

## Update to House Human Services Committee

### The Initiation of Operational Control of Green Mountain Support Services by Champlain Community Services

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Elizabeth M. Sightler

Executive Director, Champlain Community Services

As requested, what follows is a brief introduction to “Designation”, a timeline for what led to the de-designation letter sent to Green Mountain Support Services (GMSS), and what has transpired since. The **highlighted** areas below indicate areas of concern that the Vermont Department of Disabilities, Aging and Independent Living’s (DAIL) had following their Quality Service Review (QSR) of GMSS in the Spring of 2021. Eighteen months later, after many letters and follow-up visits, Monica White, Commissioner of DAIL made the decision to de-designate GMSS.

**Designation** - The following information is abbreviated from “The Administration Rules on Agency Designation” on the (DAIL) [website](#).

Requirements for Designation: In order to be designated, an agency must demonstrate, or if applying for initial designation, must show the capacity to demonstrate, at least the following qualifications:

**4.1. Corporate Status:** Agencies shall be incorporated to do business in the State of Vermont as a nonprofit organization and shall have received or applied for federal recognition as a tax-exempt charitable organization

**4.2 Governance: An agency shall have the following governance structures:** 4.2.1. Agencies must be governed by a board made up of citizens who are representative of the demographic makeup of the area served by the agency.

**4.3. Agency Organization and Administration:** The agency shall have administrative structures which encourage open communication among all stakeholders (internal and external) and which support the development of mechanisms to identify and respond to organizational needs and concerns.

4.3.4. Positive staff morale and the regular review of staff satisfaction and feedback.

**4.4. Consumer/Family Involvement and Input:** The agency must demonstrate recognition of the importance of consumer and family involvement and input in agency and program design.

**4.5 Data and Information Systems:** The agency must have a technological infrastructure that enables cost effective information collection, analysis, and telecommunication functions required to:

4.5.1. Submit all required information in the format and timeline specified

**4.6. Fiscal Management:** The agency must have fiscal management practices that demonstrate the following: 4.6.1. Fiscal solvency, as demonstrated by the ability to meet payroll and pay bills in a timely fashion 4.6.2. Medicaid certification

**4.7. Comprehensive Service System:** The agency must assure that a comprehensive, integrated, accessible and responsive array of services, staff, and supports is available within the designated geographical region to meet the service needs of eligible persons

**4.8. Quality Improvement and Outcomes:** The agency must actively engage in quality improvement and have a demonstrated ability to use outcomes from all levels of agency operations (consumer care, program effectiveness and overall agency administration) to inform decision making and improve service delivery.

4.8.1. A quality improvement (QI) and assurance system

4.8.2. Response in a timely and effective manner to recommendations made in DDMHS program reviews and/or other monitoring reports

**4.9. Consumer Support, Treatment and Records:** The agency must document consumer/family caregiver participation in support and treatment planning and assure when required that a written consumer-directed service plan for each person served is created.

**4.10. Personnel Practices:** The agency shall have written personnel practices, policies and procedures that promote high quality services, and evidence showing that they adhere to their stated practice.

4.10.1. The agency shall employ qualified personnel who are assigned duties and responsibilities that are appropriate to their level of training, education, and experience.

4.10.3. The agency shall have a position description for each employee that clearly delineates the functions for which the employee will be held accountable and to whom they report.

**4.11. Training:** The agency must identify training needs for staff, consumer and families, boards and committees, and demonstrate commitment to address these needs

**4.12. Accessibility:** The agency shall conduct its business and ensure service delivery in a way that complies with the American with Disabilities Act (ADA) and meets the DDMHS requirements

**4.13. Rights and Responsibilities of Recipients:** The agency must have a written policy assuring the rights of all service recipients consistent with 18 VSA Section 8728 for persons with developmental disabilities, Act 264 for youth with severe emotional disturbances and DDMHS Community Rehabilitation and Treatment (CRT) Guidelines for adults who are severely mentally

**4.14. Confidentiality:** The agency must have established written policies and practices that protect the confidentiality of consumer information

**4.15. Complaints, Grievances and Appeals Procedures:** The agency shall have a written policy and procedures for complaints, grievances and appeals, and for the dissemination of information on dispute resolution to all recipients, consistent with AHS and DDMHS policies and regulations.

**4.16. Local System of Care Plan:** The agency must determine the service needs of the community for each population for which it is designated and develop a plan to address the identified needs within the geographic area. (DAs only)

**5. Specialized Service Agencies:** The Commissioner may deem an organization as a DDMHS specialized service agency and may enter into a contractual agreement with the agency to provide specialized services.

Notably absent were concerns about the care of the people in services – in fact, throughout the designation process GMSS was lauded for their high quality of consumer care.

### **Timeline Regarding Provisional and De-Designation of GMSS**

**May 2021** – Initial Quality Service Review and Designation review of GMSS. Concerning findings were noted.

**October 11, 2021** – GMSS was placed on Provisional Designation Status due to: Concerns with Governance, Agency Administration, Personnel Practices, Quality Improvement and Outcomes, Consumer supports, treatment, and records.

**October 2021 to October 2022** – GMSS and DAIL discussed improvement plans and follow-up in areas of: Encounter data, staff training, effective communication, and general progress. GMSS hired a consultant, as required, and began working through the Provisional Designation issues. Some areas (training, communication plan) were partly improved, others were not.

**October 2022** - DAIL wrote to GMSS regarding continued concerns with: Encounter Data Submissions, providing staff trainings (especially senior Leadership around DAIL/Adult Services Division policies), effective communication, and a reinstatement of DAIL’s moratorium on GMSS intakes. Improvement noted in some areas.

**November 2022** – DAIL addressed GMSS with continued concern regarding Leadership, effective training and supervision, submission of encounter data.

**December 2022** – DAIL expressed continued and new concerns with leadership, poor choices for QI/QA staff, poor fiscal oversight, misclassification of employees resulting in a \$27,000 fine and the threat of disbarment, poor communication with DAIL regarding challenges, resulting in a 30-day warning.

**January 2023** – A response from GMSS addressed the above issues.

**February 27, 2023** – Letter from Commissioner White with intent to De-Designate GMSS based on:

- Unsatisfactory Financial Corrective Action Plan.
- Ineffective response to the Department of Labor Ruling on misclassification of staff.
- Continued concerns that the GMSS Board of Directors was not in compliance with the Attorney General Guidance for non-profit board due to the BOD’s failure to respond to concerns, precarious financials, and poor communication regarding significant events.
- Additional pending Medicaid Fraud and Abuse investigations, including investigations of improper billing
- Failure to improve encounter data submission.

### **Update on the last three weeks:**

Following the de-designation letter statewide agencies came together to determine how they can assist. Commissioner White reached out to two DA’s; LCMHS and UVS to lead the response. DS-only agencies stepped up to help, not wanting people in services to lose staff and possibly homes, or staff to lose their job. CCS was identified as being willing to initiate operational control. GMSS, DAIL and CCS worked quickly to draft an MOU for CCS to initiate operational control. Since then, we’ve designed a work plan and addendum to the MOU focusing on: *Client needs, Communication (internal/external), Agency Culture, Programs: DS, AFC, TBI and BIA, Management Team, Agency structure, HR, Budget (Agency and Medicaid waiver), Designation, Liabilities, IT, Training, Governance, and Encounter Data.*

Respectfully Submitted, Beth Sightler