Report of the Developmental Disabilities Services Legislative Work Group Regarding: Act 50

Joint Fiscal Committee
September 11, 2013

Submitted by:
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Vermont Agency of Human Services
Susan Wehry, Commissioner
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DAIL Commissioner Susan Wehry, M.D. thanks the members of the Developmental Services Work Group for their participation and DAIL's Developmental Disabilities Services Division for their behind the scenes work to support the Work Group.

Table of Contents

Report of the Developmental Disabilities Services Legislative Work Group

Executive Summary

The Developmental Disabilities Services Legislative Work Group (hereafter referred to as "the Work Group") was established by the General Assembly to consider administrative or operational changes to better manage the service needs of persons with developmental disabilities within the appropriated funds in State Fiscal Year 2014 (SFY14). The Work Group was charged to address five specific questions and met four times between June and August, 2013. The legislative tasks and the findings and recommendations of the Work Group are summarized below. Additional details can be found in the full text of this legislative report.

Task #1: Assess whether the methods of developmental service case planning and oversight should be revised: The Work Group reviewed the current procedures for developmental disabilities services case planning and was also provided with information about case planning procedures that have been used in the past.

Recommendation: Members of the Work Group suggest no changes to the current case planning process at this time.

Task #2: Assess whether alternate practices could be identified, resulting in more cost-effective use of resources available for developmental services: The Work Group generated over 40 ideas for providing innovative, cost-effective services that could potentially result in cost savings. There were a number of ideas that Work Group members felt might have merit, but required further consideration and that in some cases, might benefit from a pilot implementation to adequately plan and evaluate before rolling out statewide. It was suggested that these ideas be referred to the *Developmental Disabilities Services Imagine the Future Task Force* that is being convened in September, 2013 and commissioned by DAIL to develop a long-term strategic vision for Developmental Disabilities Services that will be used to inform the next System of Care Plan that will go into effect on July 1, 2014. Ideas were separated into short-term and long-term solutions and are detailed below.

Recommendations: Please see recommendations for Tasks #3 and #4 below.

Task #3: Determine what changes could reasonably be implemented in fiscal year 2014 to manage service needs within the appropriated funds and identify the fiscal year 2014 amount, if any, of budgetary management that will be accomplished through existing System of Care Plan rescission processes based upon the estimate provided by the Department of Disabilities, Aging and Independent Living (DAIL), the AHS, the Department of Finance and Management, and the Joint Fiscal Office: According to information submitted on July 23, 2013 by the Joint Fiscal Office on behalf of the agencies listed above, the savings target was revised to $2.3 million from the original $2.5 million. The Work Group identified and considered 6 ideas for short-term solutions that could reasonably be

implemented in State Fiscal Year (SFY 14). The full list of ideas and summary of key factors can be found on the chart starting on page 15 of this report.

Recommendations:

- *Idea 1.1 (Funding) Reduce budgets over $200,000 down to $200,000*: The Work Group recommended that this idea not be implemented.
- *Idea 1.2 (Funding) Lower the ceiling on new waivers to $250,000 (from $300,000)*: It is difficult to predict what savings could be generated since it is unknown how many new applications would come in over $250,000. Last year, there were four new applicants with approved budgets over $250,000. Combined those budgets are $146,481 (e) over the $250,000 proposed cap. The Work Group did not recommend that this idea be implemented; DAIL does recommend that this idea be adopted, as reflected in its annual update to the System of Care Plan.
- *Idea 2.1 (Employment) pay employers/coworkers to support person on the job/consider models such as Work without Limits:* The Work Group recommends that this idea be put forward, but as a long-term solution and that first the model should be tested through a pilot program.
- *Idea 3.1 (Supportive Living): Spend more money on Supervised Apartment Living:* The Work Group recommends that this idea be implemented as soon as feasible for those who are able. If 60 people were to transition from Shared Living to Supervised Living, the estimated cost savings would be $535,780. The Work Group has referred this to the *Developmental Disabilities Services Imagine the Future Task Force* to make recommendations to the Department of Disabilities, Aging and Independent Living (DAIL) about how to overcome potential obstacles. The Task Force has been established to help DAIL to create a long-term strategic vision for Developmental Disabilities Services.
- *Idea 3.2 (Supportive Living): Use technology like Safety Connections more across the state and not just in Chittenden County:* The Work Group recommends that this model be implemented as a short-term solution that could reasonably be implemented in SFY 14.
- *Idea 12.2 (Administrative): Cap administrative rates or bring them more into alignment across agencies:* The Work Group did not recommend that this idea be implemented.

- **Task #4: Identify cost-effective, innovative models of care and develop recommendations as to how these models could be implemented in Vermont:** The Work Group considered over 40 ideas for long-term, innovative models of care. A survey was sent out to Work Group members asking them to select their top choices of the ideas they would like to recommend to the Joint Fiscal Committee and the *Developmental Disabilities Services Imagine the Future Task Force.* The top selections fell in the categories of family support, supportive living, transition, funding, home support, quality assurance and services for refugees. The full list of long-term ideas can be found in the chart starting on page 23 of this

report. Below are the top recommendations of the Work Group of based on the survey conducted in August 2013:

- *Idea 1.3 (Family Support): Investigate what is being done in the Family Support grant that the National Association of State Directors of Developmental Disabilities Services (NASDDDS) is doing with the Missouri University Center of Excellence in Developmental Disabilities.*
- *Idea 3.1: (Supportive Living): Look at what other states are doing in the areas of supportive living and technology.*
- *Idea 3.2: (Supportive Living): Develop a way to subsidize the rent (Section 8) so that people can live in apartments together.*
- *Idea 4.2: (Transition): Develop more post high school transition programs, like SUCCEED, to teach the basics of living in the community.*
- *Idea 5.2: (Funding): Bring back the more pro-active State System of Care Plan (SOCP) funding priorities that prevent crisis.*
- *Idea 7.1: (Home Support): Explore options to create better and different housing situations that do not necessarily cost more money.*
- *Idea 7.3: (Home Support): Consider Planning Lifetime Advocacy Network (PLAN), an organization built on the belief that through networks we can help families provide for peace of mind.*
- *Idea 10.2: (Quality Assurance): Increase DAIL quality assurance staff back to, or at least closer to, prior levels and recreating the citizen Quality Assurance reviews.*
- *Idea 14.4: (Refugee): Approach Vermont's Congressional Delegation to see what funding may be available to support the refugee population.*

Task #5: Inform participants working to update the System of Care Plan for June 2014 on these findings and recommendations. The information and recommendations outlined in this report will be forwarded to the *Developmental Disabilities Services Imagine the Future Task Force* and will be used to inform participants working to update the System of Care Plan effective July 2014.

Report of the Developmental Disabilities Services Legislative Work Group

I. Introduction

Purpose of the Developmental Disabilities Services Legislative Work Group

The Developmental Disabilities Services Legislative Work Group (hereafter referred to as "the Work Group") was established by the General Assembly in anticipation that there will be some amount of administrative or operational changes that will be required in State Fiscal Year 2014 (SFY14) to manage the service needs of persons with developmental disabilities within the appropriated funds. Section E.333 (b) of the Budget Bill (Act 50 of 2013) required the Secretary of the Agency of Human Services (AHS), or designee to convene a Work Group to:

1. *Assess whether the methods of developmental service case planning and oversight should be revised;*

2. *Assess whether alternate practices could be identified, resulting in more cost-effective use of resources available for developmental services;*

3. *Determine what changes could reasonably be implemented in fiscal year 2014 to manage service needs within the appropriated funds and identify the fiscal year 2014 amount, if any, of budgetary management that will be accomplished through existing System of Care Plan rescission processes based upon" the estimate provided by the Department of Disabilities, Aging and Independent Living (DAIL), the AHS, the Department of Finance and Management, and the Joint Fiscal Office.* The written testimony from the Joint Fiscal Office can be found on the DAIL website at: http://www.dail.vermont.gov/dail-projects/dds-legislative-work-group/ds-joint-fiscal-testimony-report.

4. *Identify cost-effective, innovative models of care and develop recommendations as to how these models could be implemented in Vermont; and*

5. *Inform participants working to update the System of Care Plan for June 2014 on these findings and recommendations.*

The Work Group is required to report its findings and recommendations to the Joint Fiscal Committee at its September 11, 2013 meeting.

Finally, it should be noted that the Budget Bill required that no modifications or rescissions to the System of Care Plan be initiated until September 1, 2013.

Composition of the Developmental Disabilities Services Legislative Work Group

The Work Group was composed of the following members:

- Douglas Racine, Secretary of the Agency of Human Services (AHS);
- Susan Wehry, M.D., Commissioner of the Department of Disabilities, Aging and Independent Living (DAIL);
- Susan Yuan, UVM Center on Disability and Community Inclusion, key stakeholder selected by AHS Secretary Racine;
- Stirling Peebles, key stakeholder selected by AHS Secretary Racine;
- Nicole LeBlanc, key stakeholder selected by AHS Secretary Racine
- Marie Zura, Director of Developmental Services, HowardCenter, Vermont Council of Developmental and Mental Health Services;
- Bill Ashe, Executive Director, Upper Valley Services; Vermont Council of Developmental and Mental Health Services;
- James Caffry, Esq., Vermont Developmental Disabilities Council;
- Cheryl Phaneuf, Vermont Developmental Disabilities Council;
- Camille George, Director of DAIL's Developmental Disabilities Services Division (DDSD); and
- Jackie Rogers, Director, Office of Public Guardian, DDSD, DAIL

The Work Group met on June 20, July 19, August 7 and August 27, 2013. A website was also established to facilitate communication and the sharing of resource information among members and other interested stakeholders (http://www.dail.vermont.gov/dail-projects/dds-legislative-work-group/dds-legislative-work-group). Much time was spent familiarizing Work Group members with the current case planning process, identifying and discussing information and data related to developmental disabilities services both in Vermont, nationally and internationally. In addition, the Work Group reviewed the core values and principles of DAIL and in Developmental Disabilities Services that guide our work and should be considered when contemplating any changes to existing or new models of services:

II. Mission, Values and Principles

Mission: The mission of DAIL is to make Vermont the best state in which to grow old or to live with a disability; with dignity, respect and independence.

The Core Values and Principles of DAIL include:

Person-Centered: We help people to make choices and to direct their own lives; pursuing their own choices, goal, 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.

Principles of Developmental Disabilities Services, as outlined in the Developmental Disabilities Act of 1996:

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 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 personal choices, values and needs and assure that each recipient is directly involved in decisions that affect the 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.

All of this was used to inform the discussion of cost-effective, innovative models of care and recommending changes and new models that could be implemented both in the short-term (to fulfill the requirements of #3 on page 15 of this report) and in the long-term (to fulfill the requirements of #4 on page 23 of this report). Highlights of some of the key data and information that shaped the discussion can be found in Appendix A.

This report provides a summary of the findings and recommendations of the Work Group, organized in alignment with its legislative charge.

III. Task #1: Assess whether the methods of developmental service case planning and oversight should be revised (Act 50 of 2013, Sec E.333(b)(1)):

The Work Group reviewed the current case planning process, from intake to eventual delivery of services and steps in between. A flow chart of the process is contained in Appendix Bof this report. In addition, the two representatives of the Vermont Council of Developmental and Mental Health Services conducted a survey of developmental disabilities services providers statewide and provided an overview of the aspects of intake and case planning that occurs at the local level. The full overview provided by the council can be found on the DAIL website at: http://www.dail.vermont.gov/dail-projects/dds-legislative-work-group/workgroup-intake-survey-2013.

***Eligibility Criteria*:** In order to receive Home and Community-Based Services in developmental disabilities services, a person must:

a. Be a resident of Vermont;
b. Be eligible for Medicaid (Medicaid eligibility is determined by the Department for Children and Families);
c. Have a developmental disability as defined by the State (Regulations Implementing the Developmental Disabilities Act of 1996, March 2011, part 2 http://www.leg.state.vt.us/statutes/sections.cfm?Title=18&Chapter=204A); and,

d. Be found to meet a funding priority in the Vermont State System of Care Plan for Developmental Disabilities Services (SOCP) SFY2012- SFY2014, SFY2013 Update (http://ddas.vt.gov/what-s-new/whats-new-documents/fy-2013-system-of-care-plan-update-for-developmental-disabilities-services-final)

***Case Planning Process*:** The following are steps in the current case planning process.

Any person who believes he or she has a developmental disability or is the family member or guardian of such a person may apply for developmental disabilities services. The person applies at the designated agency (DA) for the geographic region where the person with the developmental disability lives.

Once an application is made, the DA determines whether the person meets the first three criteria (a-c, above) in order to determine if the person is financially and clinically eligible for developmental disabilities services. People who are currently receiving services can also apply for additional services if they have new needs, but steps a-c do not need to be repeated. The next step is that the DA conducts a Needs Assessment to determine the levels of and areas of unmet needs for the person. The DA will then determine if these identified needs meet a funding priority established in the System of Care Plan. If the DA believes the person's needs meet an established funding priority, a proposal is written to request funding to meet those needs. The funding request is based on the rates established by each DA/SSA. The proposal is then reviewed by the Local Funding Committee. The role of the Local Funding Committee is to verify eligibility, determine if the individual's needs meet a funding priority and determine if the proposed plan of services is the most cost-effective means of providing the service. If the Local Funding Committee determines that all these criteria are met, the proposal is submitted to one of the statewide funding committees for consideration.

There are two statewide funding committees, Equity and Public Safety. The Public Safety Funding Committee reviews proposals for individuals who pose a risk to public safety, generally due to history of violent or sexually criminal behavior. The criteria for receiving Public Safety Funding are described on page 14 of the SOCP. All other proposals are reviewed by the Equity Funding Committee.

The role of the Public Safety and Equity Funding Committees is to determine whether the person's needs meet a funding priority and if the proposed plan of services is the most cost-effective means of providing the service. The committees ensure that all other possible resources for meeting the need have been explored prior to requesting funding and that all the funding guidance in the SOCP is being followed. The committees make recommendations regarding funding to the Developmental Disabilities Services Division (hereafter referred to as "the Division") which makes the final decision.

The person is then provided an authorized funding limit, which is the amount of money available to him or her to purchase the services to meets his or her needs. Once a person has been authorized for funding, he or she may then choose an agency that will provide these services. The person may choose to receive services from any DA or a Specialized Service Agency (SSA), or the person may also choose to self/family-manage all or some of his or her services.

After a service provider has been selected, the DA/SSA, with the person and his or her circle of support, will develop a plan for supports. This plan is called an Individual Support Agreement (ISA). The ISA is an agreement between the person and his or her provider regarding how the person expects to be supported to meet the identified needs. It outlines what the person hopes to gain from the supports. It is flexible and personalized so that a person and his or her team can be creative in how supports are designed. It also addresses how to ensure health and safety.

Once a person has entered services, his or her needs and authorized funding limit are re-assessed annually. Supports to an individual with a developmental disability are often needed throughout his or her life, however, the amount of support required may vary depending on his or her circumstances.

Using the national prevalence rate for developmental disability[1], it is estimated that the 4,105 people who received DD services in Vermont in SFY12 represents about 30% of Vermonters who meet clinical eligibility for DDS. However, in addition to Home and Community-Based Services (HCBS), this group includes people receiving a number of other services:

a. Bridge – case management services for children
b. Flexible Family Funding (FFF) – flexible yearly stipend
c. Targeted Case Management (TCM) – case management services
d. Vocational Grant – limited job training and follow along
e. Pre-Admission Screening and Resident Review (PASRR) – limited support to adults living in nursing facilities
f. Intermediate Care Facility for people with Developmental Disabilities (ICF/DD) – specialized medical group home

When calculating prevalence rates for the 2,649 people who received developmental disabilities Home and Community-Based Services in SFY12, it is estimated that those receiving HCBS represent about 19% of Vermonters who would meet clinical and funding eligibility for comprehensive Long Term Services and Supports.

The Vermont Council of Developmental and Mental Health Services reported that in State Fiscal Year 2013 (SFY13) a total of 713 intakes for new applicants were completed by Vermont's Designated Agencies with people seeking developmental disabilities services. Of those, nearly 30% of intakes were referred for other services. Nearly 57% (n=405) of all applicants were found to meet the clinical eligibility criteria for developmental disabilities services and 55% (n=223) of those found clinically eligible were also found to meet a SOCP priority. Those people then received assistance applying for funding. Of those reviewed at the local level, 95% were referred to the State Equity or Public Safety Funding Committees and DAIL. Overall, of the 713 people who sought services in SFY13, almost 30% (n=223) had a funding application reviewed by the State Equity or Public Safety Funding Committees and DAIL. http://www.dail.vermont.gov/dail-projects/dds-legislative-work-group/workgroup-intake-survey-2013.

[1] Based on national prevalence rates of 1.5% for intellectual disability and .7% for Pervasive Developmental Disorders (Prevalence of Autism spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2008).

At the State level, in SFY13 a total of 478 funding applications were reviewed by the State Equity and Public Safety Funding Committees. This figure includes both the 223 new applicants requesting services for the first time and 255 applications for people already receiving services requesting additional services due to a change in their personal circumstances. Out of the 478 funding requests, 38% (n=161) were approved and fully funded at the amount requested, 48% (n=228) were approved, but at reduced funding levels from the amount requested and 14% (n=68) were fully denied. It should be noted that some applications that were denied were denied because they were determined to not meet a SOCP funding priority, but also some initial applicants that were denied were instructed by the DA/SSA to return to the funding committee with more information that would support the application. Some of these were later funded, and some applications are denied but referred to the other funding committee for consideration (e.g., an application that was denied funding at the State Equity Funding Committee could be referred to the Public Safety Funding Committee for consideration). Also, a small number of those who were denied or had funding reduced were funded after the decision was appealed[2].

In the past, other methods of case planning have been tried. For example, in the early to mid-90's, there was a small committee at the Division that would review requests submitted by DA/SSAs and the Division would make decisions regarding the amount of funding authorized. In the late 90's, there was a shift to a managed care approach in which the Division provided annual allocations to the DA/SSAs and allowed them to make decisions around funding within their allocations. DA/SSAs were provided a base allocation for people in service as well as new caseload funds for individuals new to service and increased needs of people in service (existing recipients). Seventy five percent (75%) of the funds were to be directed to people who were new to service and 25% for those who were existing. (A person was considered new if they had not received HCBS, were graduating from high school, were aging out of Department for Children and Families (DCF) custody or had the loss of a minimally or unpaid caregiver.) Each Designated Agency maintained a Local Funding Committee for its geographic region to manage the caseload allocation provided by the Division. A statewide Equity Funding Committee was created that managed funds that became available during the year due to people who had died or went to an institution. The Equity Funding Committee included 5 DA/SSA representatives and 2 family members or service recipients who made all decisions, with 1-2 Division staff as consultants. These funds were used to supplement the local caseload dollars when there were insufficient dollars available to meet caseload needs. The intention was to ensure that there was not an undue hardship on any one particular DA/SSA. There was also a risk pool created as "stop loss" insurance for DA/SSAs in the event of extraordinary demand on their budget. It was also expected that the DA/SSAs reallocate existing funds to meet the meet the needs of new individuals as well as increased needs of existing individuals.

The management of existing and new caseload funding continued to evolve from 2000 to the present depending on fiscal realities and annual legislative appropriations. A mechanism to track High School Graduates was created in SFY02 and a Public Safety Fund in SFY04. Existing

[2] Source: Equity and Public Safety Funding Committee Summary, SFY13

allocations have continued to be managed at the local level with the expectation that DA/SSAs re-spread funds depending on at least an annual reassessment of the needs of people receiving services. Management of new caseload funds shifted to the statewide Equity and Public Safety Funding committees in SFY05. For SFY12 and SFY13, the role and composition of the Equity and Public Safety Funding Committees were changed to making recommendations regarding funding allocations, with the Department making the final decisions regarding funding.

Over the years, there have been a variety of methods used to manage demands for services within the funds appropriated by the legislature. These include[3]:

a. Monthly monitoring of available funds and expenditures and not allowing allocation of funds beyond available funding. The State System of Care Plan allowed people to be placed on a waiting list. However, people who presented a risk to personal or public safety could not be put on a waiting list. Virtually no one has been placed on a waiting list who met a SOCP funding priority.
b. A statewide risk pool.
c. The elimination or narrowing of some funding priorities.
d. A contingency in the SOCP that funding priorities not related to personal or public safety could be suspended in the event that funds were running short during the fiscal year.
e. The annualized caseload not being appropriated in SFY05. Instead, the annualized amount came out of the SFY06 appropriation.
f. Rescissions of all DA/SSAs base allocations.
g. Caps placed on the amount of hours of service or dollar amount for services (e.g., community supports, work supports).
h. Implementing more cost-effective models such as the use of contracted instead of agency staff and self/family-managed services.
i. Streamlining administrative functions.
j. Requests for budget adjustments to cover shortfalls

In the past year, the Division has explored and studied other alternatives to case planning and rate setting methodologies utilized in other states. Some states use specific standardized tools to assess need and translate the assessed level of need into individualized case plans. The budgets for the case plans are based upon standardized reimbursement rates for specific services. The Division considered these other rate setting methodologies. A considerable investment of time and resources would be needed to research and implement a new rate setting methodology. After consideration of the costs and benefits of implementing the changes, the Division determined that the benefits of the current system which allows for significant flexibility and individualization in meeting individual needs outweighed the investment of time/financial costs of a new rate setting methodology with an uncertain outcome in terms of cost savings to the system.

[3] Source: Methods of caseload management came from State System of Care Plans from SFY00 – SFY13.

Recommendation: Although there are many steps to the current case planning process, members of the Work Group felt that the process was described clearly, helped to ensure that people applying for services from across the state are treated fairly, or equitably, and had no suggested changes to the current case planning process at this time.

IV. Task #2: Assess whether alternate practices could be identified, resulting in more cost-effective use of resources for developmental services (Act 50 of 2013, Sec. E.333 (b)(2)):

The Work Group generated over 40 ideas for providing innovative, cost-effective services that could potentially result in cost savings. Ideas were separated into short-term and long-term solutions and are detailed at Tasks #3 and #4 below.

V. Task #3: Determine what changes could reasonably be implemented in fiscal year 2014 to manage service needs within the appropriated funds and identify the fiscal year 2014 amount, if any, of budgetary management that will be accomplished through existing System of Care Plan rescission processes based upon" the estimate provided by the Department of Disabilities, Aging and Independent Living (DAIL), the AHS, the Department of Finance and Management, and the Joint Fiscal Office (Act 50 of 2013, Sec. E.333 (b)(3):

The Work Group identified and considered 6 ideas for short-term solutions that could reasonably be implemented in State Fiscal Year (SFY 14) and result in cost savings. According to information submitted on July 23, 2013, by the Joint Fiscal Office on behalf of the agencies listed above, the savings target was revised to $2.3 million from the original $2.5 million. Each of the short-term ideas were discussed individually by Work Group members and a decision about whether to recommend a particular idea was made during the August 27 meeting. However, because actual savings from any of the ideas recommended cannot be guaranteed, the department estimates that it is the $2.3 million that must be accomplished through existing System of Care Plan rescission processes.

The full list of ideas and a more detailed summary of the topic area; relevant data and facts; pros, cons and other considerations; whether regulatory or System of Care Plan changes may be required; and whether the idea would create cost savings and/or result in an improvement in the quality of services, can be found in the chart on page 15 of this report. Estimates of potential cost savings are provided whenever possible in the chart.

Recommendations:

- *Idea 1.1 (Funding) Reduce budgets over $200,000 down to $200,000*: It was noted that the current SOCP already states that *"the maximum HCBS funding per person is $200,000. Under extraordinary circumstances, the Division may grant an exemption to the maximum on a time limited basis…"* and that to adopt this recommendation would

eliminate the exceptions currently allowed on budgets over $200,000. The Work Group did not recommend that this idea be implemented.

- *Idea 1.2 (Funding) Lower the ceiling of new waivers to $250,000 down from $300,000*: It is difficult to predict what savings could be generated since it is unknown how many new applications would come in over $250,000. However, if we look at the past year, there were four new applicants with approved budgets over $250,000. Combined those budgets are $146,481 (e) over the $250,000 proposed cap. The Work Group did not recommend that this idea be implemented since some Work Group members expressed concern that this cost limit would make it very challenging to serve certain individuals and that another option might be to establish a much tighter process for considering exceptions. However, in a dissenting opinion, DAIL does recommend that this idea be adopted.
- *Idea 2.1 (Employment) pay employers/coworkers to support person on the job/consider models such as Work without Limits:* The Work Group did recommend that this idea be put forward, but as a long-term solution and that first be referred to the *Developmental Disabilities Services Imagine the Future Task Force* for further consideration as a model that could be tested through a pilot program.
- *Idea 3.1 (Supportive Living): Spend more money on Supervised Apartment Living. Do a better job with getting people to live with peers so that they are not isolated:* The Work Group did recommend that this idea be considered, but would first like the *Developmental Disabilities Services Imagine the Future Task Force* to further evaluate this option. In particular, while the Work Group thought would potentially be a good option for some people, it was noted that current issues with access to affordable living and other issues related, in particular, to Section 8 housing vouchers would need to be addressed. If 60 people were to transition from Shared Living to Supervised Living, the estimated cost savings would be $525,780.
- *Idea 3.2 (Supportive Living): Use technology like Safety Connections more across the state and not just in Chittenden County:* The Work Group did recommend that this model be implemented as a short-term solution that could reasonably be implemented in SFY 14. Savings would be realized by the use of technology, thus redirecting costs associated with on-site staff. It was noted; however, that this model would require some up-front investment before savings could be realized, and that the potential success of this model is also related to the ability to address issues of access to affordable housing.
- *Idea 12.2 (Administrative): Cap administrative rates or bring them more into alignment across agencies:* The issue of administrative costs at agencies is complex and that the impact on individual agencies could vary. The Work Group did not recommend that this idea be implemented.

VI. Task #4: Identify cost-effective, innovative models of care and develop recommendations as to how these models could be implemented in Vermont (Act 50 of 2013, Sec. E.333 (5):

The Work Group considered over 40 ideas for long-term, innovative models of care. Due to time constraints and the amount and diversity of ideas, the Work Group did not have time to discuss each long-term idea individually and to make a recommendation of the group. Instead, a survey was sent out to Work Group members asking them to select their top 10 choices of the ideas they would like to recommend to the Joint Fiscal Committee and the *Developmental Disabilities Services Imagine the Future Task Force.* Nine of the 11 Work Group members responded to the survey. The top selections fell in the categories of family support, supportive living, funding, home support, quality assurance and services for refugees. The full list of long-term ideas can be found in the chart starting on page 23 of this report. Seven ideas generated 4 or more votes from Work Group members and are considered to be the top recommendations of the Work Group. These include:

- Idea 1.3 (Family Support): Investigate what is being done in the Family Support grant that the National Association of State Directors of Developmental Disabilities Services (NASDDDS) is doing with the Missouri University Center of Excellence in Developmental Disabilities.
- Idea 3.1: (Supportive Living): Look at what other states are doing in the areas of supportive living and technology.
- Idea 3.2: (Supportive Living): Develop a way to subsidize the rent (Section 8) so that people can live in apartments together.
- Idea 4.2: (Transition): Develop more post high school transition programs, like SUCCEED, to teach the basics if living in the community.
- Idea 5.2: (Funding): Bring back the more pro-active State System of Care Plan (SOCP) priorities that prevent crisis.
- Idea 7.1: (Home Support): Explore options to create better and different housing situations that do not necessarily cost more money.
- Idea 7.3: (Home Support): Consider Planning Lifetime Advocacy Network (PLAN), an organization built on the belief that through networks we can help families provide for peace of mind.
- Idea 10.2: (Quality Assurance): Increase DAIL quality assurance staff back to, or at least closer to, prior levels and recreating the citizen Quality Assurance reviews.
- Idea 14.4: (Refugee): Approach Vermont's Congressional Delegation to see what funding may be available to support the refugee population.

In addition to the top 9 ideas, there were several ideas that received 3 votes. These fell into the categories of Family Support (idea 1.4 on the chart), Self-Advocacy (ideas 8.1 and 8/2), Self/Family Managed (ideas 13.1 and 13.2) and Miscellaneous (idea 15.2).

VII. Task #5: Inform participants working to update the System of Care Plan for June 2014 on these findings and recommendations (Act 50 of 2013, Sec. E.333 (b)(6).

The information and recommendations outlined in this report will be forwarded to the *Developmental Disabilities Services Imagine the Future Task Force* and will be used to inform participants working to update the System of Care Plan effective July 2014. In addition, the Task Force will include some members of the Developmental Disabilities Services Legislative Work Group. This will allow for some continuity between the two groups while at the same time bringing some new people and perspectives to the work of the Task Force.

VIII. Summary Analysis: Task #3 – Short Term Ideas

Task #3: Determine what changes could reasonably be implemented in fiscal year 2014 to manage service needs within the appropriated funds and identify the fiscal year 2014 amount, if any, of budgetary management that will be accomplished through existing System of Care Plan rescission processes based upon" the estimate provided by the Department of Disabilities, Aging and Independent Living (DAIL), the AHS, the Department of Finance and Management, and the Joint Fiscal Office.

Short Term Ideas[4] – Savings to be realized in developmental disabilities services in SFY 2014

Ideas that are highlighted in gold indicate those ideas that the Work Group recommended for implementation.

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	Create Cost Savings No	Create Cost Savings ?	Result in Quality Improvement Yes	Result in Quality Improvement No	Result in Quality Improvement ?	Require Change to System of Care Plan Yes	Require Change to System of Care Plan No	Require Change to System of Care Plan ?
Funding ~ ~ ~ **Not Recommended by Work Group**	1.1	Reduce Budgets that are over $200,000 down to $200,000. This would eliminate exceptions currently allowed on budgets over $200,000.	Data/Facts: Current System of Care Plan says: *The maximum HCBS funding per person is $200,000. Under extraordinary circumstance, the Division may grant an exemption to the maximum on a time limited basis. Under no circumstances shall exceptions exceed $300,000.* It includes a process for reviewing budgets over $200,000 every 3 months. DDSD Quality Review staff regularly review people with high budgets and do not typically find budgets higher than needed. A separate, independent review of the budgets for all people with public safety needs was done in FY 11; 174 budgets were reviewed, of which	X				X		X		

[4] Ideas for *Cost Saving/Innovative Models* were identified by DD Services Legislative Task Force members.

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			125 (72%) were reduced, for a total savings of $234,017. Full reduction of the 20 budgets over $200,000 would result in a total annualized savings of $1,009,425 based on existing FY 12 data. <u>Pros</u>: Initial savings would be significant. If there continued to be an exemption for budgets over $200,000 that could help meet the needs of the outliers. <u>Cons</u>: May result in some of these individuals going into crisis, disrupting lives or costing more over time. Could result in increased need for already limited in-patient psychiatric beds. If this does not include an exemption to the $200,000 maximum, providers report it would be difficult to serve some new people for under $200,000. Potential increased liability concerns. Could put individuals and/or public at risk. Potential to put some agencies at financial risk if they cannot reduce expenses to match reduced budget. <u>Other Considerations</u>: Individuals could have appeal rights if the decrease of funding was based on cost savings and not due to a									

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			change in needs. High end budgets are required to meet the needs of people with complex medical conditions, psychiatric issues and/or public safety needs. This change could result in cost-shifting to Department of Mental Health (DMH), Department of Corrections (DOC), nursing facilities or other services.									
Funding ~ ~ ~ **Not Recommended by Work Group** **In a dissenting opinion, DAIL does recommend that this idea be adopted.**	1.2	Lower the ceiling of new waivers to $250,000 (down from $300,000). Review existing waivers over that amount to see if costs can be lowered. (Since agencies are bound by a zero-reject policy, will this cost limit make it impossible for them to serve some people? Should there be exceptions, but a much tighter process?)	Data/Facts: Current System of Care Plan says: *The maximum HCBS funding per person is $200,000. Under extraordinary circumstance, the Division may grant an exemption to the maximum on a time limited basis. Under no circumstances shall exceptions exceed $300,000.* It includes a process for reviewing budgets over $200,000 every 3 months. It is difficult to predict what savings could be generated since it is unknown how many new applications would come in over $250,000. However, if we look at the past year, there were four new applicants with approved budgets over $250,000. Combined those budgets are $146,481 (e) over the $250,000 proposed cap. This idea would limit the exception to not exceed $250,000. Consider operationally defining when a budget proposal qualifies for an exemption.	X				X		X		

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			Cons: Currently, with 9 budgets over $250,000 and 11 budgets between $200,000 and 250,000, there are few exceptions granted. The exemption for budgets over $250,000 that is currently capped at $300,000 to help meet the needs of the outliers. May result in some of these individuals going into crisis, disrupting lives and/or costing more over time. If this does not include an exemption to the $200,000 maximum, providers report it would be difficult to serve some new people for under $250,000. Potential increased liability concerns. Could put individuals and/or public at risk. Potential to put some agencies at financial risk if cannot reduce expenses to match reduced budget. Other Considerations: High end budgets are required to meet the needs of people with complex medical conditions, psychiatric issues and/or public safety needs. This change could result in cost-shifting to DMH, DOC, nursing facilities or other services.									
Employment ~ ~ ~ Recommended by Work Group –	2.1	Pay employers/coworkers to support person on the job. Consider	Data/Facts: This would be a new service option for DDS Supported Employment. The DDS Supported Employment expenditures were $10.5 million in SFY 12.	X			X				X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
To be considered but as a long term solution		models such as Work Without Limits.	Pros: This could be implemented as a pilot. This option may be beneficial for some people but is not an across-the-board fix/change. Feasibility would need to be determined on a case-by-case basis. Cons: This is not a short term solution and could require upfront costs. This might take a while to get fully implemented as it would be necessary to proceed cautiously, consider what other states are doing, anticipate unintended consequences and provide necessary training and technical assistance. This model might be viewed as being stigmatizing and/or creating an imbalance in power and authority in the work place; could alter the relationship between the employer/employee/coworker. Alternatively, consider using coworker as natural (unpaid) support. Other Considerations: This model is not the same as subsidizing employers as a way to promote hiring people with disabilities. In all models of support, it is important for individuals to retain choice. Regulatory/Policy Changes: Would need to develop guidelines.									

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
Supportive Living ~ ~ ~ **Recommended by Work Group –** **Would first like the Task Force to further evaluate this option**	3.1	Spend more money on Supervised Apartment Living. Do a better job with getting people to live with peers so that they are not isolated.	Data/Facts: In FY 12, Supervised Living cost $13,237 per person annually (on average). Comparatively, Shared Living cost $31,160 per person annually (on average) – but cost savings would be lower since the average annual cost for people with higher degrees of independence, and thus good candidates for Supportive Living, is closer to $22,000. There are an estimated 60 – 70 people with developmental disabilities around the state who could move to more independent living if they had access to affordable housing. If 60 people were to transition from shared living to supervised living, the estimated cost savings would be $525,780 (based on $22,000 – $13,237 x 60 = $525,780). Pros: This could be implemented in near term for some people, though not an across-the-board fix/change. Could be a beneficial change for some. Could help reduce dependency on shared living arrangements. Cons: It would take some planning to get this model set up. Most people in services require a Section 8 housing voucher in order to be able to afford to live in an apartment and there is limited availability of vouchers. Other Considerations: If a person needs more than approximately 10 hours a week of staff	X			X				X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			support in the home, it is generally less expensive for them to live in a Shared Living home. Regulatory/Policy Changes: Would need to revisit/update DDS "Home Alone" guidelines which consider how to manage risk.									
Supportive Living ~ ~ ~ **Recommended by Work Group**	3.2	Use technology like *Safety Connections* more across the state and not just in Chittenden County.	Pros: Savings would be realized by the use of technology, thus reducing costs associated with on-site staff. This could be implemented in near term for some people, though not an across-the-board fix/change. Could be a beneficial change for some. Could help reduce dependency on shared living arrangements and people living with family, and/or transform some shared living/ natural support arrangements through the use of technology. Cons: This model requires up-front costs. Depending on the technology and implementation strategy, there would still be a need for affordable housing and there would need to be a critical mass of people for whom it would be viable for it to become cost effective. It could put individuals at risk while assessing its viability. Other Considerations: Other states are successfully using technology to reduce the	X			X				X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			amount and cost of home supports that have not yet been tried in Vermont. Regulatory/Policy Changes: Would need to revisit/update DDS "Home Alone" guidelines which consider how to manage risk.									
Administrative ~ ~ ~ **Not Recommended by Work Group**	12.2	Cap administrative rates or bring them more into alignment across DA/SSAs.	Data/Facts: Overall administrative rate across all DA/ SSAs was 8.4% in FY 13. Pros: Capping DA/SSA administrative rates would reduce some provider annual allocations and create instant savings. The effects of such a cap would vary between agencies; it would be important to be fully aware of the consequences before implementation of such a change. Cons: There are other administrative costs labeled "program admin" that aren't included in "agency admin" when determining a DA/SSA's administrative rate. It can be argued that these additional costs need to be included in order to get a true measure of DA/SSA administrative costs. A true measure should be sought prior to implementing a cap on administrative rates. Other Considerations: The oversight provided to DA/SSAs on how administrative costs are allocated and re-spread has reduced over	X				X				X

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			time. In addition, the organizational separation of mental health and DD services changed the level of financial audits and oversight at DAIL. This reorganization (separation of MH and DD) resulted in changes that, given this recommendation, could increase administrative costs for mental health.									

IX. Summary Analysis: Task #4 – Long Term Ideas

Task #4: Identify cost-effective, innovative models of care and develop recommendations as to how these models could be implemented in Vermont.

Long Term Ideas[5] – Savings to be realized in developmental disabilities services over time

Ideas that are highlighted in gold indicate the top choices of the Work Group.

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	Create Cost Savings No	Create Cost Savings ?	Result in Quality Improvement Yes	Result in Quality Improvement No	Result in Quality Improvement ?	Require Change to System of Care Plan Yes	Require Change to System of Care Plan No	Require Change to System of Care Plan ?
Family Support	1.1	Eliminate Flexible Family Funding (FFF) seeing as it will be rolled into Integrated Family Services (IFS)? (discuss with IFS folks).	Data/Facts: Flexible Family Funding (FFF) allocation - $1,103,749 (FY 12) of which 90% went to children under age 22 and 10% went to adults age 22 and older. Cons: FFF is seen by many parents as a program with very low per person cost (maximum per person allocation is $1,000) while providing benefits to families that are flexible and potentially preventative. Eliminating FFF dollars in DAIL would deprive families of the resource now and create a gap in Integrated Family Services (IFS) in the future. It would also be important to consider implications of FFF for adults. Other Considerations: The plan within the AHS IFS initiative is to transfer 90% of the		X			X				X

[5] Ideas for *Cost Saving/Innovative Models* were identified by DD Services Legislative Task Force members.

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			dollars which are spent on children to IFS and keep those dollars available as flexible funds for families of children with disabilities. Regulatory/Policy Changes: Would need to update DDS Flexible Family Funding guidelines.									
Family Support	1.2	Increase Flexible Family Funding (FFF) for single parents over the age of 60 and two-parent families over 70 to extend the time these families can provide care for their son or daughter (recommended by Pacific Health Policy Group in 2004, saying it would save $25K for each year a family could continue to provide support). (How to balance the need of the adult for more out-of-home involvement in the community?)	Data/Facts: Flexible Family Funding (FFF) allocation - $1,103,749 (FY 12) of which 10% went to adults age 22 and older. It is not known what the age is of the parents or other caregivers (e.g., siblings, grandparents), but age range of adults who receive it is: Age 22 – 30 = 65; Age 31 – 40 = 15; Age 41 – 50 = 8; Age 51 – 60 = 9; Age 61+ = 5. Pros: A pilot might be beneficial to determine the benefit to families and estimate the potential for actual savings. Success of the pilot would likely depend upon the amount of FFF provided and whether the support provided is sufficient to prevent the need for more expensive HCBS services. Cons: Any savings realized would be over the long term. May require additional allocation of FFF as people would stay on longer and would need new resources for new people (e.g., FFF used by children aging out of Integrated Family Services (IFS) would not			X			X			X

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			necessarily move with the child into adult services. Regulatory/Policy Changes: Would require changes in the FFF Guidelines.									
Family Support ~ ~ ~ Top Ranked by Work Group	1.3	Investigate what is being done in the Family Support grant that the National Association of State Directors of Developmental Disabilities Services (NASDDDS) is doing with the Missouri University Center of Excellence in DD. Not sure that the things they are doing will save money or not, but they are intended to strengthen support-providing families. a. Individuals and families need to be at the front and center of whatever	Pros: Unsure of details but general principles appear sound. Would need to work in partnership with Vermont Family Network (VFN) and Green Mountain Self Advocates (GMSA) to develop solid approaches to family supports across Vermont. This effort could help eliminate the gaps in family support due to the reduction or elimination of various programs and services that were instrumental in supporting families in Vermont: o Peer Navigator positions were eliminated. o Statewide family advocacy organization – role partly met by Vermont Family Network, but not at the same level as previously with the Vermont ARC. o Flexible Family Funding/Respite – cuts in amount of allocations to families. o "Goods" line item in home and community-based services budgets – no longer available (other than for home modifications) – affects families whose sons and daughters live at			X	X					X

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		changes happen. b. Vermont has had success with flexible services. c. Vermont's Global Commitment already provides the means for more flexible approaches to serving people. d. Individuals and families will be more satisfied when they have options and can tap supports that match what they really need. e. Individuals and families are likely to need fewer supports when	home. o Conferences on family support – limited opportunities to hear speakers from outside Vermont. o Regional respite homes – three respite homes available to families were closed due to low use. o Family support groups run by agencies – there may be fewer options for family support groups available. <u>Cons</u>: This is a long term effort. May require initial investment for longer term cost savings. Any cost savings would be dependent on how changes in support are realized. <u>Regulatory/Policy Changes</u>: May need changes in policy/guidelines.									

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		there are options and supports that match what they really need. f. In order for people to be independent in the long run you need to invest in expertise that will support them. G People cannot keep their heads above water when hit with multiple cuts and limited options to respond to them (e.g., a family loses Flexible Funding and is also closed out of the Children's										

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		Personal Care Services pilot.) h. A balanced approach retains regulatory safeguards that are in place when times are hard, without erecting new barriers that are counterproductive.										
Family Support	1.4	Allow payment to parents for providing support to adult children with a developmental disability.	Pros: This option can be less stressful for families and can be a good match in some circumstances. A pilot might be beneficial to determine benefits to individuals and families and potential for cost savings. Would need to consider this carefully and involve key stakeholders such as service providers, Green Mountain Self Advocates (GMSA) and Vermont Family Network (VFN). Cons: Would require time to appropriately plan and implement. Would need to build in additional checks and balances which could add costs. Depends on how it is			X			X	X		

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			implemented, but it has not shown to create significant cost savings in other states. Other Considerations: The results of research on paying parents are summarized in a 2010 memo to Commissioner Senecal: *Considering the Options: Paying Parents with Medicaid*. http://www.dail.vermont.gov/dail-projects/dds-legislative-work-group/considering-the-options Regulatory/Policy Changes: Would need to modify established state procedures under Global Commitment and develop new policy/guidelines.									
Family Support	1.5	Do not pay parents – conflict of interest	(see 1.4)									
Family Support	1.6	Intervene earlier with supports to families; it should not be all or nothing	Data/Facts: AHS is working to integrate all child and family services across departments as part of the Integrated Family Services (IFS) initiative. One of the primary goals of this effort is to streamline services to allow more money to be spent intervening earlier to prevent larger challenges later. Pros: The concept of intervening earlier in the lives of young adults could be explored as well. Cons: This is a work in progress and results	X			X			X		

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			are not likely to be seen for some years. Would likely require initial investment for longer term cost savings. Regulatory/Policy Changes: This may require a regulatory or policy change.									
Employment	2.1	Look at ways to provide more natural job support for people that have less intense needs.	Pros: This could be implemented in near term for some people. Not an across-the-board fix but would be a beneficial change. Could provide incentives for helping move away from the need for a full time job coach towards independence on the job. This could result in better job matches sooner. May be less stigmatizing for workers. Cons: This could unintentionally create two-tiers of workers thus skewing employment supports toward people who need less on-the-job support.	X			X				X	
Employment	2.2	Develop ways to fade job support and provide natural supports for people with developmental disabilities especially for people with less intense needs.	(see 2.1)									
Employment	2.3	Emphasize employment for	Pros: Home providers do have the potential to be good support which could reduce staff,			X	X			X		

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		everyone (e.g., Employment First). Get more creative at individualized, customized employment; micro enterprises. (For people with shared living providers, it may take some workshops for both the person and the shared living provider to begin to come up with ideas for employment or micro enterprises. May require the use of Plans to Achieve Self-Support (PASS). Not sure this could be accomplished without additional costs.)	but families require the same level of staffing as supported employment jobs. Micro enterprise is more intensive than job supports. Not a realistic cost saver but meets individual need and promotes person centered values. Plans for Achieving Self Support (PASS) could be used to help offset costs. Cons: This would need careful consideration and different training/job development methodology. May require investment before savings can be realized. DDSD micro enterprise work group is currently upgrading existing micro enterprise website and re-introducing the training modules created via the Medicaid Infrastructure Grant (MIG). Experience from the 30+/- businesses created shows needed supports often exceed allocated funding.									
Employment	2.4	Rethink how to job match to achieve greater on the job independence.	Pros: This could be implemented in near term. Could bring technology to job sites such as cell phones, iPads, iPhone aps to increase independence/decrease staff on-site. Cons: Would require different training/job development methodology.	X			X				X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
Supportive Living ~ ~ ~ Top Ranked by Work Group	3.1	Look at what other states are doing in the areas of supportive living and technology.	Pros: Could be a beneficial change for some. Could help reduce dependency on shared living arrangements and people living with family, and/or transform some shared living/natural support arrangements through the use of technology. Cons: It requires up-front costs. Will require further research so would likely not be a quick solution. It may take time to see a change in practice/policy or realize savings. Depending on the technology and implementation strategy, there is still a need for affordable housing and it initially costs more per person. Would need a critical mass of people for whom it would be viable for it to become cost effective. It could put individuals at risk while assessing its viability. Other Considerations: Other states are successfully using technology to reduce the amount and cost of home supports that have not yet been tried in Vermont. Regulatory/Policy Changes: Would need to revisit/update DDS "Home Alone" guidelines which consider how to manage risk.			X			X			X
Supportive Living ~ ~ ~ Top Ranked by Work Group	3.2	Develop a way to subsidize the rent so that people can live in apartments	Pros: DAIL is applying for an 811 HUD grant which would provide some designated vouchers for people with developmental disabilities. Could look to expand the model	X			X				X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		together. Given that Section 8 says one voucher per household and there is a waitlist and cost of rent is very high.	of using a single staff person who is available to support multiple individuals living in the same apartment complex or in close proximity. Cons: Current access to Section 8 vouchers is problematic. Would require working with housing organizations (state and local) to improve access to Section 8 vouchers. Regulatory/Policy Changes: Allowing multiple vouchers per household would require changes/variances to current rules. Consider seeking legislative support and/or use of Global Commitment (GC) Investment or state general fund dollars to supplement rental/housing costs.									
Supportive Living	3.3	Find alternative ways to pay rent: a. Increase Vouchers (HUD funding levels) b. Get waivers to vouchers, house owned by parents or trust, Managed Care Organization (MCO)	(see 3.2)									

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		investment c. Use one time funds (Global Commitment – may need change in Standard Terms and Conditions) e. HUD 811 grant										
Supportive Living	3.4	Kinship support – Relatives (non-parents) paid to care for children with disabilities	Data/Facts: This already happens to some extent in Vermont (e.g., siblings paid as home providers). Pros: This could be implemented in near term for some people. Not an across-the-board fix but could be beneficial. Cons: Would need thoughtful planning and involvement of Green Mountain Self Advocates (GMSA), Vermont Family Network (VFN) and other stakeholders.	X					X		X	
Transition	4.1	Raise the High School Graduate Funding Priority age to 21. Many other states have dual enrollment programs where students can spend	Pros: This would be a good option for some people, but would not necessarily be the best alternative for everyone. Other Considerations: It will be important to engage the Agency of Education (AOE) in this discussion. Changing the DDS funding priority would not necessarily assure changes in the		X		X			X		

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		their years till age 21or 22 on college campuses taking classes, learning life skills, jobs skills etc.	AOE or local school policies. More likely a cost shift. Cross-department collaboration needed.									
Transition ~ ~ ~ Top Ranked by Work Group	4.2	Develop more post high school transition programs, like SUCCEED, to teach the basics of living in the community but have it more peer based with college student mentors.	Pros: Could save money in the long-term. Increase support to other post-secondary transition programs like THINK College, College Steps and Project Search, which have wide ranging positive effects and may decrease the need for future services. Cons: Would require initial investment of funding and may cost more for some people.			X	X				X	
Transition	4.3	Work with the Agency of Education (AOE) to address issues of transition age students. Many school districts try to graduate special education students early; when this happens, families must not be left without any supports for their sons and daughters. (AOE could fund post-secondary	Pros: This would be a good option for some people, but would not necessarily be the best alternative for everyone. Other Considerations: Families may not be aware of ramifications of early graduation. More likely a cost shift. Cross-department collaboration needed. (see 4.1)									

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		options for students between graduation and age 22, but would they?) Some schools may push students out early.										
Funding	5.1	Department for Children and Families (DCF) needs to do an over-18 agreement to continue funding for everyone who turns 18 that's in foster care.	Data/Facts: We do not have data on the number of children this would affect, so it is difficult to project savings. Other Considerations: DAIL is currently revising its written agreement with Department for Children and Families (DCF) regarding financial responsibility for children who have been in custody and are turning age 18. Depending on the final terms of the agreement, this may or may not have financial and other implications for DDSD services. Cross-department collaboration needed. DCF has very specific rules that apply to when an over age 18 agreement is appropriate. Not every child's situation falls within the rules. Regulatory/Policy Changes: Work with DCF to change over age 18 agreements to so it would be more beneficial to students.		X				X	X		

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
Funding ~ ~ ~ Top Ranked by Work Group	5.2	Bring back the more pro-active State System of Care Plan (SOCP) priorities that prevent crisis: a. Prevent regression b. Help towards independence	Data/Facts: The following are changes that were made to the SOCP Funding Priorities from FY 02 to FY 10. Funding priorities suspended in FY 02 and later eliminated: - *Support needed to prevent an adult or child from regressing mentally or physically* - *Support needed to keep a child under 18 with his or her natural or adoptive family* - *Support needed to keep a person from losing a job* - *Support needed to assist an adult to be independent from DDS-funded services, or to move to "minimal services," within 2 years* Funding priorities eliminated in FY 03: - *Support for a young adult aging out of SRS custody who is eligible for and requires ongoing services*. Funding Priorities eliminated in FY 06: - Changed from age 18 to *age 19* for "*health or safety*" and "*maintain employer-paid job*" priorities. Pros: Earlier funding priorities were more pro-active and focused on prevention. Would likely cost more initially as people would be funded sooner, but could save money for some people in the long run.	X			X			X		
Funding	5.3	Don't undermine the local funding committees by	Data/Facts: In FY 13, of the budgets approved by local funding committees and then reviewed by the state funding committees;		X				X	X		

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		second-guessing their budgets submitted. This could lead to inflation of budgets submitted in order to get what is needed. Trust them, and they will keep the budgets frugal and realistic.	38% were approved as requested; 48% were approved but with a reduced amount of funding; and 14% were denied. Substantially more funding is approved at the local level than at the state level as the committees are currently organized. Pros: Having an integrated statewide committee review funding decisions provides a healthy check and balance. There is funding guidance and policies in place that minimize approval of inappropriately high budgets.									
Funding	5.4	Identify especially at risk families (age criteria, single parent, two parent family).	Cons: Would not necessarily be a cost savings. Other Considerations: Would need to assess if these are the critical "at risk" factors that would make the most difference. Would need more information about what this would look like. (see 1.2)			X			X	X		
Funding	5.5	Look into the Family Waiver option (e.g., capped amount of funding per family and/or by service).	Pros: May provide an alternative approach to funding family supports, such as funding families sooner but for an overall lower budget amount. (see 1.3 and 1.6)			X			X	X		
Funding	5.6	Look at the Department of Mental Health (DMH) paying for	Pros: This already happens to some degree for children. This might work if clinical services were provided as a capped capacity service within an agency rather than as an			X		X			X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		some of the DDS Waiver clinical services.	ongoing individual service within a person's budget. Set the expectation of fading services over time. Cons: Alternative funding (e.g., Department of Mental Health, fee-for-service Medicaid) is already not sufficient to meet the need. Other Considerations: More likely a cost shift. Cross-department collaboration needed.									
Shared Living	6.1	Time limit on amount of time in Shared Living. A person who goes into a shared living provider (SLP) situation should be there to learn the basics of daily living and then move on to a less restrictive setting with peers. There are times when a home provider has no incentive to move someone along to the next level and they get stuck.	Pros: Potential benefit to rethinking shared living provider contracts (e.g., have limited service options with outcomes focused on helping people move toward more independent/ interdependent living; provide incentives/bonuses to providers who are successful in helping a person move to more independence). Cons: May require some investment before savings realized. May need to start this moving forward as it could be difficult to set different expectations with current home providers. This would need careful consideration to avoid unintended negative consequences (e.g., punishing home provider for doing a good job, home providers quitting due to change in contract agreements). Other Considerations: Currently some people	X			X				X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			receiving 24 hour home supports (e.g., shared living and group living) have a "home alone" plan where they can stay home without supervision for limited periods of time. Regulatory/Policy Changes: Would need to revisit DDS "home alone" guidance that sets out safeguards that enable people receiving 24 hour home supports to stay home without supervision.									
Shared Living	6.2	Do not allow more than two people in a developmental home/ shared living.	Data/Facts: This is the current policy. The Division of Licensing and Protection (DLP) rules require licensure of a home that has three or more residents living in the home who require care or supervision and are not a relative. Pros: Potential for savings would depend on ability to provide a lower per person home provider stipend as the number of individuals per home increased. Cons: Concern about "slippery slope" of shared living homes becoming more like small group homes. Potential issues include stigma associated with group living, lack of individualized care, possible reduction in quality of care, etc.			X			X	X		

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			Regulatory/Policy Changes: Would need special provisions (e.g., review of circumstances, assure good matches, informed decision making by potential housemates) and involvement of Green Mountain Self Advocates (GMSA). Consider changes/variances to current rules at DLP.									
Shared Living	6.3	Incentives for Home Providers' base rate of pay. Bonuses to increase people's independence so that it is not an ongoing expense! Less restrictive setting.	(see 6.1)									
Home Support ~ ~ ~ Top Ranked by Work Group	7.1	There are options to create better and different housing situations that do not necessarily cost more money (e.g., flexibility of a limited liability company). Parents and individuals are looking for flexibility and choice. Encouragement of alternative housing	Pros: This option could provide long term security and consistency. HomeShare option might provide alternative affordable living arrangements. Cons: Might limit flexibility (harder for a person to move out). Other Considerations: Home ownerships issues would need to be worked out. Matching up compatible housemates would be paramount (as with most home supports options).			X	X				X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		options could facilitate less restrictive settings with peers as well as more creative options for individuals who will always need a consistently high level of support.										
Home Support	7.2	Alternative models of care: L'Arche (similar to Camp Hill, Heartbeet) – economical Section 119, food, shelter exemption; high level of support through volunteers (AmeriCorps) so cost kept down.	Data/Facts: An initial review of budgets of those living in these type of arrangement in VT indicates that costs are similar to agency rates. Pros: It is possible that communal living can provide safe, secure and possibly less costly living environment. Cons: Concern about "slippery slope" and stigma associated with group living. Any group living needs vigilance around keeping supports and experiences individualized and respectful of personal choice. Group living may result in greater expense due to licensing standards and staffing requirements. Other Considerations: More in-depth analysis needed.			X			X		X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
Home Support ~ ~ ~ Top Ranked by Work Group	7.3	Planning Lifetime Advocacy Network (PLAN) is an organization built on the belief that through networks we can help families provide for peace of mind: in building a safe and connected life for our family and friends with a disability, we create a sense of belonging that has benefits for us all.	Other Considerations: Need more information about Planning Lifetime Advocacy Network (PLAN).			X	X					X
Self-Advocacy	8.1	Invest more money in peer support and self-advocacy.	Pros: There are many benefits to peer support and self-advocacy. Changes over time may result in less costly services. Cons: It is likely to be an investment that takes time to realize savings.	X			X				X	
Self-Advocacy	8.2	Peer support not currently in Global Commitment (GC) – should be put in (then could match and maximize funding).	Pros: Could provide savings but would need to look into what the benefits are, assess feasibility and determine what it would take to make it happen. Regulatory/Policy Changes: Would need to make changes in Global Commitment.	X			X				X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
Services	9.1	Do not fund center-based day programs.	Data/Fact: Since Vermont closed the last sheltered workshop in the state in 2002 and prohibited enclaves, daytime non-work services have focused on individualized community supports (1:1 or 2:1). In response to recent budget cuts, a few center-based day programs have emerged. Pros: Center-based day programs may provide an alternative, satisfactory option for some participants. Cons: Center-based day programs are seldom integrated with members of the community outside of developmental disabilities services. They do not provide much individual choice or flexibility for participants as choices of activities are often from a predetermined menu. Center-based day programs should not be the only option presented to people with developmental disabilities.	X				X			X	
Services	9.2	Seek more private guardians for people with public guardians. This was done after the closure of Brandon. There may be people out there willing to become	Data/Facts: There is a continual effort to find private guardians and to support people to go off guardianship, when possible. The Office of Public Guardianship and Green Mountain Self Advocates (GMSA) offer training for self-advocates, schools, organizations, etc. on alternatives to guardianship.			X			X		X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		private guardians. (Be careful not to undermine the safety of people who need public guardians.)	Cons: It is not clear that it would save money to have less people on guardianship and could in fact cost the system more.									
Services	9.3	Targeted Case Management (TCM) – not done statewide, but is a cost effective way of giving support.	Data/Facts: Current Targeted Case Management (TCM) allocation is close to $600,000 and in FY13 only about $420,000 of it was used. Pros: This funding source may save money as a preventative measure by assisting people while keeping them off or delaying access to long term services and supports. It may even be possible to increase the allocation if it can be verified that providing TCM helps keep individuals off long term services.	X			X				X	
Quality Assurance	10.1	Rebuild citizen reviewing to assist in quality assurance. This was done in the past by a small grant to a family organization (ARC) which then mobilized and trained volunteers from the community (it would be	Pros: Could provide oversight similar to current peer review groups we currently use now (i.e., Green Mountain Self Advocates). Would be similar as to what was accomplished when DAIL had paid quality review staff who were also recipients of services (those positions were eventually cut). This could provide a different and overall greater level of oversight which could improve quality of services and result in less costly alternatives.		X				X		X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		Vermont Family Network today). This could relieve some of the pressure from too few Quality Assurance staff.	Cons: The former Citizen Review process was never incorporated into the State quality review process nor did it look at systems issues. The limited reviews that did take place generally looked at individuals in their residential living situations (there were more group homes back then). It could be cumbersome and limited in the scope of what they achieved. Other Considerations: There would need to be a cost/benefit analysis conducted.									
Quality Assurance ~ ~ ~ Top Ranked by Work Group	10.2	Increasing DAIL quality assurance staff back to, or at least closer to, prior levels.	Pros: Increased number of quality review staff at DDSD would lead to improved quality of services and supports though increased review numbers and provision of ongoing technical assistance and training. Cons: It is unlikely that the influence of more quality review staff would result in less costly services overall. If it did, it would require an investment that would take time to realize savings. Other Considerations: Further analysis of costs and benefits would be valuable.			X	X				X	
Quality Assurance	10.3	Quality Assurance may save money in the long run by	Pros: A specific focus of the quality review team on cost effective services would be of benefit.	X					X		X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		assuring cost effective services										
Public Safety	11.1	Eliminate the public safety priority especially for those who are not on Act 248. Public protection is not a Developmental Disabilities Act responsibility.	Cons: Diminished oversight and services to people in the public safety group could put former victims, vulnerable populations and other community members at risk of health and safety. It is difficult to separate out public protection costs from costs of supports due to the person's disability. Other Considerations: More likely a cost shift. Cross-department collaboration needed.			X		X		X		
Administrative	12.1	All the agencies should use an ARIS Solutions (ARIS) model (i.e., shared business functions) for their business office because it is cheaper and more cost effective. Consolidate administrative functions of agencies into ARIS to achieve lower administrative rates. (This has been suggested before, but the larger, full-	Data/Facts: Most of the smaller agencies (1/3 overall) already use ARIS Solutions as a Fiscal Intermediary Service Organization (Fiscal ISO) for business office functions (1 DA: UVS and 4 SSAs: CCS, FF, LSI, SAS). Pros: Consolidation of administrative functions at DAs has potential for financial savings. Cons: It would be a complex process given that nine DAs are comprehensive agencies with programs serving multiple populations (developmental disabilities, psychiatric disabilities, substance abuse). Administrative functions are defined differently by each DA/SSA. Would need increased resources in DAIL Business Office.	X				X				X

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		service DA's have business offices for the entire agency, not just DDS. Also, do all agencies count the same things as administrative costs? Do all count the Executive Director's salary as administrative cost?)	Other Considerations: Would need data from DA/SSAs to inform this work.									
Self/Family Managed	13.1	Increase and educate people about the option of self/family managed services but have quality assurance guidelines around it given that self/family managed services are cheaper.	Data/Facts: There were 76 people self/family managing in FY 12 compared to 2,573 people who had agency-managed services or who shared-managed services. There are administrative overhead costs to pay for Transition II as the Supportive Intermediary Service Organization (Supportive ISO) that come out of individual budgets. Other Considerations: Self/family managed services are not necessarily less expensive; it depends on the individual situation. There is not a large enough sample of people self/family managing to adequately compare to the larger group receiving long term services and supports.									
Self/Family	13.2	Encourage more self	Data/Fact: Currently self/family management			X			X	X		

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
Managed		and family management. Consider the possibility of allowing, on a case-by-case basis, family management of comprehensive waivers (people living outside the family home). This is one place where the decision should likely be at the level of the state. This is allowed in some other states.	of home supports is limited to 8 hour/week supported living. Pros: It is not clear that it would be a cost savings but it could be of benefit for some people. Assurance of oversight and significant safeguards would need to carefully considered and put into place. Cons: This practice was tried and there were serious incidents in terms of health and safety and quality of life. Clarification of who is responsible for enforcing policies and guidelines and providing levels of oversight would be required. Liability for negative outcomes must be understood. Regulatory/Policy Changes: This would require detailed analysis of the implications and revisions of policies to ensure safeguards.									
Self/Family Managed	13.3	Increasing the use of self/family management.	(see 13.1)									
Refugee	14.1	Work with refugee communities to develop culturally relevant options for people served from those communities.	Data/Facts: The greatest caseload pressures from the refugee population are in Chittenden County. This is currently the practice at HowardCenter. Pros: Additional options could be explored that may have potential for savings.	X			X				X	

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
			Other Considerations: Caseload pressures from refugees come in waves and currently have limited regional focus.									
Refugee	14.2	Recruit and train direct support providers from those communities, including family members. (May not save money, but could increase satisfaction and belonging in those communities, as well as take the pressure off other social services by providing employment).	Data/Facts: This is current practice for some individuals. Pros: It would be worth considering expanding this practice. Other Considerations: Caseload pressures from refugees come in waves and currently have limited regional focus (differentially impacts HowardCenter).			X	X				X	
Refugee	14.3	When a group first comes, more stable population is followed by those more in need – use this time to plan.	Pros: It would be helpful to see what information can be learned about the next group of refugees that are expected to come to Vermont and how best to prepare. Other Considerations: Caseload pressures from refugees come in waves and currently have limited regional focus. (Differentially impacts HowardCenter).			X	X					X

Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings			Result in Quality Improvement			Require Change to System of Care Plan		
				Yes	No	?	Yes	No	?	Yes	No	?
Refugee ~ ~ ~ Top Ranked by Work Group	14.4	Approach Vermont's congressional delegation to see what funding may be available to support the refugee population.	Pros: It would be helpful to talk to the Vermont Congressional Delegation to see if any federal assistance is available to offset state costs. Con: Would not likely see cost savings in near term. Other Considerations: Caseload pressures from refugees come in waves and currently have limited regional focus. (differentially impacts HowardCenter).	X					X			X
Miscellaneous	15.1	Choices For Care and other DAIL programs should serve people with developmental disabilities as they age and develop more significant issues.	Data/Fact: This is already being done. Pros: It would be a benefit to increase number of DA/SSAs who are Choices for Care providers. Cons: Supports though Choices for Care may not have the range of choices available through traditional DD services. Other Considerations: More likely a cost shift. Inter-department collaboration needed.		X			X			X	
Miscellaneous	15.2	Bring in national thinkers/ experts, host a conference to help us think in new ways (e.g., John	Pros: Beneficial in the past; would be worth exploring. Cons: This would likely take time to see a change in practice/ policy or realize savings.			X			X			X

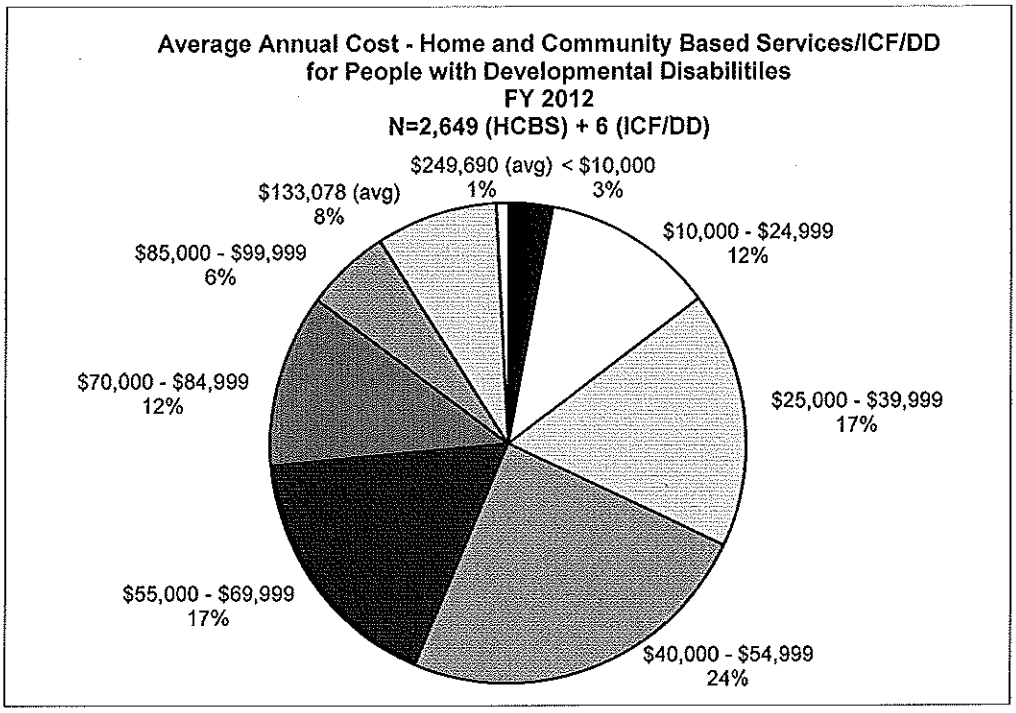
Topic Area ~ ~ ~ Recommendations	#	Cost Saving/Innovative Models in DD Services Brainstormed by the Work Group	Implications (Data/Facts, Pros, Cons, Other Considerations, Regulatory Change)	Create Cost Savings Yes	No	?	Result in Quality Improvement Yes	No	?	Require Change to System of Care Plan Yes	No	?
		O'Brien, Charlie Lakin).										
Miscellaneous	15.3	Visit other states that are doing things exceptionally well (e.g., Washington state re: work).	Pros: This would be worth exploring. Cons: It would likely take time to see a change in practice/policy or realize savings. Other Considerations; When considering other practices around the county, it has been found that Vermont is usually ahead of the curve in terms of quality and cost effective services.			X			X			X

Appendix A

A Summary of the Key Information and Data Considered by the Developmental Disabilities Services Legislative Work Group

Financial Data[6]

- **Only 9% (235) of people receiving home and community-based services (2,649) are supported at a rate of $100,000 or more per year. Less than 1% (20 people) of those served have budgets over $200,000.**

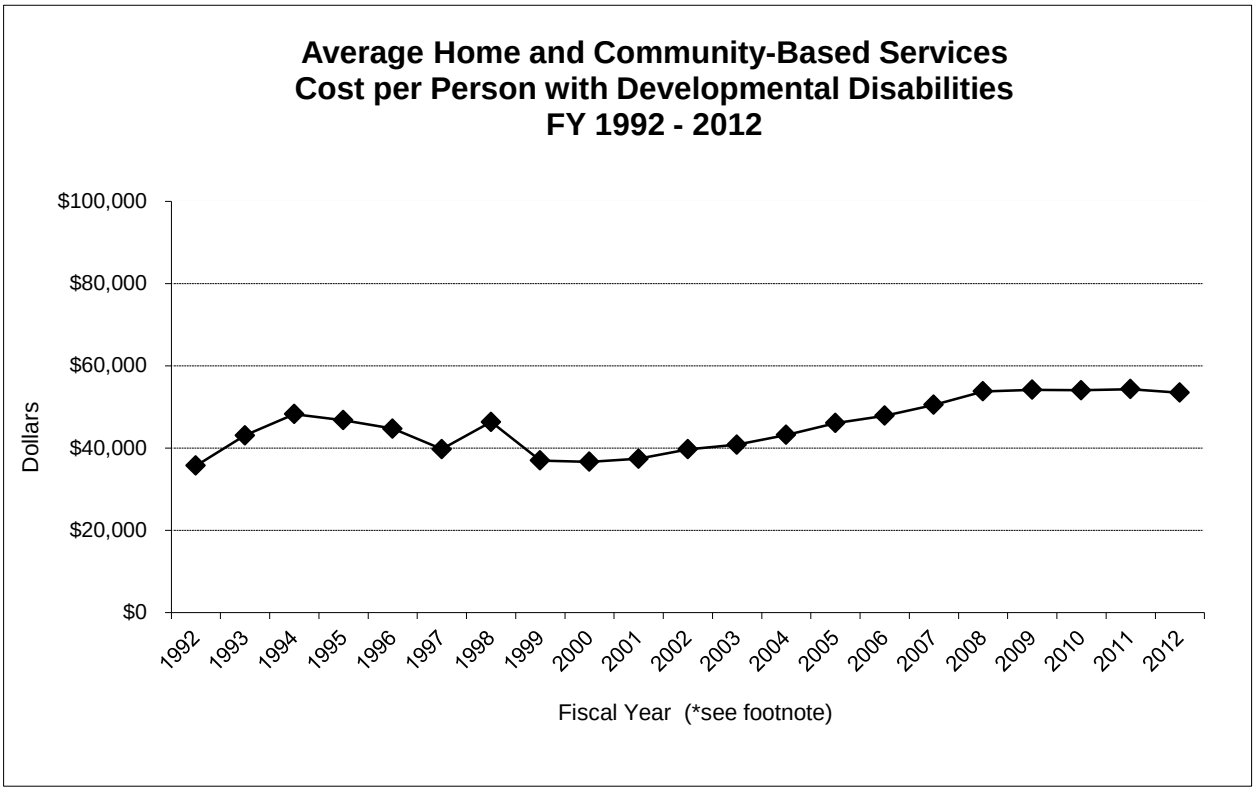


Note: SFY '12 ICF/DD allocation is included in the "$249,690 (avg)" category.

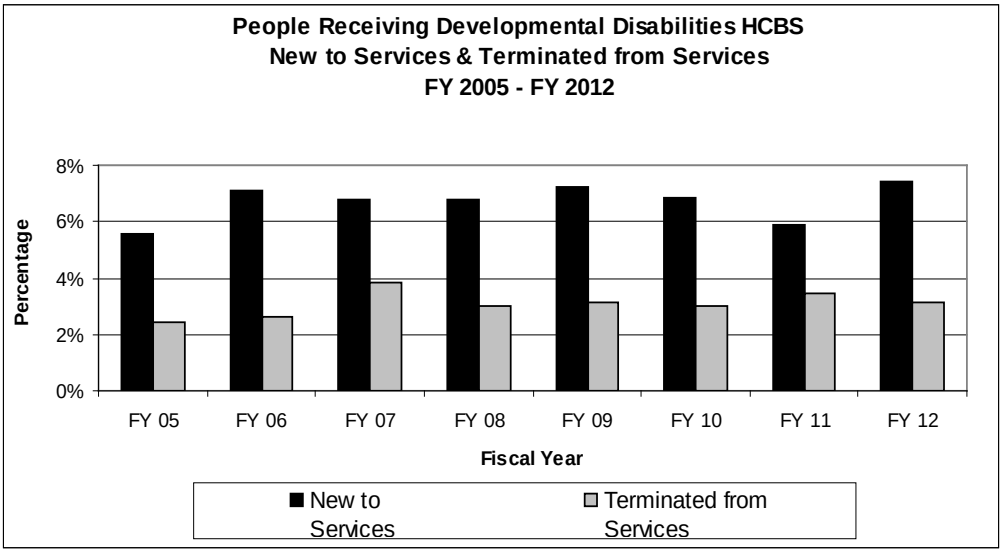
Cost Category	Number of People	Cost Category	Number of People
< $10,000	79	$70,000 - $84,999	310
$10,000 - $24,999	311	$85,000 - $99,999	152
$25,000 - $39,999	459	$133,078 (avg.)	219
$40,000 - $54,999	647	$249,690 (avg.)	22
$55,000 - $69,999	456	**Total Served**	**2,655**

[6] Source: Home and Community-Based Services (waiver) spreadsheets, cost reports and DDS Annual Report data.

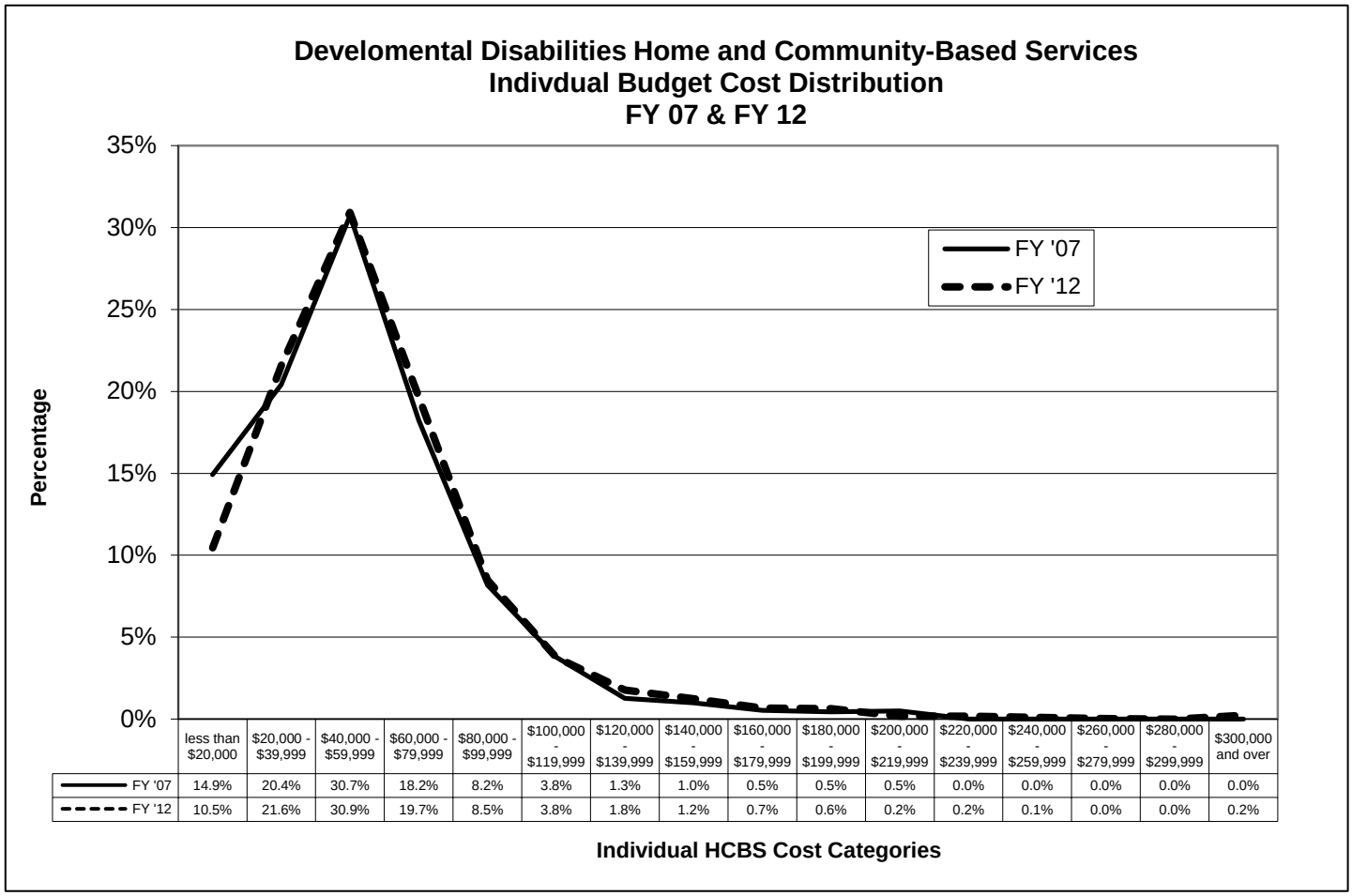
- **Average per person costs of home and community-based services have remained stable over the past 4 years; average costs have reduced .6% since FY 08 (not adjusted for inflation).**



- **During this same time period (FY 08 – FY 12), the number of people receiving HCBS have increased on average 4% each year – 95 people per year on average (net new).**



- **Cost distribution of home and community-based services has changed insignificantly in 5 years.**



	less than $20,000	$20,000 - $39,999	$40,000 - $59,999	$60,000 - $79,999	$80,000 - $99,999	$100,000 - $119,999	$120,000 - $139,999	$140,000 - $159,999	$160,000 - $179,999	$180,000 - $199,999	$200,000 - $219,999	$220,000 - $239,999	$240,000 - $259,999	$260,000 - $279,999	$280,000 - $299,999	$300,000 and over
FY '07	14.9%	20.4%	30.7%	18.2%	8.2%	3.8%	1.3%	1.0%	0.5%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%
FY '12	10.5%	21.6%	30.9%	19.7%	8.5%	3.8%	1.8%	1.2%	0.7%	0.6%	0.2%	0.2%	0.1%	0.0%	0.0%	0.2%

- **The influx of refugees into developmental disabilities services in Chittenden County has increased exponentially the past few years. However, the average developmental disabilities home and community-based services budget for a new refugee was $39,955 (FY 13), 26% less than the average annual budget for all people getting services ($54,316 in FY 12).**

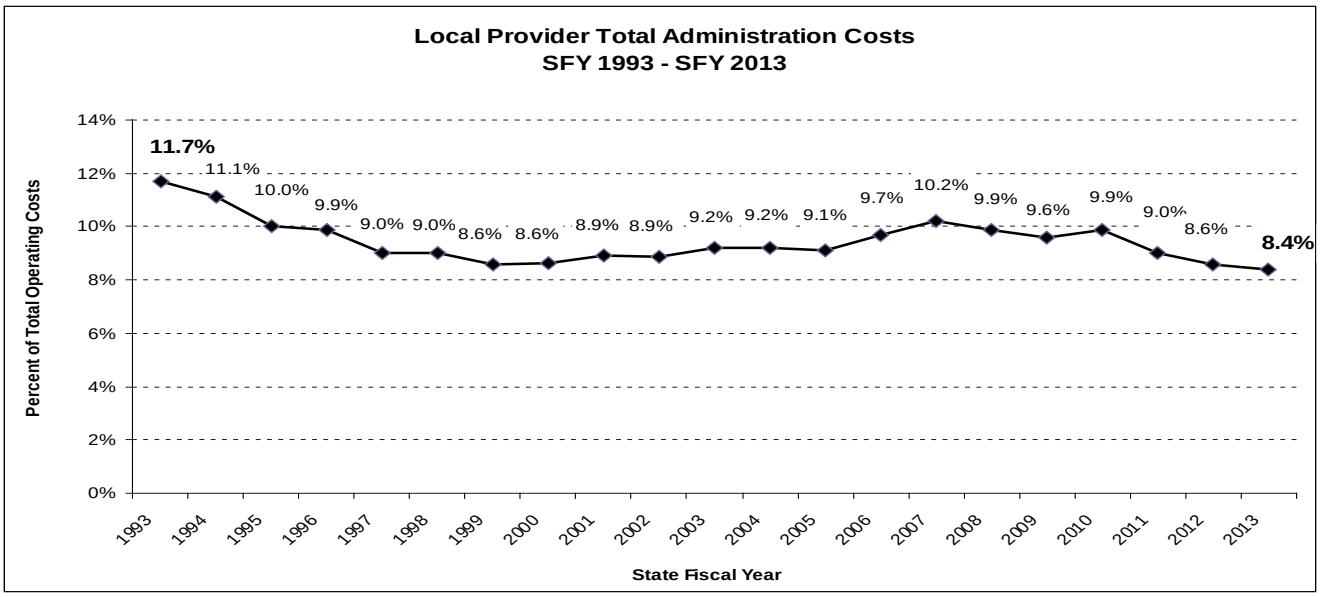
State Fiscal Year	Number of Recipients who were Refugees
FY 07	1
FY 08	0
FY 09	0
FY 10	5
FY 11	3
FY 12	7
FY 13	22

- **The total change in home and community-based services expenditures per year averaged 8% (over an 18 year period). This percentage matched the total average number of people served over the same period of time.**

Total Home and Community-Based Services Expenditures (State and Federal) and Total People Served
Percent Change Over Time - FY 94 - FY 12

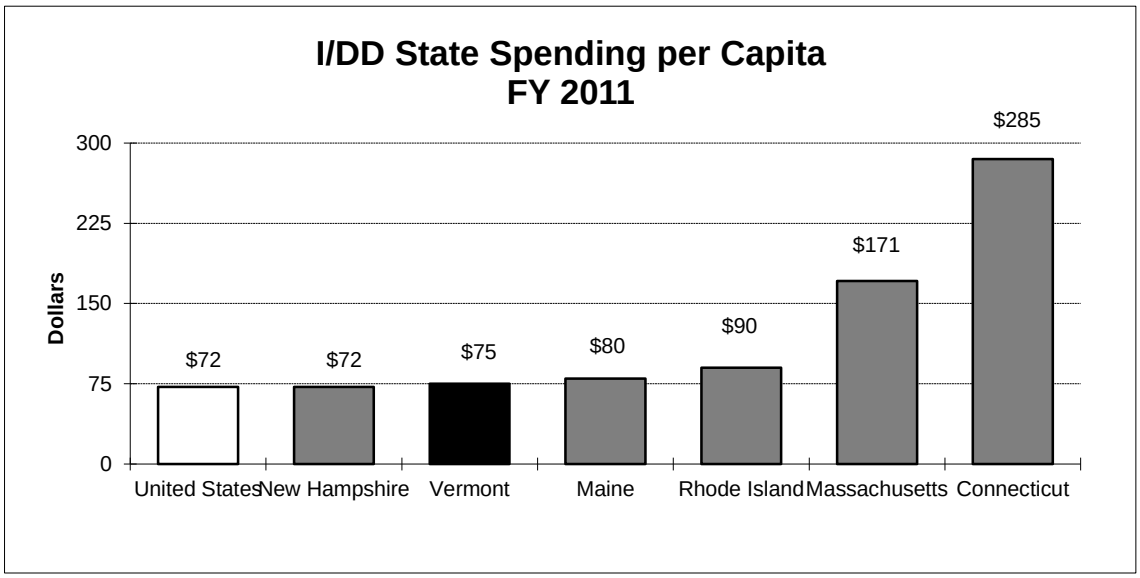
Fiscal Year	Total Waiver Expenditures (State and Federal)	Percent Change from Previous Year	Total Number of People Served	Percent Change from Previous Year
1994	$33,139,589		722	
1995	$39,888,163	20%	913	26%
1996	$45,137,783	13%	1107	21%
1997	$47,980,267	6%	1372	24%
1998	$51,557,561	7%	1485	8%
1999	$54,437,829	6%	1540	4%
2000	$60,014,162	10%	1684	9%
2001	$68,534,479	14%	1796	7%
2002	$74,856,153	9%	1844	3%
2003	$77,823,489	4%	1899	3%
2004	$85,216,669	9%	1955	3%
2005	$92,171,784	8%	2003	2%
2006	$102,245,503	11%	2102	5%
2007	$109,071,348	7%	2200	5%
2008	$121,270,835	11%	2270	3%
2009	$128,446,172	6%	2372	4%
2010	$132,938,400	3%	2460	4%
2011	$137,907,924	4%	2539	3%
2012	$141,408,809	3%	2,649	4%
	3 Year Average	**3%**	**3 Year Average**	**4%**
	18 Year Average	**8%**	**18 Year Average**	**8%**

- **Overall administrative rate across all DA/SSA was 8.4% in FY 13.**

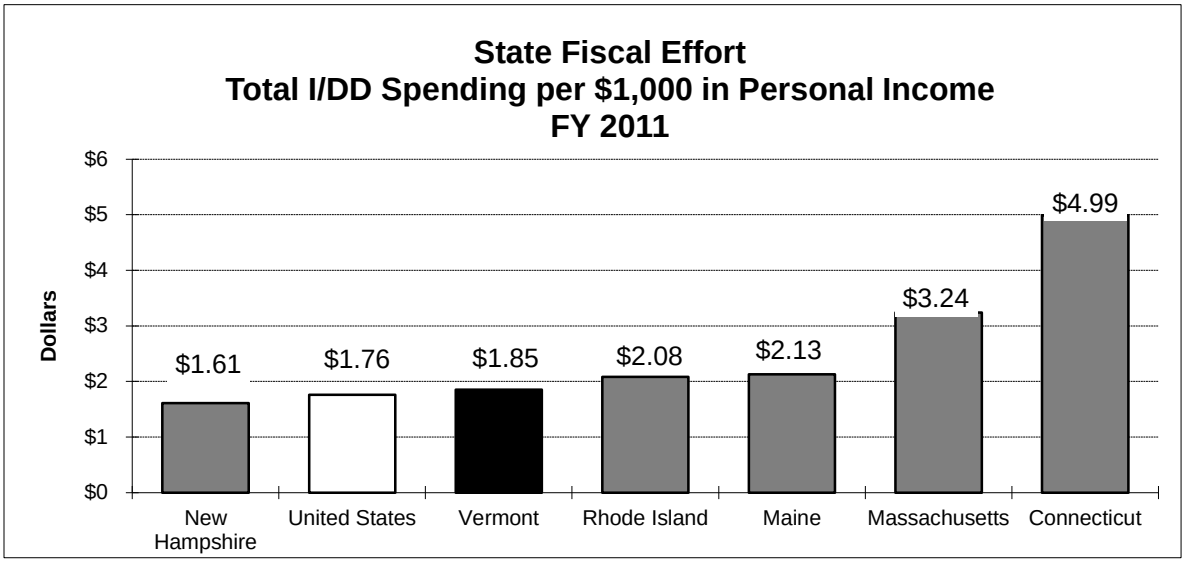


State Spending – National Comparison[7]

- **Vermont ranks a close 2nd to New Hampshire in spending fewer state dollars per state resident for ID/DD services than any New England State; and is only slightly higher than the national average (FY 11).**



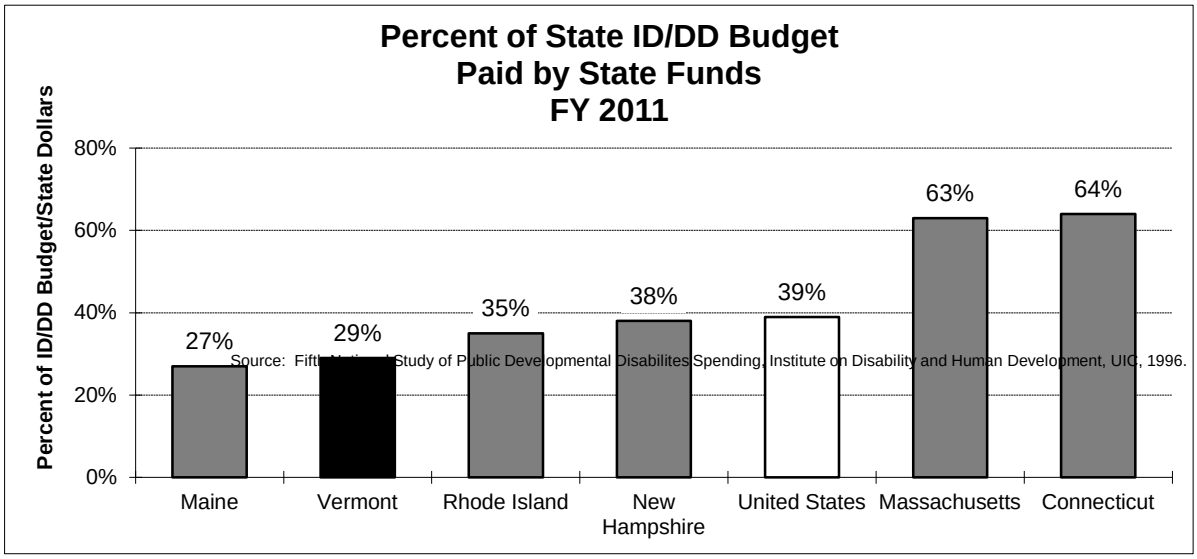
- **The fiscal effort in Vermont, as measured by total state spending for people with ID/DD services per $1,000 in personal income, indicates that Vermont ranks second to New Hampshire as the lowest of all New England States (FY 11).**



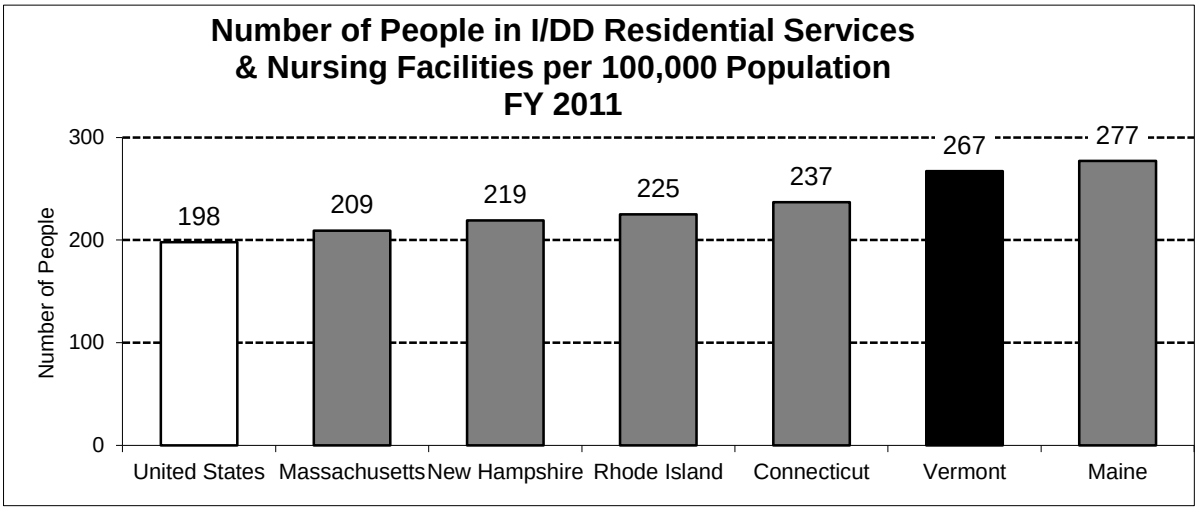
[7] Source: *The State of the States in Developmental* Disabilities, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 9th Edition, 2013.

State Spending – National Comparison[8]

- **State funds (including state funds used for Medicaid match) account for a smaller proportion of the budget from (ID/DD) services in Vermont than in any other New England State except for Maine and is lower than the national average (FY 11).**



- **The number of people receiving residential services in the intellectual/ developmental disabilities (I/DD) services system (including people living in nursing facilities) per 100,000 of the state population is above the national average and higher than any other New England state except for Maine (FY 11).**

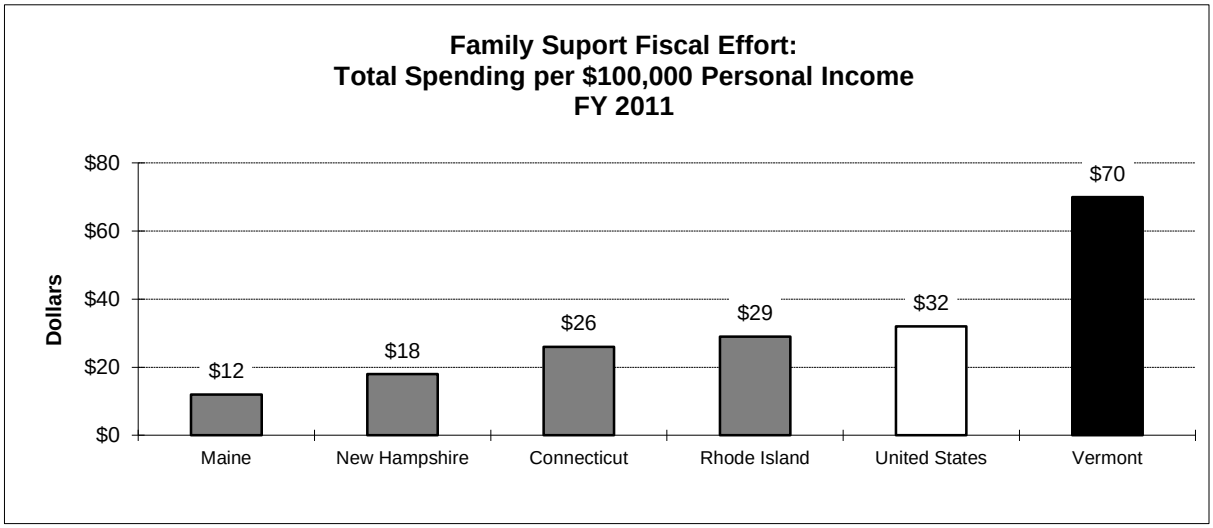


[8] Source: *The State of the States in Developmental* Disabilities, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 9th Edition, 2013.

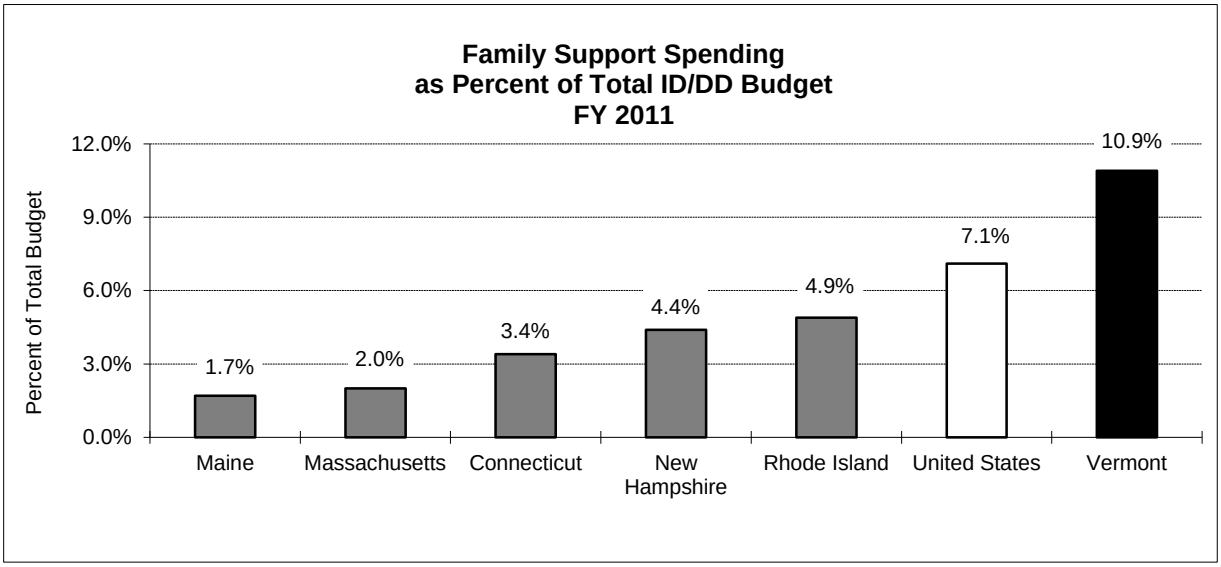
Family Support – National Comparison[9]

- **On average, people who live with their families make up 32% of people receiving Home and Community-Based Services. This percentage has remained consistent over time.**

- **Family Support Fiscal effort – Vermont ranks fourth in the nation (and 1st in New England) in terms of total spending per $100,000 personal income (FY 11).**



- **Spending – Vermont ranks 9th in the nation (and 1st in New England) in terms of spending as a percent of total ID/DDD budget (FY 11).**

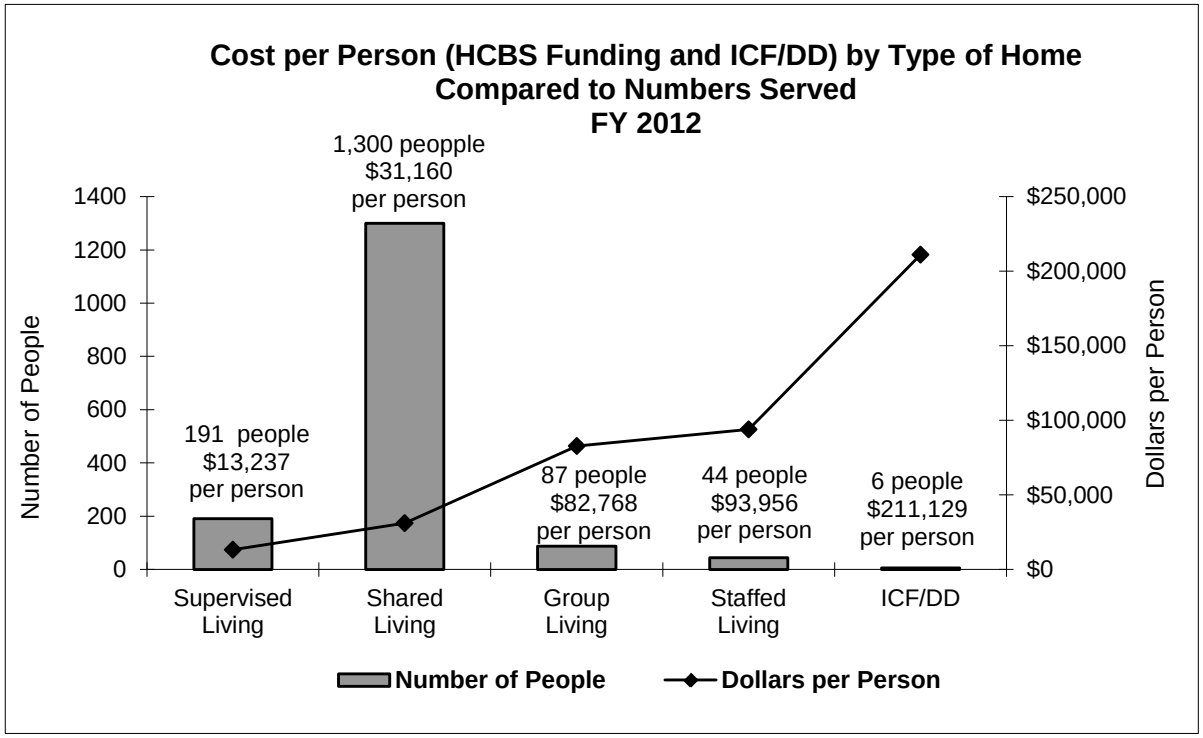


[9] Source: *The State of the States in Developmental* Disabilities, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 9th Edition, 2013.

Cost Effective[10]

- **The great majority of people receiving home supports (1,300 in FY 12) live with shared living providers which are very economical ($31,160/person) 24-hour residential living arrangements.**

- **Only 8% of people receiving home supports live in 24 hour staffed living (44) or group living (87) arrangements at a considerably higher per person rate ($93,596 and $82,768 respectively).**



Supervised Living	**Shared Living**	**Group Living**	**Staffed Living**	**ICF/DD**
1 – 2 people per home	1 – 2 people per home	3 – 6 people per home	1 – 2 people per home	6 people per home
< 24 hour support	Home provider	24-hour staffed	24-hour staffed	24-hour staffed

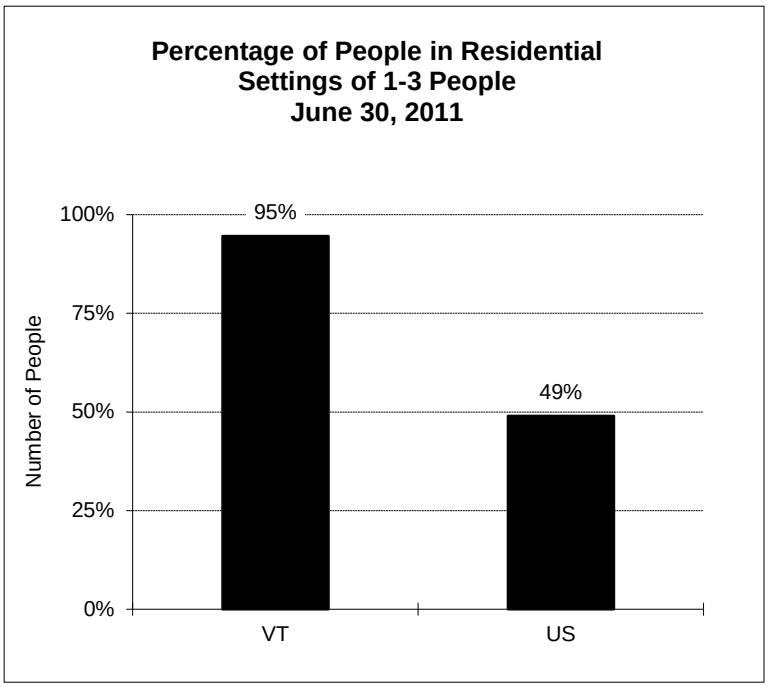
- **Contract workers (i.e., employees of people self/family managing and home providers) cost significantly less than agency staff (i.e., DA/SSA employees) due to the difference in benefits, mileage reimbursement and overhead. Contracted workers primarily provide respite and community supports.**

[10] Source: Home and Community-Based Services (waiver) spreadsheets, cost reports and DDS Annual Report data.

- **Services are flexible; based on individualized budgets and service plans; and are portable (i.e., a person can take their budget with them if they move to another part of the state).**

High Quality Services – Home Supports

- **Vermont is one of only two states in the country that has the low average of 1.2 people per residential setting,[11] compared with the national average of 2.3%**



- **Shared Living – This model of home supports is flexible; cost effective; successful at providing long-term stability and consistency a person's life; and based on building meaningful relationships at home and in a person's local community. *Shared Living in Vermont: Individualized Home Supports for People with Developmental Disabilities* (2010) provides general information about what shared living looks like in Vermont for people with developmental disabilities. http://www.ddas.vermont.gov/ddas-publications/publications-dds/publications-dds-documents/dds-publications-other/shared-living-individual-home-supports**

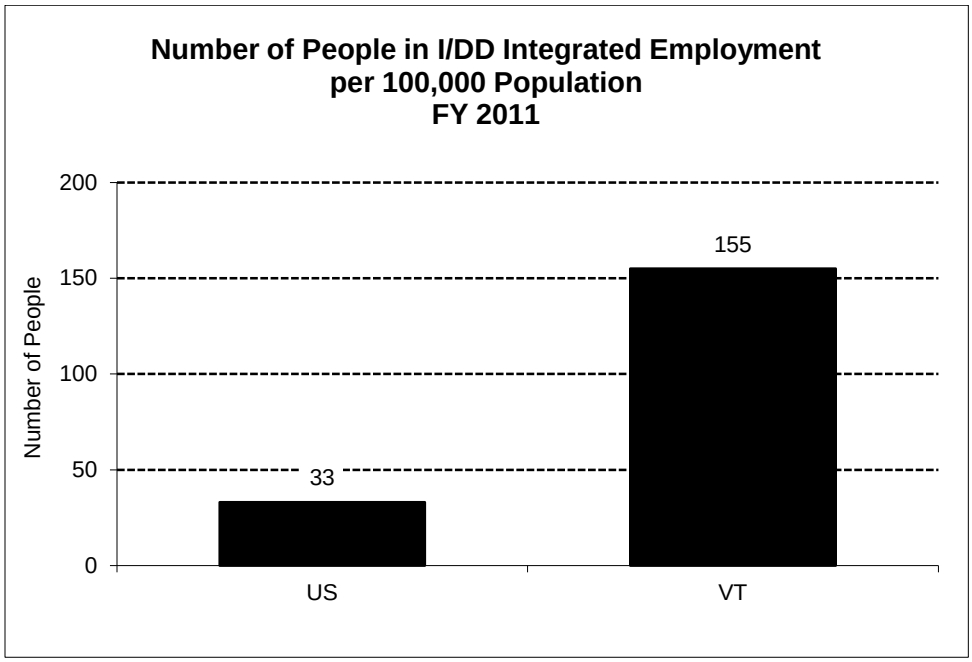
[11] Source: Larson, S., Salmi, P., Smith, D., Anderson, L., and Hewitt, A. (2013). *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2011.* Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota.

High Quality Services – Employment

- **The total number of people with developmental disabilities receiving supported employment to work is at an all-time high of 1,027 (FY 12), having gone up virtually every year since 1998.**

- **Vermont is ranked 5th nationally (FY 11) in people in supported employment as a proportion of total people getting community supports and/or employment services[12]; 43% in Vermont compared with the national average of 20%.**

- **Vermont is ranked #1 in the nation (FY 11) in the number of people with developmental disabilities who receive supported employment to work per capita[13].**

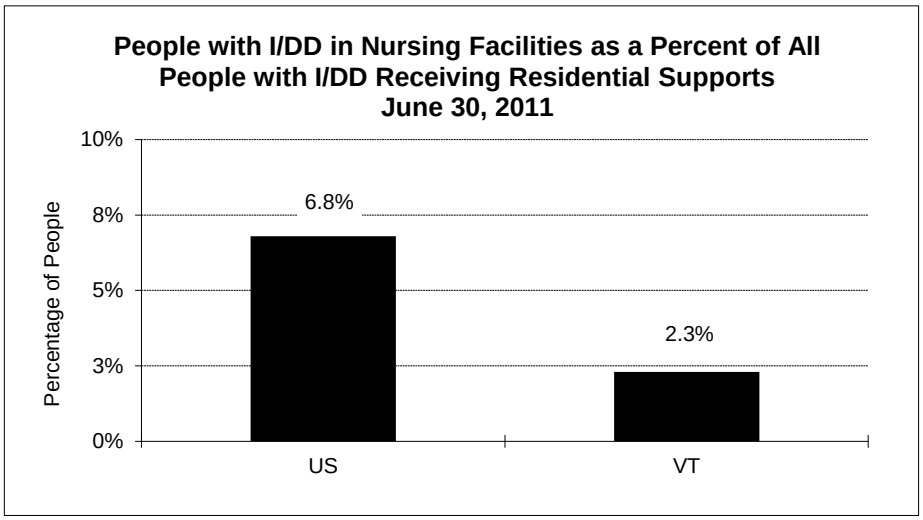


[12] Source: *The State of the States in Developmental* Disabilities, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 9th Edition, 2013.

[13] Source: Ibid.

High Quality Services – Supporting Older Vermonters

- **The number of people in Vermont with I/DD in nursing facilities compared to all residential services for people with developmental disabilities in Vermont was 2.3% in 2011, considerably lower than the national average (FY 11)[14].**



[14] Residential supports in this context include home and community-based services funding, ICF/DD and nursing facilities. Source: Larson, S., Salmi, P., Smith, D., Anderson, L., and Hewitt, A. (2013). *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2011.* Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota.

Appendix B

Developmental Disabilities Services
Case Planning Process