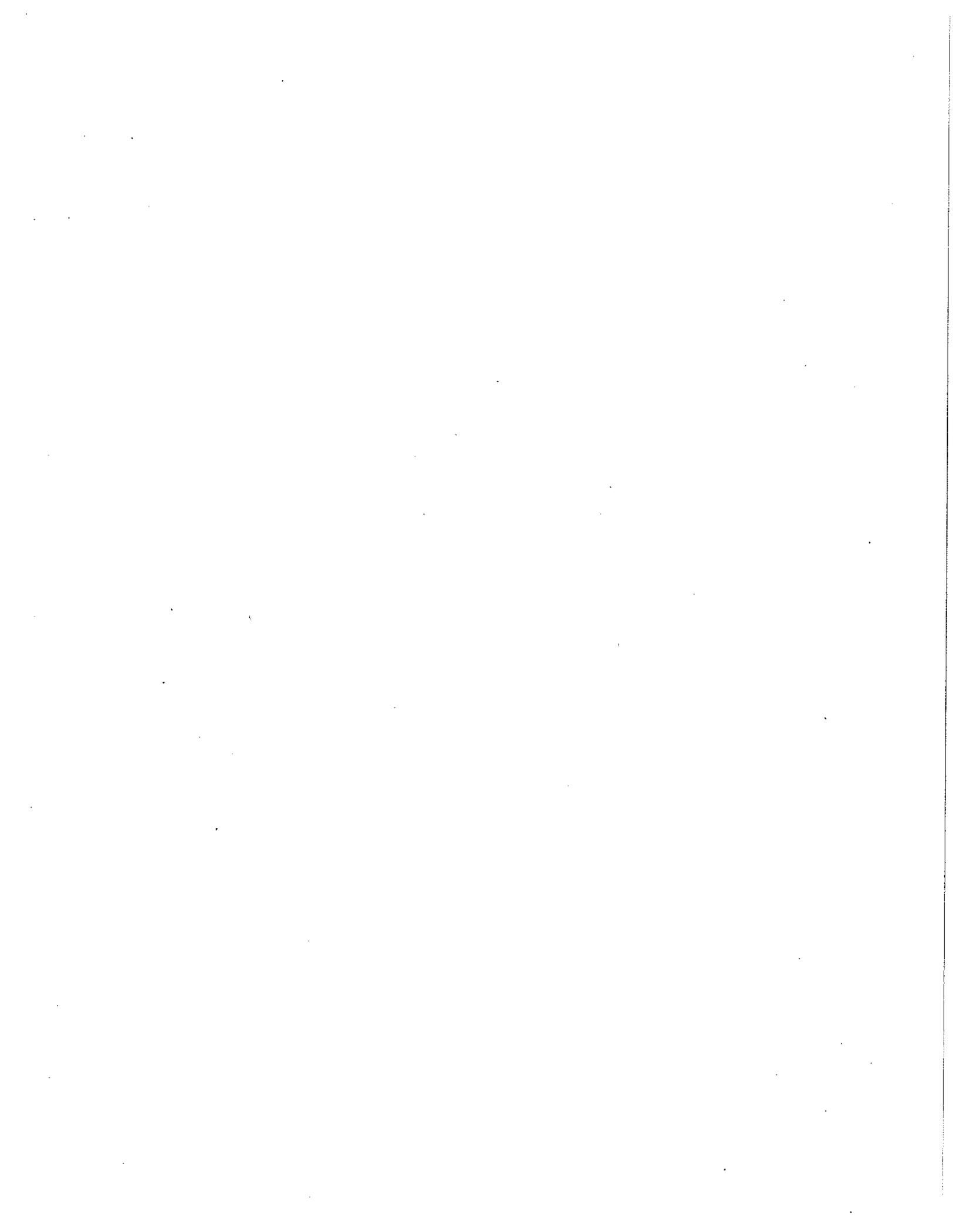


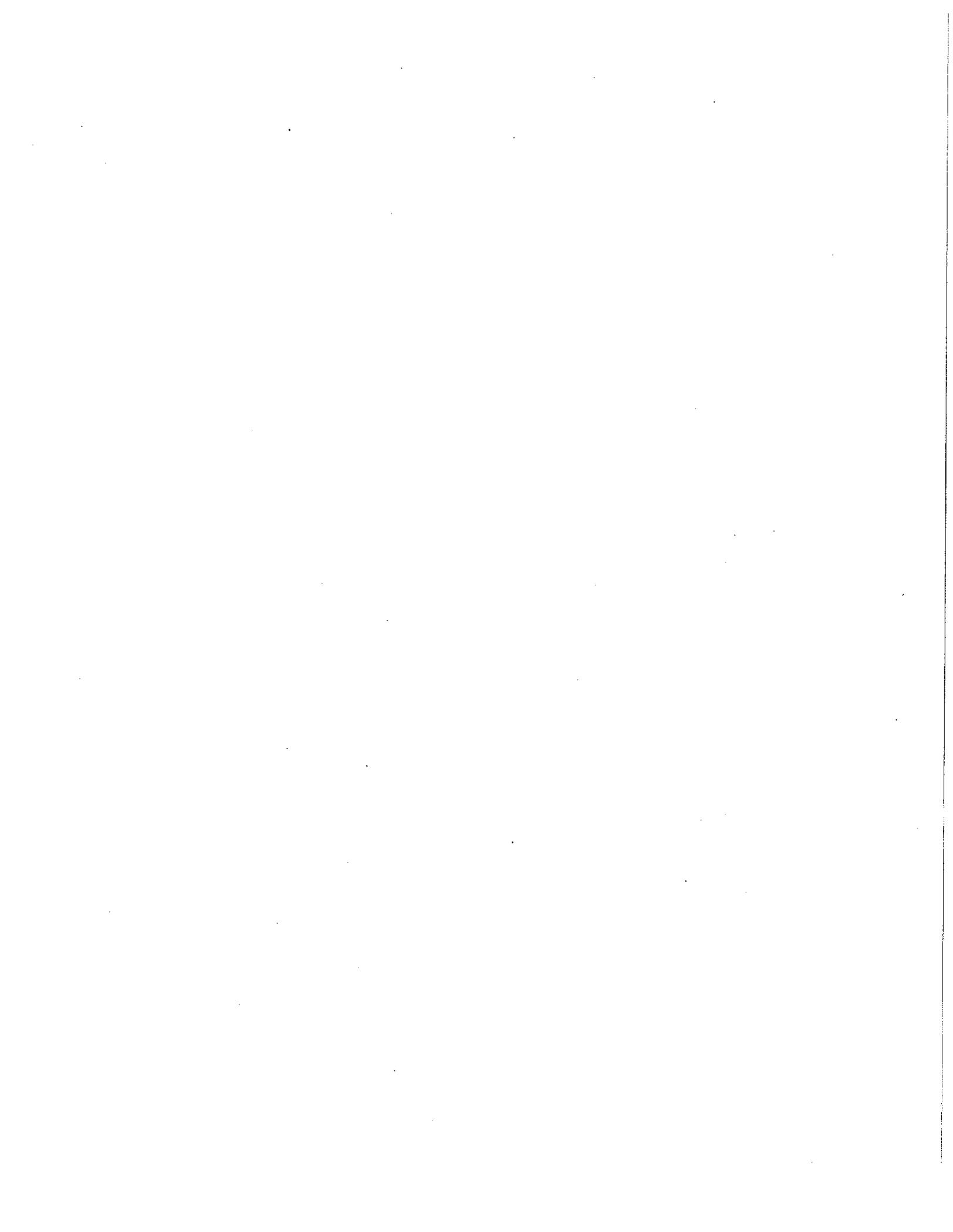
**MEMBERS OF THE STATE PROGRAM  
STANDING COMMITTEE FOR DEVELOPMENTAL  
SERVICES  
2014**

Anderson, Emily  
Bakeman, Anne  
Barrows, Max  
Berger, Linda  
Cunningham, Julie  
Drum, Bethany  
Greenwald, Joe  
LeBlanc, Nicole  
Mairs, Gregory  
Moriarty, Kyle  
Place, Edwin  
Prine, Barbara  
Wood, Theresa  
Woodberry, Connie  
Yuan, Susan



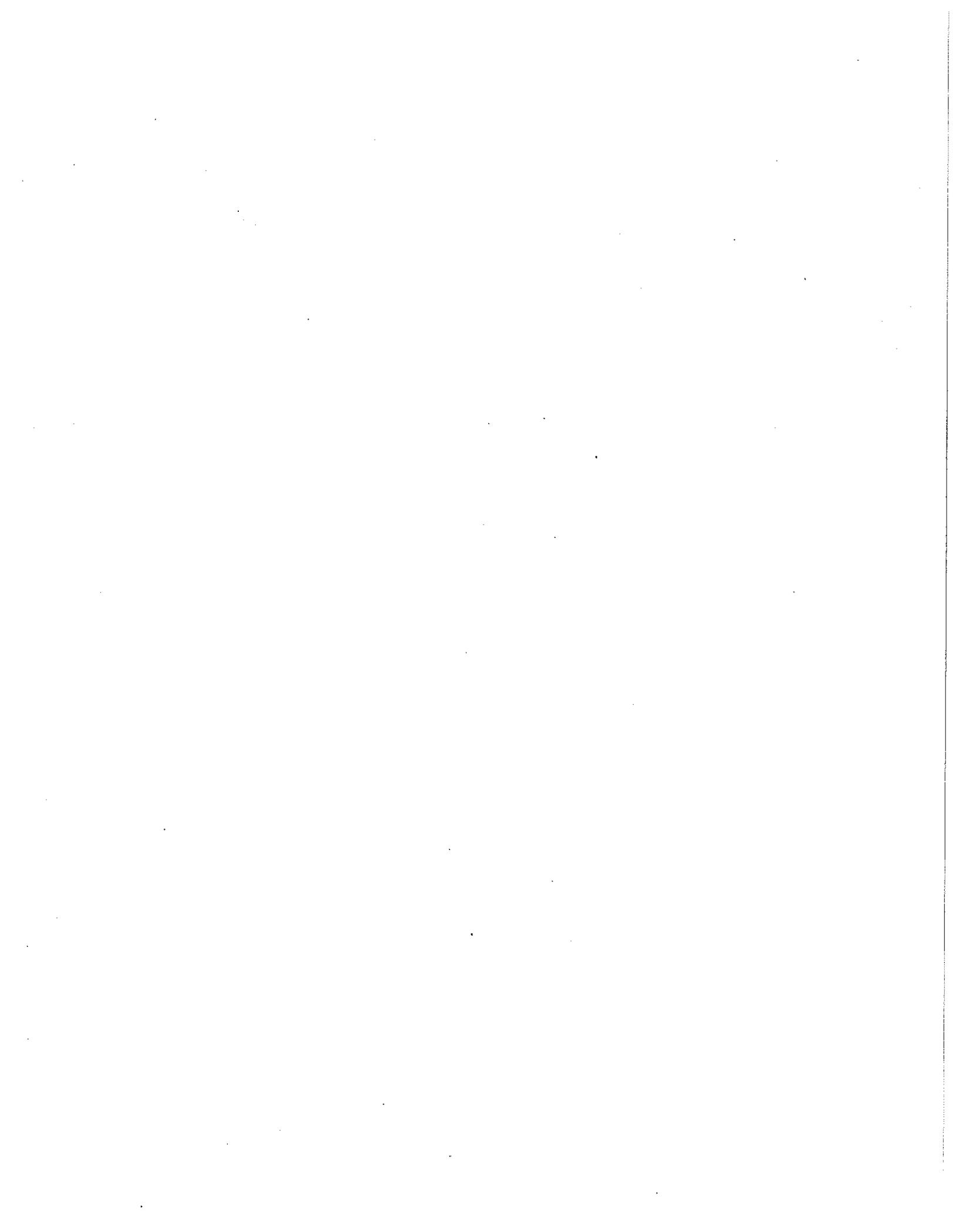
**DS Imagine the Future Task Force  
2013-2014**

Ashe, Bill  
Bakeman, Anne  
Barrows, Max  
Berger, Linda  
Breiden, Nancy  
Buckley, Susan  
Falk, Gail  
George, Camille  
Hardin, Susan  
Hurdle, Jeanette  
Lisi-Baker, Deborah  
Maynes, Lisa  
Paquin, Ed  
Peebles, David  
Phaneuf, Cheryl  
Rogers, Jackie  
Ryan, Sr. Janice  
Ryan, Susan  
Schwartz, Karen  
Smith, James  
Stratton, Jennifer  
Thresher, Tracy  
Topper, Karen  
Waller, Marlys  
Wehry, Susan  
Wood, Theresa  
Zura, Marie



**DS LEGISLATIVE SUMMER WORK GROUP  
2013**

William Ashe  
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Stirling Peebles  
Cheryl Phaneuf  
Douglas Racine  
Jackie Rogers  
Susan Yuan  
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AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

COMMISSIONER'S OFFICE  
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MEMORANDUM

**To:** Interested Parties

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


**Date:** September 27, 2013

**Re:** Final Vermont System of Care Plan for Developmental Disabilities Services –  
FY 2014 Update

On June 18, 2013 the Department of Disabilities, Aging and Independent Living (DAIL) issued a notice informing interested individuals of the availability of the *Draft SFY 2014 Update to the State System of Care Plan for Developmental Disabilities Services (SOCP)*. There were 7 proposed changes to the existing SOCP contained in the proposed update, including 2 technical changes and 5 more substantive changes (see below).

The draft update was posted on the DAIL website and a summary of the key changes proposed in the *Draft* were outlined in an accompanying memo. Two public hearings were held, the first on July 18<sup>th</sup> hosted by the Developmental Services State Program Standing Committee (SPSC); and the second public hearing took place via Vermont Interactive Technologies (VIT) on July 31<sup>st</sup> at 6 different VIT sites. Both public hearings were well attended; and written public comments were also invited through August 14, 2013. Comments were received from individuals who receive services, family members, developmental disabilities services providers, educators and members of the public. Comment was also received from numerous organizations including: the SPSC, Green Mountain Self Advocates (GMSA), the Vermont Developmental Disabilities Council (DD Council), the Disability Law Project of Vermont Legal Aid, the Lamoille Interagency Networking Team, the Vermont Council of Developmental and Mental Health Services, the ARC Rutland Area, the Vermont Council of Special Education Administrators and the Vermont Family Network.

We wish to thank everyone and all organizations who took the time to speak at the public hearing and to send written comments. It is clear from the comments received that people care deeply about people with developmental disabilities, their families, and that the services provided and the people who provide the services are highly valued and very important to them.

Several consistent themes emerged from the public comments and are summarized below. In addition to the general comments included below, DAIL received a number of very heartfelt comments from people who receive services, their families and guardians about their individual circumstances to emphasize both their concerns and hopes for the future. We wish to acknowledge the private nature of these comments, but want to thank those who told their individual stories and helped to send their message in their own way.

Below is a listing of each of the proposed changes, a summary of the comments received, the Department’s response and decision. All changes being implemented are effective immediately.

<b>General Questions and Comments from Those Providing Input:</b>	
<b>Public Comments</b>	<b>Department Response</b>
<ul style="list-style-type: none"> <li>• Who wrote this language and why is the Department proposing these changes?</li> <li>• Numerous comments were received from people who receive services, families, advocates, providers, special educators and other community members emphasizing “<i>Nothing About Us Without Us.</i>” Comments included fear about the proposed changes, the prospect of losing services and funding, the value that long-term supports have to ensuring a high quality of life, the difficulty people already experience finding good caregivers at low wages and fear from parents about who will take care of their children when they are gone. Concerns were raised that the Department should not have broad authority to make changes due to fiscal pressures or any other reasons and that people should be informed in advance of the specific details of any proposed changes to the SOCP and be given an opportunity for input before changes are made. Comments noted that people when changes are being made, at least 60 days’ notice should be provided and individuals must be involved with any decisions affecting their services.</li> <li>• It is critical that the Core Values of</li> </ul>	<ul style="list-style-type: none"> <li>• Discussions regarding an update to the SOCP began in the fall of 2012 in response to unexpected fiscal pressures and the desire to find alternatives to rescissions – the only option described in the SOCP. The Commissioner met with the State Program Standing Committee (SPSC) on two occasions in early 2013 and invited input from providers, family members and the provider network. Division staff generated and presented a long list of potential changes to address the budget pressures and the interim DS Division Director also met regularly with the SPSC to provide updates on the status of the proposed changes. The actual language was drafted by the Developmental Disabilities Services Division (DDSD) leadership team at that time and approved by the DAIL Commissioner. The update was delayed at the request of the State Program Standing Committee and provider community who wanted to see what action the legislature might take. The need for new language was reinforced by the 2013 Budget Bill with the intent of allowing flexibility to implement other, more innovative and cost-effective models of services as quickly as possible in order to have as</li> </ul>

<p>DAIL be maintained with any proposed changes including the “person centered” process, full inclusion, communication that is effective and responsive, presumption of competence, respect and empowerment of consumers, staff and partners, and collaborative leadership.</p> <ul style="list-style-type: none"><li>• Over the years much time has been spent to develop a collaborative system that relies on the well-respected 3-legged stool. Individuals/families/advocates – providers – and the State each are a leg of the stool. It is imperative that a sense of trust and collaboration is integral to the success of the DS service system and must be rebuilt.</li><li>• Maintaining collaborative relationships lead to successful and empowered teams, which in turn lead to successful clients.</li><li>• It is apparent that we run out of money each year because more people need services. It is not fair to balance the budget by cutting services from people already receiving them, or to eliminate funding priorities because the State is unwilling to appropriate adequate resources.</li><li>• The Developmental Disabilities Act (DD Act) of 1996 (18 V.S. A. §8722) states that the Department shall “promote the principles stated in §8724 of this title and shall carry out all functions, powers and duties required by this chapter by collaborating and consulting with people with developmental disabilities, their families, guardians, community resources, organizations, and people who provide services throughout the state.”</li><li>• The SOCP is required by §8725 the DD Act to describe the “nature, extent, allocation and timing of services” and calls for a new plan every 3 years based</li></ul>	<p>minimal an impact as possible on people who receive services and their families. The Department remains committed to a collaborative process and believes this is evident from the steps taken.</p> <ul style="list-style-type: none"><li>• In recent years, total appropriations for Developmental Disabilities Services (DDS) have increased by roughly 6% annually from \$134.83 million in State Fiscal Year (SFY) 2009 to \$169.88 million in SFY 14.<sup>i</sup> Between FY 09 and FY 14, the total average cost growth of the DDS waiver is 4.4% while the caseload average growth has been 3.6%. Between FY 12 and FY 13 actual DDS waiver expenditures increased 6.12%; and FY 14 is projected to have the same amount of growth.<sup>ii</sup> The administration and the Legislature agree that the current rate of growth in appropriations is unsustainable. The 2013 Budget Bill (Act 50 of 2013) reinforced existing statutory language, which states that services are to be provided within the appropriated funding levels. The Budget Bill further challenged the Department and its partners to identify new, innovative and cost saving models of service.</li><li>• The FY2014 Appropriation for Developmental Services includes a savings target of \$2.5 million and prevents any modifications or rescissions to the SOCP from being implemented before September 1, 2013.</li><li>• In addition, Section E.333 (b) (3) of the Budget established a Developmental Disabilities Services Legislative Work Group, convened by the Secretary of the Agency of Human Services. One of the charges of this Work Group was to “<i>determine what changes could reasonably be implemented in fiscal year 2014 to manage the service needs</i></li></ul>
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<p>on an extensive needs assessment, with annual revisions as needed.</p> <ul style="list-style-type: none"><li>• When the DD Act was passed it made changes to the SOCP that allows exemption from Vermont's Administrative Procedures Act because it required both the extensive needs assessment referenced above and an advisory committee review before changes could be made.</li><li>• The DD Act anticipated changes occurring only every 3 years, with annual revisions.</li><li>• Why is DAIL proposing that changes be implemented on September 1, 2013, since this does not correlate with Legislative requirements contained in Act 50 (Budget Bill)?</li></ul>	<p><i>within appropriated funds and identify the fiscal year 2014 amount, if any, of budgetary management that will be accomplished through existing SOCP processes..."</i> The Work Group completed its final meeting on August 27<sup>th</sup> and the report of the Work Group was presented to the Legislative Joint Fiscal Committee at their September 11 meeting. The full report of the Work Group can be found on the DAIL website at <a href="http://www.dail.vermont.gov/dail-projects/dds-legislative-work-group/dds-legislative-work-group">http://www.dail.vermont.gov/dail-projects/dds-legislative-work-group/dds-legislative-work-group</a>). It was hoped that the proposed changes would provide flexibility to implement innovative models of service in order to avoid a rescission if at all possible, and allow for changes to happen as quickly as possible after September 1 in order to have as minimal an impact as possible on people who receive services and their families.</p> <ul style="list-style-type: none"><li>• At the DDS Legislative Work Group meetings, the values and principles for DDS in Vermont were reviewed and universally supported by all members of the Work Group. Included in this discussion the Work Group acknowledged the collaborative history upon which the DDS system has grown, and the value of maintaining and strengthening the current level of collaboration among the 3-legged stool referenced in public comments. It was further recognized that while DAIL is expected to manage DDS within the amount appropriated in the Budget, any proposed changes to the SOCP would be made taking into consideration these values and principles.</li><li>• DAIL/DDSD recognizes and respects that each service plan must be individualized to support the strengths that each person brings to the plan and</li></ul>
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	<p>addresses individual needs, and that providing full information to people so that they can make meaningful choices, with the support of their families, is paramount. <b>The Department regrets that the proposed changes were seen as a threat to any of these principles. DAIL/DDSD neither had nor has any intention of excluding people who receive services from being involved in and making decisions about the services they receive. DAIL/DDSD will continue to expect that people will be given adequate notice of any changes, that individual choice be respected and that people receiving services and their support circle will be involved in decisions about individual services.</b></p> <ul style="list-style-type: none"> <li>• The proposed effective date of the FY 14 SOCP update was September 1, 2013. DAIL/DDSD intended to take no action until after the DDS Legislative Work Group concluded its work and provided recommendations to the Joint Fiscal Committee. Had the work group proposed any new changes to the SOCP, these would have undergone a 60 day review. This is in accordance with the legislative directive in Act 50 and the DDS Regulations.</li> </ul>
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<p><b>Proposal #1: Page 26 Paragraph 4.a.: Add language “When reviewing a proposal for a person already receiving funding , the committee may consider the person’s whole budget for consideration of the best way to meet the person’s new needs.”</b></p>	
<p><b>Public Comments</b></p>	<p><b>Department Response</b></p>
<ul style="list-style-type: none"> <li>• It makes sense to look at a person’s whole budget but some people could fear that they will lose existing services they need to fund a new need if the entire budget is reviewed. By cutting existing services to fund new needs we</li> </ul>	<ul style="list-style-type: none"> <li>• The SOCP addresses the requirements for periodic review of each individual’s needs and budgets and for plans and budgets to be adjusted based upon individual needs. DAIL/DDSD is pleased to see from the public</li> </ul>

are jeopardizing the integrity of our system of care.

- The proposal may violate the ISA process by changing services without the involvement of the individual and his or her support team.
- Determination as to other ways to meet the person's needs are best made at the local team level rather than by the Equity committee. Individual budgets are reviewed regularly and internal adjustments are common based upon changing needs that occur routinely. A funding proposal for a new need that already goes to Equity has already been reviewed locally and is forwarded to Equity only when it exceeds a \$4,500 threshold. When a proposal to fund a new need is submitted to Equity, a needs assessment has been completed and documents this need.
- Proposals that are submitted currently only address the new need area and are not designed to provide Equity with information about need areas that have already been vetted by Equity.
- Having to treat all proposals as new proposals will increase workload and expense and will increase the burden both locally and at Equity.
- Some proposals may likely double in size.
- Under Medicaid-funded programs there is the premise that deference be given to the beneficiary's treatment team regarding levels of service and treatment.
- The likelihood of successful appeals of decisions made under these circumstances will increase significantly.
- The addition of this proposal may cause a number of appeals.

comments that some individual plans and budgets are reviewed and adjusted regularly at the local level.

- DAIL/DDSD requires that a holistic approach be taken when planning new and requesting additional services, including reviewing existing services when a new need is identified.
- In considering the person's whole budget, DAIL/DDSD does not intend to cut existing services if they are determined to still be the best use of funds when a request to fund new needs is submitted.

**Decision:** DAIL will revise the current funding application form to include a brief description of the individual review process that occurred and what changes were made to existing services based upon the review and development of the application for funding to meet new needs.

The language will be added as written.

<b>Proposal #2: Page 26 Paragraph 4.b.i.: Replaced “\$300,000” with “\$250,000” and add clarifying footnote.</b>	
<b>Public Comments</b>	<b>Department Response</b>
<ul style="list-style-type: none"> <li>• Although there is a relatively small number of people with budgets in this category, lowering the cap from \$300,000 to \$250,000 seems arbitrary, particularly when considering the cost of institutional care, and any potential cost savings to the state would be small.</li> <li>• This proposal seems focused on funding rather than on meeting the needs of this most vulnerable population.</li> <li>• Each situation is unique. Existing budgets at that level should remain until the needs of the individuals or different service models dictate lowering the budget.</li> <li>• Placing a cap on services may mean the difference between success and safety in one’s community and the possibility of more expensive interventions, up to and including incarceration.</li> <li>• The proposed language for B.4.b.i should be changed to read, “<i>Under extraordinary circumstances, the Division Director may grant an exception to the maximum.</i>”</li> <li>• Reviews of budgets over \$200,000 should be conducted every 6 months versus every 3 months since significant change will likely not occur in such a short time frame, and making changes too quickly could result in the inadvertent outcome of creating instability for individuals.</li> <li>• If funds are inadequate to protect the health and safety of an individual or community, providers are not able to</li> </ul>	<ul style="list-style-type: none"> <li>• The SOCP currently sets the maximum amount of funding per person for home- and community-based services at \$200,000. Under extraordinary circumstances, the Division may grant an exception to the maximum on a time-limited basis. Under no circumstances shall exceptions exceed \$300,000<sup>1</sup>. This proposal maintains the maximum per person funding of \$200,000 and lowers the ceiling to the 2010 level of \$250,000. While any cap or ceiling may appear somewhat arbitrary, caps and ceilings are in fact guided by experience and by the need to manage public resources in a way that allows us to meet the needs of all individuals who meet a funding priority.</li> <li>• This proposal affects only those applications for new funding or applications for people already receiving services with new needs where the total budget would exceed \$250,000. There is no proposal to reduce the budgets of those individuals who currently have budgets over \$250,000 unless the current review processes (periodic review at the local level or 3-month division review) indicate that the needs can be met and that the individual can make progress toward individual goals with a lower budget.</li> <li>• DAIL/DDSD has confidence in the DDS provider network to develop creative, cost-effective plans that assure the safety of individuals and the</li> </ul>

<sup>1</sup> Vermont System of Care Plan for Developmental Disabilities Services FY 2012 – FY 2014. Page 26 Section Four B.4.b.Division of Disability and Aging Services, Department of Disabilities, Aging and Independent Living, Agency of Human Services, State of Vermont.

<p>serve the individual. The AHS has agreed the Das/SSAs are only obligated to provide services up to the level supported by the funding received from the State/</p> <ul style="list-style-type: none"> <li>• The State put money in the budget for a special population of people not eligible for DDS called Serious Functional Impairment (SFI) and Complex Community Cases (CCC) and some of these individuals have budgets over \$500,000. Why is it okay to spend that much on one group of people while limiting budgets of people with developmental disabilities?</li> <li>• Most of the people with high budgets present a risk to themselves and/or the community. Decisions about what is appropriate to meeting their needs should be made by the person and those working closest to him or her.</li> <li>• If a cap is going to be placed on developmental disabilities services, it should be imposed on all aspects of state government.</li> </ul>	<p>community within \$250,000, as evidenced by the very small number of people with budgets currently over that amount.</p> <ul style="list-style-type: none"> <li>• DAs and SSAs already have some flexibility to move funds within the organization to meet individual needs. When considering whether an agency can adequately protect the health and safety of the individual or the community, overall funding received by the agency for all services for all individuals will be taken into consideration, not just for the individual in question, and technical assistance will be provided if requested.</li> <li>• DAIL/DDSD is only making a proposal at this time regarding DDS. Discussions about funding and services for other populations are not being addressed through this process.</li> </ul> <p><b>Decision:</b> DAIL/DDSD is implementing the change as proposed.</p>
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<p><b>Proposal #3: Page 26 Paragraph 4.b.ii.: Replace “For those for which the need is not verified, those budgets will be referred to the relevant statewide funding committee for a funding decision review” with “Based upon the information gathered in a Division review, the Division Director will make the final decision regarding the amount of funding where the need is verified.”</b></p>	
<p><b>Public Comments</b></p> <ul style="list-style-type: none"> <li>• This language is confusing as it never states who determines or how it is determined if a need is verified. This is inconsistent with the requirement that the determination as to appropriate level of service be made at the local level.</li> <li>• It seems very insular to have DAIL “verify” and decide about funding without benefit of discussion with people who hold the detailed knowledge about the person and his or</li> </ul>	<p><b>Department Response</b></p> <ul style="list-style-type: none"> <li>• Page 26 4.b.ii. of the SOCP already requires the Division to review budgets over \$200,000: “<i>All existing and new budgets over \$200,000 will be reviewed by the Division every three months to verify the funded level of support is still needed.</i>” In those instances when the 3-month review does not verify that a person requires the level of service and funding currently provided, it would be too time consuming for the Funding Committees to take on this</li> </ul>

her plan.

- The language could undermine the DD Act and DAIL's responsibility to utilize a collaborative partnership to achieve a good outcome.
- We support the practice of Equity Committee making funding decisions based on a thorough review of factual information.
- Individuals, families, providers wrote in with specific personalized stories of how much people depend on services and concern that if services were cut that this would cause a hardship for individuals and families.

responsibility in addition to its current role in reviewing and making recommendations regarding requests for new funding and increases to existing funding.

- The proposed language is intended to eliminate any additional burden on the Funding Committees and clarify that ultimately the Division is responsible for final decisions regarding funding budgets, including those over \$200,000 that are reviewed every 3 months.
- That said, DAIL agrees that the proposed language as written is confusing and the process is unclear and agrees that these decisions should be made based upon the input of the person's support team who hold the detailed knowledge about the person, his or her needs and how to meet them.

**Decision:** DAIL/DDSD is implementing this proposal, but by substituting the following clarifying language in place of the original proposal: At the end of P.26 4.b.ii Replaced "For those for which the need is not verified, those budgets will be referred to the relevant statewide funding committee for a funding decision review" with "In order to verify that the level of support is needed, the review process shall include a review of relevant information including, but not limited to, the most recent assessment and ISA, and consultation with the individual's support team. In those instances when the Division review process does not result in a finding that the level of need is verified or that the individual is making progress toward personal goals, the Division Director will make a final decision regarding the amount of funding based upon the information gathered during the review process and, if necessary, further consultation with the individual's support team." DAIL/DDSD will provide specific details about the review process by October 1, 2013.

**Proposal #4: Page 30 Paragraph C.3: Add language to first sentence: "...institute changes to service options and how services are provided in order to be more economical while maintaining flexibility and choice, and/or take any other action reasonably calculated to manage such pressure."**

**Public Comments**

- This language would alter the power dynamic between the State and some of its most vulnerable citizens and would take away the voice of stakeholders. The state needs to put people first and honor the value of "Nothing About Us Without Us."
- This language is vague, expansive and is contrary to the SOCP and DD Act, allowing DAIL to unilaterally make changes with no requirement for public input. It could be construed to give DAIL authority to change the intent of funding priorities without explicitly changing the priority or to limit agency administration to the level that it does not allow the agency to remain in business.
- This change would undermine the equity, stability and predictability that a well-informed SOCP is meant to provide.
- There will always be funding pressures, the Department already has a number of methods by which to manage fiscal pressures and historically a much more collaborative approach has been used.
- Similar language was requested in the FY 13 Budget Adjustment Bill and was not adopted by the legislature.
- People need to know ahead of time if changes are being made, what they are and people need to have 60 days' notice before any changes go into effect and have the right to appeal changes.
- Please also refer to General Comments and Questions above.

**Department Response**

- Please see DAIL's response to the General Comments and Questions above as they respond to many of the comments provided specifically mentioned regarding this proposal.

**Decision:** DAIL will not implement this proposal at this time. As we look to develop the new System of Care Plan for FY 15 – 17 DAIL will seek ways to incorporate more options and greater flexibility to managing fiscal pressures in addition to rescissions, but intends to do so in a manner that upholds the values and principles of DDS and the individual's right to have adequate notice, have choices and be involved in making decisions related to his or her services. As part of this process, DAIL is convening a Developmental Services Imagine the Future Task Force that is charged with developing the long-term vision for DDS in the future. The strategic vision developed by the Task Force will be incorporated into the next SOCP.

**Proposal #5: Page 30 Paragraph C.4: Add language “When assessing the needs of and risks to a person, the Committee and Department will articulate in writing what constitutes ‘substantial need’ and ‘serious risk of harm.’”**

**Public Comments**

- Per comments in General Section above, this proposal is inconsistent with the statutory requirements of Title 18, Chapter 204A (DD Act). Sec. 8723(1) which describes a collaborative process where DAIL, consumers, families and agencies work together to develop and provide a SOC.
- The DD Act requires DAIL to develop a plan every 3 years governing the nature, extent, allocation and timing of services, and to modify that plan as needed; and the plan must be submitted to the DS State Program Standing Committee for advice and recommendation at least 60 days before adopting the plan.(18 V.S.A.8725 (c)). There is no allowance for DAIL to circumvent this process.
- If DAIL wishes to clarify the interpretation of “substantial need” and “serious risk of harm” used in the funding priorities, the priorities should be changed to incorporate the definitions. This may impact who meets a funding priority. We need to see this and any changes and have a say.
- This appears to be an ambiguous change that does not appear to be connected with standardized needs and risk assessment, or to a consistent process to arrive at informed and appropriate decisions.
- This change appears to require funding committees and DAIL to define the terms for each person uniquely, which seems in conflict with best practice and a credible System of Care.
- A return to the more specific, less generic funding priorities would aid in

**Department Response**

Please see DAIL comments under General Comments and Questions.

Decision: DAIL/DDSD is not implementing this proposal at this time. This will be considering potential changes to the funding priorities in the SOCP for FY 15 – 17 and will review and consider the recommendations that come out of the DDS Imagine the Future Task Force regarding this and other possible changes to the SOCP funding priorities.

transparency and general understanding by the public and service recipients and families.	
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<b>Proposal #6: Attachment B: Updated with SFY 2014 Appropriations.</b>	
<b>Public Comment</b>	<b>Department Response</b>
<ul style="list-style-type: none"> <li>• The updated appropriations reflect a new caseload need of \$7,483,845 and an offset to that need of \$2,500,000 caseload reduction leaving \$4,983,845 in new caseload for FY 14. Given current trends the proposed funding seems to be an underestimation of the need that will emerge during the year. If the intention is to reduce the caseload further through taking the \$2.5 million reduction from new funds that are available, it is not clear how the proposed changes are intended to accomplish that level of reduction in capacity to meet new needs.</li> <li>• While providers are actively looking for efficiencies, it is not realistic to achieve another \$2.5 million in efficiencies from existing services.</li> <li>• It is also unclear how the proposed changes intend to address the possibility of reductions to existing consumers if funds are actually anticipated to come from the existing system versus those with new needs.</li> </ul>	<ul style="list-style-type: none"> <li>• While DAIL heard the frustration expressed about the amount of funds appropriated for DDS through public comment, this is a technical update to document the actual amount of funds appropriated through the legislative process.</li> </ul> <p><b>Decision:</b> DAIL is implementing this technical update.</p>

<b>Proposal #7: Attachment C: Corrected date from "October 15, 2013" to "October 15, 2012."</b>	
<b>Public Comment</b>	<b>Department Response</b>
Comment in support of this change.	<ul style="list-style-type: none"> <li>• This is a technical correction.</li> </ul> <p><b>Decision:</b> implement this technical correction.</p>

<b>Additional Proposals to the SOCP Submitted by Those Offering Comments</b>	
<b>Public Comment</b>	<b>Department Response</b>
On Page 26, the maximum reimbursement for service coordination and targeted case management is identified in 4.e as \$48.68. This maximum has been in place for many	The FY 2014 DS Appropriation includes a \$2,936,999 increase (referred to as the "Medicaid Bump") that will be applied to service coordination and targeted case

<p>years. Increase the reimbursement cap to better support actual costs.</p>	<p>management rates. A technical update to the System of Care Plan is being made to reflect the increased rates for these services. DAIL/DDDS has no plans to further increase these rates at this time.</p>
<p>In 4.f on page 27, the maximum reimbursement for transportation costs, including accessible vans, is identified as \$6,475. This cap has also been in place for many years and is not reflective of current costs for accessible transportation. It was recommended to increase the cap.</p>	<p>The SOCP requires that State Plan services be accessed where available. Transportation is covered in the Medicaid State Plan, but the SOCP also allows for funding of “reasonable transportation expenses to provide access to the community may be funded including payments toward the cost of accessible vehicles when used as the primary means of transportation.” (Page 26 Section Four B.4.f). DAIL has no plans to increase the cap at this time. We hope this will be a topic at the local level as communities take up the Triennial review of the SOCP.</p>
<p>The Equity Committee should return to how it formerly operated where the Committee made the funding decisions.</p>	<p>DAIL has no plans to change the process for funding decisions at this time. We hope this will be a topic at the local level as communities take up the Triennial review of the SOCP. We anticipate The DDS <i>Imagine the Future</i> Task Force may offer some recommendations regarding the process for making funding decisions; and DAIL will review and consider all recommendations as it develops the FY 15 – 17 SOCP.</p>
<p>Return to the funding priorities in effect prior to FY 2012. This would help us track the needs of individuals and determine pressures on the system. It would also help in looking at how we might be able to intervene more proactively.</p>	<p>DAIL/DDSD has no plans to change the DDS funding priorities at this time. We hope this will be a topic at the local level as communities take up the Triennial review of the SOCP. DAIL anticipates that the DDS <i>Imagine the Future</i> Task Force will offer some recommendations regarding the funding priorities; and DAIL will review and consider all recommendations as it develops the FY 15 – 17 SOCP.</p>
<p>The State should do more to let people know that it is possible to self- or family-manage services – it will save money, is not hard to do and gives a sense of control.</p>	<p>DAIL agrees that more can and should be done to inform people of all services and options, including the option to self- or family- manage services. We hope this will be a topic at the local level as communities take up the Triennial review of the SOCP. DAIL anticipates that the DDS <i>Imagine the Future</i> Task Force will offer some recommendations regarding this option. DAIL will explore ways</p>

	to increase outreach and options education about DDS and other services in the future.
Families should be able to be paid for providing care; this will give families more control and save the State money.	DAIL has no plans to implement this change at this time. We hope this will be a topic at the local level as communities take up the Triennial review of the SOCP. This and the broad topic of family support were raised by the DDS Legislative Work Group and will be further addressed by the DDS Imagine the Future Task Force. DAIL will review and consider all Task Force recommendations as it develops the FY 15 – 17 SOCP.
Find more living choices for individuals with disabilities. Shared living works well for some, but not for all. More community living options such as Heartbeet should be explored.	DAIL has no plans to implement this change at this time. We hope this will be a topic at the local level as communities take up the Triennial review of the SOCP. This and the broad topic of housing and residential options was raised by the DDS Legislative Work Group and will be further addressed by the DDS Imagine the Future Task Force. DAIL will review and consider all recommendations as it develops the FY 15 – 17 SOCP.
Funding should not be cut from people with disabilities: If the State needs to save money it should be saved on people who are on public benefits, state employees, managers and highly paid officials.	DAIL is only making proposals at this time regarding DDS. Discussions about other possible cost savings across State government are not being addressed through this process.

<sup>i</sup> *Developmental Services – FY 14 Budget Savings Target*. Testimony submitted to the Joint Fiscal Committee by the Joint Fiscal Office, July 23, 2013. <http://dail.vermont.gov/dail-projects/dds-legislative-work-group/ds-joint-fiscal-testimony-report>.

<sup>ii</sup> *Developmental Disabilities Services Caseload and Utilization Methodology Review*. Report to the Joint Fiscal Committee Per Sec. E. 333 (a)(2) of Act 50 of 2013. September 11, 2013. Submitted by the Joint Fiscal Office.