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DEVELOPMENTAL DISABILITIES SERVICES

COVID-19 EMERGENCY SUPPORTS FOR FAMILY CAREGIVERS

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In light of short-term, emergency waivers that have been granted to the State of Vermont during the COVID-19 state of emergency, the Department of Disabilities, Aging and Independent Living, Division of Developmental Disabilities Services (DDSD) is making temporary supports available to family caregivers of individuals with intellectual and developmental disabilities under four categories of support: Family-Managed Funds Conversion, a Flexible COVID-19 Crisis Stipend, Increases to Family Managed Respite and Flexible use of One-Time funds. Requirements for each category are listed below.

1. DEVELOPMENTAL DISABILITIES HOME & COMMUNITY BASED SERVICES – CONVERSION OF RESPITE AND/OR OTHER FAMILY-MANAGED FUNDS

The purpose of this one-time Difficulty of Care stipend is for family caregivers, including parents and guardians, to access monetary supports, in order to maintain the health and safety of a minor or adult child for the duration of the COVID-19 state of emergency. DDSD will allow conversion of unused respite and/or other family-managed funds into a one-time Difficulty of Care stipend up to \$5,000 per eligible child when the following statements are true –

- A minor or adult child has an approved HCBS budget; and
- The budget has portions that are managed by the family; and
- The family caregiver is providing full time care as a result of the consistent loss of typical hourly or daily services. This includes situations such as the inability of respite providers or support workers to enter a home, or workers who are unavailable due to the COVID-19 state of emergency; and
- There are unused respite or other family-managed funds (not associated with agency-hired staff) in their HCBS budget as of April 1, 2020 through 6/30/20.

How much will they receive?

Family caregivers, in consultation with their agency or Transition II – may have unused funds managed by the family converted to a onetime, non-payroll invoiced stipend amount up to, but not to exceed, **\$5,000** per eligible child. If the amount available to convert is less than \$2,000, the family caregiver may also receive funding under option 2, so that the total stipend provided is \$2,000 across options 1 & 2.

The agency or Transition II must confirm with ARIS the amount of unused monies remaining in the person's budget. The agency will speak with the family about current needs and appropriate level of monies to convert, taking into consideration the possible need for funds to be available through 6/30/20 if the state of emergency is lifted prior to that time.

The agency or Transition II authorizes the stipend amount for ARIS to be paid via a non-payroll invoice.

NOTE – If a family does NOT have any funds remaining in the person's budget, support is available via the following mechanism: Flexible COVID-19 Crisis Stipend to Family Caregivers (see #2 below).

2. DEVELOPMENTAL DISABILITIES HOME & COMMUNITY BASED SERVICES- FLEXIBLE COVID-19 CRISIS STIPEND TO FAMILY CAREGIVERS

DDSD will offer temporary supports in the form of a onetime crisis Difficulty of Care stipend of \$2,000 to family caregivers, including parents and guardians, residing with and providing care to their minor or adult child but who cannot access typical hourly or daily supports due to the current COVID 19 state of emergency.

This crisis stipend may be distributed to:

- 1) Family caregivers who reside with and provide care to their minor or adult children who currently receive DD Home and Community Based Services and are not receiving a portion of their direct family-managed or agency-managed services (employment, community, respite, home) due to the COVID-19 crisis.
- 2) Family caregivers who are providing an emergency placement for their minor or adult child due to the temporary unavailability of the person's home/residential supports.

How much will they receive?

Upon approval by their provider agency or Transition II, family caregivers may receive a onetime stipend of **\$2,000** per eligible child due to loss of consistent typically provided hourly or daily support (as described above).

Who does the stipend come from?

Provider Agencies or Transition II approve the onetime stipend based on guidance from DAIL/DDSD and issue the stipend in a lump sum directly to the family caregiver.

DAIL will make a fund allocation available to each provider for this purpose. If an agency depletes the allocation, they may request an additional allocation to meet the needs of the remaining families.

How do families access it?

Families make a request to their provider agency or to Transition II. The agency determines that:

- a) there are no unused family-managed funds that can be converted for first line support; or
 - b) that needs and difficult circumstances surpass the available converted funds stipend.
- The agency will document the need and issues a stipend.

How does the agency document and track stipends?

The agency will document the person's name, DOB, SSN, rationale for stipend, date stipend was issued, to whom and total amount paid. DAIL will provide a tracking spreadsheet and will request a report once the initial allocation was depleted or by the 15th of the month.

What if individual or family needs exceed the available \$2000 stipend?

Agencies can work with families to make a request to DAIL for additional funding.

3. FAMILY MANAGED RESPITE – NON-HOME & COMMUNITY BASED SERVICES ALLOCATION INCREASE TO DESIGNATED AGENCIES FOR COVID-19 STATE OF EMERGENCY

Due to increased need for support during the COVID-19 state of emergency, additional Family Managed Respite (FMR) funds will be made available to parents of children/youth under age 21, whose children reside with them, and *who do not have approved HCBS budgets/services*.

These funds may be allocated to new families, or for increased needs due to the COVID-19 state of emergency for families already accessing FMR. The following conditions apply:

- These funds must continue to be used for the purpose of respite to provide a break for the parents who have full time responsibility for their children; and
- FMR is a non-categorical support service available to children/youth with developmental disabilities and children with mental health conditions, and/or co-occurring disabilities; and
- The current FMR guidelines continue to apply regarding assessment and documentation requirements.

How much will they receive?

Agencies may consider increases to current FMR allocations to enrolled families for up to an additional 25% of the current individual allocation. Agencies must verify that the family has fully utilized their previously approved allocation. The allocations to new families should follow the current FMR guidelines. Agencies must maintain documentation on their reporting spreadsheet of increased allocations related to the COVID 19 state of emergency (a column will be added on the spreadsheet).

Who does the stipend come from?

DAIL will make a fund allocation available to each provider for this purpose. Agencies will be notified by DAIL/DDSD of their increased FMR allocation.

How do parents/caregivers access it?

FMR applications for new families should follow the current FMR guidance. Applications should be made at the local Designated Agency. Currently enrolled families should contact their provider agency.

4. FLEXIBLE USE OF ONE-TIME FUNDS ALLOCATION TO DAS AND SSAS (*FUNDS ALREADY ISSUED*)

One-time funds may be used to address health and safety and/or crisis needs of any individuals within the Designated Agency catchment areas and current recipients at SSAs who are eligible for services.

During the COVID-19 state of emergency please note and prioritize Vermont State System of Care Plan, first three **Allowable Uses for One-Time Funding by Agencies (DA/SSA) and Supportive ISO** as follows:

- A) One-time funding must be prioritized for use as Flexible Family Funding (FFF)
- B) One-time allocations to address personal health or safety or public safety issues for individuals with developmental disabilities.
- C) Short term increases in supports to individuals already receiving services to resolve or prevent a crisis.

Agencies will indicate on their One-Time Funds Reporting Spreadsheet if a particular allocation is due to the COVID 19 healthcare crisis/state of emergency.

How do parents/caregivers access it?

New families should apply at their local Designated Agency. Current recipients should apply at their current provider agency.