

State Program Standing Committee

January 15, 2015

Location: Comfort Inn and Suites, Berlin, VT

Meeting commenced at 9:35 a.m.

Members Present: Bethany Drum, Ed Place, Greg Mairs, Nicole LeBlanc, Connie Woodbury, Barb Prine, Susan Yuan, Anne Bakeman, Emily Anderson, Linda Berger, Julie Cunningham, Max Barrows

Members Absent: Theresa Wood, Joe Greenwald, Kyle Moriarty

Guest: Marlys Waller, Beth Sightler, Rich Atkinson, Ashley Querubin, Brad Hughy, Ashley Berliner, Carry Dailey, Cindy Moran, John Spinney, Jennifer Garabedian, Carol Maloney, Cheryle Bilodeau, Kirsten Murphy, Mary Blake, Bart Mairs, Cathy Hull, Renee Keivet Kylar, Kara McCarthy, Karen Schwartz, Larry Lewack, Camille George, June Bascom, Clare McFadden, Diane Bugbee, Jennifer Gibb, Pam McCarthy

The agenda and minutes were reviewed. Nicole LeBlanc reviewed minutes with group.

There were no changes to the December minutes. Bethany Drum motion to approve, Nicole LeBlanc seconded the motion. December minutes were approved by all members.

Integrated Family Services (IFS) – Presenters: Carol Maloney and Cheryl Bilodeau

The integration of family services has been in the works for the past few years, Carol first became involved for the Agency of Human Services (AHS) upon the departure of IFS Director Melissa Bailey. Susan Bartlett (AHS) and Carol Maloney, the Director of Systems Integration for AHS, were asked by the Secretary of Human Services to oversee the IFS initiative until a permanent director could be hired. Susan and Carol started in the fall of 2014. Renewed efforts were made to hire a permanent director. The resurrected search successfully found Cheryle Bilodeau. Cheryle brought experience and knowledge from years of providing family services. Lots of important ground work has been laid to make this initiative successful. The new AHS Secretary is very enthusiastic about this initiative.

The challenge will be to align multiple systems to make IFS successful. IFS is currently holding half day stakeholder meetings and working with a consultant to strengthen program integration.

IFS is not a “program,” but about how we work together. The initiative is to align funding programs, language and try to coordinate common goals together to better serve children, youth and families. Progress has been made to unify efforts to make this a positive customer service experience. Additional attention has been given to breaking down program silos and unifying efforts to help people seamlessly navigate the process. One major challenge is to create

flexibility in the funding sources. IFS is family focused and accepts the challenge of providing integrated services with one plan, rather than competing programs.

Integrating all child based programs into IFS is like piecing together many moving parts. It covers elements of, but not limited to; financing, information about what is working/not working, how we communicate this vision, how the vision is put to practical application.

Cheryle Bilodeau came from the Department for Children and Family Services (DCF). She was a social worker with DCF working with youth and also spent time working with policy affecting youth (teens). She spent lots of time trying to figure out how to get people what they need. She is excited about the unified efforts of this new initiative.

A member remarked about the vision of IFS, and wanted IFS to consider using the language 'family driven' in lieu of 'family focused.' A member also pointed out that the current logo 'puzzle piece' has become associated with a 'fix it' model and does not speak with sensitivity to adults with autism. Although it is a nice graphic, it can be viewed as offensive. Other members were concerned about the negative press around Autism Speaks. Carol and Cheryle responded by saying they were glad to get that feedback and will take this very important perspective into consideration.

How does IFS view DS Groups, how do they fit? The IFS early implementation sites at CSAC in Middlebury and NCSS in St. Albans have combined funding from developmental services and other AHS programs to provide services in an integrated way. Representatives from the CSAC and NCSS participate in the statewide stakeholder meetings that are currently taking place; Representatives from education, mental health, family services and others have also been involved. IFS is seeking and continuing to do outreach from the DS community to ensure that their input is received along with others' and would love specific suggestions on how to continue to outreach to the communities.

A member expressed concern that kids with disabilities were left short changed and felt IFS was neglectful concerning children's personal care. She felt in the movement to get things started, the DS philosophy was an add-on and going forward DS will have more of a presence. Camille offered that Diane Bugbee, DDS Children Services Specialist, will be representing DS at IFS on a regular basis. In addition to Diane, Camille services on the IFS Senior Management Team and Clare McFadden has leant her expertise around autism and many other aspects to the IFS initiative. In doing this, they represent the DS perspective, but it is also very important to hear from consumers, providers and advocates. Carole is open to hearing and learning more about how DS can be supported by IFS. Another member added that people from Addison country felt their DS interests were not being heard. A member suggested that IFS needs to add a family member served by the program to truly be called a Stakeholders meeting. Carol and Cheryle appreciated all of the input and will be following up.

IFS Next Steps: Currently, there are two early implementer sites. They are working on a 12 to 15 month work plan and brainstorming on how to successfully integrate all the aspects of IFS. The IFS planning team has conducted outreach to several communities and they are continuing to talk about programmatic issues. The funding flexibility comes last. Other interested communities have reached out to IFS and are in the process of talking to different stakeholders. It will take approximately 2 years to develop a critical mass to ground this effort. It's a tight timeline.

A member inquired about Family Managed Respite (FMR) and how people access those services, what the current draft of the application looks like and where families can go to get more information. Pam McCarthy from the Vermont Family Network (VFN) let those in attendance know that VFN provides a range of information about services and resources that are available to children and families. It was noted that the State Fiscal Year 2015 Budget Adjustment Act (BAA) included a proposed reduction to FMR. Clare McFadden and Jennifer Garabedian provided some information to explain that initially, the FMR was not accessed as quickly as originally expected and therefore, there were funds left over in State Fiscal Year 2014. There were also funds appropriated in State Fiscal Year 2015 and the proposal is for a one-time reduction, the administration does understand that this resource is expected to be needed in the future.

Children's Personal Care Services (CPCS) – Presenter: Jennifer Garabedian, CPCS, VT
Department of Health

Jennifer Garabedian with the Vermont Department of Health's Children's Personal Care Services program addressed the SPSC Committee. She provided handouts; Frequently asked Questions, Medicaid Role, and Application samples.

Medicaid benefits were initially set up to serve 300 children, but in recent years the program has served over a 1000 children in Vermont. Much work has recently been done to define what CPCS is intended to do and how to define who is served by the program. Changes to the program were required after an audit found discrepancies in what VT was doing and how it related to the Medicaid rules/regulations. Some of the changes included: verifying diagnosis(es), revising the evaluation/assessment process (adopted from a tool used in Wisconsin), introducing a flexible wage option and changes to the reassessment schedule. There was need to realign the program to look at Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). CPCS will continue to evaluate need, as well as taking into consideration diagnosis; and funding is very individualized. Initially, changes to the program created concern that children would lose services. It caused VDH to scale things back and put in place some additional time and measures. VDH identified transition funds that could be accessed by families while changes were being made. However, now that the changes are being implemented, the transition funds will be ending and it is anticipated that there will be a rise in Family Managed Respite requests.

A member inquired about Flexible Family Funding (FFF). Jennifer reassured the members that the funding is completely separate from CPCS and FMR.

A member asked what the role of IFS will be to shore up any disconnects around available funding for families in need. Will there be more education to families to let them know what's available? Jennifer Garabedian said a lot of IFS related work has been happening in the community and they are working with provider agencies as a foray into IFS Implementation. There have been increases in funding given to agencies to help build capacity, recognizing the need. There have been concerted efforts to get the word out.

Specialized Service Agencies (SSAs) were not provided any FMR funding and were told to refer people to the Designated Agencies (DAs) for this resource. FMR funds were part of the larger transfer of funds from DVHA to the Designated Agencies to meet the anticipated needs of children who would be receiving reductions in CPCS when the use of the new assessment tool in CPCS was implemented. Approximately \$8 million was provided to the designated agencies to provide access to services such as service coordination, skills training, behavior consultation, clinical services and either agency or family-managed respite. The funds were provided to the designated agencies and not to specialized services agencies because the funds were targeted to meet the needs of children with either mental health or developmental disabilities and the potential for a need for a wide range of services. The SSA in DS only serves children with DD and do not have the full range of service options that are available at a DA across their agencies.

The role of SSAs in IFS is a topic that needs further discussion. There were some initial discussions with the previous IFS leadership, but there have been no decisions at this point.

Returning to the topic of IFS, a member stated that there is not really criteria for IFS. It's hard to figure out who's eligible. The member asked Carol Maloney and Cheryle Bilodeau if they will be addressing this matter. Carol responded that IFS will not say that they can do all things for all people. There are some important bottom lines that people need across Vermont. We want to reduce the eligibility criteria that folks have leaned on and it has a clear line. They would like to develop a program that everyone has access to. They are taking great strides to align state efforts.

Camille stated there is a broader discussion going on concerning this subject and the role of SSAs as IFS continues to develop going forward.

Break: 5 minutes

Meeting Resumed: 11:05 a.m.

Act 158: Autism- Presenters: Ashley Berliner, Medicaid Policy, Carrie Dailey, Health Benefits Administrator, Department of Vermont Health Access (DVHA)

Act 158 passed in 2012. The legislation requires private insurers and Medicaid to provide treatment for children up through age 21. One of the treatments specified is Applied Behavior Analysis (ABA) by a board-certified behavior analyst (BCBA). Medicaid is working to request an amendment to the State Plan to include ABA as a State Plan Medicaid service, but there are a number of steps that must be completed. In the meantime, the State has given funds to DA's to help meet the needs for ABA services. DAs can provide the service directly, or may contract with private providers. In terms of getting a Medicaid State Plan Amendment, DVHA first needs the Office of Public Regulation to approve of the licensure of BCBA.s and then they will submit their State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) requesting adding ABA services provided by licensed BCBAs as a service option.. Assuming this happens, and then in addition to going through the DAs to access ABA, individuals would be able to go directly to other licensed private providers who enroll in Medicaid. DVHA hopes that all of this will be in place by July 1, 2015, but this is a moving target and subject to change. A large part of getting this benefit up and running and expanding providers lies in the outreach of other states to expand practices to Vermont. DVHA is also looking at data related to children with autism served by/through the DAs as part of the process.

A member wanted to know if providers would be abiding by the same rules governing behavior supports (i.e. positive behavior supports vs restraint and exclusion). Do they have to follow the same rules as everyone else and is there going to be oversight?

Carrie Dailey indicated that for the current funding provided to the DAs for ABA services, the expectation is that the DA will follow their current policies and guideline regarding restraint and seclusion. When the new benefit is developed with DVHA, they will develop policies to ensure best practice. They have reviewed the DS Behavior Support Guidelines. Camille added that where services funded through DS home and community-based services are concerned, all providers need to follow the DS System of Care Plan and requirements contained in the Master Grants with DAs and SSAs. Any subcontractors of the DAs and/or SSAs must also follow the SOCP and other policies, regulations and guidelines; and DAs and SSAs are responsible for communicating those expectations and monitoring services provided through subcontractors.

A member inquired what it looks like for people who are eligible to get services. Carrie stated children currently who have Medicaid coverage need to go through the DA to access services. The DAs currently don't have enough providers and have enacted wait lists. DVHA is trying to build capacity to rapidly address this need in Vermont. A lack of capacity is creating the wait list, not the funding. The workforce is an issue. There is no firm number of how many are on the waitlist. It was noted that if the funding is going through mental health it is inaccessible to SSAs. DAs may, but are not required to, subcontract with outside providers. DAs would be responsible to ensuring the work is done following the same guidelines. The reason DVHA is

using the DAs is because it is the only federally accepted organization. DAs can subcontract if they provide the oversight. The state plan does not address SSAs, only DAs. This is an interim process. As soon as there is a licensure process, then any provider who is licensed under Medicaid would be acceptable. More will be known by July 1st 2015.

A member wondered if Medicaid will be picking up co-pays for this particular therapy. DVHA confirmed that Medicaid does not cover higher than negotiated services. DVHA is in the process of negotiating this.

A member inquired as to why is this going through the Mental Health side of agencies versus the Developmental Services side. Services provided through mental health are required to be administered by board certified analysts who live on Mental Health side, and not on the Developmental Disabilities side.

DVHA is aware of concerns about seclusion and restraints and will be consulting with DDS when they get to the stage of writing policies and guidelines, but the first area of focus is on obtaining the Medicaid State Plan Amendment and licensure in place.

Transitioning Youth Discussion: John Spinney and Cindy Moran of AOE and Renee Kievet-Kylar of Vocational Rehabilitation.

Special Education regulations mandate schools start preparing students to transition at age 16. There are eight criteria which are federally mandated (i.e.; invite students, developmental partners, writing goals, transition assessment, etc.). Some High Schools have their own employment specialist built into their staff. Half of Vermont High Schools have them, half do not. AOE had been working with Vocational Rehabilitation to designate Transition Counselors for each school. Other opportunities have also been offered with initiatives and partnership with organization like Think College and Project SEARCH. Project SEARCH is a workplace immersion program and participants become an official intern for that work site. AOE /VR have made efforts to front load this as it has proven to be successful in transitioning students to the workforce. . The Sports and Fitness Edge has proven to be a valuable community partner. The program is individualized. For example, a student has a special educator and employment specialist and participates in a full inclusion and competitive employment, learning on the job.

Professional Development Day for those working with Transitional Youth: This event will bring together regional teams consisting of VR Counselors, DDS Intake and DDS Supported Employment Coordinators, Special Education Directors, the vocational and Special Education case managers in schools, and a parent and/or student representative. The event is [scheduled for March and details will be sent out to attendees.](#)

Please follow the links to these website to gain more knowledge concerning collaborative efforts and initiatives surround Youth Transition;

Website: <http://education.vermont.gov/special-education/policy-and-administration/secondary-transition/rules>

<http://education.vermont.gov/special-education/policy-and-administration/secondary-transition>

The AOE, VR and DDS meet on a quarterly basis. Camille has offered to bring concerns from this group to that standing meeting.

If people have concerns about expectations at schools around transition, Linda Berger is happy to bring your concerns to the AOE.

Graduation Requirement: Schools are required to offer reasonable and appropriate access to transition services. Students need to meet all their graduation requirements. AOE looks at what transition services have been offered and evaluates the IEPs, comparing them to the curriculum exposure. The team evaluates each individual's graduation date and looks at their potential transition to DS services.

? How do you monitor? A committee member asked if there are enforcement mechanisms for the transition plans? There are special education monitors. States are required to collect data and report indicators to the federal government. Indicator 13 is a compliance indicator and comprises the eight criteria in order to be compliant. If a school is being selected (on a cycle basis) to be reviewed, there are 3 special educator monitors. If it is discovered that schools are failing to be compliant, then technical assistance is offered to help the struggling school fall into compliance.

Renee Kievet-Kylar noted that the integration of the Pre Employment Transition Services (PETS) plans should aid in helping kids meet criteria in their Individualized Education Plan (IEP) and will help support schools to develop a more comprehensive plan to help kids aid for transition.

Act 77 Flexible Pathways Legislation requires that schools develop individual personal learning plans for all students. This applies not only to those receiving special education, but all students. (<http://education.vermont.gov/flexible-pathways>). Personal Learning Plan General Ed Initiative (<http://education.vermont.gov/plp-working-group/agency-resources>). Historically, Vermont only has one diploma. Schools have time to prepare for this and proficiencies will also be offered in lieu of credits. Some may need to have modified proficiencies. Act 77 is specific to Vermont. Schools can choose to adopt or create their own. The AOE has had invested a lot to training for special education.

SPSC Announcements:

Election of co-chairs - At the December meeting, Theresa Wood notified the group that we were due to elect new co-chairs in Oct 2014. Camille asked the group how they felt about simultaneously replacing both co-chairs or replacing 1 every six months. She also asked if others might be considering being a co-chair. While Theresa Wood was not present at the January meeting, June Bascom relayed that she has indicated that she would be willing to stay on for 6 months in order to mentor a new co-chair. The group agreed with this approach. One member has expressed interest in serving as co-chair. The Operating Procedures state the following, "**Co-Chairpersons** – There are two co-chairs. At least one of the co-chairs is a Recipient or an Advocate. The co-chairs are elected by the Committee in October and serve for two (2) years. Co-chairs may be re-elected by the Committee for one (1) additional term making their total term in office a maximum of four (4) years. The election of co-chairs is staggered so that the terms do not end at the same time."

Next Steps:

- Jenn to send out a message to all members asking if anyone is interested in the co-chair positions.
- There are also a number of committee member terms that are expiring soon. Jenn will send out a message of the list of member whose terms are due to expire to the nominating committee (Max Barrows, Connie Woodbury and Barb Prine). Jenn will consult with the operating procedures as notices need to be sent publicly in order to give both current and interested members of the public an opportunity to serve. Co-chair election will take place in February (tentative) after notice has gone out.

12:35 Meeting Adjourned.