

## **The Vermont Coalition for Disability Rights presents our legislative priorities for the 2017 legislative session.**

### ***Preserving a Legacy of Disability Rights and Services***

**Over the last four decades Vermont has established laws ensuring rights and services that support self-determination, inclusion, and equality of opportunity for individuals with disabilities and their families. These decisions have helped make Vermont a better place for individuals with disabilities and their families to live, work and contribute to our shared communities. Together we can preserve the civil rights and social services that have made this possible.**

**This year Vermont - like every state in the nation - is experiencing unprecedented change and uncertainty. Our 2017 Platform reflects this reality. Sweeping changes in civil rights, education, health care, workforce issues, and community development are being considered in every state and in our nation's capital. As we consider change, we must find ways to preserve the gains of the past. Disability programs and policies that placed Vermont ahead of most of the nation are at risk. The community services and safeguards that Vermonters with disabilities depend on are underfunded and community nonprofits that provide essential services are unable to provide adequate wages and benefits to a workforce providing essential services.**

**We have the opportunity to build on what works well and to change things for the better by adopting fiscal strategies that support livable wages and adequately fund the programs that make it possible for people with disabilities and other Vermonters to succeed, thrive and contribute to Vermont.**

**We thank each of our Senators and Representatives for their service and look forward to working with you to secure Vermont's legacy of laws and services that make disability rights and equality of opportunity a living reality in our state.**

## **The Vermont Coalition for Disability Rights thanks you for your service to ALL Vermonters!**

**VCDR hopes that we can assist you throughout the session as you consider issues that affect the lives of your constituents with disabilities.**

**Please contact us for input and education on disability issues.  
Learn about our member organizations and the many services they provide  
at our website: [www.VCDR.org](http://www.VCDR.org)**

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*VCDR thanks the Vermont Developmental Disabilities Council, VCDR members and friends for their contributions and support of our work. For more information about particular bills and other VCDR advocacy activities, or to share your recommendations and concerns, contact us:*

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# VCDR's 2017 Legislative Platform

## Budget and Policy Priorities

### Health Care

**Health Care Reform:** Vermont's health care reform efforts, annual budget, advisory committees and stakeholder activities need to address the interests and needs of people with disabilities, chronic health conditions, and/or long term service and support needs.-VCDR will continue to monitor state and federal health care reform with the goal of ensuring that:

- Vermont's financing, service delivery and administrative practices promote improved access, improved quality of care and improved health and social outcomes for individuals with disabilities and their families;
- Program policies and procedures provide equal access and necessary rights protection for Vermonters with disabilities and their families. To that end additional funding should be provided to Vermont's Legal Aid Disability Law Project;
- Vermont's current and proposed health reform and financing initiatives preserve and strengthen person centered and directed services and the sustainability of Vermont's community-based disability and long term care services. Vermont's "safety net" of essential services, including Medicaid, must not be eroded by state efforts to finance general health care reform;
- The implementation of Vermont's new All Payer Waiver, the updated Global Commitment waiver, and the proposed Medicaid Pathways initiative must be informed by the interests and needs of individuals with disabilities and their families; and that these Vermonters participate in the design, implementation, and evaluation of Vermont's health care reform activities;
- The enabling legislation for the Medicaid and Exchange Advisory Board should be amended to clarify that the board is advisory to the Secretary of the Agency of Human Services and all AHS departments and other policy makers, not just to the Commissioner of DVHA. The legislation should be further strengthened to ensure a proactive role for the committee; and
- AHS resources and planning for health care reform and specifically for "population based approaches" to health care reform must include and effectively respond to the needs of Vermonters with disabilities and chronic conditions and requires more internal agency expertise on the needs of the citizens served.

## **MEDICAID and BUDGET**

**Budget Gap:** VCDR believes that the perennial imbalance between state revenues and the programs needed to meet very basic needs may well be “structural”. We do not believe that this can be addressed by simply denying needs and cutting programs which ultimately help people live independently. Adapting our tax structure to current economic realities may well be the best way to avoid greater future expenditures.

**Livable wage for direct support workers.** There is growing recognition that we need an increase wages for individuals providing support to people with disabilities to a reasonable level. Throughout Vermont’s disability and long term support system stagnant wages have made it increasingly difficult for people with serious needs and the agencies that assist them to recruit and maintain a skilled and dependable workforce. This has caused agencies to move toward congregate programs to be able to provide coverage. VCDR supports the proposal of the State Developmental Services Standing Committee that a base wage of \$15 an hour be created, something closer to a livable wage.

**Rehabilitation Services for the Blind and Visually Impaired:** Funding for services for rehabilitation services for the blind and visually impaired delivered through the Vermont Association of the Blind & Visually Impaired have not been increased in seven years despite rising caseload and needs. VCDR supports and increase of \$50,000 (\$230,000 total-Global Commitment) in order to reduce level of subsidization by VABVI, hire more teachers, and address need for technology training for the visually impaired. VABVI services help Vermonters stay independent and active in their communities, saving State money. Without these services a visually impaired person is 15 times more likely to end up in assisted living or a nursing home.

**Children’s Integrated Services (CSI) - Increase and Diversify Funding:** CIS offers approximately 5,800 participants per year early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-natal through the age of 5. Services are family-centered, child-focused, and are delivered state-wide through a network of 12 regional contracts. Since CIS began in 2009, however, both population and workforce needs have changed and intensified while funding has remained flat. VCDR believes that an increase in Medicaid Global Commitment funding and the addition of General Fund dollars would ensure continued progress on family safety and stability and optimal, healthy child development making a positive social and economic difference as today’s children become tomorrow’s parents, professionals, volunteers and active citizens.

**Integrating Family Services (IFS):** Implementation of the IFS initiative should be monitored to ensure that Vermont’s actual budget and policy actions are measured against the goals of the IFS initiative to ensure those actions are consistent with desired outcomes so that IFS realizes its potential for family directed services that effectively and responsively meet children and families’ needs. This laudable initiative is running in parallel with program and budget actions that appear to be undermining the “safety net” of services and family supports. Visible, authentic family and youth engagement is still needed in the design, implementation, and evaluation of the changes.

**Early Periodic Screening Diagnosis and Treatment (EPSDT):** The federal government requires that states that provide Medicaid to children must offer full EPSDT benefits. These are very comprehensive services and benefits and including all medically necessary services that a child (under 21 years) might need to screen, diagnose, and “correct or ameliorate” his or her condition. Children with special needs, however, are often unable to access all necessary services. Problems have been reported in screening, primary care, developmental and mental health services, dental care, therapies, supplies and durable medical equipment, transportation, and more. VCDR requests review of funding levels and program management to ensure access to EPSDT mandated services (including primary care, therapies, case management, medical supplies and equipment, and transportation) for Vermont’s Medicaid eligible children.

**Medicaid for Working People with Disabilities (MWPDP):** VCDR has long supported eliminating state policies that present barriers to employment for people with disabilities. MWPDP enables work by preventing the loss of Medicaid eligibility despite employment. Progress has been made in working towards favorable rule changes, but it appears that CMS may not approve the spousal disregard of the MWPDP beneficiary for purposes of figuring eligibility of the non-MWPDP spouse for traditional Medicaid. VCDR advocates for this and hopes to work with DVHA to persuade the federal government to support this policy change.

**Repeal the “tax” on low-income families with children:** A new law counting \$125 of adult Supplemental Security Income (SSI) income against a household’s temporary cash assistance (or “Reach Up”) benefits every single month is driving adults with disabilities and their children deeper into poverty—as much as 10 percent farther below the federal poverty level in some cases. The reduction targets Vermont parents who, by definition, are unable to work as a result of their unique disabilities. These parents need their SSI income to meet their needs related to disability, yet they are being “taxed” in order to reduce the Reach Up benefits designed to support other members of their household. At least 860 Vermont families are affected by the reduction.

## EDUCATION

**Legal Assistance for Families with Education Needs.** VCDR recognizes the scarcity and expense of legal assistance to families of children with disabilities who are eligible for or on a Section 504 plan or an Individualized Education Program (IEP) at school. Funding should be provided for a qualified, full-time, special education attorney or towards sustaining a bank of pro bono attorneys trained by the Disability Law Project in special education law.

**Special Education in Private and Independent Schools:** The State Board of Education is promulgating rules that would require open admission to students with disabilities in schools receiving state funding. Currently, many such schools won't admit students that they don't feel they can serve, an option that public schools don't have. VCDR believes that all students with disabilities are entitled to a free and appropriate education and that all schools that receive state funding should follow the rules on including and serving students with disabilities.

## CIVIL RIGHTS

**Safeguarding Civil Rights and Protections:** VCDR will monitor and oppose legislative proposals that may diminish the civil rights of people with Disabilities and mental health issues. Vermont has created the country's least institutional system of care but issues of access, accommodations, and involuntary treatment are still important in an era of budget constraints and misplaced fear of people who seem "other".

**People with Disabilities in Prison.** VCDR advocates for change in the way people with serious disability and mental health issues are treated in Vermont's prisons.

- People ordered by courts to a hospital for psychiatric evaluation should in-fact be admitted to psychiatric units where they can receive appropriate care, not to prison.
- Segregation is not treatment. Vermont should reduce or eliminate the holding of people with mental health issues or serious functional impairments in settings so restrictive that they exacerbate individuals' mental health conditions.
- Individuals who have served their minimum sentences without incident are generally released from our prisons. Prisoners with disabilities should be supported to attain safe, supported, community placements so that timely release is an equal option.

**Alternative to Emergency Departments for “Evaluation” of Adults and Children in crisis.** Other jurisdictions have created an alternative model for assisting individuals held against their will for psychiatric evaluation. VCDR believes that setting up a facility, largely staffed with peers, whose primary function would be to de-escalate and attend to an individual’s human needs would reduce the pressure on Vermont hospitals and reinforce the community basis of our mental health system. A change to allow this in our statutes could make a pilot program a possibility.

**“Duty to Warn”:** A recent Vermont Supreme Court ruling in a very tragic case has led to great uncertainty in the provider and advocacy communities. For years mental health professionals have been thought to have a right to break client confidentiality when they believe that a risk of serious harm exists to an identifiable victim. The individual involved brutally injured a victim long after release to family from an inpatient facility. VCDR fears that the court reaction has created a new “duty to warn” that is so broad that providers will be apt to overuse involuntary treatment and hold people inpatient for inordinate lengths of time, something that has already been occurring according to the Department of Mental Health. Advocates have come together with providers the DMH and legislators to craft a reasonable standard.

## **SERVICES & NEW INITIATIVES**

**Traumatic Brain Injury Trust Fund with a dedicated funding source:** A TBI Fund was set up at the end of the 2008 legislative session dedicated to filling the gaps in services and support for people with brain injuries and to develop programs designed to reduce the incidence of brain injury in Vermont. The Brain Injury Association of Vermont (BIA-VT) proved the success of this approach by piloting a Neuro-Resource Facilitation Program for injured veterans, but one-time funds were used and ongoing sustainable funding has not been addressed. Twenty other states have established funds for similar purposes and have created sources of revenue appropriate to the challenges faced by individuals with Traumatic Brain Injury, many of whom have been injured in motor vehicle accidents. VCDR advocates either adding a \$1 surcharge on motor vehicle registrations or dedicating a portion of penalties for violation of motor vehicle safety statutes, including DUI to support the Trust Fund.

**Home Modification:** For Vermont seniors and individuals of any age with disabling health conditions, everyday living environments can interfere with mobility, safety and productivity. Home modification investments can make living independently at home possible, avoiding or delaying costly institutionalization. VCDR proposes to create a State income tax credit to mitigate the expense of home modifications required by a disability or physical hardship. The credit would be for a percentage of the expense or \$9,000.00, whichever is less. The percentage of the credit that may be taken varies depending on the income of the person claiming the credit.

**Home Access Program (HAP):** Currently the HAP serves over 60 individuals with disabilities by providing bathroom and entrance modifications at an average cost of \$10,000. Applicants are low-income people with disabilities often living on disability benefits. Without assistance, these individuals would not have access to their entrance and/or bathroom. VCDR supports full funding of the Vermont Housing and Conservation Board (VHCB) which funds the HAP to provide home modifications to very low-income Vermonters with physical disabilities.

**ABLE ACT Fee Mitigation:** Congress enacted the Achieving a Better Life Experience (ABLE) Savings Program to allow people with disabilities the opportunity to save for future needs without losing Social Security Supplemental Security Income and other critical benefits that are subject to very low asset limits. This will help to eliminate a barrier to employment and encourage responsible financial planning. VCDR supports the State Treasurer's budget proposal to mitigate fees for Vermonters enrolling in an ABLE savings account so that people with disabilities can open and maintain accounts and enjoy their benefits without losing their investment earnings to fees. Even modest fees can have a disproportionate impact as many earners start small in saving for their futures.

**Meals on Wheels:** The Vermont Center for Independent Living has long administered a Meals on Wheels program which serves individuals with disabilities under the age of sixty by providing one a hot meal a day to those who cannot prepare their own meals. VCIL serves over 500 individuals annually through this program. Over the past three months there has been a significant increase in applicants to the program, as is true of the Senior Meal program, and a waiting list is currently growing. VCDR advocates for an FY'17 budget adjustment in the amount of \$20,000 to meet this very basic need. Nutrition is key to living healthy and maintaining independence.

**Support for Peer Initiatives:** The state should continue and expand support for Peer initiatives and organizations "of, by and for" people with disabilities. VCDR supports advocacy within the budget process for adequate funding of organizations and projects like: Vermont Psychiatric Survivors, the Green Mountain Self-Advocates, Another Way Drop-in Center, Alyssum, Soteria VT, Pathways VT, Deaf Peer Services, Vermont Family Network, Vermont Federation of Families for Children's Mental Health, the Wellness Workforce Coalition, and other developing peer-run services. This is particularly important as the state budget "tightens" with the pressure of developing expensive residential and inpatient services.



**Insurance Coverage for Dentures and Hearing Aids:** Private insurance and Medicaid should be required to provide some reasonable level of coverage for dentures and hearing aids. Dentures make adequate nutrition possible and are important for the overall health of individuals who have a disability. Appropriate Hearing Aids are needed for better communication, good health, and personal safety. Neither are adequately covered by the Affordable Care Act and other insurance providers, including Medicaid.

**Peer Navigation for Families with Complex Needs:** Vermont should reinstate this program in which people with the lived experience of complex needs in their OWN families assisted other families to find their way through the complex system of social, economic and health programs. Formerly federally funded for 6 years (Family Support 360 Project), peer navigation has a documented record of success in supporting more informed choices and positive outcomes for families with children and/or parents with disabilities.

**Vermont Family and Medical Leave Insurance Program:** VCDR supports the development an insurance program to assist families through paid leave at the time of emergencies and major life events. Just as workers comp insurance meets the needs of employers and workers injured on the job, a new system could help stabilize the workforce and assist families. VCDR would support a small tax to support this as long as other, current supports are not negatively impacted.

*VCDR thanks the Vermont Developmental Disabilities Council, VCDR members and friends for their contributions and support of our work. For more information about particular bills and other VCDR advocacy activities, or to share your recommendations and concerns, contact us:*

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