

Vermont Developmental Disabilities Services Annual Report 2 0 1 0

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

Vermont Developmental Disabilities Services Annual Report 2010

**Although this report was published at the end of 2010,
all information and data represented are for FY 2009
unless otherwise stated.**

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



**Prepared by:
June E. Bascom
Division of Disability and Aging Services
103 South Main Street
Waterbury, VT 05671-1601
(802) 241-2648
www.dail.vermont.gov**

January 2010

TABLE OF CONTENTS

DAIL Mission Statement.....	1
DDAS Purpose	1
DDAS Core Values/Principles	1
THE DEVELOPMENTAL DISABILITIES SERVICES SYSTEM	2
Principles of Developmental Disabilities Services.....	2
Division of Disability and Aging Services	4
Developmental Disabilities Services Providers.....	4
Designated Agencies.....	4
Specialized Service Agencies	4
Management Options for Services	5
Highlights from FY 2009	7
Pressures on Community Services	10
Caseload Funding – FY 2009	12
Financial Summary	13
Quality Assurance and Quality Improvement	17
SERVICES & FUNDING	19
Funding Sources	19
Types of Services Provided	20
Total Served.....	21
SERVICES & SUPPORTS	23
Service Planning and Coordination	23
Home Supports	24
Employment Services	29
Community Supports.....	32
Family Supports.....	33
Children’s Services.....	35
Medicaid Entitlement Services.....	36
Clinical and Crisis Services.....	38
Nursing Facilities.....	42
Self-Advocacy	44
Office of Public Guardian.....	45
Individuals with Developmental Disabilities who Pose a Public Safety Risk	47
Communication	49
Consumer Survey.....	51
National Comparisons	55

ATTACHMENTS

Acronyms.....	Attachment A
Organizational Chart – Agency of Human Services.....	Attachment B
Division of Disability and Aging Services Staff	Attachment C
Vermont Developmental Disabilities Services Providers.....	Attachment D
Members of the State Program Standing Committee for Developmental Services	Attachment E
Vermont State System of Care Plan Funding Priorities FY 2008	Attachment F
Division of Disability and Aging Services FY 2008 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:

- Although the Global Commitment to Health Waiver refers to all services funded by DDAS, the term “waiver” (funding or services) when referenced in this document refers to home and community-based services (not Flexible Family Funding, fee-for-service Medicaid, vocational grant funding, etc.).
- Although this report was published at the end of 2010, all information and data represented in this report are for FY 2009 unless otherwise stated.
- See **Attachment A** for a list of *Acronyms*.

INDEX OF TABLES AND FIGURES

THE DIVISION OF DISABILITY AND AGING SERVICES

Vermont Developmental Disabilities Services Providers (map)	6
Reasons for Receiving Caseload Resources – FY 2009	12
Developmental Disability Services Caseload Numbers: FY '00 – FY '09	12
Average Home and Community-Based Services Cost per Person / Average Cost per Person – All Services: FY '92 – FY '09	13
Local Provider Total Administration Costs: FY 1993 – FY 2009	14
Average Service Rates for All People Served: FY 2009	15
Comparative Annual Cost of Services: Institution (FY '94) vs. Community (FY '09)	16

SERVICES & FUNDING

Funding Sources – Numbers Served: FY 2009	19
Home and Community-Based Services	19
Flexible Family Funding	19
Total Number of People Supported by Service Provider: June 30, 2009	21
Total Number of People Served: FY 1992 – FY 2009	21
Age Breakdown of People Served with Developmental Disabilities: FY 2009	22

SERVICES & SUPPORTS

Service Planning and Coordination – Numbers Served: FY 2009	23
Home Supports – Numbers Served: FY 2009	24
Percentage of People Supported by Type of Living Arrangement: June 30, 2009	25
Number of People in Residential Settings by Size of Setting: FY 1994 – FY 2009	25
Percentage of People in Residential Settings of 1-3 People: June 30, 2008	26
Number of Residences by Size of Residential Setting: FY 2009	26
Total Number of People Receiving Home Supports: FY '92 – '09	27
Cost per Person (HCBS Funding & ICF/DD) by Type of Home Compared to Numbers Served: FY 2009	27
Employment Services – Numbers Served: FY 2009	29
People with Developmental Disabilities Receiving Supported Employment to Work: FY '98 – FY '09	29
Number of People with I/DD Integrated Employment per 100,000 Population: FY 2008	30
Community Supports – Numbers Served: FY 2009	32
Number of People Receiving Community Supports: FY '99 – FY '09	32
Family Supports – Numbers Served: FY 2009	33
Family Supports to People Living at Home (Flexible Family Funding and Home and Community-Based Services: FY 2009	34
Children's Services – Numbers Served: FY 2009	35
Children (under 18) Receiving Home and Community-Based Services: FY '99 – FY '09	35
Medicaid Entitlement Services – Numbers Served: FY 2009	36
Children's Personal Care Services – Total People Served: FY '00 – FY '09	37
Children's Personal Care Services – Dollars Paid as a Percent of Dollars Allocated: FY '01 – FY '09	37
Clinical & Crisis Services – Vermont Crisis Intervention Network – Numbers Served: FY 2009	38

Vermont State Hospital Utilization by People Diagnosed with Developmental Disabilities: FY 1988 – FY 2009	39
Nursing Facilities – Numbers Served: December 31, 2009	42
People with I/DD who Reside in Nursing Facilities: 1991 – 2009	42
People with I/DD as a Percentage of All People who Reside in Nursing Facilities: 1991 – 2009.....	43
People with I/DD in Nursing Facilities as a Percentage of All People with I/DD Receiving Residential Supports: June 30, 2008	43
Office of Public Guardian – Caseload: June 30, 2009.....	45
Consumer Survey – Numbers Surveyed: 2009.....	51
Consumer Survey Results – 2009.....	51
Demographic Summary – 2009	53
Comparison of Vermont’s 2004 – 2006 and 2009 Consumer Survey Results.....	54
I/DD State Spending per Capita: FY 2008	55
State Fiscal Effort – Total I/DD Spending per \$1,000 in Personal Income: FY 2008	55
Percent of State I/DD Budget Paid by State Funds: FY 2008	56
Number of People in I/DD Residential Services & Nursing Facilities per 100,000 Population: FY 2008.....	56
Family Support Fiscal Effort – Total Spending per \$100,000 Personal Income: FY 2008	57
Family Support Spending as Percent of Total I/DD Budget: FY 2008	57

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.

PURPOSE

The Division of Disability and Aging Services supports older Vermonters and Vermonters with disabilities to live as they choose, pursuing their individual goals and preferences within their chosen communities.

The Division:

Seeks to ensure their basic human and civil rights, health, well-being, and safety –
Provides effective leadership for disability and aging policy and services in Vermont –
Meets federal state mandates by developing and managing public resources effectively.

CORE VALUES/PRINCIPLES

- Person-centered: We help people to make choices and to direct their own lives – pursuing their own choices, goals, aspirations and preferences.
- Natural Supports: We recognize the importance of family and friends in people's lives. We respect the unique needs, strengths and cultural values of each person and each family.
- Community participation: We support consumers' involvement in their communities, and recognize the importance of their contributions to their communities.
- Effectiveness: We pursue positive outcomes through effective practices, including evidence-based practices. We seek to develop and maintain a trained and competent workforce, and to use staff knowledge, skills and abilities effectively.
- Efficiency: We use public resources efficiently – avoiding unnecessary activities, costs, and negative impact on our environment.
- Creativity: We encourage progress through innovation, new ideas, and new solutions. We accept that creativity involves risk, and we learn from mistakes.
- Communication: We communicate effectively. We listen actively to the people we serve and to our partners. We are responsive.
- Respect: We promote respect, honesty, collaboration and integrity in all our relations. We empower consumers, staff and partners to achieve outcomes and goals. We provide opportunities for people to grow, both personally and professionally.
- Leadership: We strive to reach our vision and to demonstrate our values in all our work. We collaborate with consumers and other partners to achieve outcomes, goals and priorities. We are accountable.

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), under the Agency of Human Services (AHS)¹, 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' *Vermont Developmental Disabilities Services Annual Report 2010*, together with the *Vermont State System of Care Plan for Developmental Services – Three Year Plan (FY 2008 – FY 2010)*, cover all requirements outlined in the developmental disabilities statute².

Principles of Developmental Disabilities 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.
- ☞ **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.

¹ See **Attachment B: Organizational Chart – Agency of Human Services.**

² Developmental Disabilities Act of 1996, 18 V.S.A. § 8724.

- ✎ **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 the Developmental Disability Act.

- ✎ **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 disabilities 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 Disabilities Services Providers** and **Attachment E: Members of the State Program Standing Committee for Developmental Services**.

Developmental Disabilities 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 region³. There are ten DAs responsible for developmental disabilities 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.

³ For developmental disability services, geographic regions are defined along county lines.

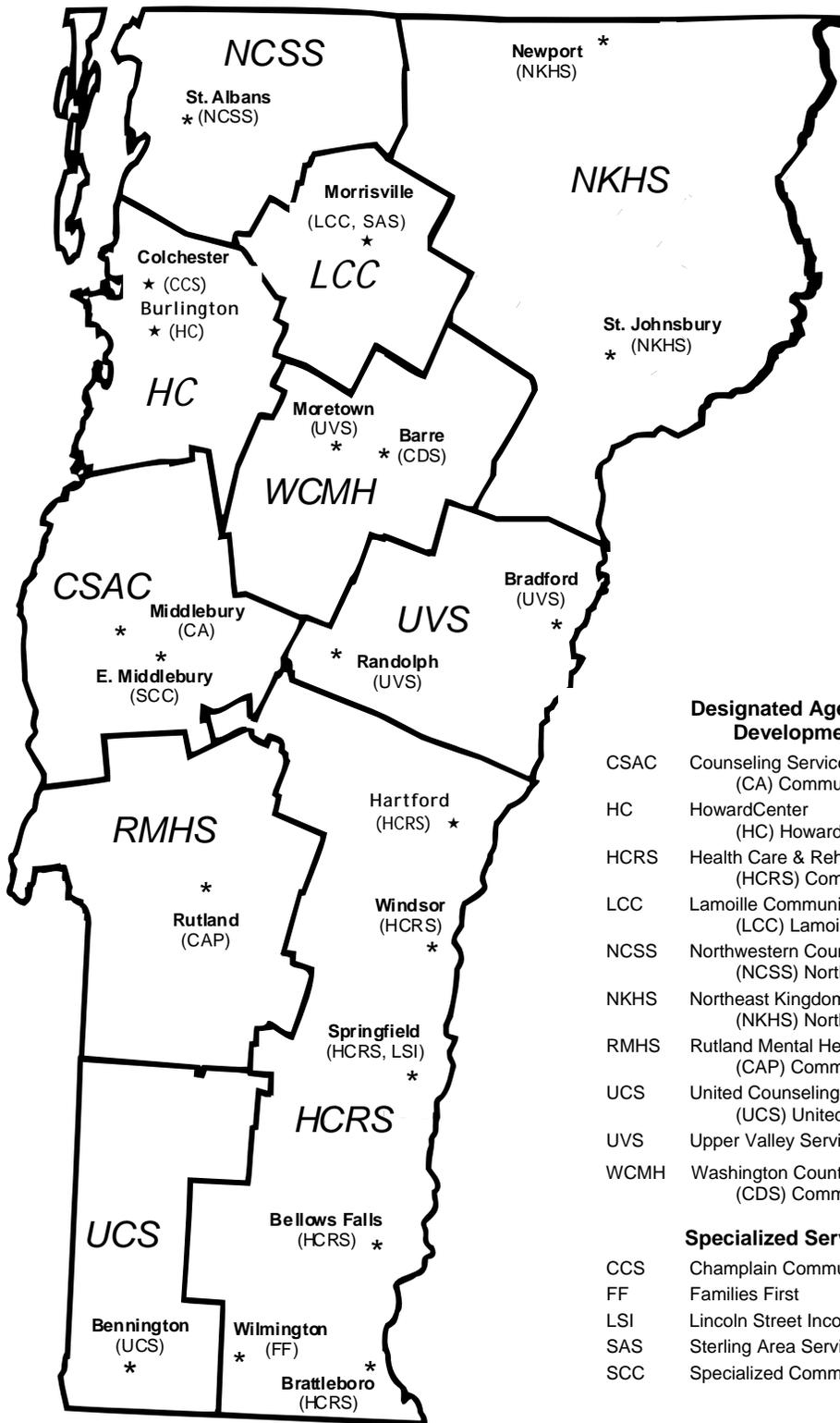
Management Options for Services

Traditionally, developmental disabilities services providers have managed all the services funded through DDAS on behalf of people with disabilities and their families. Today, people have a choice of four options of who will manage their services⁴.

- **Agency-Managed Services:** The **developmental disabilities services provider** manages **all** of a person's services, whether it is by the Designated Agency, Specialized Service Agency or other contracted provider. This is the most common method of how services are managed.
- **Shared-Managed Services:** The **developmental disabilities services provider** may manage **some**, but not all, of the services for the person or family. For example, the service agency provides service planning and coordination and may arrange for other services, such as home supports, while the person or a family member manages other supports separately, such as respite or work supports. Many families, as well as some people with developmental disabilities, have chosen a shared-management arrangement. ARIS Solutions, a Fiscal Intermediary Service Organization (Fiscal ISO) is available to people who share-manage to do many of the bookkeeping and reporting responsibilities of the employer.
- **Self-Managed Services:** An **individual** may choose to manage **all** of his or her developmental disabilities services except for 24-hour home supports. Up to 8 hours per day of paid home support for supervised/assisted living may be self-managed. This means that the person has the responsibility of hiring his or her own staff and overseeing the administrative responsibilities associated with receiving developmental disabilities services funding. Some of these responsibilities include contracting for services, developing a service plan, fulfilling the responsibilities of the employer, and planning for back-up support or respite in the case of an emergency. Transition-II (T-II) is a Supportive Intermediary Service Organizations (Supportive ISO) that must be used by individuals who self-manage their services. Additionally a Fiscal ISO, ARIS Solutions, must be used to help people who self-manage to do many of the bookkeeping and reporting responsibilities of the employer.
- **Family-Managed Services:** A person's **family member** may choose to manage **all** of his or her developmental disabilities services except for 24-hour home supports. Up to 8 hours per day of paid home support for supervised/assisted living may be family-managed. The same responsibilities and resources noted above for self-management are also associated with and required for family-managed services. Transition-II (T-II) is a Supportive Intermediary Service Organizations (Supportive ISO) that must be used by families who manage their services. Additionally a Fiscal ISO, ARIS Solutions, must be used to help families who manage services to do many of the bookkeeping and reporting responsibilities of the employer.

⁴ Contact the Division of Disability and Aging Services for a comprehensive guide for people who are self-/family-managing their developmental disabilities services funded through Medicaid.

Vermont Developmental Services Providers



**Designated Agencies (DA)
Developmental Disabilities Services Programs**

- CSAC Counseling Services of Addison County (CA) Community Associates
- HC HowardCenter (HC) HowardCenter Developmental Services
- HCRS Health Care & Rehabilitation Services of Southeastern VT (HCRS) Community Services Division of HCRS
- LCC Lamoille Community Connections (LCC) Lamoille Community Connections
- NCSS Northwestern Counseling & Support Services, Inc. (NCSS) Northwestern Counseling & Support Services/DS
- NKHS Northeast Kingdom Human Services, Inc. (NKHS) Northeast Kingdom Human Services, Inc.
- RMHS Rutland Mental Health Services (CAP) Community Access Program of Rutland County
- UCS United Counseling Services, Inc. (UCS) United Counseling Services, Inc.
- UVS Upper Valley Services, Inc. (DS only)
- WCMH Washington County Mental Health Services, Inc. (CDS) Community Developmental Services

Specialized Service Agencies (SSA)

- CCS Champlain Community Services, Inc.
- FF Families First
- LSI Lincoln Street Incorporated
- SAS Sterling Area Services, Inc.
- SCC Specialized Community Care

Highlights from FY 2009



The Bridge Program – Established and implemented The Bridge Program: Care Coordination for Children with Developmental Disabilities in March of 2009. The program provides care coordination to assist families of children under age 22 to access and coordinate needed medical, educational, social and other services to address their child's needs.



Vermont Interagency Autism Plan Advisory Committee – The Agency of Human Services and the Department of Education established an interagency Autism Plan Advisory Committee to provide advice to the state as it moves forward on implementing the state autism plan. The committee is comprised of 50% consumers and family members and 50% professionals.



Eligibility Regulations – Developed guidelines for assessment of individuals with Pervasive Developmental Disorder.



Best Practice Guidelines – A committee of clinicians was convened to develop guidelines for the diagnosis of pervasive developmental disorders with the goal of increasing consistency of the diagnostic process to allow equitable access to appropriate services and as a basis for providing training to additional evaluators.



Supported Employment Strategic Planning – A group of Supported Employment Specialists from agencies around the state formed a workgroup to address training and ongoing development of supported employment services in Vermont.



Communication Mentoring Project – The Mentoring Project continued in FY '09 by providing Community Access Program/RMHS, Champlain Community Services and Upper Valley Services with mentoring and technical assistance from a communication specialist with Augmentative and Alternative Communication (AAC) expertise. The goal is to increase local capacity within developmental disability service agencies to support people with disabilities to communicate more effectively.



Community Safety Procedures for Individuals with Developmental Disabilities who pose a Public Safety Risk – DAIL revised the community notification policy for individuals with developmental disabilities who pose a public safety risk. These procedures require developmental disabilities services agencies to develop a Community Safety Plan, in consultation with DAIL's Public Safety Specialist, for each individual with developmental disabilities who poses a public safety risk.



Survey of Individuals with Developmental Disabilities who pose a Public Safety Risk – In January of 2009, the Division surveyed developmental disabilities services agencies across Vermont on unmet needs of individuals with developmental disabilities who pose a public safety risk.



Celebrating Sexuality – Green Mountain Self-Advocates organized Celebrating Sexuality, the second Vermont conference on issues of sexuality and relationships in the lives of youth and adults with developmental disabilities.

GEORGE'S STORY

I am George. I am 41 and live in Proctorsville. I have been a part of Lincoln Street Inc. for 5 years now.

I feel successful at this time in my life.

I am really involved in the Global Campus [Springfield]. I am a core group member, a teacher and a student. I have a voice in the direction of our campus and what it offers to participants. I have taught two cooking classes and have led a garden tour at the Path of Life. I most enjoy the people I associate with through Global Campus in whatever way I'm involved.



I am also involved in the SAM self-advocacy group. I am the President of the group. I am also a member of GMSA and COPS self-advocacy groups. I have assisted with organizing the COPS annual Halloween Dance as well as the SAM group annual fall foliage train ride and Lake Sunapee boat cruise. I have participated in many fundraisers. Self advocacy is important because I can speak up for myself.

I am also on the Board of Directors at Lincoln Street. This gives me a voice in the direction of the whole agency. Without consumers, there would be no agency.

I work 6 hours a week at Ludlow Village Pizza folding boxes. I have also helped to wrap food like cheese and vegetables. Work is important to me because I feel as though I am accomplishing something important.

I feel experienced, energetic, confident, and secure. My experiences with attending the Voices and Choices sexuality conference, the SABE conference, my job at Ludlow Village Pizza and being a part of Train the Trainers has made me who I am today.

Pressures on Community Services

In FY 2009, the Division of Disability and Aging Services provided supports to **3,734** people with developmental disabilities in Vermont, approximately 29% of the eligible population⁵. However, the population is constantly growing with an estimated **133** children born each year with developmental disabilities⁶. The need for developmental disabilities services is generally life-long and on average **33** people who are currently receiving services die each year⁷.

The demand for supports continues to outpace the available resources. The following are some of the many factors influencing this.

↪ **Medicaid services limited for children** – There are gaps in the federal entitlement to Early, Periodic Screening, Diagnosis and Treatment (EPSDT) services for Medicaid-eligible children and youth with developmental disabilities. Efforts continue to address these gaps and increase access to EPSDT services with a new allocation of funds from the Legislature. The Bridge Program – Care Coordination for Children (under age 22) with Developmental Disabilities was developed to start to address this gap.

↪ **Special education graduates need supports at home and work**⁸ – There were an estimated 132 graduates with developmental disabilities expected to exit the educational system in FY '09. These young adults look to the developmental disabilities services 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 132 who exited, 104 met eligibility for home and community-based services funding. Of the 104, 66 received services through supported employment grants funded by Vocational Rehabilitation.

↪ **Autism Spectrum Disorders (ASD)** – There has been a dramatic increase in the number of children diagnosed with ASD in the past decade. National data indicate that 1 in 110 children have an ASD diagnosis⁹. Vermont's data show similar prevalence rates. Furthermore, there has been an average annual rate increase of 16% over the past ten years of children and adults with ADS getting mental health or developmental disabilities services¹⁰.

⁵ Based on estimated census figures for 2008 obtained from the US Census Bureau, American Fact Finder website (621,270 for Vermont).

⁶ Based on a prevalence rate of 1.5% for mental retardation, 0.6% for Pervasive Developmental Disorders and 6,338 live births (Vermont Department of Health preliminary 2008 vital statistics).

⁷ Based on an average of the past ten years (*National Core Indicators Mortality Data*).

⁸ 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 disabilities services and need funding.

⁹ Prevalence of Autism Spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, United States, 2006, *Morbidity and Mortality Weekly Report*, 58 (SS10); 1 – 20.

¹⁰ *Report to the Legislature to Address Services for Individuals with Autism Spectrum Disorders*. Vermont Agency of Human Services, January 2008.



Individuals with developmental disabilities who pose a public safety risk – 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 disabilities services to meet the need. Approximately 200 individuals with developmental disabilities who pose a public safety risk are supported by developmental disabilities services agencies, a number that has increased steadily in recent years. The average cost per individual with developmental disabilities who poses a public safety risk is now approximately \$100,000 per year. Developmental disabilities 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. During the 2009 Legislative Session, a series of questions were posed to the Commissioner of DAIL regarding individuals with developmental disabilities who pose a public safety risk. A study group was convened and a report on individuals with developmental disabilities who pose a public safety risk will be published in FY 2010.



New caseload funding allocated to most in need – New caseload resources were provided to 285 individuals in FY '09 who met the State System of Care Plan funding priorities for developmental disabilities services. The chart on the following page provides a list of the reasons people received new caseload funding.

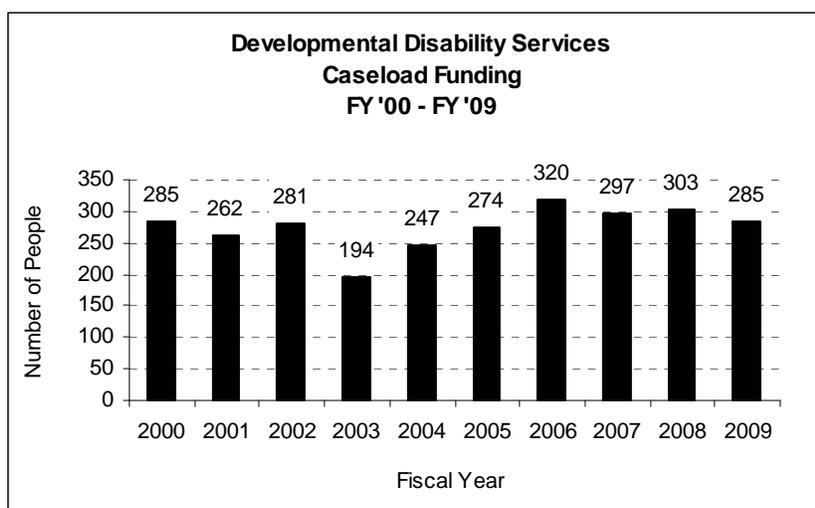


Applicant List tracks people who do not meet funding priorities – There were 205 people on the Applicant List at the end of FY '09. This number includes people who are eligible for services based on their disability but whose needs do not meet the State System of Care Plan's funding priorities. In addition, there were 48 people on the Waiting List who were eligible for services – specifically Flexible Family Funding – but for whom there were insufficient funds. However, most of those waiting received one-time funding for Flexible Family Funding in FY '09 to temporarily meet their needs.

Caseload Funding¹¹ – FY 2009

Reasons for Receiving Caseload Funding¹² – FY 2009
Imminent risk to person’s health or safety – for adults (age 19 and over)
Loss of home / imminent risk of homelessness – for adults
Risk of abuse, neglect or exploitation – for adults
High school graduation and job loss prevention – for adults (age 19 and over)
Loss or reduced capacity of caregiver – for adults
Risk to public safety – for adults
Risk of institutional placements or diversion from institutional placement
Parenting skills training for parents with developmental disabilities
Employment Conversion Plan
Parenting skills training for parents with DD
Total people served from caseload resources (unduplicated) – 285

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



The nature of developmental disabilities often leads to services that support people throughout their lifespan. Of the 75 people who left home and community-based funded services in FY '09, 27 died; 33 declined or left services; 11 moved out of state; and 4 received alternative supports or funding.

¹¹ “Caseload Funding” includes all newly appropriated funding from New Caseload, Equity, High School Graduate, and Public Safety Funds. Many funding approvals meet more than one System of Care Plan funding priority and some people are approved for funding from more than one category of funding. There were duplications across reasons for receiving caseload funding for 39 people. Unless stated otherwise, adult means age 18 and over.

¹² See **Attachment F** for a complete listing of the *State System of Care Plan Funding Priorities FY 2009*. For more details, see the *Vermont State System of Care Plan for Developmental Services Three-Year Plan FY 2008 – FY 2010 and FY 2009 UPDATE (Revised January 2009)*.

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 2009 Fiscal Resources**.



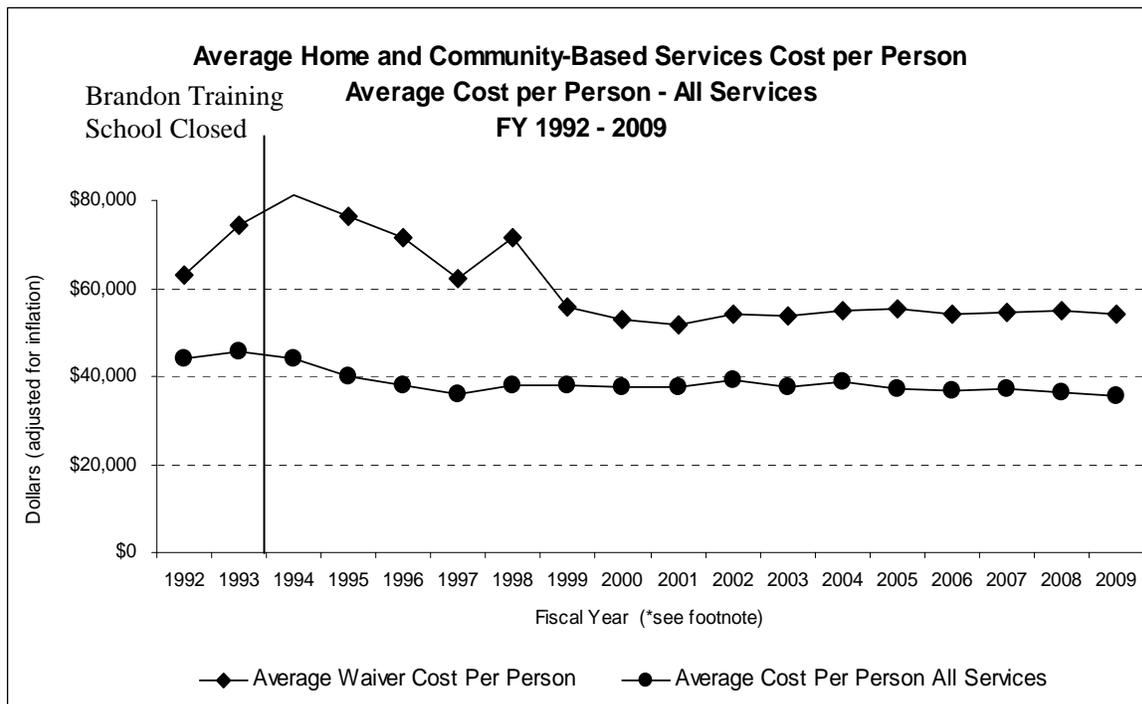
With the inception of the Global Commitment to Health 1115 Medicaid waiver, **100% of all community-based services are now matched with federal funds.**



The average cost per person for **home and community-based services** was **\$54,151 in FY 2009.**



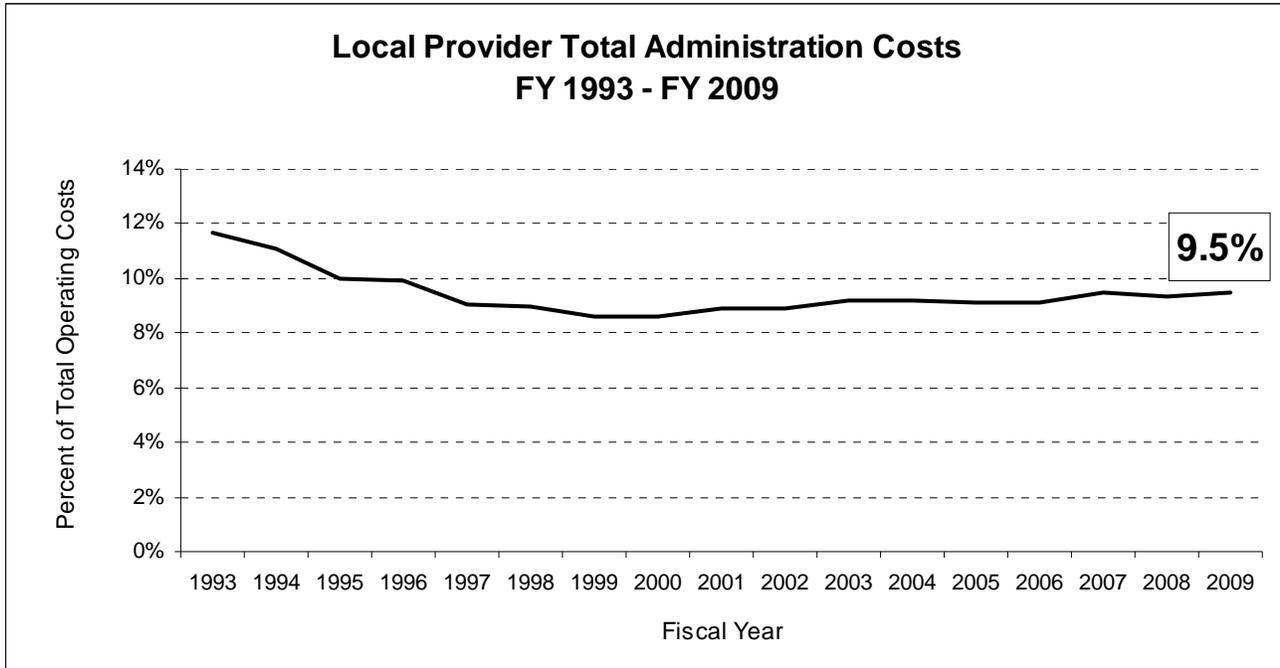
The average cost¹³ per person for **all** services was **\$35,365 in FY 2009.** This average cost has remained stable over time. An increase over time in the number of individuals supported by less costly (non-residential) family support, like Flexible Family Funding, contributes to the stability of the average cost per person.



¹³ For “Average Home and Community Based Services 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 agency¹⁴. These administrative costs have **remained relatively stable** for the past decade.¹⁵

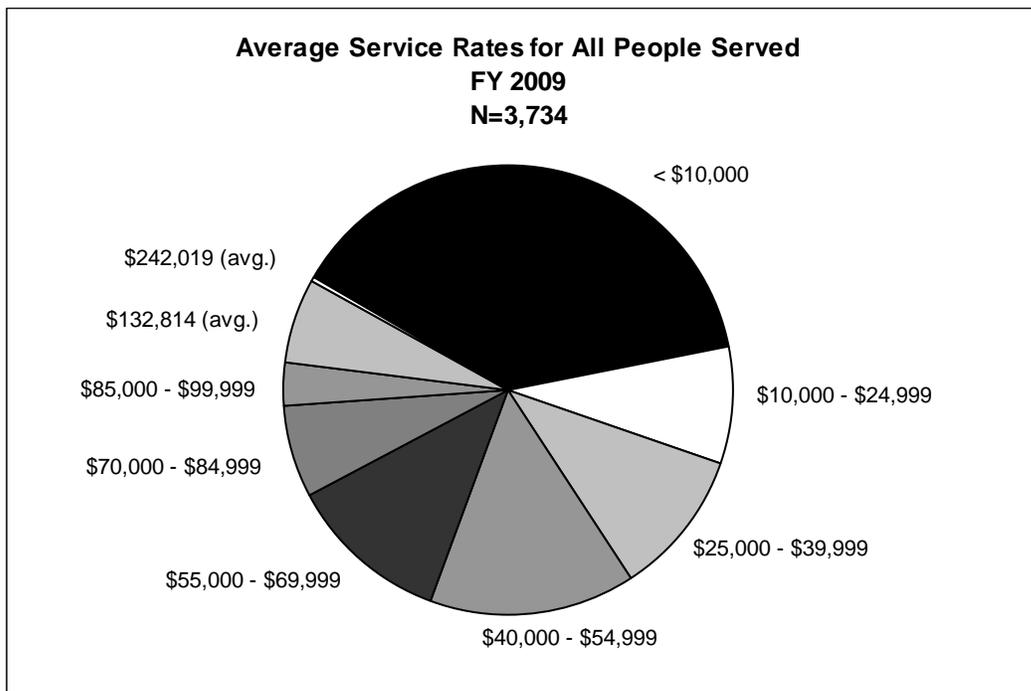


¹⁴ Management expenses (e.g., developmental service director, buildings) relating to major program areas (e.g., developmental disabilities services) are considered program expenses, not administration.

¹⁵ The impact of “corporate compliance” and other measures caused a .4% increase between FY ’06 and FY ’07.



Almost one-half (44%) of all individuals served are funded for less than \$20,000 per person per year. Fifty nine percent (59%) of all families served receive support through Flexible Family Funding at the low annual rate of \$1,300¹⁶. Supporting people living with their own families continues to be the most cost effective method of support.



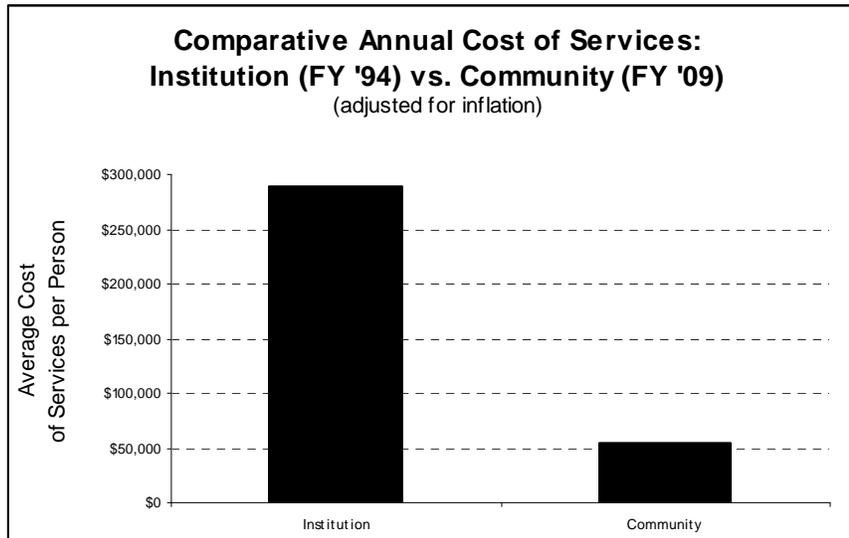
The average cost of home and community-based services today are still lower than the average cost at Brandon Training School. The average cost per person of home and community based services was \$54,151 in FY 2009. The average per person cost of supports in the most intensive community services category¹⁷ is \$242,019 per year, which is still considerably less than what the estimated annual per person cost would have been at Brandon Training School in today’s dollars (\$289,176).

¹⁶ Flexible Family Funding is based on a sliding scale of which the maximum family allocation is \$1,300. This maximum allocation will be lowered to \$1,000 in FY '10.

¹⁷ This highest rate category includes thirteen (13) people: six people with intensive medical needs in an Intermediate Care Facility for People with Developmental Disabilities (ICF/DD) and seven people getting home and community-based services funding at a rate equal to or higher than the ICF/DD rate of \$212,345. Total costs were calculated using the FY '10 “Beginning” home and community-based services spreadsheets plus the FY '09 “June Final” to include people who terminated services during the year.



Since the closure of Brandon Training School (BTS) in FY '94, the average per person served cost for home and community based services (adjusted for inflation) has declined. In the last two full years of BTS it cost an average of **\$289,176** per year for each person served. In current dollars, **10 families** can be supported with intensive in-home support, or **222 families** can be supported with Flexible Family Funding, for the same amount of money (adjusted for inflation)¹⁸.



Note: “Community” is the average cost of home and community-based services.



Because **almost 100% of developmental disabilities services funding is from Medicaid via the Global Commitment waiver**, Vermont’s developmental disability services system leverages a higher proportion of federal funds compared with other states.

¹⁸ Intensive family support includes people who live with family who get service coordination, respite and/or in-home supports as well as community supports and/or employment services. The Flexible Family Funding number was calculated using the \$1,300 maximum family allocation.

Quality Assurance & Quality Improvement

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 Service Standards 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.

The Quality Management Reviewers do on-site reviews at half the agencies each year, covering around ten percent of the people served at those agencies; thus all agencies will be reviewed every two years. The quality reviews also inform the designation process that takes place for each developmental disabilities services agency every four years.

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.
- **Grievance 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 adults receiving services and to assess how families feel about services they and their family member receive.
- **Ethics Committee** to review any decisions by a Public Guardian to abate life-sustaining treatment for a person receiving services.
- **Human Rights Committee** to review behavior support plans which include the use of restraints to safeguard the human rights of people receiving developmental disabilities services.

The Vermont developmental disabilities 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:
 - Ongoing training programs developed for agency staff.
 - Training for staff of each agency about the best ways to support people with developmental disabilities.
 - Support of regional and statewide training through funding and collaborating with stakeholders to tailor training to meet specific needs.

- **Technical assistance** is provided to each agency by DDAS staff in a wide variety of areas including:

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. Collaboration continues with the Continence Project, Planned Parenthood of Northern New England, Green Mountain Self-Advocates and other organizations.

Continuation of liaison and interagency agreements with Adult Protective Services, Division of Vocational Rehabilitation, Department for Children and Families, Department of Mental Health, 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:

- Vermont Communication Task Force
- Quality Management Committee
- Therapeutic Options Group
- Sex Offender Discussion Group
- Developmental Services State Program Standing Committee
- Social/Sexual Education Resource Network
- Supported Employment Managers Group
- Training Advisory Group
- Human Rights Committee
- Ethics Committee
- Children's Coordinators Group



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)
- Guidelines for Critical Incident Reporting (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)
- Housing Safety and Accessibility Review Process (2006)
- Flexible Family Funding Guidelines (2007)
- Grievance and Appeals Processes (2007)
- Quality Management Plan (2009)
- Vermont State System of Care Plan for Developmental Disability Services – FY 2008 – FY 2010 (FY 2009 Update)

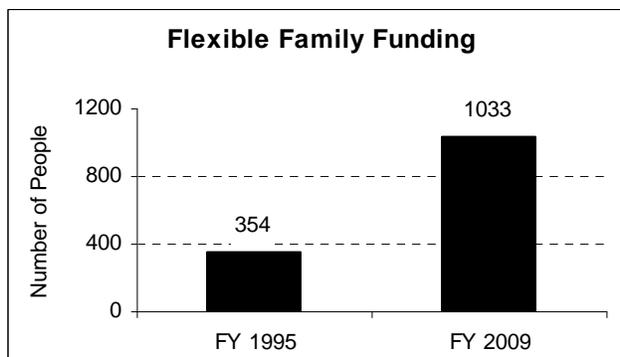
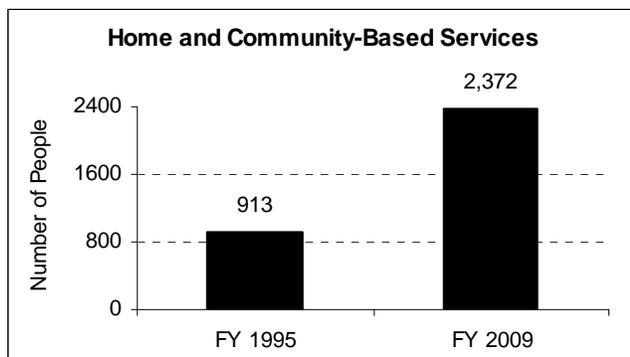
SERVICES & FUNDING

Funding Sources

Numbers Served – FY 2009	
Home and community-based services	2,372
Flexible Family Funding	1,033
Other funding (other than HCBS & FFF)	370
Total people served (unduplicated ¹⁹)	3,734

Since the inception of the Global Commitment to Health (GC) Medicaid waiver in FY '07, 100% of the services funded by DDAS are for people with developmental disabilities are funded under GC.

- Home and Community-Based Services (HCBS) – 2,372 people**
 A wide range of home and community-based services are available under the Global Commitment. Home and community-based services account for **97%** of all DDAS appropriated funding for developmental disabilities services.
- Flexible Family Funding (FFF) – 1,033 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 was \$1,300/year²⁰ in FY '09. Flexible Family Funding accounts for **1%** of all DDAS appropriated funding for developmental disabilities services and is also funded under Global Commitment.



- Other Funding** – Other funding sources include GC fee-for-service targeted case management, the Bridge Program and the Intermediate Care Facility (ICF/DD), plus vocational grants in partnership with the Division of Vocational Rehabilitation. These account for **2%** of all funding for DDAS community-based services.

¹⁹ There is a duplication of 41 people across the Flexible Family Funding and home and community-based services categories due to changes in funding during the year.

²⁰ The Flexible Family Funding maximum family allocation will decrease to \$1,000 as of 7/1/09.

Types of Services Provided

Developmental disabilities 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.

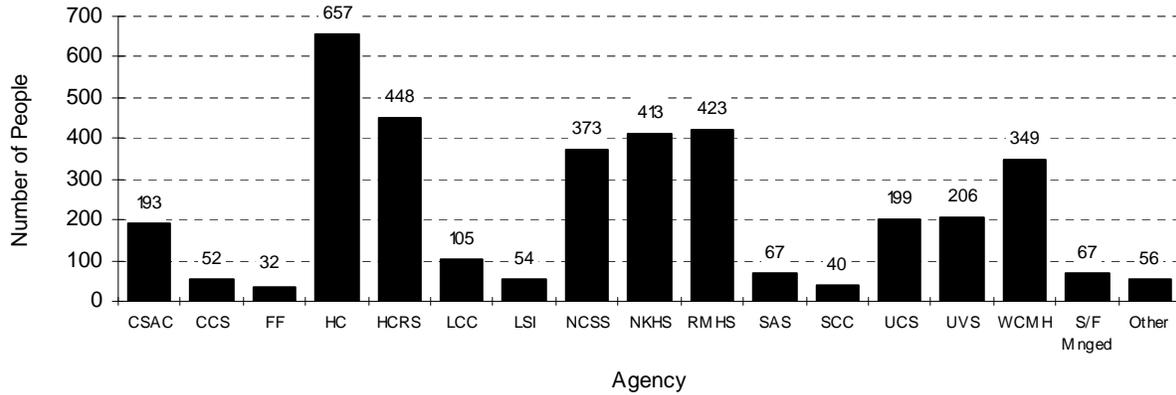
Shared Living/Home Provider – Individualized shared-living arrangements for one or two people offered within a contracted home provider's home.

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.

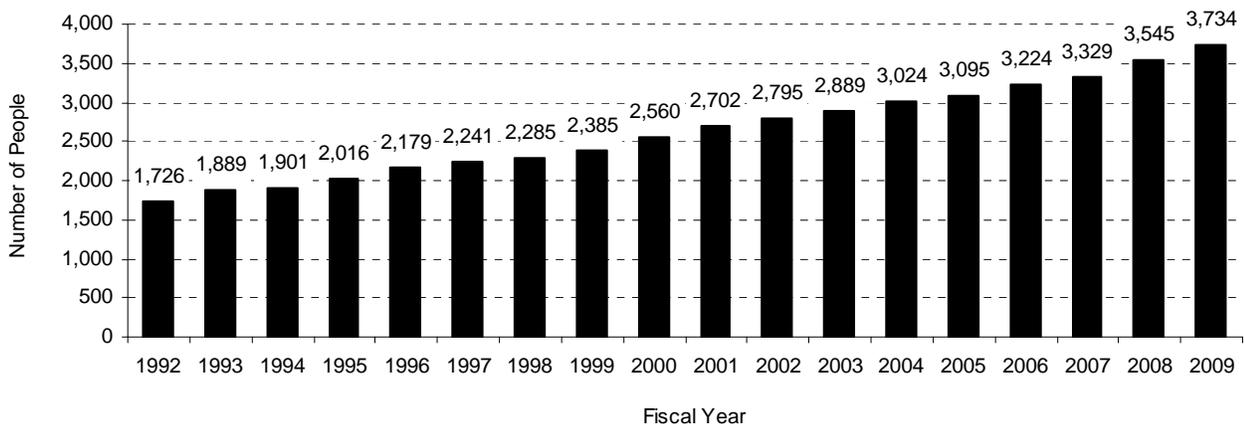
Total Served

**Total Number of People Supported by Service Provider
June 30, 2009**



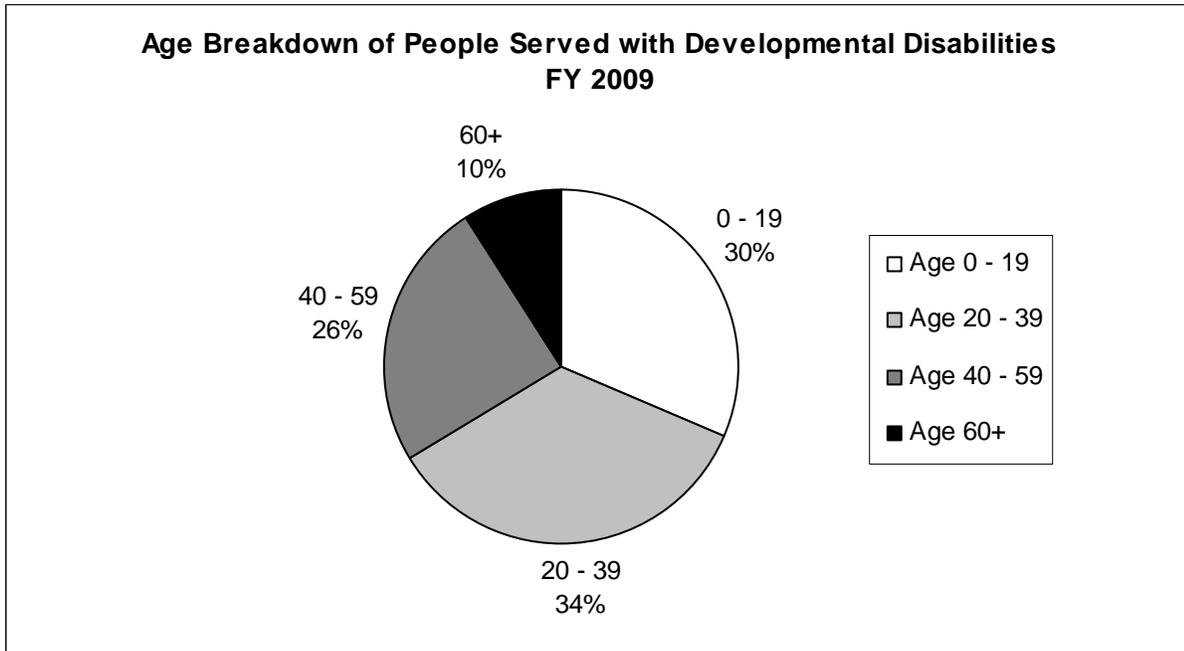
Developmental Disabilities Services Providers			
CSAC	Counseling Service of Addison County	SCC	Specialized Community Care
CCS	Champlain Community Services, Inc.	UCS	United Counseling Services, Inc.
FF	Families First	UVS	Upper Valley Services, Inc.
HC	HowardCenter	WCMH	Washington County Mental Health Services, Inc.
HCRS	Health Care and Rehabilitation Services of SE Vt.	Self- or Family-Managed	Includes all people who use the Supportive ISO (Transition II).
LCC	Lamoille Community Connections		
LSI	Lincoln Street Incorporated		
NCSS	Northwestern Counseling and Support Svcs., Inc.	Other	Includes people supported by Transition II employment services, the Office of Public Guardian or Francis Foundation and who are <u>not</u> 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 2009**





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



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

Service Planning & Coordination

Numbers Served – FY 2009	
Service coordination – home and community based services funding	2,372
Service coordination – Targeted Case Management (fee-for service) The Bridge Program (case rate) (unduplicated with home and community based services)	434
Total people receiving service coordination	2,806

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. 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
- Housing Safety and Accessibility Reviews
- Overall health and safety
- Maintaining individual case records
- Positive Behavior Support Plans
- Critical Incident Reports
- Grievance and appeals
- Quality assurance/improvement

Home Supports

Numbers Served – FY 2009	
Number of homes (6/30/09)	1,324
Average number of people per residential setting	1.2
Total people getting home supports (6/30/09)	1,554

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 – 1,196

Number of homes – 1,057

- **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 – 234

Number of homes – 228

- **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.

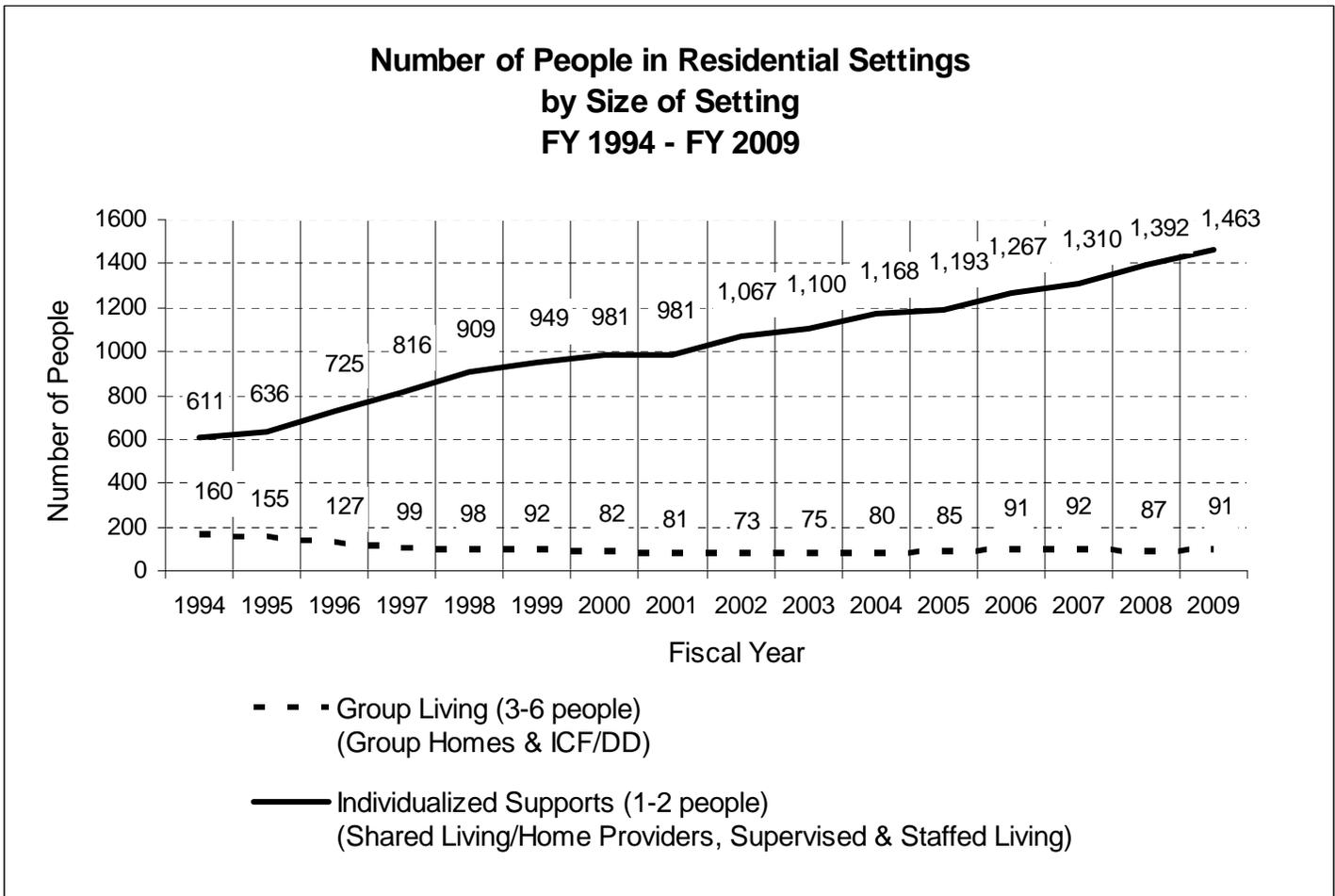
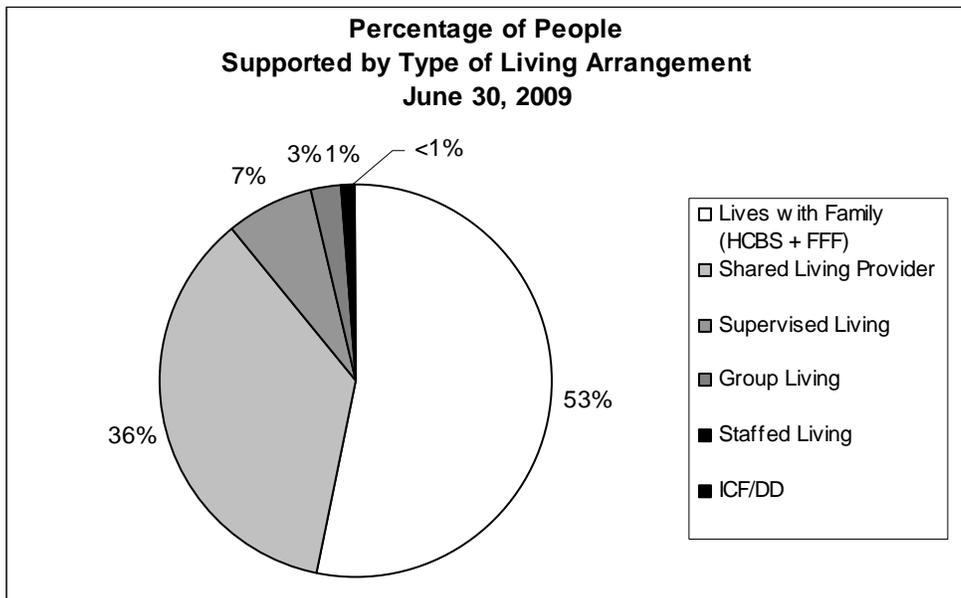
Number of people – 33

Number of homes – 25

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

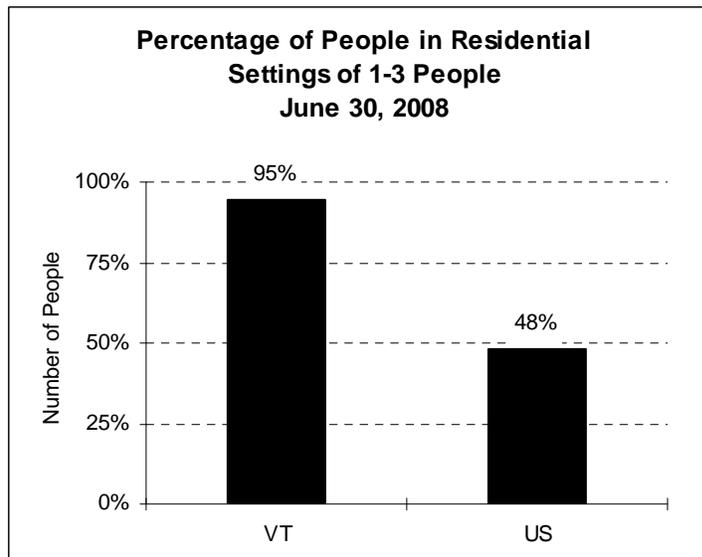
Number of people – 6

Number of homes – 1

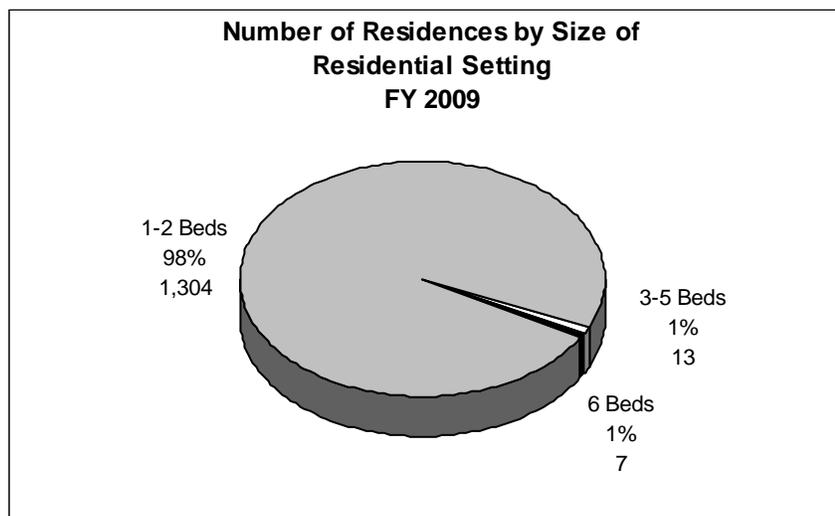




Vermont is the only state in the country that has the low average of 1.2 people per residential setting²¹.



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** people receiving services²².

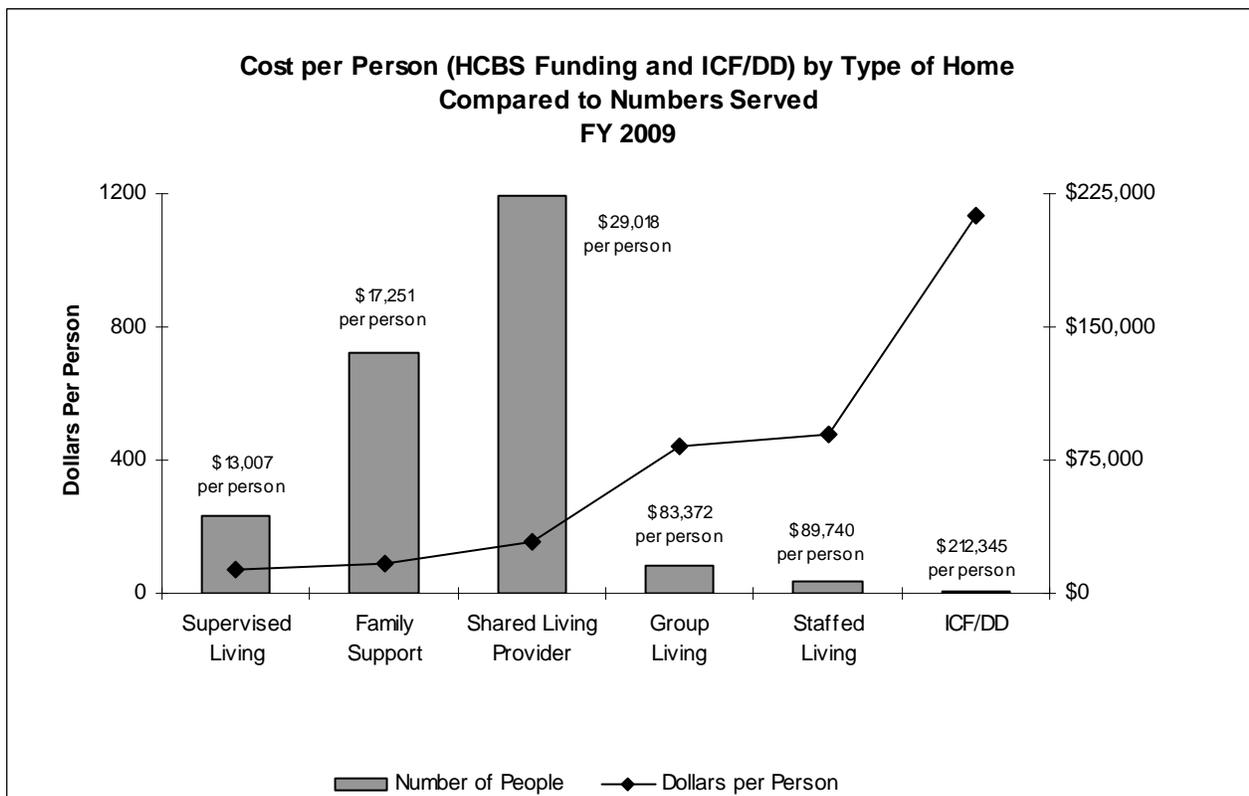
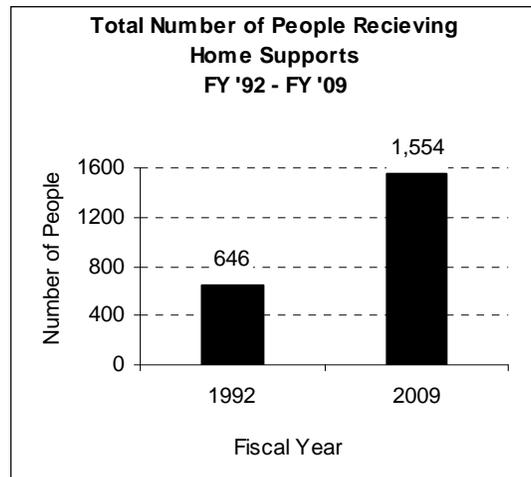


²¹ Lakin, K.C., Larson, S., Salmi, P. and Scott, N. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2008*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, 2009.

²² Ibid.



Home supports has steadily increased, yet Vermont has maintained an average of **1.2 people supported per residential setting**; still the lowest rate in the country compared with the national average of 2.5²³



Note: The Family Support dollar figure is the person’s home and community-based services funding amount excluding community supports and employment services. The Supervised Living dollar figure is based on services only to people receiving home and community-based services funding.

²³ Lakin, K.C., Larson, S., Salmi, P. and Scott, N. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2008*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, 2009.

BARBIE'S AND SAM'S STORY

Barbie and Sam are the first two young women to move into Middlebury's Transitional Home. This is an alternative residential model that has as its goal that residents move into their own apartments within one year to live independently.

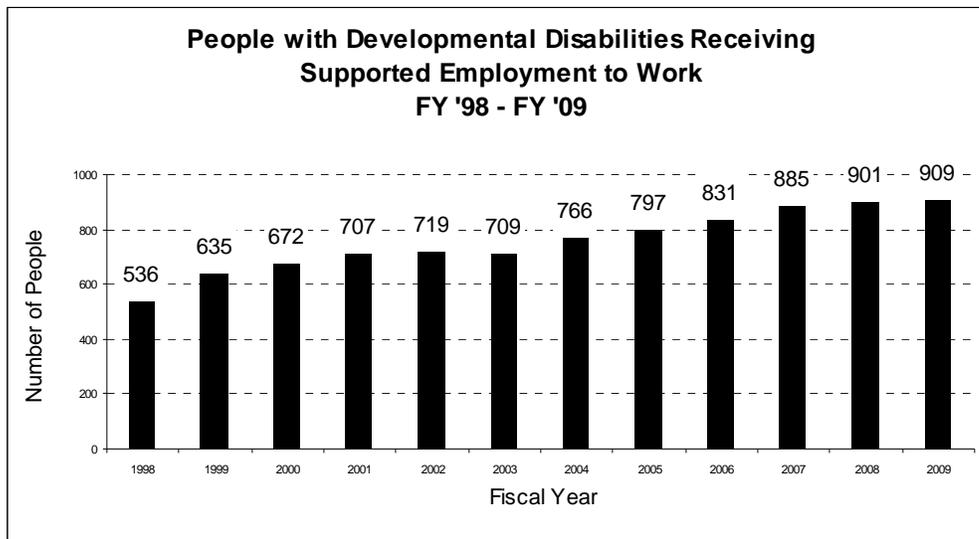
Both women are doing great in their new home working on their goal to live on their own. The program provides a lot of daytime support in order to facilitate the learning of the independent living skills necessary for them to be successful when they move out. Overnights can be a difficult time so the program has contracted workers to provide support when and if needed.

Another exciting aspect of the program is that Barbie and Sam are excited to provide the overnight coverage to the next two individuals who move into the home after their graduation into independent living.

Employment Services

Numbers Served – FY 2009	
Average hourly wage	\$8.59
Average hours worked per week	9 hours/week
Estimated public benefits (SSI) saved	\$1,433,476
Average Employer/Employee (Social Security and Medicare) Tax Contribution	\$583,406
Total people employed	909

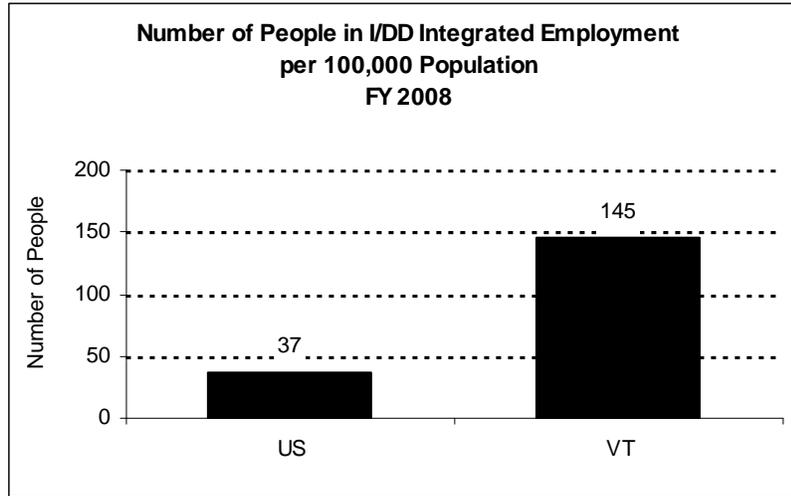
Employment Services assist individuals to achieve career and work goals; and include employment assessment, employer and job development, job training and ongoing support to maintain employment. Workforce inclusion generates a lasting positive impact to the person and to the public by way of an increased 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 services funding and VR Supported Employment grant funds.



36% of working age adults receiving developmental services are supported to work.



The number of people in Vermont who receive employment services per capita is four times greater than the national average²⁴.



The average wage for people receiving employment services (\$8.59) is **7% higher than minimum wage** in Vermont in 2009 (\$8.06).



Vermont is **ranked #2** in the nation (FY '08) in the number of people with developmental disabilities **who receive supported employment to work** per 100,000 of the state population²⁵.



Vermont is **ranked 7th** nationally (FY '08) in people in supported employment as a proportion of **total people getting community supports and/or employment services**²⁶; 48% in Vermont compared with the national average of 22%.



Of those adults with developmental disabilities interviewed in Vermont who are unemployed, **65% said they want a paid job**²⁷. Of those interviewed who have jobs, **60% said they want to work more hours**²⁸.

²⁴ *The State of the States in Developmental Disabilities*: Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Revised Report, 2008.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Data is based on results from *Survey of Adults Receiving Developmental Services in Vermont – Spring 2008*, Consumer Survey Project, Division of Disability and Aging Services, State of Vermont.

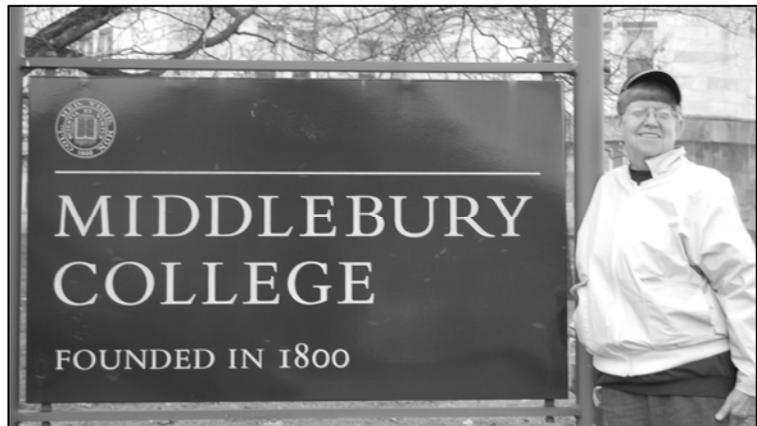
²⁸ Ibid.

SANDY'S STORY

Sandy has worked for the same employer for 22 years. She began her career at Middlebury College in March of 1987 where she was hired as a dish room worker. Later she expanded to work as a food server in the salad bar area. She was hired to work full time, Monday through Friday, which was perfect to meet Sandy's needs. Over the many years Sandy proved to be a very dedicated employee at the college. Even though she lived in Ripton and worked in Middlebury she almost never missed a day of work. Sandy felt a good deal of pride in the work she performed at Middlebury College.

Sandy mentioned that as she got older it was more of a challenge for her to work fast and she advises anyone who isn't as fast as they would like to be "to do a good job, the best that you can". "If you like working, keep at it."

Ultimately, Sandy chose to take an early retirement at age 62 from the college in April 2009. She was honored at a retirement party; offered full health care benefits until age 65, and had accumulated a substantial retirement fund to provide her with financial stability for years to come. At the time of her retirement, Sandy was the top wage earner in our Employment Associates program, earning \$15.21 per hour.

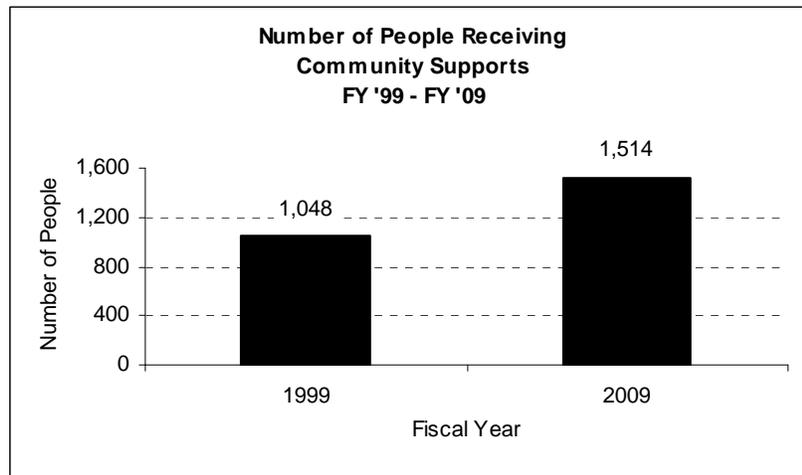


When asked how she was adjusting to her new retirement, Sandy answered, "I get to spend time with my brother and his wife and also with my son and his wife." Sandy also said that she made some very nice friends while working at the college and she mentioned how very much she misses them now. Occasionally she drops by the college to visit. Reflecting on her career at the college, Sandy said "I am leaving feeling successful that I am able to retire!"

Community Supports

Numbers Served – FY 2009	
Total annual cost of community supports	\$23,393,738
Total people receiving community supports	1,514

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.



Family Supports

Numbers Served – FY 2009			
Funding/Supports for Families	Adults (22 and over)	Children (under 22)	Total
Flexible Family Funding recipients	105	928	1,033
Home and community-based service recipients	523	202	725
Respite/In-home supports	414	172	586
Other Supports (Employment/Community Supports)	443	72	515
The Bridge Program recipients	0	162	162
(Duplications across recipients of family supports)	(19)	(148)	(167)
Total family supports (unduplicated)	609	1,144	1,753

Family Supports include Flexible Family Funding or home and community-based supports funded under GC (e.g., respite, family support, employment services, community supports) to people living with their biological 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 \$1,300 per year²⁹.

- **Home and Community-Based Services Funding (HCBS):** 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.

- **The Bridge Program – Care Coordination for Children with Developmental Disabilities:** The Bridge Program provides care coordination to assist families of children under age 22 who have developmental disabilities. The program helps families determine what supports or services are needed; access needed medical, educational, social or other services to address their child’s needs; and coordinate multiple community-based services and develop a coordinated plan to address assessed needs.



People receiving family supports represent **47% of all people served** with developmental disabilities funding.

²⁹ Flexible Family Funding is based on a sliding scale of which the maximum family allocation is \$1,300. This maximum allocation will be lowered to \$1,000 as of 7/1/09.

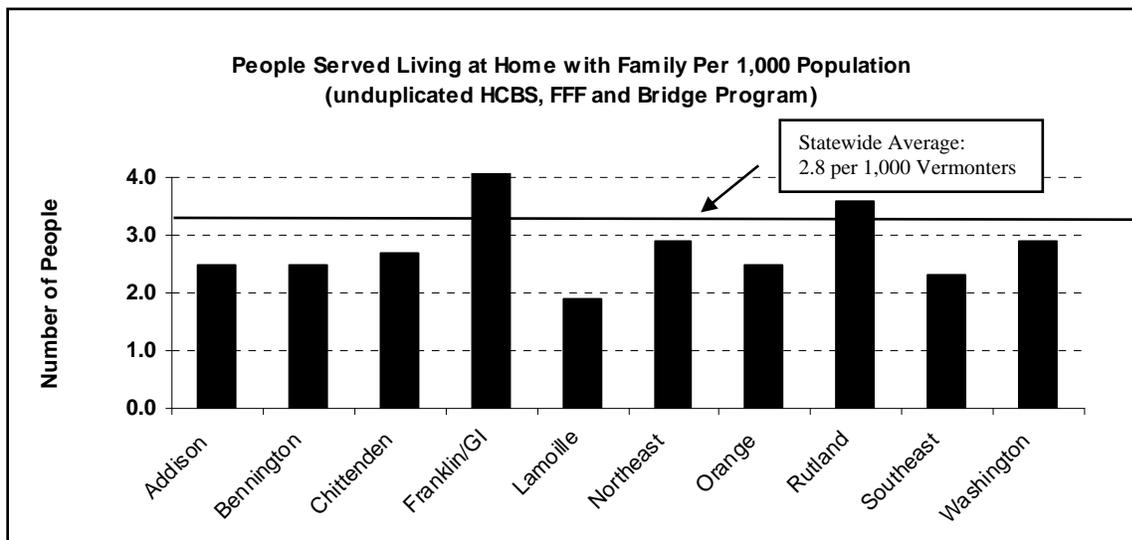
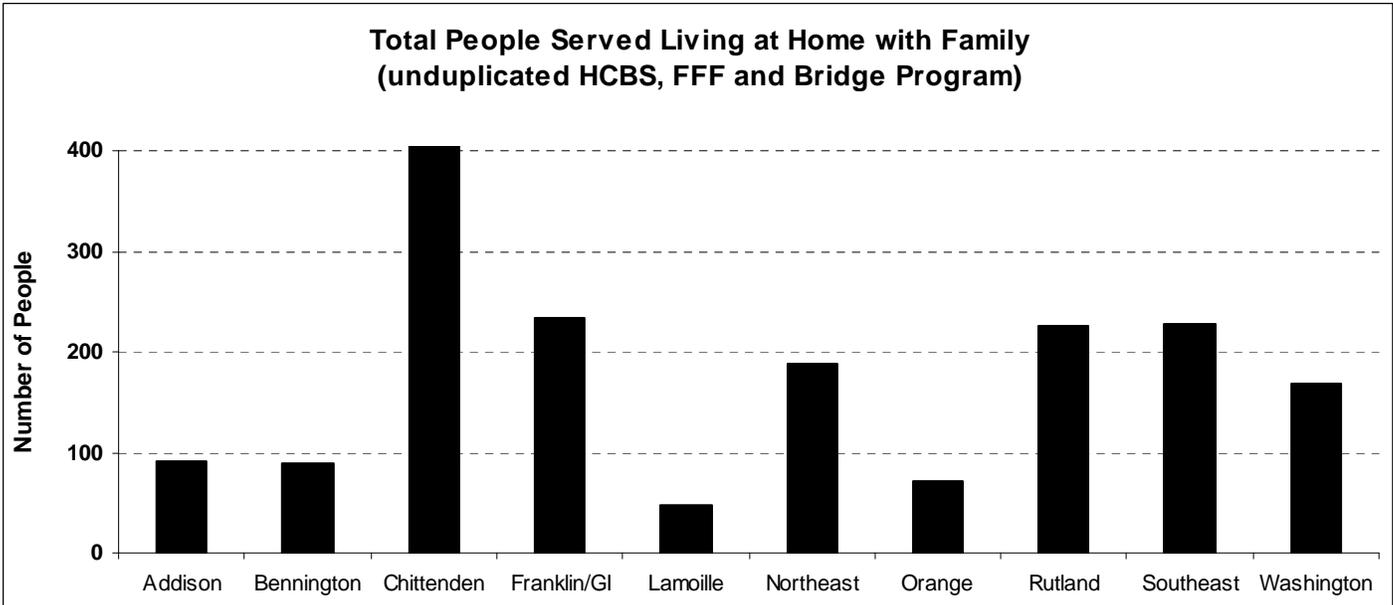


Almost **one third (31%)** of people who receive home and community-based services **live with their family**.



69 people self- or family-managed all of their services in FY 2009.

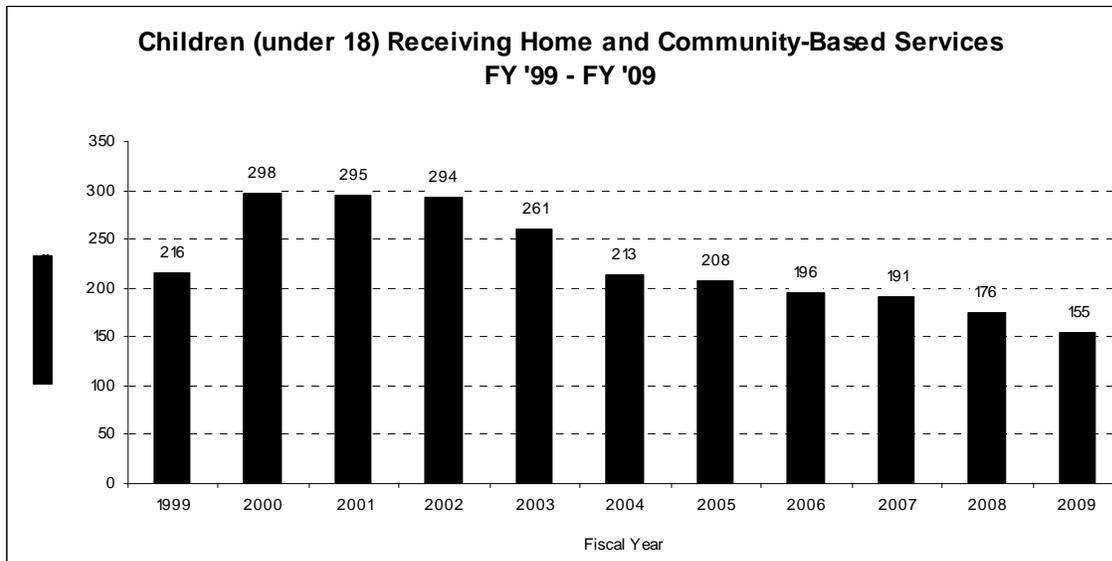
**Family Supports to People Living at Home
(Flexible Family Funding and Home and Community-Based Services)
FY 2009**



Children's Services

Numbers Served – FY 2009				
Funding/Support for Children	Birth – 6	7 – 17	18 – 21	Total
Flexible Family Funding recipients	180	593	154	927
Home and community-based service recipients	5	150	206	361
Lives with family	2	96	104	202
Does not live with family ³⁰	3	54	102	159 (69 w/DCF)
Other: Targeted Case Management or vocational grant only	18	101	73	192
The Bridge Program ³¹ recipients	35	96	31	162
(minus duplications)	(41)	(156)	(78)	(275)
Total children services (unduplicated)	197	784	386	1,367

Children's Services are provided to children and youth with developmental disabilities who live with their biological or adoptive families, children who live with other individuals (e.g., foster family, other relatives), and young adults who live on their own. 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 other supports.



³⁰ Fifty (50) of the 57 children under age 18 who do not live with family are in state custody and/or have their services paid for through the Department for Children and Families (DCF) and received a range of supports from developmental disabilities services providers. The remaining seven are either in shared parenting and therefore live with family on a part-time basis, or are in supervised living. These numbers include people who terminated services during the year.

³⁰ One person in over age 18 in the Bridge Program does not live with family.

Medicaid Entitlement Services

Numbers Served – FY 2009	
Children’s Personal Care Services recipients	2,023
High Technology Home Care recipients	84
(Duplications between CPCS and HTHC recipients)	(38)
Total people served (unduplicated)	2,069

Children’s Personal Care Services (CPCS) provides 1:1 staffing for Medicaid eligible children (under age 21) with disabilities or health conditions 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 ’09:

- **2,252** Total number of people who were approved for CPCS funding
- **90%** Percentage of people who used some or all of their allocated CPCS funding
- **15%** Increase in people receiving CPCS funding from last year
- **12** Average age of children who received CPCS
- **21** Average hours authorized per week for CPCS
- **40%** Percentage of people getting CPCS who also receive developmental disability home and community-based funding and/or Flexible Family Funding
- **96%** Percentage of CPCS that are family-managed
- **4%** 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; though the majority (75%) of the 109 recipients were children under age 21. The program provides skilled nursing care and high technology aides, and coordinates treatments, medical supplies and sophisticated medical equipment for technology-dependent Medicaid beneficiaries. The goal is to support the transition from the hospital or other institutional care, to the home, or prevent institutional placement.

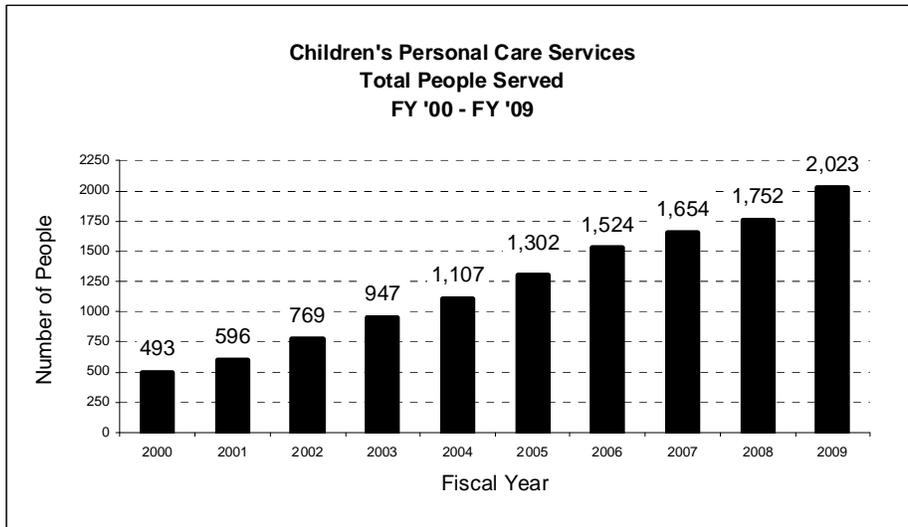
Cross-over of funding for people who get CPCS³²:

- **679 children** also get Flexible Family Funding
- **167 children** also get home and community-based funding
- **38 children** also get High Technology Home Care

Cross-over of funding for people who get HTHC:

- **16 people** also get Flexible Family Funding
- **14 people** also get home and community-based funding

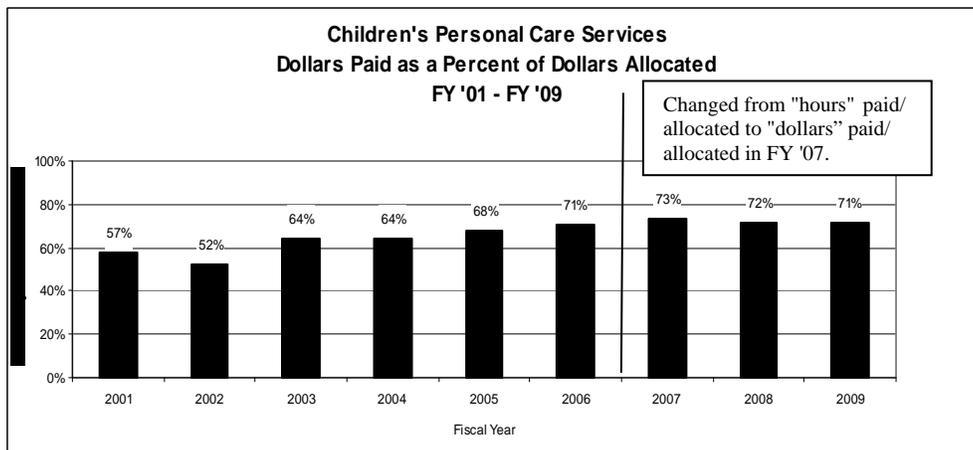
³² The eligibility criteria for CPCS and HTHC are broader than the eligibility criteria used for developmental disabilities services in Vermont.



Unified Services Plans continue to be an option for addressing intensive and/or unmet medical and/or behavioral needs. In FY '09, **58 additional individuals had services unified** through a combination of home and community-based services, Children's Personal Care Services and/or High Technology Home Care.



"Children's Creative Connection" (C3) has 119 active participants. The premise of this pilot is that, when parents are given greater flexibility on how funding may be spent, it can break down barriers to services and allow access to a wider array of services to assist in a child's self-care skill development. Anecdotal feedback from participants' families has been overwhelmingly favorable. The pilot is currently closed and next steps are data analysis and then presentation to AHS Central Office to determine feasibility for statewide implementation.



The High Technology Home Care program saw a significant increase in turnover (over 25%) of people served. Many individuals were successfully transitioned off the program as their health improved.

Clinical and Crisis Services

Vermont Crisis Intervention Network Numbers Served – FY 2009	
Level II – Technical assistance Number of people supported (est.)	96
Level III – Crisis beds Number of stays (unduplicated)	29
Number of total days	559
Avg. length of stay (range 3-41 days)	15 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.

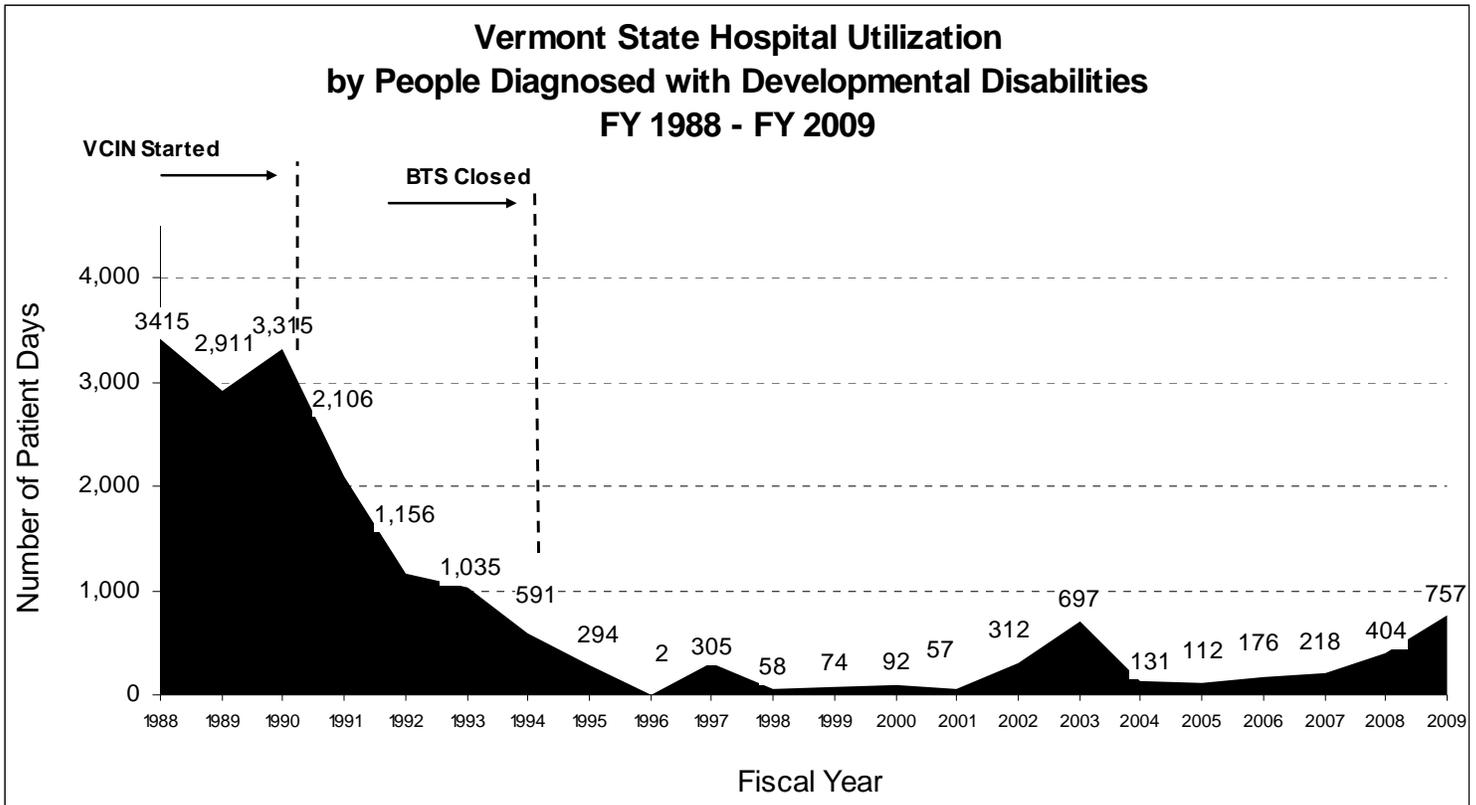
Vermont Crisis Intervention Network (VCIN): VCIN, established in 1991, develops services and supports for people with the most challenging needs in the community to prevent their being placed in institutional care. The Network combines a proactive approach designed to reduce and prevent individuals from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



Human Rights Committee: The Division of Disability and Aging Services staff a Human Rights Committee comprised of representatives from developmental disabilities services agencies. The committee reviews restraint procedures and the provision of training in the development of positive behavior support plans to assist agencies to provide safer and more effective supports to people with the most challenging needs. The Human Rights Committee reviewed **9 Behavior Support Plans** in FY '09.



The Vermont Crisis Intervention Network continues to help maintain low usage of the Vermont State Hospital by people diagnosed with developmental disabilities³³.



³³ 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 disabilities services. It does include people served by developmental disabilities 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 Intellectual or Developmental Disabilities (I/DD). As of FY '97, these numbers include people diagnosed with Pervasive Developmental Disorders (PDD). The spikes in 2003, 2008 and 2009 were due to one person's stay lasting the full year (365 days).

STEVEN'S STORY

Steven is a happy, fun loving, friendly, energetic 50 year old man. Steve enjoys going shopping, horseback riding, visiting with friends and family and trying new activities. He currently lives with Bruce and Mona. Steve and Bruce have known each other for almost 20 years. Steven has his own apartment in the home. Steven greatly values the independence he has in his apartment that he shares with his cat as well as the quality time he spends with Bruce and Mona.

This is Steve today. However his story starts much earlier.

Steven was born in 1959. The youngest of several siblings, he lived with his family until age 5. Due to the needs presented as a result of his disability and the recommendation of the family's health care providers, Steven was admitted to the Vermont State Hospital (VSH). When Steve was first admitted to VSH he was thought to be deaf and mute. However; medical staff soon observed Steven interacting and responding verbally to the other children's conversations.



Steven remained at VSH until he was eighteen. From 1977 through 1979, several community placements were attempted. Unfortunately, due to years of institutionalization and the lack of adequate supports and skills, these placements were unsuccessful. Steve was readmitted to the VSH in 1979.

In 1981, Steven came to the Counseling Service of Addison County. He moved into a newly opened group home for men. Steven enjoyed living at the Seminary Street Home but presented behavior which was dangerous to others and to him. In order for Steve to successfully grow as an individual, it was recognized that he needed a program specific to his unique needs. For this reason a staffed living arrangement was created at Foote Street in Middlebury. For twelve years, Steve expanded his community and

vocational horizons within a highly structured and predictable environment. Steven developed skills in communication and emotional self-regulation to the degree that his team could see a different future was possible.

In 2009, Steven and his team decided to look towards his future and see how he could continue to expand his world. It was determined that because of the skills Steve had learned and the growth he had shown with the support of all those who worked with him, that moving in with a home provider was the logical next step. This new home would be more natural, less institutional than a staffed home, and considerably less expensive. His services were reduced by nearly \$60,000. This step was not lightly taken, there was risk and the outcome uncertain but the team remained supportive and creative in their approach.

In July 2009, Steve moved in with Bruce. Steve continues to show growth in all areas of life and says he is “happy living with Bruce and Mona.” Steve has been employed as a janitor with the same plumbing business, JD Ryan and Company, for over ten years now. Steven is well known and liked around Addison County and is seen as a valued member of his community.

Nursing Facilities

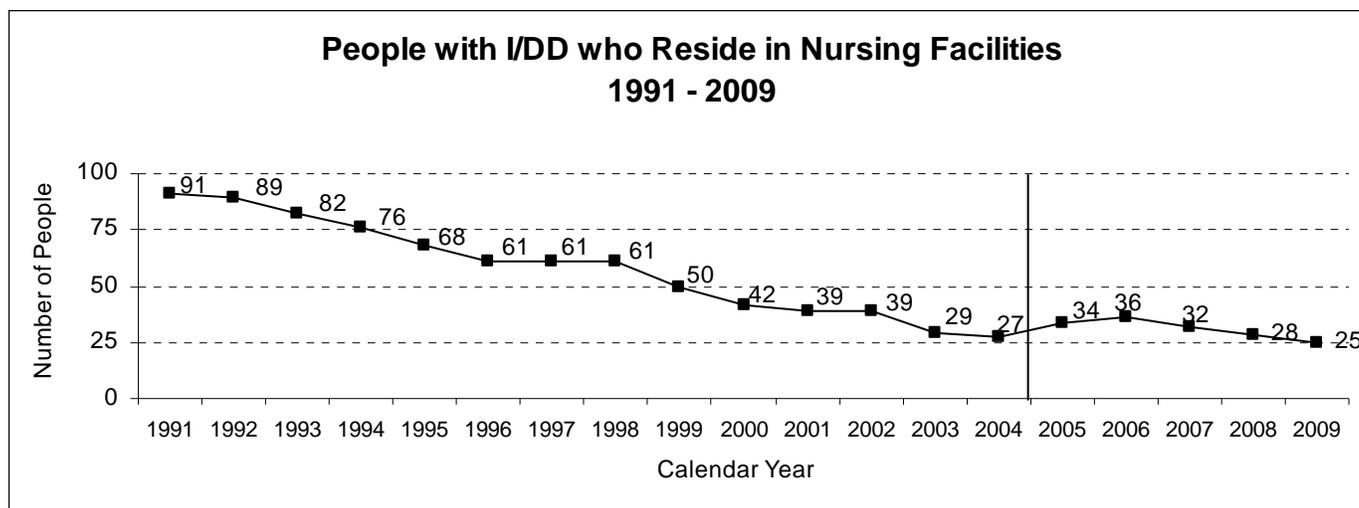
Numbers Served – December 31, 2009	
People receiving specialized services	7
PASRR screenings	8
Diversions to keep people out of nursing facilities	2
Community placements of people from nursing facilities	0
Total people living in nursing facilities³⁴	25

Pre-Admission Screening and Resident Review (PASRR): The Omnibus Budget Reconciliation Act of 1987 is a federal law that established PASRR 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 are provided 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.



In 2009, there was an **all-time low of 25 people with I/DD in nursing facilities³⁵**. This decrease in residents with I/DD in nursing facilities was accomplished, in part, through a combination of diversions through pre-admission screening and placements to more individualized community settings³⁶. Additionally, as would be expected from this older population, a number of deaths also contributed to the decrease.



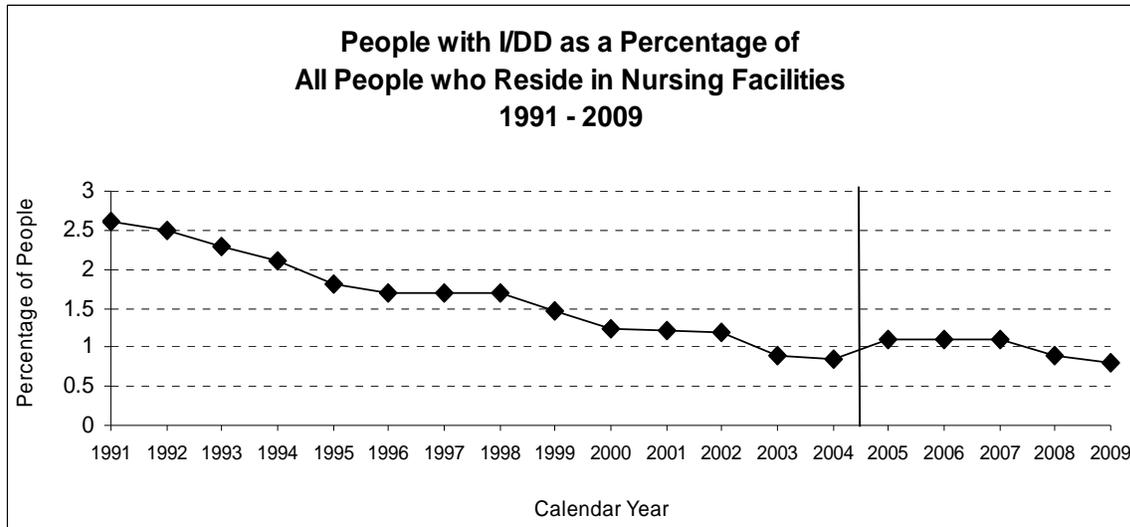
³⁴ PASRR uses the federal definition of “mental retardation or related conditions.” The terminology used in this report is “intellectual/developmental disabilities” (I/DD)

³⁵ In 2009, after contacting nursing facilities to verify census data of people with I/DD, seven people were found to have been living in nursing facilities since at least 2005. It is not known when they were admitted, so years prior to 2005 may still be an undercount.

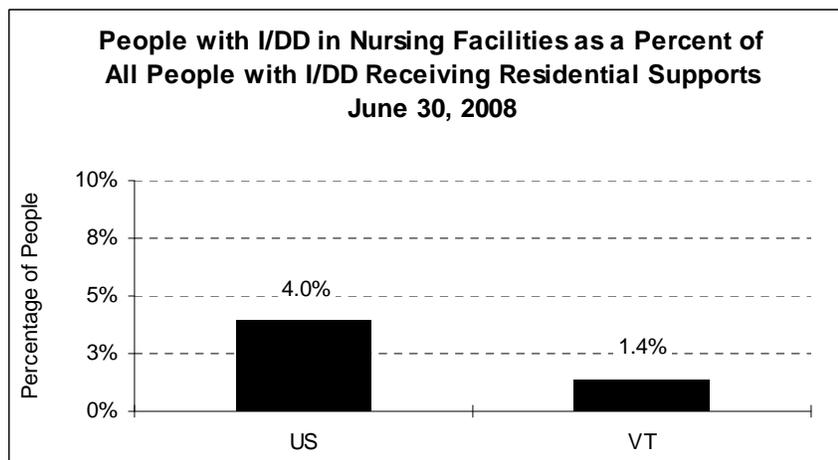
³⁶ Based on the initial 1988 screening that found 125 people with I/DD living in nursing facilities.



The national utilization rate of people with Intellectual/Developmental Disabilities (I/DD) living in nursing facilities in FY '08 was 11 per 100,000 of the state's general population³⁷. **The Vermont rate for people with I/DD living in nursing facilities was 5, more than half the national average.**



The number of people in Vermont with I/DD in nursing facilities compared to all residential services for people with developmental disabilities in Vermont was **1.4%** in 2008, considerably **lower than the national average**.³⁸



³⁷ *The State of the States in Developmental Disabilities: 2008*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Revised Report, 2008.

³⁸ Residential supports in this context include home and community based services funding, ICF/DD and nursing facilities. Source: Lakin, K.C., Larson, S., Salmi, P. and Scott, N. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2008*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, 2009.

Self-Advocacy

Green Mountain Self-Advocates (GMSA) is a statewide self-advocacy network in which people who have a developmental disability, in partnership with allies, families and friends, speak-up, become leaders, work together, and make a difference on issues that are important to them. People with developmental disabilities are supported to direct network educational and mentoring activities. In 2008 there were 18 local self-advocacy groups supported by GMSA. See **Attachment I: Green Mountain Self-Advocates Local Chapters and Map**.

The core activities of GMSA are:

- Self-advocates teach workshops for youth and adults with developmental disabilities; lead workshops and provide technical assistance to providers and family members; and present to the public at large. Topics include:
 - Introductory Self-Advocacy
 - Sexuality
 - Voting
 - Personal Safety
 - Peer Leadership
 - Independent Living
 - Disability Awareness
 - How to Start and Run a Self-Advocacy Group
 - Supporting a Person to Direct their own Services
 - How to be an Active Member of a Board/Committee
 - How to Include People with Disabilities on Boards and Committees
 - ADA Accommodations for People with Intellectual Disabilities
 - Myth-busters: Debunking Stereotypes about People with Developmental Disabilities
 - Know your Legal Rights
 - Legislative Advocacy
 - Supportive Decision-Making
 - Self-Determination
 - Reaching My Own Greatness
 - 7 Habits of Highly Effective Teens
 - Orientation Training for Agency Staff
- GMSA facilitates the establishment of new self-advocacy groups and supports those already meeting.
- Self-advocates are supported to 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).

Why Self-Advocacy?: Self-advocacy is the civil rights movement for people with intellectual and developmental disabilities. In Vermont it refers to people receiving developmental services taking control of their own lives, including being in charge of their own services (to the maximum extent possible). Vermonters with intellectual disabilities are extremely vulnerable to abuse due to their social and physical isolation. Difficulties with reading and communicating, combined with other challenges, are barriers for people with intellectual disabilities. The self-advocacy movement seeks to reduce the isolation of people with developmental disabilities and increase their abilities and opportunities to speak up and take greater control over their own lives.

Office of Public Guardian

Caseload – June 30, 2009	
Guardianship services (developmental disability specialty)	600
Guardianship services (aging specialty)	69
Case management (developmental disability specialty)	10
Guardianship services – pending (developmental disability specialty)	8
Guardianship services – pending (aging specialty)	1
Commitment order – Act 248 (developmental disability specialty)	30
Commitment order – pending (developmental disability specialty)	7
Total people in Office of Public Guardian program (unduplicated)	717
Total representative payee services	292

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 serve as guardian. 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 24 public guardians, a public safety specialist, a director and an administrative assistant³⁹.

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.

The Office of Public Guardianship provides:

- **Guardianship** to adults with developmental disabilities and adults age 60 and over.
- **Representative payee services** for governmental benefits for more than 300 people. This service is provided to people under guardianship as well as an alternative to guardianship.
- **Case management supports** where this service can provide a less restrictive alternative to guardianship.
- **Court-ordered evaluations** for Probate and Family Court guardianship cases.
- **Public education** on guardianship and alternatives to guardianship.
- **Recruitment and support for private guardians.**

³⁹ See Attachment C: *Division of Disability and Aging Services Staff*.



Completed Office of Public Guardian program evaluation by the National Guardianship Association and implemented many of their recommendations.



Contracted with a geriatric specialist to conduct a series of training sessions for evaluators who will do guardianship evaluations for people over age 60.



Planned separation of responsibilities for Act 248 supervision from guardianship responsibilities, moving Act 248 supervision to the Developmental Disabilities and Children's Services Unit in FY '10.

Individuals with Developmental Disabilities Who Pose a Public Safety Risk

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. In FY 2009, the developmental disabilities services system supported approximately 194 individuals who posed a public safety risk. Approximately 135 of these offenders committed a sexual offense and the remainder committed other offenses, such as arson and assault.

Developmental disabilities 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*. Forty (40) people received Public Safety funding in FY 2009. Twenty-one (22) of these individuals were new to the developmental disabilities services system and 20 were people already getting services with increased costs related to public safety concerns.

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 a biennial basis contributes to our understanding about best practices in serving this group. Our most recent data collection was in December of 2008 and included 135 sex offenders who received developmental disabilities services between the fall of 2006 and the winter of 2008.



The search for a State crisis program for offenders with developmental disabilities continued. In June 2009, Northeast Kingdom Human Services ended their contract to provide a specialized crisis and respite program for sex offenders with developmental disabilities.



In an effort to broaden public safety, the Department's *Policy on Community Notification Procedures for Sex Offenders with Developmental Disabilities* was revised. In May of 2009, the *Community Safety Procedures for Sex Offenders with Developmental Disabilities* replaced the former policy. These procedures require developmental disabilities services agencies to develop a Community Safety Plan, with consultation from DAIL's Public Safety Specialist, for each individual with developmental disabilities who is a high risk sex offender. The Community Safety

Plan addresses factors such as community notification, level and type of supervision, and travel restrictions.



The capacity of the developmental disabilities services system to continue to serve individuals who pose a public safety risk continues to be stretched beyond capacity. In January of 2009, the Division surveyed developmental disabilities services agencies across Vermont on unmet needs. Agencies reported a total of 71 individuals who, in one way or another, were exceeding the capacity of agencies.



Based on 2009 legislation, the Sex Offender Internet Registry Law significantly expanded to include most sex offense convictions (effective July 2009). This has created challenges for individuals with developmental disabilities who are sex offenders and live in shared living or group homes. Some of these individuals are at risk of losing their residential placements if their picture or address is posted to the internet. The Department has asked the Department of Corrections' and Department of Public Safety's Sex Offender Review Committee to exempt sex offenders with developmental disabilities who receive funding from DAIL for 24-hour supervision and treatment.

Communication

The Division of Disability and Aging Services continues to focus attention on the communication goal:

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, Vermont Assistive Technology Program, Speech and Language Pathologists and others who are knowledgeable about Augmentative and Alternative Communication (AAC) to help realize the goals of the statewide communication initiative.



The Task Force presented a **full-day workshop** on communication problem solving for local communication resource people from developmental disabilities agencies around the state.



The **Mentor Project** continued in FY '09 with three agencies: Champlain Community Services, Community Access Program and Upper Valley Services receiving mentoring and technical assistance from communication specialists with AAC expertise. The overall goal is to increase local capacity within developmental disability services agencies to support people with disabilities to communicate more effectively.



The Task Force began planning for a statewide communication conference for October 2010.

LINDA'S STORY

Linda is a 51 year old lady living in a group home in Bennington, VT. Linda is a very social person but would struggle with word retrieval, limiting the amount of topics she would talk about. Any communication interaction would involve her saying her "mom's sick" and her "aunt died" which would be followed by a "God bless". Trying to further the conversation would lead to Linda shrugging her shoulders, putting up her hands in the air and exclaiming "I don't know" to anything that was said. Linda and her team worked with communication facilitators for many years and no one could find a way for Linda to communicate more effectively. She had a difficult time recognizing picture symbols, photographs of people she was close with and objects that surrounded her.

In the fall of 2008 Linda met with Linda Gould, MS CCC-SLP, an AAC Specialist, who recommended Linda use a step-by-step voice output communication device so she could have more independent communication. The communicator is pre-recorded by staff with information she has indicated she would like to share with others. It has been used to talk about her week at a woman's group, talk with her family on the phone and to place orders at restaurants. Linda's team practiced using the communicator with her regularly until Linda felt she was comfortable using it independently. At first Linda would just agree with the pre-recorded messages on her step-by-step when she activated it. Soon after she would say some of the key words of each message. Now she is practically saying the full message.

Linda has begun initiating conversations with others on topics other than her mother or aunt without the use of the communicator. Linda has also begun voicing her displeasure with her housemates rather than leaving the room or covering her ears when something bothered her. Linda seems to have found self-esteem. When you watch her you would swear that she stands a little taller and smiles a little more. It is amazing to realize such a simple device has made such a difference in Linda's life. This truly illustrates how important finding the right communication tools is for improving a person's life.

Consumer Survey

Numbers Surveyed – 2009	
Number of participants –	
Consumers interviewed and demographic survey	203
Demographic survey only	212
Total number of adult participants	415

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. 2009 was the second year in the three-year survey cycle during which surveys and interviews were conducted at five agencies⁴⁰.

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 Results⁴¹ – 2009

Highlights

-  **Residential: 88%** said they like where they live.
-  **Work: 94%** said they like their job.
-  **Community Supports: 97%** said they like their individual community activities.
-  **Guardianship: 88%** said they feel happy about their guardian.
-  **Friends: 82%** said they can see their friends when they want.
-  **Agency: 89%** said they feel listened to at their ISA meetings.
-  **Transportation: 91%** said they almost always had a way to get there when they wanted to go somewhere.

⁴⁰ The five agencies that took part in the Consumer Survey Project in 2009 were Counseling Service of Addison County, Lamoille Community Connections, Northeast Kingdom Human Services, Sterling Area Services and Washington County Mental Health Services.

⁴¹ 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.

Areas of Focus

- ↪ **Residential: 42%** said someone else choose the place where they live.
- ↪ **Residential: 65%** said someone else choose who they live with.
- ↪ **Work: 65%** of the people who do not work said they wanted a paid job.
- ↪ **Community Supports: 51%** said they would like more community activities.
- ↪ **Activities: 58%** of the people who never go out to entertainment want to do so.
- ↪ **Activities: 32%** of the people who never go to church or synagogue want to go.
- ↪ **Service Agency: 46%** said they would like (more) help to do or learn new things.
- ↪ **Friends: 38%** said they wish they had more friends.
- ↪ **Friends: 40%** of the people who do not have a boyfriend or girl friend want one.
- ↪ **Dating: 50%** said they need to know more about dating.
- ↪ **Rules: 88%** said someone else makes the rules for the place where they live.
- ↪ **Rules: 51%** said someone else decides when friends and family can come to visit.
- ↪ **Self-Determination: 33%** said they need to know more about how to choose who helps them (interview and hire their support workers).
- ↪ **Voting: 40%** of the people who have not voted in an election want to vote.
- ↪ **Self-Advocacy: 48%** of the people who had not been to a self-advocacy meeting, conference or event said they want to go to one.

Demographic Summary⁴² – 2009

Basic Information

Gender		Guardian Status		Representative Payee	
Males	54%	Private	46%	Yes	82%
Females	46%	Public	27%	No	15%
		None	26%	Unknown	3%
		Unknown	1%		
Marital Status		Court Ordered Restrictions		Family Involved in Person's Life	
Never married	92%	Yes	84%	Yes	84%
Single/Married in past	5%	No	95%	No	15%
Married/Civil Union	3%	Yes	4%	Unknown	1%
		Unknown	1%		

Residential Summary

Residential Type		Household Composition		Paid Residential Support	
Home provider	53%	Non relatives	58%	24-hour	61%
Lives with family	23%	Parents	20%	None/Family	21%
Person's own home	16%	Lives alone	10%	Daily	7%
Group living	3%	Other relatives	7%	Less than daily	6%
Staffed living	3%	Spouse/Civil Union/	5%	As needed	5%
Residential Care Home/ Nursing Home/Other	2%	Domestic partner			

Who Own/Leases the Home		Residential Location		How Long Living in Home	
Paid home provider	51%	Rural/Physically remote	59%	Over 5 years	52%
Family member	23%	Walking distance to town/city	25%	3 – 5 years	18%
Person rents home	13%	Centrally located in town/city	15%	1 – 2 years	14%
Provider agency	9%	Unknown	1%	Less than 1 year	15%
Person owns home	3%			Unknown	1%
Unknown/Other	1%				

Health Concerns Summary

Is weight a concern?		Does person smoke/chew tobacco?		How physically active is person?	
No	58%	No	86%	Moderately	58%
Yes, overweight	34%	Yes	11%	Inactive	22%
Yes, underweight	5%	Unknown	3%	Very	17%
Unknown	3%			Unknown	3%

⁴² Data is based on results from the *Survey of Adults Receiving Developmental Services in Vermont – Spring 2009* report and includes all participants (those interviewed and those not interviewed who only had the demographic survey done).

Comparison of Vermont’s 2004 – 2006 and 2009 Consumer Survey Results

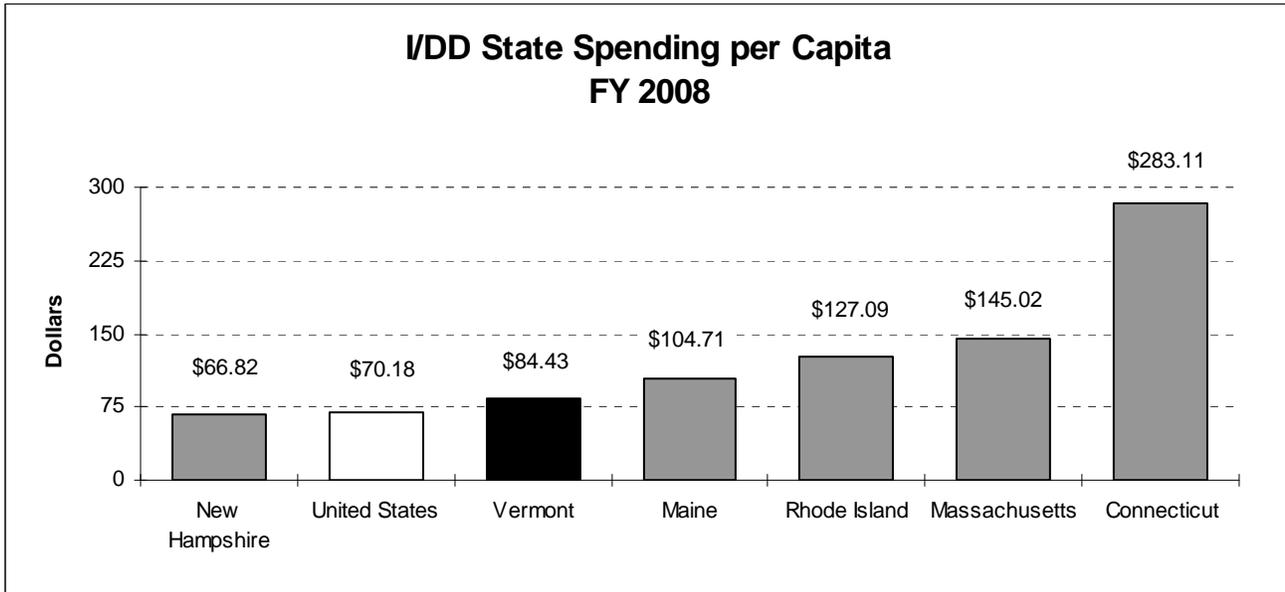
The method for collecting the consumer survey data since 2001 has been done by interviewing a random selection of consumers each year from a sampling of agencies based on agency size and regional representation. Starting in 2008, the order of visiting agencies was revised to better reflect the demographic composition of the consumer base in Vermont. Therefore, the following comparison overtime is based on statewide responses from all of the 2004 – 2006 surveys as there is not one equivalent year from the previous cycle.

	2004 – 2006	2009
Residential		
• They like where they live	91%	88%
• They had a say in where they live	53%	59%
• They cannot think of a better place to live	67%	74%
• They feel safe at home	93%	93%
• They can invite friends over when they want	87%	86%
Neighborhood		
• They like their neighborhood	78%	89%
• They feel safe in their neighborhood	93%	93%
Work		
• They like their job	95%	94%
• They chose their job	89%	72%
• They chose who helped them at work	61%	22%
• They work enough hours	61%	50%
• There is nothing else they’d rather do during the day	65%	81%
Community Supports (Individual)		
• They like their community activities	97%	97%
• They have enough community activities	52%	49%
• They like the people they spend time with	83%	97%
Activities		
• They shop as much as they want	56%	57%
• They exercise as much as they want	56%	58%
• They go to church/synagogue as much as they want	62%	69%
Friends		
• They have enough friends	59%	62%
• They can see their family when they want	79%	82%
Service Agency		
• They chose their service coordinator	45%	27%
• They get to learn new things	77%	84%
Self-Determination		
• They make all the choices they want	62%	75%
• They have enough control over their life	81%	79%

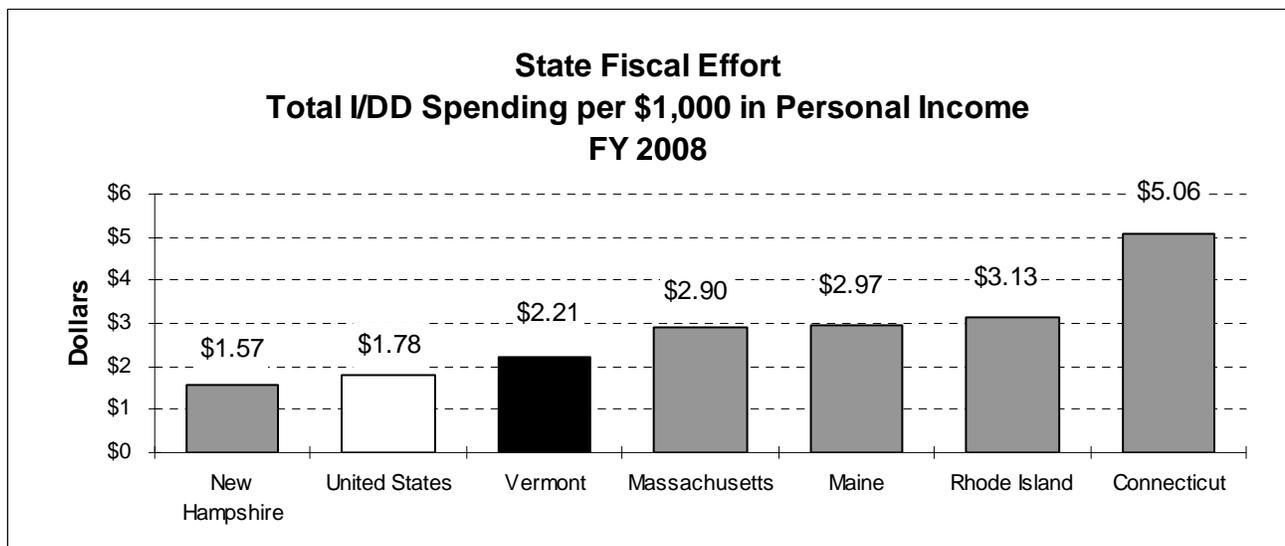
National Comparisons⁴³



Vermont ranks second to New Hampshire in spending fewer **state dollars** (including Medicaid match) per state resident for intellectual/developmental disability (I/DD) services than any other New England state and slightly higher than the national average.



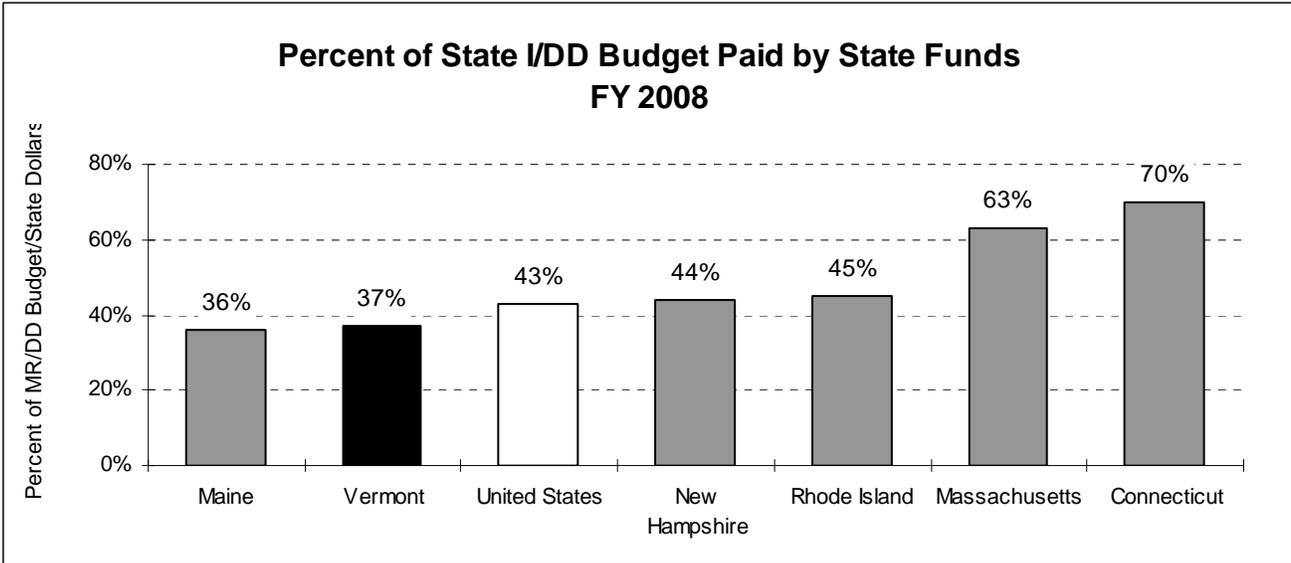
The **fiscal effort** in Vermont, as measured by total state spending for people with intellectual/developmental disability (I/DD) services per \$1,000 in personal income, indicates that Vermont ranks 2nd to New Hampshire as the lowest of all New England states and is slightly higher than the national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



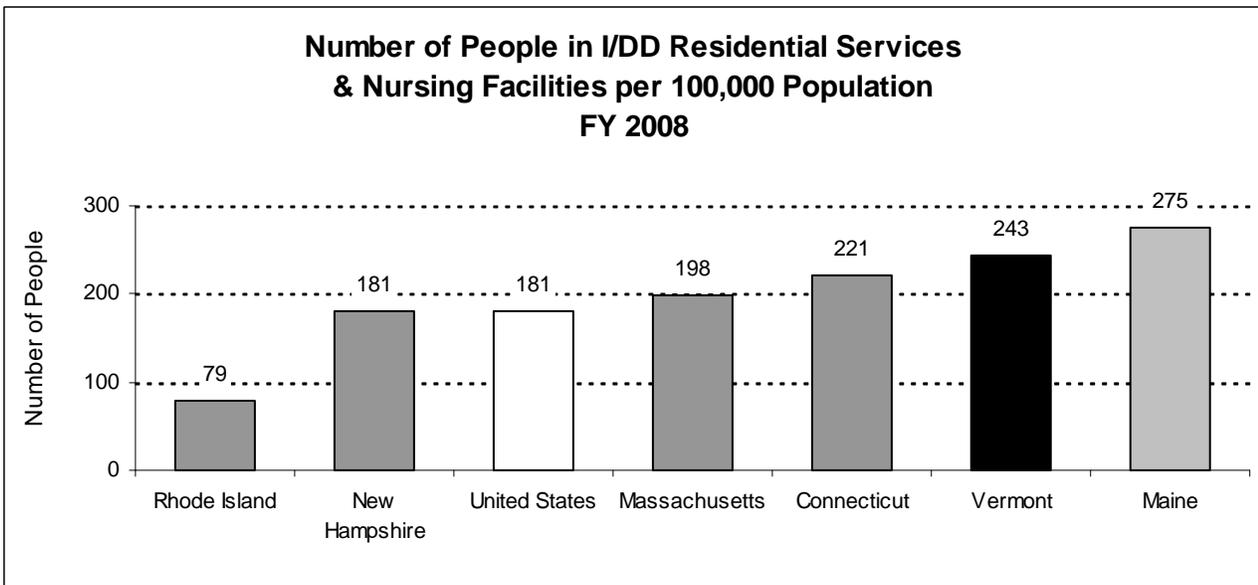
⁴³ *The State of the States in Developmental Disabilities*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Preliminary Data for FY '08 (missing current data for Michigan).



State funds (including state funds used for Medicaid match) account for a smaller proportion of the budget from intellectual/developmental disability (I/DD) services in Vermont than in any other New England State except for Maine. Vermont continues to access higher than the national average proportion of federal dollars.

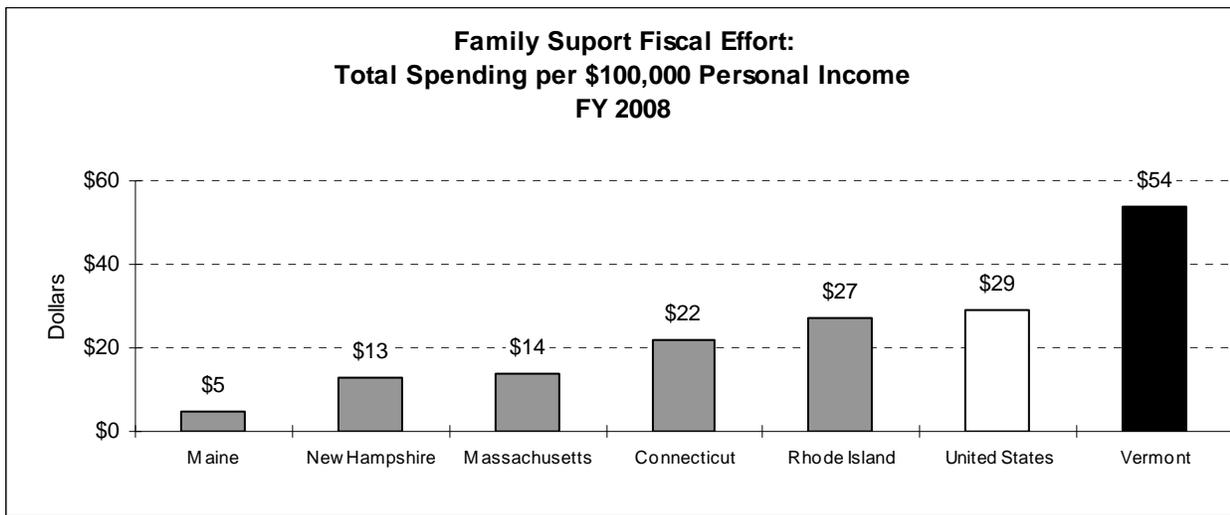


The number of people receiving **residential services** in the intellectual/developmental disability (I/DD) service system (with the addition of people living in nursing facilities) per 100,000 of the state population is above the national average and slightly higher than the majority of New England states.

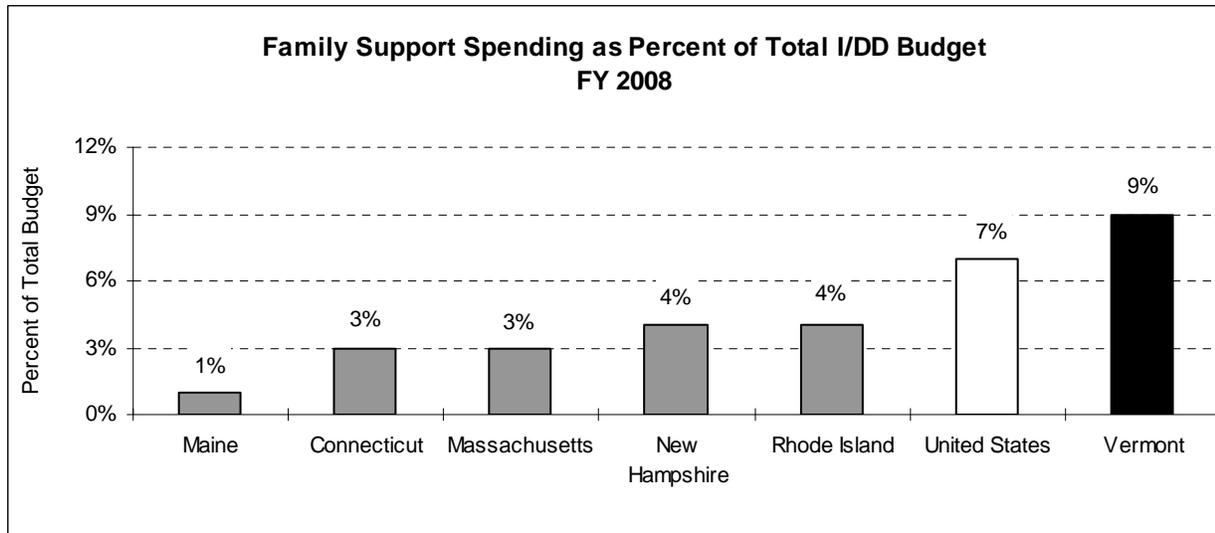




Vermont is ranked 1st in New England and 4th in the nation in total **family support spending** per \$100,000 personal income. Greater support of families results in lower costs overall.



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



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 Disabilities Services Providers.....	Attachment D
Members of the State Program Standing Committee for Developmental Services	Attachment E
Vermont State System of Care Plan Funding Priorities FY 2009	Attachment F
Division of Disability and Aging Services FY 2009 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

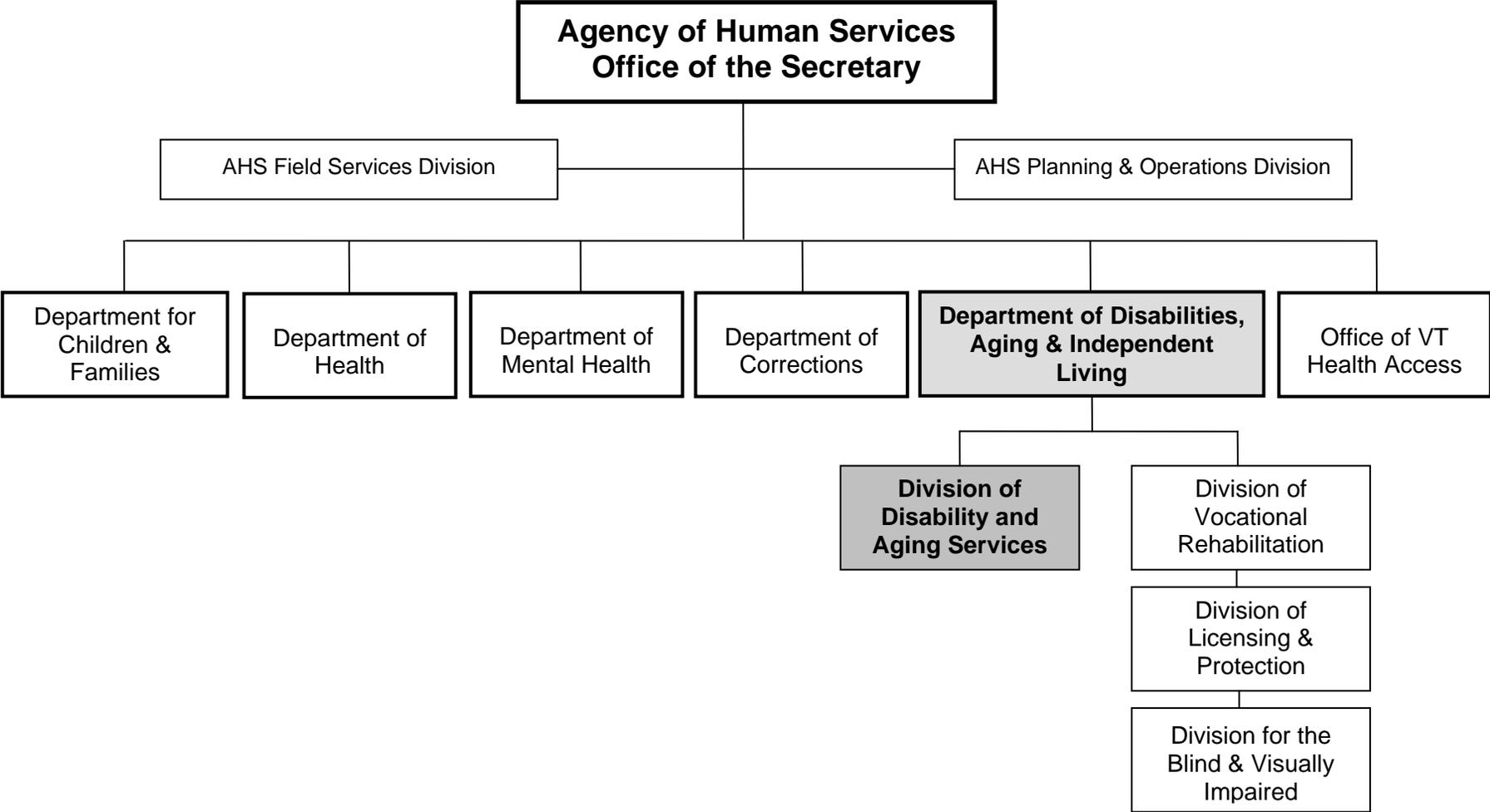
ACRONYMS

AAC	Augmentative and Alternative Communication
AAIDD	American Association on Intellectual and Developmental Disabilities
ACT 248	Supervision of incompetent individuals with developmental disabilities that have been charged with crimes
ADD	Attention Deficit Disorder
ADRC	Aging and Disability Resource Connections
ASU	Adult Services Unit
AFL	Authorized Funding Limit
AHS	Agency of Human Services
ANCOR	American Network of Community Options and Resources
APS	Adult Protective Services
APSE	The Network on Employment (formerly known as: Association for Persons in Supported Employment)
ARC	Advocacy, Resources and Community
ARIS	Area Resources for Individualized Services
ASD	Autism Spectrum Disorders
AT	Assistive Technology
BTS	Brandon Training School
CA	Community Associates (DS Program of CSAC)
CAP	Community Access Program (DS program of RMHS)
CCS	Champlain Community Services
CDCI	Center on Disability and Community Inclusion
CDS	Community Developmental Services (DS program of WCMHS)
CDU	Community Development Unit
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
CSU	Clinical Services Unit
CVARC	Central Vermont ARC
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
DCSU	Developmental Disabilities and Children's Services Unit
DD	Developmental Disability or Developmentally Disabled
DD ACT	Developmental Disability Act of 1996
DDC	Developmental Disabilities Council
DDS	Developmental Disabilities Services
DH	Developmental Homes – see also SLP or HP
DLP	Disability Law Project
DLP	Division of Licensing and Protection
DME	Durable Medical Equipment
DMH	Department of Mental Health

DOC	Department of Corrections
DOE	Department of Education
DOJ	Department of Justice
DPU	Data and Planning Unit
DSM	Diagnostic and Statistical Manual of Mental Disorders (most current edition)
DV	Domestic Violence
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
GC	Global Commitment for Health 115 Waiver
GF	General Fund
GH	Group Home
GMSA	Green Mountain Self Advocates
GS	Guardianship Services – also see OPG
HC	HowardCenter or HowardCenter – Developmental Services
HCBS	Home and Community-Based Services
HCRS	Health Care and Rehabilitation Services of Southeastern Vermont – see also HCRSSV
HCRSSV	Health Care and Rehabilitation Services of Southeastern Vermont
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
I/DD	Intellectual/Developmental Disabilities
IEP	Individualized Education Program
ISA	Individual Support Agreement
ISO	Intermediary Service Organization
LCC	Lamoille Community Connections
LSI	Lincoln Street Incorporated
MCIS	Managed Care Information System
MI	Mentally Impaired/Ill
MR	Mental Retardation – Obsolete, see DD or I/DD
MSR	Monthly Service Report
NASDDDS	National Association of State Directors of Developmental Disabilities Services
NCI	National Core Indicators
NCSS	Northwestern Counseling and Support Services
NKHS	Northeast Kingdom Human Services
OPG	Office of Public Guardian
OVHA	Office of Vermont Health Access
P&A	Protection and Advocacy – see VP&A
PASRR	Pre-admission Screening and Resident Review
PDD	Pervasive Developmental Disorder
PG	Public Guardian
QA	Quality Assurance

QDDP	Qualified Developmental Disabilities Professional (formerly QMRP)
QI	Quality Improvement
RARC	Rutland ARC
RMHS	Rutland Mental Health Services
RWJ	Robert Wood Johnson Foundation
SAS	Sterling Area Services
SCC	Specialized Community Care
SLP	Shared living provider
SLP	Speech language pathologist
SSA	Social Security Administration
SSA	Specialized Service Agency
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SUA	State Unit on Aging
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
USP	Unified Service Plans
UVS	Upper Valley Services
VCDMHS	Vermont Council of Developmental & Mental Health Services
VCDR	Vermont Coalition for Disability Rights
VCIL	Vermont Center for Independent Living
VCIN	Vermont Crisis Intervention Network
VDH	Vermont Department of Health
VFN	Vermont Family Network
VP&A	Vermont Protection and Advocacy
VR	Vocational Rehabilitation – see also DVR
VSH	Vermont State Hospital
UVM	University of Vermont
WCMH	Washington County Mental Health

ORGANIZATIONAL CHART AGENCY OF HUMAN SERVICES



**DIVISION OF DISABILITY AND AGING SERVICES STAFF
January 2010**

**103 South Main Street
Waterbury, VT 05671-1601
Phone: (802) 241-2648
FAX: (802) 241-4224**

**Director's Office
802-241-2648**

Staff Name	Title	Phone (802)	E-mail Address
Marybeth McCaffrey	Director, Division of Disability and Aging Services	241-2648	mary.mccaffrey@ahs.state.vt.us
Preedom, Lanora	Executive Staff Assistant	241-4592	lanora.preedom@ahs.state.vt.us

**Adult Services Unit (ASU)
802-241-1228**

Staff Name	Title	Phone (802)	E-mail Address
Edelman, Adele	Director, Adult Services Unit	241-2402	adele.edelman@ahs.state.vt.us
Baraw, Samantha	Program Technician	241-3624	samantha.baraw@ahs.state.vt.us
Bullard, Gordon	Program Technician	241-2196	gordon.bullard@ahs.state.vt.us
Marinelli, Nancy	Medicaid Waiver Supervisor	241-4431	nancy.marinelli@ahs.state.vt.us
McClintock, Glen	TBI Grant Manager	241-3719	glen.mcclintock@ahs.state.vt.us
Tierney-Ward, Megan	Medicaid Waiver Supervisor	241-2426	megan.tierney-ward@ahs.state.vt.us
Weaver, Erin	TBI Waiver Supervisor	241-1456	erin.weaver@ahs.state.vt.us

**Nurse Case Managers:
Long Term Care**

Regional Office	Staff Name	Phone (802)	E-mail Address
<p style="text-align: center;">Barre Office McFarland State Office Building 5 Perry Street, Suite 150 Barre, VT 05641 Fax: 479-4297</p>	George Jurasinski	476-1646	george.jurasinski@ahs.state.vt.us
<p style="text-align: center;">Bennington Office 200 Veterans' Memorial Drive, Suite 6 Bennington, VT 05201 Fax: 447-6972</p>	Jessica Bird	447-2850	jessica.bird@ahs.state.vt.us
<p style="text-align: center;">Brattleboro Office 232 Main Street P.O. Box 70 Brattleboro, VT 05302-0070 Fax: 254-6394</p>	Mary Woods	251-2118	mary.woods@ahs.state.vt.us
<p style="text-align: center;">Burlington Office 312 Hurricane Lane Suite 201 Williston, VT 05495 Fax: 879-5620</p>	Paula Brown Sara Lane Toni Morgan	879-5904	paula.brown@ahs.state.vt.us sara.lane@ahs.state.vt.us toni.morgan@ahs.state.vt.us
<p style="text-align: center;">Middlebury Office 700 Exchange Street Middlebury, VT 05753 Fax: 388-4637</p>	Mary Gerdt	388-5730	mary.gerdt@ahs.state.vt.us
<p style="text-align: center;">Morrisville Office 63 Professional Drive, Suite 4 Morrisville, VT 05661 Fax: 888-1345</p>	Maura Krueger	888-0510	maura.krueger@ahs.state.vt.us
<p style="text-align: center;">Newport Office 100 Main Street, Suite 240 Newport, VT 05855 Fax: 334-3386</p>	Paulette Simard	334-3910	paulette.simard@ahs.state.vt.us
<p style="text-align: center;">Rutland Office 320 Asa Bloomer Building Rutland, VT 05701 Fax: 786-5882</p>	Celine Aprilliano	786-5971	celine.aprilliano@ahs.state.vt.us
<p style="text-align: center;">Springfield Office State Office Building/ESD 100 Mineral Street, Suite 201 Springfield, VT 05156 Fax: 885-8879</p>	Jennifer Genung	885-8875	jennifer.genung@ahs.state.vt.us

<p>St. Albans Office 20 Houghton Street, Suite 313 St. Albans, VT 05478 Fax: 527-4078</p> <p>St. Johnsbury Office 67 Eastern Avenue, Suite 7 St. Johnsbury, VT 05819 Fax: 751-3272</p>	<p>Brenda Smith</p> <p>Julie Bigelow</p>	<p>524-7913</p> <p>748-8361</p>	<p>brenda.smith@ahs.state.vt.us</p> <p>julie.bigelow@ahs.state.vt.us</p>
<p>White River Jct. Office 224 Holiday Drive, Suite A White River Jct., VT 05001-2097 Fax: 295-4148</p>	<p>Sally Garmon</p>	<p>296-5592</p>	<p>sally.garmon@ahs.state.vt.us</p>

Developmental Disabilities and Children's Services Unit (DCSU)
802-241-2614

Staff Name	Title	Phone (802)	E-mail Address
Malone, Ellen	Director, Developmental Disabilities and Children's Services Unit	786-5047	ellen.malone@ahs.state.vt.us
<i>Vacant</i>	Program Technician	241-3543	
Allin, Heather	Public Safety Specialist	241-2636	heather.allin@ahs.state.vt.us
Booth, Ellen	QM Reviewer	241-4549	ellens.booth@ahs.state.vt.us
Garabedian, Jennifer	Children's Personal Care Program Supervisor	241-3813	jennifer.garabedian@ahs.state.vt.us
Green, April	Children's Personal Care Services Specialist	241-3528	april.green@ahs.state.vt.us
Masterson, Jennie	Supported Employment Services Coordinator	786-2571	jennie.masterson@ahs.state.vt.us
McFadden, Clare	Autism Specialist	241-2863	clare.mcfadden@ahs.state.vt.us
O'Neill, Chris	QM Reviewer	263-5305	chris.oneill@ahs.state.vt.us
Parker, Janine	Developmental Disabilities Services Specialist	786-5081	janine.parker@ahs.state.vt.us
Roth, Amy	Children's Services Specialist	241-2675	amy.roth@ahs.state.vt.us
Turchin, Robert	QM Team Leader	786-5048	bob.turchin@ahs.state.vt.us

Clinical Services Unit (CSU)
802-241-3543

Staff Name	Title	Phone (802)	E-mail Address
O'Vitt, David	Director, Medical Services Unit	241-4639	david.ovitt@ahs.state.vt.us
LaPerle, Michele	Administrative Assistant	241-2663	michele.laperle@ahs.state.vt.us
Barrett, Joy	QM Nursing Reviewer	786-5054	joy.barrett@ahs.state.vt.us

State Unit on Aging (SUA)
802-241-4534

Staff Name	Title	Phone (802)	E-mail Address
George, Camille	Director, State Unit on Aging	241-2427	camille.george@ahs.state.vt.us
Merrill, Janet	Program Technician	241-4253	janet.merrill@ahs.state.vt.us
Bean, Marie	QM Reviewer	241-4425	marie.bean@ahs.state.vt.us
Edwards-Orr, Merle	Consumer Direction Manager	241-4496	merle.edwards-orr@ahs.state.vt.us
Graham, Karen	QM Reviewer	263-5291	karen.graham@ahs.state.vt.us
Mireault, Maria	Dementia Project Director	241-3738	maria.mireault@ahs.state.vt.us
Rainville, Kathy	QM Reviewer	786-5052	kathy.rainville@ahs.state.vt.us
Urpsis, Al	QM Team Leader	241-3358	al.urpsis@ahs.state.vt.us
Woodruff, Mary	Nutrition & Health Promotion Specialist	241-2930	mary.woodruff@ahs.state.vt.us

Data and Planning Unit (DPU)
802-241-2214

Staff Name	Title	Phone (802)	E-mail Address
Hill, Bard	Director, Data and Planning Unit	241-2335	bard.hill@ahs.state.vt.us
LaPerle, Michele	Administrative Assistant	241-2663	michele.laperle@ahs.state.vt.us
Bascom, June	Program Development & Policy Analyst	241-2644	june.bascom@ahs.state.vt.us
Brooks, Dale	Senior Planner	241-2627	dale.brooks@ahs.state.vt.us
Lavery, Dick	Senior Planner	241-2425	dick.lavery@ahs.state.vt.us
Tighe, Deb	Systems Developer	241-2419	deb.tighe@ahs.state.vt.us

Office of Public Guardian
802-241-2663
Emergency Toll-Free Number: 1-800-642-3100

Staff Name	Title	Phone (802)	E-mail Address
Lyon, Veda	Director, Office of Public Guardian	241-2616	veda.lyon@ahs.state.vt.us
LaPerle, Michele	Administrative Assistant	241-2663	michele.laperle@ahs.state.vt.us

Public Guardians – Aging Specialty

Regional Office	Staff Name	Phone (802)	E-mail Address
Essex Junction Office PO Box 5501 Essex Junction, VT 05453 Fax: 879-2334	Suzan Castor – Public Guardian	879-2333	suzan.castor@ahs.state.vt.us
Hyde Park Office PO Box 128 Hyde Park, VT 05655 Fax: 888-5869	Keith Ulrich – Public Guardian	888-3370	keith.ulrich@ahs.state.vt.us
North Ferrisburg Office PO Box 122 North Ferrisburg, VT 05473 Fax: 877-6792	Laurie Gutowski – Public Guardian	877-6779	laurie.gutowski@ahs.state.vt.us
Townshend Office PO Box 87 Townshend, VT 05353 Fax: 365-7935	Mike Attley – Senior Public Guardian	365-4478	mike.attley@ahs.state.vt.us
West Brattleboro Office PO Box 2386 West Brattleboro, VT 05303 Fax: 251-2144	Beth Spicer – Public Guardian	251-2145	beth.spicer@ahs.state.vt.us

**VERMONT DEVELOPMENTAL DISABILITIES
SERVICES PROVIDERS**

January 2010

(CCS) CHAMPLAIN COMMUNITY 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: Dan Quinn (acting)
County: Rutland

(CA) COMMUNITY ASSOCIATES

109 Catamount Park
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

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

49 School Street, PO Box 709
Hartford, VT 05047-0709
Phone: 295-3032 FAX: 295-0820

Director: Josh Compton
Counties: Windsor and Windham

Regional Offices:

51 Fairview Street, Brattleboro, VT 05301
Phone: 257-5537 FAX: 257-5769

390 River Street, Springfield, VT 05156
Phone: 886-4567 FAX: 886-4580

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

(HC) HOWARDCENTER, INC

102 South Winooski Ave.
Burlington, VT 05401-3832
Phone: 488-6500 FAX: 860-2360

Director: Marie Zura
County: Chittenden

(LCC) LAMOILLE COMMUNITY CONNECTIONS

275 Brooklyn Street
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 05855-0724
Phone: 334-7310 FAX: 334-7455

Director: Dixie McFarland
Counties: Caledonia, Orleans and Essex

Regional Office:

PO Box 368, 2225 Portland 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 393-6554 FAX: 527-8161

Director: Jean Danis-Gilmond
Counties: Franklin and Grand Isle

375 Lake Road, St. Albans, VT 05478
Phone: 524-0574 FAX: 524-0578

(SCC) SPECIALIZED COMMUNITY CARE

PO Box 578
East Middlebury, VT 05740

Executive Director: Ray Hathaway
Counties: Addison and Rutland

3627 Route 7 South
Middlebury, VT 05753
Phone: 388-6388 FAX: 388-6704

(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 2010**

Name	Address, Phone and Fax	Represents	Term Expires (March 31)
Arsenault, Dawn	54 Jalbert Road Barre, VT 05641 Phone: 476-0624 e-mail: da102473@hotmail.com	Advocate	2010
Bakeman, Eric	211 Main Street Montpelier, VT 05602 Phone: 223-6360 (h) 244-5181 ext. 236 (w) e-mail: ebakeman@alum.dartmouth.org	Advocate	2012
Max Barrows	Green Mountain Self-Advocates 73 Main Street, Suite 401 Montpelier, VT 05602 Phone: 229-2600 (w) 229-0276 (h) gmsa@sover.net	Advocate	2010
Danis-Gilmond, Jean	2555 Ballard Road St. Albans, VT 05478 Phone: 393-6633 (w) 524-4377 (h) email: jdanisgilmond@ncssinc.org	Professional	2010
Drum, Bethany	65 North Main Street, #603 Randolph, VT 05060 Phone: 728-4379 e-mail: bdrum3@yahoo.com	Recipient	2010
Greenwald, Joe	109 Spruce Street Waterbury, VT 05676 Phone: 244-5883 (h) 482-7100 (w) Fax: 482-7108 e-mail: joe@cvuhs.org	Recipient	2012
Gregory Mairs	Counseling Service of Addison County 109 Catamount Park Middlebury, VT 05753 Phone: 388-1868 (w) 897-5058 (h) Fax: 388-1868 gmairs@csac-vt.org	Professional	2011
McFarland, Dixie	Northeast Kingdom Human Services PO Box 368 St. Johnsbury, VT 05810 Phone: 334-7310 ext. 5110 (w) 748-6350 ext. 1110 (w – alt) 626-9550 (h) Fax: 748-0704 e-mail: dmcfarland@nkhs.net	Professional	2011

Name	Address, Phone and Fax	Represents	Term Expires (March 31)
Place, Edwin	Randolph House, Apt. 208, Main St. Randolph, VT 05060 Phone: 728-2021	Recipient	2011
Prine, Barbara	Vermont Legal Aid PO Box 1367 Burlington, VT 05401 Phone: 863-5620 (w) 864-5587 (h) Fax: 863-7152 bprine@vtlegalaid.org	Professional	2011
Sanville, Jessica	1515 VT Route 114 East Haven, VT 05837 Phone: 535-9867 dollcollector2005@yahoo.com	Recipient	2012
Thresher, Tracy	Washington County Mental Health 50 Granview Drive Barre, VT 05641 Phone: 479-2502 (W) e-mail: rightsrus@wcmhs.org	Advocate	2012
Weiss, Alicia	P.O. Box 435 Plainfield, VT 05667 Phone 233-1385 (h) e-mail: nothing_about_us_without_us@yahoo.com	Advocate	2012
Woodberry, Connie	103 Partridge Road East Dummerston, VT 05346 Phone: 257-0300 (h) 380-0809 (c) Fax: 254-8611 e-mail: conniewo@sover.net	Recipient	2010
Vacancy		Professional	2011



**State Program Standing Committee
Members:**

Left to right – (standing) Tracy Thresher, Bethany Drum, Edwin Place, Gregory Mairs, Dixie McFarland, Dawn Arsenault, Jessica Sanville (kneeling) Eric Bakeman and Connie Woodbury

Missing from photo – Max Barrows, Jean Danis-Gilmond, Joe Greenwald, Barbara Prine and Alicia Weiss.

VERMONT STATE SYSTEM OF CARE PLAN FUNDING PRIORITIES – FY 2009

Age		Priority	Approval	Comments
A.	Children and Youth under age 21	Support needed by families to assist them with personal care tasks as defined in the Personal Care Program	Eligibility and support level determined via Personal Care Program process	Entitled Medicaid state plan service for eligible children and youth
B.	Children and Adults	Support for respite and items through Flexible Family Funding that will help the biological or adopted family or legal guardian support the person at home	Determined by the designated agency; does not need to go through local funding committee	Sliding service scale in <i>Flexible Family Funding Guidelines</i> ; maximum \$1,300/person
C.	Children and Adults	Support needed to end or prevent imminent institutionalization in inpatient public or private psychiatric hospitals or nursing facilities or end institutionalization in Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD)	Reviewed by local funding committee and forwarded to Equity Funding Committee	
D.	Adults 18 and over	Support needed to prevent or respond to an adult being abused, neglected or exploited	Reviewed by local funding committee and forwarded to Equity Funding Committee	
E.	Adults 19 and over	Support needed by an adult to prevent an imminent risk to the person's health or safety	Reviewed by local funding committee and forwarded to Equity Funding Committee	
F.	Adults 18 and over	Support needed for parents with developmental disabilities to provide training in parenting skills to help keep a child under 18 at home	Reviewed by local funding committee and forwarded to Equity Funding Committee	Services may not substitute for regular role and expenses of parenting; maximum amount of \$7,800/ year (including admin.)
G.	Adults 18 and over	Support needed to respond to an adult who is homeless or at imminent risk of being homeless	Reviewed by local funding committee and forwarded to Equity Funding Committee	Does not apply to individuals who already receive funding for Home Supports
H.	Adults 18 and over	Support needed by an adult who is experiencing the death or other loss of an unpaid or minimally paid (e.g., family member, residential care home) caregiver	Reviewed by local funding committee and forwarded to Equity Funding Committee	
I.	Adults 18 and over	Support needed for specialized services in a nursing facility	PASRR fund manager	Limited to 5 hours per week; legally mandated
J.	Adults 19 and over	Support needed for a high school graduate to <u>maintain</u> paid employment.	Reviewed by local funding committee and forwarded to Equity Funding Committee	See Funding Limitations number 26
K.	Adults 18 and over	Support needed by an adult who has been committed to the custody of the Department of Disabilities, Aging and Independent Living pursuant to Act 248 (see additional requirements under Public Safety Fund)	Reviewed by local funding committee and forwarded to Public Safety Funding Committee	Services may be legally mandated
L.	Adults 18 and over	Support needed to prevent an adult who poses a risk to public safety from endangering others (see additional requirements under Public Safety Fund)	Reviewed by local funding committee and forwarded to Public Safety Funding Committee	Does not substitute for or replace DOC supervision

**DIVISION OF DISABILITY AND AGING SERVICES
FY 2009 FISCAL RESOURCES**

The Division is obligated to meet the needs of individuals eligible for services, *within the appropriated funding* received from the Legislature. No services may be authorized that exceed the FY 09 funding levels unless appropriate prior approval is received. It is, therefore, important that meeting personal and public safety needs are prioritized with all developmental disability services funding.

Of the total increase in FY 09, a **2.5% cost of living** increase is provided for the community system. This is intended to cover the increased costs of any salary or contracted worker increases, transportation costs, insurance and fuel expenses, etc. In addition to the cost of living increase, resources to address caseload issues are also allocated. When combined with existing resources for community services, a total of **\$138,705,970⁴⁴** is available for supporting people with developmental disabilities in Vermont. Given past utilization trends, it is expected that this amount will support roughly 3,430 individuals in FY 09. A summary of the available new funding follows:

**FY 2009
NEW FUNDING AVAILABLE**

<u>Provider Inflation</u>	\$3,268,878
<u>Caseload</u>	
Flexible Family Funding	32,700
– 23 individuals @ \$1,300 x 9% administration	
Emergency Caseload	6,587,866
– 223 individuals @ 29,542	
Minus Equity Fund Available	(2,305,682)
– 3 Year Equity Fund Average	
High School Graduates	1,396,588
– 47 individuals @ \$29,542	
Public Safety/Act 248	1,181,304
– 27 individuals @ \$43,752	
Transfer from DCF	<u>999,177</u>
TOTAL NEW FUNDING AVAILABLE	\$11,160,831⁴⁵

⁴⁴ Does not include funding in the OVHA appropriation for Children's Personal Care Services and High Technology home care services.

⁴⁵ State match requirement for FY 09 is 40.65; no changes in services are required because of this change; it is actually reduced from the FY '08 rate of 40.99%.

SOURCES OF QUALITY ASSURANCE AND PROTECTION FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES

January 2010

Quality assurance activities will not be successful if they are relegated to a single bureaucratic cubbyhole. The Vermont developmental disabilities 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.** Three (3) full-time staff, plus one part time registered nurse, 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 *Quality Management Plan*. Site visits are conducted every two years with follow-up as appropriate.
- C. **Office of Public Guardian.** Twenty-four (24) staff provide public guardianship services as specified by law to about 700 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. **Grievance and Appeals.** Each developmental service provider must have written grievance and appeals procedures and inform applicants and service recipients of that process. Both informal and formal grievance and appeal processes are available to people applying for or receiving developmental disabilities 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 disabilities 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 disabilities 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 Facility for People with Developmental Disabilities (ICF/DD).** The ICF/DD is 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 Services.** Vocational rehabilitation services, (as opposed to Medicaid-funded work supports), are provided and reviewed by the Division of Vocational Rehabilitation /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 Disabilities 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 2010

Green Mountain Self-Advocates (GMSA)

73 Main Street, Suite 401

Montpelier, VT 05602

gmsa@sover.net

802-229-2600

Contact: Max Barrows and Karen Topper

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

LOCAL CHAPTERS:

Advocates For Action

12 Church St,
Bellows Falls, VT 05101
254-7500 x1334 – Felicia Rumrill
Board Rep: Wendy Boright

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

HowardCenter
102 South Winooski Ave.
Burlington, VT 05401
488-6500 – Julia Kimbell
Board Rep: Bob Kay

Bully-Proof – Spaulding High School

155 Ayers Street
Barre, VT 056412
476-4811 – Sylvia Sweet

CCAA – Capital City Advocacy Association

254 Elm Street, Apt. 1
Montpelier, VT 05602
262-1236 – Karen Noone
Board Rep: Stirling Peebles

Champlain Voices

Champlain Community Services, Inc.
512 Troy Ave., Suite 1
Colchester, VT 05446
655-0511 – Dora Clay
Board Rep: Paul Nichols

COPS – Connections of Peer Support of White River Jct.

PO Box 678
Springfield, VT 05156
886-1833 – Charlotte Rishkin
Board Rep: Helen George

Friends Helping Friends

Community Developmental Services
50 Grandview Drive
Barre, VT 05641
479-2502 – Wendy Higgins
Board Rep: Lisa Smedy

Getting Acquainted

275 Brooklyn Street
Lamoille County Mental Health
Morrisville, VT 05661
888-6627 – Patti Mack
Board Rep: Lori Jones

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
334-8378 Francine Heywood
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 – Joan Carmen
Board Rep: Edwin Place/Bethany Drum

Rutland High School Self-Advocates

22 Stratton Rd
Rutland, 05701
770-1012 – Carol Ravena

Self-Advocates Becoming Empowered of Rutland

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

SAMS - Self Advocates Meeting of Springfield

PO Box 678
Springfield, VT 05156
886-1833 – Kerry Banks
Board Rep: George Tanner

SAVY – Strong Advocate Voices & You

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

Speak Up Addison County

109 Catamount Park
Middlebury, VT 05753
388-3381 – Lindsey Hescocock
Board Rep: Randy Lizotte

Vermont Choices

Northeast Kingdom Human Svcs., Inc.
PO Box 368
St. Johnsbury, VT 05819
748-3181 – Scott Youngst
Board Rep: Amanda Daniels

GREEN MOUNTAIN SELF-ADVOCATES LOCAL SELF-ADVOCACY CHAPTERS

