Vermont State System of Care Plan

for

Developmental Disabilities Services

FY 2012 – FY 2014

FY 2014 Update

Effective: September 27, 2013 – June 30, 2014

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

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TABLE OF CONTENTS

SECTION ONE – INTRODUCTION

A. Background

The closure of Brandon Training School in 1993 was a significant milestone in the history of Vermont's system of care for individuals with developmental disabilities. It marked the end of reliance on an institutional model of care and underscored the commitment to create those supports and services necessary for people to live with dignity, respect and independence outside of institutions.

In 1996, the Vermont State Legislature embedded in law the process by which the state continues that commitment. The Developmental Disabilities Act of 1996 requires the Division of Disability and Aging Services to adopt a plan known as the *State System of Care Plan* that describes the nature, extent, allocation and timing of services that will be provided to people with developmental disabilities and their families. The *State System of Care Plan*, (from here on called the "*Plan"*), along with the *Regulations Implementing the Developmental Disabilities Act of 1996* and the *Developmental Disabilities Services Annual Report*, cover all requirements outlined in the developmental disabilities statute.

The *Plan* reflects the Division's commitment to the health, safety and well-being of people with developmental disabilities and their families as well as to our principles and values.

How the Plan is Created

Gathering information about the needs of people with developmental disabilities in Vermont and the effectiveness of our services and supports is an ongoing endeavor.

The *Plan* builds on experience gained through previous plans and is developed every three years and updated annually with input from a variety of individuals interested in services and supports for people with developmental disabilities. Input is obtained by the State through a process of gathering information from conversations with stakeholders, Local System of Care Plans, public hearings, written comments, online survey and satisfaction survey of individuals receiving services (see Section Five). All these methods of input provide the perspective of a wide range of individuals.

What the *Plan* is Intended to Do

The *Plan* is intended to help people with developmental disabilities, their families, advocates, service providers and policy makers understand how resources for individuals with developmental disabilities and their families are managed. It lays out criteria for determining who is eligible for developmental disabilities services and prioritizes the use of resources. It is specifically intended to spell out how legislatively-appropriated funding will be allocated to serve individuals with significant developmental disabilities. The *Plan* guides the appropriate use of this funding to help people achieve their personal goals and to continuously improve the system of supports for individuals with developmental disabilities within available resources.

What the *Plan* is Not Intended to Do

This *Plan* does not substitute for the State of Vermont's Medicaid State Plan. It does not guide or direct the allocation of resources for Medicaid State Plan services, such as Early, Periodic Screening, Diagnosis and Treatment services for eligible children. Children with developmental disabilities also use Children's Personal Care and High Technology Home Care services. The funding for these services is contained in the budget of the Department of Vermont Health Access. They are mentioned in the *Plan* solely because the Division of Disability and Aging Services manages the programs that provide these services.

This three-year plan covers the period from July 1, 2011 through June 30, 2014. Your feedback is welcome.

B. DAIL Mission Statement

The mission of the Department of Disabilities, Aging and Independent Living (DAIL) is to make Vermont the best state in which to grow old or to live with a disability; with dignity, respect and independence.

Core Values and Principles of DAIL

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

C. Principles of Developmental Disabilities Services

The Developmental Disabilities Act of 1996 (DD Act) states that services provided to people with developmental disabilities and their families shall foster and adhere to the following principles:

- **Children's Services**: Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced when the children are cared for within their own homes. Children with disabilities benefit by growing up in their own families; families benefit by staying together; and communities benefit from the diversity provided when people of varying abilities are included.
- **Adult Services**: Adults, regardless of the severity of their disability, can make decisions for themselves, can live in typical homes, and can contribute as citizens to the communities where they live.
- **Full Information**: In order to make good decisions, people with developmental disabilities and their families need complete information about the availability and choice of services, the cost, how the decision making process works, and how to participate in that process.
- **Individualized Support**: People with disabilities have differing abilities, needs, and goals. Thus, to be effective and efficient, services must be individualized to the capacities, needs, and values of each individual.
- **Family Support**: Effective family support services are designed and provided with respect and responsiveness to the unique needs, strengths, and cultural values of each family and the family's expertise regarding its own needs.
- **Meaningful Choices**: People with developmental disabilities and their families cannot make good decisions unless they have meaningful choices about how they live and the kinds of services they receive. Effective services are flexible so they can be individualized to support and accommodate personalized choices, values and needs and assure that each recipient is directly involved in decisions that affect that person's life.
- **Community Participation**: When people with disabilities are segregated from community life, all Vermonters are diminished. Effective services and supports foster full community participation and personal relationships with other members of the community. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.

- **Employment**: The goal of job support is to obtain and maintain paid employment in regular employment settings.
- **Accessibility**: Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.
- **Health and Safety**: The health and safety of people with developmental disabilities is of paramount concern.
- **Trained Staff**: In order to assure that the purposes and principles of this chapter are realized, all individuals who provide services to people with developmental disabilities must have training as required by section 8731 of the Developmental Disabilities Act.
- **Fiscal Integrity**: The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.

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SECTION TWO – ELIGIBILITY

A. Overview

Using national prevalence rates, it is likely that roughly 13,141 of the state's 625,741[1] citizens have a developmental disability as defined in the Vermont Developmental Disabilities Act of 1996. Given the birth rate in Vermont of about 6,107 live births per year[2], it is expected that approximately 128 children will be born each year with developmental disabilities[3].

Not everyone with developmental disabilities needs services. Most individuals with developmental disabilities in Vermont are actively involved in home and community life, working and living along with everyone else. Of those who do need support, many people have only moderate needs. Those with more intense needs usually require long term, often life-long support.

In enacting the Developmental Disabilities Act, the Legislature made clear its intention that developmental disabilities services would be provided to some but not all of the state's citizens with developmental disabilities. It gave responsibility for defining which individuals would have priority for funding and supports to the Division through *Regulations* and the *State System of Care Plan*.

There were 3,900 people who received developmental disabilities services in FY 2010, which is about 30% of Vermonters who are estimated to meet clinical eligibility for developmental disabilities services. The number of people served each year increases by approximately 100 individuals taking into account the people who die or leave services annually. Services are determined through an individual planning process and designed to be based on the needs and strengths of the individual, the individual's goals and the availability of naturally occurring supports.

[1] Based on national census figures for 2010 obtained from the U.S. Census Bureau and national prevalence rates of 1.5% for intellectual disability and .6% for Pervasive Developmental Disorders.
[2] Based on State of Vermont preliminary 2009 data from the Department of Health Vital Statistics.
[3] Based on prevalence rates of 1.5% for intellectual disability and .6% for Pervasive Developmental Disorders.

B. Steps for Determining Eligibility

Individuals with developmental disabilities who wish to receive services must first be found eligible. There are three parts to determine eligibility.

1. Financial eligibility – determined by the Department for Children and Families (DCF).
2. Clinical eligibility – determined by a formal, professional evaluation.
3. Criteria to access funding – each funding source has its own criteria (see below for home and community-based services, see Section Three, page 17 – 20).

To access funding for home and community-based services, it must be determined:

1. The person has an unmet need related to his or her developmental disability; and,
2. The person's unmet need meets a funding priority as outlined in the *Plan* (see Section Four, page 21).

Excerpts from the Regulations Implementing the Developmental Disabilities Act of 1996 explaining clinical eligibility and recipient criteria, financial requirements and ability to pay for services are in *Attachment A.*

SECTION THREE – FUNDING AUTHORITY AND SOURCES

The role of the developmental disabilities services system is to support individuals and families in their communities. Developmental disabilities services funding is intended to meet needs that are not met by natural supports, Medicaid State Plan services or other sources of funding.

The Agency of Human Services is committed to providing high quality, cost-effective services to support Vermonters with developmental disabilities within the funding available and to obtain good value for every dollar appropriated by the Legislature. To help achieve this goal, the Division of Disability and Aging Services allocates these appropriated funds to its network of designated agencies and specialized service agencies (from here on called "agencies")[4]. Agencies' allocations may be adjusted based on their ability to meet specific outcomes as defined in the agencies' grant agreements. In the event of agency funding allocation reductions, agencies may not reduce individual budgets or services, unless due process requirements are afforded to individuals whose services and supports are affected by the decreased funding.

This *Plan* is based on the terms and conditions in Vermont's Global Commitment to Health 1115 waiver. The Global Commitment waiver is an agreement between Vermont and the federal government which includes some specific federal requirements related to developmental disabilities home and community-based services funding. The Division provides additional guidance for allocating funding and changing a person's budget through regulations, policies and guidelines, including but not limited to the following[5]:

- The Developmental Disabilities Act of 1996
- Regulations Implementing the Developmental Disabilities Act of 1996
- The Vermont State System of Care Plan for Developmental Disabilities Services – FY 2012 – FY 1214
- Vermont State Medicaid regulations
- Individual needs assessment performed during initial intake, current periodic review and evaluation of individual goals and outcomes
- Individual Support Agreement Guidelines
- Guidelines for the Quality Review Process of Developmental Disabilities Services

[4] For more information on agencies, see the Administrative Rules on Agency Designation.
[5] The underlined documents are links to the DAIL website at www.dail.vermont.gov.

A. Funding Appropriated for Developmental Disabilities Services

The Legislature appropriates funding each year designed to meet the needs of individuals with developmental disabilities. Included in this appropriation is a base allocation used by agencies to fund supports for individuals currently receiving services. In addition to the base allocation, the legislature may appropriate additional funding for individuals who are new to services or currently receive services who have an increase in needs. This funding is known as New Caseload Funding[6] and Public Safety Funding. A summary of the new funding available in FY '12 is shown in *Attachment B.*

Funds from the base allocation that are no longer needed are reallocated in two ways.

1. Agencies reassign funding to individuals who meet the funding priorities.
2. Funds are returned to the Division to be used as a statewide resource. These funds are known as Returned Caseload Funding[7]. Funds are returned when a person has:
   - Died;
   - Left services or moved out of state;
   - Moved into a statewide group home;
   - Not used newly allocated funding during the first 12 months of services;
   - Been determined to be no longer clinically eligible for funding;
   - Transferred into an institution (e.g., jail, nursing facility); or
   - Had services suspended for more than six months.

To ensure the highest value is obtained from funding, services must be of high quality and cost effective. To that end, the Division requires agencies to continually reassess the use of developmental disabilities services funding to assure funding is used to:

1. Address the unmet needs of individuals who apply for, or are currently receiving, developmental disabilities services when those needs meet a funding priority.

[6] The term "High School Graduate Fund" is no longer used. Funding to meet the needs of individuals graduating from high school is now included in the New Caseload Fund.
[7] "Returned Caseload Fund" replaces the term "Equity Fund" that was used in previous plans.

2. Provide services and supports consistent with the individual's needs that prevent the need for more costly services and are the most cost-effective method of meeting the person's goals.
3. Meet identified outcomes.
4. Provide services based on current needs assessment or periodic review. A periodic review of needs is conducted at least annually for all individuals receiving services. The intent of this process is to reallocate funding to where it is most needed. Funding is adjusted on an individual basis so that services are reduced where they are no longer needed and increased where there are new needs.
5. Recalculate service and support costs annually and update individuals' budgets accordingly by reallocating (known as "re-spreading") costs across individuals' budgets, as appropriate.
6. Address gaps in services identified in the Local System of Care Plans.

B. Responsibility for Funding Decisions

Role of the Division in Funding

The Division maintains an active role in the allocation and review of developmental disabilities services funding. The Division will:

1. Prepare budget recommendations for the Administration's review.
2. Issue guidelines for any budgetary rescissions.
3. Provide funding guidelines and technical assistance to agencies and local funding committees.
4. Lead the Equity and Public Safety Funding Committees, establish operating procedures for each committee, take recommendations from the Committees and make final funding decisions.
5. Track funding requests for current and new recipients.
6. Review representative samples of individuals' services to determine whether the supports currently funded are of high quality, cost effective, meet people's needs and achieve their desired goals.
7. Approve all Unified Services Plans. Unified Service Plans blend different funding sources (home and community-based services funding, Children's Personal Care Services and/or High Technology Home Care Services) into a unified funding approach with one coordinated service plan for individuals with complex and intensive medical and/or behavioral support needs.

8. Assist in filling vacancies in group homes that are considered statewide resources and the Intermediate Care Facility for people with Developmental Disabilities (ICF/DD) so as to match individuals with the resources best suited to meet their needs.
9. Assist agencies to negotiate and facilitate arrangements for eligible individuals when the DCF, Department of Mental Health (DMH), Department of Corrections (DOC) or other state agencies and/or out-of-state organizations are contributing payment for an individual's home and community-based services.
10. Prior approve requests for any out-of-home placements supported by developmental disabilities services funding for children under 18 years old.
11. Resolve the issue of which agency is the designated agency when it is not clear which agency has the designated agency responsibilities for a particular individual.

Funding Committees for Home and Community-Based Services

Outlined below are the Local and Statewide Funding Committees and their respective roles and responsibilities.

Funding Committee	Decision-making Authority
Local Funding Committees	Review requests to be submitted to Equity and Public Safety Funding Committees
Equity Funding Committee	Review requests for New Caseload Fund and Returned Caseload Fund – Division makes final decisions
Public Safety Committee	Review requests for Public Safety Fund – Division makes final decisions

Local Funding Committees

Each designated agency must maintain a local funding committee that meets at least monthly and is comprised of staff from the designated agency, representatives from local specialized service agencies, people receiving services and/or family members. Members may also include individuals representing local community resources (e.g., Vocational Rehabilitation, schools) and other interested stakeholders.

The local funding committee will review proposals for all new funding on behalf of individuals for whom they are the designated agency. The committee will:

1. Confirm that the individual meets clinical and financial eligibility criteria for developmental disabilities services;
2. Determine whether the individual's needs meet a funding priority; and,
3. Determine if the supports and services described are needed by the individual and are the most cost-effective means of providing the service.

If the committee determines that all criteria are met, the proposal is submitted to either the Equity Funding Committee or Public Safety Funding Committee, as appropriate, for funding consideration.

Statewide Funding Committees

The Equity Funding Committee and the Public Safety Funding Committee will follow the membership, management, and operating procedures established by the Division.

The Equity Funding Committee is comprised of the following membership.

Number	Representation	Selected by
2	Division of Disability and Aging Services	The Division
3	Designated agency and/or specialized service agency	Designated agencies and specialized service agencies
2	Individual(s) receiving services and/or family member(s)	Recommendations from agencies, Green Mountain Self-Advocates and others – Division makes final decisions

The Public Safety Committee is comprised of the following membership.

Number	Representation	Selected by
2	Division of Disability and Aging Services	The Division
2	Designated agency and/or specialized service agency	Designated agencies and specialized service agencies
2	Other interested individuals (e.g., people receiving services/ family members; DOC staff, public safety professionals)	Recommendations from agencies, Green Mountain Self-Advocates and others – Division makes final decisions

Public Safety Fund

The Public Safety Fund is comprised of funding allocated by the Legislature to specifically address the needs of adults with developmental disabilities who pose a risk to public safety. If Public Safety Funding is insufficient for individuals who meet the criteria below, the person may have access to the New Caseload Fund or the Returned Caseload Fund, depending on the funding availability.

Individuals Eligible for Public Safety Funding

1. For new applicants, the risk must be identified at application and they must meet the Public Safety Funding Priority criteria in #4 below.
2. For individuals currently receiving services, the risk must be newly identified and they must meet the Public Safety Funding Priority criteria in #4 below.
3. The DAIL Public Safety Risk Assessment must be completed or updated for each individual who applies for Public Safety Funding.
4. To be considered a risk to public safety, an individual must meet at least one of the following criteria:
    a. Committed to the custody of the DAIL Commissioner under Act 248 because of being dangerous to others. Services are legally mandated.
    b. Convicted of a sexual or violent crime, has completed his or her maximum sentence and there is evidence that the individual poses a substantial risk of committing a sexual or violent re-offense.
    c. Substantiated by DAIL or DCF for sexual or violent abuse, neglect, or exploitation of a vulnerable person and there is evidence that the individual poses a substantial risk of committing a sexual or violent re-offense.
    d. In the custody of DCF for committing a sexual or violent act that would have been a crime if committed by an adult, is now aging out of DCF custody, and there is evidence that the individual poses a substantial risk of committing a sexual or violent re-offense.
    e. Not charged with or convicted of a crime, but the individual's risk assessment contains evidence that the individual poses a substantial risk of committing a sexual or violent re-offense.
    f. Convicted of a crime and under supervision of DOC (probation, parole, pre-approved furlough, conditional re-entry) and DOC is actively taking responsibility for supervision of the individual for public safety. Public Safety Funding only pays for supports needed because of the individual's

developmental disability. Offense-related specialized support needs, such as sex offender therapy, cannot be funded for an individual who is under the supervision of DOC.

Individuals Not Eligible for Public Safety Funding

1. It is not a priority to use Public Safety Funding, New Caseload Funding, Returned Caseload Funding or base allocation funding to prevent an individual who has been charged with or convicted of a crime from going to or staying in jail or to prevent charges from being filed.
2. Public safety funding will not be used to fund services for individuals believed to be dangerous to others but for whom there is no clear evidence they pose a risk to public safety, and who have not committed an act that is a crime in Vermont. These individuals may be funded through New Caseload Funding or Returned Caseload Funding if the individual meets another funding priority.
3. Public Safety Funding will not be used to fund services for individuals who have committed an offense in the past, and:
   a. Whose proposed services do not reflect any offense-related specialized support needs, or
   b. Who do not pose a risk to commit a sexual or violent re-offense.

   These individuals may be funded through New Caseload Funding or Returned Caseload Funding if the individual meets another funding priority.

C. Individualized Budgets and Authorized Funding Limits

All individuals with home and community-based services funding have an individualized budget and must be given an Authorized Funding Limit[8]. The Authorized Funding Limit needs to be reflective of the funded areas of support documented in the individual's needs assessment and the Individual Support Agreement and must be an allowable Medicaid expense.

Attachment C lists allowable developmental disabilities services and definitions. Additional guidance is provided in *Attachment D* regarding the ability to move home and community-based services funding within individualized budgets, as well as who is responsible when an individual's services are self-managed, family-managed or shared-managed and the budget is overspent.

[8] For more information about Authorized Funding Limits, please see the Individual Support Agreement Guidelines.

D. Management Options for Services

Individuals have choices about how their services are managed. The choice does not impact the amount of services an individual receives.

Agency-Managed Services

- **Agency-Managed Services**: The developmental disabilities services agency manages all services for an individual.
- **Shared-Managed Services**: The developmental disabilities services agency manages some, but not all, of the services for the individual. For example, the agency provides service planning and coordination and may arrange for other services, such as home supports, while the individual or a family member manages supports, such as respite, community or work supports. ARIS Solutions, a Fiscal Intermediary Service Organization (ISO), must be used by individuals or family members who share-manage to help do many of the bookkeeping and reporting responsibilities of the employer.
- **Self-Managed or Family-Managed Services**: An individual or family member manages all of an individual's developmental disabilities services. However, no more than 8 hours per day of paid home supports may be self-managed or family-managed. Self-managed or family-managed services means that the individual or family member has the responsibility of hiring his or her own staff and overseeing the administrative responsibilities associated with receiving developmental disabilities services funding. Transition II, a Supportive Intermediary Service Organization (ISO), must be used by individuals or family members who self-manage or family-manage their services to help them understand their role and responsibilities as an employer, such as assuring workers are trained, supervised and monitored. ARIS Solutions, as the Fiscal ISO, must be used by individuals or family members to help them do many of the bookkeeping and reporting responsibilities of the employer.

E. Other Funding Sources

One-Time Funding

When new funding is approved, 100% of the annualized amount needed to support a full fiscal year of services for the individual is committed. This assures that funds to pay for a full fiscal year of services are built into the agency's base budget. When 365 days of funding are not required because the individual's newly funded services began after the start of the fiscal year (July 1st), the unused balance creates one-time funding.

One-time funding is created through three funds:

1. New Caseload Fund
2. Returned Caseload Fund
3. Public Safety Fund

One-time funding is used for temporary or short-term expenditures that directly assist people with disabilities and their families. It may not be used for ongoing needs. It is available to any individual who is clinically and financially eligible for services, regardless of whether the individual is currently receiving services. Requests for one-time funding are limited to a maximum of $5,000 per person per year.

The Division determines how one-time funding is used, including the timing and allocation of these funds to agencies. Any one-time funding distributed to agencies must be allocated according to one-time funding guidance listed below and reported to the Division. If there is a question about an allowable use of one-time funding, the Division makes the final decision.

Allowable Uses for One-Time Funding:

1. One-time allocations to address personal health or safety or public safety issues for individuals with developmental disabilities.
2. One-time allocations used as Flexible Family Funding for individuals with disabilities and families waiting for Flexible Family Funding, not to exceed the Flexible Family Funding maximum allocation of $1,000 per person per year, regardless of source.
3. Short-term increases in supports to individuals already receiving services to resolve or prevent a crisis.

4. Assistive technology, adaptive equipment, home modifications to make the individual's home physically accessible, and other special supports and services not covered under the Medicaid State Plan.
5. Supports that may not meet funding priorities but are proactive and short-term in nature.
6. Transitional support to assist an adult to become more independent in order to reduce or eliminate the need for services.
7. Small grants to self-advocates, families and others, that promote the principles of services as stated in the Developmental Disabilities Act of 1996, for innovative programs, training and/or transportation costs for a person receiving services to attend a training or conference.

Pre-Admission Screening and Resident Review (PASRR) Funding

Individuals age 18 and over who live in nursing facilities may qualify for Nursing Home Day Rehabilitation Services (known as specialized services in a nursing facility) necessary to meet their unique needs related to their developmental disabilities. These services are prior authorized on an individual basis by the Division. Allocations for individuals currently receiving services are reviewed on an annual basis by the Division. Funding for specialized services is allocated from the revolving PASRR fund unless the individual was receiving home and community-based services funding prior to admission to the nursing facility, in which case a portion of his or her home and community-based services funding is converted to Nursing Home Day Rehabilitation funding to pay for specialized services. The Division is legally mandated to provide these services, therefore, if the PASRR Fund is depleted, funding is allocated through New Caseload Funding or Returned Caseload Funding. Specialized services funded from the revolving PASRR Fund are limited to 5 hours per week.

If an individual receiving specialized services moves out of a nursing facility, his or her specialized services funding is converted to home and community-based services funding to support the community-based services. Any additional home and community-based services funding approved for an individual moving from a nursing facility to a community placement comes from the New Caseload Funding or Returned Caseload Funding.

If an individual dies or stops receiving specialized services, the funds are returned to the revolving PASRR Fund or to the Returned Caseload Fund if there are sufficient resources to cover current and anticipated specialized services needs.

The Bridge Program: Care Coordination for Children with Developmental Disabilities

The Bridge Program is an Early Periodic Screening, Diagnosis and Treatment (EPSDT) service that provides support to families in need of care coordination to help them access and/or coordinate medical, educational, social or other services for their children with developmental disabilities under the age of 22. On an annual basis, the Division will negotiate and approve funding allocations for designated agencies for the Bridge Program. Designated agencies will determine clinical and financial eligibility and approve individuals to receive this service. Services are available on a first come, first served basis within available funds. The Bridge Program Guidelines provide details regarding eligibility, scope of service provision and waiting list instructions.

Flexible Family Funding

Flexible Family Funding provides funding for respite and goods for children and adults that help the biological or adopted family or legal guardian support the person to live at home. The maximum allocation is $1,000 per person per year. Approval is determined by the designated agency. The program is described in the Flexible Family Funding Guidelines.

Targeted Case Management

Targeted Case Management (TCM) is a Medicaid State Plan service that provides service coordination, referral, monitoring, and advocacy. Services are designed to assist adults and children to gain access to needed services.

Children's Personal Care Services

Children's Personal Care Services are an entitled Medicaid State Plan service available to children under the age of 21 who have a significant disability or health condition that substantially impacts care giving needs and/or the development of self care skills. Eligibility and amount of support are defined in the Children's Personal Care Services Program Guidelines.

High Technology Home Care

High Technology Home Care is an entitled Medicaid State Plan service that provides skilled nursing care to adults and children who are dependent on technology. Services include coordinating treatments, medical supplies and sophisticated medical equipment.

Division of Disability and Aging Services – Special Funds

1. **Public Guardianship Fund**: This fund pays for unanticipated services and for small expenses directly related to the well-being of individuals receiving public guardianship services.
2. **Specialized Services Fund**: This fund covers dental services, adaptive equipment and other ancillary services not covered by Medicaid State Plan, home and community-based services funding or other funding sources.
3. **Joint Funding**: Joint funding arrangements for home and community-based services involving other state agencies (e.g., DCF, DOC, DMH) and/or out-of-state organizations, must involve the Division of Disability and Aging Services in negotiation and receipt of funding. The Division does not contract with local schools; however, agencies may contract directly with local schools to provide services that are not funded through home and community-based services, Targeted Case Management or the Bridge Program.

SECTION FOUR – FUNDING GUIDANCE

A. Funding Priorities for Home and Community-Based Services

Within the funds available, any individual whose needs meet the funding priorities and who is clinically and financially eligible for developmental disabilities services, has access to funding. The determination that an individual meets a funding priority is made through a comprehensive process that includes a needs assessment and takes into consideration the specific level of support needed, natural supports and other resources available to meet the person's needs. Services and supports are then designed to most effectively meet the individual's needs based on the individual's strengths and personal goals. Services and supports must also be cost effective.

Funding priorities focus on an individual's unmet needs and circumstances that require support from the developmental disabilities services system to address personal health and safety, public safety, keeping people from being institutionalized, keeping youth employed and supporting parents with developmental disabilities. Circumstances that may result in a person meeting a funding priority may include the loss of a caregiver, homelessness, or abuse, neglect or exploitation.

Although, an individual may have needs that meet more than one funding priority, it is only necessary to meet one of the six funding priorities to access funding. The funding priorities are given equal consideration.

Note: Participation in current and future pilot programs related to Integrated Family Services (IFS) does not diminish beneficiary rights under state and federal law.

Funding Priorities

1. **Health and Safety:** Ongoing, direct supports and/or supervision are needed to prevent imminent risk to the individual's personal health or safety. [Priority is for adults age 18 and over.]
   a. "Imminent" is defined as presently occurring or expected to occur within 45 days.
   b. "Risk to the individual's personal health and safety" means an individual has substantial needs in one or more areas that without paid supports put the individual at serious risk of danger, injury or harm (as determined through the needs assessment; see *Attachment E* for the needs assessment.)

2. **Public Safety:** Ongoing, direct supports and/or supervision are needed to prevent an adult who poses a risk to public safety from endangering others. [Priority is for adults age 18 and over.] To be considered a risk to public safety, an individual must meet the Public Safety Funding Criteria (see Section Three, page 14).

3. **Preventing Institutionalization – Nursing Facilities:** Ongoing**,** direct supports and/or supervision needed to prevent or end institutionalization in nursing facilities when deemed appropriate by Pre-Admission Screening and Resident Review (PASRR). [Priority is for children and adults.] Services are legally mandated.

4. **Preventing Institutionalization – Psychiatric Hospitals and ICF/DD:** Ongoing, direct supports and/or supervision needed to prevent or end long term stays in inpatient public or private psychiatric hospitals or end institutionalization in an ICF/DD. [Priority is for children and adults.]

5. **Employment for High School Graduates:** Ongoing, direct supports and/or supervision needed for a high school graduate to maintain employment upon graduation. [Priority for adults age 19 and over.]

6. **Parenting:** Ongoing, direct supports and/or supervision needed for a parent with developmental disabilities to provide training in parenting skills to help keep a child under the age of 18 at home. Services may not substitute for regular role and expenses of parenting; maximum amount is $7,800 per person per year. [Priority is for adults age 18 and over.]

B. Guidance for Management of Developmental Disabilities Services Funding

1. **Timeframes for Funding**

   a. New funding must be used to meet an individual's needs and goals related to the identified funding priority. Changes in a funded area of support must continue to meet the needs related to the identified funding priority. For up to one calendar year after approval of new funding, any funding that is not used to meet these needs must be returned to the appropriate statewide fund. After one calendar year, these funds are available to the agency to reallocate.

   b. An individual's home and community-based services funding may be suspended for up to a maximum of 6 months. If a suspension exceeds 6 months, services must be terminated and the funding returned to the appropriate fund. A notification must be sent to the individual informing him or her of the right of appeal. The same provision applies to services approved and funded, but not implemented within 6 months of receiving funding. The Division may grant additional time for exceptional circumstances.

   c. If an individual in a group living situation moves out or dies, the funding allocated to that individual may be spread across the budgets for the remaining people in the home for up to 30 days without prior approval. Requests to extend the funding beyond 30 days must be made to the Equity Funding Committee or Public Safety Funding Committee and cannot extend beyond 90 days in total.

2. **Access and Eligibility to Funding**

   a. All services that can be funded under Medicaid State Plan must be accessed before using developmental disabilities home and community-based services funding. This includes but is not limited to; personal care services; therapy; durable medical equipment; nutrition; High Technology Home Care; Early Periodic Screening, Diagnosis and Treatment (EPSDT) services; and Medicaid transportation.

   b. Home and community-based services funding may not duplicate or substitute for services and supports that are the responsibility of other support systems. Other support systems may include services such as; Vocational Rehabilitation, through the use of Impairment-Related Work Expenses (IRWE) and Plans to Achieve Self-Support (PASS plans); early

intervention services through DCF; free and appropriate public education through the school system; home health services; meals on wheels, etc.

c. Individuals who are receiving Flexible Family Funding (FFF) who move to home and community-based services are no longer eligible for FFF. One-time funding can be used for FFF, but under no circumstances can FFF exceed $1,000 per person per year.

d. If an individual's home and community-based services funding is terminated, including an individual whose eligibility is based upon Part 3.4 of the Regulations (grandfather clause for individuals who were receiving services on July 1, 1996), he or she retains clinical eligibility for services for up to one year, but must reapply for funding and have needs that meet the funding priorities in order to receive services.

e. If an individual's home and community-based services funding has been terminated for more than one year, the person must complete the full application process, including determination of clinical and financial eligibility and if needs meet a funding priority.

f. An individual who leaves Vermont temporarily (e.g., while on vacation) but continues to need services may continue to receive home and community-based services funding for a period not to exceed six months.

3. **Administrative Guidance for Funding**

   a. Before requesting new funding:

      i. An agency must exhaust base allocation resources by reallocating funding that is no longer needed by individuals currently receiving services.

      ii. The cost of services to meet the individual's new or increased needs must exceed $4,500.

   b. The allowable administrative rate for the first year of funding approved from the New Caseload Fund, Returned Caseload Fund, Public Safety Fund or PASRR Fund is limited to 5%.

   c. Infrastructure costs for services such as psychiatric services are charged to the people who use these services. Costs for broader-based services such as local or statewide crisis, local respite beds and the Fiscal Intermediary Service Organization are spread across all individuals' home and community-based services budgets.

d. Payroll taxes such as Social Security and Medicare (FICA), State unemployment taxes (SUTA) and worker's compensation insurance costs must be calculated for payments to direct caregivers. Agencies may adjust for rate changes according to the Regulations (Part 4.10(b)(2)). However, if rates increase, agencies are encouraged to absorb the increase in cost rather than reduce services.

e. All services must be budgeted at the actual cost *or* prevailing State-set rate, whichever is lower.

f. If an individual wants to receive services from a provider other than the designated agency (e.g., specialized service agency or through self-managed or family-managed services), the provider/Transition II submits a budget to the designated agency. The designated agency determines its costs to serve the person and submits the lower of the two budgets to the funding committee. If the other provider is not able to provide the services for the approved budget, the designated agency must do so.

g. If the individual decides to move to a different provider or method of management within a calendar year from the date of service implementation, savings are returned to the appropriate caseload fund.

h. If the individual decides to transfer from a different provider or method of management to the designated agency, the designated agency may request additional funding if its costs to provide the same services exceed the existing budget.

i. When an individual transfers from one provider to another, all funding related to the individual's services, including the administration amount, is transferred to the new provider. Funding for local crisis services, local respite homes, the Fiscal Intermediary Service Organization and statewide communication resources (through HowardCenter and Washington County Mental Health) are not transferred.

j. When an individual is temporarily hospitalized (other than a psychiatric hospitalization), home and community-based services funding can be used to provide personal care type services[9]. Agencies can be reimbursed for an individual's daily rate for home supports, service planning and coordination and administration for up to 30 days of hospitalization. If a person remains in the hospital for more than 30 days, home and community-based services must be suspended. This funding guidance went into effect 7/1/12.

[9] For home and community-based services, personal care type services are provided through home supports, service planning and coordination and administration.

k. Increases in Targeted Case Management allocations may be achieved by converting developmental disabilities home and community-based services funding to an agency's Targeted Case Management allocation.

4. **Limitations for Funding**

a. Funding is allocated to meet an individual's unmet needs related to the funding priorities, is the most cost effective method of providing services and insures the individual is making progress toward personal goals. 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. The maximum home and community based services funding per person per year is $200,000. Requests will be reviewed through the funding committee process. The Division makes the final decision to approve funding.

i. Under extraordinary circumstances, the Division may grant an exception to the maximum on a time-limited basis. Under no circumstances shall exceptions exceed $250,000[10].

ii. 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. 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, 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.

c. Agencies will not duplicate or substitute for natural supports and will actively develop opportunities to increase natural and unpaid supports.

d. Funding committees will recommend the option to authorize new funding for a time-limited period, when appropriate, with the intention to reduce funding based on a review of needs.

e. The maximum cost for service coordination managed through an agency is $50.00/hour (effective July 1st, 2013); if actual costs are less than

[10] The limit of $250,000 applies to budgets funded after September 27, 2013.

$50.00/hour, the actual cost must be used. The rate of Targeted Case Management is $48.68/hour, and will increase to $50.00/hour effective November 1, 2013. The maximum cost for service coordination for individuals who are self-managing or family-managing is $35.00/hour.

f. 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 (payments cannot exceed $6,475 per person per year).

g. A provider may not bill home and community-based services for an individual on the same day as clinic services, rehabilitation services, Targeted Case Management or ICF/DD services.

h. An individual cannot receive funding from two waivers at the same time (e.g., Global Commitment and Choices for Care). The person must be evaluated to determine which home and community-based services are most appropriate to meet his or her needs. The person can then make an informed decision as to which services to receive.

i. Home and community-based services funding may not pay for room and board costs

j. Shared living homes must meet the housing safety and accessibility standards.

    i. The home provider, or applicable landlord, is responsible for all costs to be in compliance with the housing standards.

    ii. Home and community-based services funding may help pay for home modifications for physical accessibility, not to exceed $10,000. The costs of ramps, widening doorways and accessibility modifications to bathrooms may be appropriate costs to reimburse.

        a. Physical accessibility modifications that do not add to the value of the home may be paid for, when necessary, using base allocation, new funding or one-time funding.

        b. Modifications that improve the value of the home, but are made only for meeting physical accessibility needs of an individual, may be funded up to 50% of the cost, not to exceed the $10,000 cap. For example, if a new bedroom is needed to allow the person to live in the home, the home provider should pay for the addition of the bedroom. However, additional cost to make that bedroom

accessible may be paid for with home and community-based services funding.

c. Two or more bids are required when construction work is needed to provide the modification. Funding is allocated based on the lowest bid.

d. Home modifications under $5,000 may be paid in a lump sum. Home modifications that cost from $5,000 to $10,000 will be paid on a monthly payment basis which ends if the person moves.

k. The following limits apply to new funding for community supports and work supports:

i. Community supports and work supports are limited to individuals aged 19 and older.

ii. Individuals receiving work supports only: work support hours may not exceed 25 hours per week, including transportation hours. Funding for work supports is to maintain an employer-paid job.

iii. Individuals receiving community supports only: community support hours may not exceed 25 hours per week. (Community support hours include transportation time.)

iv. Individuals receiving both work supports and community supports: may not exceed a total of 25 hours per week of community supports and work supports (including transportation hours). An individual is not eligible for new funding for community supports if he or she is already receiving 25 hours per week of work supports.

l. The service definition of Clinical Interventions includes "Other Clinical Services" not covered by Medicaid State Plan including medically necessary alternative services provided by licensed or certified individuals (such as therapeutic horseback riding) and equipment (such as dentures, eyeglasses and certain assistive technology).

m. An individual or family can manage up to eight hours per day of paid home supports.

n. Developmental disabilities services funding cannot be used to:

i. Increase the availability of residential settings that provide supports to more than four adults (age 18 and over)[11].

ii. Fund the following services/settings:

   a. Residential settings that provide supports to three or more children (under the age of 18).

   b. In-state or out-of-state nursing facilities[12], correctional facilities or psychiatric hospitals; out-of-state ICF/DDs; or residential schools or treatment centers.[13] Out-of-state placements for adults who pose a risk to public safety may be permitted where the cost is less than the cost of community-based supports in Vermont[14].

   c. Room and board[15], including costs of vacations[16].

   d. Sheltered workshops or enclaves (segregated work environments within an employer's worksite).

[11] Any exceptions to this limitation must be approved by DAIL.
[12] The exception is PASRR services for individuals living in nursing facilities.
[13] Exceptions to this limitation that involve a post-secondary educational experience may be considered but require approval by DAIL.
[14] DAIL involvement and approval is required.
[15] Other sources of funding to assist with room and board costs include SSI, Section 8 subsidies, wages and public assistance (e.g., fuel assistance program, General Assistance vouchers, 3Squares VT).
[16] Home and community-based services funding may be used, however, to cover costs incurred by a paid caregiver to support an individual on vacation (e.g., hotel and food expenses).

C. Approaches to Manage Home and Community-Based Services Funding

To effectively manage funding for home and community-based services:

1. The Equity Funding Committee and Public Safety Funding Committee will make funding recommendations for both new applicants and individuals with new needs based on monthly targets established by the Division.
2. The needs of each individual currently receiving services will be re-assessed using the needs assessment and level of care assessment to assure the individual's budget reflects current needs, strengths and progress toward personal goals. The one-time comprehensive reassessment will take place as part of the planning for the individual's next Individual Support Agreement (ISA). The individual's budget will be adjusted to reflect current needs.
3. In the event of fiscal pressures (e.g., an appropriation less than projected need, rescission), the Division may choose to reduce agencies' base allocations. Options include, but are not limited to, using one or more of the following approaches.
    a. Agencies make reductions in administrative costs.
    b. Agencies make an across the board reduction to individuals' budgets. Each individual's budget is reduced by the same percentage. Individuals and guardians must be involved in the process of determining what services are reduced.
    c. Agencies are given flexibility to determine how to fund the reduction through efficiencies, administrative and/or non-direct service reductions, and/or reductions in individual's budgets. Individuals and guardians must be involved in the process of determining what services are reduced.
    d. The Division identifies specific services that can and/or cannot be reduced.

    The Division will issue instructions as needed. If services are reduced, individuals and guardians will be provided with notice of the right to appeal the reduction.

D. Waiting List

Each designated agency maintains a waiting list that includes:

1. Individuals eligible for home and community-based services based on their developmental disability, including those already receiving services, but whose request for services is denied, in whole or in part, because the person's needs do not meet a funding priority.
2. Individuals eligible for Flexible Family Funding but for whom there are insufficient funds (including people who receive partial funding and/or one-time funding).
3. Individuals eligible for Targeted Case Management but for whom there are insufficient funds.
4. Individuals eligible for the Bridge Program but for whom funds are not available because the program has reached caseload capacity.

Designated agencies notify individuals when they have been placed on a waiting list. Designated agencies review needs of all people on the waiting list:

1. At least annually;
2. When notified of significant changes in the individual's life situation; or
3. When there are changes in the funding priorities.

Designated agencies submit waiting list data according to instructions established by the Division.

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SECTION FIVE – PLAN DEVELOPMENT

This section highlights the contributors to the plan.

Developing the State System of Care Plan entails:

1. Obtaining written information from a variety of sources, including individuals and organizations that provide, receive, advocate for, and are influenced by, developmental disabilities services and supports;
2. Reviewing local system of care plans;
3. Holding public hearings;
4. Discussions with statewide advisory groups;
5. Analyzing trends in the quality review process and satisfaction surveys; and
6. Adherence to the Developmental Disabilities Act of 1996.

A. Local System of Care Plans

All designated agencies under contract with the Division must submit a Local System of Care Plan that covers the three year period of FY 2012 – FY 2014. The purpose of the plans is two-fold. The plans:

1. Guide the development of local services, including identifying priority areas of support and use of resources to meet specific regional needs, and
2. Inform the *State System of Care Plan* and the annual budget process.

Local System of Care Plans contain sections on plan development, priority needs and resources, and outcomes. Designated agencies identify local, regional and statewide issues, some of which require focused planning and change in process to achieve, while others require additional funding. Each plan was carefully reviewed and analyzed to determine the applicable contributions and feedback to the *State System of Care Plan*. The following page lists a summary of all local plans. *Attachment F* provides a detailed summary of the outcomes from each plan[17].

[17] Each Local System of Care Plan provides detail about the resources available and those needed to realize the priority needs and meet specific goals of the identified outcomes. Readers are encouraged to review the local plans in their entirety to understand and appreciate the full scope and focus of the plans. They are posted on the DAIL website at www.dail.vermont.gov.

FY 2011 – FY 2014 Local System of Care Plans Summary – Priority Outcomes		
Service/ Support Area	**Frequently Mentioned (by 3 or more local plans)**	**Occasionally Mentioned (by 2 local plans)**
Aging		- Supports to people as they age
Autism Spectrum		- Provide additional resources to meet the needs of people on the Autism Spectrum
Clinical Services		- Improve clinical expertise of case managers and direct service workers
Community Supports	- Create effective community support services	
Employment Services	- Promote and expand employment opportunities	
Funding for Services	- Increase funding for staff and services	- Funding to people after graduating high school
Home Supports	- Explore creative, cost effective, alternative residential options - Explore housing options to support independence - Expand the capacity of shared living providers and sustainability of the shared living model	
Infrastructure/ Administration		- Develop effective and consistent internal and external communication - Implement Electronic Medical Records system - Invest in a new building
Public Safety	- Increase capacity to serve individuals who pose a risk to public safety/reduce level of risk and exposure	
Respite/ Family Supports	- Develop increased and adequate respite options - Flexible Family Funding – update sliding fee scale and increase maximum allocation - Increase children's services	
Self-Advocacy		- Involve self-advocates to actively provide peer support
System Sustainability	- Preservation of adequate funding	
Training	- Increase and improve training opportunities for staff, individuals and family members and increase skill building opportunities for people receiving services	
Transportation Supports	- Expand transportation options and reduce necessity for staffed transportation	

B. On-Line Survey

The Division posted an on-line survey to get input on key questions concerning developmental disabilities funding and services. Two hundred four (204) individuals responded to the survey[18]. The following list is a summary of comments and suggestions made by 9 or more respondents. A detailed summary is in *Attachment G*.

1. **Residential Alternatives**
   - Supervised living (less than 24 hour support)
   - Teach people skills to live more independently
   - Variations on supervised living – community supports/home supports
   - More group living – not so much single occupancy
   - Shared living – keep and increase use

2. **Increase Independence** (other than what is already listed in #1 above)
   - Social Connections

3. **Direct Service Alternatives**
   - Stop funding individuals who pose a risk to public safety
   - Networking – private/public partnerships – avoid duplication/partner with non-profit organizations
   - Services should begin early – proactive/preventative/early intervention
   - Higher staff ratio for community supports (1:2, 1:3, 2:3)
   - Community involvement – collaboration/integration
   - Good quality, professional assessment of needs – how priorities are determined – eligibility and level of care assessment tool

4. **Administrative Alternatives**
   - Reduce agency overhead
   - Reduce paper
   - Reduce number of administrators/management – less top heavy bureaucracy
   - Pay cuts to high ranking state officials/state workers/upper management at agencies

5. **Reduce Services**
   - Reassess individuals getting funding on a regular basis – evaluate current needs objectively
   - Do not cut services – don't balance budget on the backs of the most vulnerable – generate new money/increase taxes of wealthy

[18] Of the 204 individuals who provided feedback, 85 (42%) completed the full survey. Not everyone who completed the survey answered every question and it is not known if one individual made the same comment multiple times.

6. **Effective Services**
   - Training for families/people getting services/staff – group training, help support each other
   - Quality Assurance – assure quality and accountability
   - Employment Supports

7. **Funding Priorities**

   Based on Circumstances / Needs
   - Nowhere to live – homeless
   - Safety
   - Medically involved – frail/significant health issues
   - Abuse, neglect and exploitation
   - High risk – most vulnerable based on need and individual situation
   - Danger to others
   - Stop funding for individuals who pose a risk to public safety/habitual offenders
   - Danger to self
   - People who need the most should get the most help
   - Physical disability/limited mobility
   - Multiple disabilities – dual diagnoses/life altering disabilities

   Based on Services
   - Work supports – to get a job/prevent loss of job

   Who and How to Make Decisions
   - Decisions made by team, provider panels, staff, community

8. **Supporting Individuals who are a Danger to Others**
   - Continual supervision – monitoring by sufficient and quality staff who are trained and supported

9. **Supporting Individuals with Special Medical Needs**
   - Competent staff trained in special care procedures – know an individual's needs completely
   - Nursing visits – medical attention with DD expertise/Visiting Nurses Association and home health agencies

C. Green Mountain Self-Advocates

Members of the Green Mountain Self-Advocates' Board of Governors brainstormed a list of suggestions for the *Plan* based on the on-line survey questions. Green Mountain Self-Advocates feedback is in *Attachment H*.

D. Consumer Survey

The Consumer Survey Project conducted 660 interviews of adults who receive developmental disabilities services over the course of the past three years (2008, 2009 and 2010). Overall, individuals expressed general satisfaction with where they lived, worked, what they did during the day, and with the individuals who provide them support. A high percentage of individuals who responded to the survey said they:

- Are happy with where they live,
- Are happy with how they spend their free time at home,
- Feel safe at home and in their neighborhoods,
- Have a say in how they spend their money,
- Like their jobs and are treated with respect by their coworkers,
- Like their community activities and the people they spend time with,
- Have opportunities to meet new people,
- Are happy with their guardian and get to see their guardian when they want,
- Are happy with their case manager and service agency, and
- Get to learn new things/skills.

Survey results also indicated individual's satisfaction was lower in regard to their autonomy. For example, a high percentage of individuals who responded to the survey said they:

- Do not have a choice in where they live or who they live with,
- Do not decide when friends or family can come over to visit,
- Do not have privacy when friends and family visit,
- Cannot stay home alone when others go out,
- Do not have a key to their home,
- Do not work enough hours at their job,
- Do not have a job but want to work,
- Do not have enough community activities,
- Have not voted in an election, and
- Feel lonely and wish they had more friends.

E. Quality Reviews

The Division's Quality Management Reviewers conduct bi-annual on-site reviews to assess the quality of services provided by agencies and services that are self-managed and family-managed. A total of 209 individuals were reviewed in the most recent two-year cycle[19].

1. **Areas of Strength**

The following trends were noted as areas of strength during this review cycle:

- Communication among the individual's team members,
- Individualized supports across all funded areas,
- Knowledgeable and well-trained service coordination staff,
- Successful, creative employment supports – individualized to meet needs and increased support for consumer businesses and self-employment,
- Well trained direct service staff, including shared living providers,
- Positive family supports,
- Individuals supported to make healthy meal choices and exercise regularly, and
- Clinical supports available and used as appropriate.

2. **Areas of Importance to Improve the Quality of Services**

The majority of agencies had no areas of importance noted during this review cycle. Of those that did have areas identified, the following trends were noted. Agencies have submitted plans of correction to address these areas.

- Documentation required by the health and wellness guidelines (missing information on emergency fact sheets; missing documentation of prescriptions, annual physical exams or other required medical information).
- Lack of consistency and thoroughness in the ISA documents (e.g., no clear method for documenting or tracking progress toward accomplishing the outcomes).

[19] The 209 individuals were reviewed between May 2009 and March 2011.

F. Public Hearings

Two public hearings were held on April 13 and April 14, 2011. The first meeting was held via Vermont Interactive Television in the evening and the second took place in Randolph during the day. Fifty one (51) individuals attended the two public hearings; including self-advocates; family members; directors and staff of developmental disabilities services agencies; state staff; Local and State Program Standing Committee members; advocates and other interested individuals. Feedback from the hearings was incorporated into the *Plan*.

G. Advisory Groups

The Developmental Disabilities Services State Program Standing Committee provided feedback on the *Plan* at their April 14th meeting and reviewed the amended *Plan* at their May meeting. The DAIL Advisory Board discussed the amended *Plan* at their May meeting.

H. Regulations Implementing the Developmental Disabilities Act of 1996

The Division of Disability and Aging Services' *Regulations Implementing the Developmental Disabilities Act of 1996* were revised and the new Regulations implemented March 15, 2011. The Regulations provide the following guidance for developmental disabilities services.

Part 1 – Defines terms used in the Regulations
Part 2 – Provides the definition of developmental disability and criteria for eligibility
Part 3 – Provides the criteria of who is a recipient
Part 4 – Describes process for application, assessment, notification, support planning and periodic review of needs and reassessment of eligibility
Part 5 – Describes self-managed and family-managed services
Part 6 – Describes the financial requirements of recipients
Part 7 – Provides the definition for special care procedures
Part 8 – Defines the grievance and appeal procedures
Part 9 – Outlines the standards for training
Part 10 – Describes certification requirements of providers

Excerpts from Parts 2, 3, 6 and 10 of the Regulations are in *Attachment A*. The full text of the Regulations is on the DAIL website at www.dail.vermont.gov.

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SECTION SIX – SYSTEM DEVELOPMENT ACTIVITIES

The system development activities from the previous system of care plan covering FY ’08 – FY ’11 are summarized in *Attachment I*. The original three-year plan that began in FY ’08 was extended to cover FY ’11. Over the next three years (FY ’12 – FY ’14), the Division will focus on the following activities in partnership with other stakeholders to help people with developmental disabilities achieve their personal goals and to improve the system of supports.

1. **Offer individuals more choices for home supports** by increasing the variety and types of home support options throughout the state and expanding alternatives to support people in more independent and interdependent living.

2. **Expand crisis capacity** to respond to and support individuals experiencing significant crisis.

3. **Enhance workforce development** by assessing what training is critical to facilitate the best outcomes for people and work with stakeholders to prioritize, plan, redesign, and automate training so it can be sustained.

4. **Modernize system administration and oversight** by implementing improved reporting of service and financial data to improve service quality.

5. **Improve the system of supports for individuals with Autism Spectrum Disorders (ASD)** by implementing the goals of the Interagency Autism Plan to coordinate and increase access to services, promote awareness and develop resources to support people with ASD.

6. **Expand capacity to support individuals who pose a high risk to public safety** by providing the most appropriate and cost effective services and supervision for people through the use of the public safety risk assessment and protocols.

7. **Increase employment outcomes in partnership with Creative Workforce Solutions** by increasing the employment rate of adults and enhancing methods to support people at their job and to be more independent at work.

8. **Create flexible supports and services for children and families in partnership with AHS Integrated Family Services (IFS)** as follows**:**
   a. Create better coordinated and integrated services packages for children who need support for health, personal care and case management needs through Children’s Health and Support Services (CHASS).
   b. Create flexible family support and treatment services based on family functioning and needs through Enhanced Family Services (EFS).

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ATTACHMENTS

ATTACHMENT A

EXCERPTS FROM THE REGULATIONS IMPLEMENTING THE DEVELOPMENTAL DISABILITIES ACT OF 1996

The following excerpts from Parts 2, 3, 6 and 10 from the Regulations define eligibility, criteria of who is a recipient and financial requirements of recipients.

Part 2. Eligibility

2.2 Young child with a developmental disability defined.

A young child with a developmental disability is a child who has one of the three following conditions:

(a) A condition so severe that it has a high probability of resulting in intellectual disability.

(b) A condition of clearly observable and measurable delays in cognitive development and significant and observable and measurable delays in adaptive behavior.

(c) A pervasive developmental disorder resulting in significant and observable and measurable delays in at least two of the following areas of adaptive behavior.

2.4 School-age child or adult with developmental disability defined.

(a) A school-age child or adult with a developmental disability is a person who:

(1) Has intellectual disability or pervasive developmental disorder which manifested before age 18; and

(2) Has significant deficits in adaptive behavior which manifested before age 18.

(b) Temporary deficits in cognitive functioning or adaptive behavior as the result of severe emotional disturbance before age 18 are not a developmental disability. The onset after age 18 of impaired intellectual or adaptive functioning due to drugs, accident, disease, emotional disturbance, or other causes is not a developmental disability.

2.5 Intellectual disability defined.

(a) **"**Intellectual disability**"** means significantly sub-average cognitive functioning that is at least two standard deviations below the mean for a similar age normative comparison group. On most tests this is documented by a full scale score of 70 or below on an appropriate norm-referenced standardized test of intelligence and resulting in significant deficits in adaptive behavior manifested before age 18.

(b) "Intellectual disability" includes severe cognitive deficits which result from brain injury or disease if the injury or disease resulted in deficits in adaptive functioning before age 18. A person with a diagnosis of "learning impairment" has intellectual disability if the person meets the criteria for determining "intellectual disability" outlined in Section 2.6. "Intellectual disability" means the same as the term "mental retardation" in the Developmental Disabilities Act of 1996.

2.8 Pervasive developmental disorder defined.

"Pervasive developmental disorder**"** means the same as it is defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM).

Part 3. Recipient Criteria

3.1 Who can be a recipient

(a) A recipient shall be a person with a developmental disability as defined in 1.13 above.

(b) Services or supports to a family member of a recipient shall be in the context of supporting the recipient and are for the purpose of assisting the family to provide care and support for their family member with a developmental disability.

3.2 Recipients shall be Vermont residents

(a) A recipient shall be a resident of Vermont. In the case of a minor child, at least one custodial parent of the child shall be a resident of Vermont.

(b) A person or family who leaves Vermont for a vacation, visit, temporary move, or trial move may continue to be a recipient for a period not to exceed six months.

3.4 People receiving services on July 1, 1996

People with developmental disabilities who were receiving services on July 1, 1996, shall continue to receive services consistent with their needs and the System of Care Plan. Any person who leaves services for one year or longer for any reason and later reapplies for services shall be assessed based upon the eligibility criteria in effect on the date of the person's reapplication.

Part 6. Recipient Financial Requirements

6.1 Income and resources; Medicaid-funded programs

For all supports and services funded by Medicaid, the income and resource rules of the Department for Children and Families governing eligibility for Medicaid programs apply, and are incorporated here by reference.

6.2 Room and board; personal spending money

Medicaid developmental disabilities home and community-based services funding does not cover room and board, clothing, or personal effects.

6.3 Financial responsibility of parents

The parents of a child under age 18 with a developmental disability are financially responsible for costs not covered by any Medicaid program or funded by the Department, specifically: housing; food; clothing; non-medical transportation; personal items; and child care necessary for a parent to work.

Part 10. Certification of Providers

10.5 Services available regardless of funding source

(a) Any services or supports which are provided to people who are eligible for Medicaid shall be made available on the same basis to people who are able to pay for the services or who have other sources of payment.

(b) The rate charged to recipients who are able to pay for services or who have payment sources other than Medicaid shall be the same as the rate charged to Medicaid-eligible recipients, *except that* the rate may be discounted to reflect lower administrative or implementation costs, if any, for non-Medicaid recipients. If a provider establishes a sliding fee scale for such services, the provider shall have a source of funding (such as United Way, state funds, donated services) for the difference between the cost of providing the service and the fee charged.

(c) Any services not funded by Medicaid may be made available in accordance with a sliding fee schedule.

ATTACHMENT B

DEVELOPMENTAL DISABILITIES SERVICES FUNDING APPROPRIATION – FY '14

New Caseload Projected Need [328 individuals (includes high school graduates) x $28,382 avg]	9,309,296
Minus Returned Caseload Estimate (3 year average)	(3,910,216)
Public Safety/Act 248 (37 individuals x $56,345 average)	2,084,765
TOTAL FY '14 ESTIMATED NEW CASELOAD NEED	7,483,845
DS Caseload Reduction	(2,500,000)
New Caseload Funded in Final FY 2014 Budget	4,983,845

TOTAL DDS APPROPRIATION - AS PASSED FY '14	169,880,574

ATTACHMENT C

DEVELOPMENTAL DISABILITIES SERVICES
CODES AND DEFINITIONS
EFFECTIVE: OCTOBER 15, 2012

All services and supports are provided in accordance with the person's Individual Support Agreement (ISA) and applicable State and Federal requirements, including health and safety, training and emergency procedures. Services and supports are funded in accordance with the guidance outlined in the Vermont State System of Care Plan for Developmental Disabilities Services.

Individual budgets may comprise any or all of the services and supports defined in this document and are included in an all inclusive daily rate that combines all applicable services and supports provided to the individual. The daily rate may include:

Code	Service
A01	**Service Coordination**
B01	**Community Supports**
C01 – C04	**Employment Supports**
D01 – D02	**Respite**
E01 – E07	**Clinical Services**
G01 – G02	**Crisis Services**
H01 – H06	**Home Supports**
I01	**Transportation**

Some services and supports may be managed by individuals or family members who would fulfill the responsibilities of the employer (e.g., arrange background checks, hire, train, supervise/monitor, fire) as the employer of record. In these situations where the agency is not the employer, a fiscal ISO is responsible for the bookkeeping and reporting responsibilities of the employer. A supportive ISO is also available to assist individuals and families who self/family manage services with other administrative responsibilities. The parameters of self/family-managed services are outlined in the Regulations Implementing the Developmental Disabilities Act of 1996.

Some services and supports (i.e., Community Supports, Employment Supports and Respite) may be arranged by a home provider who would fulfill the responsibilities of the employer (e.g., arrange background checks, hire, train, supervise/monitor, fire) as the employer of record. In these situations where the agency is not the employer, a fiscal ISO is responsible for the bookkeeping and reporting responsibilities of the employer.

Service Coordination

A01 Service Coordination assists individuals in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services and supports for a specific individual. The role of service coordinators is quite varied and individualized, and often can be instrumental in helping individuals get and maintain services. Service Coordination responsibilities include, but are not limited to, developing, implementing and monitoring the Individual Support Agreement; coordinating medical and clinical services; establishing and maintaining a case record; reviewing and signing off on critical incident reports; and providing general oversight of services and supports.

Some responsibilities of the services coordinator must be done by a Qualified Developmental Disabilities Professional (QDDP) who must either work for the provider agency or must have an endorsement by the State of Vermont.

Community Supports

B01 Community Supports are provided to assist individuals to develop skills and social connections. The supports may include teaching and/or assistance in daily living, supportive counseling, support to participate in community activities, collateral contacts (i.e., contact with professionals or significant others on behalf of the individual), and building and sustaining healthy personal, family and community relationships. Community Supports may involve individual supports or group supports (2 or more people). Supports must be provided in accordance with the desires of the individual and their Individual Support Agreement and take place within the natural settings of home and community.

Employment Supports

Employment Supports are provided to assist transition age youth and adults in establishing and achieving work and career goals.

Environmental modifications and adaptive equipment are component parts of supported employment and, as applicable, are included in the daily rate paid to providers. Transportation is a component part of Employment Supports that is separately identified and included in the total hours of Employment Supports.

C01 Employment assessment involves evaluation of the individual's work skills, identification of the individual's preferences and interests, and the development of personal work goals.

C02 Employer and Job Development assists an individual to access employment and establish employer development and support. Activities for employer development include identification, creation or enhancement of job opportunities, education, consulting, and assisting co-workers and managers in supporting and interacting with individuals.

C03 Job Training assists an individual to begin work, learn the job, and gain social inclusion at work.

C04 Ongoing Support to Maintain Employment involves activities needed to sustain paid work by the individual. These supports and services may be given both on and off the job site, and may involve long-term and/or intermittent follow-up.

Employment Supports do not include incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or,
3. Payments for vocational training that are not directly related to individuals' supported employment program.

Respite Supports

Respite Supports assist family members and home providers/foster families to help support specific individuals with disabilities. Supports are provided on a short-term basis because of the absence of or need for relief of those persons normally providing the care to individuals who cannot be left unsupervised.

D01 Respite Supports provided by the hour.

D02 Respite Supports provided by the day/overnight.

Clinical Services

Clinical Services include assessment, therapeutic, medication or medical services provided by clinical or medical staff, including a qualified clinician, therapist, psychiatrist or nurse. Clinical Services are medically necessary clinical services that cannot be accessed through the Medicaid State Plan.

E01 Clinical Assessment services evaluate individuals' strengths; needs; existence and severity of disability(s); and functioning across environments. Assessment services may include evaluation of the support system's and community's strengths and availability to the individual and family.

E02 Individual Therapy is a method of treatment that uses the interaction between a therapist and the individual to facilitate emotional or psychological change and to alleviate distress.

E03 Family Therapy is a method of treatment that uses the interaction between a therapist, the individual and family members to facilitate emotional or psychological change and to alleviate distress.

E04 Group Therapy is a method of treatment that uses the interaction between a therapist, the individual and peers to facilitate emotional or psychological change and to alleviate distress.

E05 Medication and Medical Support and Consultation Services include evaluating the need for and prescribing and monitoring of medication; providing medical observation, support and consultation for an individual's health care.

[E06 intentionally missed – used by DMH]

E07 Behavioral Support, Assessment, Planning and Consultation Services include evaluating the need for, monitoring and providing support and consultation for positive behavioral interventions/emotional regulation.

E08 Other Clinical Services are services and supports not covered by Medicaid State Plan, including medically necessary services provided by licensed or certified individuals (such as therapeutic horseback riding) and equipment (such as dentures, eyeglasses, assistive technology).

Crisis Services

Crisis Services are time-limited, intensive, supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis. Crisis Services may be individualized, regional or statewide.

G01 Emergency/Crisis Assessment, Support and Referral include initial information gathering; triage; training and early intervention; supportive counseling; consultation; referral; crisis planning; outreach and stabilization; clinical diagnosis and evaluation; treatment and direct support.

G02 Emergency/Crisis Beds offer emergency, short-term, 24-hour residential supports in a setting other than the person's home.

Home Supports

Home Supports provide services, supports and supervision provided for individuals in and around their residences up to twenty-four hours a day, seven days a week (24/7).

An array of services are provided for individuals, as appropriate, in accordance with an individual planning process that results in an Individual Support Agreement (ISA). The services include the provision of assistance and resources to improve and maintain opportunities and experiences for individuals to be as independent as possible in their home and community. Services include support for individuals to acquire and retain life skills and for maintaining health and safety.

Support for home modifications required for accessibility for an individual with a physical disability may be included in Home Supports. When applicable, these supports are included in the daily rate paid to providers. The daily rate does not include costs for room and board.

H01 Supervised Living are regularly scheduled or intermittent hourly supports provided to an individual who lives in his or her home or that of a family member. Supports are provided on a less than full time (not 24/7) schedule.

H02 Staffed Living are provided in a home setting for one or two people that is staffed on a full time basis by providers.

H03 Group Living are supports provided in a licensed home setting for three to six people that is staffed full time by providers.

H04 Shared Living (licensed) supports are provided for one or two children in the home of a shared living provider/foster family that is licensed. Shared living providers/foster families are contracted home providers and are generally compensated through a "Difficulty of Care" foster care payment.

H05 Shared Living (not licensed) supports are provided to one or two people in the home of a shared living provider/foster family. Shared living providers/foster families are contracted home providers and are generally compensated through a "Difficulty of Care" foster care payment.

H06 ICF/DD (Intermediate Care Facility for people with Developmental Disabilities) is a highly structured residential setting for up to six people which provides needed intensive medical and therapeutic services.

Transportation Services

I01 Transportation Services are accessible transportation for an individual living with a home provider or family member and mileage for transportation to access Community Supports. Transportation is a component part of Employment Supports that is separately identified and included in the total hours of Employment Supports.

ATTACHMENT D
MOVING FUNDS IN INDIVIDUALIZED BUDGETS

Applies to ALL
Self-Managed / Family-Managed / Shared-Managed/ Agency-Managed
Services and Supports

Moving funds between funded areas of support is allowable without an updated needs assessment. A move to an unfunded area is allowable if a new needs assessment reveals a serious need in that area. Only individuals and/or their guardians and the agency may make decisions to move funds between funded areas. Home providers or other employers may not move funds. Moving funds requires a team decision. In all cases the agency or Supportive ISO must be notified of the decision. Moving funds must comply with the DS State System of Care Plan.

Applies to Self-Managed and Family-Managed Services

The individual/family:
- Makes the decision to move funds within funded areas of support with his or her team
- Notifies the Supportive ISO prior to implementing any change
- Is responsible for any overspending in the funded areas of support/authorized funding limits
- Must personally pay their employee(s) or other bills if the overall authorized funding limit is exceeded

The Supportive ISO:
- May or may not be part of the team
- Notifies the Fiscal ISO of any changes in the budget/authorized funding limits
- May determine the individual or family cannot manage services if overspending is repeated

The Fiscal ISO:
- Will enforce the limits on funded areas of support/authorized funding limits
- Will not pay the employee(s) or bills if overall authorized funding limit is exceeded

Applies to Shared-Managed Services

The individual/family:
- With the agency, discuss moving funds; come to agreement prior to moving the funds between funded areas of support and before implementing any change
- Is responsible for any over-spending in the funded areas for those services that they manage

The Agency:
- Notifies the Fiscal ISO of any changes in the budget
- Is responsible for any overspending in the funded areas it manages
- May determine the individual/family cannot manage services if overspending is repeated

The Fiscal ISO:
- Will enforce the limits on funded areas of support and the authorized funding limits
- Will not pay the employee(s) or bills if overall authorized funding limit is exceeded

Applies to Agency-Managed Services

The individual/family:
- Is involved in the team decision about moving funds between funded areas of support

The Agency:
- Manages the individualized budget and is responsible for any overspending in funded areas of support/ authorized funding limits.
- Does not use the Fiscal ISO for their employees

OVERSPENDING IN FUNDED AREAS OF SUPPORT AND AUTHORIZED FUNDING LIMITS

Applies to Self-Managed / Family-Managed and Shared-Managed Services and Supports

If an individual or family exceeds the money available in a funded area of support, but there are still funds in another funded area of support, the Fiscal ISO will pay the worker for that payroll period only. The Fiscal ISO will not continue to pay workers after they have notified the individual or family and the agency or Supportive ISO of the overspending, unless directed by the agency or Supportive ISO. The team must address the issue before the next payroll period. The agency or Supportive ISO must notify the Fiscal ISO of any changes in the budget before the next payroll period. Otherwise, timesheet and Requests for "Goods" Payments will not be processed by the Fiscal ISO. Also, the Fiscal ISO will not process timesheets or Requests for "Goods" Payments that exceed the overall authorized funding limits for "goods" and services.

Applies to Self-Managed and Family-Managed Services

The individual/family:

- Is notified of the overspending by the Fiscal ISO and the team decides how to address the issue
- Notifies the Supportive ISO how they addressed the issue and the changes to existing funded areas of support
- Is responsible for personally paying his or her employee and other bills if the overall authorized funding limit is exceeded

The Supportive ISO:

- Discusses how the issue will be addressed with the individual or family. The Supportive ISO may make contact if the individual or family does not contact them.
- Notifies the Fiscal ISO of the new changes in the funded areas of support
- Is not responsible for any overspending caused by the individual or family
- May determine the individual or family cannot manage services if overspending is repeated

The Fiscal ISO:

- Enforces spending limits in each funded area of support
- Notifies the individual or family and the Supportive ISO of any overspending in funded areas of support
- Pays the worker if there are unspent funds in another funded area of support
- Will not pay the worker if the overall authorized funding limit is exceeded

Applies to Shared-Managed Services

The individual/family:

- Is notified of the overspending by the Fiscal ISO
- The team decides how to address the issue and whether any money can be shifted between funded areas of support
- Is responsible for the services he or she manages
- Is personally responsible for paying his or her employee and other bills if funding cannot be moved or if overall authorized funding limit is exceeded

The agency:

- Discusses how the issue will be addressed with the individual or family. The agency may make contact if the individual or family does not contact them.
- Notifies the Fiscal ISO of the new changes in the funded areas of support
- Is not responsible for overspending by the individual or family
- Is responsible for any overspending in the area it manages
- May determine the individual or family cannot manage services if overspending is repeated

The Fiscal ISO:

- Enforces spending limits in each funded area of support
- Notifies the individual or family and the DA/SSA of any overspending in funded areas of support
- Pays the worker if there are unspent funds in another funded area of support
- Will not pay the worker if the overall authorized funding limit is exceeded

ATTACHMENT E

Vermont Council of Developmental and Mental Health Services

NEEDS ASSESSMENT

Name:

D.O.B.:

Recorder (name & title):

Date:

Informant(s) (name(s) & relationship to consumer):

Supports requested:

☐ **Housing & Home Supports:** Supports related to current or needed living arrangements.

☐ **Community Supports:** Supports related to being an included and contributing member of the community such as volunteer, recreational, and self-advocacy activities, board member responsibilities, establishing/maintaining friendships.

☐ **Work Supports:** Supports related to obtaining or maintaining employment.

☐ **Service Planning & Coordination:** Supports related to coordination and monitoring of services.

☐ **Respite Care:** Supports to give breaks to caregivers in order to maintain living situation/placement.

☐ **Crisis Supports:** Supports that aid in the prevention of crisis and that assist people in crisis situations.

☐ **Clinical Interventions:** Supports needed to meet therapeutic needs such as individual and group therapy, occupational therapy, physical therapy, speech and language therapy, consultation, psychiatric, and team training.

☐ **Transportation:** Specialized transportation:

☐ **Other:** Please specify:

NEEDS ASSESSMENT

COMMUNICATION: Level of support needed to express wants and needs and to understand ideas from others (e.g., verbal prompts, cueing, communication devices, gesture dictionaries, sign language, interpreters).

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No support

Minimal. Some support

Moderate. Ongoing support and/or uses alternative means of communication and/or requires interpreter

Significant. Uses maximum level of support to understand communication or be understood

	Current Level of Support	Level of Support Needed
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

SELF-CARE: Level of support needed to complete self-care tasks such as bathing, dressing, toileting, eating, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some physical assistance and/or verbal prompting

Significant. Total physical assistance to complete most tasks

	Current Level of Support	Level of Support Needed
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

INDEPENDENT LIVING: Level of support needed to complete independent living tasks such as home care, budgeting, cooking, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some physical assistance and/or verbal prompting

Significant. Total physical assistance to complete most tasks

	Current Level of Support	Level of Support Needed
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

WORK: Level of support needed to obtain or maintain employment.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Some assistance and/or verbal prompting

Significant. Total assistance to complete most tasks

	Current Level of Support	Level of Support Needed
Job development:	Select Level	Select Level
On-the-job support & supervision:	Select Level	Select Level
Job follow-up:	Select Level	Select Level
Transportation:	Select Level	Select Level
Supports related to being safe:	Select Level	Select Level
Accessibility issues/adaptations:	Select Level	Select Level
Communication:	Select Level	Select Level
Legal concerns:	Select Level	Select Level
Health/physical needs:	Select Level	Select Level
Personal care needs:	Select Level	Select Level
Psychological/emotional/ behavioral:	Select Level	Select Level

NEEDS ASSESSMENT

RESPITE: Level of support needed to give breaks to caregivers in order to maintain living situation/placement.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No respite

Minimal. Occasional respite

Moderate. Consistent ongoing respite

Significant. Regular, frequent respite

	Current Level of Support	Level of Support Needed
At Home:	Select Level	Select Level

NEEDS ASSESSMENT

PARENTING: Level of support needed to provide training in parenting skills to help keep a child under 18 at home.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring and periodic support

Moderate. Regular intervention and support

Significant. Intense intervention and support

	Current Level of Support	Level of Support Needed
At Home:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

HEALTH CARE/MEDICAL/MOBILITY: Level of support needed in the following areas: taking medications; making and getting to medical/dental appointments; using special equipment such as a wheelchair, Hoyer lift, etc.; addressing chronic medical conditions such as diabetes, seizures, etc.; addressing special care procedures such as tube feedings, colostomy bag, etc.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Monitoring or periodic support / Routine health care; stable conditions

Moderate. Ongoing assistance / Serious and/or multiple conditions

Significant. Total assistance / Substantial health issues

	Current Level of Support	Level of Support Needed
Taking medication:	Select Level	Select Level
Making medical/ dental appointments:	Select Level	Select Level
Getting to medical/ dental appointments:	Select Level	Select Level
Using specialized equipment such as wheelchair, Hoyer lift, etc.:	Select Level	Select Level
Chronic medical conditions such as diabetes, seizures, etc.:	Select Level	Select Level
Special care procedures such as tube feedings, colostomy bag, etc.:	Select Level	Select Level
Other:	Select Level	Select Level

NEEDS ASSESSMENT

SLEEPING: Level of support needed as a result of sleep disruption during the night.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No intervention

Minimal. Occasional assistance; monitoring of medium or short duration

Moderate. Frequent assistance; monitoring of extended duration on an episodic basis

Significant. Nightly assistance of long duration

	Current Level of Support	Level of Support Needed
At Home:	Select Level	Select Level

NEEDS ASSESSMENT

BEHAVIORAL/MENTAL HEALTH: Level of support/supervision needed throughout the day to manage emotions and/or behavior.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No assistance

Minimal. Periodic or ongoing intervention

Moderate. Planned support and skilled intervention and/or 24-hour support and/or monitoring

Significant. Extensive skilled intervention and/or 24-hour supervision in close proximity

	Current Level of Support	Level of Support Needed
At Home:	Select Level	Select Level
At Work:	Select Level	Select Level
In Community:	Select Level	Select Level

NEEDS ASSESSMENT

CLINICAL: Level of support needed to meet therapeutic needs.

Description of Support:

What are other resources for these supports (including natural supports)?

What will happen if these supports are not put in place?

Levels of Support:

None. No support

Minimal. Infrequent intervention

Moderate. Ongoing intervention

Significant. Intervention more than once a week

	Current Level of Support	Level of Support Needed
Psychotherapy:	Select Level	Select Level
Psychiatry:	Select Level	Select Level
Occupational Therapy:	Select Level	Select Level
Physical Therapy:	Select Level	Select Level
Speech Therapy:	Select Level	Select Level
Communication:	Select Level	Select Level
Behavior Consult/Support:	Select Level	Select Level
Offender Treatment:	Select Level	Select Level
Other:	Select Level	Select Level

NEEDS ASSESSMENT

Additional Comments:

ATTACHMENT F

SUMMARY OF LOCAL SYSTEM OF CARE PLANS

ADDISON COUNTY
Counseling Service of Addison County
Local System of Care Plan

Priority Outcomes – Regional

1. System Sustainability (including compensation)
   a. Advocate system wide for preservation of funding.
   b. Advocate with legislators and new state employees in order to provide education and historical perspectives.
   c. Manage anticipated fiscal implications of additional budget reductions.
   d. Continue to advocate for better living wages for staff.

2. Need to Access Additional Funding Sources
   a. Additional funding sources need to be accessed in order to maintain and implement ancillary services.
   b. Continue to look at feasibility of replacing lost function of grant writer.

3. Lack of Crisis Capability / Respite Beds
   a. Continue to develop adequate respite options for scheduled and emergency respite.
   b. Make families aware of our respite home and research funding for additional respite/crisis supports.
   c. Identify additional crisis respite options for children/adults with challenging behaviors.
   d. Continue search for innovative respite options for offender group and persistent challenging behaviors.

4. Explore Possibility for Different Residential/Service Options
   a. Remain committed to creative thinking process in relation to residential options (interested in Choices for Care).
   b. Continue to participate in Significant Functional Impairment (SFI) referral process.
   c. Investigate sustainability of Global Campus.

5. Improve Children's Services
   a. Maintain status of managing personal care services.
   b. Continue to further develop the Family Services Program.
   c. Become informed about the Enhanced Family Services initiative.
   d. Advocate for the appropriate role for DS in the initiative.

6. Needs of Individuals who are Aging
    a. Continue to assess needs of individuals who are aging.
    b. Continue to work on improved models of services for this population.
    c. Continue to seek out training opportunities for staff and family members.
    d. Improve working relationship with Elder Services.
    e. Consider becoming provider of Choices for Care Waiver recipients.
    f. Continue to foster relationship with Home Health and Hospice.

7. Identification of New Employment Opportunities
    a. Consider feasibility of the development and implementation of independent employment opportunities.
    b. Consider unacknowledged potential in combining all employment programs (JOBS, EA and ACES).
    c. Seek reduction in necessity for staffed transportation.

Priority Outcomes – System

8. Explore Possibility for Different Residential Models
    a. Continue to express interest in the consideration of Choices for Care.
    b. Continue to network within Addison County to identify potential housing options.
    c. Continue to look at existing group home resources to determine if they may provide alternative resources.

9. Need to Consider Alternate Approaches to Service Delivery
    a. Consider potential saving in incorporating Global Campus as a form of community support.
    b. Continue to look at transportation.
    c. Review agencies liability for serving individuals at risk of public safety.

BENNINGTON COUNTY
United Counseling Services, Inc.
Local System of Care Plan

Priority Outcomes – Regional

1. Continue to explore and develop a variety of cost effective residential options.
2. Improve individuals' ability to advocate for themselves as well as for others.
3. The community support services will be effective in meeting the needs of individuals.
4. Continue to promote employment.
5. Continue to improve the clinical expertise of case managers and direct services staff.
6. Continue to develop activities/training that promotes wellness for individuals.

Priority Outcomes – System

1. Sustainability of the system – adequate funding and simplification of the system and paperwork.
2. Continued development of cost effective residential models.
3. Access to training.
4. Increase the reimbursement to agencies for personal care services.
5. Update the Flexible Family Funding sliding fee schedule and increase the maximum allocation.
6. Development of medical, dental and clinical resources that accept Medicaid funding.

CHITTENDEN COUNTY
HowardCenter
Local System of Care Plan

Priority Outcomes

Initiative #1: Autism Training and Transition Excellence Initiative

1. All staff working with individuals on the Autism Spectrum are consistently trained in core Autism competencies.
   a. Creation and implementation of training modules for staff who work with individuals on the Autism Spectrum.
2. Individuals on the Autism Spectrum will have additional resources to meet their needs.
   a. Create and distribute a *Transition Guide* to adult services for all interested individuals, families and agencies.
   b. Create a sensory space for individuals receiving services, especially those on the Autism Spectrum.

Initiative #2: Housing

1. Individuals have less expensive housing options that meet their need for independence.
   a. Develop and implement a neighborhood model.
   b. Develop and implement a transitional house.

Initiative #3: Services for People with Cultural and Linguistic Differences (CLD)

1. Equal access to intake, assessment and services for individuals with cultural and linguistic differences (CLD).
   a. Develop best practice guidelines for diagnosing intellectual disability in people with cultural and linguistic differences.
   b. Translation of intake, assessment and services literature into languages and format accessible to the most frequently seen Cultural and Linguistic Differences groups.
2. All staff working with individuals with Cultural and Linguistic Differences will be consistently trained in core competencies.
   a. Establish and publish a framework that provides training and support for all staff providing services to individuals with Cultural and Linguistic Differences – the framework will include ongoing relationships with community partners that will enhance the knowledge, awareness and sensitivity of all providers.

LAMOILLE COUNTY
Lamoille County Mental Health Services, Inc.
Local System of Care Plan

Priority Outcomes – Local

1. Acquisition of a new building.
2. Improved quality assurance processes, records, fiscal management.
3. Improved human resources practices.
4. Continuously improving learning/training opportunities for all stakeholders.
5. Improve capacity to support parents with developmental disabilities, elders and individuals with challenging behaviors.
6. Increase focus on communication supports.
7. Improve ability to support people who wish to live in their own apartments with supervised living supports.

Priority Outcomes – Regional

1. Enhance community support time.
2. Increase use of public transportation.
3. Increase clinical support.
4. Increase Flexible Family Funding.
5. Increase children's services.
6. Continue to improve transition/employment services.
7. Improve teaching of skill building to individuals.

FRANKLIN/GRAND ISLE COUNTIES
Northwest Counseling and Support Services, Inc.
Local System of Care Plan

Priority Outcomes

1. Alternative Residential Models
   a. Rent an apartment of independent living trainings.
   b. Use apartment to experience overnight independent stays with support of peer advocates.
   c. Develop a pager system where peer advocates can create a support system.
   d. Individuals successful in program may use apartment for longer term independent living.
2. Transportation Restructuring
   a. Purchased two agency vans that seat 20 – 25.
   b. Transition from individual staff transportation to a more group model.
   c. Hire staff van drivers to bring people in for services.
3. Educational Classes Program Continuum to College Credit
   a. Survey people receiving services for a list of interests and possible class choices they would want offered.
   b. Match local instructors and staff with expertise to become instructors.
   c. Develop educational sites within the community to hold the classes.
   d. Support individuals wanting to take college level courses.
   e. Use people receiving services as instructors wherever possible.
   f. Use local educational sites at the local Community College and the Adult Technical Center.
   g. Integrate classes with local community so all community members have access to the courses.
   h. Provide new transportation system to the community to ensure access to the classes for those living in rural areas.
4. Employment Program Changes
   a. Work with the new outcomes data for Creative Workforce Solutions.
5. Self-Advocacy Program
   a. Peer advocates will be actively involved in the intake process by doing home visits to new applicants.
   b. Place on each individual's team a peer advocate of their choosing to ensure the individuals' voice and choices are fully shared with their team.
   c. Increase training provided by peer advocates to staff and contracted employees and home providers.
   d. Trainings will contain information regarding empowerment; choice and respect in helping individuals lead more productive lives.
   e. Incorporate the self-advocate's role in providing supports to the new independent living model.

ORANGE COUNTY
Upper Valley Services, Inc.
Local System of Care Plan

Priority Outcomes

1. Continue to support the people currently being served; keep individuals' services as stable as possible.
2. Continue further development of the telecommunications equipment that has recently been acquired.
3. Further develop and promote the agency's website so it can be an effective vehicle for information and access.
4. Based on fiscal uncertainties, unable to propose additional quality enhancement efforts.

ORLEANS/ESSEX/CALEDONIA COUNTIES
Northeast Kingdom Human Services, Inc.
Local System of Care Plan

Priority Outcomes – Regional

1. Training – staff will be trained on electronic documentation.
2. Communication – keep all people involved and up to date in a more timely and complete manner.
3. Agency-wide Strategic Planning – continue the outcome for all Newport programs to be under one roof.

Priority Outcomes –System

1. Reinstate services to children.
2. Support to individuals who are above developmental disabilities eligibility.
3. Secure adequate funding for staff salaries.
4. Sustainability of developmental disabilities services funding.
5. Remove cap of $200,000 for individual services.

RUTLAND COUNTY
Rutland Mental Health Services
Local System of Care Plan

Priority Outcomes – Regional

1. Health and Safety
   a. Enhance support to individuals with complex behavioral and emotional needs and/or who may potentially pose a risk to the community. Develop an infrastructure that builds capacity within its teams, shared living providers and families.
   b. Expand residential options for both children and adults to serve the growing number of individuals and families in need.
2. Quality of Service
   a. Expand employment options through Career Choices in order to match the interests, needs and capacity of individuals served.
   b. Offer activities through LifeSteps that are inclusive, educational and naturally occurring to enhance status and increase relationships within each individual's community of choice.
   c. Help stabilize and grow the capacity of shared living providers.
   d. Help increase the numbers and quality of respite providers.
   e. Expand transportation options for individuals that will support the overall involvement of individuals in community life through work, recreation and connections to family and friends.
   f. Develop specialized children's supports to enhance growth opportunities for children on the Autism Spectrum.
   g. Each individual and his/her circle of support will express a greater level of autonomy and satisfaction with the Individual Support Agreement.
   h. Demonstrate effective and consistent communication to its internal and external customers.

Priority Outcomes – System

1. Employment and children's support needs.
2. Shared living provider sustainability.
3. Crisis supports for individuals with complex behavioral/emotional needs and pose a risk to public safety.
4. Increased amount and quality of respite.
5. Residential options for children and adults.
6. Increase access to transportation.
7. Specialized services for children.

WASHINGTON COUNTY
Washington County Mental Health Services, Inc.
Local System of Care Plan

Priority Outcomes

1. Increased funding for staff.
2. Implement Electronic Medical Record system.
3. Need more models of support (offender/developmental homes).
4. Better funding for the system.
5. Need for children's services.
6. Need of one-time funding to continue.

WINDHAM/WINDSOR COUNTIES
Health Care and Rehabilitation Services of Southeastern Vermont
Local System of Care Plan

Priority Outcomes

1. Reduce the amount of staff turnover.
2. Increase the level of peer support functions.
3. Increase the number/types of residential options.
4. Increase the number of gainful employment opportunities.
5. Reduce the level of individual/public risk and exposure.
6. Identify “best practice” trainings that are unique to every level of position.
7. Continue to broaden the number of experts/practitioners with specific developmental disability experience.
8. Develop a workgroup to continually monitor/maintain current eligibility requirements/priorities.
9. Consistent review of how Medicaid monies within waivers are being used.

ATTACHMENT G

ON-LINE SURVEY SUMMARY
SPRING 2011

The following questions were asked[20]:

1. What can be done to save money? [82]
2. Since we can't help everyone, who needs help the most? [75]
3. How should we figure out who gets help? [68]
4. Without the money for everyone who needs help, what can be done to support as many people as we can with the money we have? [68]
5. Are there situations when a person should get help before others? How should this be decided? [66]
6. Can you think of other ways that we can support people to live in their own homes or with others? [67]
7. What types of services and supports can help someone to live in their own apartment or place that has less than full-time support? [69]
8. For those people who need these types of extra supports, what can be done to get the most out of the money we have and keep everyone safe? [51]
9. How can people who are a danger to others best be supported? [53]
10. How can people who have special medical needs best be supported? [54]
11. Do you have any other comments you wish to share? [45]

A total of 204 individuals responded to the survey. Of the 204, 85 (42%) completed the full survey. Not everyone who completed the survey answered every question. The comments are categorized by the number of mentions made about the topic. It is not known if multiple mentions were made by the same individual. Comments are also coded by the type of respondent(s) who mentioned the topic [in brackets].

The respondents are grouped as follows[21]:

A – Parent/Family member – 52 (26%)
B – Service providers/Support worker – 78 (39%)
C – Self-advocate/Consumer – 13 (7%) plus Green Mountain Self-Advocates' collective input
D – Advocate – 20 (10%)
E – Other – 35 (18%) – includes parents, family members, guardians, service providers, support workers, self-advocates/consumers, advocates, educators and state workers, among others.

[20] The number following each question is the total number of respondents for each question.
[21] The number following each respondent type is the total number and percentage of each respondent group who responded to some or all of the survey. Six individuals did not report.

1. **Residential Alternatives – Ideas to Save Money / Be More Efficient**

   Mentioned by 9 or more respondents

- Supervised living (less than 24 hour support) [ABCE]
  - Occasional check-ins – address issues as needs arise
    - face-to-face
    - monitor medication, nutrition, exercise, medical/behavioral, finances, self-care, IADLs
  - Alternatives to regular staff hours
    - On-call supports (24 hours a day)
    - Program like visiting nurses for home support
  - Teaching skill development to live more independently –
    - Achieve greater independence/quality of life
    - Learn life skills, nutrition, cooking, hygiene, safety, money management/budgeting, personal care, grocery shopping/shopping list, paying bills, laundry
  - Contract for IADL services
    - Homemaker service, cleaning person, grocery delivery, laundry service, home meal delivery, Essential Person's program
  - Technology [D]
    - Safety Connection, phone check in systems (LifeLine), answering service, beepers, virtual supports, on-call systems, security systems, camera phones, service animals, electronic monitoring devices
    - Preset timers for heating, safety appliances (stove auto shut-off)
  - Other suggestions
    - Adjust hours to actual need
    - Financial supports – food stamps, fuel assistance
    - Dignity of risk
- Teach people skills to live more independently [BCE]
  - Daily living skills, self-awareness, how to get along with others, safety issues
  - Skill development in shared living
  - Set deadlines to successfully meet outcomes
  - Start when young
- Variations on supervised living – community supports/home supports [BCE]
  - Share staff – core group of staff on call or located in same geographic area
    - Multiple people in one apartment building, clustered apartments, coop type living
    - Multiple apartments in one geographic area
    - Multiple people in one house – roommates (not a group home)
    - Support teams [D]
  - Alternatives to staff – college students, neighbors, roommates, interns, mentors, buddy system/program, others provide live-in supports, volunteers
  - Alternatives to hourly pay – barter, stipend with free housing, school credits, internship, awards, experience/references
  - Peer support option – support to be with friends to be as independent from supports as possible [ACDE]
    - Mutual support
    - Shared caregiver
    - Compatible skills

        - Section 8 issues – allow more than one person to live in Section 8 housing
        - Train peers to work as personal care attendants
    - Live with other person – share rent [D]
- More group living – not so much single occupancy [ABCDE]
    - Group people based on compatibility, interests, expressed wishes – must be by choice
    - Group people based on similar needs – behavior, intensive medical needs, young teens
    - Do so with caution, small, holistic, minimally intensive
    - Home that is run by residents
    - Alternative to shared living – 2-3 people in a home
- Shared living – keep and increase use [ABCE]
    - Very cost effective and successful
    - Don't undermine the viability of this program – delicate balance with respite/community support, no benefits, no increased funding or reduced stipends, costs of living going up (food, gas, heat)

Mentioned by 5-8 respondents

- Alternative residential settings [AB]
    - Unused/underused spaces – schools, training programs
    - Assisted living (as for seniors)
    - Medical staff/special care units
    - Retirement communities

2. **Increase Independence** (other than what is already listed in #1 above)

Mentioned by 9 or more respondents

- Social Connections [ABCE]
    - Friendships, peers, support groups, peer mentors
    - Build on existing relationships

Mentioned by 5-8 respondents

- Support greater independence [AB]
    - More people can live together than do
    - Allow people to fail so they can learn from it
    - Flexible support – evening weekends
    - Start a few hours at a time
- Transportation [AE]

3. **Direct Service Alternatives – Ideas to Save Money / Be More Efficient**

Mentioned by 9 or more respondents

- Stop funding individuals who pose a risk to public safety [ABCDE]
    - Not able to fade due to liability concerns – incentives for spending less
    - Limit the amount of funding
    - Exception for individuals under Act 248
- Networking – private/public partnerships – avoid duplication/partner with non-profit organizations [ABD]
- Services should begin early – proactive/preventative/early intervention [ABCE]
    - Decreases supports later in life
    - Address nutrition, health, IADLs, medication management, counseling, cycle of abuse

- Higher staff ratio for community supports (1:2, 1:3, 2:3) [ABCDE]
    - Only if individuals are compatible and have a choice/preference
    - Supports peer friendships
    - Use staff from 2:1 with other individuals who need only part time supports
- Community involvement – collaboration/integration [ABDE]
- Good quality, professional assessment of needs – how priorities are determined – eligibility and level of care assessment tool [ABCE]
    - Equity and quantity of services
    - Matrix that weights significant supports and issues – Supports Intensity Scale – rubric completed by a team – use functional limitations, not IQ – unified approach with funding tiers assigned to levels of need
    - Current model of needs assessment is adequate – need is a relative and subjective state – changing policy language will only have a temporary saving and not have a long term reduction of cost – only outcome will be a system that is restrictive and cannot adapt to cultural and economic changes and result in increased pressure on other resources (police, hospitals) – limit agencies ability to respond to emergent and new needs

<u>Mentioned by 5-8 respondents</u>

- Support/invest in self-advocacy [AC]
- Work support efficiencies [ABCE]
    - Less support for those not needing 1:1
    - More fluid entering and exiting supports
    - Fade supports
    - Work supports during evenings and weekends
- Center for spending time during the day [ABE]
    - Adult day programs, multigenerational programs, Pine Ridge School building

4. Administrative Alternatives – Ideas to Save Money / Be More Efficient

<u>Mentioned by 9 or more respondents</u>

- Reduce agency overhead [ABCDE]
    - Combine business offices/require administrative service organization
    - Consolidate programs/buildings
    - Decrease administration rates
    - Restructure designated agencies
    - Make agencies more effective and efficient
    - Use external auditor
    - Eliminate unnecessary tasks
    - Decrease mileage, telecommute, less insurance coverage, less benefits, eliminate perks, less paid holidays, eliminate non-direct service costs (food for meetings, retreats)
- Reduce paper
    - Mailings, Medicaid statements, expedite paperwork
    - Duplication between guardians and agency
    - Electronic communications
    - Documentation requirements, changing forms
- Reduce number of administrators/management – less top heavy bureaucracy
- Pay cuts to high ranking state officials/state workers/upper management at agencies [AB]

Mentioned by 5-8 respondents

- Change reimbursement/billing practice [AB]
    - Bill case management services for only direct service hours
    - Fund clinical support at 80%
    - Bill third party insurance
    - Institute co-pay/private pay – families contribute toward care/look at income
    - Review waivers for funds not being spent

5. Reduce Services

Mentioned by 9 or more respondents

- Reassess individuals getting funding on a regular basis – evaluate current needs objectively [BCE]
    - Verify services are still necessary to meet a priority need
    - Review goals – still important for the person to succeed/individual's choice/ include home provider in discussion
    - Redistribute existing funding
    - Crisis funding after stabilization
    - What can the individual live without
- Do not cut services – don't balance budget on the backs of the most vulnerable – generate new money/increase taxes of wealthy [ABCDE]

Mentioned by 5-8 respondents

- Individuals need to chose how services are cut – decide as a team [ACDE]
- Pay for what is provided and needed only [BDE]
    - Pay for supervision/respite only instead of skill building or if skills are not being taught
    - Don't provide respite to students/individuals who can stay home alone safely
    - Don't pay for work supports or community supports for offenders who are not working or going into the community
    - Essential needs only
- Services must be cut across the board – less services for everyone so more people can be helped [BCD]

6. Effective Services

Mentioned by 9 or more respondents

- Training for families/people getting services/staff – group training, help support each other [ABE]
- Quality Assurance – assure quality and accountability [ABE]
    - Providers are consistent in the manner care is provided
    - Investment
    - Abuse and neglect
- Employment supports [ABE]
    - Helps support independent living
    - Builds self-esteem, self-reliance, socialization, pride, dignity
    - Expectation that people work

Mentioned by 5-8 respondents

- Natural community supports [ABCDE]
    - Network – develop natural supports – job clubs, volunteer activities/programs, community resources, libraries, colleges, senior centers, neighbors, friends, church connections – transportation, visits, support
- Support families [ABE]
    - Goal of independence
    - Finding services, workers, personal care attendants, respite providers
    - Behavior interventions in the home
    - Prevent person from going into the State's care
    - Families know best what works for them
    - Limit paperwork/regulations for families
    - Network among families
    - Respite
- Value and honor direct support workers – take care of workers/pay enough [AB]
- Good and informed case managers [AD]

7. Funding Priorities

Based on Circumstances / Needs

Mentioned by 9 or more respondents

- No where to live – homeless [ABCDE]
- Safety [ADE]
- Medically involved – frail/significant health issues [ABDE]
- Abuse, neglect and exploitation [ABCDE]
- High risk – most vulnerable based on need and individual situation [BE]
- Danger to others [ABDE]
- Stop funding for individuals who pose a risk to public safety/habitual offenders [ABCDE]
    - DOC responsibility, move to institution, large budgets but limited community/ work supports, assess to see if the person should really be served by developmental disabilities services
- Danger to self [ABD]
- People who need the most should get the most help [ABCD]
- Physical disability/limited mobility [BCDE]
- Multiple disabilities – dual diagnoses/life altering disabilities [ABCE]

Mentioned by 5-8 respondents

- People who need the least to remain independent [ABDE]
- Children – with and without caregivers [AB]
- Elderly – aging population
- Individuals without family caregiver [BD]
- Autism

Based on Services

Mentioned by 9 or more respondents

- Work supports – to get a job/prevent loss of job [ABCE]

Mentioned by 5-8 respondents

- Crisis supports – set aside certain percentage [ABDE]

Who and How to Make Decisions

Mentioned by 9 or more respondents

- Decisions made by team, provider panels, staff, community

Mentioned by 5-8 respondents

- Consider on a case by case basis [BE]
- Ask the individual/family
- Existing priorities are good
- Scale – rating system/set of criteria/transparent process [ABE]
- Need advocates

8. Supporting Individuals who are a Danger to Others

Mentioned by 9 or more respondents

- Continual supervision – monitoring by sufficient and quality staff who are trained and supported [ABCDE]

Mentioned by 5-8 respondents

- Safe housing – confinement/group living [ADE]
- Right treatment and support – strong ISA with clear expectations/plan monitored [ABCDE]
- Don't just contain – engage in meaningful work, activities, community [AD]

9. Supporting Individuals with Special Medical Needs

Mentioned by 9 or more respondents

- Competent staff trained in special care procedures – know individual's needs completely [ABDE]
- Nursing visits – medical attention with DD expertise/Visiting Nursing Association/home health agencies [ABE]

Mentioned by 5-8 respondents

- Supported by family who are trained and supported [ABE]

ATTACHMENT H

Green Mountain Self-Advocates
On-Line Survey Response

Planning to meet the needs of People with Developmental Disabilities
State System of Care Plan 2012 – 2014

Green Mountain Self-Advocates held a focus forum via a conference call (scheduled meeting was canceled due to a snow and ice storm).

Participants

5 Service provider/support worker
1 Advocate
17 Self-advocate/consumers: From 7 local self-advocacy groups:

1. CCAA – Capital City Advocacy Association (2)
2. Next Step Self-Advocacy of St. Albans (4)
3. Vermont Choices of St. Johnsbury (3)
4. COPS – Connections of Peer Support (3)
5. SUCCEED – (1)
6. GATSA – Getting Acquainted Through Self-Advocacy (2)
7. Advocates for Action (2)

Spending money on developmental disabilities services

Q1 – What can be done to save money?

1. Do not fund center based day programs.

2. Do not open sheltered workshops.

3. Do not allow more than 2 people to live in a shared living arrangement.

4. Do not pay parents to provide services to their adult children. This is a major conflict of interest. A parent should never be a person's service coordinator. People need a neutral independent source for information. Parents typically are a person's guardian and payee for SSI benefits. DAIL does not allow a shared living provider to be a person's guardian or payee so why would this be okay for parents. Many people with developmental disabilities are abused or exploited by their families. For women without disabilities, studies show that 1 in 5 has been physically or sexually assaulted in their lifetime. For women with disabilities, the rate is 4 to 10 times greater. Studies report that 97% to 99% of women with developmental disabilities know their perpetrator. 32% of those abusers are family. People need regular contact with advocates and providers for safety reasons.

5. Every person should go through their ISA and say what is it that person really needs and what can they live without. It should be the person's decision.

6. One of the least expensive ways of providing support to people with developmental disabilities is the support the self-advocacy movement. As services are decreased, people rely more on their friends for natural support. The dollars that DAIL invests in self-advocacy enables GMSA to maintain local self-advocacy groups that are available across the state. Local and state self-advocacy events provide unique support options for people with developmental disabilities including:
    a. Access to a "safe person" who can provide safety advice without being a mandated reporter
    b. Training on essential independent living skills, problem solving skills, social skills, job skills, advocacy skills, healthy relationship skills and support to filly participate in your community.
    c. Opportunities to learn about self-determination and speaking up for your rights
    d. Opportunities to learn from a peer mentor
    e. Opportunities to provide community service

7. The state should set up a toll-free number so people can call in and give suggestions on how to save money. Support staff has a lot of first-hand information but they do not feel free to speak up. And sometimes when they do speak up agencies do not take them seriously. Many of the support staff that attend our meetings continue to tell us that there are people who get way too much support and others who do not get enough.

8. Look at job support. Maybe they could drop the person off at the job and then come back later to check on how it is going. Then they can give that money for job support to someone else.

9. There was mixed opinion about the fading of job supports. Some people think their agencies do a good job of fading support over time.

10. In the past few years some people from DAIL have been saying that due to service cuts the DS system is just about providing "food and shelter." One unfortunate outcome is that this type of attitude lowers expectations for providers. We need stronger accountability for making sure the $150 million dollars spent to teach people how to do more for themselves and are more actively involved in their communities.

11. Please provide a clear understanding of what agencies get for program admin fees and what we believe is called admin/admin fees. The agencies have been asked for a long time to consider consolidating their business offices and save money. There are a number of agencies who have done an excellent job in this area. This strategy should not be optional. The state should set reasonable admin rates based on the example set by cost effective agencies. DAIL should reward those agencies who are cost effective.

12. A lot of agencies are putting 2 or 3 people together for community supports. Now if friends could be put together and they have complete say over what they do and when, then this could be a way to save money. *But that is not what is typically happening*. Agencies should not randomly pair people up. It feels like you don't have personal control over your services anymore. You can take turns on deciding what to do if it is done the right way but agencies

are putting people together that are incompatible. The pairing up needs to be made by the person receiving the services. If two friends are together you could look at increasing independence by leaving them to help each other out and come back to get them later.

13. We could take the cut with ease if you help us get more natural supports. Given resources, GMSA can train self-advocates to provide natural supports.

14. Train peers to work as personal care attendants. In many situations we are already doing it for free. Help us debunk the myths about people with developmental disabilities and promote the hiring of people with developmental disabilities to provide personal care services.

15. When someone first comes into services they should get introduced to the local self-advocacy group. This goes back to using natural supports – like having someone as a mentor. Always look for ways to introduce or strengthen peer connections and reduce the reliance on paid supports.

Q2 – Since we can't help everyone, who needs help the most?

1. We got many mixed responses. We think time is better spent pushing the Governor to raise taxes and advocating for adequate funding to avoid life or death situations. It does not feel right to spend all this time trying to decide if it is more important to help someone who is being abused in lieu of helping someone who just lost their parents.

2. When asked what is most important to fund folks said: keep residential services in place; we need respite; community supports; fund self-advocacy – it is the cheapest support out there; housing and transportation; job support; supporting me to have work experiences – continue trying to get a job. This is NOT listed in any order.

Q3 – How should we figure out who gets help?

Currently people with disabilities are NOT involved in the deciding who receives funding and how much. GMSA is eager to recommend people to participate in this process.

Q4 – Without the money for everyone who needs help what can be done to support as many people as we can with the money we have?

Same as Q2

Q5 – Are there situations when a person should get help before others? How should this be decided?

1. DAIL should strongly consider getting out of the public safety business for people who are not under Act 248. It seems that agencies are given a blank check when it comes to public safety and are not able to take reasonable risks and fade supports due to liability concerns. Therefore DAIL should put a reasonable limit on how much money can be spent on each person and provide rewards for spending less money.

2. GMSA was unanimous in saying we must avoid situations where we are pitting one group of people against another. When it comes to cuts we are all on the table or none of us is on the table. Recently a DS director testified at the State House saying that people with intense

needs would not get a 5% cut and instead people with less critical needs will get a 10% to 20% cut. This is unacceptable. If you are doing a cut is needs to be across the board and each person needs to decide how they will cut their services. It seems that either people who have the loudest advocates or the most emotionally wrenching story get the most resources. There needs to be a willingness to be even handed. After all, given access to strong advocacy, anyone can make a situation seems dire. We should not be fighting each other we should be coming together in these hard times.

Where people live

Q6 – Can you think of ways that we can support people to live in their own homes or with others?

1. Many people said the state needs to require or reward agencies for expanding the use of safety connections. Some people are stuck living in a developmental home and it is because there is no incentive for their home provider to teach a person how to live on their own. Look closely at how the Succeed Program is experiencing success in moving someone to live more independently. One of the key elements of Succeed is they have *a set deadline for outcomes*. Consider training and hiring talented shared living providers who know that once someone comes to live with them that they have 2 years to teach the person how to live more independently. This could also include a situation where two people who eventually want to be roommates begin by living with a shared living provider who teaches them independent living skills.

2. Talk to other states that run supervised apartment programs cost effectively. Having 6 people live in 3 different apartments with a staff person living nearby will be less expensive then supporting those individuals with shared living providers.

Q7 – What types of services and supports can help someone to live in their own apartment or place that has less than full time support?

There is a problem with the rules for Section 8 housing. As we understand it, two friends living together as roommates cannot both receive Section 8. It may set someone up for failure if they have to live alone. Most people without disabilities avoid living alone for both social and financial reasons. We need to develop a peer support residential option where two people with complementary skills can share an apartment. The shared living stipend is given to one or both of them depending on support provided. The stipend would make up for the loss of financial support from Section 8. But more importantly, the shared living stipend would promote using a peer support model for independent living.

ATTACHMENT I

SYSTEM DEVELOPMENT ACTIVITIES FOR FY '08 – FY '11

#	Support Area	Activity	Comments	Status In Progress, Complete, Ongoing, Discontinued, Reevaluate
1.a	Support to Families	Develop and implement Children's Personal Care Services Children's Creative Connection (C^3).	Plan to present to AHS for statewide adoption.	**Completed**
1.b	Support to Families	Redesign Children's Personal Care Assessment.	Waiting for updated assessment tool – part of Integrated Family Services discussions.	In Progress
1.c	Support to Families	Revise Flexible Family Funding Guidelines, including adjusting Flexible Family Funding sliding scale; designate resources to provide an increase in the Flexible Family Funding maximum allocation.	Maximum allocation reduced to $1,000 in FY '10 plus additional 1% cut.	**Completed** – August 07 **Ongoing**
1.d	Support to Families	Design a continuum of care across High Technology Services, Children's Personal Care Services, Developmental Disabilities Services and Choices for Care to increase flexibility of services.	Unified Service Plans continue to be approved; adjustment to process pending.	**Completed (**see 1.h)
1.e	Support to Families	Work to identify potential gaps in Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for children with developmental disabilities.	Option to develop behavior consultation put on hold due to other budget issues.	**Completed (**see 1.h)
1.f	Support to Families	Assess usefulness of State respite homes and consider alternative models to better address respite needs.	Budget for respite homes cut in FY '11.	**Discontinued**
1.g	Support to Families	Design written and web-based materials for families who are aging whose family members with developmental disabilities live at home.		**Discontinued**
1.h	Support to Families	Integrated Family Services Initiative including CHASS and Enhanced Family Services	Ongoing AHS initiative.	Added in FY '10 In Progress
2.a	Supported Employment/ Transition Services	Work to increase employment rate of youth transitioning out of high school.	Graduate Tracking Report standardized, training being set up for statewide access	In Progress

#	Support Area	Activity	Comments	**Status** In Progress, Complete, Ongoing, Discontinued, Reevaluate
2.b	Supported Employment/ Transition Services	Increase the percentage of adults who are supported to work and the number of hours they work.	Supported employment/autism training delivered, self-employment survey implemented, state team formed as part of National Alliance for Community Inclusion.	In Progress
2.c	Supported Employment/ Transition Services	Ensure sustainability of accurate and timely Supported Employment data.	Statewide training and improved data quality on supported employment database. Work on hold until funds become available.	In Process
2.d	Supported Employment/ Transition Services	Increase recognition of Supported Employment practices by service providers.	Initial work toward development of a supported employment resource pool and best practices website.	Reevaluate
2.e	Supported Employment/ Transition Services	Improve timely participation by service providers in transition planning of youth graduating high school who are eligible for developmental disabilities services.	Youth Transition meetings held, interagency team process developed, training provided to VR Transition Counselors on specific transition issues.	**Ongoing**
2.f	Supported Employment/ Transition Services	Explore "Employment First:" model from other states to see if we want to adopt for Vermont.	Leadership Council formed and research into Employment First initiative completed.	**Completed**
3.a	Service Coordination	Develop web-based developmental disabilities services resources to increase ease of navigation by Service Coordinators.	Developed a section of the DDAS website that will help Service Coordinators find key pieces of information.	**Completed – Ongoing**
3.b	Service Coordination	Evaluate most effective way to provide Service Coordinator training across Traumatic Brain Injury, Choices for Care and Developmental Disabilities Services.	Completed round of Service Coordinator training for developmental disabilities services and two training for Choices for Care/Older Americans Act services.	**Discontinued**

#	Support Area	Activity	Comments	**Status** In Progress, Complete, Ongoing, Discontinued, Reevaluate
3.c	Service Coordination	Evaluate availability of independent Service Coordinators and Qualified Developmental Disability Professionals to meet the needs of for people who are self/family-managing.	Evaluation of the availability of ISBs and QDDPs determined a sufficient number of independent service coordinators exist to meet current need.	**Completed**
3.d	Service Coordination	Increase availability of Independent Service Coordinators (ISBs) and Qualified Developmental Disability Professionals and clarify the functions of the two.	Met with Transition II to clarify definitions; ISB certification continues; Transition II will work to increase the number of ISBs.	**Completed**
4.a	Intake/Eligibility	Establish regular opportunities for sharing information and training with Intake Coordinators to promote equitable access to services.	Providers have regular Intake Coordinator meetings.	**Completed**
4.b	Intake/Eligibility	DDAS Eligibility Work Group will assess current practices of determining Developmental Disabilities Services eligibility to ensure equity, consistency and quality of evaluations.		**Completed**
4.c	Intake/Eligibility	Work with Aging and Disability Resource Connections to help ensure independent access to information about services and supports and develop cross training resources to support ADRC partnership.	Decision made by DAIL not to use developmental disabilities services providers as an ADRC information and referral source at this time.	**Completed Discontinued**
4.d	Intake/Eligibility	Develop a user-friendly informational booklet on eligibility and how to apply for services and funding through ADRC.	Decision made by DAIL to defer inclusion of developmental disabilities services in the ADRC.	**Discontinued**
4.e	Intake/Eligibility	Evaluate the length time from date of application to date of service implementation.	No viable way to collect this data and, given the nature of service implementation, this did not seem like a strong indicator.	**Discontinued**
4.f	Intake/Eligibility	Revise developmental disabilities services eligibility regulations.	Incorporated new eligibility guidelines into new regulations.	**Completed**

#	Support Area	Activity	Comments	**Status** In Progress, Complete, Ongoing, Discontinued, Reevaluate
4.g	Intake/Eligibility	Write interpretive guidelines on eligibility.	Developed guidelines for assessment of individuals with PDD. Review this once regulations are finalized.	Re-evaluate
4.h	Intake/Eligibility	Increase the quality and quantity of evaluators with skills to diagnose Pervasive Developmental Disorders/Autism.	Disseminated new guidelines standardizing the assessment process for PDD diagnosis, trained evaluators.	**Completed**
5.a	Life Long Learning	Work with service providers to increase consumer satisfaction with opportunities and support to learn new skills.	Explored skill acquisition training for providers and collaboration with CDCI. Reconsider due to loss of staff.	**Reevaluate**
5.b	Life Long Learning	Explore development opportunities that promote access to post-high school education.	Worked with HowardCenter to develop SUCCEED program, participated in Career Start Steering Committee, ongoing exploration with CDCI.	**Ongoing**
5.c	Life Long Learning	Increase consumer satisfaction with getting help to learn or do new things.	Continue to address in Quality Service Reviews	**Discontinued**
5.d	Life Long Learning	Increase activities and opportunities that support youth and adults with developmental disabilities to have relationships.	Activities supported by Green Mountain Self-Advocates	**Discontinued**
6.a	Inclusion in Community Life	Increase opportunities for people with developmental disabilities to engage in weekend and evening community activities.	Activities supported by Green Mountain Self-Advocates	**Discontinued**
6.b	Inclusion in Community Life	Improve nutrition and wellness practices.		**Ongoing** – Moved this activity to a new support area (see 7.a)
6.c	Inclusion in Community Life	Increase recognition of exemplary practices in Community Supports.	Stories incorporated into Annual Report, GMSA collected stories for Voices and Choices.	**Discontinued**

#	Support Area	Activity	Comments	**Status** In Progress, Complete, Ongoing, Discontinued, Reevaluate
7.a	Health and Wellness	Improve nutrition and wellness practices	Revised Health and Wellness Guidelines and provided training for agency staff.	**Ongoing**
8.a	Home Supports	Increase the number of people receiving less than 24-hour home support to increase independent living.	Grants awarded for innovative models.	In Progress
8.b	Home Supports	Improve access for people with developmental disabilities to affordable and accessible public housing through participation in the DAIL Housing Task Force.	DAIL Housing Task Force explored options. Ended due to loss of staff.	**Discontinued**
8.c	Home Supports	Develop supportive housing option(s) for 4 – 6 people with developmental disabilities who are Deaf or Hard of Hearing.	Model developed and revised but planning ended due to lack of interested participants.	**Discontinued**
9.a	Clinical/Crisis Services	Increase availability of clinicians with expertise in developmental disabilities (e.g., psychologists, psychiatrists, behavior consultants, therapists).	Providers encouraged to increase in-house expertise, collaborated with UVM to train more clinicians in PDD.	**Completed**
9.b	Clinical/Crisis Services	Not feasible at this time.	Lorraine (Merle, Clare, CDCI)	**Discontinued**
9.c	Clinical/Crisis Services	Expand clinical expertise within 2 agencies to work with adolescents and adults with emotional and behavior support needs.	Vermont Crisis Intervention Network worked with staff at HCRS, CAP and LCMH.	**Ongoing**
10.a	Autism Supports	Lead planning process to develop the system of care for individuals with Autism Spectrum Disorders/Pervasive Developmental Disorders.	Convened a Steering Committee to develop a plan, report to legislature developed, work begun to implement plan.	**Ongoing**
10.b	Autism Supports	Publish best practice guidelines for diagnosis of Autism Spectrum Disorders and provide additional training.	Best Practice Guidelines published, training planned for evaluators.	**Completed**

#	Support Area	Activity	Comments	**Status** In Progress, Complete, Ongoing, Discontinued, Reevaluate
10.c	Autism Supports	Work with the Department of Education and Department for Children and Families to increase availability of intensive early intervention services for children with Autism Spectrum Disorder.	Collaborated with DCF to develop a proposal fro use of ARRA fund, worked with VDH to submit a grant to fund professional development of early intervention providers.	In Progress
10.d	Autism Supports	Work with AHS partners and community organizations to increase coordination of disseminating Autism information.	Autism Plan Advisory Committee brainstormed ideas, recommended contracting with Vermont Family Network, writing grant to get funding.	**Ongoing**
10.e	Autism Supports	Developing resources and coordinating training for VR and DS providers to enhance employment outcomes for adults with ASD.	Co-sponsored one day training, committee looking at developing resources.	**Ongoing**
11.a	Communication Supports	Through work with the Vermont Communication Task Force, increase the number of agencies by 3 that have in-house capacity for a local communication resource person who has responsibility for communication assistance locally.	Five agencies participated in the Mentor Project.	**Discontinued**
11.b	Communication Supports	Providing training and support for in-house communication resource personnel and other staff.	Vermont Communication Task Force participated in 6 workshops and put on 2 statewide conferences.	**Ongoing**
11.c	Communication Supports	Work to improve access to Speech and Language Pathologists with Augmentative and Alternative Communication expertise under Global Commitment.	Change made to Medicaid practice allowing private SLPs to bill Medicaid for kids under age 22.	**Discontinued**
11.d	Communication Supports	Collaborate with Vermont Protection and Advocacy, the Office of the Defender General and the University of Vermont to help continue the Vermont Communication Support Project	Obtained multiple small grants to help keep the project viable, continued efforts to find long term funding source.	**Completed – Ongoing**
12.a	Training/Workforce Development	Provide training and support to home providers and community support workers to help people to learn to foster independent living skills.	Met with providers and CDCI, DDAS group evaluating training needs and capacity.	**Ongoing**

#	Support Area	Activity	Comments	**Status** In Progress, Complete, Ongoing, Discontinued, Reevaluate
12.b	Training/Workforce Development	Develop behavior support training for support workers who work with people with Autism.	Presented three day training on behavior supports for people with Autism.	**Completed**
12.c	Training/Workforce Development	Increase awareness and access to domestic violence resources in the community.	Presented 6 domestic violence workshops for DALI staff, developed work plan to bring APS practice into alignment with AHS DV policy.	**Completed**
12.d	Training/Workforce Development	Work with the Department of Mental Health to improve access to mental health clinical expertise	MOU with DMH being developed. Increased collaboration varied across DAs.	**Ongoing**
12.e	Training/Workforce Development	Explore opportunities for expanding the availability of college level training in developmental disabilities.	Not feasible at this time.	**Discontinued**
12.f	Training/Workforce Development	Develop training materials for personal care workers who support children with Autism.	Developed, piloted and finalized training materials.	**Completed**
12.g	Training/Workforce Development	Assess what training is critical for DD services and work with stakeholders to prioritize, plan and redesign training mechanisms that can be sustained.	Developed a workgroup to assess and develop recommendations for provider training.	Added in FY ’10 In Progress
13.a	Offenders with Developmental Disabilities	Analyze reliability and increase use of measurable risk assessment and treatment progress tools (e.g., TPS-ID).	Multiple initiatives lead to more reliable use of risk assessment and treatment progress scales.	**Completed**
13.b	Offenders with Developmental Disabilities	Develop best practice guidelines for supporting adolescent sex offenders with developmental disabilities who are sexually dangerous.	Not feasible at this time.	**Discontinued**
13.c	Offenders with Developmental Disabilities	Develop financial partnership with Department of Corrections for ongoing support of individuals moving from incarceration to community living.	Participate in Chief Justice Task Force, surveyed unmet needs and developed strategies.	**Ongoing**
13.d	Offenders with Developmental Disabilities	Develop alternate housing models for offenders as needed.	Working with providers to develop strategy to address unmet housing needs.	**Ongoing**

#	Support Area	Activity	Comments	**Status** In Progress, Complete, Ongoing, Discontinued, Reevaluate
13.e	Offenders with Developmental Disabilities	Develop community notification guidelines for people with developmental disabilities who pose significant risk to public safety.	Amended community notification guidelines, implemented Community Safety Procedures for people with public safety needs.	**Completed**
13.f	Offenders with Developmental Disabilities	Study committee to examine policy and programmatic issues regarding offenders with DD and submit recommendations to the Legislature.	Implementation of recommendations to legislature ongoing.	**Completed** **Ongoing**
13.g	Offenders with Developmental Disabilities	Plan to meet unmet needs for supporting offenders, including need for new crisis bed.	RFP drafted, crisis needs met, review needed.	Reevaluate
13.h	Offenders with Developmental Disabilities	Draft guidelines for defined Act 248 commitment periods for some offenders and share the guidelines with District and Family Court judges	Submitted recommendation to legislature as part of the report on public safety risk.	Added in FY ’10 In Progress
13.i	Offenders with Developmental Disabilities	Adopt risk and criminogenic needs assessment tools and protocols for individuals receiving developmental disabilities services who pose a public safety risk and these should be used to ensure that these individuals do not remain in treatment or in restrictive settings longer than necessary.	Submitted recommendation to legislature as part of the report on public safety risk, developed and started using risk assessment template.	Added in FY ’10 In Progress
13.j	Offenders with Developmental Disabilities	VT law should be changed to exempt street addresses for individuals who receive 24/7 residential support through a developmental disabilities services agency from Internet posting.	Submitted recommendation to legislature as part of the report on public safety risk, electronic posting of Sex Offender Registry was amended.	Added in FY ’10 **Completed**
13.k	Offenders with Developmental Disabilities	Establish a source of funding to support individuals who fall outside the categorical eligibility parameters of VT Developmental Disabilities Services and comprehensive mental health services and should be limited to individuals who meet the federal, rather than the state definition.	Submitted recommendation to legislature as part of the report on public safety risk, not anticipating increased funding for services at this time.	Added in FY ’10 Reevaluate
14.a	Self/Family Management	Evaluate implementation of Supportive Intermediate Service Organization.	Completed quality review of Transition II.	**Completed**

#	Support Area	Activity	Comments	**Status** In Progress, Complete, Ongoing, Discontinued, Reevaluate
15.a	Self-Advocacy	Strengthen self-advocacy by promoting people with disabilities as peer mentors and trainers in areas of independent living and working with transition-age youth.	Green Mountain Self-Advocates related activity.	**Discontinued**
16.a	Transportation	Work with the Agency of Human Services transportation group and transportation users to advocate with VTrans and explore creative ways to expand accessible rural and mass transit transportation options.	Work with VTrans lead to some small improvements in public transportation service delivery, not anticipating increased funding for services at this time.	**Discontinued**
17.a	Guardianship	Contract for an independent comprehensive evaluation of the Office of Public Guardian.	Independent evaluation of Office of Guardianship completed.	**Completed**
18.a	System/ Administration Issues	Complete revision to Medicaid Procedures to clarify and simplify expectations.	Initial draft completed, final revision put on hold.	In Progress Reevaluate
18.b	System/ Administration Issues	Participate in 2nd sustainability study of designated provider system, including ongoing caseload and workforce issues.	Participated in sustainability study of designated agencies.	**Completed**
18.c	System/ Administration Issues	Work with DVR, DMH and Field Services Directors to develop non-categorical case management to address needs of people not traditionally eligible for AHS services to reduce system pressures that take away from resources needed for people eligible for services.	Developed non-categorical case management.	**Completed**
18.d	System/ Administration Issues	Work with AHS, DMH and Substance Abuse to improve the quality and integrity of Managed Care Information System data including monthly service reports and human resource data elements.	Worked with DMH and providers to improve quality and integrity of Managed care Information System.	**Completed**
18.e	System/ Administration Issues	Evaluate the implications of identifying maximum rates or rate ranges for services; including appropriate costs to include in rates.	Providers developed a standardized needs assessment, level of supports and level/range of funding too.	**Ongoing**

#	Support Area	Activity	Comments	**Status** In Progress, Complete, Ongoing, Discontinued, Reevaluate
18f.	System/ Administration Issues	Update Developmental Disabilities Act regulations.	Drafted new regulations and received approval.	**Complete**
18g.	System/ Administration Issues	DS Sustainability Workgroup to make recommendations regarding the sustainability of developmental services in an era of level funding or shrinking budgets	Committee convened to study the sustainability of the developmental disabilities services system.	**Completed**
18.h	System/ Administration Issues	Work with AHS, DMH and the DA/SSAs to do what is needed to turn the existing services and financial (MSR/FIN) data into functional data for developmental disabilities services.	Exploring options to improve the existing services and financial data submitted by providers.	In Progress