Inventory (PEDI) selected as assessment tool. Will be piloted in FY '09. FY '09 – Pilot in process.
1.c		▪ Revise Flexible Family Funding Guidelines, including adjusting Flexible Family Funding sliding scale; designate resources to provide an increase in the Flexible Family Funding maximum allocation.	X		X		FY '08 – Revised guidelines, adjusted sliding scale, increased maximum allocation to $1,300. Plan to request increase in maximum allocation to $1,500 in FY '10. FY '09 – Budget for FY '10 slated to reduce maximum family allocation to $1,000.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
1.d	***(Provide Support to Families whose Family Members Live at Home, con't.)***	▪ Design a continuum of care across High Technology Services, Children's Personal Care Services, Developmental Disability Services and Choices for Care to increase flexibility of services.		X	X		FY '08 – Work with OVHA on Unified Services Plans continued. FY '09 – Unified Services Plans continue to be approved. Adjustment to process will be discussed in FY '10.
1.e		▪ Work to identify potential gaps in Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for children with developmental disabilities.		X			FY '08 – AHS initiated a cross-department approach to Integrated Children Services with a lead at the AHS level. Additional $2 million in OVHA budget targeted for gaps in EPSDT for children and adolescents with developmental disabilities. FY '09 – Developed and implemented the Bridge Program: Care Coordination for Children with Developmental Disabilities. Continue through FY '10.
1.f		▪ Assess usefulness of State respite homes and consider alternative models to better address respite needs.		X			FY '08 – Initial meeting to discuss strategy. Continue into FY '09. FY '09 – Utilization assessment completed. Alternative models being considered.
1.g		▪ Design written and web-based materials for families who are aging whose family members with developmental disabilities live at home.					Targeted to be done in FY '10.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
2.a	***Supported Employment/ Transition Services***	▪ Work to increase employment rate of youth transitioning out of high school.		X			FY ’08 – Developed process for completing baseline for FY ’07 data. Waiting on FY ’08 data. (See 2.f). FY ’09 – Graduate Tracking Report standardized to track annual employment rate of graduates. Continue through FY ’10.
2.b		▪ Increase the percentage of adults who are supported to work and the number of hours they work.		X			FY ’08 – Two-day retreat focused on increasing employment options through self-employment. FY ’09 – Acquired MIG grant as statewide training resource to increase self-employment. Self-employment survey is regularly updated and evaluated. Formed Supported Employment Leadership/Advisory Council. Continue through FY ’10.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
2.c	***(Supported Employment/ Transition Services, con't.)***	▪ Ensure sustainability of accurate and timely Supported Employment data.		X			FY '08 – New training module in development. In process of getting training day for supported employment managers. FY '09 – Identified updates to improved data quality. Approved for MIG grant to make changes. Considered future transition of database managed by DAIL. Continue through FY '10.
2.d		▪ Increase recognition of Supported Employment practices by service providers.		X	X		FY '08 – Developing a supported employment mentor resource pool. FY '09 – Supported Employment provider committee formed.
2.e		▪ Improve timely participation by service providers in transition planning of youth graduating high school who are eligible for developmental disability services.			X		FY '08 – Provided all day training for Youth Transition Mentors. Continue professional development on Youth Transition for VR and DD intake staff. FY '09 – Provided training to VR Transition Counselors on developmental disability-specific transition process.
2.f		▪ Explore "Employment First" model from other states to see if we want to adopt for Vermont.		X			FY '09 – Supported Employment Leadership Council formed. Continue through FY '10.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
3.a	***Service Coordination***	▪ Develop web-based developmental disability resources to increase ease of navigation by Service Coordinators.		X			FY ’09 – Started design work for services coordination resource page on DDAS website. Continue through FY ’10.
3.b		▪ Evaluate most effective way to provide Service Coordinator training across Traumatic Brain Injury, Choices for Care and Developmental Disability Services.				X	FY ’08 – FY ’09 – Provided Service Coordinator training for DS services and Choices for Care and Older Americans Act services.
3.c		▪ Evaluate availability of independent Service Coordinators and Qualified Developmental Disability Professionals to meet the needs of for people who are self-/family-managing.	X				FY ’08 – Worked with Transition II and confirmed need to develop pool of independent Service Coordinators and Qualified Developmental Disability Professionals and work on strategies (see 3.d).
3.d		▪ Increase availability of independent Service Coordinators and Qualified Developmental Disability Professionals and clarify the functions of the two.		X			FY ’09 – Initial meetings held to discuss responsibilities.
4.a	***Intake/Eligibility***	▪ Establish regular opportunities for sharing information and training with Intake Coordinators to promote equitable access to services.	X				FY ’08 – DDAS representative now attends quarterly Intake Coordinators training sponsored by providers.
4.b		▪ DDAS Eligibility Work Group will assess current practices of determining Developmental Disability Services eligibility to ensure equity, consistency and quality of evaluations.	X				FY ’08 – Work group assessed need and made recommendations (see 4.f, 4.g and 4.h).

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
4.c	***(Intake/Eligibility con't.)***	▪ Work with Aging and Disability Resource Connections to help ensure independent access to information about services and supports and develop cross training resources to support ADRC partnership.	X	X			FY '08 – HowardCenter received a grant to develop the Information, Referral and Assistance (IR&A) services in the Champlain region including technical assistance in implementation of the use of REFER software. HowardCenter, Northeast Kingdom Human Services, Northwestern Counseling and Support Services and Counseling Services of Addison County received funds to participate in and receive training and technical assistance related to IR&A services across service systems. FY '09 – Training activities were competed. Four DS agencies participated with ADRC partners. REFER site available as an IR&A resource for all DS agencies and ADRC partners.
4.d		▪ Develop a user-friendly informational booklet on eligibility and how to apply for services and funding through ADRC.					Targeted to be done in FY '10.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
4.e	***(Intake/Eligibility con't.)***	▪ Evaluate the length time from date of application to date of service implementation.		X		X	FY '08 – Initial meeting. FY '09 – Not able to collect data. Determined not to be a strong indicator of quality services.
4.f		▪ Revise developmental disability services eligibility regulations.		X			FY '09 – Developed guidelines for assessment of individuals with Pervasive Developmental Disorder. (see also 18.f). Continue through FY '10.
4.g		▪ Write interpretive guidelines on eligibility.		X			FY '09 – Developed guidelines for assessment of individuals with Pervasive Developmental Disorder. Continue through FY '10.
4.h		▪ Increase the quality and quantity of evaluators with skills to diagnose Pervasive Developmental Disorders/Autism.		X			FY '09 – Helped obtained grant to standardize PDD assessment and process. Committee working on best practice guidelines. Continue through FY '10.
5.a	***Life Long Learning***	▪ Work with service providers to increase consumer satisfaction with opportunities and support to learn new skills.			X		FY '08 – Met with DS Directors about skill acquisition training. Met with Susan Ryan about CDCI collaboration (see 5c for ongoing effort).

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
5.b	***(Life Long Learning, con't.)***	▪ Explore development opportunities that promote access to post-high school education.		X	X		FY '08 – Attended "Think College" symposium. DDAS representative on HowardCenter steering committee to develop SUCCEED program to start in Fall '08. Continue through FY '10. FY '09 – SUCCEED Program implemented.
5.c		▪ Increase consumer satisfaction with getting help to learn or do new things.		X		X	FY '08 – Collected baseline data though Consumer Interview Tool and Consumer Survey Project. FY '09 – Continue to address in Quality Service Reviews.
5.d		▪ Increase activities and opportunities that support youth and adults with developmental disabilities to have relationships.		X	X		FY '08 – Published a curriculum with Planned Parenthood of Northern New England. FY '09 – Celebrating Sexuality conference (Burlington and Killington). Continue through FY '10.
6.a	***Inclusion in Community Life***	▪ Increase opportunities for people with developmental disabilities to engage in weekend and evening community activities.			X		FY '09 – GMSA put on four workshops on "Belonging to your Community".
6.b		▪ Improve nutrition and wellness practices.			X		Moved this activity to new support area (see 7.a).

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
6.c	***(Inclusion in Community Life, con't.)***	▪ Increase recognition of exemplary practices in Community Supports.			X		FY '09 – Included stories in Annual Report. GMSA collected stories for Voices and Choices.
7.a	***Health/Wellness***	▪ Improve nutrition and wellness practices.			X		FY '09 – Effort to revise Health and Wellness Guidelines; presented to agencies. Revived DS Agency Nurses group; resources shared.
8.a	***Home Supports***	▪ Increase the number of people receiving less than 24-hour home support to increase independent living.		X			FY '08 – Three $50,000 grants awarded to agencies to increase supports and services that promote independent living. FY '09 – Initiative suspended due to rescissions. Revise initiative for FY '10.
8.b		▪ Improve access for people with developmental disabilities to affordable and accessible public housing through participation in the DAIL Housing Task Force.				X	FY '08 – DAIL Housing Task Force was disbanded. AHS level Housing Task Force created and DDAS has a representative participate on the "Housing Now" initiative.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
8.c	***(Home Supports, con't.)***	▪ Develop supportive housing option(s) for 4 – 6 people with developmental disabilities who are Deaf or Hard of Hearing.		X			FY '08 – Innovative group living model being worked on through participation agreement with DAIL, the Center for Deaf and Hard of Hearing Services, and HowardCenter. FY '09 – Model revised to be more cost effective. New partnership developed with the Center and HCRS. Planning underway to renovate Wheeler House to provide two shared living apartments to open in June '10. Continue through FY '10.
9.a	***Clinical/Crisis Services***	▪ Increase availability of clinicians with expertise in developmental disabilities (e.g., psychologists, psychiatrists, behavior consultants, therapists).		X			FY '09 – Encouraged Designated Agencies to increase expertise and availability of in-house clinicians. Continue through FY '10.
9.b		▪ Explore collaboration with higher education to increase clinical capacity.				X	FY '09 – Not feasible at this time.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
9.c	***(Clinical/Crisis Services, con't.)***	▪ Expand clinical expertise within 2 agencies to work with adolescents and adults with emotional and behavior support needs.		X			FY '08 – Working with Heath Care and Rehabilitation Services of Southeastern Vermont and Community Access Program to expand clinical expertise. All providers had staff certified as trainers in Therapeutic Options. FY '09 – Work continued with HCRS and LCMH. Continue through FY '10.
10.a	***Autism Supports***	▪ Lead planning process to develop the system of care for individuals with Autism Spectrum Disorders/Pervasive Developmental Disorders.			X		FY '08 – Completed Autism report and submitted to the legislature. In process of developing Autism Plan based on recommendations in the Autism report. MOU between DOE, DOH and AHS (DAIL) signed. FY '09 – Priorities identified by AHS and DOE; implementation of plan starting. (See 10.b – 10.e.).
10.b		▪ Publish best practice guidelines for diagnosis of Autism Spectrum Disorders and provide additional training.					Added for FY '10.
10.c		▪ Work with the Department of Education and Department for Children and Families to increase availability of intensive early intervention services for children with Autism Spectrum Disorder.					Added for FY '10.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
10.d	***(Autism Supports, con't.)***	▪ Work with AHS partners and community organizations to increase coordination of disseminating Autism information.					Added for FY '10.
10.e		▪ Developing resources and coordinating training for VR and DS providers to enhance employment outcomes for adults with ASD.					Added for FY '10.
11.a	***Communication Supports***	▪ Through work with the Vermont Communication Task Force, increase the number of agencies by 3 that have in-house capacity for a local communication resource person who has responsibility for communication assistance locally.		X			FY '08 – MOU for Mentor Project with Lincoln Street Incorporated and Lamoille County Mental Health. FY '09 – MOU for Mentor Project with Community Access Program, Champlain Community Services and Upper Valley Services. Continue through FY '10.
11.b		▪ Providing training and support for in-house communication resource personnel and other staff.		X			FY '08 – Conducted all-day training for Local Communication Resource People. Held Making Communication Happen III state-wide communication conference. FY '09 – Conducted all-day training for Local Communication Resource People. Collaborated on Therapeutic Options training and Voices and Choices workshop. Continue through FY '10.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
11.c	***(Communication Supports, con't.)***	▪ Work to improve access to Speech and Language Pathologists with Augmentative and Alternative Communication expertise under Global Commitment.			X		FY '08 – Contributed language for Autism plan to address this issue. FY '09 – On hold.
11.d		▪ Collaborate with Vermont Protection and Advocacy, the Office of the Defender General and the University of Vermont to help continue the Vermont Communication Support Project			X		FY '08 – Provided one-time funding through the DD Council for the VT Communication Support Project. Project is now run out of CDCI. Part time coordinator hired. Eight new Communication Support Personnel trained.
12.a	***Training/ Workforce Development***	▪ Provide support and training to home providers and community support workers to help people to learn to foster independent living skills.			X		Targeted to be done in FY '09 – FY '10. FY '09 – On hold.
12.b		▪ Develop behavior support training for support workers who work with people with Autism.	X				FY '08 – Three multi-day positive behavior support training provided to individuals supporting people with Autism Spectrum Disorders.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
12.c	***(Training/ Workforce Development, con't.)***	▪ Increase awareness and access to domestic violence resources in the community.		X	X		FY '08 – Held 6 workshops on DV; DAIL staff each required to attend one. Posted DV and EAP materials in all DAIL state offices. Participation on AHS DV Steering Committee; developed AHS DV Policy. FY '09 – Developed work plan to align Adult Protective Services practice with DV policy.
12.d		▪ Work with the Department of Mental Health to improve access to mental health clinical expertise.					Targeted for FY '10 (See also 8.a and 8.b).
12.e		▪ Explore opportunities for expanding the availability of college level training in developmental disabilities.				X	FY '09 – Not feasible at this time.
12.f		▪ Develop training materials for personal care workers who support children with Autism.	X	X			FY '08 – Developed materials for the training. Continue into FY '09. FY '09 – Training material made available upon request.
13.a	***Offenders with Developmental Disabilities***	▪ Analyze reliability and increase use of measurable risk assessment and treatment progress tools (e.g., TPS-ID).	X	X			FY '08 – Data collection and data entry completed for 2006. FY '09 – Training on scoring tool provided. DDAS resource for scoring instrument.
13.b		▪ Develop best practice guidelines for supporting adolescent sex offenders with developmental disabilities who are sexually dangerous.				X	FY '09 – Not feasible at this time.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
13.c	***(Offenders with Developmental Disabilities, con't.)***	▪ Develop financial partnership with Department of Corrections for ongoing support of individuals moving from incarceration to community living.		X	X		FY '08 – Started initial discussions. FY '09 – Informal collaborative process with DOC works best.
13.d		▪ Develop alternate housing models for offenders as needed.			X		FY '08 – Developed a more secure facility for high risk offenders. FY '09 – Grant fell through. Survey of unmet needs completed; developing strategy to address (see 13.g). Amended community notification policy.
13.e		▪ Develop community notification guidelines for people with developmental disabilities who pose significant risk to public safety.	X				FY '08 – Developed policy that will go into effect July 2008. FY '09 – Policy effective; implementation issues. Community Safety Procedures developed and implemented.
13.f		▪ Study committee to examine policy and programmatic issues regarding offenders with DD and submit recommendations to the Legislature.					Added for FY '10.
13.g		▪ Plan to meet unmet needs for supporting offenders, including need for new crisis bed.					Added for FY '10.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
14.a	***Self/Family Management***	▪ Evaluate implementation of Supportive Intermediate Service Organization.		X			FY ’08 – Quality review of Transition II planned for August 2008. FY ’09 – Quality review process suspended. Review planned for FY ’10.
15.a	***Self-Advocacy***	▪ Strengthen self-advocacy by promoting people with disabilities as peer mentors and trainers in areas of independent living and working with transition-age youth.		X			FY ’08 – Unable to identify enough matching money to apply for AmeriCorp grant. Continue though FY ’10.
16.a	***Transportation***	▪ 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.			X	X	FY ’08 – There is no formal AHS transportation group. DAIL has a representative on the VTrans Elder and Disabled Advisory Council. FY ’09 – No change from FY ’09.
17.a	***Guardianship***	▪ Contract for an independent comprehensive evaluation of the Office of Public Guardian.	X	X			FY ’08 – Funding source identified. FY ’09 – Evaluation completed.
18.a	***System/ Administration Issues***	▪ Complete revision to Medicaid Procedures to clarify and simplify expectations.		X			FY ’08 – Met with committee and have information for draft. FY ’09 – Draft completed. Finalize in FY ’10.
18.b		▪ Participate in 2nd sustainability study of designated provider system, including ongoing caseload and workforce issues.	X				FY ’08 – Participated in 2nd sustainability study. Met with OVHA to discuss recommendations.

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
18.c	***(System/ Administration Issues, con't.)***	▪ Work with DVR, DMH and Field Services Directors to develop non-categorical case management to address needs of people not traditionally eligible for AHS services to reduce system pressures that take away from resources needed for people eligible for services.	X				FY '08 – AHS established protocol to access Adult Extraordinary Situations Fund that is accessed via Field Services.
18.d		▪ Work with AHS, DMH and Substance Abuse to improve the quality and integrity of Managed Care Information System data including monthly service reports and human resource data elements.	X	X			FY '08 – Participated in Human Resource Data Set Policy and Discussion meetings and Monthly Service Report Autoload and Designated Agency Information Technology Manager meetings. FY '09 – Group completed work to redefine requirements for agency data submissions resulting in more complete data.
18.e		▪ Evaluate the implications of identifying maximum rates or rate ranges for services; including appropriate costs to include in rates.					Added for FY '10.
18.f		▪ Update Developmental Disabilities Act regulations.					Added for FY '10.

CHAPTER SIX –
Funding Process and Guidelines

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CHAPTER SIX – FUNDING PROCESS AND GUIDELINES

Impact of Current Events and New Fiscal Resources

The Division is obligated to meet the needs of individuals eligible for services, ***within the appropriated funding*** received from the Legislature.

In FY 09, due to significant financial challenges, a rescission occurred in August 08 in the amount of $1,634,436. As the economy continued to falter a second rescission occurred in December 08 totaling an additional $3,360,822. These rescissions were managed through onetime funds, elimination of Goods, as well changes in individual service plans, and in some cases a reduction in DS Provider Agency staff.

The financial challenges are expected to continue for FY 10. When combined with existing resources for community services, a total of **$140,669,369**[1] is available for supporting people with developmental disabilities in Vermont. Given past utilization trends, it is expected that this amount will support roughly 3,740 individuals in FY 10. A summary of the available new funding follows:

FY 2010
NEW FUNDING AVAILABLE

Provider Inflation	$ 0
Caseload	
New Caseload Fund	$4,000,563
[Equity Fund Available[2]	2,700,729]
– 234 individuals @ 28,638	
High School Graduates	959,373
– 34 individuals @ $28,638	
Public Safety/Act 248	1,130,450
– 23 individuals @ $49,150	
TOTAL NEW FUNDING AVAILABLE	**$6,090,386**

The Flexible Family Funding appropriation has been reduced by $250,000 for FY 10. The maximum allocation now available to families is $1000.

[1] Does not include funding in the OVHA appropriation for Children's Personal Care Services and High Technology home care services.

[2] Estimated (three-year average) of existing Equity Fund dollars.

Meeting the Service System's Standards

The following pages provide 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.

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;
- Quality Management Plan;
- Developmental Disability Service Definitions (see Appendix A); and,
- All other guidelines, policies, rules and regulations of the Division.

Existing Funding

Since the majority of all developmental disability 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. The State requires that a new needs assessment (periodic review) of every person receiving services is conducted at least annually. The intent of this process is to reduce services and funding if a person requires less support in his or her life. It is expected that annually each designated agency and specialized service agency will recalculate service/support costs and update individuals' budgets accordingly, re-spreading costs as appropriate. It is also expected that designated and specialized service agencies will utilize the most cost-effective method of providing service that is consistent with the person's needs.

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.
- Be utilized for new needs or new applicants who meet funding priorities.

- 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 a source 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 who are currently receiving services or who have applied for services.

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 a group home or 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 leave Division-funded services or when services are suspended for more than six months. The funding reverts as soon as the termination is effective.

Transfers to Other Providers: When an individual transfers from one provider to another, **all** funding, including the administration amount, is transferred to the new provider. The only exceptions are as follows: regional/local and state crisis; regional/local and state respite homes; local facilitated communication costs (HC and WCMH) and Intermediary Service Organization costs.

Management Options for Services: Traditionally, developmental service providers have managed all the services funded through DDAS on behalf of people with disabilities and their families. Today, people have a choice of four options of who will manage their services.

- Agency-Managed Services: The most common method is when the developmental service provider manages all of a person's services, whether it is by a designated agency, a specialized service agency or other contracted provider.

- Shared-Managed Services: The developmental service provider may manage some, but not all, of the services for the person or family. For example, the service agency provides service planning and coordination and may arrange for other services, such as home supports, while the person or a family member manages other supports separately, such as respite or work supports. A Fiscal Intermediary Service Organization (ISO) is available to people who share-manage to do many of the bookkeeping and reporting responsibilities of the employer.

- Self-Managed Services: An individual may choose to manage all of his or her developmental disability services except for 24-hour home supports. This means that the person has the responsibility of hiring his or her own staff and overseeing the administrative responsibilities associated with receiving developmental services funding. Some of these responsibilities include contracting for services, developing a service plan, fulfilling the responsibilities of the employer, and planning for back-up support or respite in the case of an emergency. Transition II is a Supportive Intermediary Service Organization (ISO) that must be used by individuals who self-manage their services. Additionally a Fiscal ISO, ARIS, must be used to help people who self-manage to do many of the bookkeeping and reporting responsibilities of the employer.

- Family-Managed Services: A person's family member may choose to manage all of his or her developmental disability services except for 24-hour home supports. The same responsibilities and resources noted above for self-management are also associated with and required for family-managed services. Transition II is a Supportive Intermediary Service Organization (ISO) that must be used by families who manage their services. Additionally a Fiscal ISO, ARIS, must be used to help families who manage services to do many of the bookkeeping and reporting responsibilities of the employer.

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.

Limitations on the Use of All Developmental Disability Services Funding

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

- Congregate residential settings in excess of four beds for adults (age 18 and over).[3]

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

- Congregate (defined as three or more individuals) residential settings for children under 18 years old[4];
- Institutional settings (e.g., nursing facilities) 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)[5]; Out-of-state placements for adults who pose a risk of public safety may be permitted where the cost is less than the cost of an in-state placement.[6]
- Room and board paid for with Medicaid waiver funds, including costs of vacations[7];
- Sheltered workshops or enclaves (segregated work environments within an employer's worksite).

People who Leave Services

An individual's waiver may be suspended in part or in total for up to a maximum of six months. If a suspension exceeds six months, services must be terminated and the funding returned to the appropriate fund.

An individual who moves to another state may continue to receive Vermont state funding for a transitional period not to exceed one year (Section 2.03 of the Regulations).

If a person's waiver is terminated, including an individual whose eligibility is based upon Section 1.14 of the Regulations (grandfather clause for people who were receiving services on July 1, 1996), he or she retains clinical eligibility for services for up to one year, but must reapply for funding and have needs that are described by the funding priorities in order to receive services. After one year, the individual must complete the full application process, including determination of clinical eligibility and funding priority.

[3] Any exceptions to this limitation must be approved by DAIL.
[4] Exceptions may be made on a case-by-case basis with prior approval of the Division.
[5] Exceptions to this limitation that involve a post-secondary educational experience may be considered but require approval by DAIL.
[6] DAIL involvement and approval is required.
[7] Medicaid funds may be used, however, to cover costs incurred by a paid caregiver to support an individual on vacation (e.g., airfare, hotel and food expenses).

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, Department of Corrections or other state agencies and/or out-of-state organizations are contributing payment for an individual's services through the waiver.
- Prior approve all Unified Services Plans.
- 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 $112,200. 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 disability services funding for children under 18 years old. Prior approval is required.
- Administer special program allocations (Special Services Fund and Supervised Care Fund) and joint funding with other state agencies (see Special Allocations).
- Facilitate Vermont payment of up to 12 months of transition funding to a receiving state; maximum amount available is equal to the state share of an individual's waiver budget.
- 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. 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 calendar year after approval, any changes in a funded area of support must continue to meet the identified funding priorities; if they do not, the funding must be returned to the appropriate fund.
2. An individual's waiver may be suspended for up to a maximum of 6 months. If a suspension exceeds 6 months, services must be terminated and the funding returned to the appropriate fund. A notification must be sent to the person informing him or her of the right of appeal. The same provision applies to services approved and funded, but not implemented within 6 months of receiving funding. The Division may grant additional time for exceptional circumstances.
3. 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 30 days without prior approval. Requests to extend the funding beyond 30 days must be made to the Equity Funding Committee and cannot extend beyond 90 days in total. Under extreme circumstances the Division may grant an exception to the 90 day maximum.
4. The maximum reimbursement per person per year is $200,000. Under extreme circumstances the Division may grant an exception to the maximum on a time-limited basis.

Eligibility:

5. All services available under State Plan Medicaid <u>must</u> be explored and accessed before providing funding with a developmental disability services waiver. This includes, but is not limited to, personal care services, therapy, home health, durable medical equipment, nutrition, high technology, EPSDT and Medicaid transportation.
6. Individuals who are receiving Flexible Family Funding (FFF) or Enhanced Flexible Family Funding (E-FFF) and then move to Medicaid waiver services are no longer eligible for Flexible Family Funding or E-FFF. Anyone who received both waiver and FFF or E-FFF services prior to FY 08 will no longer be able to do so as of July 1, 2008. One-time funding can be used for FFF, but under no circumstances can FFF exceed $1,000.
7. There is no Enhanced Flexible Family Funding (E-FFF) except for those grandfathered in as of August 1, 2002, meaning they needed to have received their first (E-FFF) allocation prior to that date; under no circumstances can Enhanced FFF exceed $3,000.

8. For a person who currently lives in another state and wishes to move to Vermont, 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 clinical eligibility and funding priorities in order to receive funding.
9. For a person who is currently receiving services in Vermont and plans to move to another state, Vermont may provide up to 1 year of bridge funding to the receiving state in order to facilitate the placement. Bridge funding will be the state match portion only. The Division shall facilitate such an arrangement.
10. Individuals are eligible for funding if, a) the ability of the provider to use its existing base budget resources by reallocating among people already receiving services has been exhausted, and b) their needs as described in the funding priorities exceed $4,500.

Administrative:

11. The allowable administrative rate for the first year of funding approved from the New Caseload Fund, Equity Fund, High School Graduate Fund, Public Safety Fund or PASARR Fund is limited to 5%.
12. 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 individuals' waiver budgets.
13. Payroll taxes such as Social Security and Medicare (FICA), and State unemployment taxes (SUTA) as well as a worker's compensation insurance costs must be calculated for payments to direct caregivers. The total FY 2010 rate for the above expenses is 9.4% and is added to each dollar of direct wages paid through ARIS.
14. All services must be budgeted at the actual cost *or* prevailing State-set rate. 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.

Funding Limitations:

15. The maximum cost for service coordination managed through a designated or specialized service agency is $48.68/hour; if actual costs are less than $48.68/hour, the actual cost should be used. The rate of Targeted Case Management is $48.68/hour. The maximum cost for service coordination for individuals who are self- or family-/guardian-managing is $35.00/hour.
16. Increases in Targeted Case Management allocations may be achieved by converting developmental disabilities waiver funding to an agency's Targeted Case Management Allocation.
17. Reasonable transportation expenses, including a stipend to contribute toward the cost of accessible vehicles used as the primary means of transportation to provide access to the community. The stipend cannot exceed $6,475/year (ongoing).
18. Waiver services cannot be billed for the same individual at the same provider on the same day as clinic services, rehabilitation services, targeted case management or ICF/MR services. 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.
19. A person cannot receive funding from two waivers at the same time (e.g., Developmental Disabilities waiver, Mental Health Children's waiver, Choices for Care waiver). 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 or her needs.
20. Prior to using caseload dollars, relevant resources are evaluated for possible appropriateness. For example, referral to Vocational Rehabilitation and use of IRWE and PASS plans for individuals who want a job; early intervention services through the Child Development Division of DCF; free and appropriate public education through the school system; birth control and family planning from Planned Parenthood, etc.
21. 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, wages and public assistance (e.g., fuel assistance program, general assistance, food stamps).
22. Any costs of an individual's vacation, including but not limited to, airfare, lodging, etc. cannot be funded under the waiver; however, Medicaid funds may be used to cover costs incurred by a paid worker to support an individual on vacation (e.g., worker's airfare, hotel and food expenses). If a consumer and his or her paid worker share a room on vacation, the costs should be divided evenly. The paid worker's costs are reimbursable, the consumer's are not.

23. Transportation costs (e.g., airfare, train) for an individual receiving services or family member to attend a conference or training are reimbursable.

24. Shared living homes must meet the housing safety and accessibility guidelines. 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, not to exceed a $10,000 cap. 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. Modifications that improve the value of the home, but are made only for meeting physical accessibility needs of a consumer, may be funded up to 50% of the cost, not to exceed the $10,000 cap. Any home modifications in excess of $5,000 must be funded on a monthly payment basis, which ends if the consumer moves. 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. Two or more bids are required when construction work is needed to provide the modification.

25. New caseload funding for community supports and work supports is limited to individuals aged 19 and older.

26. The following limits apply for access to new funding for Community Supports and Work Supports:

    a. People receiving Work Supports only: Work Support hours may not exceed 40 hours per week, including transportation hours. Funding for Work Supports is to maintain an employer-paid job.

    b. People receiving Community Supports only: Community Support hours may not exceed 25 hours per week.

    c. People receiving both Work Supports and Community Supports: may not exceed 25 hours per week total (both Community and Work Supports, and including transportation hours). Thus, a person is not eligible for new funding for Community Supports if she/he is already receiving 25 hours/week or more of Work Supports.

    d. Exception: If public safety issues warrant, funding for up to 40 hours/week of Community and/or Work Supports, based on need, may be provided.

27. Twenty-four (24) hour home supports (e.g., with a shared living provider or in a staff home or group living arrangement) may not be self-/family-managed. However, a person or a family member may manage his or her other services, such as Community or Work Supports, resulting in a shared-management arrangement.
28. Supervised/Assisted Living with up to 8 hours per day of paid home support may be self-/family-managed.
29. The service definition of Clinical Interventions includes "Other Clinical Services" not covered by State Plan Medicaid including medically necessary services provided by licensed or certified individuals (such as therapeutic horseback riding) and equipment (such as dentures, eyeglasses, assistive technology).

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 needs 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.

Services are direct supports provided by regular workers, or by individuals who are certified or licensed (e.g., psychologist, psychiatrist, physical therapist), are an allowable Medicaid expense, relate to meeting goals outlined in the ISA and included in a funded area of support. Appendix A lists allowable services and their definitions.

Additional guidance is provided in Appendix B 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.

Funding Priorities

Within the funds available, any individual whose life circumstances are described by the funding priorities and who is clinically eligible for developmental disability services, has access to caseload funding.

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

The role of the developmental disability services system is to support individuals and families in their communities – not to substitute for or replace them. With that in mind, the following criteria must be met ***before*** accessing developmental disabilities 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., free and appropriate public education by schools; Early Periodic Screening, Diagnosis and Treatment (EPSDT); private health insurance].
- Funding requests must be more than $4,500, 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. 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 disability 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 and Youth under age 21	Support needed by families to assist them with personal care tasks as defined in the Children's Personal Care Program	Eligibility and support level determined via Children's Personal Care Program process	Entitled Medicaid state plan service for eligible children and youth
B.	Children and Youth under age 22	Support to families in need of care coordination to help them access and/or coordinate medical, educational, social or other service for their children, as defined in the Bridge Program	Determined by the designated agency; does not go through local funding committee	Available on first come, first served basis within available funds
C.	Children and 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 *Flexible Family Funding Guidelines*; maximum $1,000/person
D.	Children and Adults	Support needed to end or prevent imminent institutionalization in inpatient public or private psychiatric hospitals or nursing facilities or end institutionalization in Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD)	Reviewed by local funding committee and forwarded to Equity Funding Committee	
E.	Adults 18 and over	Support needed to prevent or respond to an adult being abused, neglected or exploited	Reviewed by local funding committee and forwarded to Equity Funding Committee	
F.	Adults 19 and over	Support needed by an adult to prevent an imminent risk to the person's health or safety	Reviewed by local funding committee and forwarded to Equity Funding Committee	
G.	Adults 18 and 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 and forwarded to Equity Funding Committee	Services may not substitute for regular role and expenses of parenting; maximum amount of $7,800/ year (including admin.)
H.	Adults 18 and over	Support needed to respond to an adult who is homeless or at imminent risk of being homeless	Reviewed by local funding committee and forwarded to Equity Funding Committee	Does not apply to individuals who already receive funding for Home Supports or who only need assistance to find a home
I.	Adults 18 and over	Support needed by an adult who is experiencing the death or other loss of an unpaid or minimally paid (e.g., family member, residential care home) caregiver	Reviewed by local funding committee and forwarded to Equity Funding Committee	
J.	Adults 18 and over	Support needed for specialized services in a nursing facility	PASARR fund manager	Limited to 5 hours per week; legally mandated
K.	Adults 19 and over	Support needed for a high school graduate to maintain paid employment	Reviewed by local funding committee and forwarded to Equity Funding Committee	See Funding Limitations #25 and #26
L.	Adults 18 and over	Support needed by an adult who has been committed to the custody of the DAIL pursuant to Act 248 (see additional requirements under Public Safety Fund)	Reviewed by local funding committee and forwarded to Public Safety Funding Committee	Services may be legally mandated
M.	Adults 18 and over	Support needed to prevent an adult who poses a risk to public safety from endangering others (see additional requirements under Public Safety Fund)	Reviewed by local funding committee and forwarded to Public Safety Funding Committee	Does not substitute for or replace DOC supervision

Funding Committees

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

Funding Committee	Decision-making Authority
Local Funding Committees	Review requests submitted to Equity and Public Safety Committees.
Equity Funding Committee	Approve requests for New Caseload Fund, Equity Fund High School Graduate Fund and Employment Conversion Initiative.
Public Safety Committee	Approve requests for Public Safety Fund and Employment Conversion Initiative if for an individual posing a risk to public safety.
Division of Disability and Aging Services	Determine One Time Funding allocation. Approve requests for Special Services Fund, Supervised Care Fund, Joint Funding and 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), 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:

- Confirm that the person meets Division eligibility criteria;
- Determine whether the person's needs meet a funding priority; and,
- 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 Funding Committee or Public Safety Funding Committee, as appropriate, for funding consideration.

Equity Funding Committee

The Equity Funding Committee is comprised of the following members:

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

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 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). Other non-voting individuals may be invited to participate or mentor with committee members as determined by the Equity Funding 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 Funding Committee will be made, in writing, to the provider as soon as practical following the Committee meetings.

The Equity Funding Committee will manage the New Caseload Fund, Equity Fund and High School Graduate Fund.

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 Funding Committee.

FY 2010 Appropriated Amount **$4,000,563**

Equity Fund: The Equity Fund is a statewide resource that contains funding returned because a person has died, gone into an institution, left services 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 Funding Committee will manage the Equity Fund.

FY 2010 Estimated Equity Fund $2,700,729

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 is available to serve approximately 34 individuals. 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 Funding Committee.

FY 2010 Appropriated Amount $959,373

Public Safety Funding Committee

The Public Safety Funding Committee will review all referrals for funding from the Public Safety Fund and for high school graduates who have public safety needs. 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:

#	Representation	Selected by
2	Designated Agency and/or Specialized Service Agency	Designated Agency and Specialized Service Agency
1	Division of Disability and Aging Services	DDAS (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)	DDAS

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). 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 administrative services to the Public Safety Funding Committee. Decisions of the Public Safety Funding Committee will be sent, in writing, to the provider as soon as practical following Committee meetings.

Public Safety Fund: The Legislature appropriated funding to specifically address public safety issues posed by adults with developmental disabilities. 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 2010 Appropriated Amount **$1,130,450**

Individual's Eligible for Public Safety Funding:

- *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) and the Department of Corrections is actively taking responsibility for supervision for community safety. Offense-related specialized support needs, such as sex offender therapy, cannot be funded for a person who is still under a sentence and is under supervision of the Department of Corrections. Public Safety Funding pays for supports needed because of the person's developmental disability.

Individuals Not Eligible for Public Safety Funding:

- It is not a priority to use new or existing caseload funds or public safety funding to prevent a person who has been charged with or convicted of a crime from going to or staying in jail or to prevent charges from being filed. A person who is incarcerated in a correctional facility is not considered homeless for the purpose of the Funding Priorities.
- Public safety funding will not be used to fund services for individuals *believed* to pose a risk of dangerousness to others, but who have not committed an act that is a crime in Vermont. These individuals may be funded through new caseload or equity funds if the individual meets another Funding Priority.
- Public safety funding will not be used to fund services for 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. These individuals may be funded through new caseload or equity funds if the individual meets another Funding Priority.

DDAS Special Funds

The Division of Disability and Aging Services determines the allocation of one time funding and approves requests for Special Services Fund, Supervised Care Fund, Joint Funding and PASARR Funding. Allocation of Bridge Program services is determined by Designated Agencies.

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 to 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 designated agencies and specialized service agencies to allocate according to the Appropriate Uses of One-time Funds (see below). Requests for One-time Funding are limited to a maximum of **$5,000** per person per year. 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, not to exceed Flexible Family Funding maximum allocation of $1,000 per person per year, regardless of source.
- Short-term increases in supports to a person already receiving services to resolve or prevent a crisis.
- Assistive technology, 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.

Specialized Services Fund: This fund covers dental services, adaptive equipment and other ancillary services not covered by Medicaid or other funding sources.

FY 2010 Appropriated Amount $40,000

Public Guardianship Fund: This fund pays for unanticipated services for individuals receiving public guardianship but not served by designated agencies or specialized service agencies and for small expenses directly related to other individuals' well-being.

FY 2010 Appropriated Amount $19,000

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, Department of Mental Health) and/or out-of-state organizations, must involve the Division of Disability and Aging Services in negotiation and receipt of funds. The Division does not contract with local schools; however, 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 and 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 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.

The Bridge Program: Care Coordination for Children with Developmental Disabilities: On an annual basis, the Division will negotiate and approve funding allocations for Designated Agencies for the Bridge Program. Designated Agencies will determine eligibility and approve individuals to receive this service. Individuals must be under age 22 and will receive services on a first come, first served basis within available funds.

When funds are not available for eligible individuals, they will be placed on a waiting list. Details regarding eligibility and the scope of service provision for the Bridge Program are included in the updated Medicaid Procedures for Developmental Disability Services and in the Bridge Program Guidelines.

FY 2010 Appropriated Amount $798,870

Special Initiatives

Increasing Independence in Home Supports: A key area identified by self-advocates was the need to increase people being supported in their own homes and apartments. In FY 10, a total of up to **$150,000** of one time funding is allocated to agencies to promote independent living. This funding is intended to provide resources to assist individuals to increase their level of independence in home supports.

Employment Conversion Initiative: In FY 10, an amount equal to **$50,000** of one time funding is allocated for additional support needed to maintain an employer-paid job for individuals who have transferred at least 50% of their existing community supports funding to work supports. The maximum amount available for each person for work supports is up to $5,000. Funding decisions will be made by the Equity Funding Committee or Public Safety Funding Committee, as appropriate.

CHAPTER Seven – Applicant and Waiting Lists

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CHAPTER SEVEN – APPLICANT AND WAITING LISTS

Applicant List (except for the Bridge Program)

Each designated agency and specialized service agency maintains an applicant list of:

- All people, including those already getting services, who are eligible for services based on their disability, but whose needs do not meet the *State System of Care Plan's* funding priorities. These individuals are periodically reviewed at least annually to see if their needs have changed resulting in meeting a funding priority.

Waiting List (except for the Bridge Program)

Each designated agency maintains a waiting list of:

- All people, including those already getting services, who have needs that meet the funding priorities but for whom there are insufficient funds either through legislatively appropriated caseload funding or reallocation of existing resources.

Individuals who meet the following funding priorities shall receive funding to meet their related need and should not be placed on the waiting list for that service area:

- People at imminent risk of homelessness;
- People experiencing an imminent risk to their health or safety; and,
- People who pose a serious risk to public safety.

This means, however, that support needed to address the above areas may be provided, but a *comprehensive* array of supports might not be funded.

Waiting List and Applicant List for the Bridge Program

Access to Bridge Program Care Coordination is available on a first come, first served basis at each Designated Agency. As such, specific Waiting List and Applicant List Instructions are provided in the Bridge Program Guidelines.

APPENDIX A – Developmental Disability Service Definitions

DEVELOPMENTAL DISABILITY SERVICE DEFINITIONS

Service Planning and Coordination

Service Planning and Coordination assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services and supports for a specific individual. Services and supports that are planned and coordinated may be formal (provided by the human services system) or informal (available through the strengths and resources of the family or community). Services and supports include discharge planning, advocacy and monitoring the well being of individuals (and their families), and supporting them to make and assess their own decisions.

Community Supports

Community Supports are specific, individualized and goal oriented services which assist individuals (and families) in developing skills and social supports necessary to promote positive growth. These supports may include assistance in daily living, supportive counseling, support to participate in community activities, collateral contacts, and building and sustaining healthy personal, family and community relationships.

Employment Services assist transition age youth and adults in establishing and achieving career and work goals.

Employment Assessment involves evaluation of the individual's work skills, identification of the individual's preferences and interests, and the development of personal work goals.

Employer and Job Development assists an individual to access employment and establish employer development and support. Activities for employer development include identification, creation or enhancement of job opportunities, education, consulting, and assisting co-workers and managers in supporting and interacting with individuals.

Job Training assists an individual to begin work, learn the job, and gain social inclusion at work.

Ongoing Support to Maintain Employment involves activities needed to sustain paid work by the individual. These supports and services may be given both on and off the job site, and may involve long-term and/or intermittent follow-up.

Family/Home Provider Supports assist family members, significant others (e.g., roommates, friends, partners), home providers and foster families to help support specific individuals with disabilities.

Respite (by the hour) services are provided on a short-term basis because of the absence or need for relief of those persons normally providing the care to individuals who cannot be left unsupervised.

Respite (by the day/overnight) services are provided on a short-term basis because of the absence or need for relief of those persons normally providing the care to individuals who cannot be left unsupervised.

Family Education is education, consultation and training services provided to family members, significant others, home providers and foster families with knowledge, skills and basic understanding necessary to promote positive change.

Clinical Interventions are assessment, therapeutic, medication or medical services provided by clinical or medical staff, including a qualified clinician, therapist, psychiatrist or nurse.

Clinical Assessment services evaluate individuals' and families' strengths, needs, existence and severity of disability(s), and functioning, across environments. Assessment services may include evaluation of the support system's and community's strengths and availability to the individual and family.

Individual Therapy is a method of treatment that uses the interaction between a therapist and the individual to facilitate emotional or psychological change and to alleviate distress.

Family Therapy is a method of treatment that uses the interaction between a therapist, the individual, and family members to facilitate emotional or psychological change and to alleviate distress.

Group Therapy is a method of treatment that uses the interaction between a therapist, the individual, and peers to facilitate emotional or psychological change and to alleviate distress.

Medication and Medical Support and Consultation Services include evaluating the need for, prescribing and monitoring medication, and providing medical observation, support and consultation for an individual's health care.

Other Clinical Services are services not covered by State Plan Medicaid including medically necessary services provided by licensed or certified individuals (such as therapeutic horseback riding) and equipment (such as dentures, eyeglasses, assistive technology).

Crisis Services are time-limited, intensive, supports provided for individuals, and families who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis. Services may also be provided to the individual's or family's immediate support system. These services are available 24 hours a day, 7 days a week.

Emergency/Crisis Assessment, Support and Referral includes initial information gathering, triage, training and early intervention, supportive counseling, consultation, referral and crisis planning. In addition, supports include: outreach and stabilization, clinical diagnosis and evaluation, treatment and direct support, and integration/discharge planning back to the person's home or alternative setting. Assessment may also include screening for inpatient psychiatric admission.

Emergency/Crisis Beds offer emergency, short-term, 24-hour residential supports in a setting other than the person's home.

Housing and Home Supports provide services, supports and supervision to individuals in and around their residences up to 24 hours a day.

Supervised/Assisted Living (by the hour) are regularly scheduled or intermittent supports provided to an individual who lives in his or her home or that of a family member.

Staffed Living are residential living arrangements for one or two people, staffed full-time by providers.

Group Treatment/Living are group living arrangements for three or more people, staffed full-time by providers.

Licensed Home Providers/Foster Families are individualized shared-living arrangements for children, offered within a home provider's/foster family's home that is licensed. Home providers/foster families are contracted workers and are not considered staff in their role as contracted provider.

Unlicensed Home Providers/Foster Families are individualized shared-living arrangements for children and adults, offered within a home provider/foster family's home. Home providers/foster families are contracted workers and are not considered staff in their role as contracted provider.

ICF/MR (Intermediate Care Facility for people with Mental Retardation) is a highly structured residential setting for up to six people that provides needed intensive medical and therapeutic services.

Transportation (non-waiver)

Transportation services are only for the necessary transportation of individuals, covered by Medicaid, to and from an agency facility in order to receive Medicaid reimbursable Clinic, Rehabilitation or Targeted Case Management services. "Necessary" means that the individual has no reasonable alternative transportation available and, without such transportation, would not be able to receive these Medicaid reimbursable services.