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DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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MEMORANDUM

**To:** Interested Parties

**From:** Susan Wehry, M.D., Commissioner, DAIL   
Camille George, Director, DAIL/Developmental Disabilities Services Division

**Date:** June 27, 2014

**Re:** **Final Vermont System of Care Plan for Developmental Disabilities Services – FY 2015 – FY 2015**

On April 28, 2014 the Department of Disabilities, Aging and Independent Living (DAIL) Developmental Disabilities Services Division (DDSD) issued a notice informing interested individuals of the availability of the *Draft VT State System of Care Plan for Developmental Disabilities Services FY 2015 – FY 2017(Draft Plan)*.

The *Draft Plan* was posted on the DAIL website and a summary of the key changes proposed in the *Draft Plan* were outlined in an accompanying memo. Three public hearings were held: the first on May 3, 2014 was held in conjunction with the DAIL Advisory Board meeting, the second was held on May 15, 2014 and was hosted by the Developmental Services State Program Standing Committee (SPSC); and the third public hearing took place via Vermont Interactive Technologies (VIT) on May 19, 2014 at 6 different VIT sites. In addition to input received at the public hearings, written comments were also invited through May 30, 2014. Comments were received from individuals who receive services, family members and other members of the public. Comments were also received from numerous organizations including: the SPSC, the Vermont Developmental Disabilities Council (DD Council), the Disability Law Project of Vermont Legal Aid, the Vermont Council of Developmental and Mental Health Services, the Child, Adolescent and Family Unit of the Department of Mental Health and the Vermont Family Network. Finally, we wish to give a special thank you to Green Mountain Self Advocates (GMSA) who brainstormed a list of suggestions for the *Plan* at a statewide focus forum of nearly 50 people. A number of their comments can be found in the summary below and the full summary of their input can be found in Attachment G of the *Plan*.

The input received from all parties was extremely helpful and much appreciated. As a result of the input received, a number of changes have been made to the final *State System of Care Plan*

for *Developmental Disabilities Services for FY 2015 – FY 201 (Plan)*. Please note that some of the changes include significant reorganization of the *Plan* so in our response we make every effort to provide you with the new reference to the place in the *Plan* that we are addressing.

Below is a summary of the key comments received, the Department’s response and decision. All changes shall go into effect with the *Vermont State System of Care Plan for Developmental Disabilities Services FY 2015 – FY 2017, Effective July 1, 2014 (SOCP)*.

Public Input Received	Department Response
<b>General Comments</b>	
<p>Individuals and family members commented on the importance of the services that they receive. They and others also commented that cap of no more than 25 hours allowed for community and/or work supports is arbitrary and should be lifted. Overall, funding was noted as a key concern, with people expressing a desire for more hours of support, wanting more time to build one’s social life outside of the home, ensuring adequate respite is available, being able to serve more people and more funding so that staff can be paid a livable wage.</p>	<p>It is clear that people, families, guardians and others truly value the services that they receive and the people who provide them. We appreciate hearing the difference that they make in people’s lives. As described in the <i>Plan</i>, DAIL receives an appropriated amount for services and is expected to manage to that amount. Therefore, it is not possible to lift the cap on community and/or work supports at this time. On the topic of paying staff a livable wage, legislation was passed this year that allowed for independent direct support providers to enter into a collective bargaining agreement (CBA) with the State. The agreement, which will go into effect in SFY 15, includes a minimum hourly and daily wages for this group of providers. Additional funds were appropriated by the Vermont Legislature to conform to the CBA.</p>
<p>Although reference was made to new Centers for Medicare and Medicaid Services (CMS) Home and Community Based (HCBS) rules and input from self-advocates, there is little in the <i>Draft Plan</i> that directly fosters autonomy and independence, or promotes self and family-management.</p>	<p>We are very interested in hearing from individuals and families about ways that we can better foster autonomy and promote self- or family-management and believe that there is always room for improvement in this area. In the meantime, throughout the <i>Draft Plan</i> we added language to emphasize consumer choice and control. That language remains and in the final <i>Plan</i> language has been revised to further convey the expectation that people be informed of <u>all</u> choices, both in terms of providers and service options. We have emphasized the involvement of individuals and families in the development of Individualized Support Agreements (ISAs) and in the event of reductions. In Section Two, III we have split out the descriptions of Self-Managed and Family-Managed Services to emphasize that</p>

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	<p>these are two separate and distinct options available from which to choose and have clarified what we mean by shared-managed. We also hope that the more thorough descriptions of the roles of the Supportive Intermediary Service Organization (Supportive ISO) and the Fiscal Employer/Agent (FE/A) help to describe some of the support available to those who choose these options. We are hopeful over the course of the 3-year <i>Plan</i> that we will have the capacity to carry out the Special Initiative in Section Three, VII.A.6 (page 28) and explore new approaches to supporting families who have adult children living at home. In Section Six, II. DDS Work Plan Goal #1 (health reform) and Goal #4 Integrated Family Services (IFS) we include specific advocacy on the part of DDSD to help ensure consumer and family participation in the design of both. As we move to fulfill the goal that people receiving services have a voice and choice in their life (Section Six, II. Goal #3) we view individuals and families as key stakeholders and see their input and involvement as vital as we develop a plan to make sure the Agency of Human Services (AHS) is in compliance with the CMS HCBS rule changes. In Section Six, II Goal #2 we have included an activity to update the <i>Handbook for People who Self- and Family- Manage Medicaid Waiver Services</i> so that people interested in this option are informed about how to manage DD services. These are a few examples of how we have tried to promote consumer choice and control in the <i>Plan</i> and welcome continued conversations about how we can further improve in this area.</p>
<p>Support was expressed for post-secondary education and lifelong learning, noting that it helps people to set and achieve goals, learn new skills and live more independently.</p>	<p>We agree that having opportunities to participate in post-secondary education can have many positive outcomes. We are pleased to be able to support a number of these programs and our commitment to them remains strong. Post-secondary education and career building for transition age youth is included as one of the Special Initiatives listed in Section Three, VII.A.1.</p>

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<p>Concerns were expressed about the increase in congregate day services. Some people do not want funding to go to day services. “The agencies running ‘learning centers’ mean well, but the ones we have seen look childish and are run by staff – not people with disabilities. The State needs to make sure the agencies clearly explain that attending a day program is just an option and that all people are told they have the option for individualized services.”</p>	<p>In Section Six, II Goal 5.f we have included an activity to examine the use and quality of group community services and report our findings to the State Program Standing Committee (SPSC). More information, data and input is needed before deciding whether any further action is needed.</p>
<p>Technology was an area that was highlighted as a way to help people be more independent, safe and supported. It was recommended that the State adopt the National Core Indicator (NCI) that people receiving services must have access to the internet if they want it. It was emphasized that people receiving residential services need to have access to a telephone and that staff need training to use technology to increase a person’s independence.</p>	<p>We are joining NCI project this year and this will provide us with data about key quality of life measures. Over the past year, the topic of technology was examined by a work group. This group has made some recommendations that were presented to DAIL’s <i>DDS Imagine the Future</i> Task Force. The final report of the Task Force will include the recommendations and will be reviewed by the SPSC for further input and presented to the DAIL Commissioner to decide if further action is needed. We are interested in any obstacles that people have accessing phones and internet and will get some specific input about that as well from the SPSC.</p>
<p>The topic of communication was another theme that came through in input received. People spoke of the importance of making sure that people have support to communicate and want to make sure that there is adequate funding for communication devices and alternative communication programs.</p>	<p>Support for communication is vital. There have been so many advancements in the technology available to support people to communicate; and there are new changes all the time. The DDS website has valuable information and resources about augmentative and alternative communication.  <a href="#">Vermont Communication Task Force</a>                      Agencies and individuals are also encouraged to consult with Vermont’s Assistive Technology Program to find out about all of the technology available.  <a href="#">Vermont Assistive Technology Program</a></p>
<p>There was a range of input received regarding residential supports. It was suggested that supervised apartment programs be established that contract with people with disabilities who can provide support to peers learning how to live on their own. Commenters want to see more efforts to address both the lack of Section 8 housing vouchers and the limitation that the voucher is attached to one person so if two</p>	<p>Where one lives and who one lives with has a significant impact on a person’s overall quality of life and satisfaction. The <i>Survey of Adults Receiving Developmental Disabilities Services in Vermont, Spring 2013</i>, showed a high percentage of people who liked where they lived (89%) and who felt safe at home (96%), but less satisfaction with some other measures related to residential life. Thirty-eight percent</p>

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<p>people live together and the arrangement does not work out, one person may be left out. A shared living stipend was suggested where the stipend is given to one or both people that would make up for the loss of financial support from Section 8. There were mixed opinions about how many people should live together. Some felt that the no more than 2 people should be in a shared living situation and if an organization wants to have more than 2 people living together the existing rules for group living need to apply in order to protect peoples’ rights. Other people want to see the development of more “intentional communities” as an option for people.</p>	<p>of those surveyed indicated that they had a say in where they live, 49% indicated they can change the rules where they live and 65% have privacy when friends or family visit. In SFY 14, a work group was formed to look at how we can support more people to move from shared living to supervised living. This work group made some recommendations to DAIL’s <i>DDS Imagine the Future</i> Task Force. The work of this group and the input from the Task Force will be shared with the SPCS and with the DAIL Commissioner. In Section Six, II. Goal 6.c we have included an activity to review the recommendations from this work group and work with providers to transition more people from shared living to supervised living and more independent living overall. On the topic of how many people should live together, individual consumer choice and adherence to the principles of the <i>DD Act</i> must be a key consideration.</p>
<p>Concerns were raised about the increase in what is sometimes referred to as “wrap” services, meaning when a shared living provider also provides community supports and/or work supports to the person who lives with the shared living provider. To save money in response to pressure from budget cuts, many providers have reduced the number of people they directly employ and supervise. An increasing number of workers who are not employees of DA/SSAs are paid to provide services. This can be problematic because there is a greater degree of training, support and supervision with employees. Some worry that agencies are moving farther away from directly supervising the people who are actually providing services. “We need more checks and balances in the system.”</p>	<p>We have added language to Section Two, III where we define the various management options to reinforce that when services are contracted, the Designated Agency (DA) /Specialized Services Agency (SSA) remains responsible for management and quality oversight of all services. We will also gain additional input from the SPSC regarding concerns they may have about comprehensive supports provided by a shared living provider.</p>
<p>Concerns were raised about the lack of statewide standards or oversight of shared living providers and homes.</p>	<p>Shared living providers operate under specific contractual obligations with the DA/SSA arranging services. We have added language in Section Two, III to reinforce that the DA/SSA remains responsible for management and quality oversight of services provided. In addition, there are a number of regulations, policies and guidelines that apply to shared</p>

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	<p>living and other types of 24-hour living arrangements. Specific examples include, but are not limited to, the Health and Wellness Guidelines, Behavior Support Guidelines and Housing Safety and Accessibility Review.</p>
<p>Self-Advocacy and peer advocacy is important. Agency support of self-advocacy groups and agencies that hire peer advocates to promote self-advocacy and provide peer support were praised. “They are behind us in whatever decision we all make and they give us support and input.” It was also noted that peer support can help save money as it is one of the least expensive ways of providing support.</p>	<p>We agree that self-advocacy and peer-mentoring are important to a strong DDS system. There are a number of efforts going on at local agencies to promote self-advocacy and peer-mentoring. In addition, the input that self-advocates provide as part of our quality assurance process is extremely informative and valuable to the overall process. There are some agencies that stand out in supporting peer-advocacy and using peer mentors and we will refer other agencies to them to learn how they do this.</p>
<p>Commenters would like to see more support for family members and were pleased to see an initiative related to this Section Three. IV Special Initiatives of the <i>Draft Plan</i>, but were concerned about whether an activity will occur due to the need for there to be available funding and capacity to undertake the initiatives. Related to this, commenters would also like to see support for family peer organizations.</p>	<p>We plan to have further conversation with the SPSC and others about how we can support families. As a starting point, we are hopeful that over the course of the 3-year <i>Plan</i> that we will be able to explore new approaches to supporting families who have adult children living at home that was included as a Special Initiative (now in Section Three, VII). While we understand the concern about whether or not this will occur, we do need to ensure that we have the funding and capacity to do this before moving forward.</p>
<p>Input was received requesting additional information regarding Act 158 (<i>an act relating to health insurance coverage for early childhood developmental disorders, including autism spectrum disorders – ASD</i>) and also about the role that DAIL plays in supporting individuals with ASD. Commenters discussed some of the current challenges individuals and families are experiencing accessing services as well as having an adequate pool of providers under this law. Some suggested the information as presented was inaccurate, others suggested that DDS HCBS funding be used to pay for services until the State comes into compliance with Act 158. Finally, concern was expressed about the removal of systems development activity focused on autism from the <i>Draft SOCP</i>.</p>	<p>DDSD will be following up with our partners within AHS to share the concerns raised about Act 158 and services for people with ASD overall and will provide a more thoughtful and detailed response separately that will be shared broadly. DDSD will also continue its participation in efforts underway to implement Act 158; however, will not fund services with DD HCBS in the meantime. The systems development activity on Autism in the FY 11 – 14 SOCP was focused on the implementation of a federal grant which has now ended. Even though not specifically mentioned, DDSD will continue to be involved in the implementation of Act 158 and other efforts to support individuals with autism and their families.</p>

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<p>While there was outreach, the plan lacks an adequate objective needs assessment, and there was no apparent consideration of demographic trends, like aging parents or the rise in the incidence of autism.</p>	<p>Much of the information on demographics and the needs assessment can be found in the <i>Developmental Disabilities Services State Fiscal Year 2013 Annual Report (SFY 13 DDS Annual Report)</i>. Act 140, an act relating to developmental services' system of care, which was passed during the SFY 14 Legislative Session includes a specific timeline and content for the annual report. We will be examining what changes are needed to the Annual Report based on the passage of this legislation. In addition, it should be noted that the funding proposals that are currently in use capture information about many characteristics and circumstances of the people applying for services. We have included this information in Section Four, I (page 31).</p>
<b>Section Two: Eligibility</b>	
<p>The description of the intake and eligibility process has been improved, but there is still a lack of clarity about the process, what is available to those who do not meet funding priorities and due process rights that are available to individuals. It was suggested that the description of the steps of the intake process be consistent with the <i>Regulations Implementing the Developmental Disabilities Act of 1996, March 2011 (DD Regulations)</i>.</p>	<p>We have reorganized much of the information related to intake and eligibility and have added a number of revisions to try to provide better and clearer information about the process. We also agreed with the suggestion to include the intake process steps detailed in the <i>DD Regulations</i> and have incorporated them into the SOCP. Much of this reworking of this information can be found in Section Two, II – IV.</p>
<p>In Section Two C regarding the intake process, it was noted that some language about the Authorized Funding Limit (AFL) had been left out that emphasizes that the “AFL needs to be reflective of funded areas of supported as documented in the individual’s needs assessment and the Individual Support Agreement and must be an allowable Medicaid expense.” This was helpful language that was recommended to be put back in the <i>SOCP</i>.</p>	<p>This language was on page 11 of the <i>Draft SOCP</i>, and can now be found at Section Two, IV page 11 of the final <i>Plan</i>.</p>
<p>It was requested that the intake section of the <i>SOCP</i> clearly reflect that the Designated Agency (DA) is also an option to be chosen.</p>	<p>Changes have been made to Section Two, III to address this request. In particular, please see page 9 of the <i>SOCP</i>.</p>
<p>Numerous revisions were suggested to clarify the DA role and responsibility regarding the development of funding proposals, initiation of services and better defining and explaining the role of the Supportive Intermediary Service Organization (Supportive ISO).</p>	<p>Changes have been made throughout Section Two. In addition, Section Two, III talks in more detail about both the Supportive ISO and the Fiscal Employer/Agency (FE/A).</p>

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<p>Although the service management options are covered, the menu of services is not presented as part of the application process.</p>	<p>Language has been revised in Section Two, III, using language from the <i>DD Regulations</i>, which include the expectation that the application process includes providing information about potential service options.</p>
<p>Input was received expressing concern about the length of time it takes to access services (from application to receiving services) and also that the description of the process was confusing. Concern was also expressed about the anxiety that individuals and families face waiting to find out whether they have been approved for services.</p>	<p>We agree that this section as written was confusing and might imply a longer period of time than expected for accessing services and also understand that waiting to hear the outcome of an application for services can be stressful. Section Two, IV has been revised to more clearly outline the timeline from application to receipt of services.</p>
<p>More information was requested about the estimated 70% of individuals who do not receive services and it was suggested that the Consumer Survey include a poll of these individuals.</p>	<p>The purpose of the current Consumer Survey is to get input from those receiving services that will help us to monitor and identify ways we can improve the developmental disabilities services in Vermont. The Division does not currently have a way to identify all of the 70% of individuals who do not receive services. We do note that at the local level, agencies work with individuals to offer other services, refer them to other resources, manage waiting lists for people waiting for services and periodically review the needs of those on a waiting list (see Section Two, I and Section Four, IV). At this time the Division does not plan to conduct a broader survey of this nature. Our focus this year will be on participating in the National Core Indicators (NCI) Project which will provide the State with the ability to measure and track Developmental Disabilities Services Outcomes and Performance in Vermont and across multiple years, services and states and will inform our efforts to manage and improve DD services into the future.</p>
<p><b>Section Three: Funding Authority and Sources</b></p>	
<p>Input was received that readers would like to see more clear and comprehensive information and better organization about all resources available to people with developmental disabilities, aging and particularly with regards to supports for children.</p>	<p>The <i>Plan</i> describes how DAIL will use the funding it receives and the services to be provided with the funding to meet the needs of people with developmental disabilities. It is not intended to be, and is not well-suited to serve, as an all-inclusive Information and Referral Guide of all services and supports available. However, we understand the need for more clear and comprehensive information. Therefore, we have reorganized some of the</p>

Public Input Received	Department Response
	<p>information contained in the <i>Plan</i> and have included some additional information about other services, resources and contacts in Section Three, IV – VI. This includes a more detailed description of Integrated Family Services (IFS) in Section Three, V. More importantly; however, as DAIL and DDS are developing new websites, we will include information about a wider array of resources and links to key agencies and organizations (see Section Six - DDS System Development Activities, I. DDS Strategic Plan, Goal 3). We also believe that IFS continues to develop that this will result in more streamlined and accessible information about services and supports for children and families. In addition, Green Mountain Self-Advocates and the Vermont Family Network are partners in DAIL’s Aging and Disability Resource Connections Project (ADRC) and through this effort we anticipate that the ways that people with developmental disabilities and their support teams get information about the full range of services and resources will be improved and over time it will be easier for people to access needed services overall.</p>
<p>Input was received requesting more information about the various funding streams and how they are managed, particularly new caseload and returned caseload funding.</p>	<p>Numerous revisions have been made to Section Three and Section Four to provide more information about the funding streams and how they are managed. With regards to new caseload and returned caseload funding, please see Section Three, II and III.</p>
<p>Input was received wanting clear information about how children will be served, and also emphasizing the responsibility of DAIL under the <i>Developmental Disabilities Act of 1996 (DD Act)</i> in serving children with developmental disabilities. Commenters wanted more discussion of how Integrated Family Services (IFS) will ensure that children receive a holistic and seamless system of service delivery, and wanted assurance that IFS will not result in a decrease in services. The financing of IFS and the subsequent transition of funding when young adults transition to adult DS services was identified as an area of concern as it may present a funding pressure</p>	<p>As noted above, we have expanded the description of IFS in Section Three, V. Under the <i>DD Act</i>, DAIL’s obligation regarding DD services, as set forth in 18 V.S.A. §8723 extends to “people with developmental disabilities and their families within Vermont.” The <i>DD Regulations</i> define “recipient” of DD services as “a person who meets the criteria contained in Part 2 of these regulations and who has been authorized to receive funding or services, or a family that has been approved to receive services or funding under criteria specified in the <i>system of care plan</i>. A recipient is a person who has been approved to receive services, supports or cash benefits</p>

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<p>for DS going forward.</p>	<p>funded by the Department under criteria specified in the System of Care Plan.” This definition does not distinguish between adults and children. Therefore, under the statute and the regulations, DAIL’s obligation to provide for services and supports extends to both adults and children with developmental disabilities and is not contingent upon whether services are received through DDS or through IFS. That said, we recognize the importance of DDS’s involvement in and support of the development of IFS to ensure that the goals of IFS are fulfilled and to ensure that children with developmental disabilities and their families will have access to services that recognize and build upon their strengths, and meet their needs. We are also committed to ensuring that children, families, providers and other key stakeholders are involved in the development of IFS and have included a goal focused on our involvement in the design of IFS in Section Six, II. DDS Work Plan, Goal #4.</p>
<p>Concern was expressed about the language and expectation contained in the <i>Draft Plan</i> that services are only provided when families cannot provide that support, with further discussion about the challenges families experience trying to meet the needs of individuals and the need for family support. It was noted that there appears to have been an erosion in day supports and respite and that the budgets approved set unrealistic expectations for families.</p>	<p>We value the contributions that families make, in many different forms, to support people with developmental disabilities. We want the services provided to support and build upon that provided by family members. At the same time, we recognize that families have other responsibilities as well (such as work, or supporting other family members) and also need opportunities themselves to rest and refresh. Some revisions have been made throughout the plan to plan to try to reflect this. It is difficult to speak to any possible erosion of day supports or respite without further analysis. However, the process of applying for services, identifying strengths and needs, developing funding proposals and having them reviewed at both the local and state level prior to a final decision at DDS and then the development and implementation of Individualized Support Agreements (ISAs) is designed to help ensure that people are treated equitably and that services and supports are provided consistent with each individual’s strengths and needs.</p>

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<p>Commenters spoke of the value of Flexible Family Funding (FFF) and their desire to increase the amount that families are able to receive. Overall, commenters noted the importance and benefit of, and other resources for, family respite. Further revisions were suggested to clarify the interplay between one-time funds and FFF and how funds from either source can be carried over for use in the next fiscal year.</p>	<p>We were glad to have had the opportunity to consult the SPSC about this issue as we were developing the <i>Plan</i> and as part of the public input process. While all agreed that they would like to see the amount that each individual is allocated for FFF increase, without any additional funding, this would require that fewer families receive funding. The SPSC indicated that unless there is additional funding made available for FFF it does not want to see a decrease in the number of families that receive FFF. Therefore, no change was made to the FFF allocation. Revisions have been made to the description of FFF in Section Three, IV.C to provide more information about how FFF is managed.</p>
<p>It was noted that the Bridge Program is an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) service and as such there should not be a waiting list for children in need of this service.</p>	<p>The description of the Bridge Program has been revised and can be found in Section Three, IV.E.</p>
<p>Input was received that Children’s Personal Care Services (CPCS) and High Technology Home Care (High Tech) were removed from the <i>Draft Plan</i>, are important resources and should be included in the final <i>Plan</i>.</p>	<p>These were removed from the <i>Draft Plan</i> because DDSD no longer directly administers these programs. However, recognizing the input regarding the need for clear and comprehensive information, we have included descriptions and contact information for these programs in Section Three, V.A and B We will continue to work on our website and support other ways to provide comprehensive information, referral and assistance.</p>
<p>In Section Three (Funding Authority and Sources) input was received requesting information about the DDS Rate Sheet, noting that the Levels of Care document should be added to the list of regulations, polices and guidelines that must be followed and that “as funds are available” be added to Section Three.A.4 and Three.A.6.</p>	<p>The link to the Rate Sheet can be found in Section Three, I (page 14). Please note that this link may be changing as we update the DDSD website. The Level of Care Document will be added, once finalized. Revisions adding “as funds are available” can now be found in Section Three, II.4 and II. 6 (page 15).</p>
<p>With regards to Section Three B.2, in the past when there were budgetary reductions, the DDSD issued “guidance.” The <i>Draft Plan</i> calls for “instructions. It was questioned why the DDSD would be enhancing its role in these circumstances.</p>	<p>As that State Agency responsible for ensuring compliance with all relevant State and Federal statutes, regulations and requirements for DD HCBS, it is not only appropriate, but essential that the DDSD provide clear instructions to providers in carrying out reductions and overall administration of services. This is not to say that agencies will not be given some flexibility</p>

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	<p>in how to make reductions, but it is also important that there be consistent statewide parameters when reductions have to be made. There is no change made to the language now in Section Three, III.A.2 and Section Four, III (page 44) has been revised to be consistent with the language in the previous section, removing “as needed,” since instructions will always be needed.</p>
<p>Comments were received requesting some further clarity about the composition and roles of the local and state funding committees, particularly the number of state staff on the statewide committees.</p>	<p>Revisions have been made to Section Three, III. B to more clearly describe the roles and composition of the local and state funding committees.</p>
<p>Input was received that it can be difficult to recruit community members to be part of the local funding committees, recommending a revision to use the term “may” and asking DAIL encourage State partners to participate when asked to join a committee.</p>	<p>We understand the challenges in recruiting people to serve on these and other committees. However, there is value in having people who represent a range of perspectives involved in the funding review process and involvement in this area might over time foster greater community understanding of the strengths, needs and issues facing people with developmental disabilities and increased collaboration. Therefore, no change is being made to the language in Section Three, III.B. DAIL/DDSD will be happy to encourage State partners to participate in the local funding committees.</p>
<p>Regarding one-time funding and its importance in supporting individual needs, it was requested that the <i>Plan</i> state that funds “will” be distributed to DA/SSAs, not “may.” It was also requested that individuals be allowed to use these funds for any type of training or conference. Finally, input was received that the <i>Plan</i> would be strengthened if allowable uses were identified for DAIL to support the needs of people with developmental disabilities. Also on the topic of one-time funding, it was noted that the DDSD is now explicitly given the authority to take one-time money to support specific activities, without limitations or restrictions on use. Input was received that one-time money is used to support individuals with real needs that are not met elsewhere in the <i>Plan</i> and should not be diverted from individuals to DDSD projects.</p>	<p>To the extent that DAIL has one-time funds left over at the end of the year, on a discretionary basis, funds are allocated to providers, for the benefit of consumers, and can also be used by DAIL to enhance the DDS system overall and strengthen the overall health and well-being of the people we serve. DAIL’s use of one-time funds is consistent with the description of the allowable use of one-time funds found in Section Three, IV.A. In addition to individual benefits, it is essential that investments be made to strengthen and improve the DDS system overall as we plan for and envision a strong system in the future. No change was made to the language regarding the allowable use for training. We believe the language is broad enough to allow considerable flexibility for individuals to participate in a wide range of training opportunities, while at</p>

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<p>Instead, it should remain with individuals.</p>	<p>the same time outlining some reasonable parameters for appropriate training.</p>
<p>Concern was expressed about using the public safety funding category for people who have not been adjudicated as committing an offense. Additional comments were received noting confusion about the term “re-offense.”</p>	<p>We appreciate this feedback and are interested in exploring over the course of the 3-year <i>Plan</i> ways in which we might address the concern. More analysis and discussion with the SPSC and other key stakeholders is needed before making any changes. We have added an activity to Section Six, II Work Plan 5.g. (page 60) to examine how to address services to people who pose a risk to public safety in a respectful and equitable manner. Revisions have been made to Section Three, III.B (pages 20 – 21) to clarify the term “re-offense.”</p>
<p><b>Section Four: Funding Guidance</b></p>	
<p>The priorities section continues to confuse the doorway to services with access to specific services. It is not accurate to state that it is “only necessary to meet one,” since services like home supports are not available under some priorities, and no wait list is kept about specific services requested.</p>	<p>We have made a revision to Section Four, I to clarify this information. Please also refer to Section Four, IV for information about waiting lists that are collected.</p>
<p>A number of commenters expressed support for the change to the funding priority related to employment supports, to include a broader age range and the opportunity to meet the priority at times other than immediately upon completion of high school. Related to this, positive input was also received about the proposed reinstatement of the Employment Conversion Initiative, but additional explanation about the goal of this was requested, noting that providers are already supposed to be assisting individuals to find work. Input was received that people need more help finding jobs, some people would like to be able to work more hours and employment supports are needed to help people maintain employment.</p>	<p>Given the positive input received, we are implementing the change to the funding priority for employment supports (Section Four, I (page 32) and the Employment Conversion Initiative (Section Three, VII.B). We have revised the language related to the Employment Conversion Initiative to more clearly explain its goal. It should be noted that providers are already assisting individuals to find work and that in fact overall statewide providers have met the performance target for employment included in their grants with the State. However, because the cost of employment supports are greater than some of the other services, it is important to recognize that and implement the Employment Conversion Initiative to help offset some of those increased costs.</p>
<p>Regarding the proposed change to the priority focused on employment, while in support of the expanded age, comment was received that it should not be restricted by any age at all for adults age 18 and over and that the priority should apply to those who wish to increase their work hours. Having vocational supports</p>	<p>As much as would like to, we are not able to consider this at this time. DDS must manage to an appropriated amount each year, and because we do not anticipate increased funding, it is fiscally prudent to start conservatively and see what impact the change in the funding priority for employment</p>

<b>Public Input Received</b>	<b>Department Response</b>
<p>in order for people to pursue their passion and goals is important; and without supports, some people would not be able to have jobs.</p>	<p>supports for people ages 19 – 26 and reinstatement of the Employment Conversion Initiative have, both in terms of achievement of consumer outcomes and fiscal management, before taking any further action.</p>
<p>The funding priority requiring psychiatric institutionalization for children and youth is inequitable and should be re-examined.</p>	<p>We are not making any changes to this funding priority at this time. Our focus during the 3-year <i>Plan</i> period will be on actively supporting the development of Integrated Family Services (IFS) with the goal that services for children and families will be streamlined and integrated across the Agency of Human Services with the goal of creating an easily accessible, holistic and seamless system of service delivery.</p>
<p>For children who have co-occurring needs (mental health and developmental disabilities) many of these children need services from providers with a level of developmental expertise that the mental health system cannot provide.</p>	<p>Please see our response in the box immediately above this one.</p>
<p>Input was received that there is no clear mechanism to ensure equitable distribution of resources, including Targeted Case Management (TCM).</p>	<p>The funding committees described in Section Four, III.B help to ensure that individuals applying for Home and Community- Based Services are treated equitably in relation to others applying for services statewide. Agencies are able to convert HCBS funding to TCM if needed (see Section Four, II. C.16) and Flexible Family Funding and Family Managed Respite are reviewed by the DDS; and these resources are redistributed as needed (see Section Four, IV). In addition, in Section Six, II Goal #7 we have included a goal that the process for allocating HCBS resources will be equitable, transparent and uniform across the State.</p>
<p>The language in Section Four B.1.b of the <i>Draft Plan</i> regarding short term hospital stays and incarceration is either unclear or problematic. It appears to state that all HCBS are suspended for even one day of stay in any of the above settings.</p>	<p>This is a Medicaid requirement. However, we do not believe that this will present a problem for individuals since funds are just suspended and can be reinstated immediately upon discharge, for up to 6 months of a suspension, at which point funds do have to be returned. After that length of time it would be appropriate for there to be a reassessment of strengths and needs and a new plan developed to meet the individual’s needs. This language can now be found in Section Four, II.A.2.</p>

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<p>Support was expressed for the periodic reviews required in Section Four B.3.a; however, it was requested that the DDSD clarify who is responsible for providing this review. ISAs need to be updated annually.</p>	<p>In Section Four, II.C.1 (page 37) we have clarified who is responsible for completing the periodic review.</p>
<p>There were a number of suggested revisions offered in Section Four B.3. Administrative Guidance for Funding to clarify item e (allowable administration rate for newly authorized funding), item f (due process requirements in the event of a funding allocation reduction) and item l (role of the Supportive ISO in proposing changes for existing consumers when they have a new need).</p>	<p>Revisions have been made to all of these areas and can now be found in Section Four, II.C.5 (page 38 – administrative funding), Section Four, II.C.6 (page 38 – due process requirements) and Section Four, II.C.12 (page 38 – role of Supportive ISO in proposing changes for existing consumers).</p>
<p>In Section Three B.3.f it was noted that an important sentence describing the need to afford due process rights to individuals in the event of a funding reduction had been cut and should be reinstated.</p>	<p>This language remains in the <i>Plan</i> and can be found in Section Four, II.C.6.</p>
<p>There is no rationale for the funding priorities, which appear to be crisis-driven. Yet, the plan does not address crisis service needs and the Vermont Crisis Intervention Network (VCIN) is not described and its funding not explained. It is important that there is help for people in crisis. This is a safety net for parents when they can no longer take care of children.</p>	<p>The <i>System of Care Plan</i> sets priorities and targets fixed resources to those with greatest need. It is a delicate balance when trying to shift from a crisis-driven to more preventive system; and the first step in that direction is with the change in the funding priority related to employment. That said, we agree that having access to crisis supports is essential. Planned crisis resources are part of the development of individualized service plans as needed. The <i>SFY 13 DDS Annual Report</i> includes a description of VCIN and in addition, we have included some language in the <i>Plan</i> in Section Four, II.C.7 noting that VCIN is a statewide resource. We will continue to discuss with the State Program Standing Committee and other key stakeholders their ideas about how we may be able to provide more preventive services that might in the long run divert people from having to go into crisis.</p>
<p>Revised language was suggested in Section Three to clarify that schools have broad contracting ability and that DAIL should not try to restrict the contracting that currently occurs.</p>	<p>We certainly did not intend to limit the contracting ability of DDS providers. We have revised the language accordingly. Because of the reorganization of some parts of the <i>Plan</i>, this language can now be found in Section Four, II.C.17.</p>

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<p>Also in Section Four B.4.b. and b.i, it was requested that the State consider adding some language to reflect how the State intends to serve those who may not be able to be served as their needs result in budgets exceeding the funding threshold of \$200,000 (or \$250,000, in the event of an exception).</p>	<p>We believe it is realistic to expect that providers will be able to identify creative and effective ways of serving people within the current individual limits of funding. Therefore, no changes are being made to budget thresholds which can now be found in Section Four, II. D. 2 and 2.a. If individual agencies find themselves challenged to do this, they are encouraged to consult DDS.</p>
<p>Support was offered for the proposed change regarding the review of budgets over \$200,000 (Section Four B.4.b.ii.).</p>	<p>Thank you for the positive feedback. This language can now be found in Section Four, II.D.2.b.</p>
<p>Providers requested a copy of the current interdepartmental agreement between DAIL and DMH referenced in Section Four.B.4.h.</p>	<p>Reference to this agreement can now be found in Section Four, II. D. 8. DDS will redistribute the agreement to providers.</p>
<p>Clarification was requested to the language in Section Four B.4.j.ii.a (funding for physical accessibility modifications).</p>	<p>We have added some clarifying language to Section Four, II.D.10 (page 41) to better articulate that the person receives an additional allocation for physical accessibility modifications; and once the modification is complete, that additional allocation is deducted from the individual’s budget. The person does not have to take funding from other portions of his or her budget to pay for the modification.</p>
<p>The waiting list section does not include details or adequately describe the State’s responsibility.</p>	<p>Revisions have been made to Section Four, IV to provide more details related to the role of DAs, SSAs and the Supportive ISO where waiting lists are concerned, as well as confirming that information is provided and reviewed at the State level.</p>
<p>In Section Four B.4.k.i. it was recommended that the age for community supports and employment supports be 18 and older to better meet needs.</p>	<p>This language can now be found in Section Four, II.D.11.a (page 42). As part of the planning process and public input, there were mixed opinions about lowering the age to receive employment supports. We feel this warrants further conversation with the SPSC, Agency of Education and others before making any changes. In addition, relative to other proposals, because we are expected to manage DD HCBS within the amount of funds appropriated, we are taking a conservative approach and are starting with the revision of the funding priority for employment as originally proposed (ages 19 – 26) and inclusion of the Employment Conversion Initiative.</p>

<b>Public Input Received</b>	<b>Department Response</b>
<b>Section Five: Plan Development</b>	
<p>A number of comments were received expressing concern about the lack of emphasis on quality assurance (QA) and that QA needs to be a priority. It was noted that the State’s capacity for QA has decreased over time, with less staff, a decrease in the frequency of reviews and a smaller number of individuals reviewed at each agency. It was noted that H. 728 that was passed by the Legislature includes enhanced monitoring and quality assurance of the statewide system of services. Related to quality assurance, it was suggested that Section Three B.5 that it be edited to read, “review a statistically significant representative sample of individuals...” Input received from GMSA (Attachment G) highlighted a variety of concerns related to quality of services, including: the need to feel that staff are there to support people, the need to reduce staff turnover, the importance of ensuring individualized services, making sure communication is strong between people who receive services and staff, having schedules that are conducive to what the person receiving services wants, and feeling respected – “respected for who we are and not what we are or are not.”</p>	<p>In Section Five, V. Quality Reviews we outline in more detail our current approach to quality reviews. At this time, the DDS reviews sample sizes ranging from 10% to 15% of individuals receiving HCBS supports.</p>
<p>Regarding Section Four E. Quality Reviews, it was noted that it was good to include a summary of areas of importance that were identified through the Quality Review Process that demonstrated trends related to quality of services and/or where agencies were required to submit plans to address identified areas. It was noted that the DDS should report back to the SPSC on the results of monitoring.</p>	<p>We can certainly provide such update to the SPSC. In addition, to general updates, it is important to note that as part of the Designation process for agencies, the SPSC reviews the results of individual agency quality reviews and provides a recommendation to the Commissioner of DAIL regarding what status of designation should be awarded (e.g., re-designate, re-designate minor, provisional, provisional/de-designate, de-designate).</p>
<b>Section Six: DDS System Development Activities</b>	
<p>In looking at the Summary of Changes that accompanied the <i>Draft Plan</i> and System Development Activities contained in it, with regards to examining and implementing any changes that may be required by the Centers for Medicare and Medicaid Service (CMS) Home and Community-Based rules that providers be included in the planning.</p>	<p>Providers will certainly be involved in examining and implementing any changes required by the CMS HCBS rules. In addition to providers, the SPSC, consumers, families and other key stakeholders will play a very important role, since one of the key goals of the rules is to promote and ensure consumer choice and control.</p>

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<b>Attachment A: Developmental Disabilities Services Service Codes and Definitions</b>	
<p>Page 28 of the old <i>Plan</i> (FY 11 – 14) has a section that was cut out and is not in the new plan that includes the service definition of Clinical Interventions.</p>	<p>This definition was included earlier in the <i>Plan</i> for FY 11 – 14 because it was a new definition in order to highlight it. The definition of Clinical Services has not changed and can now be found in Attachment A with all of the other DD Services Codes and Definitions.</p>