Report to
The Vermont Legislature

Developmental Disabilities Services
For State Fiscal Year 2021
Annual Report

In accordance with Act 140 of 2013, 8725 (e)

Submitted to: House Committee on Human Services
Senate Committee on Health and Welfare

Submitted by: Monica White, Commissioner, Department of Disabilities, Aging and Independent Living

Prepared by: June Bascom, Developmental Disabilities Services Division, Department of Disabilities, Aging and Independent Living

Report Date: February 15, 2022

VERMONT

AGENCY OF HUMAN SERVICES
Department of Disabilities, Aging and Independent Living

Developmental Disabilities Services
State Fiscal Year 2021
Annual Report

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

280 State Drive
Waterbury, VT 05671-2030
(802) 241-0304
www.dail.vermont.gov

INTRODUCTION

The Vermont Developmental Disabilities Services Division (DDSD) is pleased to share the Annual Report on Developmental Disabilities Services (DDS) for State Fiscal Year 2021. DDSD encourages people who receive services, family members, agency partners, legislators, and other members of the community to read this annual report, which highlights the important work that everyone in the system does to support people with developmental disabilities and their families. It reviews each of the principles of service outlined in the Developmental Disabilities Act and assesses the extent to which Vermont is living up to those principles through outcomes.

Major initiatives and accomplishments in FY 2021 include:

New DDS Payment Model

DDSD and the Department of Vermont Health Access (DVHA) have continued to work on a project to explore a new payment model for Developmental Disabilities Home and Community-Based Services (DD HCBS). The DD HCBS program has grown significantly over the years, from several hundred to several thousand participants. The goal is to create a transparent and effective payment model for DDS that is manageable and aligns with the broader payment reform and health care reform goals of the Agency of Human Services (AHS). The State has engaged stakeholders and providers to participate in workgroups for the development and implementation of the new payment model. There are also an advisory committee and workgroups focused on a new needs assessment tool and process, and improvements to the ability to fully report on services delivered to individuals.

Work on the project was paused until August 2020 to refocus on the response to the pandemic. At that point, work resumed in two areas: the needs assessment and encounter data. The Department of Disabilities, Aging and Independent Living (DAIL) posted a Request for Proposal (RFP) for a standardized assessment tool and independent assessors in the fall of 2020. DAIL selected a vendor, and their contract began in March 2021. The contractor is responsible for conducting individual assessments of need using the Supports Intensity Scale, a standardized assessment tool. March to early July 2021 was the initial planning phase which also included the training of the assessors. The next phase that started in July 2021, was conducting 500 assessments. The information from those assessments will be used as part of the future payment model design. The assessments will not be used at this time for determining individual budgets. There have been some challenges with the initial implementation of the new assessment process, however, DAIL has continued to solicit feedback from stakeholders and is working on addressing these issues.

Work on making improvements to the process for reporting on the delivery of services to the Medicaid Management Information System (MMIS) continues. The purpose of reporting of encounter claims in the MMIS is increased transparency and accountability of service delivery. The data is also a building block for the design of the future payment

model. Agencies were expected to begin reporting encounter claims by March 2021 and to be fully reporting on all services delivered starting July 2021. There are remaining issues with how some claims need to be reported to MMIS, primarily by contracted staff who do not work directly for an agency, that are currently being addressed by DAIL/DVHA. With that said, the bulk of encounter data can be entered by the agencies at this time.

Ongoing work will be required for designing the payment methodology, informed by assessment data and encounter data. The payment model design work was slowed to allow focus on the implementation of the new assessment process and troubleshooting issues with encounter data. Future changes of the payment methodology may require approval from the federal Centers for Medicare and Medicaid Services (CMS).

Response to COVID-19

Fiscal Year 2021 was dominated by responses to the coronavirus pandemic both at the state and provider level.

Actions taken included:

- Suspension of non-essential face to face services to reduce the risk of infection. Non-essential services, such as community supports, were those not essential to protect the health and safety of service recipients.
- Changes to service delivery requirements, including those related to personal protective equipment, allowances for telehealth services, transportation guidelines, home-visiting, and redeployment of support staff.
- Temporary changes from a daily rate payment to a monthly case rate to improve the predictability and sustainability of payment to providers. Setting a minimum threshold of service delivery to earn payments.
- Regular engagement with providers to troubleshoot issues and offer support. Difficulty of Care stipends for unpaid family caregivers who were providing care in lieu of typically available support services.
- Difficulty of Care stipends for shared living providers who were providing additional care in lieu of typically available support services.

The pandemic has resulted in a serious workforce shortage, impacting all sectors of business, but hitting DD HCBS service providers particularly hard. Providers are reporting vacancy rates of direct support workers in the range of 30-60%. They are also losing service coordinators. Providers are needing to prioritize who receives services and remaining staff are working overtime to provide essential services to maintain health and safety.

Home and Community-Based Services (HCBS) Rule Implementation

DDSD continues to work on implementing the HCBS rules to ensure compliance with all requirements by 2023. The intent of the HCBS Settings Rule is to ensure that individuals receiving long-term services and supports through DD HCBS programs have full access

to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The rule promotes choice and control, inclusion, and protection of participant's rights.

DDSD completed site visits to validate survey information submitted by providers in September 2019 regarding compliance with federal rules for HCBS settings. Providers are mostly in compliance with the setting requirements with minor changes being required. It is anticipated that all providers will be able to comply with the setting requirements and none will need to transition recipients to other settings. This information was included in the Vermont's State Transition Plan in February 2020. In addition, DDSD is developing policy guidance for providers to ensure compliance with the rules. The DDSD Quality Management Team has incorporated oversight of the HCBS rule requirements into their overall quality review process to ensure ongoing compliance with the rules. With the completion of the site visits and information incorporated in the Vermont State Transition Plan, the DDSD Quality Management Team verified the status of each provider agency and the noncompliant areas with any progress made toward bringing the agency into compliance. Any new areas identified requiring a plan of correction to address the areas of non-compliance by the 2023 deadline are documented in the agency's Quality Services Report.

The HCBS rules also require that case management be provided by an organization that is separate from the organization that provides the rest of a person's direct services to address conflict of interest. In January 2020, DAIL presented CMS information about a "choice model" to address conflict of interest in HCBS case management. The choice model would have allowed HCBS participants to choose between maintaining their case management with the agency that provides their direct service or having case management by an independent agency. The option of having a choice model was based on the broad stakeholder feedback received in 2019 in which some people wanted independent case management and others wished to maintain case management at their provider agency. Work on conflict of interest was suspended in the fourth quarter of FY 2020 due to the COVID-19 state of emergency and required pandemic response. In 2021, meetings with CMS resumed to discuss whether Vermont could pursue the choice model in the renewal of the Global Commitment to Health Waiver. In October 2021, CMS informed that state that they would not approve the choice model and requested that a plan be submitted to CMS regarding how Vermont would come into full compliance with Conflict-of-Interest Rules over the next five years. That plan, where case management will need to be separated from the current providers of direct service, is currently being developed. This is a significant shift in the system and interested stakeholders will be invited to participate in designing and implementing independent case management.

Looking forward, the Division will focus on the following in the upcoming year.

Payment Reform & Home and Community-Based Services Rules

DDSD will continue work on payment reform and compliance with the HCBS rules, as described above. In combination, these two complex initiatives represent changes to the

current DDSD system of care that are likely to be quite broad in scope and impact. Understandably, changes of this magnitude create anxiety about the impact on the DDSD system. DAIL will need to continue to work closely with stakeholders to achieve change while improving individual outcomes and meeting federal requirements.

Workforce Retention

The Division convened a stakeholder group to explore creative and multifaceted solutions to chronic provider workforce issues. The group identified a variety of short-term and long-term solutions to the ongoing challenge of recruiting and retaining direct support workers. COVID-19 brought the work of the group to a halt. However, the pandemic further aggravated and highlighted issues regarding hiring and retaining direct support workers. The Division will continue to work with providers and others to explore solutions to this increasingly challenging issue. In the short-term, additional funding sources are being sought to be able to increase staff wages to allow for more competitive recruitment and retention.

Promotion of Residential Initiatives

DDSD is partnering with provider agencies and community members in supporting the development of new housing options for adults with developmental disabilities. Several DDSD agencies are exploring small scale transitional living models for young adults coming out of high school. There is a need for the development and expansion of supported apartment settings where services are individualized and teach skills needed for independent living, enhance community participation, and support employment for adults who wish to live in their own homes. Collaborative efforts with local schools, provider agencies, housing developers, self-advocates, and families help lay the groundwork for adults with developmental disabilities to make meaningful choices about which communities and settings they which to live in while accessing needed and familiar supports.

The past year has been one of unprecedented challenges for people receiving services, their families, providers, and the State due to the continuation of COVID-19 pandemic and its impacts on the DDS system and the State as a whole. Added to those challenges, DDSD is working to address the renewal of the Global Commitment to Health Waiver; come into compliance with HCBS rules; recruit and retain staff both in the provider network and at DDSD; continue to work on DDS Payment Reform and update the DDS State System of Care Plan and regulations.

The Department looks forward to continued collaboration with individuals with developmental disabilities, families, advocates, providers, and other partners to build on its accomplishments.

Jennifer Garabedian
DDSD Director

TABLE OF CONTENTS

Executive Summary 1
General Overview 2
DAIL Mission Statement 5
Developmental Disabilities Act – Principles of Service 5
Principles of Service
- Children's Services 7
- Adult Services 10
- Full Information 15
- Individualized Support 17
- Family Support 19
- Meaningful Choices 22
- Community Participation 24
- Employment 26
- Accessibility 31
- Health and Safety 33
- Trained Staff 38
- Fiscal Integrity 41
- Assuring the Quality of Developmental Disabilities Services 49
- Meeting the Needs of People with Developmental Disabilities 53

References
A. Map – Vermont Developmental Services Providers
B. Developmental Disabilities Services State System of Care Plan Funding Priorities – FY 2018 – FY 2020 – Extended to July 1, 2022
C. Developmental Disabilities Services Definitions
D. Developmental Disabilities Services FY 2021 Funding Appropriation
E. Acronyms
F. Index

INDEX OF CHARTS AND TABLES

Children (under age 18) Receiving Home and Community-Based Services: FY 2000 – FY 2021 8
Home Support Cost per Person (HCBS Funding) Compared to Numbers Served by Type of Home: June 30, 2021 12
Age Breakout of Adults with Developmental Disabilities Receiving Home and Community-Based Services: FY 2004 – FY 2021 13
Percentage of People in Residential Settings of 1-3 People: United States Compared to Vermont: June 30, 2018 13
People with I/DD who Reside in Nursing Facilities: CY 1991 – CY 2020 14
Family Support Fiscal Effort: Total Spending per $100,000 Personal Income: FY 2017 20
Family Support Spending: Percent of Total I/DD Budget: FY 2017 20
People with Developmental Disabilities Receiving Supported Employment to Work: FY 1998 – FY 2021 27
Number of People in I/DD Integrated Employment per 100,000 Population: United States Compared to Vermont: FY 2019 27
Employment Status: March 2020 – April 2021 28
Home and Community-Based Services: Numbers Served by DA/SSA: June 30, 2021 ... 32
Length of Stay in Level 1 Beds by Individuals Receiving DD Services: Number of Days & Number of People: FY 2013 – FY 2021 35
Recipients of Developmental Disabilities Services: New Caseload Funding: FY 2000 – FY 2021 43
Developmental Disabilities Home and Community-Based Services: Average Cost Per Person: FY 2000 – FY 2021 43
Individual Home and Community-Based Services: Cost Distribution: FY 2007 & FY 2021 44
I/DD State Spending per Capita: FY 2017 46
State Fiscal Effort Total I/DD Spending per $1,000 in Personal Income: FY 2017 47
Percent of State I/DD Budget Paid by State Funds: FY 2017 47
Number of Individuals Waiting for Services who Did Not Meet a Funding Priority by Type of Service: FY 2021 56

Notes**:**

All Fiscal Year (FY) notations in the report refer to State Fiscal Year.
All data is for Vermont unless otherwise noted.
For a list of acronyms used in this report, see Reference E: Acronyms.
For an index of topics referenced in this report, see Reference F: Index.

EXECUTIVE SUMMARY

Reason for the Report: The *Developmental Disabilities Services Report for State Fiscal Year 2021* is required by the Developmental Disabilities Act (DD Act) [Sec. 1. 18 V.S.A. chapter 204A §8725(d)]. In 2014, the Vermont Legislature passed Act 140 which established changes to the DD Act concerning services to people with developmental disabilities and their families. The original DD Act legislated in 1995, outlined among other things; the duties of the Department of Disabilities, Aging and Independent Living (DAIL); the principles of services; the process for creating the State System of Care Plan; and it established the Developmental Disabilities Services (DDS) State Program Standing Committee as the advisory group for DDS to DAIL.

Act 140 incorporated several new requirements to the original DD Act, including:

1. Identifying resources and legislation needed to maintain a statewide system of community-based services;
2. Maintaining a statewide system of quality assessment and assurance for DDS,
3. Tying the plan for the nature, extent, allocation and timing of services to the principles of service outlined in the DD Act;
4. Requiring that certain changes to the State System of Care Plan (SOCP) be filed in accordance with the Vermont Administrative Procedure Act; and,
5. Reporting by January 15th of each year the extent to which the DD Act principles of service are achieved and information concerning any unmet needs and waiting list.

Brief Summary of Content: In accordance with the legislative requirements, this report includes a review of each DD Act principle and provides the available relevant information and data that addresses the extent to which Vermont is achieving it, followed by a section on how the Developmental Disabilities Services Division (DDSD) is meeting the needs of people with developmental disabilities, including wait list information.

Resolutions/Recommendations: The report focuses on the adherence to principles and unmet need and does not in itself contain any resolutions or recommendations.

Impact: The findings in the report are used to inform future DDS SOCPs. The SOCPs have the potential to impact services and resources since they outline the nature, extent, allocation, and timing of services that will be provided to people with developmental disabilities and their families (§8725). The SOCP is developed every three years but may be updated more frequently if needed.

Stakeholder Involvement, Interest or Concern: This report is of great interest to people who receive services, providers, and advocates of DDS because of the potential impact on future SOCPs. Much of the information contained in the report was provided by both service recipients and providers, particularly information from the Adult In-Person Survey and service and financial data submitted by providers of services.

GENERAL OVERVIEW

DDSD) plans, coordinates, administers, monitors, and evaluates state and federally funded services for people with developmental disabilities and their families within Vermont. DDSD provides funding for services, systems planning, technical assistance, training, quality assurance, program monitoring and compliance for standards compliance. DDSD also exercises guardianship on behalf of the Commissioner of DAIL for adults with developmental disabilities and older Vermonters who are under court-ordered public guardianship.

DDSD contracts directly with fifteen (15) private, non-profit DDS providers who provide services to people with developmental disabilities and their families. (See Reference A: *Map – Vermont Developmental Services Providers*.) Services and supports offered emphasize the development of community capacities to meet the needs of all individuals regardless of severity of disability. DDSD also works with the Supportive Intermediary Service Organization (Supportive ISO) to provide supports to individuals and families to self/family manage services. DDSD works with all people concerned with the delivery of services: people with disabilities, families, guardians, advocates, service providers, the State Program Standing Committee for Developmental Services and state and federal governments to ensure that programs continue to meet the changing needs of people with developmental disabilities and their families.

Individuals served (FY 21)

- **4,634 – Total** (unduplicated)
- **3,281 – Home and Community-Based Services**
- **977 – Flexible Family Funding**
- **382 – Bridge Program: Care Coordination**
- **243 – Family Managed Respite**
- **6 – Intermediate Care Facility for people with Developmental Disabilities (ICF/DD)**

Funding Sources – by percentage of total funding (FY 21)

- **97% – Home and Community-Based Services** (long term services and supports)
- **3% – Other Medicaid Funding** (Bridge Program, Family Managed Respite, Flexible Family Funding, Global Campus, ICF/DD, MCO Investments, PASRR Specialized Services, Project Search, Targeted Case Management)

Designated Agencies and Specialized Services Agencies

DAIL authorizes one Designated Agency (DA) in each geographic region of the state based on county lines as responsible for ensuring needed services are available. The *Administrative Rules on Agency Designation* outline these responsibilities for the ten DAs. They are responsible to provide local planning, service coordination and quality oversight through the monitoring of outcomes within their region. The DAs must provide services directly or contract with other providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state and federal regulations, policies, and guidelines. Some of the key responsibilities of a DA

include intake and referral; assessing individual needs and assigning funding; informing individuals and families of their choice of agencies and management options (see below); ensuring each person has a person-centered support plan; providing regional crisis response services; and providing or arranging for a comprehensive service network that ensures the capacity to meet the support needs of all eligible people in the region.

In addition to the ten DAs, there are five Specialized Service Agencies (SSAs) that DAIL contracts with to provide services. An SSA must be an organization that either:

1. Provides a distinctive approach to service delivery and coordination;
2. Provides services to meet distinctive individual needs; or
3. Had a contract with DAIL originally to meet the above requirements prior to January 1, 1998.

Individuals, families, or guardians have the choice of receiving services from their DA, or another willing DA or SSA. They may also choose to self-manage, family-manage, or share-manage their services. The Supportive ISO assists individuals and families to manage the person's services. In addition, the Fiscal/Employer Agent (F/EA) provides the infrastructure and guidance to enable employers to meet their fiscal and reporting responsibilities. "Shared-managed" services are when a DA/SSA manages some, but not all, of the services and the individual or a family member manages some of the services.

Type of Management of Services[1] (FY 21)

- **<1% – Self-Managed**
- **3% – Family-Managed**
- **45% – Shared-Managed**
- **52% – Agency-Managed**

Self-Managed and Family-Managed Services[2] (June 30, 2021)

- **71 – Individuals who self-managed and family-managed – all HCBS**
- **1,028 – Individuals who shared-managed – some HCBS**

Website: Self and Family Management

[1] These percentages are based on data collected from employees by ARIS Solutions as the Fiscal/ Employer Agent.

[2] This figure is based on data collected from employees by ARIS Solutions as the Fiscal/Employer Agent.

Adult In-Person Survey

The DDSD manages a participant survey project in partnership with the National Core Indicators (NCI), Human Services Research Institute (HSRI) and the National Association of State Directors of Developmental Disabilities Services (NASDDDS). The survey involves independent interviews of adults receiving Home and Community-Based Services. The intent of the survey is to elicit valuable and direct input about people's satisfaction with services and other aspects of their lives. Many of the survey questions focus on the degree to which people feel they have choice and control in their lives. It also provides important demographic information about the population of people served. Due to COVID-19, the National Core Indicators' Adult In-Person Survey was discontinued in FY 21.

Website: National Core Indicators

Principles of Service

The next segment of this report highlights each of the Principles of Service from the Developmental Disabilities Act and describes the extent to which each Principle is being met by the DDS system. Each Principle is followed by a description that puts it in the context of Vermont's statewide system of services and supports including relevant history, recognition of what is working well and current challenges. Data and other related information are provided along with facts about unmet or under-met needs pertinent to each Principle.

DAIL MISSION STATEMENT

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

Developmental Disabilities Act – Principles of Services

Services provided to people with developmental disabilities and their families must foster and adhere to the following principles:

- ***Children's Services***. Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced by caring for children 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 that is provided when people with 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, choices and costs of services, how the decision-making process works, and how to participate in that process.

- ***Individualized Support.*** People have differing abilities, needs, and goals. 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 without meaningful choices about how they live and the kinds of services they receive. Effective services shall be flexible so they can be individualized to support and accommodate personalized choices, values and needs, and assure that each recipient is directly involved in decisions that affect that person's life.

- ***Community Participation*.** When people with disabilities are segregated from community life, all Vermonters are diminished. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.

- ***Employment*.** The goal of job support is to obtain and maintain paid employment in regular employment settings.

- ***Accessibility*.** Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.

- ***Health and Safety*.** The health and safety of people with developmental disabilities is of paramount concern.

- ***Trained Staff*.** In order to assure that the goals of this chapter are attained, all individuals who provide services to people with developmental disabilities and their families must receive training as required by Section 8731 of the *Developmental Disabilities Act*.

- ***Fiscal Integrity*.** The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.

Website:

Developmental Disabilities Act

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 by caring for children 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 that is provided when people with varying abilities are included.

Services for children and youth with developmental disabilities (DD) are typically provided through Early Periodic Screening, Diagnosis and Treatment (EPSDT) state plan services (up to age 21) and the education system (minimally up to age 18). In addition, children may receive Children's Personal Care Services through the Vermont Department of Health (VDH) up through age 21.

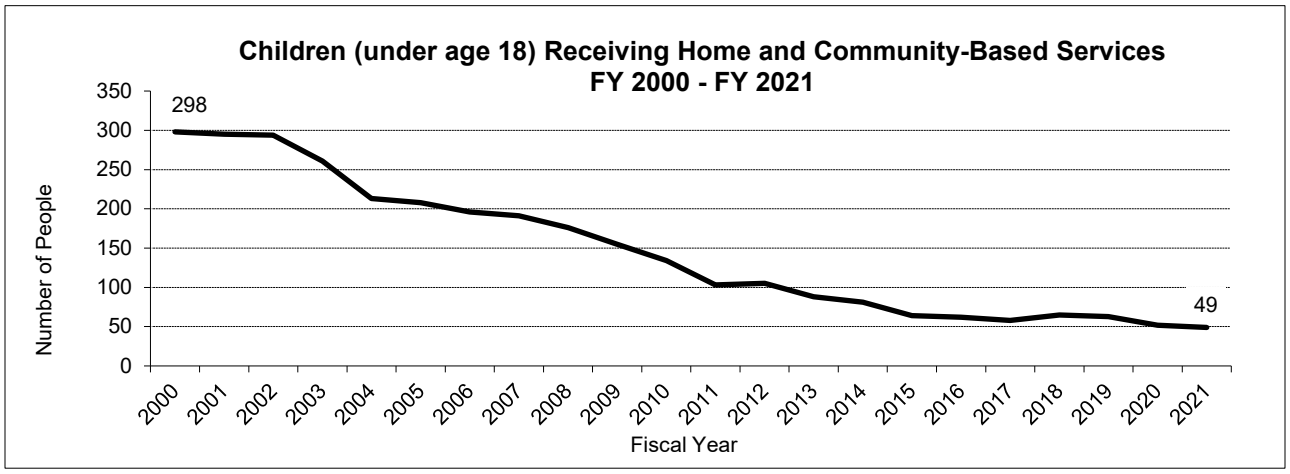
Listed below are the services overseen by DAIL that are available to children with developmental disabilities and their families through the network of Vermont's Designated Agencies (DAs) and Specialized Services Agencies (SSAs). In Addison and Franklin/Grand Isle counties, some of these services are alternatively provided through an integrated approach and bundled payment mechanism under the management of the Department of Mental Health.

Home and Community-Based Services
Children with the most intensive needs may be eligible for DD Home and Community-Based Services (HCBS). These services may include service coordination, respite, home support, and crisis, clinical and/or supportive services. For children under age 18 to access HCBS, they must meet the funding priority in the State System of Care Plan of "Preventing Institutionalization" in a nursing facility, psychiatric hospital, or Intermediate Care Facility.

Young adults (age 18 and over) often transition into adult services as they age out of children's services and/or exit high school. Young adults may receive HCBS by meeting any one of the State System of Care Plan funding priorities once they turn 18. (See Reference B: *Vermont State System of Care Plan Funding Priorities: FY 2018 – FY 2020; Extended to July 1, 2022*).

Individuals served – HCBS (FY 21)
- **49 – Children** (up to age 18)
- **235 – Transition age youth** (age 18 up to age 22**)**
- **284 – Total served**[3] (up to age 22)

[3] The total number of adults and children who received HCBS in FY 21 was 3,281. Of the 284 children and youth receiving HCBS, 168 live with family.



The Bridge Program: Care Coordination for Children with Developmental Disabilities
The Bridge Program is an EPSDT service that provides support to families in need of care coordination to help them access and/or coordinate medical, educational, social, or other services for their children with developmental disabilities. An individual's eligibility for this service is determined by the DAs and available up until the child turns age 22. Care coordination is available in all counties either through the Bridge Program or through an integrated approach and bundled payment mechanism under the management of the Department of Mental Health. The count of individuals served below does not include children receiving the integrated approach with bundled payments.

Individuals served – Bridge Program (FY 21)
- **280 – Children** (up to age 18)
- **102 – Transition age youth** (age 18 up to age 22)
- **382 – Total served** (up to age 22)

Performance Measure for Bridge Program (FY 21)
- **88% – Service Goals Achieved**

Family Managed Respite
Family Managed Respite (FMR) is available to children up to age 21 with a mental health and/or developmental disability diagnosis who do not receive HCBS funding. Funding is allocated through the DAs to promote the health and well-being of a family by providing a temporary break from caring for their child with a disability. Eligibility is determined through an individual needs assessment. Families manage their funding allocation and are responsible for recruiting, hiring, training, and supervising the respite workers. The maximum per person annual allocation of FMR is $6,000.

Individuals served – FMR[4] (FY 21)
- **243 – Children with a diagnosis of ID/ASD** (up to age 21)

[4] The FMR count includes children with co-occurring mental health diagnosis but does not include those with a mental health diagnosis only or children receiving the integrated approach with bundled payments.

Flexible Family Funding

Flexible Family Funding (FFF) provides funding for respite and goods for children and adults of any age who live with their biological or adoptive family or legal guardian. The maximum per person annual allocation of FFF provided by Designated Agencies is $1,000. These funds are used at the discretion of the family for services and supports that benefit the individual and family including respite, assistive technology, individual and household needs and recreation. Families who receive FFF report on the outcomes they anticipate achieving through their use of the funding.

Individuals served – FFF[5] (FY 21)

- **654 – Children** (up to age 18)
- **222 – Transition age youth** (age 18 up to age 22)
- **876 – Total served** (up to age 22)

Anticipated Outcomes for FFF[6] (all ages) (FY 21)

- **557 – Enhance Family Stability**
- **532 – Improve Quality of Life: Accessibility/Accommodations**
- **494 – Increase Independent Living Skills**
- **460 – Address Health and Safety**
- **456 – Maintain Housing Stability**
- **352 – Increase Communication**
- **87 – Avert Crisis Placement**

[5] The total number of adults and children who received FFF in FY '21 was 977.

[6] More than one "Anticipated Outcome" could be identified for individuals.

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.

Adults with developmental disabilities have fewer state plan and educational funding and services options than do children with developmental disabilities (see previous section on Children's Services). The primary funding source for adults is Home and Community-Based Services.

Home and Community-Based Services
Home and Community-Based Services (HCBS) are funded under the Global Commitment to Health 1115 Medicaid Waiver through the Centers on Medicare and Medicaid Services. HCBS are comprehensive long-term services and supports designed around the specific needs of a person and based on an individualized budget and person-centered plan. Adults with the most intensive needs are most likely eligible for HCBS. Once a person is determined by a Designated Agency to be clinically eligible and the person receives Medicaid, eligibility for funding is based on the person meeting a funding priority as outlined in the State System of Care Plan (see Reference B: *Vermont State System of Care Plan Funding Priorities: FY 2018 – FY 2020; Extended to July 1, 2022*).

Services options through HCBS[7]**:**
- Service Coordination
- Community Supports
- Employment Supports
- Home Supports: 24-hour – Shared Living, Staffed Living, Group Living
- Supervised Living: hourly supports in person's own home or home of a family member
- Respite
- Clinical Services
- Supportive Services
- Crisis Services
- Home Modifications
- Transportation

Individuals served – HCBS[8] (FY 21)
- **3,232 – Adults** (age 18 and over)

[7] See Reference C: *Developmental Disabilities Services Definitions* for details.
[8] The total number of adults and children who received HCBS in FY '21 was 3,281.

Home Supports

Paid home supports, like all HCBS, are individualized and based on a needs assessment that address goals, strengths and needs. There are multiple types of paid home supports:

- **Shared Living:** Supports provided to one or two people in the home of a shared living provider. Shared living providers are home providers contracted by DA/SSAs. The home is owned or rented by the shared living provider.

- **Staffed Living:** Supports provided in a home setting for one or two people that is staffed on a full-time basis by providers. The home is typically owned or rented by the service provider.

- **Group Living:** Supports provided in a licensed home setting for three to six people that is staffed full-time by providers. The home is typically owned or rented by the service provider.

- **Supervised Living:** Regularly scheduled or intermittent hourly supports provided to an individual who lives in his or her own home. Supports are provided on a less than full-time schedule (not 24 hours/7 days a week). The home is typically owned or rented by the individual.

Individuals served – Living with 24-hour paid home supports[9] (June 30, 2021)

- **1,368 – Shared Living** (1,205 homes)
- **74 – Staffed Living** (59 homes)
- **84 – Group Living** (19 homes)

1,526 – Total

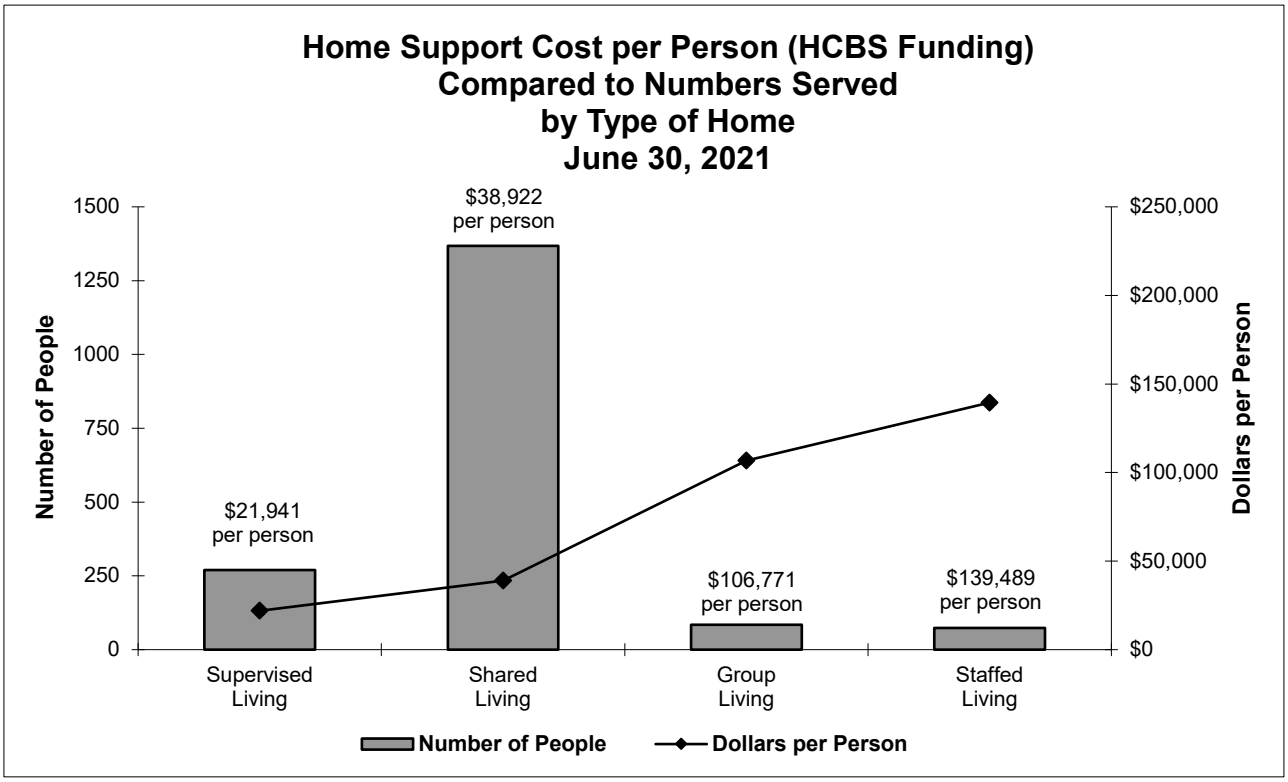
Individuals served – Living in own home with limited or no paid home supports (June 30, 2021)

- **270 – Supervised Living** (less than 24-hour paid HCBS home supports)
- **222 – Independent Living** (no paid home supports)
- **492 – Total**

Noteworthy: Of the people receiving some level of paid home supports (Shared Living, Staffed Living, Group Living or Supervised Living), a high percentage (77%) live with a shared living provider. This model uses contracted home providers which, in general, makes it more economical than other 24-hour home support options. Staffed Living and Group Living arrangements have much higher per person costs because they are a 24-hour staffed model. Availability of Supervised Living, which has the lowest per person cost, is often limited by lack of affordable housing options.

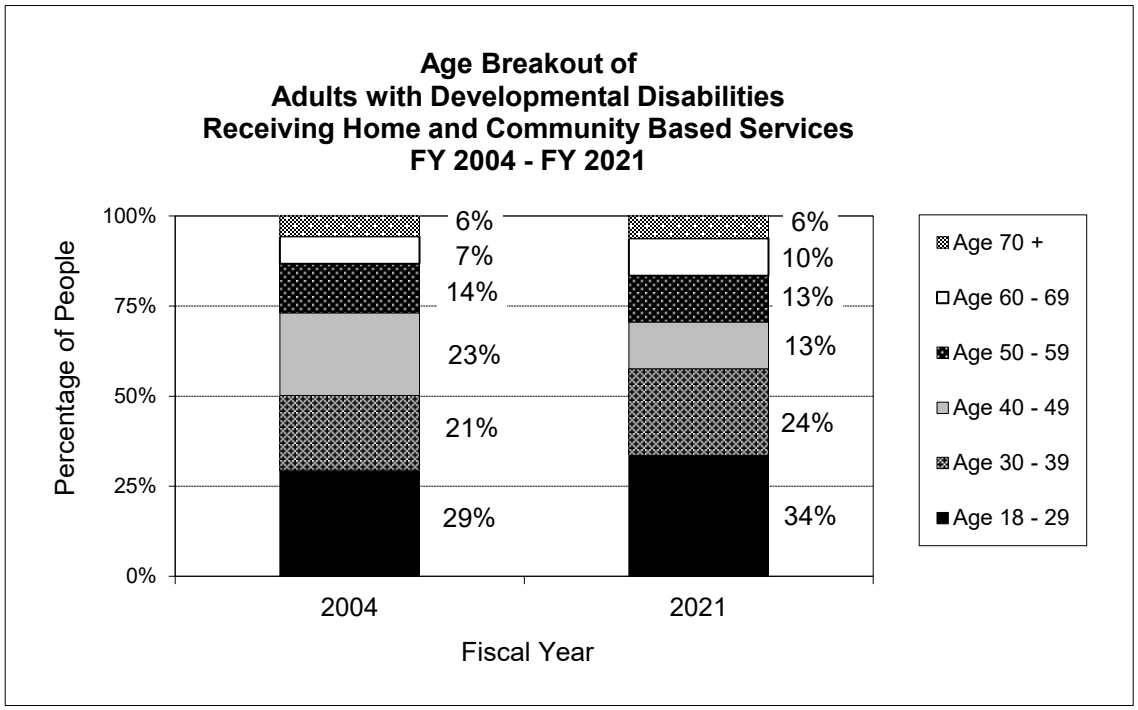
[9] Vermont's only Intermediate Care Facility for people with Developmental Disabilities (ICF/DD) was a highly structured, specialized residential setting for six people which provided intensive medical and therapeutic services. The ICF/DD closed on 10/7/20.

The following graph shows the average cost per person by type of home support[10]. It highlights Supervised Living (hourly supports in person's own home) and Shared Living as being significantly less expensive than Group Living or Staffed Living arrangements.

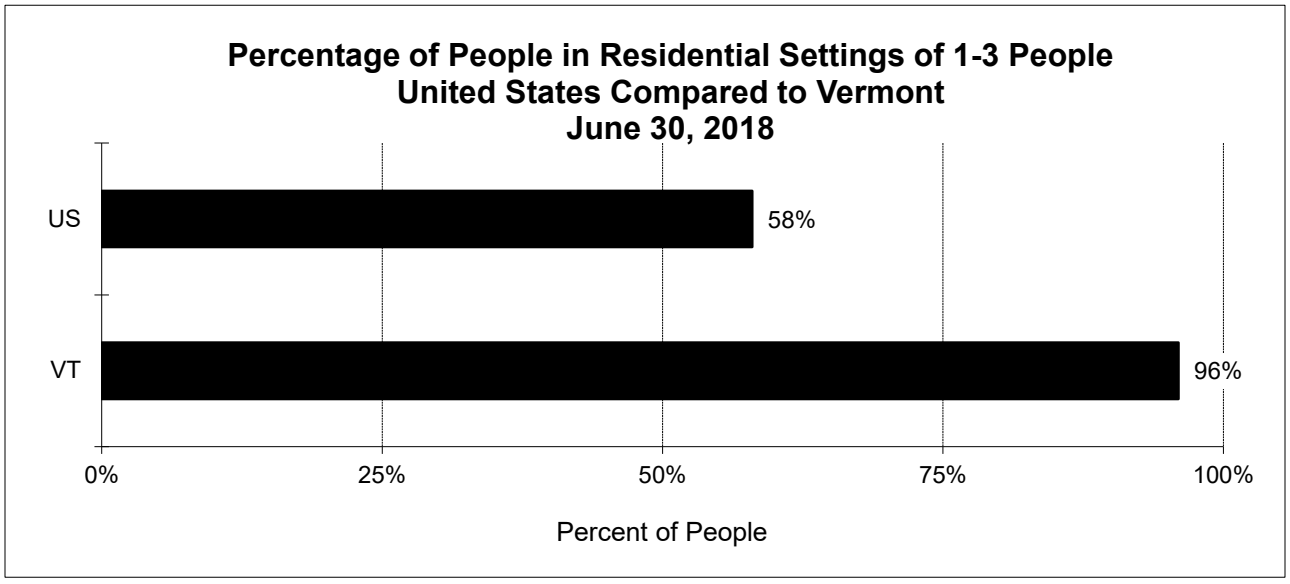


The chart on the next page shows the change over time in age of adults receiving HCBS. There has been a noticeable 15% increase in young adults (age 18-29) being served today than 17 years ago. Conversely, there has been almost a 50% decrease in adults aged 40 – 49 while the percentage of older Vermonters served (age 50 and over) has remained relatively stable.

[10] Ibid.



Vermont ranks #1 nationally in terms of size of non-family, non-state operated, residential settings with 1-3 people compared to all settings (including congregate settings of 7-15 and 16+ people). Vermont is one of only two states who have no residential settings with more than six people with developmental disabilities living in the home. Nationally, 32% of those receiving long term services and supports, reside in non-family, non-state settings, of more than six people with developmental disabilities living in the home[11].



[11] *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2018*, Residential Information Systems Project (RISP), University of Minnesota, *December* 2021. The US percentage of people in residential setting of 1-3 people is based on RISP's "Estimated US Total".

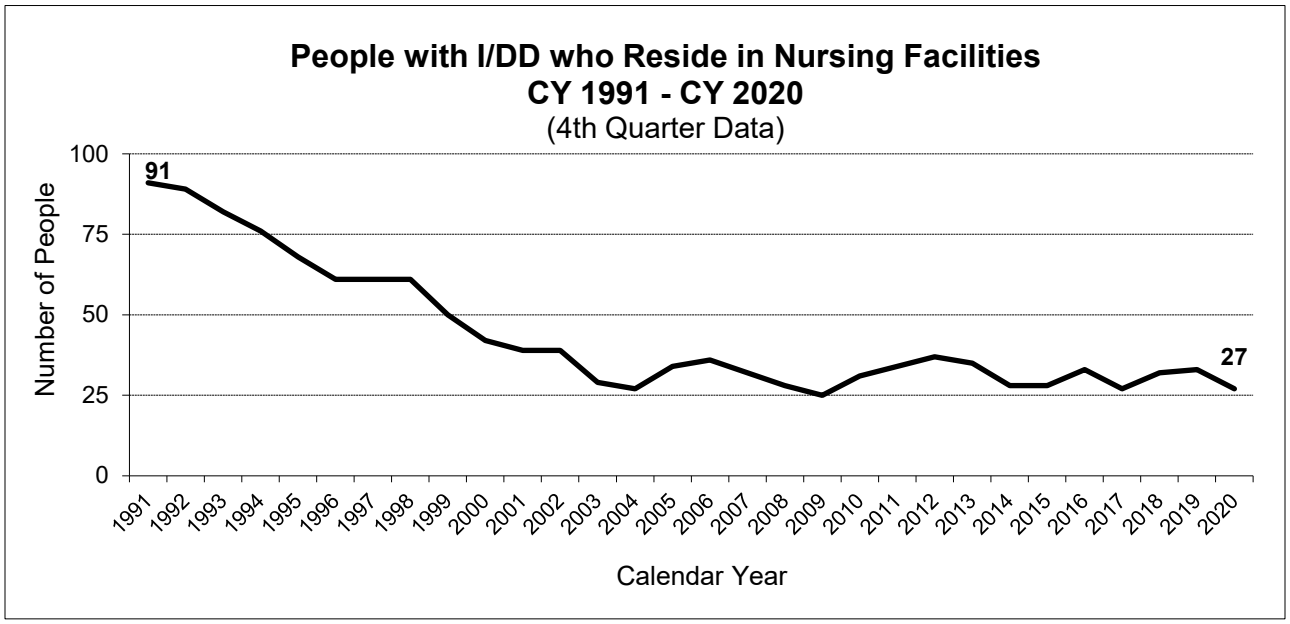
Nursing Facilities – Pre-Admission Screening and Resident Review (PASRR)
The Omnibus Budget Reconciliation Act of 1987 is a federal law that established PASRR which mandates:

- Screening all nursing facility residents and new referrals to determine the presence of intellectual/developmental disabilities (I/DD);
- Developing community placements, when appropriate; and
- Determining the need for specialized services.

Specialized Services, including support to address social and recreational needs as well as the person's overall well-being, are provided by DA/SSAs to individuals with I/DD who live in nursing facilities.

Individuals served – PASRR

- **47 – PASRR evaluations conducted by DDSD staff** (FY 21)
- **36 – People with I/DD lived in nursing facilities**[12] (June 30, 2021)
- **38 – People received Specialized Services** (FY 21)
- **1.3% – Individuals with I/DD in nursing facilities as a percentage of all people who resided in nursing facilities**[13] (as of December 2020)



[12] The nursing facility count includes people who are admitted for short term rehabilitation.
[13] Calendar Year 2021 data was not available at the time of publication.

FULL INFORMATION

In order to make good decisions, people with developmental disabilities and their families need complete information about the availability, choices and costs of services, how the decision-making process works, and how to participate in that process.

There are a variety of sources of information available to individuals and families to help them make informed choices regarding services and other life decisions. Below is a list of some of the primary resources available.

Designated Agencies and Specialized Service Agencies
Designated agencies (DA) are required to provide full information to individuals and families to help them make decisions about their services. In particular, DAs must provide information about how to contact a Specialized Service Agency (SSA) or other DA, so a recipient is aware of all service provider options. Designated Agencies are also required to share information about the opportunity to self-manage or family-manage services or partially manage some of the services while the agency manages the rest.

Service coordinators play a key role in keeping service recipients informed. A primary responsibility includes sharing timely and accurate information. Ongoing conversations about responsibilities and roles during the person-centered planning process and continuous, thoughtful listening for understanding is required for discerning what information will lead to the most appropriate and effective services.

Re-designation reports and Quality Services Reviews (QSR) indicate agencies understand their responsibilities to help ensure all applicants and service recipients are well informed. When needed, DAIL works with providers to be responsive and thorough in their role assisting individuals and families to be fully informed.

Website: Regulations Implementing the Developmental Disabilities Act of 1996

State and Local Program Standing Committees
DAIL and the DA/SSAs are required to have state and local program standing committees for DDS[14]. A dedicated effort to educate and accommodate standing committee members, including instituting practices to make committee meetings accessible, has resulted in decision-making processes that are more understandable and better informed by those receiving services and their family members.

Website: Administrative Rules on Agency Designation

[14] The Administrative Rules on Agency Designation requires that a majority of the membership of the DAIL and DA/SSA Standing Committees be self-advocates and family members. In addition, local program standing committees must have at least 25% of their membership made up of self-advocates.

Guardianship
The powers of a guardian may include decision-making authority in various areas of an individual's life. However, part of the responsibility of a guardian's role is to help individuals under guardianship understand their rights, responsibilities, and options so that, ultimately, decisions can be made that respect the person's individual preference and promote their health and welfare.

Website: Guardianship

Vermont Communication Support Project
The mission of the Vermont Communication Support Project (VCSP) is to promote meaningful participation of individuals with communication deficits in judicial and administrative proceedings that significantly impact their lives. Communication Support Specialists provide specialized communication accommodations for people with disabilities to ensure equal access to the justice system. DAIL, in collaboration with the Department of Mental Health and the Department for Children and Families, provides funding and support to the project, which is managed by Disability Rights Vermont,

Individuals served – VCSP (FY 21)
- **83 – Individuals received communication support services**
- **100% – Response to referrals which met program eligibility criteria**

Website: Vermont Communication Support Project

Information, Referral and Assistance
The DDSD website has information about services and supports to assist individuals, families, guardians, advocates, and service providers. Information, Referral and Assistance **(**IR&A) resources are listed under "Get Help Now".

Website: Information, Referral and Assistance

INDIVIDUALIZED SUPPORT

People have differing abilities, needs, and goals.
To be effective and efficient, services must be individualized to the capacities, needs and values of each individual.

Services and supports that are tailored to the differing abilities, needs and goals of every individual is the most fundamental and valued tenet of DDS. It is not just respectful and responsive in terms of good customer service. It focuses on the individual as a unique and singular person so that services and supports can be the most effective, meaningful, efficient, and successful. The process of developing individualized support starts when a person first applies for services. A comprehensive individualized assessment of the individual's needs is completed which examines a person's strengths and needs across the person's life. This information serves as the basis for developing an individualized, person-centered, plan of support.

Role of Service Coordination
Service coordinators play a key role in ensuring people receive individualized support. The responsibilities of the service coordinator are extensive and include, but are not limited to:

- Developing, implementing, and monitoring the Individual Support Agreement
- Ensuring a person-centered planning process
- Coordinating medical and clinical services
- Establishing and maintaining the case record
- Conducting a periodic review/assessment of needs
- Creating a positive behavior support plan and communication plan
- Arranging for housing safety and accessibility reviews
- Reviewing and signing off on critical incident reports
- Providing general quality assurance and oversight of services and supports
- Managing the supports and services necessary for individuals to fulfill their goals

Individuals served – Source of Service Coordination[15] (FY 21)

- **3,281 – Home and Community-Based Services**[16] (all ages)
- **260 – Targeted Case Management** (all ages)
- **382 – Bridge Program: Care Coordination** (up to age 22)

Home Supports
As noted in the Adult Services section, home supports are provided primarily in residences with just one or two people supported in a home (Shared Living, Staffed Living and Supervised Living). Group Living arrangements funded by DDS are licensed for as few as three residents and no more than six residents. The State System of Care Plan restricts any new Group Living arrangement to four residents unless an agency receives special

[15] There is duplication of individuals across service areas as individuals may have started the year receiving one source of service coordination and then shifted to another source of service coordination.
[16] Virtually all individuals funded through HCBS receive service coordination.

authorization to develop a five-person or six-person home. In addition to the value of small, personalized home settings, successful and long-lasting living arrangements rely on a compatible match between the individual and others with whom the person lives.

Individuals served – Home Supports (June 30, 2021)
- **1,778 – Total individuals**
- **1,546 – Total home support settings**
- **1.2 – Average number of individuals per home support setting**

Home Ownership
Individuals who own or rent their own homes, are more likely to maintain control over where they live and how they are supported in their home. Alternatively, when a Shared Living or Group Living option does not work out, it is the individual who ultimately needs to move.

Individuals served – Home Ownership (FY 21)
- **447 – Rent their home**
- **32 – Own their home**
- **479 – Total**

Community and Employment Supports
The development and delivery of community and employment supports are based on the value that services are best when they are individualized and person-centered. See the sections on Community Participation and Employment for more information.

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.

Families play a critical and fundamental role in the lives of their children. While this report focuses in large part on federal and state funded services, it is important to remember that the majority of supports to people with developmental disabilities are provided by members of their family.

Services and supports available to adults and children with developmental disabilities living with their biological or adoptive families include Flexible Family Funding, Bridge Program, Family Managed Respite and Home and Community-Based Services. HCBS funding may include service coordination, respite, supervised living (support in the home of the family), employment supports, community supports, clinical services, supportive services, transportation, and crisis services[17].

Individuals served – Family Supports (FY 21)

- **2,287 – Total individuals** (unduplicated)

	Children[18] (under age 22)	**Adults** (age 22 and over)	**Total**[19]
▪ **HCBS**	**168**	**988**	**1,156**
▪ **Flexible Family Funding**	**853**	**124**	**977**
▪ **The Bridge Program**	**382**	**0**	**382**
▪ **Family Managed Respite**	**243**	**0**	**243**

Scope of Family Supports (FY 21)

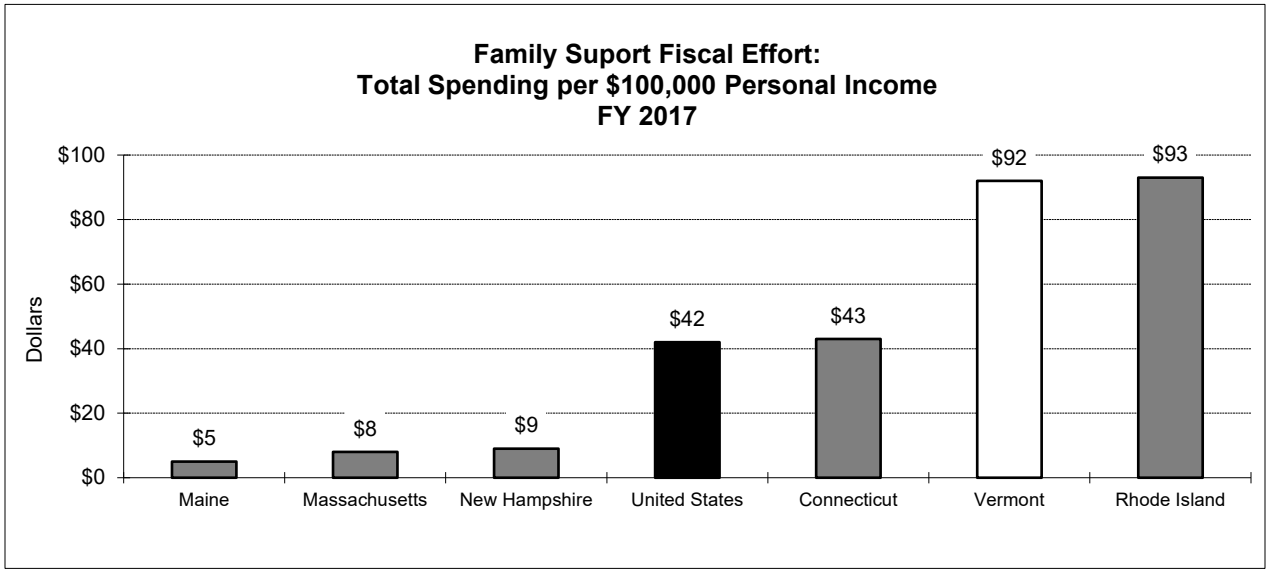
- **35% – Percentage of individuals receiving HCBS who lived with their family**
- **49% – Percentage of individuals receiving any developmental disability service who lived with their family**

[17] See the Children's Services and Adult Services sections of this report for additional service information.

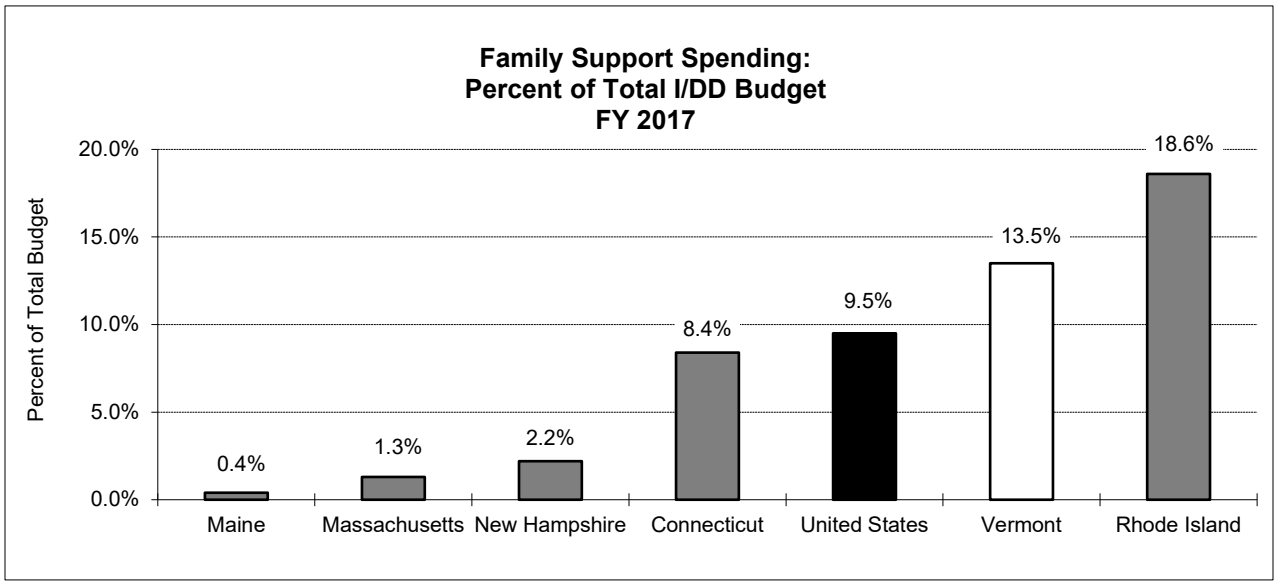
[18] This number of children served does not include children who are in the custody of the Department for Children and Families.

[19] Numbers include duplications across funding sources and therefore count people who received more than one type of family support during the year. Home and Community-Based Services only include people who lived with their families as of June 30, 2021. The other services reflect people who received those services at any point during FY 21.

Vermont is ranked 2nd in New England and 12th in the nation in total family support[20] spending (both state and federal) per $100,000 personal income[21].



Vermont's family support spending is ranked 2nd in New England and 12th in the nation in terms of the percent of the total intellectual/developmental disabilities (I/DD) services system budget[22].



[20] "Family Support" is defined here as supports provided to individuals who live with their family who receive Flexible Family Funding, Family Managed Respite, Bridge or HCBS funding for in-home supports and/or respite. Spending reflects the total budget minus community and work supports. *The State of the States in Intellectual and Developmental Disabilities,* Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado*, 2017.*

[21] FY 19 data was not available at the time of publication.

[22] Ibid.

Parents with Disabilities

Throughout Vermont, there are parents who have developmental disabilities who are being supported to raise their children at home with them or to maintain positive relationships with children that live elsewhere. Supports may include instruction and coaching in parenting skills, maintaining stable housing and employment, accessing benefits and other supports.

Individuals served – Parents with Developmental Disabilities (FY 21)

- **60 – Total who received support to parent their child who lives with them (full-time or part-time)**
  - **8 – Live in Shared Living or Staffed Living**
  - **52 – Live in their own home/apartment or with other family members**
- **30 – Total who received support whose minor children did not live with them**

MEANINGFUL CHOICES

People with developmental disabilities and their families cannot make good decisions without meaningful choices about how they live and the kinds of services they receive. Effective services shall be flexible so they can be individualized to support and accommodate personalized choices, values and needs, and assure that each recipient is directly involved in decisions that affect that person's life.

Supporting individuals to make good decisions is integral to high quality services. Person-centered services help ensure that individuals have the support to make meaningful and informed choices in their lives. This may involve accommodations that give people the tools, training, and assistance to help them understand their options, rights, and responsibilities as service recipients. Trusting, respectful relationships; ongoing provision of full information; appropriate communication supports and access to an inclusive community are all factors necessary for people to make choices that are personally meaningful.

Vermont's system of home supports is unique regarding opportunities for autonomy, choice and independence compared with the restrictive and outsized residential programs found in other states. Vermont's community-based and flexible system anticipates that people will have the opportunities to make meaningful choices about where they live and work.

The Federal Centers for Medicare and Medicaid Services' (CMS) Home and Community-Based Services Rules are intended to bring services in line with best practices that bring choice and control to people served and inclusion and protection of participant's rights. The intent is to ensure that individuals receiving long-term services and supports have full access to the benefits of community living and the opportunity to receive services in the most integrated setting possible. The HCBS Rules are being rolled out over time with the requirement that States are fully compliant by 2022. For more information about the HCBS Rules, please see the *Introduction* at the beginning of this report.

Supported Decision-Making

Supported Decision-Making (SDM) is a term for a range of models, both formal and informal, where individuals are supported to retain the final say in their life decisions. The intended outcomes are to increase self-determination and access to needed supports and to reduce over-reliance on public and private guardianship by empowering individuals to make their own decisions and direct their own lives.

Guardians can play an important role in SDM. At the same time, SDM can ultimately replace the need for a guardian for some individuals. Under SDM, adults with disabilities get help in making and communicating decisions while retaining control over who provides that help. The person's "supporters" can help the person make and communicate decisions in the same area of life that a guardian would, including financial and medical decisions. Ultimately, the individual with the disability makes the final decision, not those supporting the person.

The Office of Public Guardian has informational packets about SDM and offers training to courts, States Attorneys, educators, self-advocates, and families. The SDM philosophy and approach have been incorporated into guidance for guardianship evaluations.

Website: Supported Decision-Making

Vermont Communication Task Force

The Vermont Communication Task Force (VCTF) is a statewide multi-disciplinary group that provides information, training and technical assistance to transition age youth and adults with developmental disabilities, family members, educators, service providers and community members. Experience shows that the presence of an adequate and reliable means of communication greatly enhances an individual's ability to make meaningful choices in the person's life. There is a long history of supporting assistive and alternative communication efforts statewide in Vermont.

Website: Vermont Communication Task Force

COMMUNITY PARTICIPATION

When people with disabilities are segregated from community life, all Vermonters are diminished. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.

Community supports assist individuals to develop social connections in their community. Supports are varied and include teaching skills for daily living; fostering healthy relationships; developing volunteer opportunities; and inclusive participation in community. Ideally, it results in individuals becoming active and engaged members of their communities, forming genuine and reciprocal relationships that can lead to fading paid supports.

Individuals served (FY 21)

- **2,086 – Individuals received community supports**[23]

The number of paid community support hours an individual receives is determined through their needs assessment. The State System of Care Plan limits the total number of new employment and community support hours to no more than 25 hours total for employment and/or community supports.

Based on reports from the Quality Service Reviews and feedback from the State Program Standing Committee, areas of Community Support that need attention and consideration include:

- Supports and activities that are developed and driven by the individual and their interests.
- Supports to encourage activities that are developed and led by individuals with their peers and interested community members.
- Increase in dedicated one-on-one supports.
- Supports that are flexible and not tied to only one-on-one, group or center-based activities and that enable individuals to choose which supports and activities they want.
- Supports that are flexible and not tied to a Monday through Friday 8:00 am to 5:00 pm schedule.
- Supports that include the opportunity for individuals to increase their independence through understanding and experience using a variety of public and private transportation options (e.g., bus, bicycle, taxi, carpooling).
- Service coordinators and direct support staff that understand the purpose and intent of community supports and how they relate uniquely to each person.

[23] Community Supports count are based on the FY22 Beginning Spreadsheets and include people who terminated services during the fiscal year.

Growth and Life-Long Learning

Global Campus is a unique program that provides lifelong learning and teaching experiences to adults with developmental disabilities by enhancing the individual's ability to become an expert in topics of their interest and choosing. Learning occurs through the processes of research, inquiry, community networking and the full examination of selected topics. The benefits from participation are seen in improved self-direction, increased confidence and public speaking expertise, and organizational and executive functioning skills. Researching topics of interest also supports community engagement by connecting individuals with others who share the same interest and provide mentoring.

Individuals served – Global Campus (FY 21)

- **101 – Individuals participated in seminars** (including teachers)
- **54 – Individuals taught seminars**
- **59% – Developed new community relationships**
- **70% – Increased opportunities for community inclusion**
- **100% – Increased community partners** (minimum of 3 new partners)[24]

[24] Despite the challenges of COVID, a total of eighteen new community partnerships were formed across the four Global Campus sites.

EMPLOYMENT

The goal of job support is to obtain and maintain paid employment in regular employment settings.

Supported employment (SE) services are based on the value that personalized job site supports enable individuals to be employed in local jobs and work in the typical workforce with fellow Vermonters. The commitment to the principle that most people can work when provided the right supports sets Vermont apart from other states where "employment" services are facility-based and often equate to sub-minimum wages in segregated workshops, isolated from community. In 2002, Vermont had closed all sheltered workshops in the state, eliminating segregated jobs where people had worked in large group settings for pay well under minimum wage. Today, all individuals in developmental disabilities services who are employed are paid at Vermont minimum wage or higher.

The benefits of work include increased income, a sense of contribution, skill acquisition, increased confidence, independence, social connections, and the opportunity to develop meaningful careers. Employers and the community benefit from the dedication of individuals with developmental disabilities and from the diversity people with developmental disabilities bring to the workforce. Additionally, business that employ individuals with disabilities see improved morale, increased customer loyalty and enhanced overall productivity. Observing people with developmental disabilities productively engaged in the workforce helps employers and community members see the valuable contributions of people with disabilities.

Staff from DDSD, the Division of Vocational Rehabilitation and the Agency of Education meet regularly to strengthen support services for transition age youth to become employed. The use of coordinated supported employment funding and the collaboration of staff across state government is another distinctive quality of how the state and the system supports competitive employment.

Individuals served – Supported Employment (June 30, 2021)

- **1,133 – Individuals supported to work**[25]
- **$12.32 per hour – Average wage**
- **8 hours per week – Average hours**
- **45% – Employment rate among people receiving HCBS age 18-64** [26] (FY 20)

National Comparison[27]

- **29%** – **Employment rate among all people with disabilities age 16-64** (2020)

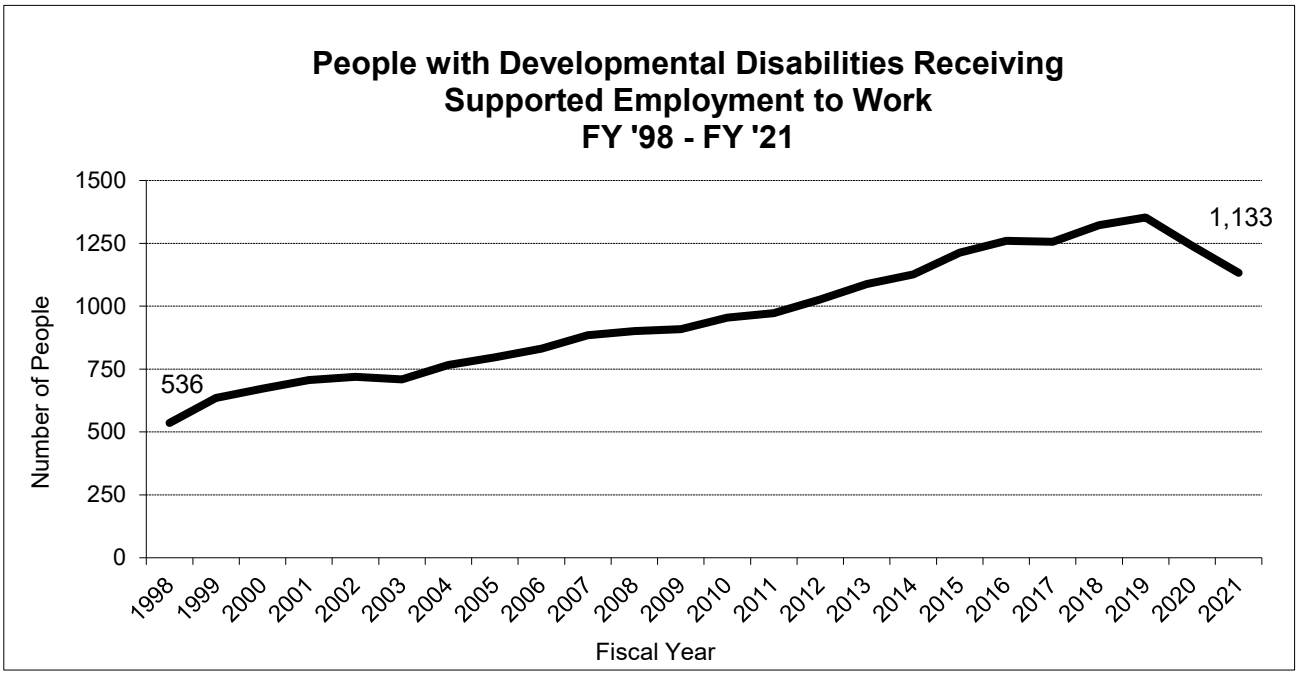
[25] This number includes workers furloughed with a clear promise of return to work from their employer.

[26] Employment rate obtained from Unemployment Insurance data through the Department of Labor, 2020. Reduction in the Employment Rate (down from 49% in FY 19) was due in part to decreases in employment from April – June 2020 at the start of the COVID-19 pandemic.

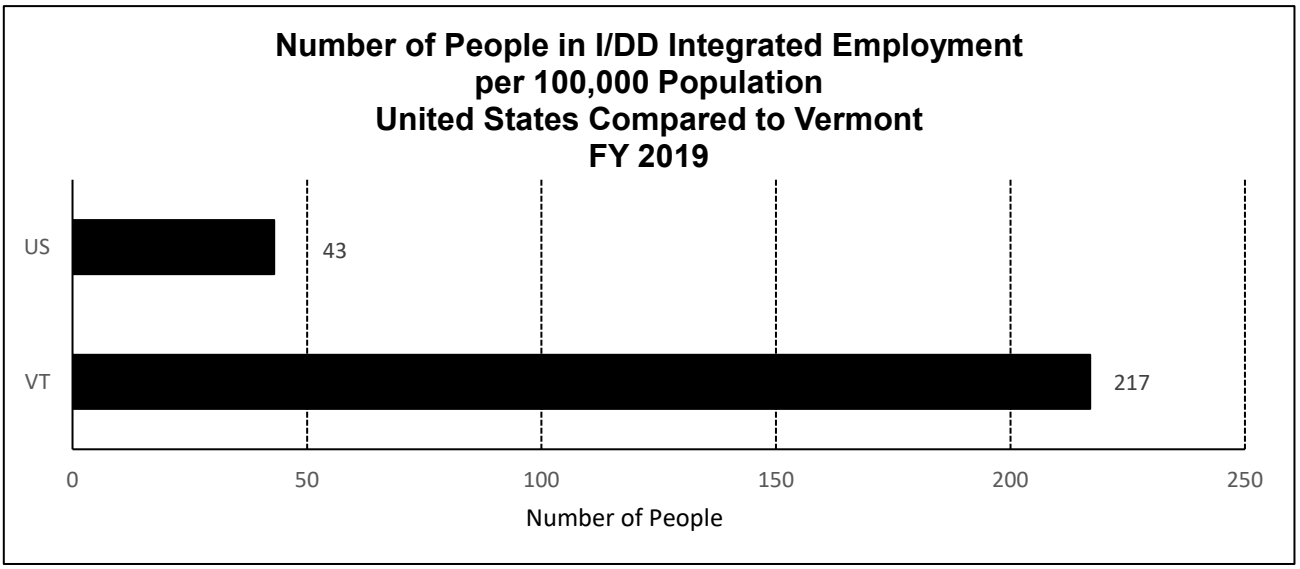
[27] Source: US Census, Bureau of Labor Statistics, 2020. https://www.bls.gov/news.release/pdf/disabl.pdf

All workers supported by DDS earn at or above the state minimum wage of $11.75 per hour[28]. However, while the number of individuals working has trended up over the past 20 years, the past two years saw a drop in the number of people receiving Supported Employment to work due to COVID-19.

Website: Supported Employment



Vermont is ranked #1 in the nation for number of people with developmental disabilities who receive supported employment to work per 100,000 of the state population.



StateData: The National Report on Employment Services and Outcomes through 2016. [Unpublished.] Institute for Community Inclusion (UCEDD), University of Massachusetts, Boston*, 2021.*

[28] State of Vermont minimum wage as of January 2021.

Supported Employment Status During COVID-19

The following data were collected by the Supported Employment Coordinators at the Designated Agencies and Specialized Service Agencies in May 2021. It shows the employment status of people in employment services during COVID-19 from March to December 2020 and January to April 2021.

Employment Status – March 2020 – April 2021

March to December 2020	Data		January to April 2021 (as of 4/31/21)	Data
Total employed on 12/31/20	610		Total employed on 4/31/21	677
In job development on 12/31/20	252		In job development on 4/31/21	259
Furloughed	260		Still furloughed with job held by employer	182
Lost job between 3/20 and 12/20	67		Lost job between 1/21 and 4/21	55
			Declined Supported Employment supports	24

Numbers in chart include duplications except Total Employed.

Observations from the Supported Employment Projects

- Jobs everywhere but DDS staff shortages limit providing SE services and supports.
- Employers more open to hiring SE referrals and more flexible and accommodating.
- Many jobs are evenings or weekends and it's hard to staff. Many jobs are in retail with changing schedules. Openings often require broader skill sets, more skill flexibility, and variable schedules.
- Employers have been collaborative and bringing workers back safely.
- Many workers are hesitant to return to work until fully vaccinated and some families and guardians are still opposed to a return to work even when vaccinated.

Post-Secondary Education Initiative

DDSD and community partners have collaborated to create a post-secondary, career-oriented college program located at Vermont colleges. The goal of the Post-Secondary Education Initiative (PSEI) is successful employment in viable careers at graduation. This model promotes campus inclusion with older students serving as peer mentors to students with developmental disabilities. Facilitating course selections based on vocational interests and independent living skill training has significantly increased self-sufficiency and employment outcomes among these young graduates. Students graduate with a 2-year *Certificate of Higher Learning* conferred by their colleges in their areas of vocational concentration. The three post-secondary support programs include:

- **Think College Vermont –** College supports program located at the Center on Disability and Community Inclusion – University of Vermont where it supports youth to take courses at UVM.
- **SUCCEED** – Off-campus residential and on-campus academic supports program to attend local colleges, provided by Howard Center, and includes independent living skills that enable graduates to transition to their own apartments.
- **College Steps –** Independent non-profit college program that supports youth to take courses at Castleton State College and Northern Vermont University – Johnson and Lyndon Campuses.

Individuals served – PSEI (June 30, 2021)
- **24 – Students enrolled**
- **31 – Students graduated with a certificate**
- **77% – Employment rate of graduates**[29]

Website: Post-Secondary Education Initiatives

Youth Transition Programs
DDSD and community partners have collaborated to help transition age youth enter the work force and experience successful transitions. Supported education and job training services are located statewide to support young adults aged 18 to 30 with developmental disabilities in their transitions from school to work or higher levels of education. Services include specialized career training, customized job placement, independent living skills training, experiential internships, and the Post-Secondary Education Initiative. In additional to the PSEI, the three services that contribute to youth transition include:

- **Supported Employment** – Customized job development, placement, training, and job site supports resulting in competitive employment for youth.
- **Transitional Living Programs** – Skills training needed for youth to navigate their communities, learn independent living skills, and gain employment so they can move into their own apartments.
- **Business Based Training –** Project SEARCH offers training in business settings which teach technical skills for young adults and students in their last year of high school resulting in competitive employment.

[29] Many college graduates' final internships transitioned into competitive employment which helped maintain a high employment rate, even during COVID-19.

Individuals served – Project Search (June 30, 2020)

- **13 – Project Search graduates**
- **69% – Employment Rate of graduates**
- **Project Search Sites/Partnerships:**
  - Dartmouth Hitchcock Medical Center / Hartford School District / Lincoln Street Incorporated / Vocational Rehabilitation
  - Rutland Regional Medical Center / Rutland Mental Health Services / Vocational Rehabilitation
  - University of Vermont Medical Center / South Burlington School District / Howard Center / Vocational Rehabilitation

ACCESSIBILITY

Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.

The Vermont Designated Agency system was designed to have a local and consistent process for applying for services and funding for individuals to receive the supports they need regardless of where they live. While there may be slight variations in internal processes from agency to agency, the statewide funding approval process strives to be objective and equitable.

An individual approved for HCBS receives an authorized service package based on the person's assessed needs. This funded package of services is portable and can transfer with the individual if he or she moves to another county and/or is served by another agency within Vermont.

While Vermont has become more diverse in recent years, it remains a very rural state and the availability of resources for employment, health care, public transportation, recreation, and social opportunities varies regionally. However, the DDS system endeavors to address needs and deliver supports in an individualized manner, encouraging creativity and innovation within the scope of the State System of Care Plan.

Community of Practice on Cultural and Linguistic Competence

Vermont completed another year of participation in a national multi-year initiative building a Community of Practice (CoP) on Cultural and Linguistic Competence in Developmental Disabilities. Georgetown University received approval to extend the project for another year. The project aims to advance and sustain cultural and linguistic competence in developmental disabilities service systems. The state leadership team receives technical assistance from the Georgetown University National Center for Cultural Competence to consider changes to policies, structures, and practices; assess and respond to educational and training needs; and develop initiatives to foster dialogue and information sharing. The CoP is making linkages with other VT organizations working to promote equity in education, healthcare, and workforce development.

The work of the CoP in FY 21 was curtailed by the COVID 19 pandemic. The Vermont team continued to meet via virtual meetings although some members had less availability. The following are accomplishments and areas of discussion:

- Nearing completion of the work to simplify and adapt an organizational self-assessment tool for use by a wide range of organizations.
- Drafted and sent a letter of support for Vermont House bill 210 promoting the creation of a Health Equity office within state government.

- Updated the CoP's vision statement for the launch of Georgetown's CoP Project, Phase II.
- Made recommendations to DAIL/DDSD for language changes in the Vermont State System of Care Plan for DD Services.
- Discussion of the concept of Learning Communities (modeled on a Michigan initiative) and how DDSD might create these in Vermont.
- Planning for a presentation at the statewide VT Care Partners health equity conference in March 2022.

Distribution of Service Providers

All ten DAs are responsible for ensuring needed services are available to individuals within their respective catchment areas. DAs along with the five SSAs, help ensure statewide availability of service providers. (See Reference A: *Map – Vermont Developmental Services Providers*.) The following table shows the number of individuals who received HCBS by agency, as well as those who self/family-manage services through the Supportive ISO.

Home and Community-Based Services
Numbers Served by DA/SSA
June 30, 2021

Number	Designated Agency	Catchment Area
140	Counseling Service of Addison County	Addison
750	Howard Center	Chittenden
279	Health Care and Rehabilitation Services of Southeastern Vermont	Windham, Windsor
100	Lamoille County Mental Health Services	Lamoille
281	Northwestern Counseling and Support Services	Franken, Grand Isle
362	Northeast Kingdom Human Services	Caledonia, Essex, Orleans
240	Rutland Mental Health Services	Rutland
173	United Counseling Service	Bennington
208	Upper Valley Services	Orange
276	Washington County Mental Health Services	Washington

Number	Specialized Service Agency	Office Location
85	Champlain Community Services	Chittenden
81	Families First	Windham
80	Green Mountain Support Services	Lamoille
78	Lincoln Street Incorporated	Windsor
75	Specialized Community Care	Addison

Number	Supportive ISO	Office Location
73	Transition II (self/family-managed)	Chittenden

HEALTH AND SAFETY

The health and safety of people with developmental disabilities is of paramount concern.

DDSD is responsible for helping to ensure the health and safety of individuals who receive Medicaid-funded DDS. This is achieved through collaboration with other entities, including the DA/SSAs, family members, guardians, advocacy organizations and the courts. In particular, the DA/SSAs provide a myriad of services and supports which focus on the welfare of each person they support. It is not necessarily any one specific service that focuses on health and safety as much as an overall person-centered approach that considers all aspects of an individual, including aspirations and goals in the Individual Support Agreement (ISA), personal choice and dignity of risk. Below are resources and processes that promote the health and safety of people in developmental disabilities services.

Health and Wellness Guidelines

The Health and Wellness Guidelines outline expectations and recommended standards of care so the best possible medical care can be obtained for people receiving DDS. Each DA/SSA, along with the individual and/or family member who manages a person's supports, has the responsibility to ensure that health services for people receiving paid home supports are provided and documented as needed. While the guidelines address a wide variety of medical services, they do not list all possible health conditions. Since individuals' circumstances may vary, the person's team's knowledge about health issues, training and advocacy are important components for ensuring quality and comprehensive health care.

The Quality Services Review includes a review of medical circumstances for a percentage of individuals to help ensure that proper health care and safety concerns are addressed. The DDSD Nurse Surveyor looks to ensure all state and federal rules and regulations are followed as well as evaluating whether individuals have opportunities to lead healthy lives.

Website: Health and Wellness Guidelines

Human Rights Committee

There are situations in which a person's actions pose a risk to the health and safety of the person or others. In some situations, restraint of an individual may be needed to ensure safety. The DDSD Human Rights Committee works to ensure that the use of restraints safeguard the human rights of people receiving DDS in Vermont. This includes review of policies, procedures, trends and patterns, individual situations and individual behavior support plans that authorize the use of restraint procedures. Proposed plans and the use of restraint must comply with DDSD's *Behavior Support Guidelines*. The *Human Rights Committee Guidelines* provide an independent review of restraint procedures proposed or occurring within the supports provided by the DDS system.

Website: Human Rights Committee

Public Safety

The DDS system supports individuals who have been involved, or are at risk of becoming involved, with the criminal justice system due to behavior that may pose a risk to the safety of the public. Individuals in the Public Safety group include those:

- Adjudicated for criminal acts committed in the past.
- Found incompetent to stand trial due to an intellectual disability for a crime that involves a serious injury and/or sexual assault (Vermont's Act 248 civil commitment to the Commissioner of DAIL).
- Non-adjudicated and who demonstrate a significant risk to public safety and who receive supports to help them be safe and avoid future criminal acts and/or involvement with the criminal justice system.

Individuals served – Public Safety (6/30/21)

- **225 – Total who were considered to pose a risk to public safety**[30]
- **25 – Total on Act 248**[31]
- **$127,563 – Average HCBS cost for individuals who posed a public safety risk**[32] (FY 20)

Website: Public Safety

Vermont Crisis Intervention Network

The Vermont Crisis Intervention Network (VCIN) is a statewide crisis response network that develops services and supports for people with the most challenging needs in the community to prevent their being placed in institutional care (e.g., psychiatric hospitals, out-of-state residential placements). VCIN provides technical assistance and manages two statewide crisis beds in addition to delivering consultation and training to agency staff and contracted workers. VCIN combines a proactive approach designed to reduce and prevent individuals from experiencing crisis with emergency response services when needed.

Individuals served – VCIN (FY 21)

- **73 – Individuals received technical assistance**[33]
- **14 – Crisis bed stays**
- **588 – Total days crisis beds used** (81% occupancy rate)[34]

[30] To be considered a risk to public safety, an individual must meet the Public Safety Funding Criteria as outlined in the State System of Care Plan. Not all people on the list are currently receiving services.

[31] Act 248 is a Vermont Statute that creates civil commitment of criminal offenders with intellectual disabilities to the Commissioner of DAIL who have been found incompetent to stand trial for dangerous crimes and are deemed to be at a high risk to commit a future significantly harmful act. The 25 individuals on Act 248 are included in the 225 who are considered to pose a risk to public safety.

[32] The HCBS cost is based on Medicaid paid claims for FY 20. FY 21 data was not available at time of publication.

[33] This count does not include individuals who received training conducted by VCIN staff.

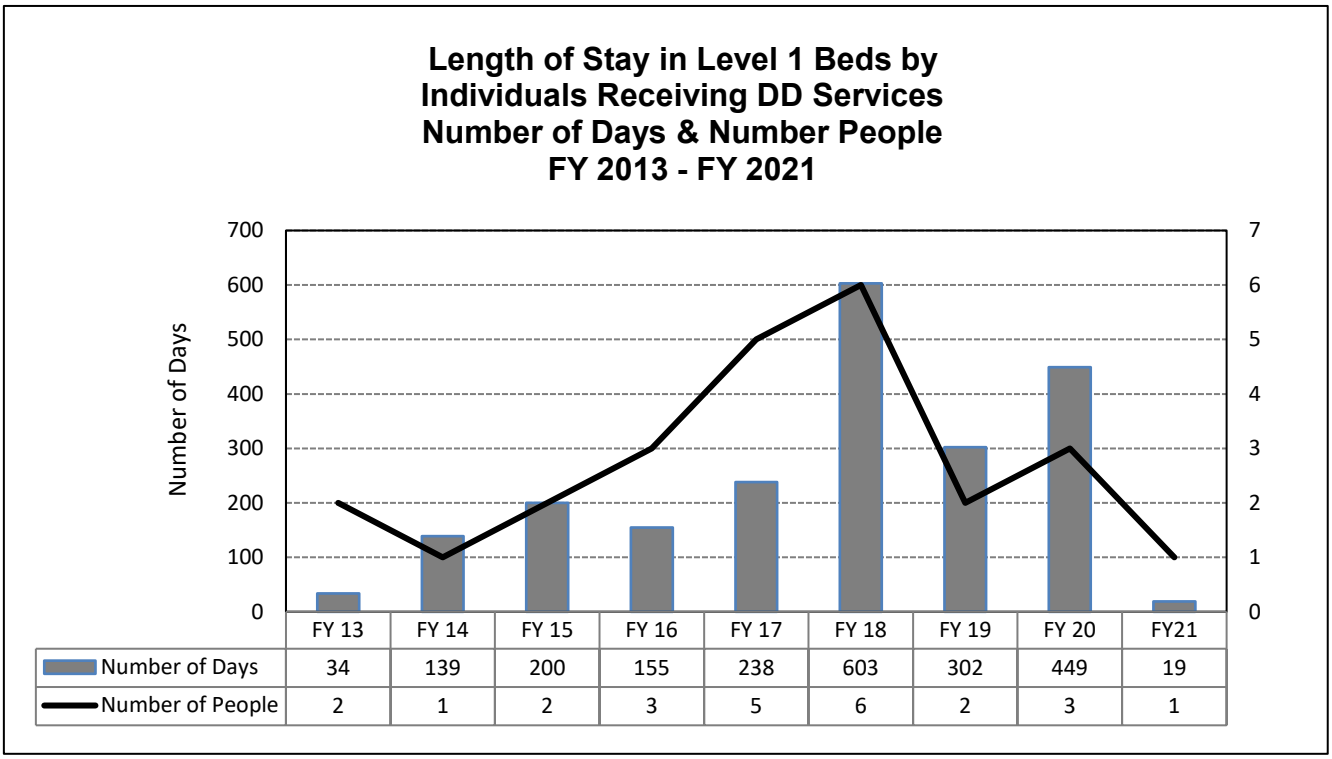
[34] Occupancy rate is based on a possible 730 calendar days (2 beds x 365 days).

Level 1 Psychiatric Inpatient Treatment

There are three facilities in Vermont that provide Level 1 psychiatric inpatient treatment: Brattleboro Retreat, Rutland Regional Medical Center, and Vermont Psychiatric Care Hospital (VPCH)[35]. Level 1 refers to involuntary hospitalizations for people who are the most acutely distressed who require additional resources.[36] On rare occasions, these facilities are used to provide inpatient care for people with developmental disabilities when specialized psychiatric treatment is needed that is otherwise not available in a community setting. For example, when a person has significant medical and psychiatric disorders or is at high risk for death by suicide. The number of days for any given hospitalization for this increased level of psychiatric support can vary greatly from person to person. The Division monitors the capacity to meet the needs of individuals with developmental disabilities experiencing psychiatric crisis both in community settings and in inpatient hospitals.

Individuals served – Psychiatric Inpatient Treatment (FY 21)

- **1 – Total individuals**[37]
- **19 – Total days**



	FY 13	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY21
Number of Days	34	139	200	155	238	603	302	449	19
Number of People	2	1	2	3	5	6	2	3	1

[35] Only a very small portion of psychiatric care beds are considered Level 1 beds in the Brattleboro Retreat (14) and Rutland Regional Medical Center (6). All 25 beds in the VPCH are Level 1 beds.

[36] *Department of Mental Health 79 Legislative Report*

[37] This includes only Level 1 beds and does not include stays for individuals who do not require additional resources within the psychiatric unit.

Accessibility/Safety Reviews
The Housing Safety and Accessibility Review Process outlines the requirements for the safety and accessibility reviews conducted for DDSD to assess the safety and accessibility of all residential homes not otherwise required to be licensed by the Division of Licensing and Protection. The expectation is that home safety and accessibility inspections of residences occur prior to an individual moving into the home. Agency community support sites attended by four or more people are also reviewed.

Individuals served – Home Safety Reviews (FY 21)
- **350 – Safety inspections**
- **124 – Accessibility inspections**

Education and Support of Sexuality
The DDSD *Policy on Education and Support of Sexuality* provides a clear statement about the rights of individuals receiving DDS to learn about the risks and responsibilities of expressing their sexuality.

Background Check Policy
DAIL requires that background checks be performed on individuals who may work or volunteer with vulnerable people towards the prevention of abuse, neglect, and exploitation. The *DAIL Background Check Policy* describes when a background check is required, the components of a background check and what happens when a background check reveals a potential problem.

Public Guardianship Services
The Office of Public Guardian provides court ordered guardianship for adults with developmental disabilities and older Vermonters aged 60 and over who have been found to lack decision-making abilities and who do not have a family member or friend who is willing and able to assume that responsibility. The goal of guardianship is to promote the wellbeing and protect the civil rights of individuals, while encouraging their participation in decision-making and increasing their self-sufficiency.

Powers of Guardianship (varies by individual)
- General Supervision (residence, services, education, care, employment, sale, and encumbrance of property)
- Legal
- Contracts
- Medical and Dental
- Financial Guardianship

Guardians must maintain close contact with individuals to understand their wishes and preferences; to monitor their wellbeing and the quality of the services they receive; and to make important decisions on their behalf. Whenever possible, individuals are encouraged and supported to become independent of guardianship in some or all areas of guardianship. When suitable private guardians are identified, guardianship is transferred.

- **Ethics Committee –** An Ethics Committee convenes monthly to review any decision by a Public Guardian to abate life-sustaining treatment for a person receiving services who is nearing the end of life. Proposals for Advance Care Planning to address future health care decisions are also reviewed by the committee.

Individuals served – Guardianship Services (June 30, 2021)

- **606 – Guardianship services – developmental disabilities**
- **128 – Guardianship services – older Vermonters aged 60 and over**
  734 – Total

- **25 – Termination of guardianship – developmental disabilities**
  - **12 –** Deceased
  - **9 –** Independent of guardianship
  - **4 –** Transfer to private guardian
- **29 – Termination of guardianship – older Vermonters**
  - **25 –** Deceased
  - **2 –** Independent of guardianship
  - **2 –** Transfer to private guardian
- **323 – Individuals receiving representative payee services**
- **28 – Office of Public Guardian staff** (24 of whom are full-time guardians)

Website: Office of Public Guardianship

TRAINED STAFF

In order to assure that the goals of this chapter are attained, all individuals who provide services to people with developmental disabilities and their families must receive training as required by Section 8731 of the Developmental Disabilities Act.

The Regulations Implementing the Developmental Disabilities Act of 1996[38] state that training helps ensure safety and quality services and to reflect the principles of services. Each provider agency has responsibility for ensuring pre-service and in-service training is available to all workers paid with DDS funds that are administered by the agency. The regulations outline minimal training standards as well as what DA/SSAs must assure regarding training plans and providing training.

The Supportive ISO must inform individuals who self-manage or family-manage services that the workers they hire must have the knowledge and skills required and that training may be obtained free of charge from the Supportive ISO. Additionally, the DA/SSAs are required to notify individuals and family members who share-manage of this responsibility and that training for the workers they hire can be obtained free of charge from the DA/SSA.

Training Coordinated or Provided by DDSD (FY 21)

Children's Services:
- Coordinated a statewide Kids Quarterly meeting/training
- Transition to Adulthood: Access to Adult Services training for DCF Family Workers
- Developmental Disabilities Services training for VDH/Children with Special Health Needs Staff

Public Safety:
- Sex Offender Discussion Groups
- General offender assessment and supports training
- DDSD Public Safety Protocols

Supported Employment:
- Unemployment Insurance Recipient trainings
- Able Account trainings
- Supported Employment/School Contract training
- Special Education and IEP Transition Plans
- Supported Employment training to United Counseling Service
- Encounter Data training with Post-Secondary Education Partners
- VT Project SEARCH webinars for teams by National Project SEARCH
- Employment First training at Organization Change Conference
- Supported Employment training to Community of Practice national teams

[38] The *Regulations Implementing the Developmental Disabilities Act of 1996* were revised and went into effect as of October 1, 2017.

- COVID-19 Job Development Strategies training
- Employer Contracted Supports Pilot training
- Post-Secondary Education Options training at Vocational Rehabilitation/DDS Supported Employment Retreat

Pre-admission Screening and Resident Review (PASRR):
- PASRR training for DA/SSA, Medicaid-funded nursing facilities and hospitals staff, as needed

Quality Review Team:
- Individual Support Agreements
- Behavior Supports
- Health and Wellness Guidelines
- Quality Overview
- Critical Incident Reporting
- Shared Living Safety Inspections Portal/Database
- Public Safety/Act 248 Trainings
- Needs Assessments
- Peggy's Law

Office of Public Guardian:
- General Guardianship Services Training for Service Providers, Health Care Workers, Probate Judges, and OPG Staff
- Advance Care Planning Training for Service Providers, OPG Staff

Miscellaneous:
- Town Hall: COVID – Vaccines and Facemasks
- Training and technical assistance regarding communication by the Vermont Communication Task Force Working Group

Vermont Clinical Training Consortium (VCTC)
VCTC provided:
- The Transformative Power of Relationships – two online trainings with follow-along supervision, including the following topics:
  - History of Support Services for People with Trauma
  - Attachment as the Primary Response to Distress, Attunement and Co-Regulation
  - The Bio-Psycho-Social Model of Support
  - Developmental Trauma
  - Defensive and Advancement Systems, Windows of Tolerance
  - Thinking About Consequences
  - Teaching Self-Regulation Skills
  - Building Emotional Alliances

Direct Support Professionals – Training Needs
The Quality Services Reviews identified training that would benefit DA/SSA staff in the following areas:

- Person-Centered Thinking and Planning
- Development/implementation/monitoring of Individual Support Agreements
- Creation and implementation of effective, Positive Behavior Support Plans
- Critical Incident Reporting: Timelines and definitions of incidents
- Health and Wellness documentation

Most direct support professionals in Vermont do not work for service agencies. Many are home providers contracted by DA/SSAs, while the majority are employed by home providers and people who self/family/share-manage services. The Quality Service Reviews found that these non-agency-hired direct support workers require a better understanding of the pre-service/in-service standards and current best practices in the provision of supports to people with developmental disabilities.

Direct Support Workers (DSW) by Employee Group[39]

- **1,368 – Home Providers** (June 30, 2021)
- **1,293 – DA/SSA Employees**[40] (CY 19)
- **4,450 – Employees paid through ARIS**[41] (CY 20)

Staff Stability Survey
DDSD participates annually in a national study of direct support professionals conducted by the National Core Indicators (NCI). The Staff Stability Survey focuses on direct support workers (DSW) employed by DA/SSAs who provide direct services. Survey data is not collected on DSWs who are contracted workers or employed by home providers or people who self/family/share-manage services. The survey includes a range of variables including turnover rates, length of employment, vacancy rates, wages and benefits, recruitment and retention, overtime, and bonuses.

Due to pressures related to COVID-19, Vermont did not participate in the National Core Indicators Staff Stability Survey in CY 20.

Website: National Core Indicators

[39] These data come from different sources during different timeframes. There is overlap of workers who are employed in more than employee group. Therefore, these data do not represent a complete fiscal year count or unduplicated point in time total of all direct support workers.
[40] DA/SSA employee data obtained from the CY 19 National Core Indicator's Staff Stability Survey Report. More current data is not available.
[41] This data is provided by ARIS and includes all direct support workers who received a paycheck through developmental disabilities services and respite through the integrated approach with bundled rates. Many of the workers paid through ARIS are part time.

FISCAL INTEGRITY

The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.

DDS emphasize cost effective models and maximization of federal funds to capitalize on the resources available. A wide range of Home and Community-Based Services are available under the 1115 Global Commitment to Health Medicaid Waiver. In FY 20, HCBS accounted for 96.6% of all DDSD appropriated funding for DDS, which means Vermont's DDS system leverages a notably high proportion of federal funds.

State Oversight of Funds

AHS is committed to providing high quality, cost-effective services to support Vermonters with developmental disabilities within the funding available and to obtain value for every dollar appropriated by the Legislature. Guidance regarding the utilization of funding is provided through regulations, policies, and guidelines, including the following:

- Regulations Implementing the Developmental Disabilities Act of 1996
- *Vermont State System of Care Plan for Developmental Disabilities Services*
- *Medicaid Manual for Developmental Disabilities Services*

DAIL performs a variety of oversight activities to ensure cost-effective services, including:

- Verifying eligibility of applicants.
- Reviewing and approving requests for new DDS caseload funding for new and existing service recipients through Equity and Public Safety Funding Committees.
- Requiring at least an annual periodic review/assessment of needs for individuals receiving services.
- Reviewing and approving funding for Unified Service Plans (shared funding from Children's Personal Care Services, High Technology Home Care Services, Department for Children and Families, Department of Mental Health and Department of Corrections).
- Assisting agencies in filling group home vacancies.
- Providing technical assistance to agencies regarding use of HCBS funding.
- Performing Quality Services Reviews to determine whether services and supports are of high quality and cost effective.
- Completing annual reviews of high-cost budgets.
- Allocating and monitoring funds to DA/SSAs within funds appropriated by the Legislature.
- Requiring corrective action plans, including repayment of funds, when errors in use of funds are discovered.

- Monitoring use of Flexible Family Funding, Family Managed Respite and Bridge Program and make funding adjustments when needed.
- Reviewing and approving HCBS monthly for all individuals with developmental disabilities served by DA/SSAs and who self/family-manage services.
- Reviewing required financial operations data submitted monthly by DA/SSAs.
- Reviewing required financial operations budgets of DA/SSAs each fiscal year.
- Working collaboratively to address problems with use of funds identified by the Medicaid Program Integrity Unit and Attorney General's Medicaid Fraud and Abuse Unit.
- Reviewing HCBS Medicaid claims data to track DA/SSA billing rates, approve rates and assure compliance through billing adjustments when required.
- Conducting reviews of paid claims to ensure consistency with authorized rates and funding rules in the State System of Care Plan and Medicaid Manual for DDS.

New Caseload Funding[42]
DDSD manages its resources each year by ensuring new caseload funding goes to those most in need of services (see Reference D: *Developmental Disabilities Services FY 2020 Funding Appropriation*). Both existing servivce recipients and those new to services have access to new caseload funding. Anyone receiving new caseload resources must meet the State System of Care Plan funding priorities (see Reference B: *Developmental Disabilities Services State System of Care Plan Funding Priorities – FY 2018 – FY 2020; Extended to July 1, 2021*).

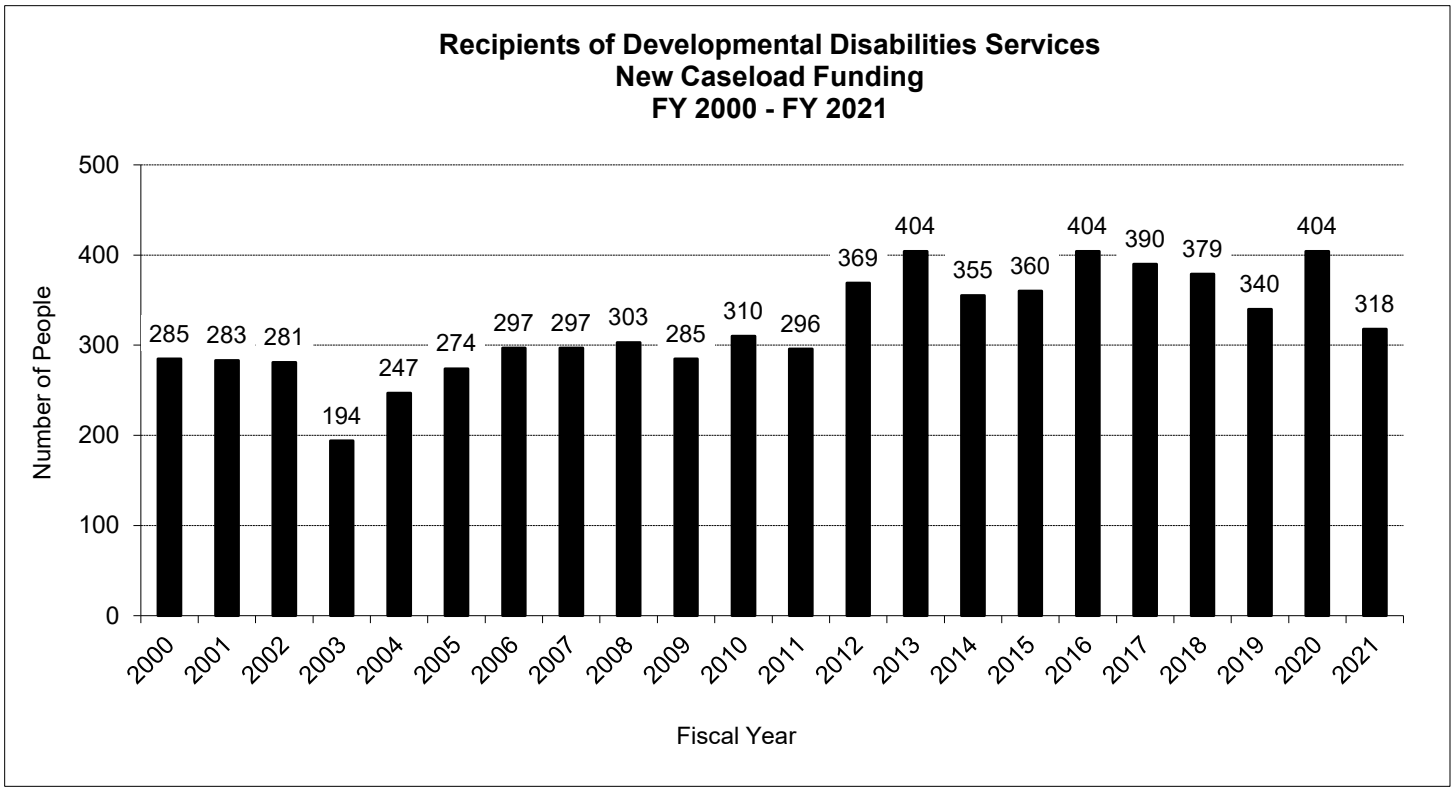
Individuals served (FY 21)
- **318 – Individuals who received new caseload funding**
- **$15,880,797 – New caseload dollars allocated**

Distribution of Funding[43] (FY 21)

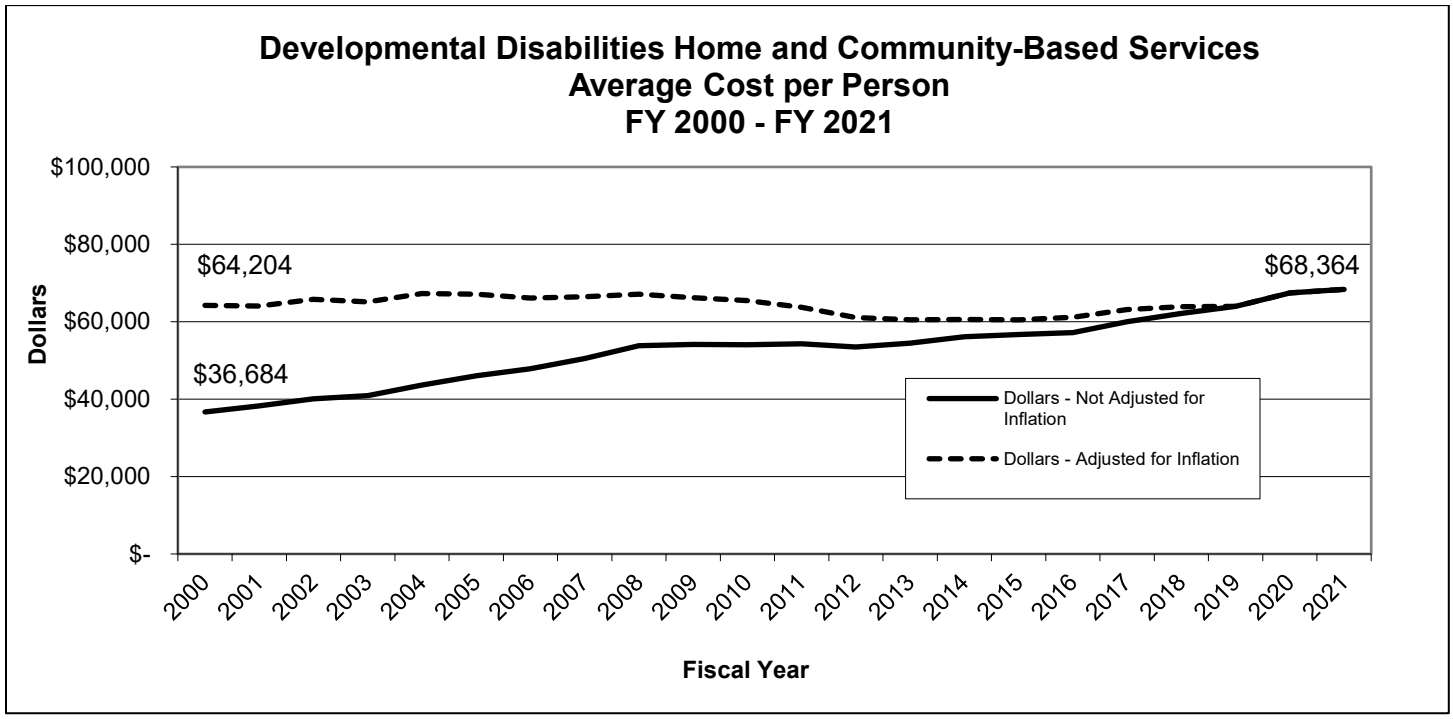
	New Recipients	Existing Recipients
Individuals who received new caseload funding	**60%**	**40%**
Distribution of new caseload dollars	**58%**	**42%**

Home and Community-Based Services – Average Cost (FY 21)
- **$68,364 – Average HCBS cost per person**

[42] New Caseload funding includes funds appropriated by the legislature and funds returned to the state from budgets of individuals who died or left services. In FY 21, 120 people receiving HCBS terminated services.
[43] Total Developmental Disabilities Services new HCBS caseload. A "new recipient" means the individual was not currently receiving HCBS when requesting funding. An "existing recipient" was already receiving some HCBS funding.



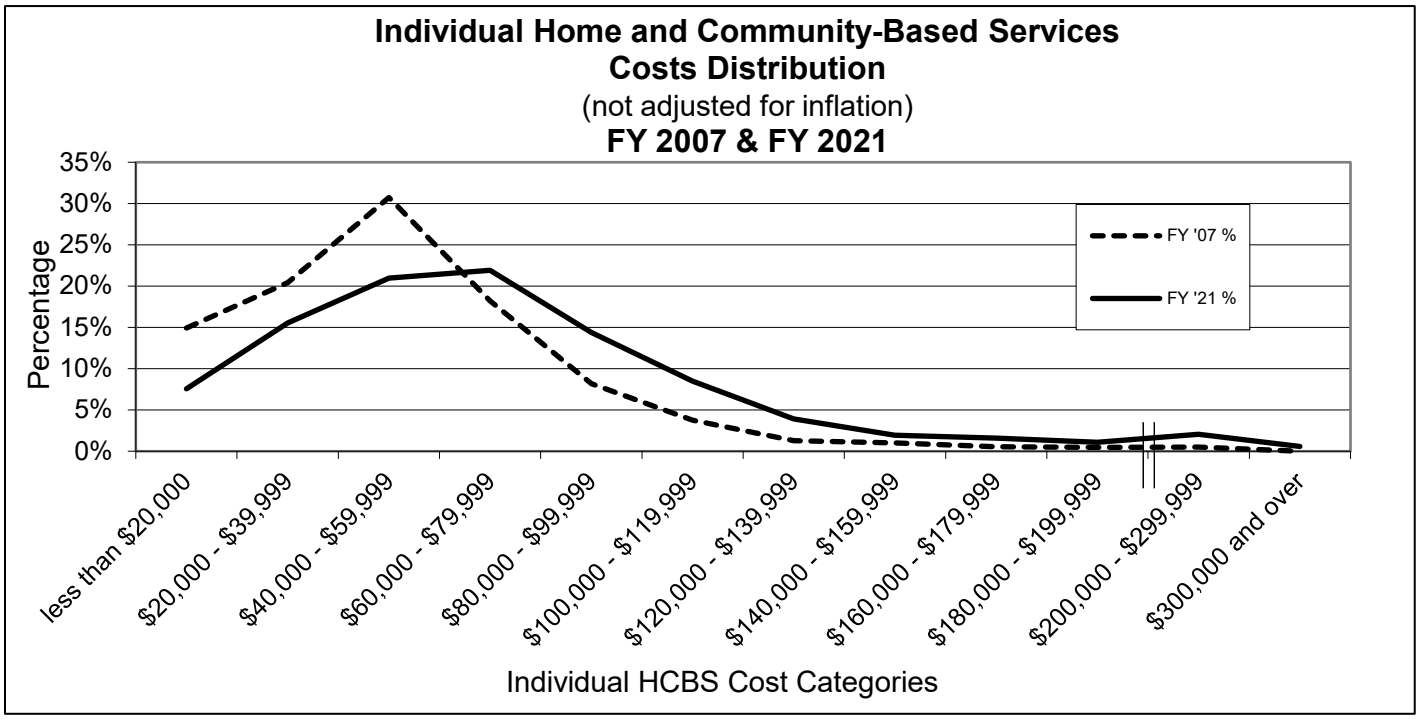
The average cost per person has remained relatively stable over time, whether comparing dollars adjusted for inflation or not adjusted for inflation[44].



[44] Inflation factors for 2020 were used to calculate the "adjusted for inflation" figures as 2021 inflation factors table was not available at the time of publication.

Home and Community-Based Services – Cost Distribution

The distribution of service rates for people receiving HCBS has stayed relatively consistent over time. In FY 21, 35% percent of individuals who received HCBS were funded for less than $60,000 per person per year.



The last two data points on the right side of the chart have been condensed. The second highest cost category combines what would have been five cost categories ($20,000 each) into large category spanning $200,000 – $299,999. This category includes HCBS costs for 11 people in FY 07 and 68 people in FY 21. The last cost category of $300,000 and over includes 19 people in FY 21. This adjustment to the graph better represents the changes in cost distribution over time.

One-Time Funding
Developmental disabilities services funding methodology generates One-Time Funding.

Types of One-Time Funding allocations made by DAIL

1. **Funding to DA/SSAs:** Allocated to individuals who meet clinical and financial eligibility for DDS to address needs identified through the State System of Care Plan.

   One-Time Funding allocated to DA/SSAs (FY 21)
   - **$600,000 – Total dollars allocated**
   - **696 – Total number of service recipients**[45]

   Number of Service Recipients by Outcome[46] (FY 21)
   - **278 –** Addressed Health and Safety
   - **219 –** Improved Quality of Life: Accessibility/Accommodations
   - **109 –** Increased Communication
   - **92 –** Maintained Housing Stability
   - **92 –** Increased Independent Living Skills
   - **66 –** Averted Crisis Placement
   - **63 –** Increased Self-Advocacy Skills

2. **Funding to Special Projects and System Initiatives:** Identified by DAIL and/or through the State System of Care Plan process.

   Special Projects Funded by One-Time Funding (FY 21)
   - Global Campus
   - Post-Secondary Education Initiative: College Steps, SUCCEED, Think College Vermont
   - Project Search
   - Supported Employment Enhancements
   - Vermont Communication Support Project

[45] This number includes duplications (funding received by individuals more than once in the fiscal year) and occasions when multiple individuals benefit from one allocation.
[46] Multiple outcomes are identified for some individuals. The count does not include "other" outcomes or if it were too soon to determine an outcome.

Service Cost Comparison

When looking at alternative services options in Vermont, the average cost of HCBS is still relatively low considering that all services are individualized and community-based and do not rely on expensive institutions or large group homes that are common in other states. The following data compare the difference between the daily cost in Vermont for a Level 1 emergency bed or nursing facility with the average daily cost for HCBS. It is important to recognize that HCBS comprise a range of services – from minimal supports like Respite and Community Supports up to intensive, comprehensive services. The needs of people receiving the highest cost HCBS are comparative to those staying in Level 1 inpatient psychiatric facilities.

Developmental Disabilities Services – Daily Rates (FY 21)

- **$ 187 – DD Home and Community-Based Services – Average Cost**
- **$ 822 – DD Home and Community-Based Services – Highest Cost**

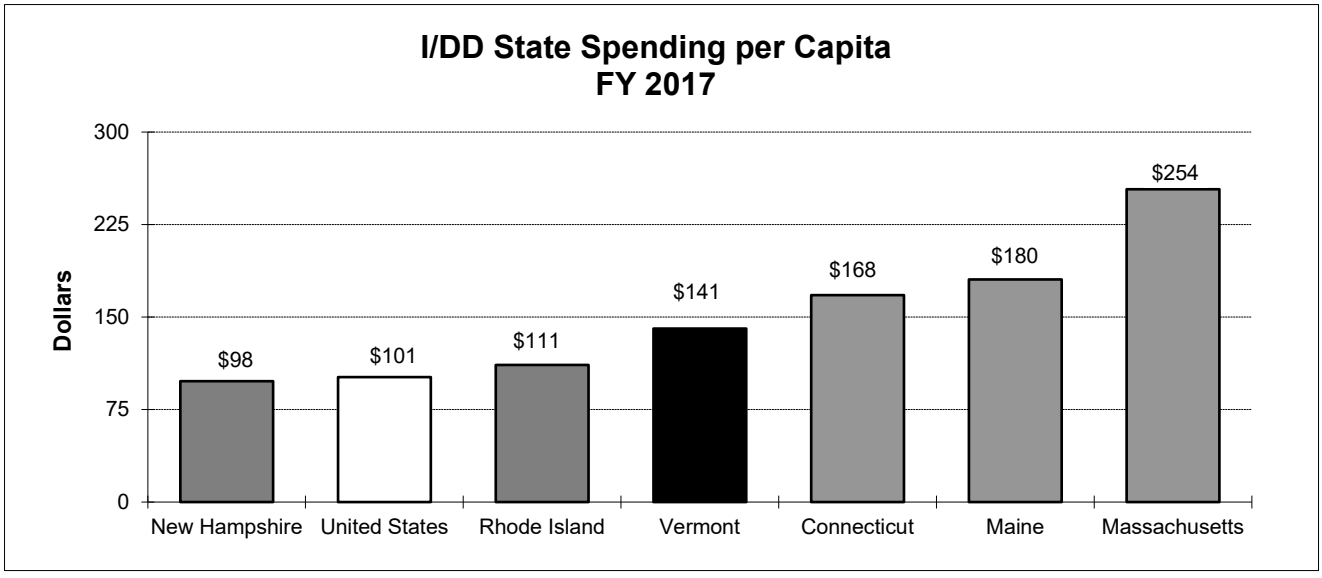
Nursing Facility Costs – Daily Rate (FY 21)

- **$ 230 – Average Medicaid cost**[47]

Level 1 Institutional Facility – Daily Rates (FY 21)

- **$1,838 – Brattleboro Retreat and**
- **$2,063 – Rutland Regional Medical Center**
- **$2,669 – Vermont Psychiatric Care Hospital**

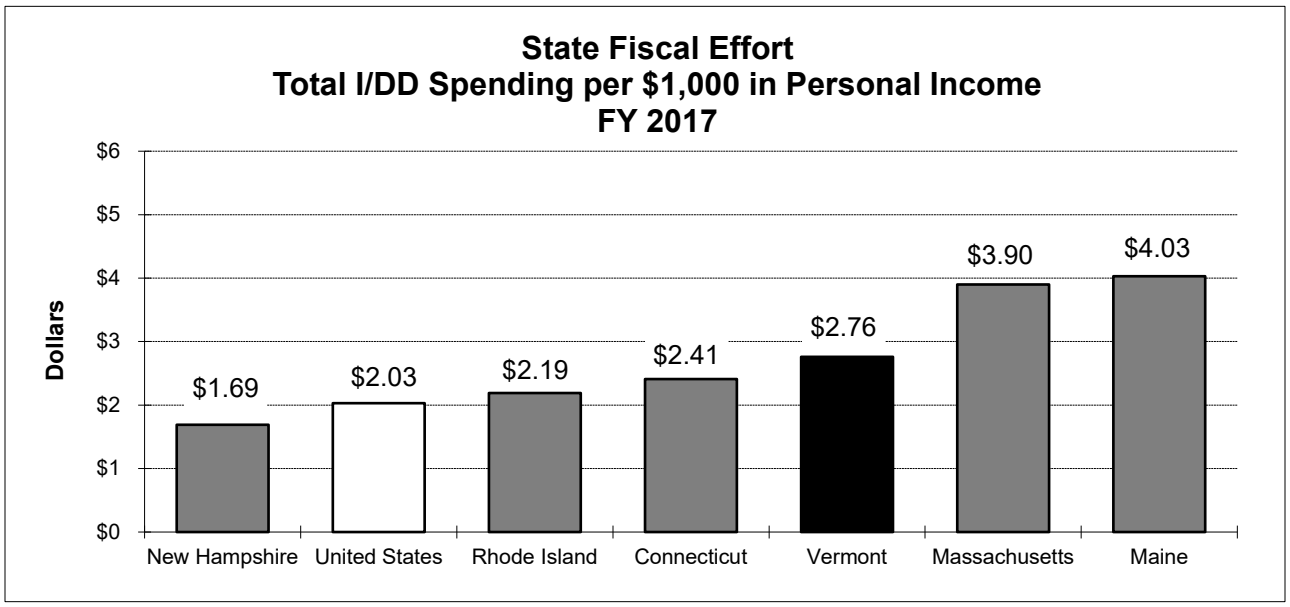
Vermont ranks in the middle of the New England states in spending of state dollars (including Medicaid match) per state resident for I/DD services – and is higher than the national average. Vermont is ranked 10th nationally in state spending per capita[48].



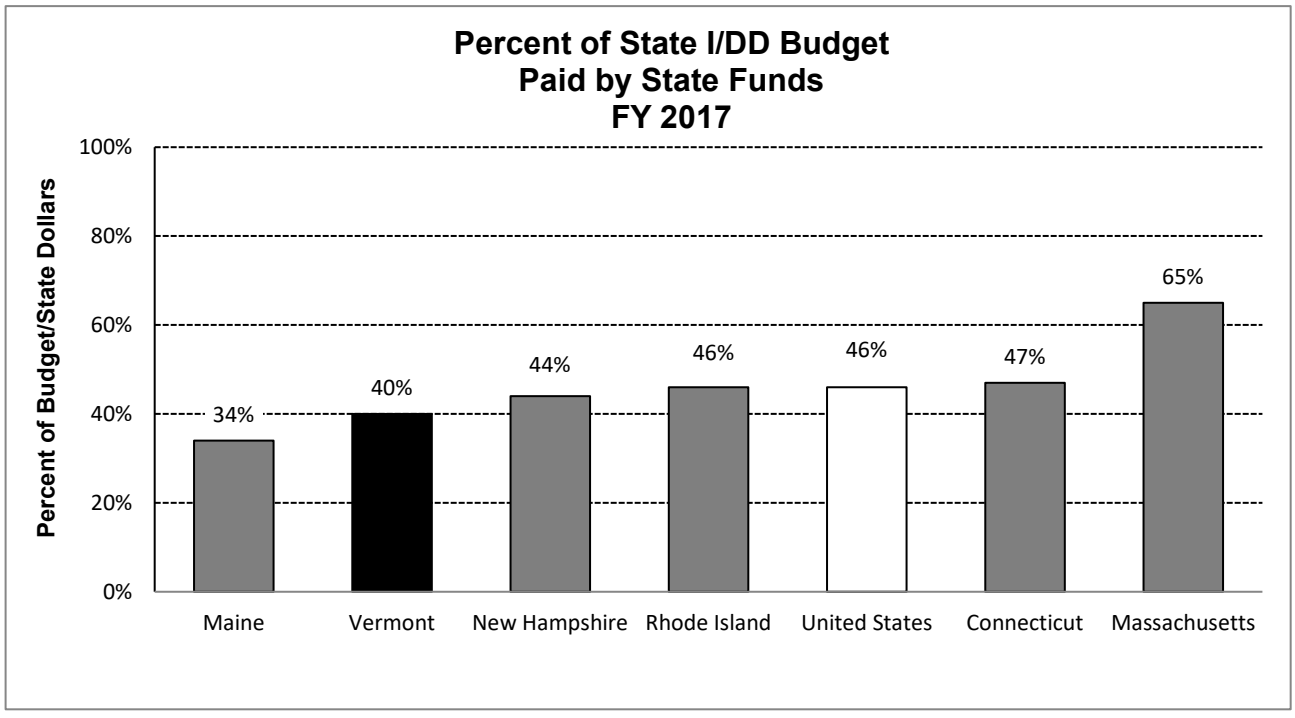
[47] The average Nursing Facility Medicaid per diem cost includes estate recovery, room and board patient share, and Nursing Facility Bed Tax.

[48] *The State of the States in Intellectual and Developmental Disabilities,* Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado*, 2017*. FY 19 data was not available at the time of publication.

The fiscal effort in Vermont, as measured by total state spending for people with I/DD services per $1,000 in personal income of the total Vermont population, indicates that Vermont ranks in the middle of the New England states – and is higher than the national average. Vermont is ranked 8th nationally in fiscal effort[49].



State funds (including state funds used for Medicaid match) account for a smaller proportion of the budget from I/DD services in Vermont than in any other New England State except for Maine – and is lower than the national average[50].



[49] Ibid.
[50] Ibid.

Payment Reform

DDSD, in collaboration with DVHA, continues to work with consumers, family members, the provider network and other stakeholders in a major initiative to develop a new payment model for HCBS. The goals of this initiative are to streamline payment, increase person-centered flexibility, support achievement of meaningful outcomes and enhanced transparency and accountability for services delivery and funding.

The payment reform advisory committee and workgroups are focused on:

- A new needs assessment tool and process to allow for more equitable allocation of resources.
- Improvements to agencies' ability to fully report encounter data (services delivered to individuals).
- The design of the future payment model.

For more information about Payment Reform, please see the *Introduction* at the beginning of this report.

Website: Payment Reform

ASSURING THE QUALITY OF DEVELOPMENTAL DISABILITIES SERVICES

The DDSD Quality Services Reviews (QSRs) monitor and review the quality of services provided using the federal Centers for Medicare and Medicaid Services (CMS) and State of Vermont HCBS funding. The purpose of the QSR is to ascertain the quality of the services provided by the DA/SSAs and to ensure that minimum standards are met with respect to DDS Policies and Guidelines. The QSR involves on-site reviews by DDSD Quality Management Reviewers to assess the quality of Medicaid-funded services. Site visits are conducted every two years with follow-up as appropriate.

The QSR is one component of a broader collection of *Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities* that maintain and improve the quality of DDS. Other components supported by the review team and DAIL/DDSD include monitoring and follow-up regarding:

- Agency Designation
- Medicaid and HCBS eligibility
- Housing safety and accessibility inspections
- Monitoring of critical incident reports
- Grievance and appeal processing and investigations
- Independent survey of recipient satisfaction
- Training and technical assistance
- Corrective action plans
- DA/SSAs internal quality assurance processes

DDSD Outcomes used to Monitor and Review Quality Services

- Respect: Individuals feel that they are treated with dignity and respect
- Self Determination: Individuals direct their own lives
- Person Centered: Individuals' needs are met, and their strengths are honored
- Individuals live and work as independently and interdependently as they choose
- Relationships – Individuals experience positive relationships, including connections with family and their natural supports
- Participation – Individuals participate in their local communities
- Well-being – Individuals experience optimal health and well-being
- Communication – Individuals communicate effectively with others
- Systems Outcomes

The QSR DDSD Outcomes are evaluated based on the services provided to a sample of individuals receiving HCBS funding. To the degree possible, the sample will be reflective of the spectrum of supports provided by the agency. Due in part to the relatively small 15% sample size, most of those individuals reviewed are intentionally skewed toward service recipients with higher budgets and/or greater needs (e.g., significant medical/behavioral/ public safety issues).

The QSR consists of a visit and conversation with everyone in the sample and their support team; a conversation with the person's guardian/family where applicable; a review of the individual's agency file (including the individual's support plan) and a conversation with the individual's service coordinator. The nurse surveyor also focuses specifically on how well the agency meets the medical requirements set out in the *Health and Wellness Guidelines.*

There are five and a half full-time quality review team members. This team requires a two-year cycle to complete a full round of quality reviews at all the agencies. In addition, quality management reviewers provide technical assistance to assist the agencies to address issues discovered during, or in follow-up, to the QSR.

Due to the COVID-19 pandemic and the "Stay Home, Stay Safe" orders, the Quality Review process was suspended for three months, mid-March through mid-June 2020. This resulted in some of the quality services reviews to be pushed further out in the 2020 calendar year and into FY 21. It also required a change in how the reviews were conducted, with virtual visits and interviews completed via a video conference or phone call. Using these methods, the review team was able to complete the required number of quality service and designation reviews for the FY 21 schedule.

Quality Service Reviews Conducted (FY 21)
- **5 – Designated Agencies**
- **3 – Specialized Service Agencies**
- **1 – Additional Agency Review in place of Quality Service Review**
  9 – Total reviews conducted
- **175 – Individuals reviewed**

In the Additional Agency Review, files for eight individuals were reviewed and public forums for information gathering were held for individuals, guardians, family members, and shared living providers. Specific interviews were conducted with the agency's DS Director, Financial Director, and other key leadership staff.

Designation Reviews (FY 21)
- **3 – Agencies received re-designation reviews** (Conducted in FY 21)
- **3 – Agencies completed the re-designation process and received certificates** (Completed in FY 21)

Areas in Need of Improvement
The QSR reports include a summary of examples of positive practice seen at agencies as well as areas for improvement/necessary changes. The following are frequently mentioned "Areas of Improvement" noted in QSRs.

- A requirement for agencies to have improved documentation: ISAs, specifically complete outcome reviews, and accurate and complete Emergency Fact Sheets. For example, one agency moved to a new electronic health record without requesting input from DDSD about assuring ISA Guidelines will be met in the new format. DDSD is

available to assist agencies to assure the required ISA components are in place and of high quality.
- The need for improvement of agencies' internal quality assurance mechanism to improve ISAs. Specifically, there is a need for better strategies and outcomes.
- Supervision and support from leadership for supervisors and service coordinators who are striving to address chronic service delivery issues must receive direct and ongoing attention until issues are resolved. A primary expectation is that stakeholders must receive timely and substantive responses to their concerns. The healthy functioning of productive person-centered teams must be a priority and the Plan of Correction must include solid steps to improve communication and responsiveness internally and with community partners.

In addition to the above Areas of Importance, multiple agencies were advised to monitor and correct issues with the transfer of data, forms, and documentation to their new Electronic Medical Records (EMR). The Individual Support Agreement document and format was an issue as was the Emergency Fact Sheet. EMRs were not pulling complete data from other documents within the EMR as it was intended, resulting in documents lacking some of the required information.

Critical Incident Reporting

The Critical Incident Reporting (CIR) requirements outline the essential methods of documenting, evaluating, and monitoring certain serious occurrences and ensure that the necessary individuals receive timely and accurate information to allow for appropriate follow-up. Most of the incidents reported receive follow-up by DDSD staff who may conduct more in-depth investigations. The nature of this oversight helps improve the health and safety of individuals served and may result in changes in direct service practices. The *Critical Incident Reporting Guidelines* provide details about the reporting requirements.

Critical Incident Reports (FY 21)
- **1,238 – Medical emergency** (serious and life threatening)
- **225 – Alleged abuse/neglect and prohibitive practices**
- **108 – Positive COVID-19 tests**
- **66 – Criminal act**
- **39 – Death of a person**
- **39 – Missing person**
- **33 – Seclusion or restraint** (mechanical, physical, chemical)
- **20 – Suicide attempt** (or lethal gesture)
- **12 – Media**
- **131 – Other**[51]

1,911 – Total CIRs reported to DDSD

Website: Quality Oversight

[51] The "Other" category includes CIRs that rise to the level of what could be considered a critical incident that still may need follow-up by DDSD staff even if the incident does not fit into the identified reporting categories.

Public Guardians

Public Guardians play a distinct role in quality assurance as well, including on-going monitoring of people's welfare; assessment of quality of life and functional accessibility; participation in individual support plans and advocacy for appropriate services. Public Guardians are expected to have contact with people for whom they are guardians at least once a month. OPG has guardians available to respond to emergencies 24-hours a day.

MEETING THE NEEDS OF PEOPLE WITH DEVELOPMENTAL DISABILITIES

In enacting the Developmental Disabilities Act, the Legislature made clear its intention that DDS would be provided to some, but not all, of the state's citizens with developmental disabilities. It gave responsibility for defining which individuals would have priority for funding and supports to DDSD through the *Regulations Implementing the Developmental Disabilities Act of 1996* and the *Vermont State System of Care Plan for Developmental Disabilities Services*.

Prevalence Rates

Using national prevalence rates, it is likely that roughly 16,077 of the state's 643,077[52] citizens have a developmental disability as defined in the Vermont *Developmental Disabilities Act*. Given the birth rate in Vermont of about 4,953 live births per year[53], it is expected that approximately 124 children will be born with a developmental disability in Vermont annually[54]. In FY 21, 29% of Vermonters with a developmental disability are estimated to meet clinical eligibility and receive DDS based on the 4,634 individuals who received services.

Meeting the Need

There are individuals living in Vermont whose needs, due to the presence of a developmental disability, do not rise to the level of requiring supports. There are also those whose needs are generally being met in whole or in part, this includes individuals:

1. Whose needs are being met by the people in their life; and/or
2. Whose needs are being met by services outside of the DDS system (e.g., local schools, Medicaid, DCF Economic Services, Vocational Rehabilitation); and/or
3. Whose needs are being met by professional supports paid for privately; and/or
4. Who receive supports from the DDS system.

Most individuals who have a developmental disability have some or most of their needs met through unpaid supports. Parents and other family members provide most of this support. On the other hand, many individuals need comprehensive, long-term services and supports. These can be provided through varying levels of Home and Community-Based Services or other more moderate services, such as service coordination (Bridge Program or Targeted Case Management), Flexible Family Funding or Family Managed Respite. These funded services are meant to enhance, not supplant, natural supports.

[52] National census figures obtained from the U.S. Census Bureau's 2020 Population Estimates Program and national prevalence rates of 1.5% for intellectual disability and 1.0% for Pervasive Developmental Disorders.
[53] This calculation is based on CY 20 data from the Vermont Department of Health Vital Statistics System.
[54] This calculation is based on prevalence rates of 1.5% for intellectual disability and 1.0% for Pervasive Developmental Disorders.

The level of paid support an individual receives is determined based on the individual's circumstances and the extent of the person's needs. Those with ongoing or more intense needs usually require long term, often life-long, support.

The *Administrative Rules on Agency Designation* require DAs to conduct intake and determine eligibility for services and funding. Designated Agencies must:

- Determine clinical and financial eligibility.
- Determine the levels and areas of unmet needs for the individual.
- Submit funding proposals to the DA's Local Funding Committee to determine if:
  - The identified needs meet a funding priority established in the State System of Care Plan; and
  - The proposed plan of services is the most cost-effective means for providing the service.
- Submit funding proposals to the appropriate statewide funding committee (Equity or Public Safety) to determine if:
  - The needs meet a funding priority; and
  - All other possible resources for meeting the need have been explored.

The HCBS funding priorities outlined in the State System of Care Plan[55] provide the criteria that an individual must meet to be eligible for new caseload funding.

A person must meet one of these criteria to receive HCBS funding:

- **Health and safety** – for adults aged 18 and over
- **Public safety** – for adults aged 18 and over
- **Prevent institutionalization** – nursing facilities and psychiatric hospitals – all ages
- **Employment for transition age youth/young adults** – aged 18 through 26 who have exited high school
- **Parenting** – for parents with disabilities aged 18 and over

Individuals new to services and those already receiving services who have new needs and who meet a funding priority have access to new caseload funding though Equity and Public Safety funding. (See the Fiscal Integrity section for additional details.)

Needs Unmet or Under-met

There are two groups of individuals whose needs, related to the presence of a developmental disability, may or may not be met, in whole or in part:

1. Those who are not known to the DDS system; and
2. Those who are known to the DDS system but who do not meet eligibility for funding for some, or all, of their needs.

[55] (See Reference B: *Vermont State System of Care Plan Funding Priorities: FY 2018 – FY 2020; Extended to July 1, 2022*).

For those who are not known to the DDS system, there is a comprehensive and integrated referral system in Vermont to assist those to find available services. Vermont 211 and related Information, Referral and Assistance resources help those with unmet needs. This wide-ranging support network offers opportunities for people to have their general needs met through one avenue or another. However, there are families in Vermont who report being on the brink of crisis.

There are many pressures that contribute to individuals needing services. Based on information from referrals and funding requests, the following are some of the reasons why people apply for service. The need for services is often the result of a combination of these circumstances:

- No longer eligible for services from the Department for Children and Families
- No longer eligible for Children's Personal Care Services (CPCS) from VDH
- No longer in high school
- Medical complexities
- Risk to oneself or others
- Behavior and/or mental health issues
- Significant level of support needed for communication, self-care, mobility, wandering and/or sleep disturbance
- Unpaid caregiver factors (e.g., aging, illness, medical and/or physical issues, unable to work without support for their family member, death)

Waiting List

The System of Care Plan requires that funding be provided for only the level and amount of services to meet each person's needs as identified in the individual needs assessment. For example, an individual may receive services in one area while another area of service was not identified as a priority need and was therefore not funded. DDSD collects waiting list information from the DA/SSAs to ascertain the scope of unmet and under-met needs. The collection of data on people who have applied for services and did not meet a funding priority helps DDSD track the scope of services that may be needed in the future. Based on reports from the DA/SSAs, no individuals were on the waiting list in FY 20 who met a State System of Care funding priority.

Waiting List (FY 21)

- **0 – Individuals waiting for HCBS who met a funding priority**
- **394 – Individuals waiting for HCBS who did not meet a funding priority**

Number of Individuals Waiting for Services Who Did Not Meet a Funding Priority by Type of Service – FY 2021

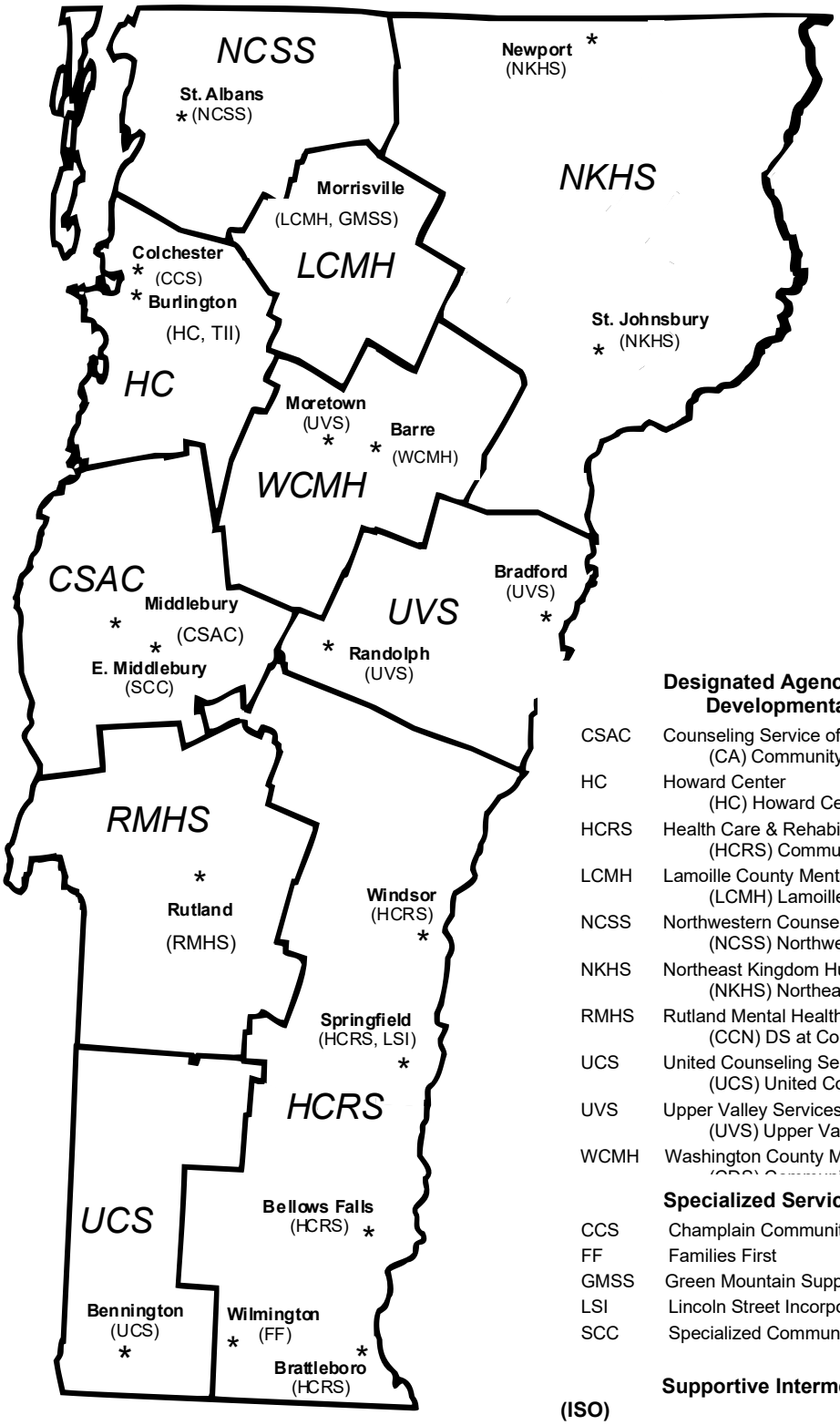
Home and Community-Based Services	Number Waiting
Service Coordination	234
Employment Services	13
Community Supports	130
Clinical Services	69
Supportive Services	12
Crisis Services (Individual)	55
Supervised Living – Family (in-home)	35
Respite – Family	167
Supervised Living – Home Support	16
Shared Living – Home Support	5
Respite – Shared Living	2
Staffed Living – Home Support	2
Group Living – Home Support	3
Home Modification	7
Transportation	13
(unduplicated) **SUB TOTAL**	**379**
Other DD Services[56]	**Number Waiting**
Flexible Family Funding	9
Family Managed Respite	7
Targeted Case Management	0
Post-Secondary Education Initiative	0
(unduplicated) **SUB TOTAL**	**15**
(unduplicated) **TOTAL**	**394**

It is difficult to know how many individuals and families may be financially and clinically eligible for services but have not applied for services from a DA. According to the prevalence rates noted at the beginning at this section, it is estimated that 71% of Vermonters with developmental disabilities meet clinical eligibility yet do not receive services. Of those who do not receive services, some will have applied for services but did not meet a funding priority and are on the waiting list. Others, for one reason or another, have not requested supports from an agency. Agencies monitor their waiting lists and offer services to people who are waiting when resources become available, or the person's circumstances change.

[56] "Other DD Services" are provided to individuals waiting for the service once additional funding becomes available. One-Time Funding can be used as Flexible Family Funding in the short term, but the person is still considered waiting for that service.

REFERENCES

Vermont Developmental Services Providers



Designated Agencies (DA)
Developmental Disabilities Services Programs

CSAC	Counseling Service of Addison County (CA) Community Associates
HC	Howard Center (HC) Howard Center Developmental Services
HCRS	Health Care & Rehabilitation Services of Southeastern VT (HCRS) Community Services Division of HCRS
LCMH	Lamoille County Mental Health Services (LCMH) Lamoille County Mental Health Services
NCSS	Northwestern Counseling & Support Services (NCSS) Northwestern Counseling & Support Services/DS
NKHS	Northeast Kingdom Human Services (NKHS) Northeast Kingdom Human Services, Inc.
RMHS	Rutland Mental Health Services (CCN) DS at Community Care Network
UCS	United Counseling Service (UCS) United Counseling Services, Inc.
UVS	Upper Valley Services (DDS only) (UVS) Upper Valley Services, Inc
WCMH	Washington County Mental Health Services

Specialized Service Agencies (SSA)

CCS	Champlain Community Services
FF	Families First
GMSS	Green Mountain Support Services
LSI	Lincoln Street Incorporated
SCC	Specialized Community Care

Supportive Intermediary Service Organization (ISO)

TII	Transition II

VERMONT STATE SYSTEM OF CARE PLAN
FUNDING PRIORITIES
FY 2018 – FY 2020 – EXTENDED TO JULY 1, 2022[57]

1. **Health and Safety**: Ongoing, direct supports and/or supervision are needed to prevent imminent risk to the individual's personal health or safety. [Priority is for adults age 18 and over.]
   a. "Imminent" is defined as presently occurring or expected to occur within 45 days.
   b. "Risk to the individual's personal health and safety" means an individual has substantial needs in one or more areas that without paid supports put the individual at serious risk of danger, injury, or harm.
2. **Public Safety**: Ongoing, direct supports and/or supervision are needed to prevent an adult who poses a risk to public safety from endangering others. To be considered a risk to public safety, an individual must meet the Public Safety Funding Criteria. [Priority is for adults age 18 and over.]
3. **Preventing Institutionalization – Nursing Facilities**: Ongoing, direct supports and/or supervision needed to prevent or end institutionalization in nursing facilities when deemed appropriate by Pre-Admission Screening and Resident Review (PASRR). Services are legally mandated. [Priority is for children and adults.]
4. **Preventing Institutionalization – Psychiatric Hospitals and ICF/DD**: Ongoing, direct supports and/or supervision needed to prevent or end stays in inpatient public or private psychiatric hospitals or end institutionalization in an ICF/DD. [Priority is for children and adults.]
5. **Employment for Transition Age Youth/Young Adults**: Ongoing, direct supports and/or supervision needed for a youth/young adult to maintain employment. [Priority for adults age 18 through age 26 who have exited high school.]
6. **Parenting:** Ongoing, direct supports and/or supervision needed for a parent with developmental disabilities to provide training in parenting skills to help keep a child under the age of 18 at home. Services may not substitute for regular role and expenses of parenting; maximum amount is $7,800 per person per year. [Priority is for adults age 18 and over.]

[57] The only change to the funding priorities in the new DDS State System of Care Plan effective as of October 1, 2017 is the "Employment for Transition Age Youth/Young Adults" applies to individuals starting at age 18 instead of age 19.

DEVELOPMENTAL DISABILITIES SERVICES DEFINITIONS

The Developmental Disabilities Services Codes and Definitions for Home and Community-Based Services were updated as part of the DDS Payment Reform/Encounter Data process. This update went into effect July 1, 2021. The new codes and definitions are on the DAIL website.

> **Website:** Developmental Disabilities Services Codes and Definitions for Home and Community-Based Services (7/1/21)

The Developmental Disabilities Services Definitions that were in effect during FY 2021 are listed below.

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

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

Code	Service
A01	**Service Coordination**
B01	**Community Supports**
C01 – C04	**Employment Supports**
D01 – D02	**Respite**
E01 – E08	**Clinical Services**
G01 – G02	**Crisis Services**
H01 – H06	**Home Supports**
I01	**Transportation**
E07, N01-N02	**Supportive Services**

Service Coordination

A01 Service Coordination: Assistance to recipients in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services and supports for a specific individual. Service Coordination responsibilities include, but are not limited to, developing, implementing and monitoring the ISA, coordinating medical and clinical services; establishing and

maintaining a case record; reviewing and signing off on critical incident reports; and providing general oversight of services and supports. The provision of Service Coordination will be consistent with the HCBS requirements for conflict-free case management.

Community Supports

B01 Community Supports: Support provided to assist individuals to develop skills and social connections. The supports may include teaching and/or assistance in daily living, support to participate in community activities, and building and sustaining healthy personal, family and community relationships. Community Supports may involve individual supports or group supports (two or more people). Supports must be provided in accordance with the desires of the individual and their Individual Support Agreement and take place within settings that afford opportunities for choice and inclusion that are consistent with federal Home and Community-Based Services rules.

Employment Supports

Employment supports means support provided to assist transition age youth and adults in establishing and achieving work and career goals. Employment supports include assessment, employer and job development, job training and ongoing support to maintain a job, and may include environmental modification, adaptive equipment and transportation, as necessary.

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

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

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

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

C04 Ongoing Support to Maintain Employment: Involves activities needed to sustain paid work by the individual. These supports and services may be given both on and off the job site, and may involve long-term and/or intermittent follow-up. Employment Supports do not include incentive payments, subsidies, or unrelated vocational training expenses.

Respite Supports

Respite Supports means alternative caregiving arrangements for family members or home providers/foster families and the individual being supported, on an intermittent or time limited basis, because of the absence of or need for relief of those persons normally providing the care to the individual, when the individual needs the support of another caregiver.

D01 Respite Supports: Provided by the hour.

D02 Respite Supports: Provided for a 24-hour period.

Clinical Services

Clinical Services means assessment; individual, family and group therapy; and medication or medical services provided by clinical or medical staff, including a qualified clinician, therapist, psychiatrist or nurse. Clinical Services are medically necessary services and equipment (such as dentures, eyeglasses, assistive technology) that cannot be accessed through the Medicaid State Plan.

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

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

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

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

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

E08 Other Clinical Services: Services and supports not covered by Medicaid State Plan, including medically necessary services provided by licensed clinicians and equipment (such as dentures, eyeglasses, assistive technology).

Crisis Services

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

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

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

Home Supports

Home Supports means services, supports and supervision provided for individuals in and around their residences up to 24 hours a day, seven days a week (24/7). Services include support for individuals to acquire and retain life skills and improve and maintain opportunities and experiences for individuals to be as independent as possible in their home and community. Services include maintaining health and safety and home modifications required for accessibility

related to an individual's disability, including cost effective technology that promotes safety and independence in lieu of paid direct support. Home supports shall be in compliance with HCBS rules which emphasize choice, control, privacy, tenancy rights, autonomy, independence and inclusion in the community. An array of services is provided for individuals, as appropriate, in accordance with an individual planning process that results in an Individual Support Agreement (ISA). When applicable, the costs for home modifications or cost-effective technology are included in the daily rate paid to providers. Costs for room and board cannot be included in the daily rate.

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

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

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

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

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

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

Transportation Services

I01 Transportation Services: Acquisition and maintenance of accessible transportation for an individual living with a home provider or family member or reimbursement for mileage for transportation to access Community Supports.

Supportive Services

Supportive Services means therapeutic services that cannot be accessed through State Plan Medicaid. These are therapeutically or medically appropriate services, that do not necessarily require a licensed clinician to provide, that include behavior support and consultation; assessment, consultation and training for communication supports; skills-based training such as dialectical behavior therapy skills group or sexuality groups. This includes other therapeutic or medically appropriate services not covered under State Plan Medicaid when provided by licensed or certified individuals (such as therapeutic horseback riding).

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

N01 Communication Support: Assessment, consultation and training that cannot be accessed through State Plan Medicaid to assist a team to support a person to increase his/her ability to communicate.

N02 Other Supportive Services: Include skills-based training such as dialectical behavior therapy skills groups or sexuality groups not provided by licensed clinicians. They also include other services that cannot be accessed through State Plan Medicaid but must be provided by licensed or certified individuals (such as therapeutic horseback riding).

DEVELOPMENTAL DISABILITIES SERVICES
FY 2021 FUNDING APPROPRIATION

New Caseload Projected Need (355 individuals [includes high school graduates] x $38,695 avg)	**13,736,725**
Minus Returned Caseload Estimate (3-year average)	**(7,151,297)**
Public Safety/Act 248 (15 individuals x $74,547 average)	**1,118,205**
TOTAL FY 2021 ESTIMATED NEW CASELOAD NEED	**7,703,633**

New Caseload Funded in Final FY 2021 Budget	**7,703,633**
DS Budget to Actuals Realignment	**(5,079,402)**
ASFCME CBA under-utilization (BAA item)	**(412,519)**
Adjustment to FY2020 DA/SSA rate increase (BAA item)	**239,994**
Non-HCBS under-utilization adjustment (BAA item)	**(368,524)**

TOTAL DDS FUNDING INCREASE – FY 2021	**2,083,182**
TOTAL DDS APPROPRIATION – AS PASSED FY 2020	**232,748,868**
TOTAL DDS APPROPRIATION – AS PASSED FY 2021	**234,832,050**

Reference E

ACRONYMS

ABA	Applied Behavioral Analysis
ACT 248	Supervision of individuals with developmental disabilities that have been charged with crimes and who have been found to be incompetent
AHS	Agency of Human Services
ASD	Autism Spectrum Disorders
CDCI	Center on Disability and Community Inclusion
CIR	Critical Incident Report
CMS	Centers for Medicare and Medicaid Services
CY	Calendar Year
DA	Designated Agency
DAIL	Department of Disabilities, Aging and Independent Living
DD	Developmental Disability or Developmental Disabilities
DD ACT	Developmental Disability Act
DDS	Developmental Disabilities Services
DDSD	Developmental Disabilities Services Division
DMH	Department of Mental Health
DVHA	Department of Vermont Health Access
DVR	Division of Vocational Services
EPSDT	Early Periodic Screening, Diagnosis and Treatment
F/EA	Fiscal/Employer Agent
FMR	Family Managed Respite
FFF	Flexible Family Funding
FY	Fiscal Year (State Fiscal Year)
GMSA	Green Mountain Self Advocates
HCBS	Home and Community-Based Services
ICF/DD	Intermediate Care Facility for people with Developmental Disabilities
I/DD	Intellectual/Developmental Disability
IFS	Integrating Family Services
IR&A	Information, Referral and Assistance
ISA	Individual Support Agreement
ISO	Intermediary Service Organization or Supportive ISO
P&A	Protection and Advocacy
PASRR	Pre-admission Screening and Resident Review
SSA	Specialized Service Agency
QSR	Quality Services Review
VCIN	Vermont Crisis Intervention Network
VCIL	Vermont Center for Independent Living
VCSP	Vermont Communication Support Project
UVM	University of Vermont

INDEX

Topic	Page[58]
Accessibility/Safety Reviews	36
Adult Services	10-14
ARIS Solutions	3, 40
Background Check Policy	36
Bridge Program	2, 8, 17, 19
Children Services	7-9, 38
Community Supports	24-25
Conflict of Interest in Case Management (CoI)	Introduction
COVID-19	Introduction, 38
Critical Incident Reports (CIR)	51
Cultural and Linguistic Competence	31-32
Designated Agencies (DA) / Specialized Service Agencies (SSA)	2-3, 15, 32, 50, 54
Employment	18, 26-30, 38-39
Family Managed Respite (FMR)	2, 8, 19
Family Support	19-21
Fiscal/Employer Agent (F/EA)	3
Fiscal Oversight	41-48
Flexible Family Funding (FFF)	2, 9, 19
Global Campus / Growth and Lifelong Learning	2, 25
Guardianship / Office of Public Guardian (OPG)	16, 22-23, 36-37, 39, 52
Health and Wellness	33
Home and Community-Based Services (HCBS)	2, 7-8, 10-13, 17, 19, 42, 44, 46, 56
Home and Community-Based Services (HCBS) Rules	Introduction, 22
Home Supports	11-13, 17-18
Human Rights Committee	33
Information, Referral and Assistance (I/R/A)	16
Intermediary Service Organization (Supportive ISO)	2-3, 32
Intermediate Care Facility (ICF)	2, 7, 11
Level 1 Psychiatric Inpatient Treatment	35, 46
National Core Indicators (NCI) – Adult In-Person Survey	4
National Core Indicators (NCI) – Staff Stability Survey	40
New Caseload Funding	42-43, 54
Nursing Facilities	14, 39
Office of Public Guardian (OPG)	36-37, 39, 52
One-Time Funding	45
Parents with Disabilities	21
PASRR – Nursing Facilities	2, 14, 39

[58] Page numbers are listed for key references to the topic and do not include all mentions of the topic area.

Topic	Page
Payment Reform	Introduction, 48
Post-Secondary Education Initiative (PSEI)	28-29
Prevalence Rates	53
Principles of Service	1, 4-6
Project Search	2, 29-30
Public Safety	34, 38
Quality Service Reviews (QSR)	24, 49-51
Residential Settings (Home Supports)	11-13, 17-18
Self/Family-Managed	2-3, 8, 19, 32, 38
Service Coordination	17
Sexuality, Education and Support of	36
Shared-Managed	3
Staff Stability Survey	40
State Program Standing Committee	15
Supported Decision-Making (SDM)	22-23
Supportive ISO (Intermediary Service Organization)	2-3, 32, 38
Training	38-40
Vermont Communication Support Project	16
Vermont Communication Task Force	23
Vermont Crisis Intervention Network (VCIN)	34
Waiting List	55-56
Youth Transition Programs	29-30