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DEVELOPMENTAL DISABILITY SERVICES



DIVISION OF DISABILITY AND AGING SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

AGENCY OF HUMAN SERVICES

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Developmental Disability Services

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

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TABLE OF CONTENTS

Dedication	
Best Practices Award in Supported Employment.....	1
DAIL Mission Statement.....	2
DAIL Core Principles.....	2
THE DEVELOPMENTAL DISABILITIES SERVICE SYSTEM.....	3
Principles of Developmental Services.....	3
Division of Disability and Aging Services.....	4
Developmental Services Providers.....	4
<i>Designated Agencies</i>	4
<i>Specialized Service Agencies</i>	4
<i>Management Options for Services</i>	6
Highlights from FY 2006.....	8
Pressures on Community Services.....	10
New Caseload Funding – FY 2006.....	12
Financial Summary.....	13
Quality Assurance and Quality Improvement.....	16
SERVICES & FUNDING.....	21
Funding Sources.....	21
Types of Services Provided.....	22
Total Served.....	23
SERVICES & SUPPORTS.....	25
Service Planning and Coordination.....	25
Home Supports.....	26
Employment Services.....	33
Community Supports.....	36
Family Supports.....	38
Children’s Services.....	41
Medicaid Entitlement Services.....	43
Clinical & Crisis Services.....	46
Nursing Home Reform.....	48
Self-Advocacy.....	50
Office of Public Guardian.....	53
Offenders with Developmental Disabilities.....	54
Communication.....	55
Consumer Survey.....	57
National Comparisons.....	62

ATTACHMENTS

Acronyms.....	Attachment A
Organizational Chart – Agency of Human Services.....	Attachment B
Division of Disability and Aging Services Staff	Attachment C
Vermont Developmental Services Providers.....	Attachment D
Members of the State Program Standing Committee for Developmental Services	Attachment E
System of Care Plan Funding Priorities FY 2006.....	Attachment F
Division of Disability and Aging Services FY 2006 Fiscal Resources	Attachment G
Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities.....	Attachment H
Green Mountain Self-Advocates: Local Chapters and Map.....	Attachment I

Notes:

All data represented in this report are for FY 2006 unless otherwise stated.

See **Attachment A** for a list of *Acronyms*.

Highlights are sections in the report used to showcase achievements.

Areas of Focus are sections in the report used to identify specific issues or areas that need attention or improvement.

INDEX OF TABLES AND FIGURES

THE DIVISION OF DISABILITY AND AGING SERVICES

Vermont Developmental Services Providers (map)	7
Reasons for Receiving New Caseload Resources – FY 2006	12
Developmental Services New Caseload Numbers Over Time: 2000 – 2006	12
Average Waiver Cost per Person / Average Cost per Person – All Services:	
FY ‘92 – FY ‘06.....	13
Local Provider Total Administration Costs: FY ‘93 – FY ‘06.....	14
Per Person Service Rates of Individuals Served: FY 2006.....	14
Comparative Annual Cost of Services: Institution (1994) vs. Community (2006)	15
Quality Service Reviews – 2006.....	16

SERVICES & FUNDING

Funding Sources – Numbers Served: FY 2006	21
Home and Community-Based Waiver Services	21
Flexible Family Funding.....	21
Total Number of People Supported by Service Provider: June 30, 2006.....	23
Total Number of People Served: FY 1992 – FY 2006	23
Age Breakdown of People with Developmental Disabilities: FY ‘06.....	24

SERVICES & SUPPORTS

Service Planning and Coordination – Numbers Served: FY 2006	25
Home Supports – Numbers Served: FY 2006	26
People Supported by Type of Living Arrangement: June 30, 2006	27
Number of People in Residential Settings by Size of Setting: FY ‘94 – FY ‘06.....	27
Percentage of People in Residential Settings of 1-3 People: FY 2005	28
Number of Residences by Size of Residential Setting: FY 2006	28
Total Number of People Receiving Home Supports: FY ‘92 – ‘06.....	29
Cost per Person (Waiver Funding) by Type of Home	
Compared to Numbers Served: FY 2006.....	29
Population Change by Type of Home Setting: FY ‘92 – FY ‘06	30
Average Cost per Person by Type of Home: FY ‘95 – FY ‘06	31
Employment Services – Numbers Served: FY 2006	33
People with Developmental Disabilities Receiving Supported Employment to Work	
Over Time: FY ‘98 – FY ‘06.....	33
Community Supports – Numbers Served: FY 2006	36
Number of People Receiving Community Supports Over Time: FY ‘99 – FY ‘06	36
Family Supports – Numbers Served: FY 2006.....	38
Family Support to People Living at Home (Flexible Family Funding and Waiver):	
FY 2006	39
Children’s Services – Numbers Served: FY 2006.....	41
Children (under 18) on Medicaid Waiver: FY ‘99 – FY ‘06.....	41
Medicaid Entitlement Services – Numbers Served: FY 2006	43
Children’s Personal Care Services – Total People Served Over Time: FY ‘01 – FY ‘06.....	44
Children’s Personal Care Services – Hours Used as a Percent of Hours Allocated	
Over Time: FY ‘01 – FY ‘06.....	45
Clinical & Crisis Services – Numbers Served: FY 2006 –	
Vermont Crisis Intervention Network	46

Vermont State Hospital Utilization by People Diagnosed with Mental Retardation:	
FY 1988 – FY 2006	47
Nursing Home – Numbers Served: December 31, 2006	48
People with MR/DD who Reside in Nursing Facilities: 1991 – 2006.....	48
People with MR/DD as a Percentage of All People who Reside in Nursing Facilities: 1991 – 2006.....	49
People with MR/DD in Nursing Facilities as a Percentage of All People with MR/DD Receiving Residential Supports: June 30, 2005	49
Office of Public Guardian– Caseload: June 30, 2006.....	53
Consumer Survey – Numbers Surveyed: 2006.....	57
Consumer Survey Results: 2006.....	57
Demographic Summary – 2006	59
Comparison of Vermont’s 2003 and 2006 Consumer Survey Results	60
National Comparison of Vermont’s 2004 Consumer Survey Results	61
MR/DD State Spending per Capita: FY 2004	62
State Fiscal Effort – Total MR/DD Spending per \$1,000 in Personal Income: FY 2004	62
Percent of State MR/DD Budget Paid by State Funds: FY 2004	63
Number of People in MR/DD Residential Services & Nursing Facilities per 100,000 Population: FY 2004.....	63
Family Support Fiscal Effort – Total Spending per \$100,000 Personal Income: FY 2004	64
Family Support Spending as Percent of Total MR/DD Budget: FY 2004	64
Total Amount of Spending per Family: FY 2004.....	65

DEDICATION

Parents and other family members fought many battles to enable their family members with developmental disabilities to live at home, be educated in local schools and receive the supports they need to live productive, inclusive lives within our communities. All of our lives were forever enriched by the efforts of the early pioneer families and the organizations here in Vermont that supported them.

Sadly, in 2006 the ARC of Vermont (formerly known as the Vermont Association for Retarded Citizens) closed its doors. The ARC of Vermont was very closely linked with the Champlain ARC which also closed the previous year. There was a symbiotic relationship – neither could exist without the other. There probably was no one factor that caused these two, once dynamic organizations to close their doors. However, the loss of funding from local fundraising organizations, lackluster membership and some sense of a loss of mission all totaled left both organizations unsustainable. With the closing of these two offices, a void is left for the parent and family voice; one that we will continue to struggle to recreate on a systems level.

During the last four decades these organizations and the people who were their lifeblood, helped to create many, many changes in Vermont. The very first respite program, equal education opportunities, funding for community services, closure of the Brandon Training School, and creation of the state's Developmental Disability Act are only a few of the accomplishments the ARC contributed to over its existence.

The 2007 Annual Report on Developmental Disability Services is dedicated to those parents and family members of people with developmental disabilities who paved the way, clearing obstacle after obstacle, to make Vermont a better place to live for all of us.

We all thank you.

Best Practice Award in Supported Employment

Champlain Vocational Services¹ (CVS) was awarded the APSE² “Best Practice Award” in June 2006. Jodi Whalen, Coordinator of the Way2Work Program, and Kelley Homiller, Director of Champlain Vocational Services, received the award at the national APSE conference in Boston.

The award represents the progressive and creative approaches that are delivered by the Way2Work Program. This Vermont developmental disabilities services agency was recognized for establishing an exceptional community-based employment program after their sheltered workshop closed. This milestone is particularly special as it marks Vermont as the first state in the country to not have any sheltered workshops.

Champlain Vocational Services was founded in 1967 by a group of parents of young adults with developmental disabilities. They wanted employment options for their adult children and collaborated with local business people to create a sheltered workshop. As times and philosophies changed, it was recognized that closing the workshop and integrating the workers into the community was the next logical step. In 2002, the workshop closed and CVS developed a community-based supported employment program that eventually was named Way2Work.



Kelley Homiller & Jodi Whalen

Since then, the Way2Work Program has developed innovative approaches to helping people with significant disabilities find paid employment in the community. An educational computer lab was started that offered classes in basic work-related skills and contains the latest assistive technology. In addition, weekly Self-Advocacy/Career Club meetings provided people the opportunity to strengthen their interpersonal skills. Dan Thompson, the staff Job Developer, works one-on-one with people to help them find jobs that are meaningful to them, inclusive in the community, and valuable to the employer.

Way2Work focuses on people’s abilities, not their disabilities. Jodi Whalen describes their basic philosophy; “We’d rather take the time and help someone find a job they love and fits their ability than to just stick them in a job.”

It works for Vermont.

¹ This story was taken, in part, from a July 2006 Champlain Vocational Services press release.

² APSE was formerly known as the Association for Persons in Supported Employment.

DAIL MISSION STATEMENT

The mission of the Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability – with dignity, respect and independence.

DAIL Core Principles

- ★ **Person-centered** – the person will be at the core of all plans and services.
- ★ **Respect** – individuals, families, providers and staff are treated with respect.
- ★ **Independence** – an individual’s personal and economic independence will be promoted.
- ★ **Choice** – individuals will have options for services and supports.
- ★ **Self-determination** – individuals will direct their own lives.
- ★ **Living well** – the individual’s services and supports will promote health and well-being.
- ★ **Contributing to the community** – individuals are able to work, volunteer, recreate, and participate in local communities.
- ★ **Flexibility** – individual needs will guide our actions.
- ★ **Effective and efficient** – the individual’s needs will be met in a timely and cost effective way.
- ★ **Collaboration** – individuals we serve will benefit from our partnerships with families, communities, providers, and other federal, state and local organizations.

THE DEVELOPMENTAL DISABILITIES SERVICE SYSTEM

The Developmental Disabilities Act of 1996 requires the Department of Disabilities, Aging and Independent Living (DAIL), Division of Disability and Aging Services (DDAS), to adopt a plan describing the nature, extent, allocation and timing of services that will be provided to people with developmental disabilities and their families. The Division of Disability and Aging Services *Annual Report*, together with the *Vermont State System of Care Plan for Developmental Services – Three Year Plan (FY 2005 – FY 2007 and FY 2007 Update)*, cover all requirements outlined in the developmental disabilities statute³.

Principles of Developmental Services

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

- ★ **Children's Services.** Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced by caring for children within their own homes. Children with disabilities benefit by growing up in their own families; families benefit by staying together; and communities benefit from the diversity that is provided when people with varying abilities are included.
- ★ **Adult Services.** Adults, regardless of the severity of their disability, can make decisions for themselves, can live in typical homes and can contribute as citizens to the communities where they live.
- ★ **Full Information.** In order to make good decisions, people with developmental disabilities and their families need complete information about the availability, choices and costs of services, how the decision making process works, and how to participate in that process.
- ★ **Individualized Support.** People have differing abilities, needs, and goals. To be effective and efficient, services must be individualized to the capacities, needs and values of each individual.

³ Developmental Disabilities Act of 1996, 18 V.S.A. § 8724. This statute currently references the Department of Developmental and Mental Health Services (DDMHS), but as of July 1, 2004, reorganization of the Agency of Human Services placed developmental disability services under the newly formed Division of Disability and Aging Services (DDAS), Department of Disabilities, Aging and Independent Living (DAIL). See **Attachment B** for the AHS Organizational Chart.

- ★ **Family Support.** Effective family support services are designed and provided with respect and responsiveness to the unique needs, strengths and cultural values of each family, and the family's expertise regarding its own needs.

- ★ **Meaningful Choices.** People with developmental disabilities and their families cannot make good decisions without meaningful choices about how they live and the kinds of services they receive. Effective services shall be flexible so they can be individualized to support and accommodate personalized choices, values and needs, and assure that each recipient is directly involved in decisions that affect that person's life.

- ★ **Community Participation.** When people with disabilities are segregated from community life, all Vermonters are diminished. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.

- ★ **Employment.** The goal of job support is to obtain and maintain paid employment in regular employment settings.

- ★ **Accessibility.** Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.

- ★ **Health and Safety.** The health and safety of people with developmental disabilities is of paramount concern.

- ★ **Trained Staff.** In order to assure that the goals of this chapter are attained, all individuals who provide services to people with developmental disabilities and their families must receive training as required by Section 8731 of this title.

- ★ **Fiscal Integrity.** The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.

Division of Disability and Aging Services

The Division of Disability and Aging Services (DDAS) plans, coordinates, administers, monitors, and evaluates state- and federally-funded services for people with developmental disabilities and their families within Vermont. The Division provides funding for services, systems planning, technical assistance, training, quality assurance, program monitoring and standards compliance. The Division also exercises guardianship on behalf of the Commissioner for people who are under court-ordered public guardianship. See **Attachment C: *Division of Disability and Aging Services Staff***.

The Division of Disability and Aging Services contracts directly with fifteen (15) private, non-profit developmental services providers who provide services to people with disabilities and their families. Services and supports offered emphasize the development of community capacities to meet the needs of all individuals regardless of severity of disability. The Division works with all people concerned with the delivery of services: people with disabilities, families, guardians, advocates, service providers, the State Program Standing Committee for Developmental Services, and state and federal governments to ensure that programs continue to meet the changing needs of people with developmental disabilities and their families. See **Attachment D: *Vermont Developmental Services Providers*** and **Attachment E: *Members of the State Program Standing Committee for Developmental Services***.

Developmental Services Providers

Designated Agencies

The Department of Disabilities, Aging and Independent Living (DAIL) authorizes one Designated Agency (DA) in each geographic region of the state as responsible for ensuring needed services are available through local planning, service coordination, and monitoring outcomes within their region⁴. There are ten DAs responsible for developmental services in Vermont. Designated Agencies must provide services directly or contract with other providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state and federal regulations, policies and guidelines. Some of the key responsibilities of a DA include intake and referral, assessing individual needs and assigning funding, assuring each person has a support plan, providing regional crisis response services, and providing or arranging for a comprehensive service network that assures the capacity to meet the support needs of all eligible people in the region.

Specialized Service Agencies

A Specialized Service Agency (SSA) is a separate entity that is also contracted by DAIL. It must be an organization that either: (1) provides a distinctive approach to service delivery and coordination; (2) provides services to meet distinctive individual needs; or (3) had a contract with DAIL originally to meet the above requirements prior to January 1, 1998. There are five SSAs who serve people with developmental disabilities.

⁴ For developmental services, geographic regions are defined along county lines.

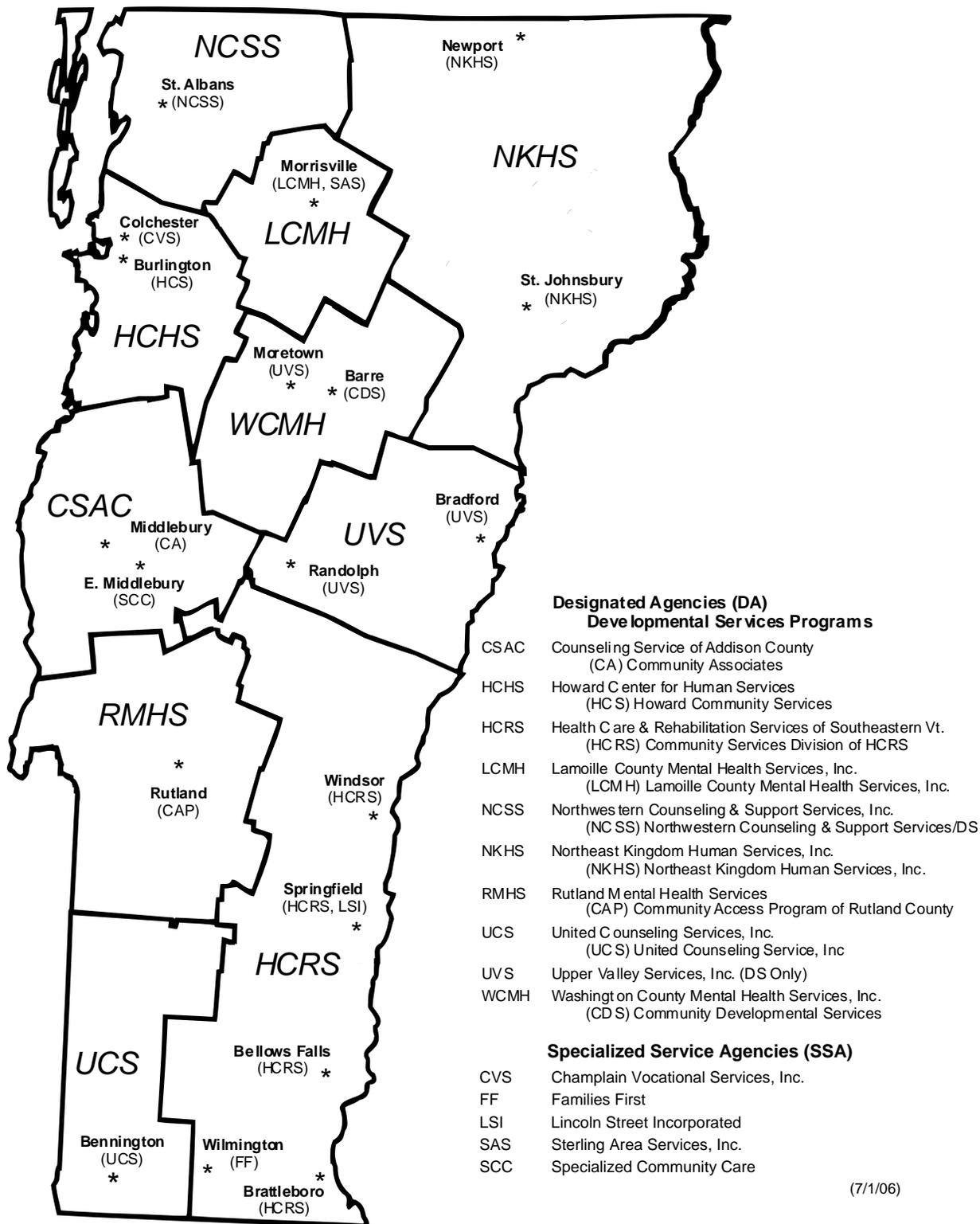
Management Options for Services

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 who will manage their services⁵. There are four options available to people:

- **Agency-Managed Services:** When the **developmental service provider** manages **all** of a person's services, whether it is by the Designated Agency, a Specialized Service Agency or other contracted provider. This is the most common method of how services are managed.
- **Shared-Managed Services:** When the **developmental service provider** manages **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. Many families, as well as some people with developmental disabilities, have chosen a shared-management arrangement. 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:** When an **individual** chooses to manage **all** of his or her developmental services. 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. Fiscal and Supportive Intermediary Service Organizations (ISO) are available to people who self-manage to do many of the bookkeeping and reporting responsibilities of the employer.
- **Family-Managed Services:** When a person's **family member** chooses to manage **all** of his or her developmental services. The same responsibilities and resources noted above for self-management are also associated with and required for family-managed services. Fiscal and Supportive Intermediary Service Organizations (ISO) are available to people who family-manage to do many of the bookkeeping and reporting responsibilities of the employer.

⁵ A guide for people who are self-/family-managing their developmental disability services funded through Medicaid was developed by DDAS. A comprehensive self-/family-management handbook was also completed. For a copy of this document, contact the Division of Disability and Aging Services or go to www.dail.vermont.org.

Vermont Developmental Services Providers



Highlights from FY 2006

- ★ **State System of Care Plan Updated** – DDAS updated the three year *Vermont State System of Care Plan for Developmental Services* effective FY 2005 – FY 2007. The *FY 2007 Update* to the plan became effective on July 1, 2006.
- ★ **Children’s Personal Care Services Guidelines Updated** – A broad stakeholder group worked with DDAS to develop new *Children’s Personal Care Services Program Guidelines*.
- ★ **Autism Packet for Families** – The DDAS Autism Specialist collaborated with the Child Developmental Clinic to update a packet of information and resources for parents of children newly diagnosed with Autism, including a parent guide; *Next Steps: A Guide for Families New to Autism Spectrum Disorders*.
- ★ **Champlain Vocational Services Receives APSE Award** – The *Way2Work Program* at Champlain Vocational Services received the national *Best Practices in Support Employment* award at the 2006 APSE⁶ conference in Boston.
- ★ **Voices and Choices Conference a Success** – An impressive 500 people receiving developmental services, family members and providers attended the two-day 2006 Voices and Choices self-advocacy conference organized by Green Mountain Self-Advocates. Most of the participants were people with disabilities and each presentation included presenters who were self-advocates.
- ★ **Real Choices Grant Unifies Quality Management Process** – Work continues on the Real Choices Quality Assurance/Quality Improvement Systems Change Grant that DDAS received from the Centers for Medicare and Medicaid Services.
- ★ **Conducted Survey of Fiscal ISO Services** – A satisfaction survey of Fiscal Intermediary Service Organization (ISO) services provided by ARIS was conducted.
- ★ **Community Supports Meaningful** – Based on research of a Brandeis University dissertation⁷, *choice* and *individualization* were found as being clearly valued in Vermont’s community supports for people with developmental disabilities.
- ★ **Received Aging and Disabilities Resource Center Grant** – DDAS began work on the Centers for Medicare and Medicaid Services/Administration on Aging grant to develop capacity for Aging and Disabilities Resource Collaboratives.

⁶ APSE was formerly known as the Association for Persons in Supported Employment.

⁷ Source: Sulewski, Jennifer Sullivan. *In search of meaningful daytimes: Community-based non-work supports for adults with developmental disabilities*. Brandeis University, March 2006.

- ★ **Supported Employment Database Developed** – A new database was created for developmental disability services providers to report supported employment data to the Division of Disability and Aging Services.
- ★ **National Consumer Survey Results Rank Vermont Highest** – Vermont is listed #1 in a national comparison of consumer survey results in the areas of life decisions, everyday choices and community inclusion.⁸
- ★ **Introductory Autism Training Offered** – DDAS partnered with the Department of Education and the University of Vermont's I-Team to provide free introductory Autism training to over 500 families, school personnel and staff from state and community services agencies.
- ★ **Vermont Receives National Recognition for Long Term Care Services** – Vermont was recognized for having innovative management approaches and a commitment to community care for Vermonters with disabilities of all ages by the Centers for Medicare and Medicaid Services and a national health care operations and policy research center in their *Rebalancing Long-Term Care Systems* study of eight states⁹
- ★ **Youth Transition Training Provided** – DDAS collaborated with Vocational Rehabilitation, the Department of Education and Special Education Coordinators on statewide workshops on improving transition planning. Additional workshops on a family transition support model were provided by Counseling Services of Addison County.
- ★ **Vermont Reviews National Self-Advocacy Assessment Tool** – Vermont participated in developing the *Instrument for Assessing State Support for Self-Advocacy Activities* for the National Association of State Directors of Developmental Disabilities Services. Vermont plans to participate as a self-assessment field test site for this assessment tool.
- ★ **Completed Survey of VCIN** – A satisfaction survey of service providers who use the Vermont Crisis Intervention Network was conducted. The survey found that there was general satisfaction with all three levels of support; training, consultation and crisis beds.

⁸ Data based on results from sixteen states that participated in the 2004 consumer surveys as part of the National Core Indicators. Results published in *Consumer Outcomes – Phase VII Final Report – Fiscal Year 2004-2005 Data (preliminary report)*, National Core Indicators.

⁹ *Management Approaches to Rebalancing Long-Term Care Systems: Experience in Eight States up to July 31, 2005*. Centers for Medicare & Medicaid Services (CMH), Advocacy and Special Initiatives Division, May 2006.

Pressures on Community Services

In FY 2006, the Division of Disability and Aging Services provided supports to **3,224** people with developmental disabilities in Vermont, approximately 25% of the eligible population¹⁰. However, the population is constantly growing with an estimated 139 children born each year with developmental disabilities¹¹. The need for developmental services is generally life-long and only an average of 32 people who are currently receiving services die each year¹². The demand for supports continues to outpace the available resources. The following are some of the many factors influencing this.

- ◎ **New Medicaid waiver services for children have been discontinued** – The number of children who accessed new funds appropriated for caseload growth doubled in fiscal years 2000 and 2001. Funding to serve newly identified children with comprehensive services was discontinued on December 1, 2001 due to fiscal pressures. Supports needed for children and their families are extensive and exceed the system's capacity, yet only limited funding to children has been available since that time¹³.

- ◎ **Special education graduates need supports to keep them employed and living at home**¹⁴ – There were an estimated **134** graduates with developmental disabilities from Special Education programs expected to exit the educational system in FY '06. These young adults looked to the developmental service system to provide the necessary supports and services to help them continue to learn new skills, live in their own home and find or maintain employment. Of those **134**, it was expected that **96** people would be eligible under FY '06 funding priorities for home and community-based waiver funding and **28** for Division of Vocational Rehabilitation grant-funded employment services. This number of high school graduates is at an **all time high**; the increase coming primarily from a proliferation of young adults who are graduating earlier.

- ◎ **People who live with aging parents often need additional supports** – People often need additional supports as they get older. Aging parents who have never asked for help before are seeking support before they die.

¹⁰ Based on projected national census figures for 2005 obtained from the Massachusetts Institute for Economic Research, University of Massachusetts, Amherst (625,935 for Vermont).

¹¹ Based on a prevalence rate of 1.5% for mental retardation, 0.6% for Pervasive Developmental Disorders and 6,597 live births (State of Vermont 2004 Vital Statistics).

¹² Based on an average of the past eight years (*NCI Mortality Data*).

¹³ See **Attachment F: System of Care Plan Funding Priorities**.

¹⁴ Designated Agencies survey local schools each year to find out exactly how many students with developmental disabilities are expected to graduate and who are eligible for developmental disability services and need funding.

- ◎ **Offenders with disabilities need specialized supports** – When individuals with developmental disabilities commit crimes, the courts and correctional system may not be able to respond to their special needs for supervision and treatment, and the public looks to developmental services to meet the need. Approximately 160 offenders with developmental disabilities are supported by developmental service agencies, a number that has increased steadily in recent years. Developmental services agencies experience many stresses and dilemmas when expected to serve a public safety function for these individuals in the context of a system designed to promote self-determination and community participation for law-abiding Vermonters with developmental disabilities and their families.

- ◎ **ARC of Vermont closes its doors** – The ARC of Vermont and Champlain Valley ARC both ended operations this past year, markedly decreasing systemic family advocacy for people with developmental disabilities. A significant decrease in funding for the Vermont Coalition of Disability Rights further threatens advocacy targeted at developmental disability services.

- ◎ **Autism White Paper Released** – The *Vermont Interagency White Paper on Autism Spectrum Disorders* was released. While the paper identified the “state of the state” for Autism services in Vermont and collected valuable information on service approaches, it has also caused significant negative issues for those Vermonters who can be assisted through the use of facilitated communication; particularly in local school districts.

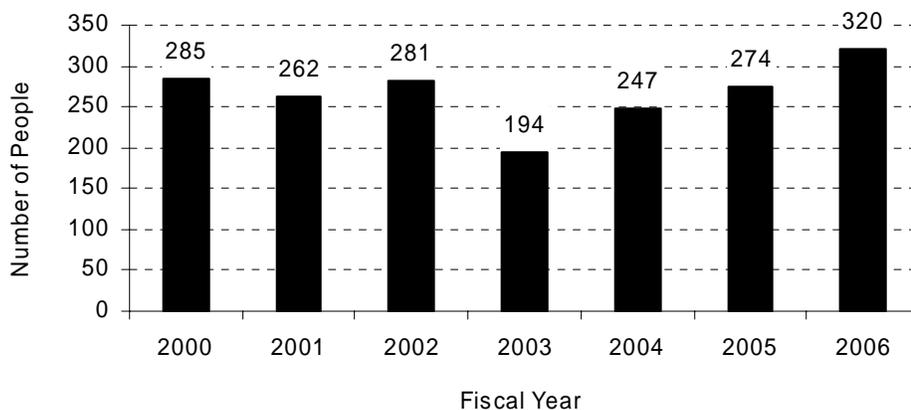
- ◎ **New caseload funding allocated to those most in need** – New caseload resources were provided to 320 individuals in FY '06 who met the State System of Care Plan funding priorities for developmental services. The chart on the following page provides a summary of the reasons people received new caseload funding.

New Caseload Funding¹⁵ – FY 2006

Reasons for Receiving New Caseload Resources¹⁶ - FY 2006	
Imminent risk to person’s health or safety – for adults	108
Loss of home / imminent risk of homelessness – for adults	79
Risk of abuse, neglect or exploitation – for adults	7
Loss or reduced capacity of caregiver – for adults	24
High school graduation and job loss prevention – for adults	47
Risk of institutional placements or diversion from institutional placement – for children and adults	27
Risk to public safety – for adults	24
Training parents with developmental disabilities in parenting skills	4
Total people served from new caseload resources (unduplicated)	320

The Division of Disability and Aging Services manages its resources each year by making sure new caseload funding goes to those most in need of new and increased services. Anyone getting new caseload resources must meet the State System of Care Plan funding priorities. The following chart shows the change in people served by new caseload funding over time.

**Developmental Disability Services
New Caseload Numbers
2000 - 2006**



The nature of developmental disabilities often leads to services that support people throughout their lifespan. Of the 56 people who left waiver-funded services in FY '06, 24 died, 13 became ineligible for Medicaid or declined services, 11 moved out of state, and 8 terminated for some other reason.

¹⁵ “New Caseload” funding includes all newly appropriated caseload, Equity Fund, High School Graduate Fund, and Public Safety Fund. Many funding approvals meet more than one System of Care Plan funding priority, but for the purposes of this summary, only one funding priority is identified for each approval.

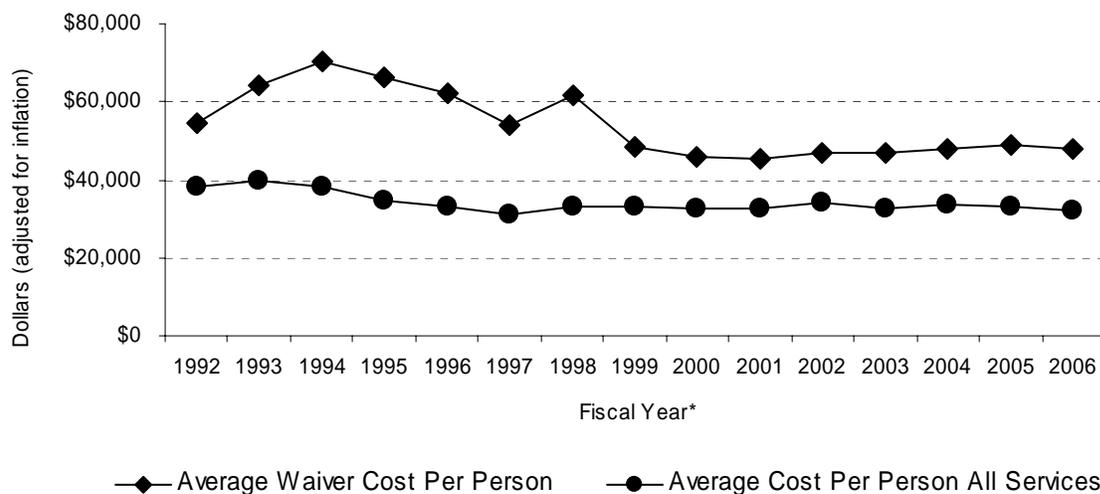
¹⁶ See **Attachment F** for a complete listing of the State System of Care Plan Funding Priorities. For more details, see the *FY 2006 Update of the Vermont State System of Care Plan for Developmental Services Three-Year Plan FY 2005 – FY 2007*.

Financial Summary

People with developmental disabilities have a greater likelihood of experiencing limitations in major life activities than those with any other major class of chronic mental, physical, or health condition. As a result, people with developmental disabilities need individualized services that are comprehensive and generally life long. To capitalize on the resources available, the Division of Disability and Aging Services emphasize cost effective models and maximization of federal funds. See **Attachment G: Division of Disability and Aging Services FY 2006 Fiscal Resources**.

- ★ With the inception of the Global Commitment to Health 1115 Medicaid waiver, **100% of all community-based services** are now federally funded.
- ★ The **average waiver cost per person** is **\$47,849**.
- ★ The **average cost per person for all services** is **\$32,321**. This average cost has **remained stable**. An increase over time in the number of individuals supported by less costly (non-residential) family support contributes to the stability of the average cost per person¹⁷.

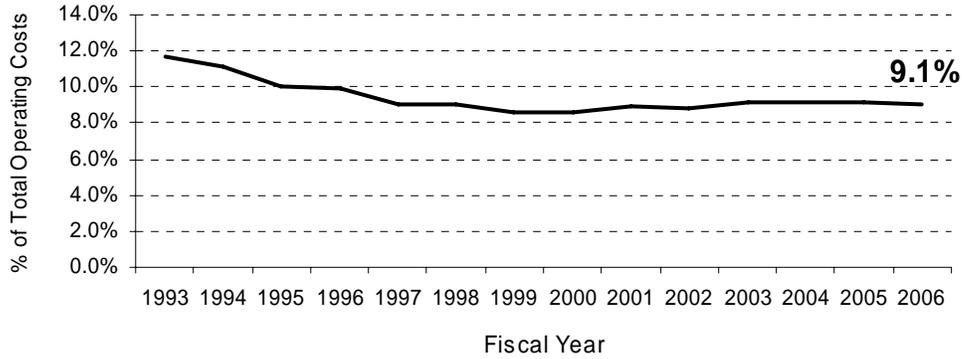
**Average Waiver Cost per Person
Average Cost per Person - All Services
FY 1992 - 2006**



¹⁷ For “Average Waiver Cost,” waiver years 1992 – 1997 ended on 3/31. From 1998 on, waiver years ended on 6/30. Due to this change over, waiver year 1998 reflects costs for a 15-month period. For “Average Cost per Person – All Services,” year-end numbers are used for waiver years ending on 6/30.

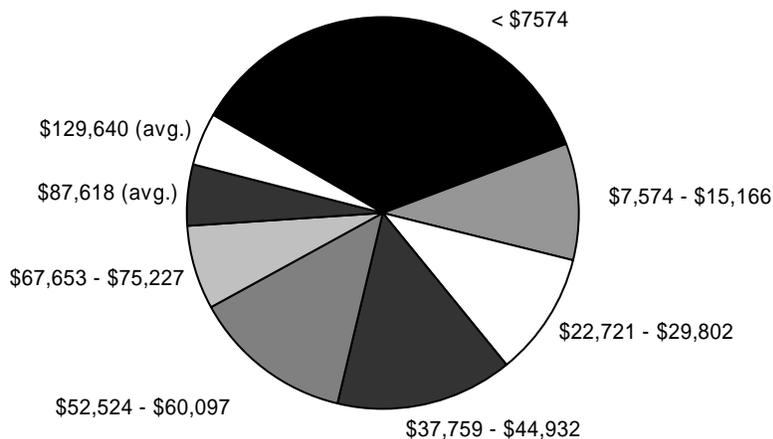
★ **Administrative expenses** include those that are required to run the total local agency¹⁸. These costs have **remained stable** for the past ten years.

**Local Provider Total Administration Costs
FY 1993 - FY 2006**



★ The **average cost of all services per person** in FY '06 was **\$32,321**. Almost one-half of all individuals served (**46%**) are funded for **less than \$20,000** per person per year. The average per person cost of supports in the most intensive community services category¹⁹ is **\$129,640** per year, which is still **48%** less than what the estimated annual per person cost would have been at Brandon Training School in today's dollars (\$250,862). Sixty percent (**60%**) of all families served receive their support through Flexible Family Funding at the low annual rate of \$1,122. Supporting people living with their own families continues to be the most cost effective method of support.

**Per Person Service Rates of Individuals Served
FY 2006
(N=3,224)**

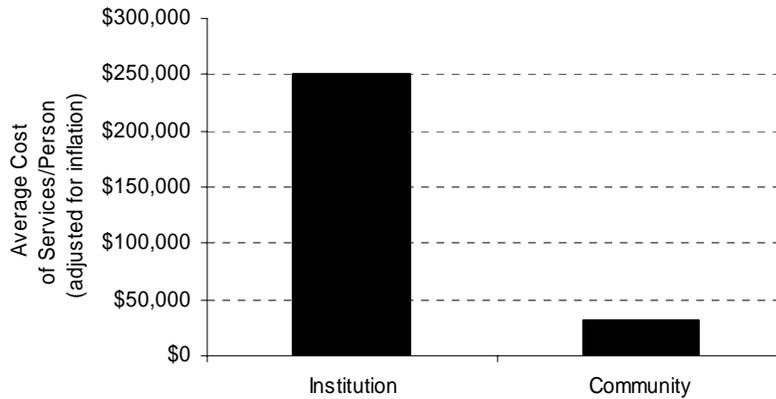


¹⁸ Management expenses (e.g., developmental service director, buildings) relating to major program areas (e.g., developmental services) are considered program expenses, not administration.

¹⁹ The highest rate category includes 6 people with intensive medical needs in an Intermediate Care Facility for People with Developmental Disabilities (ICF/DD) – formerly known as Intermediate Care Facility for People with Mental Retardation (ICF/MR).

★ Since the closure of Brandon Training School in FY '94, the average cost of waiver services per person served has declined. In the last two full years of BTS, it cost an average of **\$250,862** per year for each person served. In current dollars, **8** families can be supported with intensive in-home support, or **224** families can be supported with respite support, for the same amount of money (adjusted for inflation).

**Comparative Annual Cost of Services:
Institution (1994) vs. Community (2006)**



★ Flexible Family Funding, a cost-effective, family-directed support. It results in a relatively large number of people receiving services that are low cost, thus the significant difference in the graph below. In addition, because almost **99%** of developmental services funding is from **Medicaid via the Global Commitment waiver**, Vermont's developmental service system leverages a higher proportion of federal funds compared with other states.

Quality Assurance & Quality Improvement

Quality Service Reviews – 2006	
Agencies reviewed	11
People reviewed	170
Percentage of people reviewed getting Medicaid-funded services ²⁰	10%

Assessment, assurance and improvement of service quality are critical functions of the Division of Disability and Aging Services. Quality Management Reviewers conduct on-site reviews of all Medicaid-funded services provided by each agency. The quality review teams assess the quality of services with respect to the Division of Disability and Aging Services' quality goals and outcomes to assure compliance with state and federal Medicaid standards and individuals' desires for their supports. The quality of individual services is evaluated as well as systems and organizational issues.

Priority Areas for Improvement: The following areas were most frequently noted as needing improvement during on-site reviews across all the agencies in 2006:

- Employment Services Improvements
- Quality of Individual Support Agreements
- Health and Wellness Documentation
- Implementation of New Policies
- Clinical Supports and Supervision
- Training and Guidance to Consumer Teams
- Quality Assurance Systems
- Consistency Standards for Service Coordinators

The quality reviews also inform the designation process that takes place for each agency every four years. After a brief hiatus, designations were reinstated in FY '06, with four agencies going through the re-designation process this past year.

As part of the agency review process, the Quality Management Reviewers incorporate information from the following DDAS quality assurance activities:

- **Critical Incident Reporting** process to track certain incidents, such as the death of someone receiving services, use of restrictive procedures or allegations of abuse.
- **Complaint and Appeals** processes for people applying for or receiving services, their family members, guardians and other interested individuals.
- **Safety and Accessibility Reviews** conducted for all new unlicensed residential settings funded by DDAS.
- **Consumer and Family Surveys** to measure the satisfaction of people receiving services and to assess how families feel about services they receive.
- **Ethics Committee** to review any decisions by a Public Guardian to abate life-sustaining treatment for a person receiving services.

²⁰ This percentage does not include the people served by the four agencies whose reviews were waived.

- **Human Rights Committee** to review behavior support plans which include the use of restraints to safeguard the human rights of people receiving developmental services.

The Vermont developmental services system has numerous other quality assurance components that provide independent oversight from both outside and within the service system. See **Attachment H: Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities**.

Training and technical assistance are provided as part of the Division of Disability and Aging Services' commitment to quality and quality improvement.

- **Training** that ensures workers gain the expertise necessary to meet the needs of people they support is arranged or provided by DDAS on several levels:
 - Formal training programs provided to agency staff include Supervisory Training, Vermont Safety Awareness Training, Service Coordinator Training and Introductory Training.
 - Training to staff of each agency about new guidelines and better ways of supporting persons with developmental disabilities.
 - Support of regional and statewide training efforts by making funds available and giving groups flexibility to tailor training to their own needs.
- **Technical assistance** is provided to each agency by DDAS staff in a wide variety of areas including:
 - Intake process
 - Funding of services
 - Individual Support Agreements
 - Children and family services
 - Training and staff development
 - Data and other information reporting
 - Positive support strategies and behavior support plans
 - Policies and guidelines
 - Best practices
 - Organizational development
 - Employment services
 - Health and wellness

Collaboration with consumers, families, advocates, service providers, local and regional community organizations, and departments within state government is a fundamental aspect of the work of the Division of Disability and Aging Services. Continuation of liaison and interagency agreements with Adult Protective Services, Division of Vocational Rehabilitation, Department for Children and Families (DCF), and the Departments of Health and Education is key in helping to maintain quality services and assure seamless and effective supports. The Division of Disability and Aging Services convenes a number of advisory and work groups with representation from various advocacy and service organizations, including:

- State Program Standing Committee for Developmental Services
- Vermont Communication Task Force
- Social/Sexual Education Resource Network
- Vermont Safety Awareness Training Workgroup
- Training Advisory Group
- Human Rights Committee
- Ethics Committee
- Sex Offender Discussion Group

Highlights

- ★ The Quality Services Review **sample size was reduced** in 2006. The number of people reviewed at an agency is a **minimum of 10%**. The sample size may vary slightly but will generally adhere to the following:

<u>Size of Agency (#s served)</u>	<u>Sample Size (# reviewed)</u>
1 - 60	4 - 7
61 - 100	8 - 11
101 - 200	12 - 23
201 - 300	24 - 30
301 +	31 +

- ★ In response to the Designated Agency Sustainability Study, a change was made to **review the quality of services every two years** for agencies that are providing high quality services. Agencies that have significant findings (e.g., multiple Areas of Importance or significant number of crises) will continue to have an annual review. The criteria looked at to assess if an agency will be reviewed once every 2 years includes the following:

- Presence of Areas of Importance on the Quality Services Review
- Turnover of staff
- Changes in Leadership (DS Director, key program staff)
- Information gathered during the year and on technical assistance visits
- Number/types of critical incidents
- Number/type of complaints and appeals
- Number/type of crises experienced by the agency

- ★ The agencies that provided **high quality services** and met the criteria for not needing to be reviewed in 2006 were **Counseling Service of Addison County, Lincoln Street Inc., Northeast Kingdom Human Service and United Counseling Services**. If an agency was due for re-designation, it was not eligible to have its quality services review waived.

- ★ Agencies who are reviewed every 2 years must agree to have a written, internal **quality assurance plan** in place and meet with DDAS Quality Management Unit staff to share the results and discuss potential training or technical assistance needs. An internal quality assurance plan should include, at a minimum, the following:

- The name of the person(s) responsible for implementing the plan.
- A list of people involved in the internal quality assurance plan; consumer and family involvement in the development and implementation of the plan is encouraged.
- A description of how the agency assures quality with regard to individual service plans and service delivery.
- The agency's efforts in staff training and organizational development, and a training plan.

- Assurance that required critical incidents are reported and reviewed.
- Assurance that intake is conducted effectively and efficiently.
- Assurance that complaints and appeals are handled fairly and in a timely manner.
- Time lines with regard to the implementation and reporting of the plan.



Specialized training was provided in the following areas:

- Grief Support
- Physical Intervention Training
- Inclusion
- Autism Supports
- Service System Overview
- Behavioral Support Plans
- Crisis Prevention in Employment Situations
- Benefits Training (Medicaid, Medicare, SSI)
- Wills & Estate Planning
- Training for Sexuality Educators
- Communication
- Positive Behavioral Approaches
- Relationships & Teaching Skills
- VSAT Train the Trainer



Continued collaboration with the **Contenance Project**, **Alzheimer's Demonstration Grant** and **Green Mountain Self-Advocates** occurred.



To help maintain consistent and quality services and supports across the state, the Division of Disability and Aging Services has the following **policies**:

- Critical Health Care Decisions (1996)
- Complaint and Appeal Processes (1998)
- Guidelines for Critical Incident Reporting (2002)
- Flexible Family Funding Guidelines (2002)
- Individual Support Agreement Guidelines (2003)
- Policy on Education and Support of Sexuality (2004)
- A Guide for People who are Self/Family Managing Medicaid-Funded Developmental Services (2004)
- Qualified Developmental Disabilities Professional (QDDP) Definitions, Qualifications and Roles / QDDP Endorsement (2004)
- Health and Wellness Standards and Guidelines (2004)
- Behavior Support Guidelines for Support Workers Paid with DDS Funds (2004)
- Background Check Policy (2006)
- Quality Management Plan (being revised)

Quality Assurance/Quality Improvement Systems Change Grant

The State of Vermont/Division of Disability and Aging Services is one of nine 2004 Real Choice Systems Change Quality Assurance/Quality Improvement (QA/QI) grantees. This funding from the Centers for Medicare and Medicaid Services is being used to develop a comprehensive quality management system across DDAS home and community-based services (HCBS) over a three year period. These home and community-based services are provided to individuals with developmental disabilities as well as older Vermonters, individuals with physical disabilities, and individuals with traumatic brain injuries.

Grant Funds are being used to:

- Develop a Quality Management Plan addressing the HCBS waiver programs;
- Include consumers, their families and community members as active participants in Vermont's quality management activities;
- Develop and implement quality management activities to improve supports and services to Vermont's older citizens and those with disabilities;
- Develop a technology-based system to manage and analyze critical incidents, and;
- Develop an ongoing system of technical assistance to all providers of services across age and disability and provide training to service recipients and relevant staff.

Grant Highlights

- ★ The Quality Management Committee (consumers, family members, service providers and state staff) met on a monthly basis to complete work on outcomes and indicators.
- ★ Green Mountain Self-Advocates conducted public forums around the state to gather feedback and input on the draft outcomes and indicators.
- ★ The Quality Management Committee developed a draft Quality Management Plan for public feedback and input. The plan describes the quality management activities used to assure an improve the quality of services throughout DDAS.

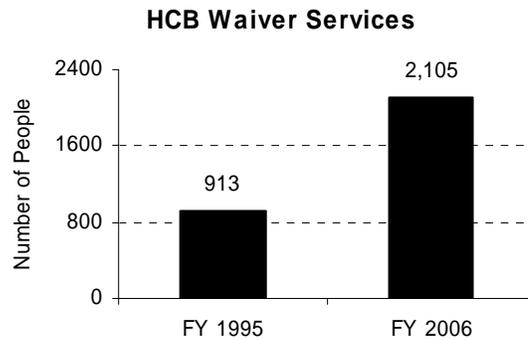
SERVICES & FUNDING

Funding Sources

Numbers Served – FY 2006	
Home and community-based waiver recipients	2,105
Flexible Family Funding recipients (some dups. with waiver)	890
Other	331
Total people served (unduplicated)	3,224

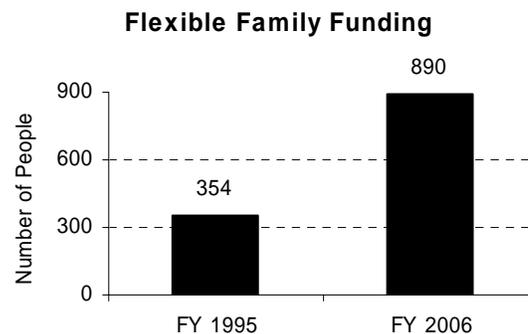
- **Home and Community-Based Waiver (HCBW) – 2,105 people**

The home and community-based waiver is the primary funding source for people receiving developmental services in Vermont. The waiver accounts for **96.7%** of all funding for people with developmental disabilities served through DDAS.



- **Flexible Family Funding (FFF) – 890 people**

Flexible Family Funding is money, provided to eligible families with children or adult family members with disabilities living at home, used at their discretion toward services and supports that are in the person’s/family’s best interest. The maximum amount available is generally \$1,122/year. Flexible Family Funding accounts for **1.1%** of all funding for people served through DDAS.



- **Other** – Other funding sources are fee-for-service (e.g., targeted case management), Intermediate Care Facility (ICF/DD), vocational grants in partnership with the Division of Vocational Rehabilitation, Medicare and other 3rd party insurance. This accounts for **2.2%** of all funding for DDAS.

Types of Services Provided

Developmental services providers offer a comprehensive range of services designed to support individuals and families at all levels of need. Services encompass a wide range of support options designed around the specific needs of an individual. Supports include:

- **Service Planning and Coordination** – Assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services for a specific individual.
- **Community Supports** – Specific, individualized and goal oriented services which assist individuals in developing skills and social supports necessary to promote positive growth.
- **Employment Services** – Assists individuals in establishing and achieving career and work goals; includes employment assessment, employer and job development, job training and ongoing support to maintain employment.
- **Home Supports** – Services, supports and supervision to individuals in and around their residences up to 24 hours a day.

Supervised/Assisted Living (hourly) – Regularly scheduled or intermittent supports provided to an individual who lives in

- (1) his or her home, or
- (2) the home of a family member (i.e., in-home family support).

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

Group Living – Group living arrangements for three to six people, staffed full-time by providers.

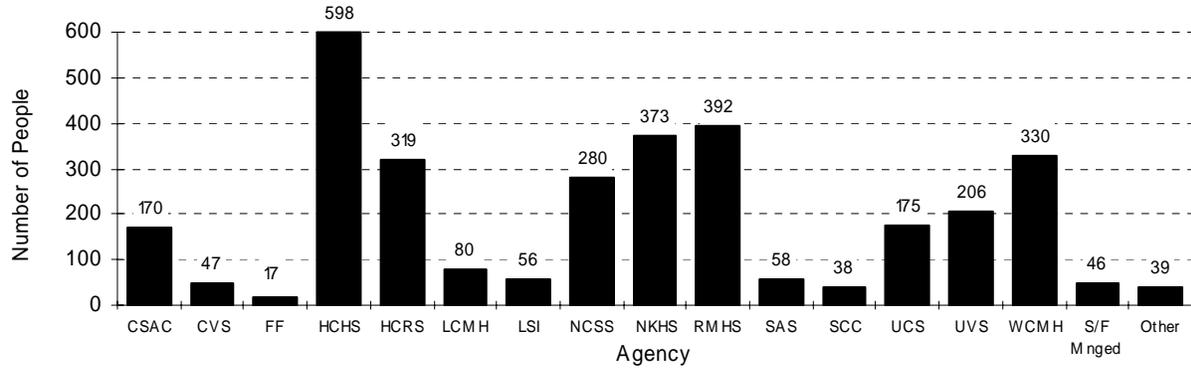
Shared Living/Home Provider – Individualized shared-living arrangements for one or two people offered within a contracted home provider's home.

ICF/DD (Intermediate Care Facility for people with Developmental Disabilities) – A highly structured residential setting for up to six people that provides needed intensive medical and therapeutic services.

- **Respite (hourly or daily)** – Services provided on a short-term basis because of the absence or need for relief of
 - (1) family members/significant others, or
 - (2) home providers normally providing the care to individuals who cannot be left unsupervised.
- **Clinical Interventions** – Assessment, therapeutic, medication or medical services provided by clinical or medical staff.
- **Crisis Services** – Time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral or emotional crisis; includes crisis assessment, support and referral, and crisis beds.

Total Served

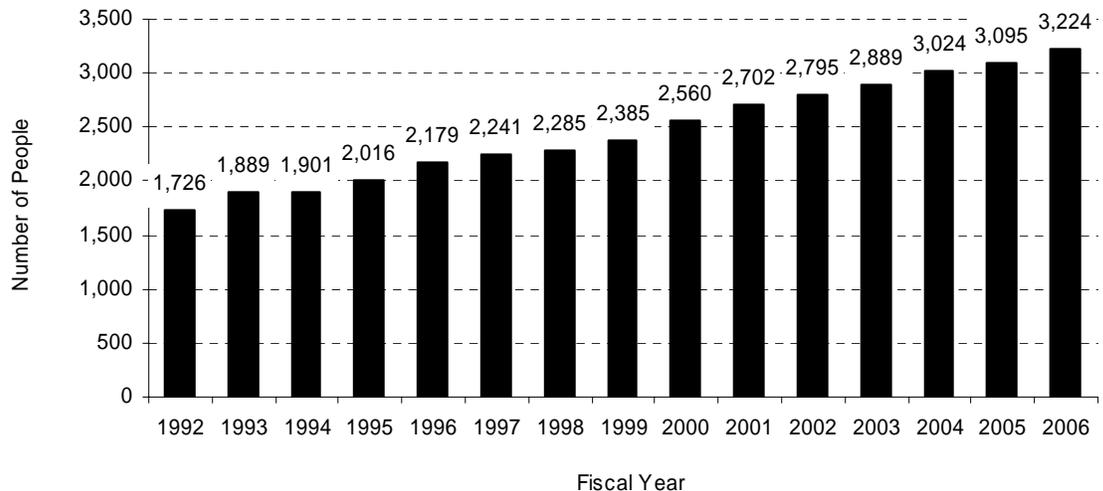
**Total Number of People Supported by Service Provider
June 30, 2006**



Developmental Disability Services Providers

CSAC	Counseling Service of Addison County	SCC	Specialized Community Care
CVS	Champlain Vocational Services, Inc.	UCS	United Counseling Services, Inc.
FF	Families First	UVS	Upper Valley Services, Inc.
HCHS	Howard Center for Human Services	WCMH	Washington County Mental Health Services, Inc.
HCERS	Health Care and Rehabilitation Services of SE Vt.	Self- or Family-Managed	Includes all people who use the Supportive ISO (Transition II).
LCMH	Lamoille County Mental Health Services, Inc.		
LSI	Lincoln Street Incorporated		
NCSS	Northwestern Counseling and Support Svcs., Inc.	Other	Includes people supported by Transition II employment services or the Office of Public Guardian and who are not served by any other developmental disability services provider.
NKHS	Northeast Kingdom Human Services, Inc.		
RMHS	Rutland Mental Health Services		
SAS	Sterling Area Services, Inc.		

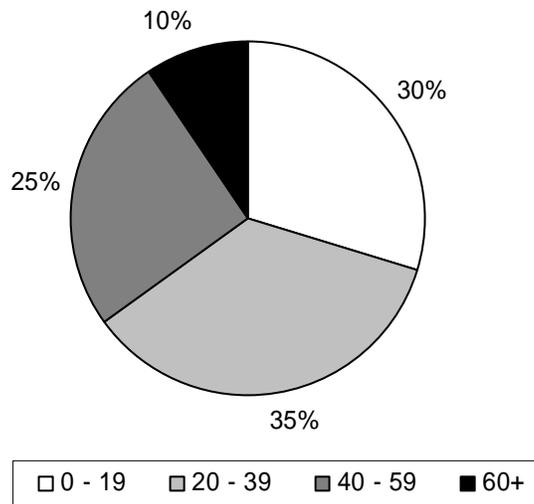
**Total Number of People Served
FY 1992 - FY 2006**



Highlights

- ★ The relative age breakout of people with developmental disabilities receiving services has changed very little over the past 5 years.

**Age Breakdown of People with Developmental Disabilities
FY 2006**



S E R V I C E S & S U P P O R T S

Service Planning & Coordination

Numbers Served – FY 2006	
Waiver-funded service coordination	2,105
Fee-for-service service coordination	190
Total people receiving service coordination	2,295

Service coordination assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services for a specific individual. The role of service coordinators is quite varied and individualized, and often can be instrumental in helping people get and maintain services.

The primary functions in which service coordinators assist people and their families include:

- Person-centered planning process
- Individual Support Agreements
- Periodic Review/Assessment of Needs
- Medicaid billing
- Evaluations and assessments
- Waiting and Applicant Lists
- Overall health and safety
- Maintaining individual case records
- Positive Behavior Support Plans
- Critical Incident Reports
- Complaints and appeals
- Quality assurance/improvement

Highlights

- ★ Service coordinators assist **most people** receiving developmental services. Individuals who only receive Flexible Family Funding often get assistance from agencies to find other supports and services, but generally do not get ongoing service coordination.

Home Supports

Numbers Served – FY 2006	
Number of homes (6/30/06)	1,144
Average number of people per residential setting	1.2
Total people getting home supports (6/30/06)	1,359

Home supports are made up of a variety of services, supports and supervision provided to individuals in and around their residences up to 24 hours a day.

Types of Home Supports

- **Shared Living/Home Provider:** Individualized shared-living arrangements offered within a contracted home provider’s home for one or two people. Home providers are contracted workers and are not considered agency staff in their role as provider.

Number of people – 1,048

Number of homes – 915

- **Supervised Living:** Regularly scheduled or intermittent supports provided to an individual (or two) who lives in his or her home. Generally the home/apartment is owned or rented by the person with the disability.

Number of people – 188

Number of homes – 181

- **Group Living:** Group living arrangements for three to six people, staffed full-time by providers (there may be exceptions of less than full-time supervision for some individuals).

Number of people – 85

Number of homes – 19

- **Staffed Living:** Residential living arrangements for one or two people staffed full-time by providers. Generally the home is owned or rented by the provider agency.

Number of people – 32

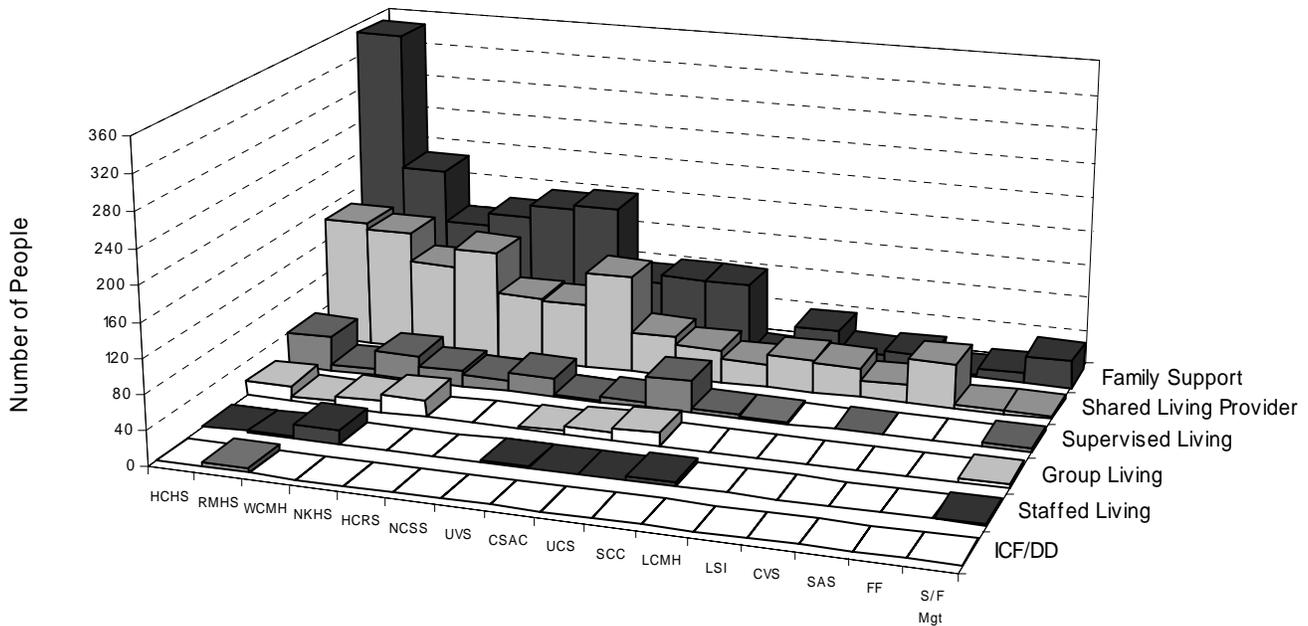
Number of homes – 28

- **ICF/DD (Intermediate Care Facility for people with Developmental Disabilities):** A highly structured residential setting for up to six people that provides intensive medical and therapeutic services.

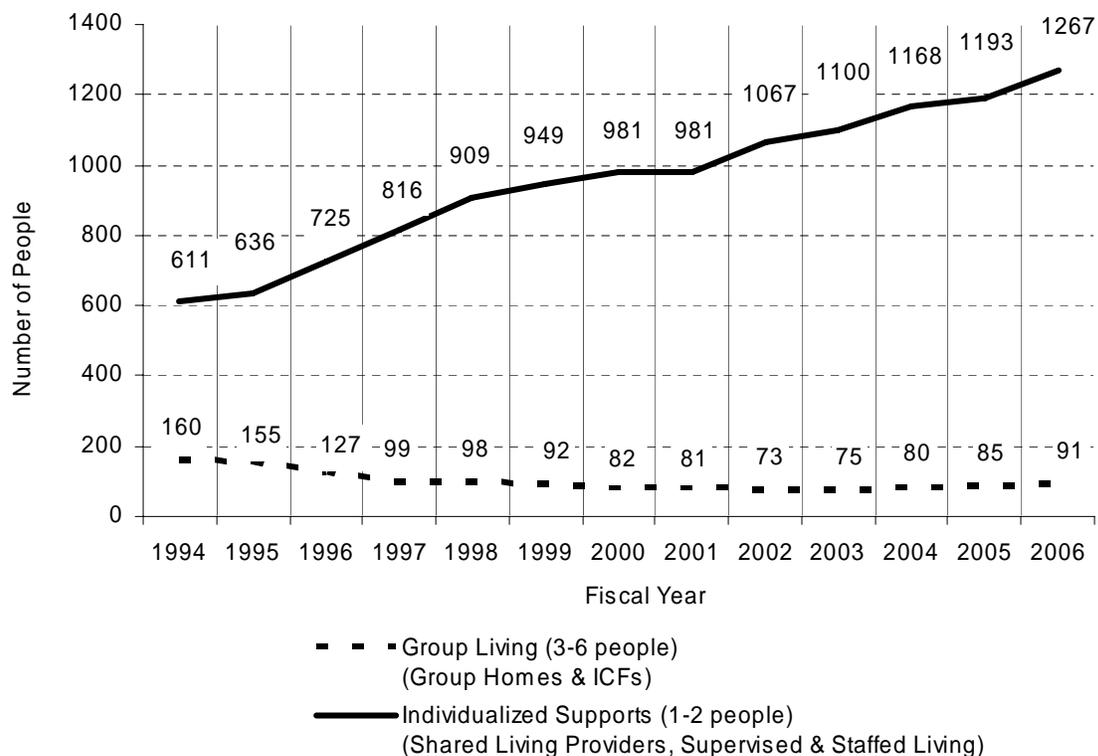
Number of people – 6

Number of homes – 1

People Supported by Type of Living Arrangement 6/30/06



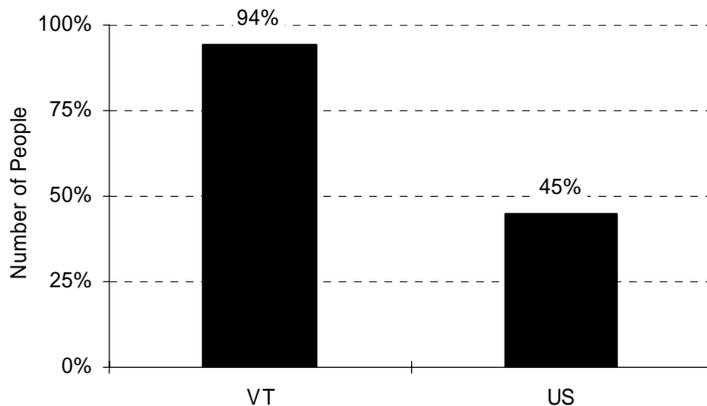
Number of People in Residential Settings by Size of Setting Over Time FY '94 - FY '06



Highlights

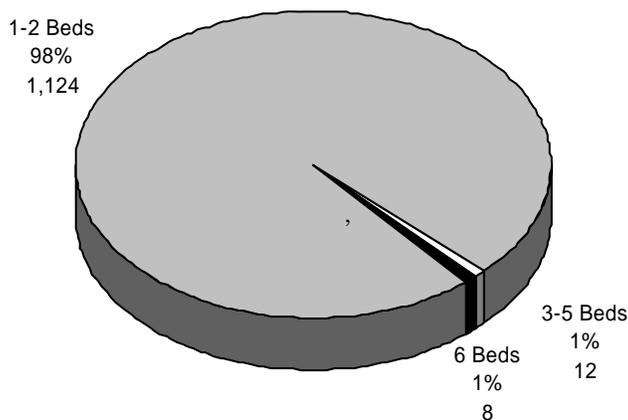
- ★ Vermont continues to support **individualized home support options** for people, such as living in their own homes, with shared-living providers or with 24-hour staff support²¹. Small, individual home settings are the norm in Vermont.

**Percentage of People in Residential Settings of 1-3 People
June 30, 2005**



- ★ There are **no** large congregate settings for people with developmental disabilities funded by DDAS.
- ★ Vermont is the only state in the country that has **100%** of the people funded for home supports living in residential placements with six or fewer consumers²².

**Number of Residences by Size of Residential Setting
FY 2006**



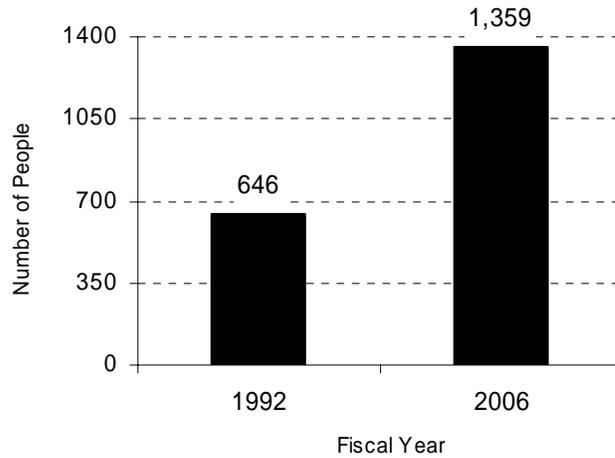
²¹ Source: Prouty, R, Smith G. and Lakin C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2005*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, June 2006.

²² Ibid.



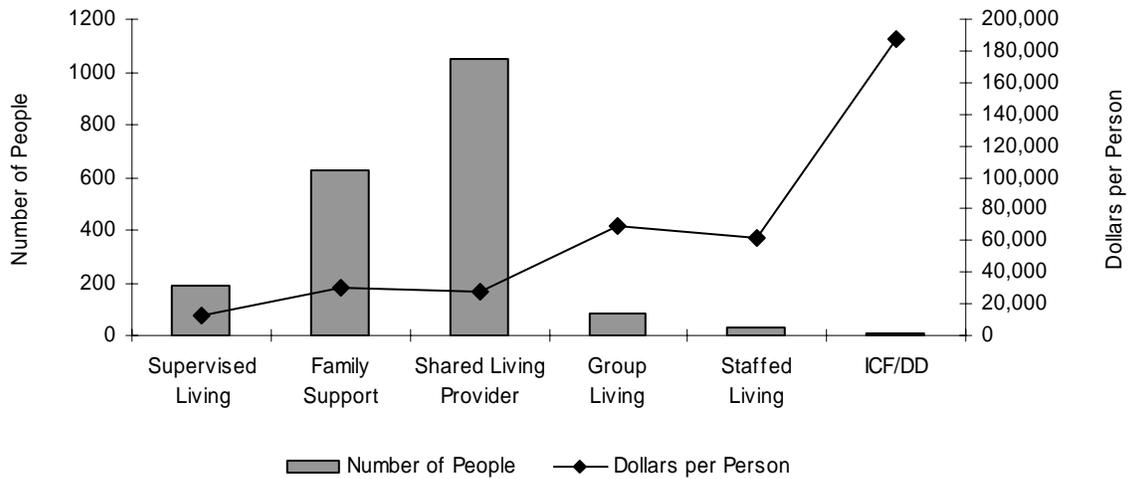
Although the need for home supports has steadily increased, Vermont has maintained an average of **1.2** number of people supported per residential setting; still the lowest rate in the country compared with the national average of 2.7²³.

**Total Number of People Receiving Home Supports
FY '92 – FY '06**



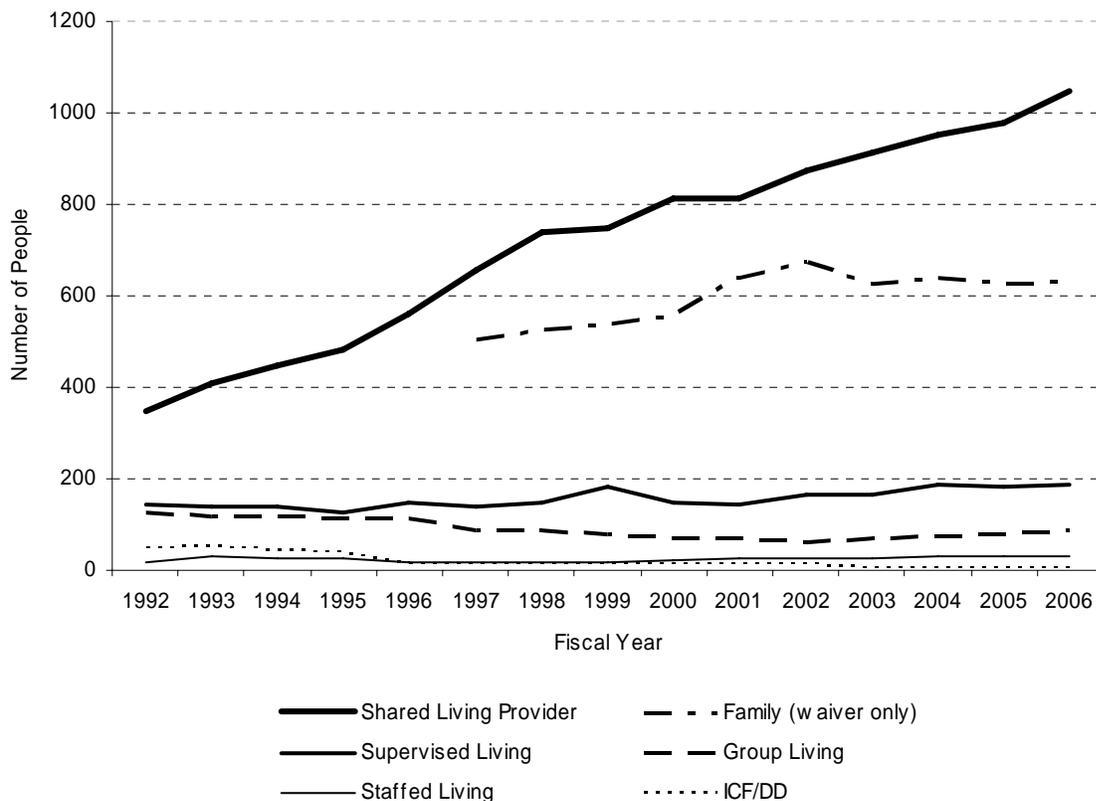
Vermont continues to focus on using less costly **in-home family support and individualized home support** options (e.g., home provider and supervised living) as compared to more costly congregate, staff intensive settings (e.g., group living, staffed living and ICF/DDs).

**Cost per Person (Waiver Funding) by Type of Home Compared to Numbers Served
FY 2006**



²³ Ibid.

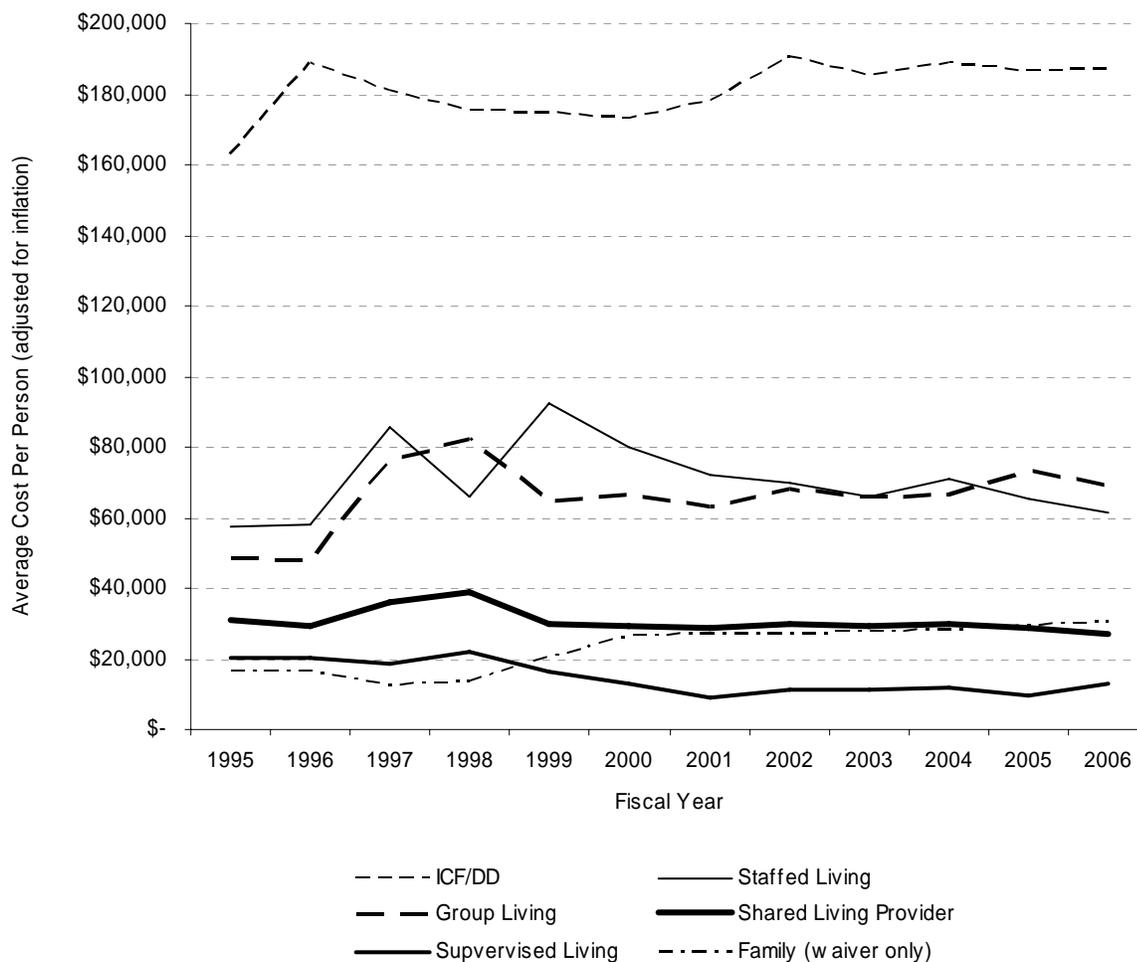
Population Change by Type of Home Setting FY 1992 – FY 2006



- **Shared Living Provider** residential settings have **steadily increased** for more than a decade. They make up **77%** of all residential support options.
- **Families** whose family member lives at home and receives waiver-funded supports has been in a **recent downward trend**. This is due in part to the elimination of waiver funding for newly identified children (under age 18)²⁴.
- **Supervised Living** has fluctuated over time, with the numbers having **increased slightly** overall.
- **Group Living** **steadily decreased** over time, though rose slightly the last few years in response to opening new homes to address unmet needs.
- **Staffed Living** dropped down to a low of 19 in the late 1990s, but has been on a **slow rise** the past few years.
- **Intermediate Care Facilities for people with Developmental Disabilities** have **steadily decreased** over time; only one remains open.

²⁴ Data for family (waiver) supports for FY 1998 and FY 1999 are estimated.

Average Cost per Person by Type of Home Setting FY 1995 – FY 2006



- The cost of **Intermediate Care Facilities** has **steadily increased** over the years, then leveled out, reflecting the intensity of medical support provided since 1998 in this type of home.
- The cost of **Staffed Living** has generally been on a **decline** the past seven years, with a brief increase in 2004.
- The cost of **Group Living** has fluctuated some, but overall costs have **remained stable**. The costs in FY '05 were a bit higher due to an increase in vacancies.
- The cost of **Shared Living Provider** settings has remained fairly **steady** over time. Since home providers make up the majority of residential options, these shared-living arrangements continue to be cost effective.
- The cost of **Supervised Living** has been relatively stable the past few years, but saw an **increased** this past year.
- The cost of **Family Support** funded by the waiver has **risen steadily** over the past number of years.

Areas of Focus

- ③ In FY 2006, an estimated **290** people were reported as living in a home they either **own (26) or rent (264)**. Efforts to support more people to successfully live in their own home or rent their own apartment need to be increased.

- ③ Vermont continues to increase in-home family support while decreasing more costly, congregate residential settings, yet more focus needs to be put on developing alternative **individualized home support options**.

- ③ **Home safety reviews** were conducted on **199** homes and **accessibility reviews** were done on **12** homes in FY '06. Of those inspected homes, 163 were or became in compliance. There were a remaining 36 homes that had not yet met compliance at the end of FY '06. Two agencies²⁵ arranged for their own safety and accessibility reviews.

²⁵ Howard Community Services and United Counseling Services.

Employment Services

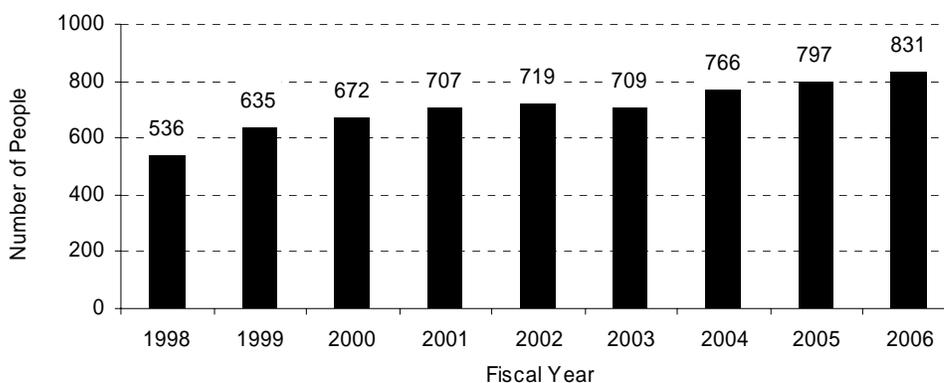
Numbers Served – FY 2006	
Average hourly wage	\$7.86
Average hours worked per week	10 hr./wk.
Estimated public benefits (SSI) saved	\$1,380,371
Total people employed	831

Employment Services assist individuals to achieve career and work goals; and include employment assessment, employer and job development, job training and ongoing support to maintain employment. Workforce inclusion generates a lasting positive impact to the person and to the public by way of an increased presence of people with disabilities in the social fabric of Vermont. Supported Employment is funded through a collaborative effort between the Division of Disability and Aging Services and Division of Vocational Rehabilitation (VR) by using home and community-based waiver and VR Supported Employment grant funds.

Highlights

- ★ The number of adults with developmental disabilities getting supported employment to work continues to rise; going up **55%** in the past **8 years**²⁶.

**People with Developmental Disabilities Receiving Supported Employment to Work Over Time
FY '98 - FY '06**



- ★ **37%** of working age adults receiving developmental services are supported to work. This is about the same as the national percentage of people with *all* disabilities that report being employed²⁷.

²⁶ The reported number of people receiving supported employment does not include people self-/family-managing their work supports. Prior to FY '06, the data also does not include some individuals who transitioned out of follow-along supports to fully independent work.

²⁷ 2004 National Organization on Disability, *Harris Survey of Americans with Disabilities*.

- ★ Vermont is ranked **#1** in the nation (FY '04) in the number of people with developmental disabilities who receive supported employment to work per 100,000 of the state population²⁸.
- ★ Vermont is ranked **7th** nationally (FY '04) in people in supported employment as a proportion of total people getting community supports and/or work supports²⁹; 43% in Vermont compared with the national average of 24%.
- ★ The average wage for people receiving employment services (\$7.86) continues to rise every year and is considerably **higher** than minimum wage in Vermont in 2006 (\$7.25).

Areas of Focus

- ◎ National data show that 2 out of 3 unemployed adults with disabilities want to work³⁰; yet over **1087** adults with developmental disabilities (ages 18 – 65) in Vermont who receive services are not employed. Of those interviewed who are unemployed, **67% said they want a paid job**³¹.
- ◎ The average hours per week that adults with developmental disabilities work that are supported to work has been **decreasing steadily** over the years (10 hours per week in FY '06 down from 14 hours in FY '03). Of those interviewed who have jobs, **33%** said they want to work more hours.

²⁸ *The State of the States in Developmental Disabilities: 2005*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Preliminary Report, 2005.

²⁹ Ibid.

³⁰ Ibid.

³¹ Data is based on results from *Survey of Adult Consumers of Developmental Services 2006 Report* and include all participants (those interviewed and those not interviewed).

C.T.'s Story

Carl, who prefers to be called C.T., is a 2005 graduate of Oxbow High School, in Bradford. C.T. participated in the building trades program at River Bend Career and Technical Center. He became very interested in pursuing a career as a carpenter. Like many high school students, C.T. worked part time in the community while in high school at places such as McDonald's and Subway in entry-level positions. Although he was very successful in these jobs, he knew that his passion was carpentry. C.T. started communicating this dream to his employment support staff at Bradford Employment Services at Upper Valley Services. C.T. not only voiced his dream, he also expressed that he would like to work full time so that he might sufficiently develop skills allowing him to start his own business one day.



Bradford Employment Services has a relationship with Terry Robie, a local contractor from Piermont, New Hampshire. Staff introduced Terry to C.T. in May 2006. One month later, C.T. went to work as a full time subcontractor for Terry. Terry only hires subcontractors therefore does not have a payroll system to make C.T. his employee. Through a unique collaboration with his Vocational Rehabilitation Benefits Counselor, his team at UVS and his dedicated home provider, we are able to help C.T. work full time at a job he loves without losing the benefits he needs to maintain his home, health and support.

C.T. uses ARIS (Area Resources for Individualized Services) to assist him in paying his self-employed state and federal taxes. ARIS also worked with C.T. to set up a payment plan for his room and board expenses. C.T. takes great pride in being able to work to his capacity and be financially stable.

This journey has taught all of us that individuals with disabilities do not have to be limited by the rules and regulations of the service systems they require. Creative, out-of-the-box thinking helps people reach their goals. C.T. is proud of being a contributing member of his community by working to reach his dream.

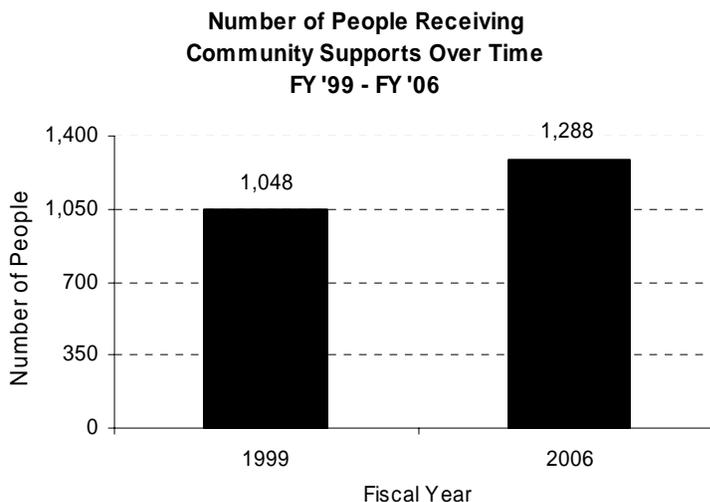
Community Supports

Numbers Served – FY 2006	
Total annual cost of community supports	\$18,360,777
Total people receiving community supports	1,288

Community supports provide specific, individualized and goal oriented services that assist individuals in developing skills and social supports necessary to promote positive growth. These services may include support to participate in community activities, assist with daily living, and build and sustain healthy personal, family and community relationships.

Highlights

- ★ Community supports are **tailored to the needs and interests of the individual** as determined by the person’s individual support plan. Community supports typically take place in and around a person’s home and community.
- ★ There has been a **steady increase** in people getting community supports over time.



Areas of Focus

- ◎ People continue to report the desire for more work opportunities; yet, the percentage of people receiving community supports (versus work supports) remains fairly high. Over 430 people have chosen to split their funding for both work and community supports. More people need to be **informed about the option** to transfer some or all of their community support funding to work supports so they can get a job.
- ◎ Creative development of activities and community connections are needed to strengthen supports that allow adults to pursue their interests and achieve their **personal and educational goals**.

Beth Ann

Beth Ann's support team knew she wanted to go to Florida on vacation, as did her psychiatrist. It turns out that her psychiatrist's husband, Ray, works with a group who goes to Florida every year. He offered to have Beth join them. Many phone calls were exchanged around necessary funding and supports, etc. Finances for the trip were worked out, including making sure there were sufficient respite funds to have Erin, Beth's support worker at Northeast Kingdom Human Services, go with her. Erin knew the trip was important to Beth and Beth really wanted Erin to go. Erin covered her own expenses and Beth had enough spending money for her own needs. After working out numerous details, Beth and Erin left for Florida.

For years I have dreamed of going to Disney World, Florida, meeting Mickey Mouse, he's my favorite. My gram often goes to Florida with her church group and I'm happy for her, but always wished I could too. So with support from all my team members...we all piled into the van...four of us and two dogs who were very friendly...for our road trip adventure to Orlando, Florida. I have never been on a long distance road trip before and was excited. We arrived in Coco Beach and stayed two days, it was wonderful. We swam a lot and ate at really nice restaurants. The sunset was beautiful.



Beth Ann

We got to Orlando and checked into our house...it was a big house, very beautiful. We went to Disney Magic Kingdom. I loved it there, bought a lot of souvenirs. We also went to Sea World. It was awesome! I loved being around all the water and fishies. The days were all sunny except for one...we had a wonderful time trying new foods and places to eat, meeting new people, seeing different sights there.



Erin

Me and Erin put a photo album together to give Ray to thank them for inviting us to go with them and letting me see Disney and Mickey Mouse. It was great. I loved it all!

I realize that I like driving better than flying, it's like an extra vacation to see everything as you go by.

Family Supports

Numbers Served – FY 2006			
Funding/Supports for Families	Adults (22 and over)	Children (under 22)	Total
Flexible Family Funding recipients	136	754	890
Home and community-based waiver recipients	390	239	629
Respite/In-home supports	287	221	508
Other Supports (Employment/Community Supports)	331	79	410
(Duplications between FFF and HCBW recipients)	(16)	(28)	(44)
Total family supports (unduplicated)	510	965	1,475

Family Supports: Flexible Family Funding or home and community-based waiver-funded supports (e.g., respite, family support, employment services, community supports) provided to people living with their natural or adoptive family.

- **Flexible Family Funding (FFF):** Money provided to eligible families with children or adult family members with disabilities living at home used at their discretion toward services and supports that are in the person's/family's best interest. Examples of what may be purchased with the funding include, family respite, special needs/services not paid for by insurance, household items, etc. The maximum amount available to a family of an adult or child is generally \$1,122 per year.
- **Home and Community-Based Waiver Funding (HCBW):** Varying degrees and types of more intensive family supports intended to help maintain family stability, enhance positive family interaction and keep the family intact. Services may include providing support to the individual, family-directed respite, service coordination, work supports, community supports, behavioral consultation and skills training that, consequently, help the individual to continue living at home with his or her family.

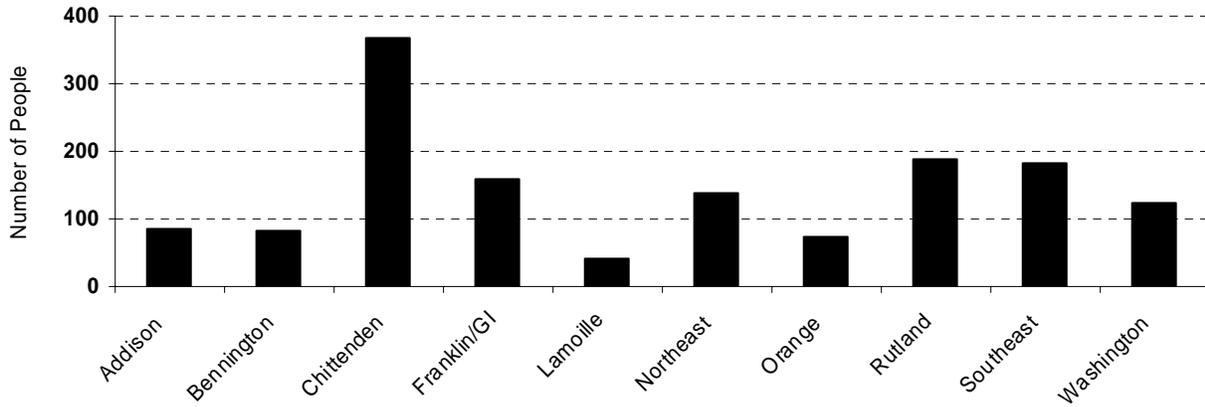
Highlights

- ★ The number of families getting just Flexible Family Funding more than **doubled** in the past **9** years, versus 24% growth in waiver-funded family support and 49% growth in home supports.
- ★ People receiving family support represents **46%** of all people served. This has been steadily rising since FY '96 when it was just 30%.

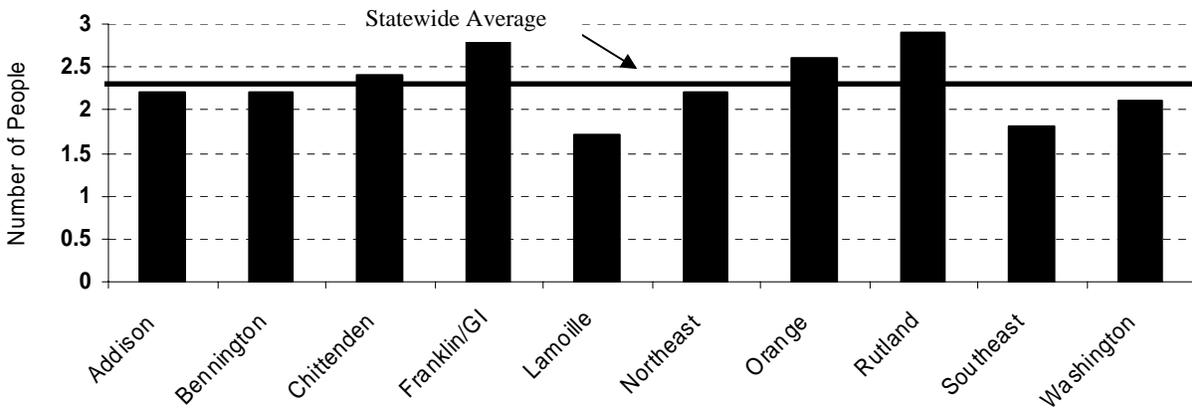
★ Family supports are provided statewide to an average of **2.4 people per 1000 Vermonters**³².

**Family Support to People Living at Home
(Flexible Family Funding and Waiver)
FY 2006**

**Total People Served Living at Home with Family
(unduplicated)**



**People Served Living at Home with Family Per 1,000 Population
(unduplicated)**



³² Population estimate source: State and County Population Projections 2000 - 2020, Massachusetts Institute for Social and Economic Research, University of Massachusetts, Amherst, August 2003.

- ★ The Division of Disability and Aging Services funded **four** respite homes around the state in FY '06 to provide planned out-of-home respite support to **46** eligible individuals for a total of **513 days**.
- ★ At the end of FY '06, Transition II as the **Supportive Intermediary Service Organization** (Supportive ISO) assisted **46 people to self- or family-manage** their own developmental disability services including hiring their own workers.
- ★ Vermont ranks **7th** in the country in terms of total family support spending per family³³ as a percentage of total developmental disability spending.
- ★ Almost one third (**30%**) of people who receive home and community-based waiver services live with their family.

Areas of Focus

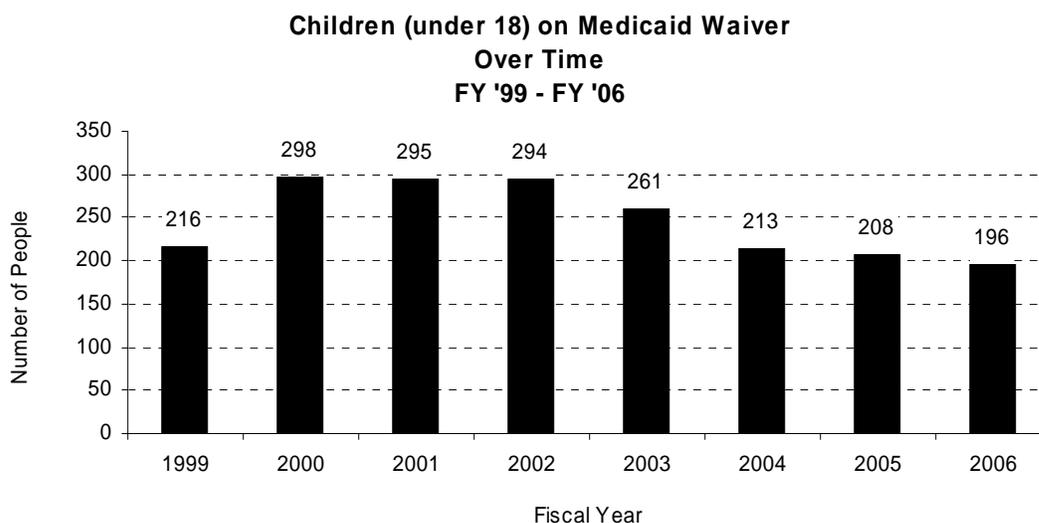
- ◎ Year-end waiting lists continue for families applying for **Flexible Family Funding**. This small fund is a valuable resource for families and also helps avoid the need for more intense and costly out-of-home services.

³³ *The State of the States in Developmental Disabilities: 2005*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Preliminary Report, 2005.

Children’s Services

Numbers Served – FY 2006				
Funding/Support for Children	Birth – 6	7 – 18	19 – 21	Total
Flexible Family Funding recipients	169	475	110	754
Home and community-based waiver recipients	4	219	152	375
Lives with family	3	168	68	239
Does not live with family ³⁴	1	51	84	136 (39 w/DCF)
Other: Medicaid, vocational grant, self/private pay	3	36	19	58
(Duplications between FFF and HCBW recipients)	(0)	(26)	(13)	(39)
Total children services (unduplicated)	176	704	268	1,148

Children’s Services are provided to children and youth with developmental disabilities who live with their biological or adoptive families and those who live with other individuals (e.g., other relatives, foster care). Services may include Flexible Family Funding, service coordination, respite, clinical and/or support in the home. Services for youth over age 18 may include work or community supports as well as home supports.



Highlights

★ Children’s Personal Care Services (CPCS) and High Technology Home Care (HTHC) Medicaid-funded services have been managed by the Division of Disability and Aging Services since July 1, 2004 (see next section on Medicaid Entitlement Services). The eligibility definition for these services is broader than the Vermont definition used for developmental disabilities services.

³⁴ The one child under age 7 who is listed as “not living with family” lives in a shared parenting situation and therefore lives with family on a part time basis. Thirty-nine (39) of the 51 children ages 7 – 18 who do not live with family are in state custody through the Department for Children and Families (DCF) and received a range of supports from developmental disability service providers.

- ★ The Autism Specialist from DDAS worked with the Child Development Clinic to update a packet of information and resources for parents of children who are newly diagnosed with Autism Spectrum Disorders. A parent guide, **Next Steps: A Guide for Families New to Autism Spectrum Disorders**, was developed for the packet.

- ★ The Autism Specialist partnered with the Department of Education and the University of Vermont I-Team to provide free **introductory autism training to over 500 families**, school personnel and staff from state and community services agencies.

Areas of Focus

- ◎ Division of Disability and Aging Services staff participated in State Interagency Team, Case Review Committee and the implementation of the 2005 Department of Education/Agency of Human Services Interagency Agreement as a result of the expanded population of children with disabilities who are now entitled to **Coordinated Services Planning**.

- ◎ There continues to be an **increase** in the number of children being diagnosed with **Pervasive Developmental Disorders**. However, no new waiver funding except for children at risk of institutionalization has been available to children since the December 2001.

Medicaid Entitlement Services

Numbers Served – FY 2006	
Children’s Personal Care Services recipients	1,524
High Technology Home Care recipients	129
(Duplications between CPCS & HTHC recipients)	(61)
Total people served (unduplicated)	1,592

Children’s Personal Care Services (CPCS) provides 1:1 staffing for Medicaid eligible children (under age 21) with disabilities to assist with activities of daily living (e.g., bathing, dressing, feeding, toilet use, grooming, positioning, transferring and walking) and to enhance skill building to achieve greater independence. These services are a state-plan Medicaid service and are therefore an entitlement for those children who qualify. These services can be either family-managed or provided by an agency.

Demographics of CPCS enrollment – FY ‘06:

- **1,700** – Total number of people who were approved for CPCS funding
- **90%** – Percentage of people who used some or all of their allocated CPCS funding
- **17%** – Increase in people receiving CPCS funding from last year
- **12 years old** – Average age of children who are enrolled in CPCS
- **21 hours** – Average hours authorized per week for CPCS
- **71%** – Percentage of hours used out of total hours allocated
- **49%** – Percentage of people getting CPCS who receive developmental disability waiver funding or Flexible Family Funding
- **88%** – Percentage of CPCS that are family-managed
- **12%** - Percentage of CPCS that are provided by an agency

High Technology Home Care (HTHC) is an array of intensive home care services for both adults and children. The program provides skilled nursing care and high technology aids for technology-dependent Medicaid beneficiaries and coordinates treatments, medical supplies and sophisticated medical equipment. The goal is to support the transition from the hospital or other institutional care, to the home, or prevent institutional placement. The total number of active recipients in FY ‘06 was 129. Of these, the great majority (83%) were children under age 21.

Cross-over of funding for people who get CPCS:

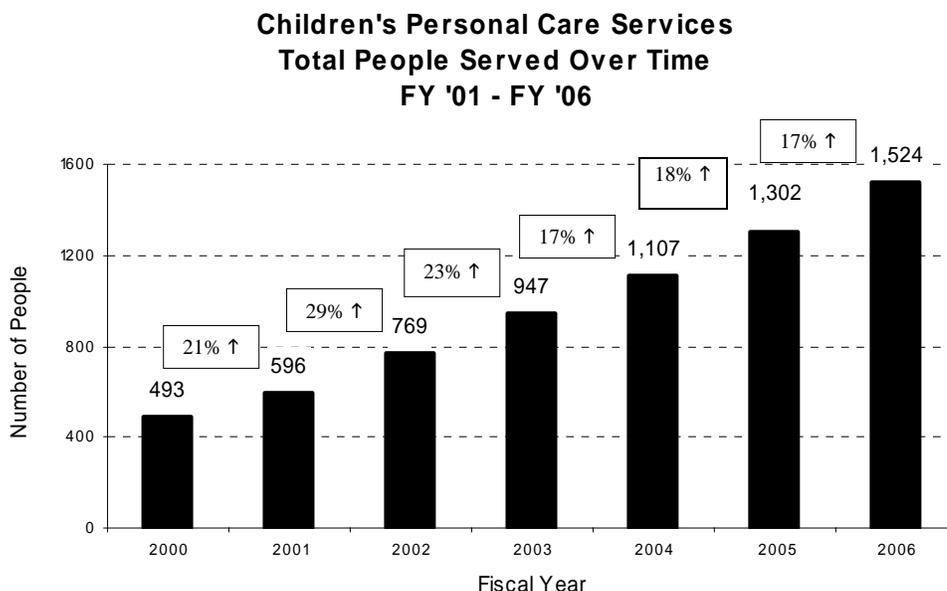
- **486 children** also get Flexible Family Funding
- **290 children** also get Waiver funding
- **61 children** also get High Technology Home Care

Cross-over of funding for people who get HTHC:

- **26 people** also get Flexible Family Funding
- **21 people** also get Waiver funding

Highlights

- ★ Children’s Personal Care Services have **increased steadily**, averaging around **17%** the past few years.



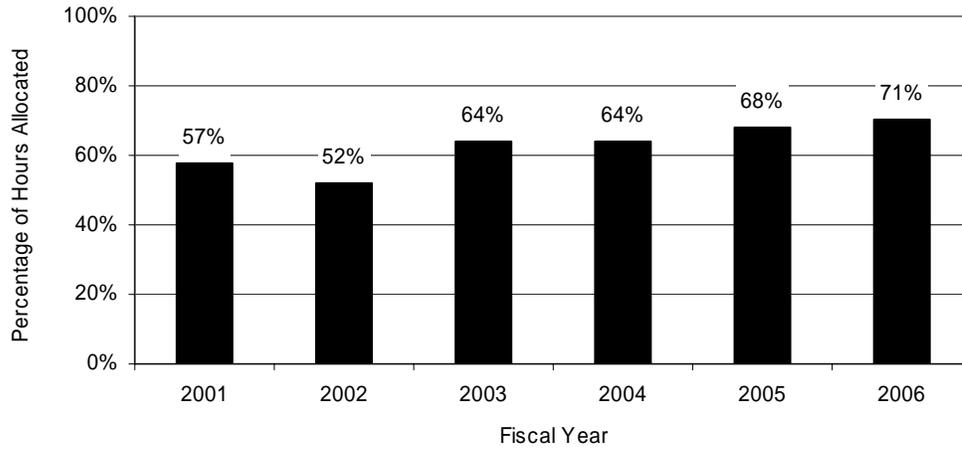
- ★ The new *Children’s Personal Care Services Program Guidelines* were finalized.
- ★ Fifteen (15) people were new to High Tech Home Care services in FY ‘06. The total number of people receiving HTHC services reached an **all time high** this past year.

Areas of Focus

- ☉ Reached conceptual agreement between OVHA and DDAS to integrate the developmental disabilities waiver, CPCS and HTHC into unified services plans in order to be more flexible, creative and economical. Currently there are **298 people** who get CPCS and/or HTHC funding in addition to waiver funding.
- ☉ The ongoing **shortage of nurses** has made it difficult to get the needed care. The rate of reimbursement for nursing care was increased July 1, 2006 in an effort to address the nursing shortage. In addition, there is an ongoing effort to supplement nursing services for the HTHC program by using High Tech Aides.
- ☉ Finalize the new Children’s Personal Care Services **assessment of need** and care plan.
- ☉ Develop mechanism to convert CPCS into a more family-centered support service.

- ⊙ Despite the increase in percentage of hours used, only **71%** of the total number of hours allocated were able to be used by recipients of CPCS.

**Children's Personal Care Services
Hours Used as a Percent of Hours Allocated Over Time
FY '01 - FY '06**



Clinical & Crisis Services

Vermont Crisis Intervention Network Numbers Served – FY 2006	
Level II – Technical assistance Number of people supported (est.)	106
Level III – Crisis beds	
Number of stays	34
Number of total days	650
Avg. length of stay (range 4-97 days)	21 days

Clinical services include assessment, therapeutic, medication and/or medical services provided by clinical or medical staff. **Crisis services** are time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral or emotional crisis, and includes crisis assessment, support and referral, and crisis beds. Designated Agencies are required to provide crisis services in their region. The Vermont Crisis Intervention Network provides statewide crisis services.

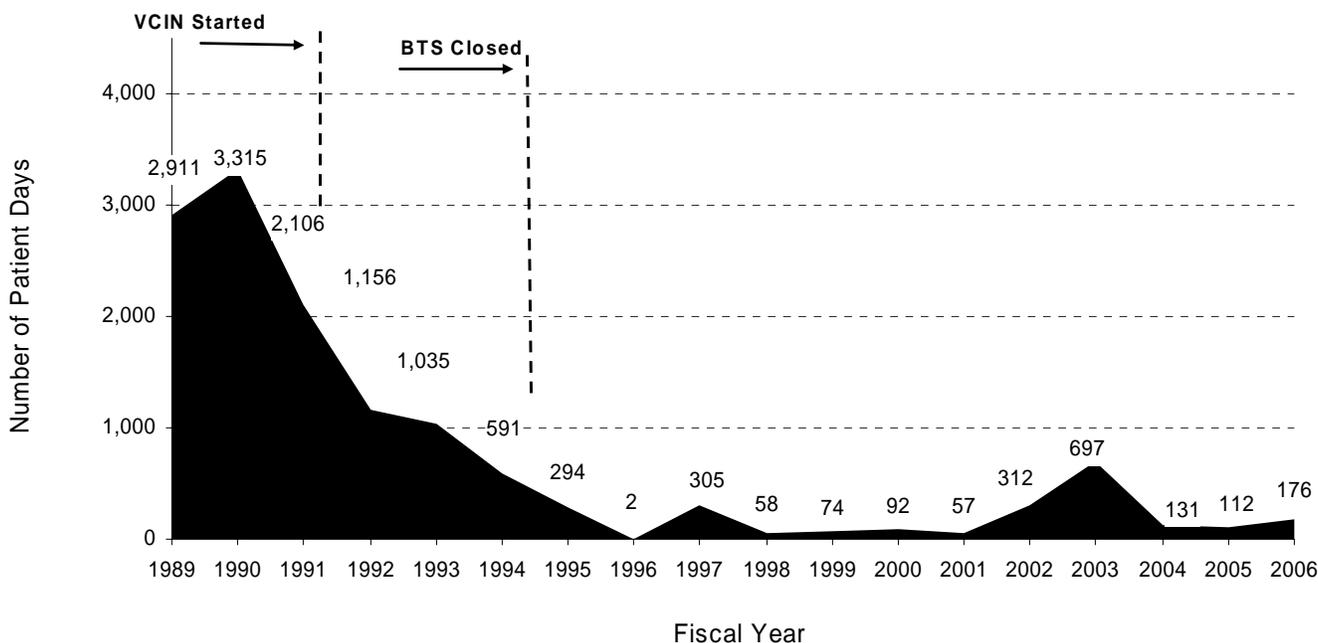
Vermont Crisis Intervention Network (VCIN), established in 1991, develops services and supports for people with the most challenging needs in the community to prevent their being placed in institutional care. The Network combines a proactive approach designed to reduce and prevent individuals from entering into crisis with emergency response services when needed.

Highlights

- ★ The availability of the statewide **Human Rights Committee** to review restraint procedures and the provision of training in the development of positive behavior support plans have assisted agencies to provide safer and more effective supports to people with the most challenging needs. There were fourteen case reviews of Behavior Support Plans by the Human Rights Committee in FY '06.
- ★ Expanded the Human Rights Committee role to include review of public guardian's decisions to change a person's home placement.
- ★ Started collecting **regional crisis bed data** to evaluate crisis bed use to assist in the efforts to increase local and regional clinical and crisis capacity.

- ★ The **Vermont Crisis Intervention Network** continues to help maintain low usage of the Vermont State Hospital by people diagnosed with mental retardation. In addition, local community resources were developed as part of the Brandon Training School closure efforts (FY '91 – '94) and further enhanced during FY '01 – '02.

**Vermont State Hospital Utilization³⁵
by People Diagnosed with Mental Retardation
FY 1988 – FY 2006**



Areas of Focus

- 🎯 Explore the expansion of the **Human Rights Committee** to other DDAS services.

³⁵ These numbers do not include people with dual diagnoses who are being served through the mental health system and/or are not in need of developmental services. It does include people served by developmental services but paid in full by mental health or who were grandfathered into services by having received services on 7/1/96, but who are not diagnosed with MR/DD. As of FY '97, these numbers include people diagnosed with Pervasive Developmental Disorders (PDD).

Nursing Home

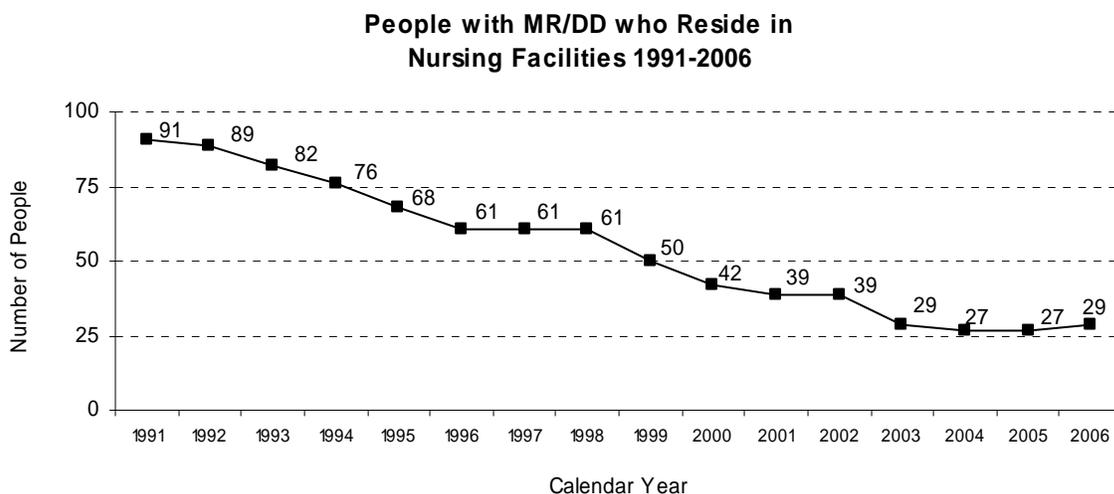
Numbers Served – December 31, 2006	
People receiving specialized services	20
PASARR screenings	23
Diversions to keep people out of nursing facilities	3
Community placements of people from nursing facilities	0
Total people living in nursing facilities³⁶	29

Pre-Admission Screening and Resident Review (PASARR): The Omnibus Budget Reconciliation Act of 1987 established PASARR which mandates the screening of all nursing facility residents and new referrals to determine the presence of mental retardation and/or related conditions and the need for specialized services. Services include pre-admission screening and development of community placements and specialized services.

Specialized Services: The Division of Disability and Aging Services provides support to individuals with developmental disabilities who live in nursing facilities. These Specialized Services greatly improve the quality of life for people living in nursing facilities by providing support to address social and recreational needs as well as the person’s overall well being.

Highlights

- ★ The number of people with MR/DD living in nursing facilities has steadily declined (**78% overall**) since 1988³⁷. It reached an all time low of 27 in December 2004.

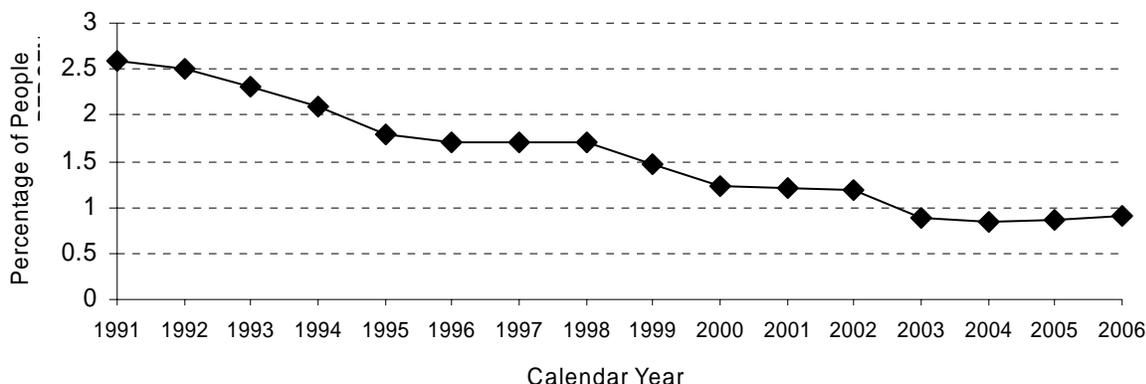


³⁶ PASARR uses the federal definition of “mental retardation or related conditions.”

³⁷ Based on the initial 1988 screening that found 125 people with MR/DD living in nursing facilities. The decrease in residents with MR/DD in nursing facilities has been accomplished, in part, through a combination of diversions through pre-admission screening and placements to more individualized settings in the community. Additionally, as would be expected from this elderly population, a number of deaths contributed to the decrease.

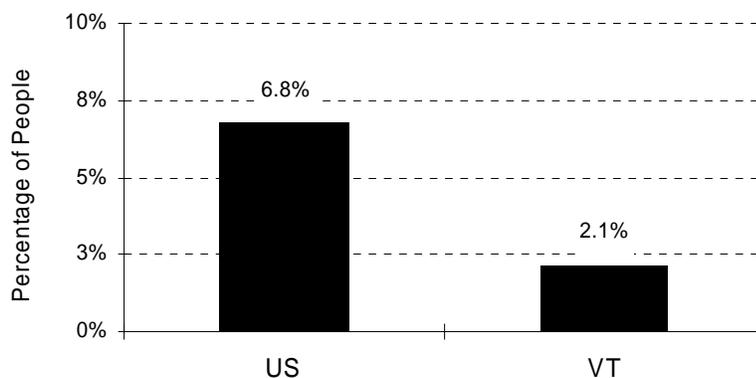
★ The national prevalence rate for people with developmental disabilities living in nursing facilities is estimated at 2.6% of the total nursing home population based on the federal definition of developmental disability³⁸. The Vermont rate of occurrence for people with MR/DD living in nursing facilities was **0.9%** in December 2006, **well below the national average**.

**People with MR/DD as a Percentage of All People who Reside in Nursing Facilities
1991 - 2006**



★ The number of people in Vermont with MR/DD in nursing facilities compared to all residential services for people with developmental disabilities in Vermont – **2.1%** – is **well below the national average (7.3%)**³⁹.

**People with MR/DD in Nursing Facilities as a Percent of All People with MR/DD Receiving Residential Supports⁴⁰
June 30, 2005**



³⁸ Based on 2002 Kaiser Family Foundation – www.statehealthfacts.com.

³⁹ Source: Prouty, R, Smith G. and Lakin C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2005*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, June 2006.

⁴⁰ Residential services include those provided under home and community-based waiver, ICF/DDs, and nursing facilities.

Self-Advocacy

Green Mountain Self-Advocates (GMSA) is a statewide self-advocacy network run and operated by people with developmental disabilities. The GMSA board includes representatives from the 18 local self-advocacy groups. See **Attachment I** for a listing and map of local chapters of *Green Mountain Self-Advocates*. The group comes together to listen to each other, make new friends, learn about people's rights and tell politicians and others why people with disabilities are important. Green Mountain Self-Advocates is building a movement for self-advocacy through public education and awareness, peer mentoring, support, advocacy and direct action.

- Board meetings are held monthly, two of which are on interactive television.
- Loans and grants are given to people who lived at Brandon Training School.
- Self-advocates teach free workshops on Staying Safe, Knowing Your Legal Rights, Legislative Advocacy, How to Start and Run a Self-Advocacy Group, What Allies Can Do to Support Self-Advocacy, Myth Busters, You Can Vote, Disability Awareness, How to Support People to Make their Own Decisions, Reaching My Own Greatness, How to Include People with Disabilities on Boards and Committees, 7 Habits of Highly Effective People, and a series of 6 introductory self-advocacy classes.
- GMSA facilitates the establishment of new self-advocacy groups and supports those already meeting.
- Members serve on local and statewide advisory boards and committees – *Nothing about us without us!*
- GMSA is an active member of a regional self-advocacy network called NEAT (Northeast Advocates Together) and the national organization SABE (Self-Advocates Becoming Empowered).

Highlights

- ★ The two-day annual **Voices and Choices self-advocacy conference** featured 16 workshops and promoted the autonomy of people with developmental disabilities. The sell-out crowd included 500 people receiving developmental services and their families and providers. One highlight of this annual celebration of self-advocacy was an exhilarating performance by the soft rock band FLAME. The eleven musicians who performed just happen to have autism, Down Syndrome, blindness and other developmental and/or physical disabilities.
- ★ GMSA taught three 2-day leadership retreats to 123 students with developmental disabilities and their teachers from 14 high schools. The training is based on Sean Covey's book, *The 7 Habits of Highly Effective Teens*, a self-help book for youth. It provides building blocks to teach students real steps to take charge of their lives and to develop decision-making and leadership skills. GMSA has adapted the curriculum into simple, concrete language, and incorporated hands-on exercises with multiple opportunities for role-playing. GMSA recruited four adults with developmental disabilities to co-teach these workshops.

- ★ GMSA members collaborated with Katherine McLaughlin from Planned Parenthood of Northern New England and the Social Skills & Sexuality Education and Resources Network to present and participate in a 2-day training of trainers on **Developmental Disabilities and Sexuality**. The focus was on becoming a trainer of support staff who work with people with developmental disabilities.
- ★ In May, 64 Vermonters receiving developmental services and their support staff traveled to Atlanta Georgia for the Self-Advocates Becoming Empowered (SABE) **national self-advocacy conference**. GMSA members taught seven workshops including: *Staying Safe on the Internet*; *The Dating Game*; *They Told Me I'd Never Be Able To Live On My Own, Now I Live In My Own Apartment – and You Can Too*; *Is Your Love Life in Jeopardy* and *Sheltered Workshops – Close Them Down*.
- ★ GMSA produced a **Voter Education Toolkit**. Three Voter Training of Trainer sessions were held for local teams of over 50 of our members and their support staff from throughout Vermont. In the fall, 12 voting workshops were taught locally by self-advocates on registering to vote, practicing easy steps to figure out who you want to vote for, and learning how to vote. GMSA devised accessible forms to keep track of issues important to the voter and what politicians are doing and saying about these issues. These forms are used to assist voters in comparing candidates who are running against each other.
- ★ **Produced three newsletters** with stories and pictures about people with developmental disabilities actively involved in self-advocacy.
- ★ Collaborated with the Vermont Center for Independent Living in providing Chittenden County fitness and recreation centers with **accessibility awareness education and technical assistance**. The objectives were to increase staff understanding of both universal design practices, existing legal requirements for facility and program accessibility, and best practices in working with individuals with diverse disabilities in fitness and recreation venues.
- ★ **Hosted a 4-day quarterly meeting for SABE** (Self-Advocates Becoming Empowered). Board members from this national self-advocacy organization attended from 18 states.
- ★ 55 members participated in a 2-day training called **Reaching My Own Greatness** which taught planning strategies for self-determination.
- ★ Continued to collaborate with the Vermont Center for Independent Living and Vermont Network Against Domestic and Sexual Violence to make **programs for survivors of abuse** more accessible to women with disabilities.

- ★ 34 members joined Vermont Protection and Advocacy in a retreat sponsored by National Technical Assistance Center for Voting and Cognitive Access. The meeting was facilitated by national leaders of the self-advocacy and provided a great opportunity for GMSA members to observe their peers in action.

Areas of Focus

- ◎ Collaborate with providers to organize a **statewide conference on sexuality**.
- ◎ Contract with Vocational Rehabilitation to provide **peer leadership** activities to increase employment for people with developmental disabilities.
- ◎ Continue collaborating with Vermont Center on Independent Living to **increase accessibility** for all people with disabilities.
- ◎ Increase **public awareness** about self-advocacy.
- ◎ The GMSA board used a backward planning approach to **develop goals** for the next five years. Top priorities include:
 - More people are working in jobs that they really want and enjoy.
 - More chances to have your own apartment in the community. Taking responsibility to run your own life with help if you need it.
 - More transportation in your own town but also to other towns. Connect transportation systems so you can travel all over the state if you need to.
 - Self-advocates have the right to get married if they want to and there is help and advice out there if you need it.
 - Standing Up for our Rights

Office of Public Guardian

Caseload – June 30, 2006	
Guardianship services (developmental disability specialty)	568
Guardianship services (aging specialty)	54
Case management (developmental disability specialty)	20
Guardianship services – pending (developmental disability specialty)	11
Guardianship services – pending (aging specialty)	10
Commitment order – Act 248 (developmental disability specialty)	22
Commitment order – pending (developmental disability specialty)	1
Total people in Office of Public Guardian program (unduplicated)	680
Total representative payee services	307

The Office of Public Guardian provides guardianship and other court-ordered supervision when a person is unable to make basic life decisions and there are no friends or family to assist. Under Vermont law, the Office of Public Guardian is authorized to provide guardianship to:

- **Adults who have developmental disabilities, or**
- **Individuals who are age 60 or older.**

The program has a staff of 25 public guardians, two full time representative payee staff and an administrative assistant. See **Attachment C: Division of Disability and Aging Services Staff**.

The Public Guardians work with individuals living throughout Vermont. They make regular home visits to the people they serve and take part in planning and monitoring. They make sure people have the supports needed to be safe and protected from abuse, neglect and exploitation. They help people to make their wishes and needs known, to become more independent, and to make connections with friends and family. As medical guardians, staff provide active medical advocacy and coordination and make decisions about medical treatment. Public Guardians are available for emergencies 24 hours a day.

In addition to serving as guardians, the Office of Public Guardianship provides:

- **Representative payee services** for governmental benefits for people under guardianship as well as an alternative to guardianship.
- **Case management supports** where this service can provide a less restrictive alternative to guardianship.
- **Supervision of offenders with developmental disabilities** placed on Act 248 commitment after being found incompetent to stand trial.
- **Court-ordered evaluations** for Probate and Family Court guardianship cases.
- **Public education** on guardianship and alternatives to guardianship.
- **Recruitment and assistance for private guardians** and assistance in development of individualized alternatives to guardianship.

Offenders with Developmental Disabilities

The Division of Disability and Aging Services is proud of its public safety record of supporting and treating offenders in non-institutional settings. When individuals with developmental disabilities commit crimes, the courts and correctional system may not be able to respond to their special needs for supervision and treatment, and the public looks to the developmental service system to meet the need.

Developmental services agencies experience stresses and dilemmas when expected to serve a public safety function in the context of a system designed to promote self-determination and community participation. The Division sponsors a monthly training and support program and provides specialized consultation for staff who are supervising offenders with developmental disabilities in community settings.

Funds designated for offenders are managed through the Public Safety Fund. The fund is supervised by the Public Safety Funding committee, which meets monthly to review proposals. Criteria for access to the fund are included in the *Vermont System of Care Plan – FY 2007 Update*. Twenty-five (25) people received Public Safety funding in FY 2006. Monitoring the use of this fund provides a way to document and analyze the new fiscal needs of this group.

Under contract with Northeast Kingdom Human Services, DDAS operates Roy Mountain, a specialized crisis and respite program for sex offenders with developmental disabilities.

The Division of Disability and Aging Services continues to collect data regarding all sex offenders served through the developmental disabilities services system in order to track the efficacy and cost of treatment, training needs and support of offenders. Information on demographics, offense characteristics and Treatment Progress Scale scores collected and analyzed on an annual basis contributes to our understanding about best practices in serving this group.

Highlights

- ★ The Division of Disability and Aging Services' leadership in developing standards and techniques for serving offenders with developmental disabilities continues to receive national recognition.
- ★ Provided an "Overview of Vermont's Sex Offender Management System for Individuals with Developmental Disabilities" in a teleconference sponsored by the National Association of State Directors of Developmental Disabilities Services.
- ★ An article describing the efficacy of the Treatment Intervention and Progress Scale for Sexual Abusers with Intellectual Disabilities (TIPS-ID) has been accepted for publication by the American Journal on Mental Retardation.

Communication

The Division of Disability and Aging Services continues to focus attention on the communication goal to: *Increase opportunities and supports for individuals to improve their communication and increase awareness of the need for people to communicate beyond the basics and familiar.*

The ongoing **action plan** addresses support for communication from different levels:

- **Individual Level** – Individual Support Agreements identify communication needs of individuals and those needs are addressed.
- **Agency Level** – Developmental service providers all have “in-house” resources to support people to communicate more effectively.
- **State Level** – Division of Disability and Aging Services provides resources, training and technical assistance to support people to communicate.

The **Vermont Communication Task Force** was established in the spring of 2000 so that adults with developmental disabilities who live in Vermont can communicate more effectively to participate fully in community life, make decisions and better advocate for themselves. Ongoing efforts provide information, education, training and resources to people with disabilities, family members, service providers and community members. The Vermont Communication Task Force works in partnership with DDAS, service providers, Green Mountain Self-Advocates and other communication specialists to help realize the goals of the statewide communication initiative.

Highlights

- ★ Provided a **full-day workshop** to local communication resource people from all the agencies.
- ★ Howard Community Services created a **Communication Resource Center** for use by support staff and people who receive services. The agency acquired communication devices and loaded computers with communication program software. Equipment and software can be borrowed or tried out on site. Plans are underway to provide training for staff in how to use the equipment and be an effective communication partner.
- ★ What we learned about people’s ability to communicate from the **Consumer Survey**⁴¹:
 - **66%** have adequate, reliable speech which allows them full expression.
 - Of those reported *not* to have adequate, reliable speech:
 - **92%** are *able* to communicate with people who are known and familiar to them.
 - **87%** *have* consistent communication partners.
 - **94%** *have* support from their team.

⁴¹ Data are from the demographic survey completed by service coordinators for all 460 participants of the 2006 Consumer Survey Project.

Areas of Focus

- ③ Work with Green Mountain Self-Advocates to **increase participation** of people who have limited communication in self-advocacy activities.
- ③ Continue to provide **training, technical assistance and tools** to local communication resource people. Explore ways to provide more intensive mentoring support.
- ③ **Expand the communication network** to include other people served through DDAS who have complex communication challenges.
- ③ Work with agencies to provide incentives and supports to the local communication resource people and continue to **build capacity** for communication supports at each agency.
- ③ What we learned about people's ability to communicate from the **Consumer Survey**⁴²:
 - **22%** do *not* have spoken language as their primary means to communicate.
 - **33%** do *not* have adequate, reliable speech which allows them full expression.
 - Of those who do *not* have adequate reliable speech:
 - **50%** do *not* have access to communication aids or devices.
 - **55%** are *not* able to communicate with people who are *unfamiliar* to them.
 - **55%** are *not* able to communicate for a variety of purposes beyond basic wants and needs (e.g., social interactions, sharing and getting information from others).

⁴² Ibid.

Consumer Survey

Numbers Surveyed – 2006	
Number of participants – Consumers interviewed	153
Demographic survey only	307
Total number of adult participants	460

Consumer Survey Project: The Division of Disability and Aging Services contracts with an independent group to conduct interviews on a statewide basis of adults who receive services. In addition to the personal interview, basic demographic information is collected from service coordinators for all adults selected whether or not they are able to individually participate in the interview. Over the course of the past three years, 40% of adults who receive services participated in the survey. 2006 was the third year in the survey cycle during which interviews were conducted at five agencies⁴³. The data presented below are aggregate data representing statewide results. This is just a small sampling of the data collected from the survey. For the complete report, contact the Division of Disability and Aging Services.

Consumer Survey Results⁴⁴ – 2006

Highlights

- ★ **Residential: 91%** said they like where they live.
- ★ **Work: 92%** said they like their job.
- ★ **Community Supports: 99%** said they like their individual community activities.
- ★ **Guardianship: 87%** said they feel happy about their guardian.
- ★ **Agency: 88%** said they feel happy with their service coordinator.
- ★ **Agency: 92%** said they feel listened to at their ISA meetings.

⁴³ The five agencies that took part in the Consumer Survey Project in 2006 were Howard Center for Human Services/Howard Community Services, Washington County Mental Health/Community Developmental Services, Rutland Mental Health Services/Community Access Program, Lamoille County Mental Health and Lincoln Street Incorporated.

⁴⁴ Not all consumers answered all the questions in their interviews. Percentages are based on the total number of consumers who responded to the questions. Consumer survey data needs to be taken in the same context as any study of satisfaction, as a general reflection of a person's perspective of life. Results from the surveys are anonymous and confidential.

- ★ **Transportation: 95%** said they had a way to get there if they wanted to go someplace.
- ★ **Self-Determination: 82%** said they feel they have enough control over their life.

Areas of Focus

- ◎ **Residential: 37%** said they did not choose who they live with.
- ◎ **Residential: 52%** said they did not choose the place where they live.
- ◎ **Work: 67%** of the people who do not work said they wanted a paid job.
- ◎ **Community Supports: 45%** said they would like more community activities.
- ◎ **Friends: 43%** said they wish they had more friends.
- ◎ **Friends: 42%** said they need to know more about dating.
- ◎ **Friends: 43%** said someone else decides when they can have friends and family over to visit.

Demographic Summary⁴⁵ – 2006

Basic Information

Gender		Guardian Status		Representative Payee	
Males	52%	Private	53%	Yes	82%
Females	48%	None	21%	No	14%
		Public	25%	Unknown	4%
		Unknown	1%		
Marital Status		Court Ordered Restrictions		Family Involved in Person's Life	
Never married	95%	No	96%	Yes	86%
Married/Civil Union	1%	Yes	2%	No	13%
Single/Married in past	4%	Unknown	2%	Unknown	1%

Residential Summary

Residential Type		Household Composition		Paid Residential Support	
Home provider	45%	Non relatives	52%	24-hour	53%
Lives with family	32%	Parents	28%	Daily	7%
Person's own home	14%	Lives alone	11%	Less than daily	4%
Group living	3%	Other relatives	7%	As needed	3%
Staffed living	1%	Spouse and/or children	1%	None/Family	32%
Residential Care Home/ Nursing Home/Other	5%	Unknown/Other	1%	Unknown	1%
Who Own/Leases the Home		Residential Location		How Long Living in Home	
Family member	33%	Rural/Physically remote	46%	Over 5 years	62%
Unrelated person in home	42%	Walking distance to town/city	33%	3 – 5 years	13%
Provider	10%	Centrally located in town/city	18%	1 – 2 years	10%
Person rents home	10%	Unknown	3%	Less than 1 year	11%
Person owns home	1%			Unknown	4%
Unknown/Other	4%				

Health Concerns Summary

Is weight a concern?		Does person smoke or chew tobacco?		How physically active is person?	
No	61%	No	91%	Moderately	62%
Yes, overweight	32%	Yes	6%	Inactive	19%
Yes, underweight	4%	Unknown	3%	Very	16%
Unknown	3%			Unknown	3%

⁴⁵ Data is based on results from *Survey of Adult Consumers of Developmental Services 2006 Report* and include all participants (those interviewed and those not interviewed who only had the demographic survey done).

Comparison of Vermont 2003 and 2006 Consumer Survey Results

The method for collecting the consumer survey data for the past four years has been by random selection of consumers from a sampling of agencies based upon size of agency and regional representation. The same five agencies took part in both the 2003 and 2006 survey⁴⁶. The following are some comparisons of specific survey responses from the two years.

	2003	2006
Residential		
• They like where they live	81%	91%
• They had a say in where they live	50%	48%
• They cannot think of a better place to live	75%	67%
• They feel safe at home	92%	91%
• They can invite friends over when they want	80%	93%
Neighborhood		
• They like their neighborhood	80%	82%
• They feel safe in their neighborhood	92%	94%
Work		
• They like their job	91%	92%
• They chose their job	74%	89%
• They chose who helped them at work	54%	64%
• They work enough hours	62%	67%
• There is nothing else they'd rather do during the day	66%	62%
Community Supports (Individual)		
• They like their community supports	99%	99%
• They have enough community activities	59%	45%
• They like the people they spend time with	96%	81%
Activities		
• They shop as much as they want	77%	49%
• They exercise as much as they want	73%	58%
• They go to church/synagogue as much as they want	65%	69%
Friends		
• They have enough friends	61%	57%
• They can see their family when they want	67%	80%
Service Agency		
• They chose their service coordinator	42%	43%
• They get to learn new things	51%	81%
Self-Determination		
• They make all the choices they want	56%	65%
• They have enough control over their life	77%	82%

⁴⁶ Data is based on results from *Survey of Adult Consumers of Developmental Services 2006 Report*. The five agencies that took part in the Consumer Survey Project in 2006 were Howard Center for Human Services/Howard Community Services, Washington County Mental Health/Community Developmental Services, Rutland Mental Health Services/Community Access Program, Lamoille County Mental Health and Lincoln Street Incorporated.

National Comparison of Vermont's 2005 Consumer Survey Results⁴⁷

Highlights – Categories⁴⁸

- ★ **Everyday Choices:** Vermont ranked **highest**; with the highest average proportion of people who say they:
 - Choose their home support worker
 - Choose their work support worker
 - Choose their case manager
 - Choose their daily schedule
 - Choose their work and/or community support activity
 - Choose how to spend free time
 - Choose what to buy with spending money

- ★ **Community Inclusion:** Vermont ranked **high**; with the highest average proportion of people who say they:
 - Go out on errands or appointments
 - Exercise or play sports

- ★ **Rights:** Vermont ranked **high**; with the lowest average proportion of people who say they:
 - Have their mail opened without permission
 - Cannot be alone with guests
 - Have people enter their home without permission
 and with the highest average proportion of people who say they:
 - Attend self-advocacy groups

Highlights – Individual Questions

- ★ **Does not usually or ever feel lonely:** Vermont ranked **1st (97%)**
- ★ **Choice of how to spend free time:** Vermont ranked **1st (96%)**
- ★ **Choice of what person buys with spending money:** Vermont ranked **1st (95%)**
- ★ **Feel safe in person's home:** Vermont ranked **2nd (91%)**
- ★ **Satisfaction with the person's work or community supports:** Vermont ranked **3rd (96%)**
- ★ **Feel safe in person's neighborhood:** Vermont ranked **3rd (89%)**

⁴⁷ Data is based on results from sixteen states that participated in the 2005 consumer surveys as part of the National Core Indicators. Results are published in *Consumer Outcomes – Phase VIII Final Report Fiscal Year 2005-2006 Data (preliminary report)*, National Core Indicators.

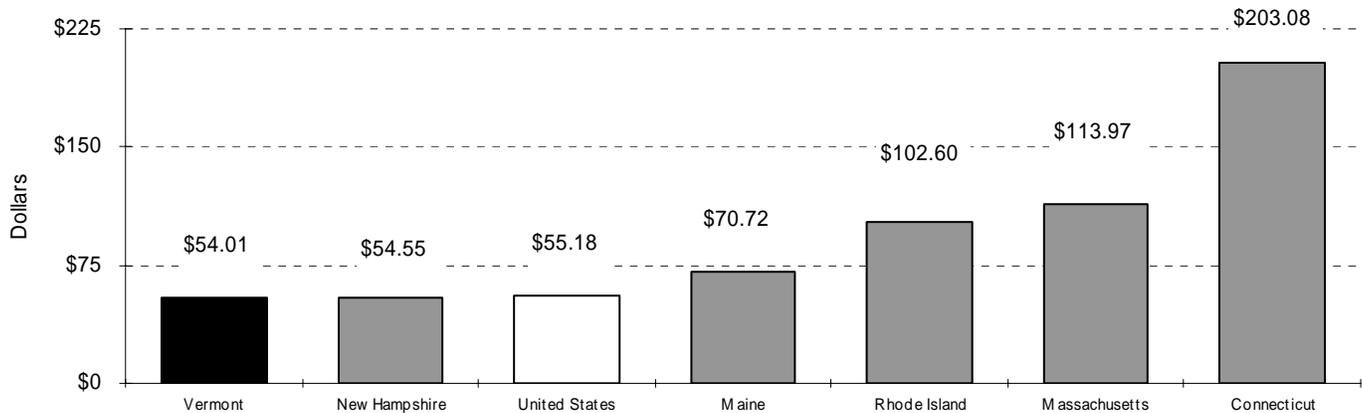
⁴⁸ Data was analyzed by category (grouping of questions based on certain commonalities) and individual questions. Categorical data presented in this section is outcome or “risk” adjusted to control for differences in the individual characteristics of people interviewed across states.

National Comparisons⁴⁹



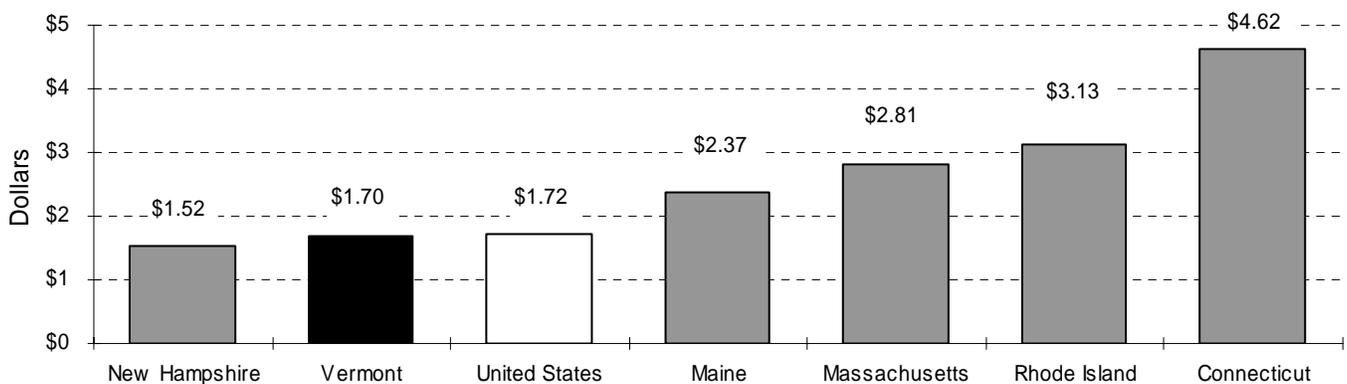
Vermont spends **fewer state dollars** (including Medicaid match) per state resident for mental retardation/developmental disability (MR/DD) services than any other New England state and **less** than the national average.

MR/DD State Spending per Capita FY 2004



The **fiscal effort** in Vermont, as measured by total state spending for people with mental retardation/developmental disability (MR/DD) services per \$1,000 in personal income, indicates that Vermont ranks **2nd** to New Hampshire as the lowest of all New England states and is **less than** the national average.

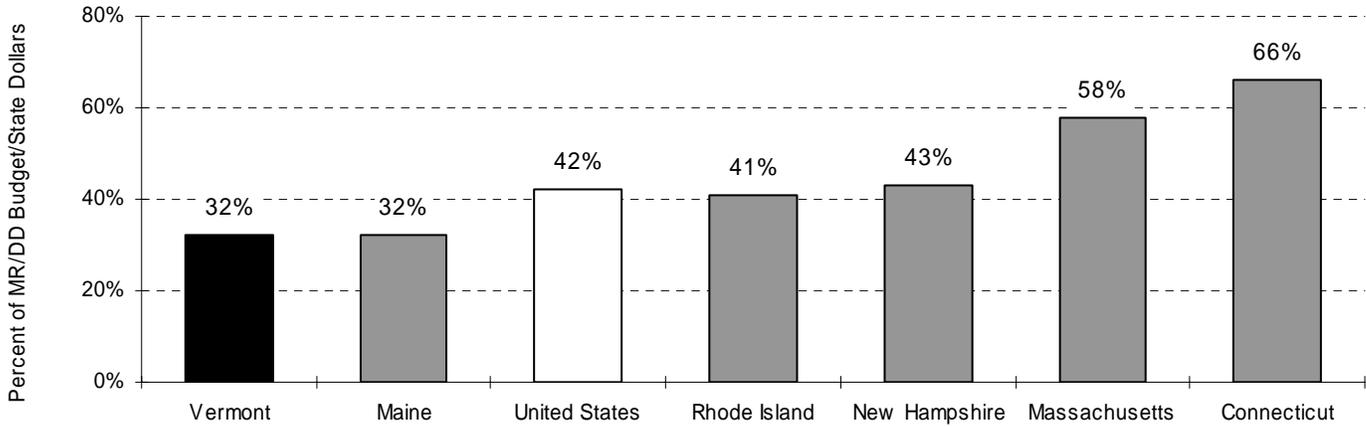
State Fiscal Effort
Total MR/DD Spending per \$1,000 in Personal Income
FY 2004



⁴⁹ *The State of the States in Developmental Disabilities: 2005*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Preliminary Report, 2005.

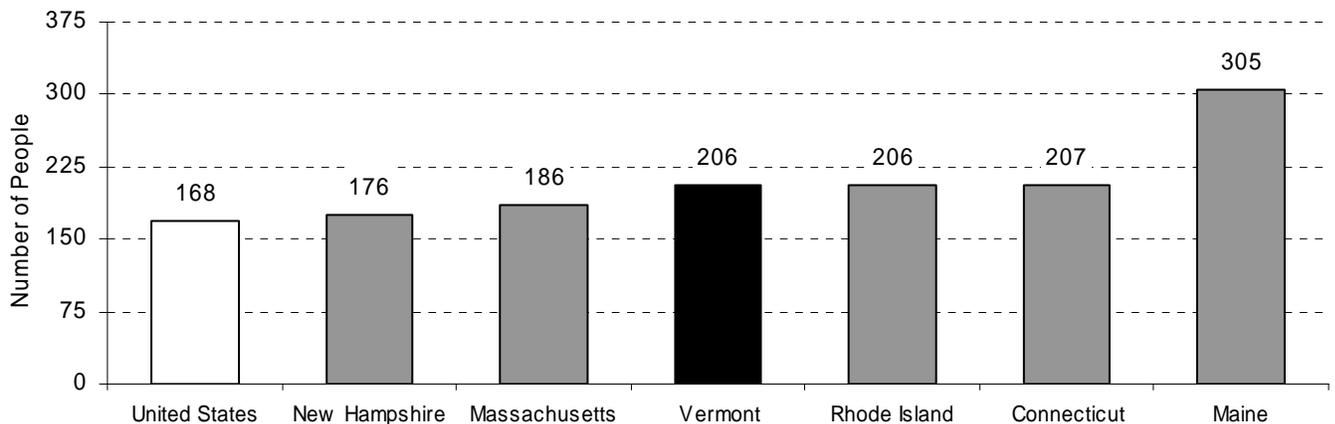
★ **State funds** (including state funds used for Medicaid match) account for a **smaller proportion** of the budget from mental retardation/developmental disability (MR/DD) services in Vermont than in any other New England State except for being tied with New Hampshire. Vermont continues to access **higher** than the national average proportion of federal dollars.

Percent of State MR/DD Budget Paid by State Funds FY 2004



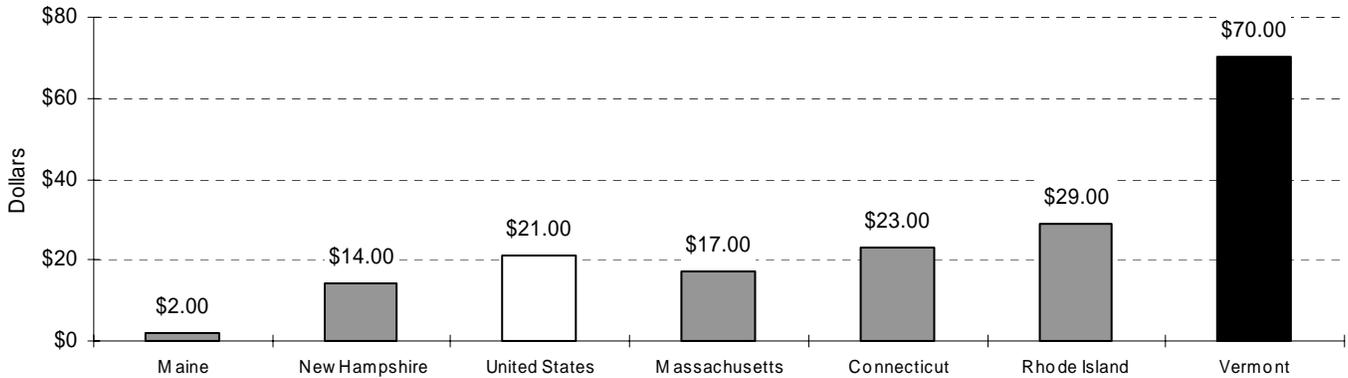
★ The number of people receiving **residential services** in the mental retardation/developmental disability (MR/DD) service system (with the addition of people living in nursing facilities) per 100,000 of the state population is **above** the national average but **on par** with the majority of New England states.

Number of People in MR/DD Residential Services & Nursing Facilities per 100,000 Population FY 2004



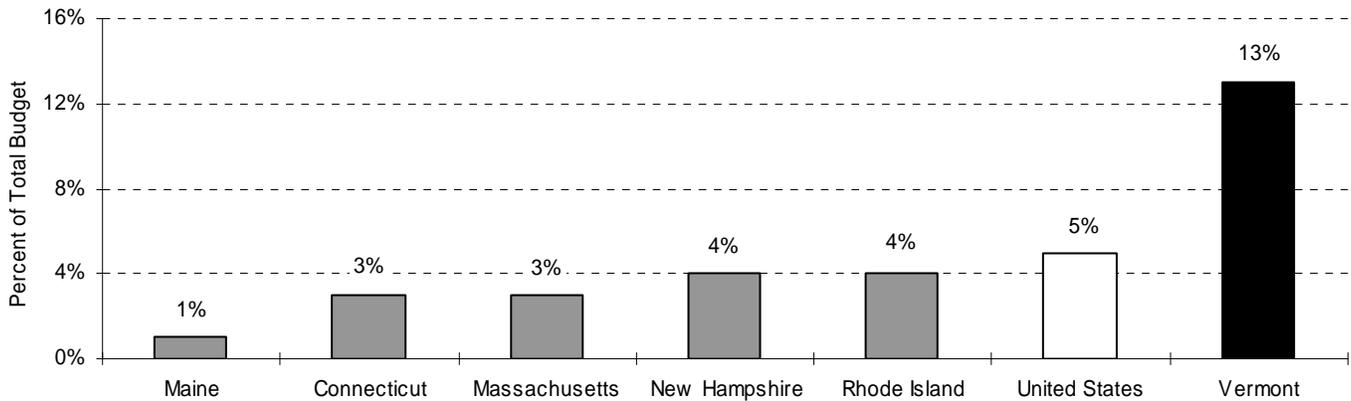
★ Vermont is ranked **1st** in New England and **4th** in the nation in total **family support spending** per \$100,000 personal income. Greater support of families results in lower costs overall.

Family Support Fiscal Effort
Total Spending per \$100,000 Personal Income
FY 2004



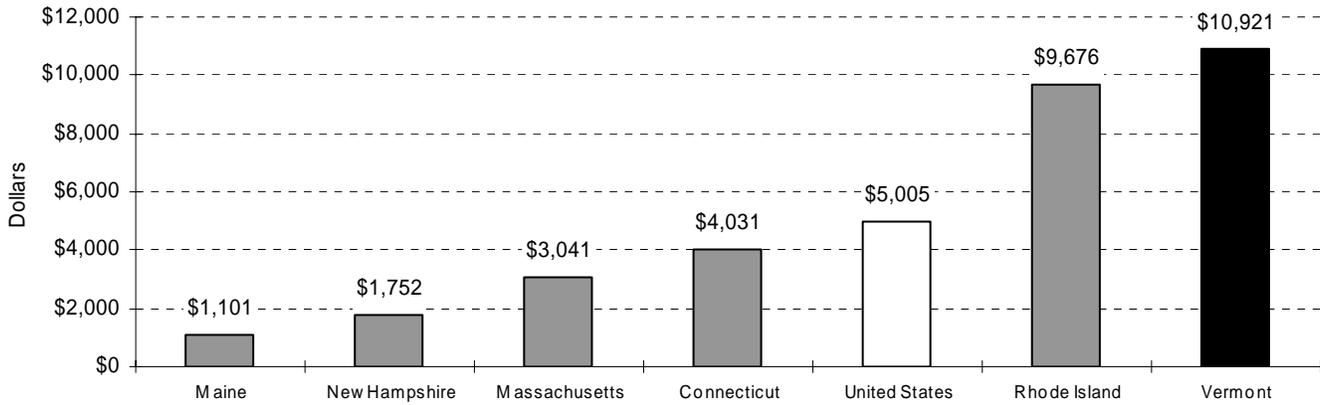
★ Vermont's **family support spending** is ranked **1st** in New England and **6th** in the nation in terms of total MR/DD budget.

Family Support Spending as Percent of Total MR/DD Budget
FY 2004



★ Vermont is ranked **1st** in New England and **7th** in the nation in the amount of **spending per family** for family support.

**Total Amount of Spending per Family
FY 2004**



A T T A C H M E N T S

Acronyms.....	Attachment A
Organizational Chart – Agency of Human Services.....	Attachment B
Division of Disability and Aging Services Staff	Attachment C
Vermont Developmental Services Providers.....	Attachment D
Members of the State Program Standing Committee for Developmental Services	Attachment E
System of Care Plan Funding Priorities FY 2006.....	Attachment F
Division of Disability and Aging Services FY 2006 Fiscal Resources	Attachment G
Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities.....	Attachment H
Green Mountain Self-Advocates: Local Chapters and Map.....	Attachment I

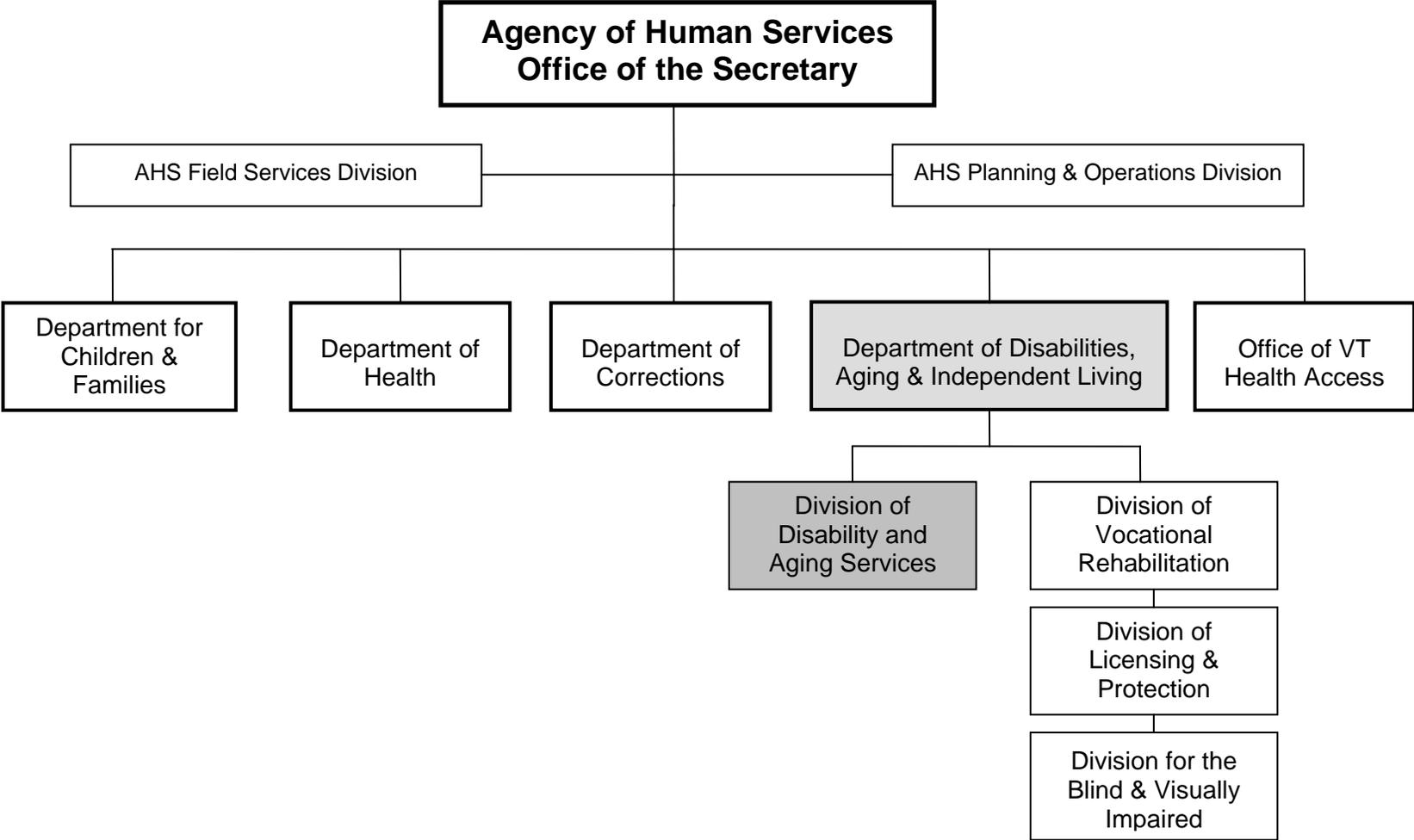
ACRONYMS

AAC	Augmentative and Alternative Communication
AAIDD	American Association on Intellectual and Developmental Disabilities
ACT 248	Supervision of incompetent and mentally retarded individuals that have been charged with crimes
ADD	Attention Deficit Disorder
ADRC	Aging and Disability Resource Collaboratives
AFL	Authorized Funding Limit
AHS	Agency of Human Services
ANCOR	American Network of Community Options and Resources
APS	Adult Protective Services
APSE	Formerly known as: Association for Persons in Supported Employment
ARC	Advocacy, Resources and Community
ARIS	Area Resources for Individualized Services
AT	Assistive Technology
BTS	Brandon Training School
CA	Community Associates (DS Program of CSAC)
CAP	Community Access Program (DS program of RMHS)
CAS	Community Alternatives Specialist
CDCI	Center on Disability and Community Inclusion
CDS	Community Developmental Services (DS program of WCMHS)
CDU	Community Development Unit
CIP	Core Indicators Project – Obsolete, see NCI
CIR	Critical Incident Report
CMS	Centers for Medicare and Medicaid Services
CP	Cerebral palsy
CPS	Child Protective Services
CSAC	Counseling Service of Addison County
CSHN	Children with Special Health Needs
CVARC	Central Vermont ARC
CVS	Champlain Vocational Services
DA	Designated Agency
DAIL	Department of Disabilities, Aging and Independent Living
DBT	Dialectical Behavioral Therapy
DBVI	Division for the Blind and Visually Impaired
DCF	Department for Children and Families
DD	Developmental Disability or Developmentally Disabled
DD ACT	Developmental Disability Act of 1996
DDC	Developmental Disabilities Council
DH	Developmental Homes – see also SLP or HP
DLP	Disability Law Project
DLP	Division of Licensing and Protection
DME	Durable Medical Equipment
DMH	Division of Mental Health
DOC	Department of Corrections
DOE	Department of Education
DOJ	Department of Justice
DS	Developmental Services

DSM	Diagnostic and Statistical Manual of Mental Disorders (most current edition)
DVR	Division of Vocational Services – see also VR
EDS	Electronic Data Systems
FARC	Franklin ARC
FIN	Financial Report
FF	Families First
FFF	Flexible Family Funding
FFP	Federal Financial Participation
FFS	Fee for service
FFY	Federal Fiscal Year
FY	Fiscal Year
GF	General Fund
GH	Group Home
GMSA	Green Mountain Self Advocates
GS	Guardianship Services – Obsolete, see OPG
GSS	Guardianship Services Specialist – Obsolete, see PG
HCBS	Home and Community-based Services
HCBW	Home and Community-based Waiver
HCHS	Howard Center for Human Services
HCRS	Health Care and Rehabilitation Services of Southeastern Vermont – see also HCRSSV
HCRSSV	Health Care and Rehabilitation Services of Southeastern Vermont
HCS	Howard Community Services (DS program of HCHS)
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HP	Home provider
HRD	Human Resources Data
ICF/DD	Intermediate Care Facility for people with Developmental Disabilities (formerly ICF/MR – Intermediate Care Facility for people with Mental Retardation)
IDU	Information and Data Unit
IEP	Individualized Education Program
ISA	Individual Support Agreement
ISO	Intermediary Service Organization
ISU	Individual Supports Unit
LCMH	Lamoille County Mental Health
LSI	Lincoln Street Incorporated
MCIS	Managed Care Information System
MI	Mentally Impaired/Ill
MMPI	Minnesota Multiphasic Personality Inventory
MR	Mental Retardation
MSR	Monthly Service Report
NASDDDS	National Association of State Directors of Developmental Disabilities Services
NCI	National Core Indicators (formerly CIP)
NCSS	Northwest Counseling and Support Services
NKHS	Northeast Kingdom Human Services
OPG	Office of Public Guardian
OT	Occupational Therapy or Occupational Therapist
OVHA	Office of Vermont Health Access
P2P	Parent-to-Parent
P&A	Protection and Advocacy – see VP&A
PASARR	Pre-admission Screening and Resident Review
PDD	Pervasive Developmental Disorder

PG	Public Guardian
PMIS	Provider Management Information System
PT	Physical Therapy or Physical Therapist
QA	Quality Assurance
QDDP	Qualified Developmental Disabilities Professional (formerly QMRP)
QI	Quality Improvement
QMU	Quality Management Unit
RARC	Rutland ARC
RMHS	Rutland Mental Health Services
RWJ	Robert Wood Johnson Foundation
SAS	Sterling Area Services
SCC	Specialized Community Care
SD	Self-determination
SLP	Shared living provider
SLP	Speech language pathologist
SRS	Department of Social and Rehabilitation Services – Obsolete, see DCF
SSA	Social Security Administration
SSA	Specialized Service Agency
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TASH	The Association for Persons with Severe Handicaps
TBI	Traumatic Brain Injury
TCM	Targeted Case Management (state plan Medicaid)
T-II	Transition II
TXIX	Title XIX of the Social Security Act (Medicaid)
UC	University of Colorado
UCS	United Counseling Service of Bennington County
UVS	Upper Valley Services
VCDMHS	Vermont Council of Developmental & Mental Health Services – formerly VCCMHS
VCDR	Vermont Coalition for Disability Rights
VCIL	Vermont Center for Independent Living
VCIN	Vermont Crisis Intervention Network
VDH	Vermont Department of Health
VP&A	Vermont Protection and Advocacy
VPIC	Vermont Parent Information Center
VPS	Vermont Psychiatric Survivors
VR	Vocational Rehabilitation – see also DVR
VSH	Vermont State Hospital
UVM	University of Vermont
WAIS-R	Wechsler Adult Intelligence Scale – Revised
WCMH	Washington County Mental Health
WISC	Wechsler Intelligence Scale for Children

ORGANIZATIONAL CHART AGENCY OF HUMAN SERVICES



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January 2007

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St. Johnsbury Office 67 Eastern Avenue, Suite 7 St. Johnsbury, VT 05819 Fax: 751-3272	Julie Bigelow	748-8361	julie.bigelow@dail.state.vt.us
White River Jct. Office 224 Holiday Drive, Suite A White River Jct., VT 05001-2097 Fax: 295-4148	Sally Garmon	295-5592	sally.garmon@dail.state.vt.us

Quality Management Unit (QMU)
802-241-2614

Staff Name	Title	Phone (802)	E-mail Address
Bean, Marie	QM Reviewer	241-4425	marie.bean@dail.state.vt.us
Carlomagno, Joe	Director, QMU	241-2721	joe.carlomagno@dail.state.vt.us
Coy, Jeff	QM Training Coordinator	241-2727	jeff.coy@dail.state.vt.us
Culver, Jane	Administrative Assistant	241-4594	jane.culver@dail.state.vt.us
Freund, Avi	QM Reviewer	241-2723	avi.freund@dail.state.vt.us
Gauvin, Heather	Program Technician	241-2614	heather.gauvin@dail.state.vt.us
Grabowski, Don	QM Reviewer	241-2632	don.grabowski@dail.state.vt.us
Graham, Karen	QM Reviewer	263-5291	karen.graham@dail.state.vt.us
Morabito, Steve	Quality Management Development Specialist	241-2659	stephen.morabito@dail.state.vt.us
O'Neill, Chris	QM Reviewer	263-5305	chris.oneill@dail.state.vt.us
Rainville, Kathy	QM Reviewer	786-5052	kathy.rainville@dail.state.vt.us
Turchin, Bob	QM Team Leader	786-5048	bob.turchin@dail.state.vt.us
Urpsis, Al	QM Team Leader	241-3358	al.urpsis@dail.state.vt.us
Vacancy	QM Reviewer	786-5081	
Vacancy	QM Reviewer	241-4549	
Vacancy	Consumer QM Reviewer		
Vacancy	Consumer QM Reviewer		
Vacancy	QM Nursing Reviewer	786-5054	
Vacancy	QM Nursing Reviewer	241-3955	

Information and Data Unit (IDU)
802-241-2214

Staff Name	Title	Phone (802)	E-mail Address
Brooks, Dale	Systems Developer	241-2627	dale.brooks@dail.state.vt.us
Harrington, Tracey	Information Technology Specialist	241-2629	tracey.harrington@dail.state.vt.us
Hill, Bard	Director IDU	241-2335	bard.hill@dail.state.vt.us
Laverty, Dick	Senior Planner	241-2425	dick.laverty@dail.state.vt.us
Picard, Terri	Program Technician	241-2214	terri.picard@dail.state.vt.us
Tighe, Deb	Systems Developer	241-2419	deb.tighe@dail.state.vt.us

Office of Public Guardian

<p>Waterbury Office 103 South Main Street Waterbury, VT 05671-1601 Fax: 241-4224</p>	<p>Gail Falk – Director Michele LaPerle – Administrative Assistant</p>	<p>241-2616 241-2663</p>	<p>gail.falk@dail.state.vt.us michele.laperle@dail.state.vt.us</p>
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Public Guardians – Aging Specialty

<p>Essex Junction Office PO Box 5501 Essex Junction, VT 05453 Fax: 879-2334</p>	<p>Suzan Castor – Public Guardian</p>	<p>879-2333</p>	<p>suzan.castor@dail.state.vt.us</p>
<p>Hyde Park Office PO Box 128 Hyde Park, VT 05655 Fax: 888-5869</p>	<p>Keith Ulrich – Public Guardian</p>	<p>888-3370</p>	<p>keith.ulrich@dail.state.vt.us</p>
<p>North Ferrisburg Office PO Box 122 North Ferrisburg, VT 05473 Fax: 877-6792</p>	<p>Laurie Gutowski – Public Guardian</p>	<p>877-6779</p>	<p>laurie.gutowski@dail.state.vt.us</p>
<p>Townshend Office PO Box 87 Townshend, VT 05453 Fax: 365-7935</p>	<p>Mike Attley – Senior Public Guardian</p>	<p>365-4478</p>	<p>mike.attley@dail.state.vt.us</p>
<p>West Brattleboro Office PO Box 2386 West Brattleboro, VT 05303 Fax: 251-2144</p>	<p>Beth Spicer – Public Guardian</p>	<p>251-2145</p>	<p>beth.spicer@dail.state.vt.us</p>

**Public Guardians – Developmental Disability Specialty
Emergency Toll-Free Number: 1-800-642-3100**

<p>Burlington Office 108 Cherry Street Box 205, Suite 205 Burlington, VT 05401 Fax: 951-4036</p>	<p>John Homiller – Public Guardian Ed Wells – Public Guardian</p>	<p>865-7720 865-7721</p>	<p>john.homiller@dail.state.vt.us ed.wells@dail.state.vt.us</p>
<p>Hyde Park Office Ken Gar Building PO Box 266 Hyde Park, VT 05655 Fax: 888-0600</p>	<p>Sedney Ulrich – Public Guardian</p>	<p>888-2525</p>	<p>sedney.ulrich@dail.state.vt.us</p>
<p>Middlebury Office 700 Exchange Street, #204 Middlebury VT 05753 Fax: 388-4694</p>	<p>Lisa Lamoureux – Public Guardian Dale Severy – Public Guardian Joan Stephens – Senior Public Guardian Linda Vondle – Public Guardian</p>	<p>388-4691 388-4692 388-4693 388-5761</p>	<p>lisa.lamoureux@dail.state.vt.us dale.severy@dail.state.vt.us joan.stephens@dail.state.vt.us linda.vondle@dail.state.vt.us</p>
<p>Montpelier Office 155 Elm Street, Suite 2 Montpelier, VT 05602-2866 Fax: 828-0243</p>	<p>Becky Guyett – Senior Public Guardian Leslie Pinkham – Public Guardian Lisa Sipsey – Public Guardian Nancy Zucca – Public Guardian</p>	<p>828-3622 828-3620 828-3621 828-3623</p>	<p>becky.guyett@dail.state.vt.us leslie.pinkham@dail.state.vt.us lisa.sipsey@dail.state.vt.us nancy.zucca@dail.state.vt.us</p>
<p>Rutland Office One Scale Ave. Suite 109 Rutland, VT 05701-4460 Fax: 786-5055</p>	<p>Rodger Goodrich – Public Guardian Timothy Haley – Public Guardian Karen Hawley – Senior Public Guardian Dave Ramos – Public Guardian Cassandra Torrey – Prog. Svs. Clerk Jan Sherman – Senior Public Guardian Vicki Wetmore – Community Financial Specialist</p>	<p>786-5049 786-5040 786-5043 786-5042 786-5840 786-5041 786-5045</p>	<p>tim.haley@dail.state.vt.us karen.hawley@dail.state.vt.us dave.ramos@dail.state.vt.us cassandra.torrey@dail.state.vt.us jan.shermanopg@dail.state.vt.us vicki.wetmore@dail.state.vt.us</p>
<p>St. Albans Office 20 Houghton Street Room 207 St. Albans, VT 05478 Fax: 524-5592</p>	<p>Marybeth Blakeney – Public Guardian Diane Morris – Public Guardian</p>	<p>524-7991 524-7992</p>	<p>marybeth.blakeney@dail.state.vt.us diane.morris@dail.state.vt.us</p>
<p>Springfield Office 100 Mineral Street Suite 306 Springfield VT 05156 Fax: 885-6471</p>	<p>Jay Derderian – Public Guardian Jon McGovern – Public Guardian</p>	<p>885-4980 885-8893</p>	<p>jay.derderian@dail.state.vt.us jon.mcgovern@dail.state.vt.us</p>
<p>Williston Office c/o 103 South Main Street Waterbury, VT 05671-1601 Fax: 241-4224</p>	<p>Abby Ashley – Public Guardian</p>	<p>878-4703</p>	<p>abby.ashley@dail.state.vt.us</p>

VERMONT DEVELOPMENTAL SERVICES PROVIDERS

January 2007

(CVS) CHAMPLAIN VOCATIONAL SERVICES, INC.

512 Troy Avenue, Suite 1
Colchester, VT 05446
Phone 655-0511 FAX: 655-5207

Exec. Director: Kelley Homiller
County: Chittenden

(CAP) COMMUNITY ACCESS PROGRAM OF RUTLAND COUNTY

PO Box 222, 1 Scale Avenue
Rutland, VT 05701
Phone: 775-0828 FAX: 747-7692

Director: Gerald Bernard
County: Rutland

(CA) COMMUNITY ASSOCIATES

61 Court Street
Middlebury, VT 05753
Phone: 388-4021 FAX: 388-1868

Director: Greg Mairs
County: Addison

(CDS) COMMUNITY DEVELOPMENTAL SERVICES

50 Granview Drive
Barre, VT 05641
Phone: 479-2502 FAX: 479-4056

Director: Juliet Martin
County: Washington

(FF) FAMILIES FIRST

PO Box 939, Wilmington, VT 05363
Phone: 464-9633 FAX: 464-3173

Director: Julie Cunningham
Counties: Windham and Bennington

**(HCERS) HEALTH CARE AND REHABILITATION SERVICES OF
SOUTHEASTERN VT**

195 North Main Street
White River Jct., VT 05001
Phone: 295-3032 FAX: 295-0820

Director: Josh Compton
Counties: Windsor and Windham

Regional Offices:

112 Hardwood Way, Brattleboro, VT 05301
Phone: 257-5537 FAX: 257-5769

118 Park Street, Springfield, VT 05156
Phone: 885-5170 FAX: 885-5173

12 Church Street, Bellows Falls, VT 05101
Phone: 463-3962 FAX: 463-3961

14 River Street, Windsor, VT 05089
Phone: 674-2539 FAX: 674-5419

(HCS) HOWARD COMMUNITY SERVICES

102 South Winooski Ave.
Burlington, VT 05401-3832
Phone: 658-1914 FAX: 860-2360

Director: Marie Zura
County: Chittenden

(LCMH) LAMOILLE COUNTY MENTAL HEALTH SERVICES, INC.

520 Washington Highway
Morrisville, VT 05661
Phone: 888-6627 FAX: 888-6393

Director: Jackie Rogers
County: Lamoille

(LSI) LINCOLN STREET INCORPORATED

374 River Street
Springfield, VT 05156
Phone: 886-1833 FAX: 886-1835

Executive Director: Cheryl Thrall
County: Windsor

(NKHS) NORTHEAST KINGDOM HUMAN SERVICES, INC.

PO Box 724, 154 Duchess Street
Newport, VT 05855
Phone: 334-6744 FAX: 334-7455

Director: Dixie McFarland
Counties: Caledonia, Orleans and Essex

Regional Office:

PO Box 368, 560 Railroad Street
St. Johnsbury, VT 05819
Phone: 748-3181 FAX: 748-0704

(NCSS) NORTHWESTERN COUNSELING AND SUPPORT SERVICES, INC.

107 Fisher Pond Road
St. Albans, VT 05478
Phone 524-6561 FAX: 527-8161
375 Lake Street, St. Albans, VT 05478
Phone: 524-0574 FAX: 524-0578

Director: Jean Gilmond
Counties: Franklin and Grand Isle

(SCC) SPECIALIZED COMMUNITY CARE

PO Box 578
East Middlebury, VT 05740
3627 Route 7 South
Middlebury, VT 05753
Phone: 388-6388 FAX: 388-6704

Executive Director: Ray Hathaway
Counties: Addison and Rutland

(SAS) STERLING AREA SERVICES, INC.

109 Professional Drive
Morrisville, VT 05661
Phone: 888-7602 FAX: 888-1182

Executive Director: Kevin O'Riordan
County: Lamoille and Washington

(T-II) TRANSITION II, INC.

346 Shelburne Road
Burlington, VT 05401
Phone: 846-7007 FAX: 846-7282

Executive Director: Kara Artus
County: Statewide

(UCS) UNITED COUNSELING SERVICES, INC.

PO Box 588, 100 Ledge Hill Drive
Bennington, VT 05201
Phone: 442-5491 FAX: 442-1705

Director: Kathy Hamilton
County: Bennington

(UVS) UPPER VALLEY SERVICES, INC.

267 Waits River Road
Bradford, VT 05033
Phone: 222-9235 FAX: 222-5864

Executive Director: William Ashe
Counties: Orange and Washington

Regional Offices:

12 Prince Street, Suite 2, Randolph, VT 05060
Phone: 728-4476 FAX: 728-6741

PO Box 719, Moretown, VT 05660
Phone: 496-7830 FAX: 496-7833

**MEMBERS OF THE STATE PROGRAM
STANDING COMMITTEE FOR DEVELOPMENTAL SERVICES
January 2007**

Name	Address, Phone and Fax	Represents	Term Expires (July 1)
Arsenault, Dawn	54 Jalbert Road Barre, VT 05641 Phone: 476-0624 e-mail: da102473@hotmail.com	Professionals/Advocates	2007
Bakeman, Anne	3 Bedford Green South Burlington, VT 05403 Phone: 658-3374 Fax: 658-8061 e-mail: abakeman@zoo.uvm.edu	Family Members	2006
Compton, Joshua	Health Care and Rehabilitation Services 195 North Main Street White River Jct., VT 05001 Phone: 674-2539 Fax: 674-5419 email: jcompton@hcrs.org	Professionals/Advocate	2008
Greenwald, Joe	109 Spruce Street Waterbury, VT 05676 Phone: 244-5883 (h) 482-7100 (w) Fax: 482-7108 joe@cvuhs.org	Family Members	2009
Gilmond, Jean D.	2555 Ballard Road St. Albans, VT 05478 Phone: 524-6555 ext. 608 (w) 524-4377 (h) email: jgilmond@ncssinc.org	Professionals/Advocates	2007
Morse, Janeen A.	14 Village Circle Randolph, VT 05060 Phone: 371-7677 (cell)	Family Member	2008
Neron, Steven	PO Box 8 Bethel, VT 05032 Phone: 234-6591	People with Developmental Disabilities	2008
Place, Edwin	Randolph House, Apt. 208 Main Street Randolph, VT 05060 Phone: 728-2021	People with Developmental Disabilities	2008
Weiss, Alicia	VCDR 73 Main Street, Room 402 Montpelier, VT 05602 Phone 233-6140 (w) 223-1385 (h) vcdr@sover.net	Professionals/Advocates	2009

Name	Address, Phone and Fax	Represents	Term Expires (July 1)
Weiss, Bessie	Vermont Legal Aid Disability Law Project P.O. Box 1367 Burlington, VT 05401 Pone: 863-5620 (w) 658-7764 (h) Fax: 863-7152	Professionals/Advocates	2007
Whipple, Ryan	78 Laurel Drive St. Johnsbury, VT 05819 Phone: 748-8852 (h) e-mail: ryanwhipple2000@yahoo.com	People with Developmental Disabilities	2009
Woodberry, Connie	103 Partridge Road East Dummerston, VT 05346 Phone: 257-0300 (h) 254-8611 (w) Fax: 254-8611 e-mail: conniewo@sover.net	Family Members	2007
Vacancy		Professionals/Advocates	2008
Vacancy		People with Developmental Disabilities	2007
Vacancy		Professionals/Advocates	2009



State Standing Committee Members: Left to right back row – Ryan Whipple, Steven Neron, Joshua Compton, Bessie Weiss and Joe Greenwald. Front row – Alicia Weiss, Dawn Arsenault and Ann Bakeman. Missing from photo: Jean Gilmond, Janeen Morse, Edwin Place and Connie Woodbury.

SYSTEM OF CARE PLAN FUNDING PRIORITIES FY 2006

	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

**DIVISION OF DISABILITY AND AGING SERVICES
FY 2006 FISCAL RESOURCES**

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 06 for developmental services, one-half of that increase (3.75%) 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, annualization of FY 05 worker's compensation coverage, etc. The remaining 3.75% is allocated to increased caseload needs. A summary of the available caseload funding is provided below:

FY 05 Caseload Annualization

Fully Funded in Base FY 06 Budget	<u>\$760,629</u>	<u>\$1,850,679</u>
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FY 06 Caseload Need

Total needed for estimated 338 individuals	\$3,922,214	\$9,543,100
-- 219 emergency caseload		
-- 23 public safety		
-- 96 high school graduates		

Available

3.75% increase in appropriation	\$1,245,456	\$3,030,307
Estimated Equity Fund	805,055	1,958,771
Balance from Flexible Family Funding Program after conversion to Medicaid under Global Commitment	640,178	1,557,611
Conversion of state-funded services coordination to Medicaid	159,151	387,229
2.0% cut in existing Medicaid waiver services	<u>750,000</u>	<u>1,824,818</u>

Total Available for Caseload	<u>\$3,599,840</u>	<u>\$8,758,736</u>
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Difference	<u>(\$322,374)</u>	<u>(\$784,364)</u>
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Other Funding Increases in FY 06

Cost of living increase @ 3.75%	\$1,441,855	\$3,508,163
Funds needed to replace lost federal funds	\$1,446,857	\$0

SOURCES OF QUALITY ASSURANCE AND PROTECTION FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES

January 2007

Quality assurance activities will not be successful if they are relegated to a single bureaucratic cubbyhole. The Vermont developmental services system has numerous components that impact upon quality assurance. There is great value in having a multi-faceted system of quality assurance, and the participation of numerous people in quality promotion activities is a strength. In Vermont, the overall quality assurance system includes at least the following components:

I. Within the Department of Disabilities, Aging and Independent Living:

- A. **Designation Process.** The Department of Aging and Independent Living (DAIL) designated one agency in each region of the state to ensure needed services are available through local planning, service coordination, and monitoring outcomes within their geographic region. The Designated Agency must either provide directly or contract with providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state and federal regulations, policies and guidelines.
- B. **Agency Reviews.** Twelve (12) full-time staff, including two registered nurses, conduct on-site reviews to assess the quality of services provided. The Quality Management Reviewers assess all Medicaid funded services to assure compliance with state and federal Medicaid standards and the outcomes detailed in the *Guidelines for Quality Services*. Site visits are conducted every two years with follow-up as appropriate.
- C. **Office of Public Guardian.** Twenty-five (25) staff provide guardianship services as specified by law to about 680 adults with developmental disabilities and/or who are aging. Public Guardians play distinct quality assurance functions, including on-going monitoring of people's welfare, assessment of quality of life and functional accessibility, participation in individual support plans, and advocacy for appropriate services. Public Guardians are expected to have face-to-face contact with people for whom they are guardian at least once a month, and are available for emergencies 24 hours a day.
- D. **Safety and Accessibility Checks.** All residences of people with developmental disabilities (except those licensed through the Division of Licensing and Protection/DAIL or a public housing entity, such as Section 8) funded by the Division of Disability and Aging Services are inspected for compliance with safety and accessibility standards.
- E. **Consumer and Family Surveys.** The Division of Disability and Aging Services contracts for independent statewide consumer interviews to take place on a regular basis to measure the satisfaction of people receiving services. A confidential family satisfaction mail-in survey is also conducted periodically to assess how families feel about services that they receive to support their family members who live at home.

- F. **Critical Incident Reporting Process.** Developmental service providers provide critical incident reports to the Division of Disability and Aging Services when certain incidents take place, such as the death of someone receiving services; use of restrictive procedures; allegations of abuse, neglect or exploitation; or criminal behavior by or against someone receiving services.
- G. **Complaint and Appeals.** Each developmental service provider must have a written complaint and appeals procedure and inform applicants and service recipients of that process. Both informal and formal complaint and appeal processes are available to people applying for or receiving developmental services, their family members, guardians and other interested individuals.
- H. **Ethics Committee.** An Ethics Committee convenes bimonthly as needed, or on an emergency basis, to review any decisions by a Public Guardian or other developmental services staff to abate life-sustaining treatment for a person receiving services. In addition, any individual who wants advice about the ethical aspects of a decision, or is dissatisfied with a critical care decision made for a non-consenting person with developmental disabilities, may request the Ethics Committee to review the decision.
- I. **Human Rights Committee.** A Human Rights Committee meets monthly to review policies, procedures, trends and patterns, individual situations and positive behavior support plans to safeguard the human rights of Vermonters receiving developmental services. The committee provides an independent review of any restrictive procedures while assisting individuals and agencies to develop alternatives to restrictive procedures.
- J. **Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD).** ICF/DDs are licensed and monitored under federally specified guidelines by nursing staff of the Division of Licensing and Protection/DAIL. The Division of Disability and Aging Services conducts Utilization Reviews to determine whether continued stay is appropriate and necessary for each person residing in an ICF/DD.
- K. **Residential Care Home Licensure.** The Department of Disabilities, Aging and Independent Living licenses residences where three or more unrelated people with disabilities live.
- L. **Vocational Rehabilitation (VR) Services.** Vocational rehabilitation services, (as opposed to Medicaid-funded work supports), are provided and reviewed by the Division of VR/DAIL.

II. Elsewhere in State Government:

- A. **Abuse Complaints.** The Department for Children and Families and the Department of Disabilities, Aging and Independent Living handle complaints of abuse and neglect for children and adults, respectively. Any human service worker, including Division of Disability and Aging Services staff, is legally mandated to file an immediate report of any suspected abuse, neglect or exploitation of a vulnerable adult. For adults with disabilities, Adult Protective Services staff conduct independent investigations of each complaint and pursue legal or other recourse as indicated by the needs of the individual.

- B. **Fire Safety Regulation.** Staff of the Department of Labor and Industry must approve all Level III Residential Care Homes and ICF/DD facilities. Facilities must meet appropriate standards of the National Fire Safety Code.
- C. **Medicaid Fraud Unit.** This Unit investigates allegations of criminal activity, including abuse, neglect or exploitation, in any Medicaid-funded facility or involving a person receiving Medicaid-funded supports. The Medicaid Fraud Unit is a specially staffed unit within the Office of the Attorney General.

III. Within Developmental Services Agencies:

- A. **The Individual's Circle of Support.** Each person applying for or receiving services is encouraged to develop a circle of support. If they do not already have a circle, the service provider can help them form one. The circle is a group of people who helps the individual identify his/her dreams, takes responsibility to help the person create his/her plans and budgets, and determine the quality of his/her life. The primary focus of the circle is on the individual and what that person wants and needs. A circle of support is the ultimate safety net for that person.
- B. **Local Program Standing Committee.** Each designated agency and service provider has a local standing committee that is made up of at least 51% consumer and families, of which 25% must be direct consumers. The purpose of the Local Program Standing Committee is to involve people receiving services in planning and decision-making regarding policies in order to increase consumer satisfaction, service and support quality, and organizational responsiveness.
- C. **Internal Mechanisms.** All developmental service agencies have some level of an ongoing quality improvement process as well as internal quality assurance, such as a Human Rights Committee, peer review, and Local Program Standing Committee oversight. The specific design and intensity of these efforts vary from agency to agency.
- D. **Service Coordination.** Service coordination often includes the functions of "monitoring" and "advocacy." For some people, the service coordinator is the focal point for individual-based quality assurance at the local level.

IV. External to the Service System:

- A. **State Program Standing Committee for Developmental Services.** The State Program Standing Committee for Developmental Services was created by statute in 1990, (and updated through regulation in 1998), and is required to have at least 51% of its membership consumer and families. The Governor appoints this committee of people with developmental disabilities, family members, advocates, and people with professional/advocacy expertise in the field of developmental disabilities. The committee meets monthly as a working advisory group to the Division of Disability and Aging Services.
- B. **Vermont Developmental Disabilities Council.** A broad-based, federally mandated board that provides independent oversight and systemic advocacy for the needs of people with developmental disabilities.

- C. **Protection and Advocacy System.** This system has two components: a legal component through the Disability Law Project (DLP) and citizen advocacy. The Disability Law Project is part of Vermont Legal Aid and has offices in Rutland, Burlington, Montpelier, Springfield and St. Johnsbury. They provide protection and advocacy services to individuals with disabilities in a wide variety of forums (e.g., court proceedings, school negotiations, administrative hearings, Social Security Administration).
- D. **Regional ARC Organizations.** There are three counties with local ARC offices that provide a focus for families and concerned members of the public to identify and respond to the needs of people with developmental disabilities. The Central Vermont ARC provides information, support and advocacy for individuals with disabilities and their family members from their Montpelier office, the Franklin ARC from their St. Albans office, and the Rutland ARC from their office in Rutland.
- E. **Self-Advocacy.** Green Mountain Self-Advocates, a statewide self-advocacy group, works to empower people with disabilities to learn to make decisions, solve problems, speak for themselves, and to exert control over their own lives. It is committed to educating and making the general public aware of the strengths, rights and desires of people with disabilities. There are presently about 18 local chapters in various stages of development around the state.
- F. **Other Advocacy Groups.** There are other locally based groups of concerned families and advocates. For example, Guardianship Trust provides regular, structured individually-based citizen monitoring of residential services provided by WCMH in Barre. Brandon Training School Association is an alliance of parents and other people concerned with the well being of former residents of Brandon Training School.
- G. **Law Enforcement Agencies.** In recent years, many local and state police have received training in the techniques of interviewing people with developmental disabilities who are victims of crime. The traditional sources of citizen law enforcement—the police, State's Attorney's, and Attorney General's offices—have played an increasingly effective role in protecting citizens with developmental disabilities who may become victims of crime.
- H. **Criminal Penalties.** Vermont law makes it a crime to abuse, neglect or exploit a person with a disability. The Office of Attorney General will prosecute for violations of this law.
- I. **The Federal Government.** Through Medicaid audits and look-behind surveys, the federal government provides a back-up system of quality assurance.
- J. **Concerned Members of the Public.** These include interested professionals (e.g., physicians, psychologists), members of the academic community, legislators, etc., who express their concerns through traditional channels of professional, administrative and legislative communication.
- K. **Above all, individual friends, family members, guardians, coworkers, neighbors.** Friends, family and neighbors provide for individuals in community settings the most important and dependable source of monitoring and advocacy – someone that will “go to bat” for you if things are not going well.

GREEN MOUNTAIN SELF-ADVOCATES

January 2007

Green Mountain Self-Advocates (GMSA)

73 Main Street, Suite 401

Montpelier, VT 05602

gmsa@sover.net

802-229-2600

Contact: Ryan Whipple and Karen Topper

Toll Free (in VT): 1-800-564-9990

LOCAL CHAPTERS:

Advocates For Action

12 Church St,
Bellows Falls, VT 05101
295-3032-3962 – Kate Berge-Charter
Board Rep: Donna Bennett

Bennington Peer Support

United Counseling Services, Inc.
PO Box 588
Bennington, VT 05201
442-5491 – Melanie Brunina
Board Rep: Lisa Rudiakov

B-SAC

Burlington Self-Advocacy Club

Howard Community Services
102 South Winooski Ave.
Burlington, VT 05401
658-1914 – Tracy Drake
Board Rep: Scott Brunelle

CCAA

Capital City Advocacy Association

Montpelier and U-32 High Schools
5 High School Drive
Montpelier, VT 05602
262-1236 – Karen Noone
Board Rep: Robert Purdue

Champlain Voices

Champlain Vocational Services, Inc.
512 Troy Ave., Suite 1
Colchester, VT 05446
655-0511 – Pricilla Thomas
Board Rep: Paul Nichols

COPS – Connections of Peer Support of White River Jct.

PO Box 678
Springfield, VT 05156
886-1833 – Karen Daley-Regan
Board Rep: Helen George

Friends Helping Friends

Community Developmental Services
50 Grandview Drive
Barre, VT 05641
479-2502 – Kaili Goslant
Board Rep: Margaret Pearlstein

HEAT

Hardwick, VT 05843
748-3181 – Gina Brown
Board Rep: Amanda Daniels

Getting Acquainted

520 Washington Highway
Lamoille County Mental Health
Morrisville, VT 05661
888-6627 – Patti Mack
Board Rep: Deb Demers

Next Step of St. Albans

Northwestern Counseling and Support
Services, Inc.
156 North Main Street
St. Albans, VT 05478
524-6561 – Syd Boyd
Board Reps: Jonathan Fitzgerald

Our Drop In Center

153 Main Street
Newport, VT 05855
344-8378 Diane Blais
Board Reps: Roland Maurais
& Gail Rowe

RAPS – Randolph Area Peer Support

Upper Valley Services, Inc.
12 Prince Street, Suite #2
Randolph, VT 05060
728-4476 – Sue Gorman
Board Rep: Edwin Place

Rutland High School

Self-Advocates

22 Stratton Rd
Rutland, 05701
770-1012 – Maggie Rafter

Self-Advocates Becoming Empowered of Rutland

Rutland ARC
128 Merchants Row
Rutland, VT 05701
775-1370 – Lisa Lynch
Board Reps: Patty Czarniecki

SAMS - Self Advocates Meeting of Springfield

PO Box 678
Springfield, VT 05156
885-9533 – Kerry Banks
Board Rep: George Tanner

SAVVY – Strong Advocate Voices & You

Sterling Area Services
109 Professional Drive
Morrisville, VT 05661
888-7602 – Rafael Rice
Board Rep: Laura Benton

Speak Up Addison County

61 Court Street
Middlebury, VT 05753
388-3381 – Lindsey Hescocock
Board Rep: Delsie Farnsworth

Vermont Choices

Northeast Kingdom Human Svs., Inc.
PO Box 368
St. Johnsbury, VT 05819
748-3181 – Robin Burnash
Board Rep: Lori Gervais

Green Mountain Self-Advocates

Local Self-Advocacy Chapters



