

Department of Disabilities, Aging and Independent Living

Developmental Disabilities Services Division
Legislative Report – SFY 2023

In accordance with:
Title 18, (Section 1.18) V.S.A. chapter 204A §8725(e)
Developmental Disabilities Services Act

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

Submitted by: Megan Tierney-Ward, Acting Commissioner
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Report Date: February 15, 2024

Introduction

The Developmental Disabilities Services Act, Title 18, (Section 1.18) V.S.A. chapter 204A §8725(e), states:

...the Department [of Disability, Aging and Independent Living] shall report to the Governor and the committees of jurisdiction regarding implementation of the [State System of Care] plan, the extent to which the principles of service set forth in section 8724 of this title are achieved, and whether people with a developmental disability have any unmet service needs, including the number of people on waiting lists for developmental services.

This Legislative Report provides a summary of developmental disabilities services (DDS) in Vermont; the extent to which those services achieve the principles of service and meet the need; and what services people with intellectual/developmental disabilities (I/DD) need but may not be receiving.

Principles of Service

The Developmental Disabilities Act states that services provided to people with developmental disabilities and their families must foster and adhere to the following principles. The descriptions of the *Developmental Disabilities Act - Principles of Service* provides context for Vermont's statewide system of services and supports.

- Children's Services
- Adult Services
- Full Information
- Individualized Support
- Family Support
- Meaningful Choices
- Community Participation
- Employment
- Accessibility
- Health and Safety
- Trained Staff
- Fiscal Integrity

These twelve Principles of Service guide Developmental Disabilities Services (DDS) in Vermont. The *Developmental Disabilities Services – Data Brief* in the Appendix contains graphs and charts that emphasize how DD services meet the need. The following overview highlights key areas of focus of services to people with developmental disabilities¹.

¹ All data in this Report is for SFY23 unless otherwise noted.

Designated Agencies and Specialized Service Agencies

Designated Agencies (DAs) and Specialized Services Agencies (SSAs) are private, non-profit providers contracted by the Department of Disabilities, Aging and Independent Living (DAIL) to provide DDS throughout the state. In addition to DA/SSA managed services, individuals and their families may choose to self-manage (1%), family-manage (3%), or share-manage (29%) services where a DA/SSA manages some, but not all, of the services. The majority have agency managed HBCS (69%).

Fiscal Integrity

DAIL 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. This emphasis on balancing the most person-centered, therapeutically appropriate, and cost-effective models while maximizing federal funds to capitalize on resources available. I/DD Home and Community Based Services (HCBS) accounts for 97% of all DDS appropriated funding. This means Vermont's DDS system leverages a notably high proportion of federal funds.

Guidance regarding the utilization of funding is provided through regulations, policies, and guidelines.

- *Regulations Implementing the Developmental Disabilities Act of 1996*
- *Vermont State System of Care Plan for Developmental Disabilities Services*
- *Medicaid Manual for Developmental Disabilities Services*
- *DDD Encounter Data Submission Guidance for Home and Community-Based Services*

Highlights: Individualized Services

Vermont is ranked #1 in the nation for number of people with I/DD who receive supported employment to work (per 100,000 population).

- Vermont ranks #1 nationally in terms of size of non-family, non-state operated, residential settings with 1-3 people compared to all settings.
- The average number of people per home support setting is 1.2.
- 28% of adults, who do not live with family, own or rent their home.
- 48 parents with I/DD received support to parent their child in their home.

Successes and Challenges

Employment

Vermont has a long-standing history as a leader in integrated, competitive employment for individuals with I/DD. Also known as “Supportive Employment”, Vermont began offering integrated, community-based employment opportunities for individuals receiving employment support in 1980. Before then, all supported employment opportunities were provided in “sheltered workshops.” Vermont successfully closed these segregated programs, the last one in 2002, becoming the first state to do so.

Building on this success, Vermont continually, and significantly, exceeds the national average for the percentage of individuals with I/DD to be employed. Part of this success is based on DAIL’s strongly held belief that there can, and should be, meaningful employment for all individuals.

Family Support

Vermont values the natural support that families provide to their family members with I/DD. Vermont families comprise a significant amount of support within the I/DD system, with 38% of individuals receiving support in their family home. In the last few years, Vermont has ranked highest in New England in the percentage of the I/DD budget used to support individuals who reside with their family (16% in State Fiscal Year 2019) and has exceeded the nation average.

The value of family support was emphasized during the COVID-19 Public Health Emergency. To ensure individuals with I/DD remained safe and healthy, family members adjusted their employment, left the workforce, and made difficult individual and professional decisions to safeguard their loved one. Following temporary measures to assist families through the Public Health Emergency, the Developmental Disabilities Services Division has been working with interested parties to develop a permanent policy that will allow payment to Legally Responsible Individuals (parents) based on approval through the Centers for Medicare and Medicaid in Vermont’s Global Commitment to Health Agreement.

Housing Initiatives and Options

Under the current *State System of Care Plan for Developmental Disabilities Services*, there are 5 housing options: group living, in-home family support, shared living, staffed living, and supervised living. In addition, there are people in services who live independently in their own home. 96% of people in residential settings reside in 1-3 person settings in Vermont. This is 42% higher than the national average, demonstrating Vermont's commitment to individualized residential settings and services. Vermont does not have institutional or facility-based services for people receiving I/DD support.

76% of people receiving home support reside in a shared living arrangement. This model, while cost-effective and proven successful for many, is not the home support solution for all individuals. Recently, many people with lived experience and families of people with I/DD have advocated for the development of alternatives. Significant Legislative support, through *Act 186 of 2022*, provided funding for a limited-services position to expand housing options and assist individuals, families and community partners to navigate public and private housing and residential services and funding. Additionally, Act 186 appropriated funding for Pilot Planning Grants. The intention of these grants is to explore innovative housing options for people with I/DD and determine the feasibility of implementing new models. The Division, with the assistance of the legislatively created Steering Committee, conditionally awarded three grants in calendar year 2023.

Workforce Recruitment and Retention

DDSD has reconvened a group of interested parties to explore and develop creative and multifaceted approaches 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. This workgroup's top priority is working with the Vermont Department of Labor and Community College of Vermont (CCV) as CCV expands its Registered Apprenticeship program to include direct support professionals (DSP). In partnership with DDSD, this workgroup intends to further prioritize solutions to incentivize and professionalize the integral work performed by care providers across the system.

Appendix

Developmental Disabilities Services – Data Brief

The following Appendix provides information and statistics on Supported Employment, Family Support, Workforce, Housing Options, Fiscal Integrity, and Waiting List, plus two Success Stories.

For a more in-depth report about services, go to our [Vermont Developmental Disabilities Services SFY2023 Annual Report](#).



APPENDIX

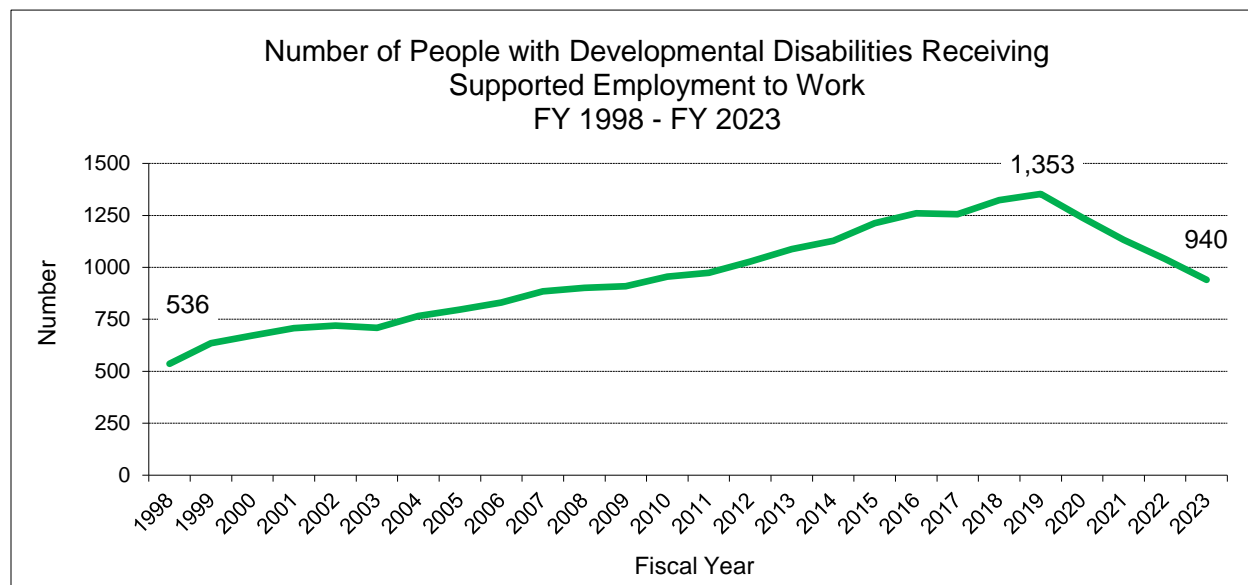
Developmental Disabilities Services Data Brief – FY 2023

The data shown in this summary highlights the impact of services and, in particular, the extent to which the Principles of Service from the Developmental Disabilities Act is being met by the Developmental Disabilities Services system. Specifically highlighted are data regarding Employment, Family Support, Housing Options, Workforce and Fiscal Integrity.

All data in this report is for SFY 2023 unless otherwise noted. For more a more in-depth review of how DDS is meeting the Principles of Services, please see the Vermont Developmental Disabilities Services Annual Report – State Fiscal Year 2023.

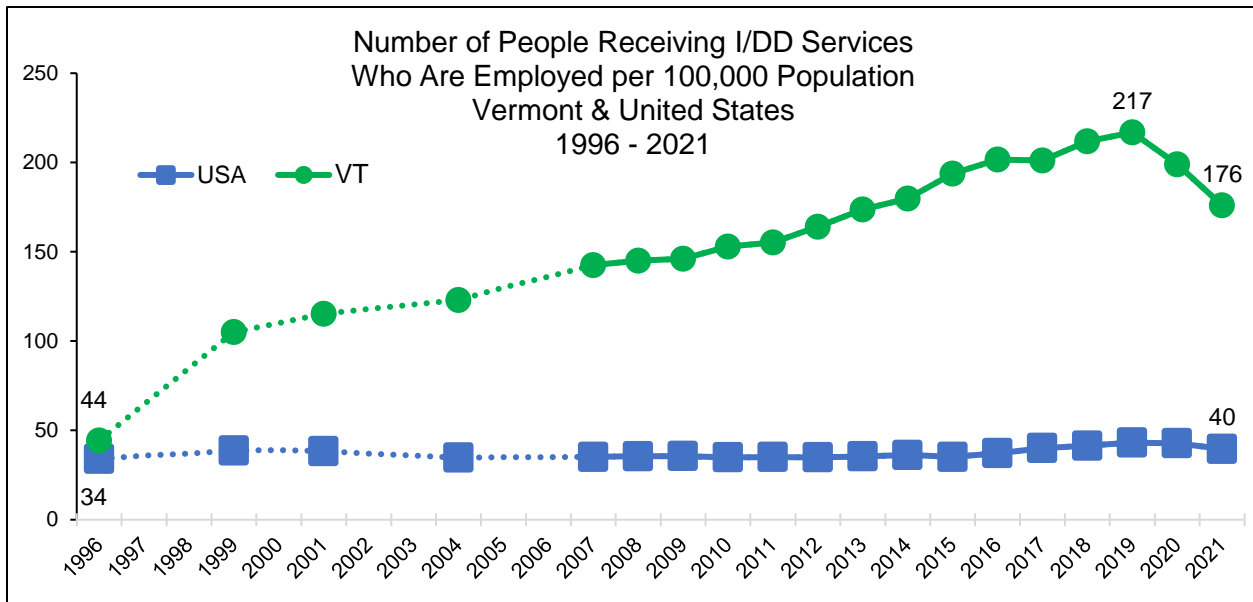
Employment

- **Supported Employment in Vermont is competitive and integrated.** The last sheltered workshop in Vermont closed in 2002. Between then and 2019, there was an 88% increase in people with I/DD working.
- **940 – People supported to work.** This is down from an all-time high of **1,353** (FY19) due to ongoing pandemic-related job loss and workforce challenges.

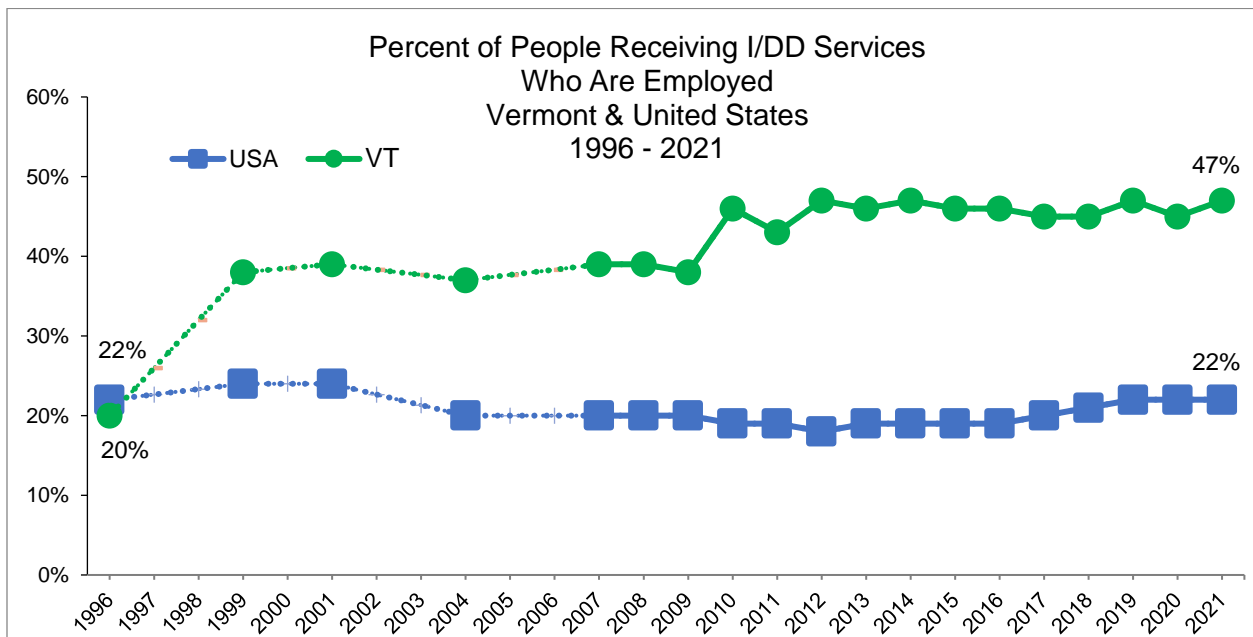


- **42% (FY22) – Employment Rate (ER)** – The percentage of working age adults in VT employed among adults receiving I/DD services was **higher** than the **35%** ER among all working age adults with disabilities nationally¹.

- The number of adults receiving I/DD services who were working per 100,000 in the VT population has been steadily increasing overtime and is considerably higher than the national rateⁱⁱ. The drop in numbers in '20/'21 was due to the pandemic.

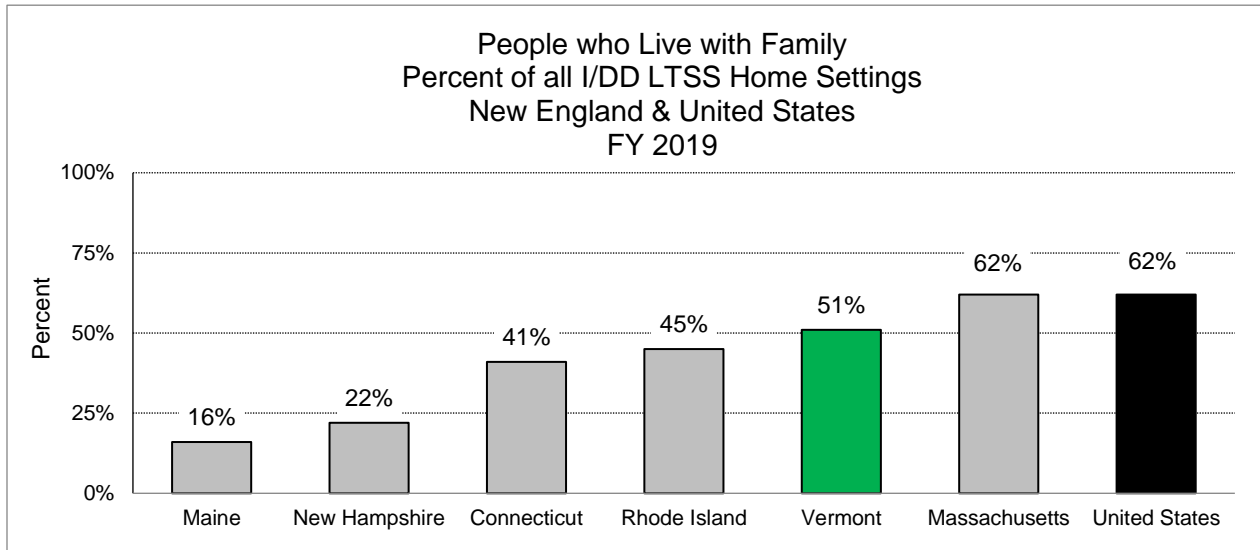


- The percentage of adults in Vermont receiving I/DD services (employment and community support) who were working saw a steady increase through 2010. VT has sustained a high level of employment since then and when compared with national dataⁱⁱⁱ.

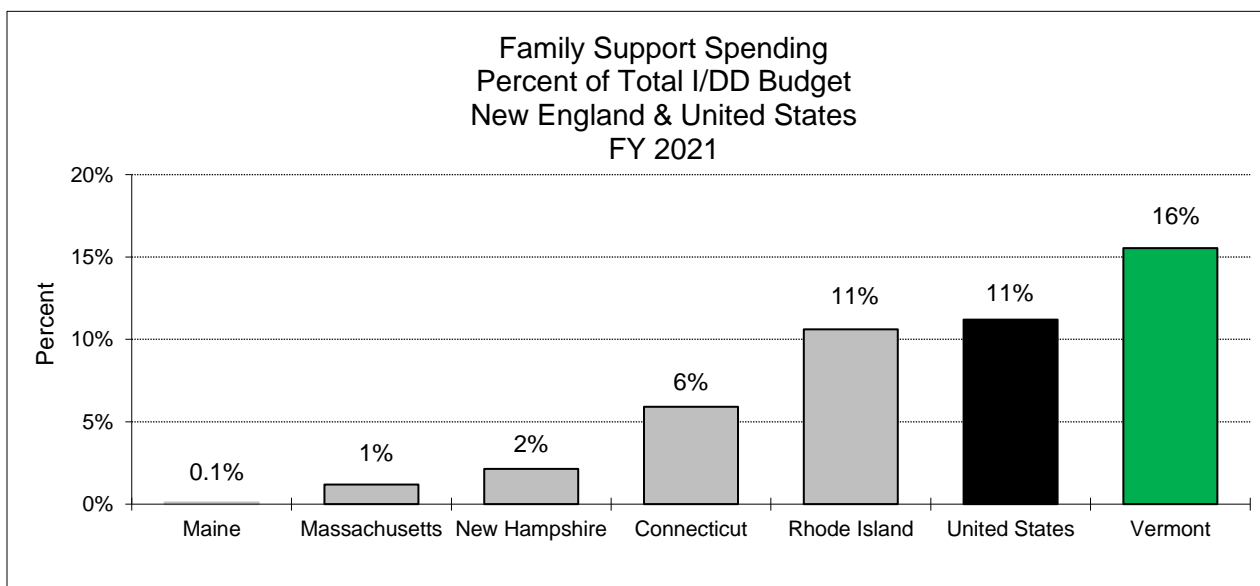


Family Support

- **38%** – People who live with family as a percentage of all people receiving I/DD Home and Community Based Services shows a strong commitment to supporting families.
- **51%** (FY19) – People in I/DD services who live with their families as a percentage of all long-term services and supports (LTSS) home support settings^{iv} – VT has the second highest rate of New England states and is just 11% lower than the national average^v.

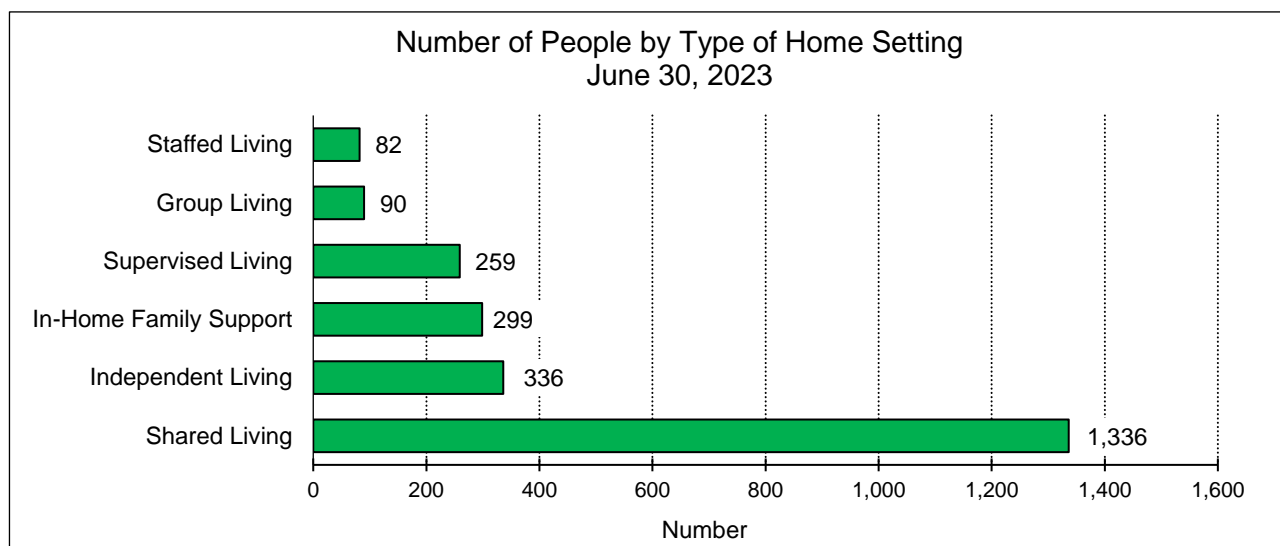


- **16%** (FY21) – Family Support spending as a percentage of the total I/DD budget – VT has the highest rate of New England states and is **5%** higher than the national average^{vi}.



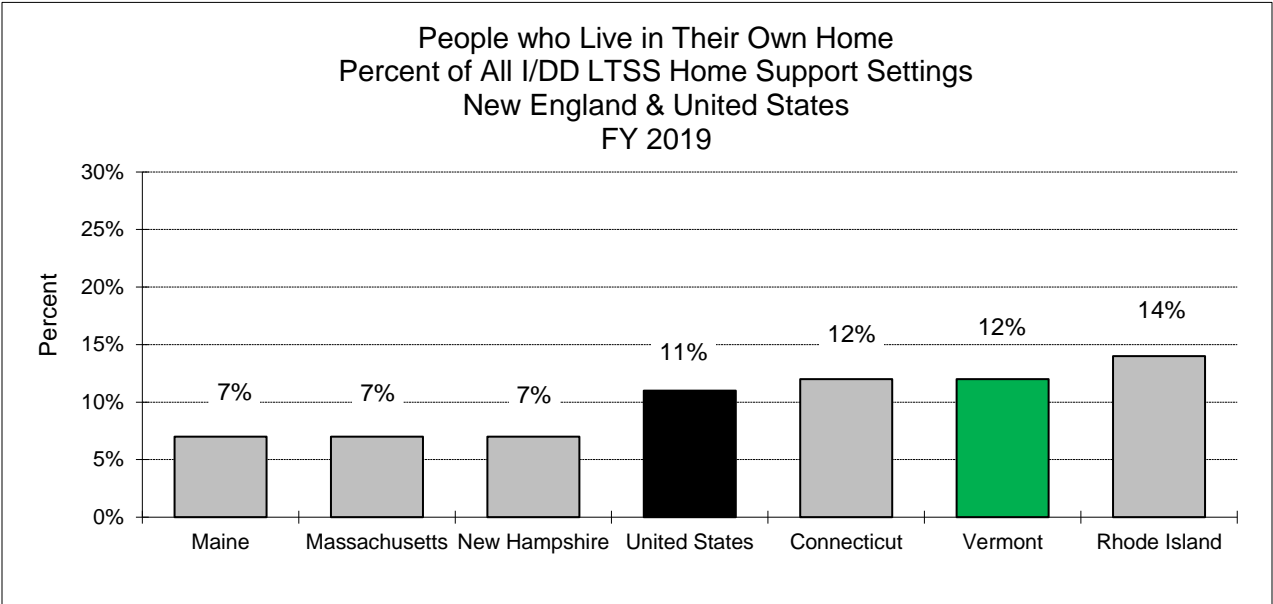
Housing Options

- **22%** – Adults in I/DD services who rent or own their home as a percentage of all people who received home supports, including people who lived independently.
- **96%** - People in I/DD residential settings of 1-3 people in VT compared to the national rate of **54%**.
- **76%** – People in Shared Living as a percentage of all people receiving home supports (Staffed Living, Group Living, Supervised Living, Shared Living). Shared Living funded through tax exempt stipends is a more cost-effective option than the other home support options that are funded hourly.

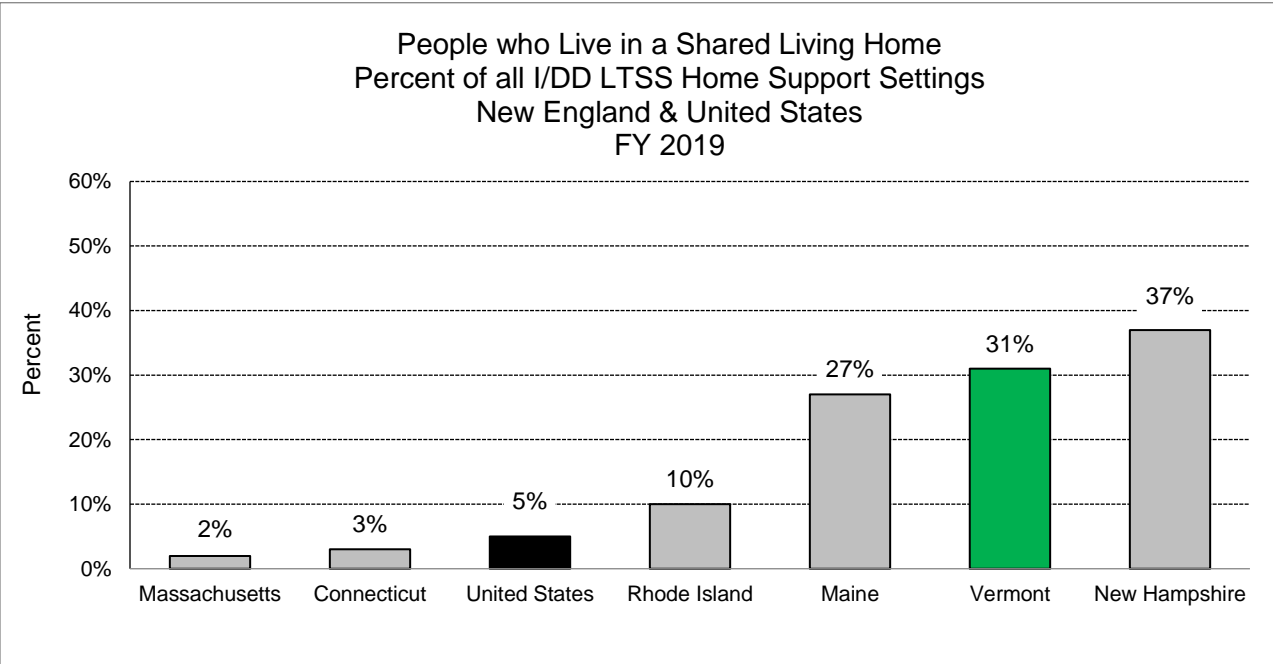


- **Home Settings Defined:**
 - **Staffed Living:** Daily (24/7) support in a staffed home setting (1-2 people).
 - **Group Living:** Daily (24/7) support in a staffed home setting (3-6 people).
 - **Supervised Living:** Hourly support in persons' own home/apartment (1-2 people).
 - **In-Home Family Support:** Hourly support in the home of unpaid family caregivers.
 - **Independent Living:** No paid home support.
 - **Shared Living:** Daily (24/7) support in the home of a shared living provider (1-2 people).

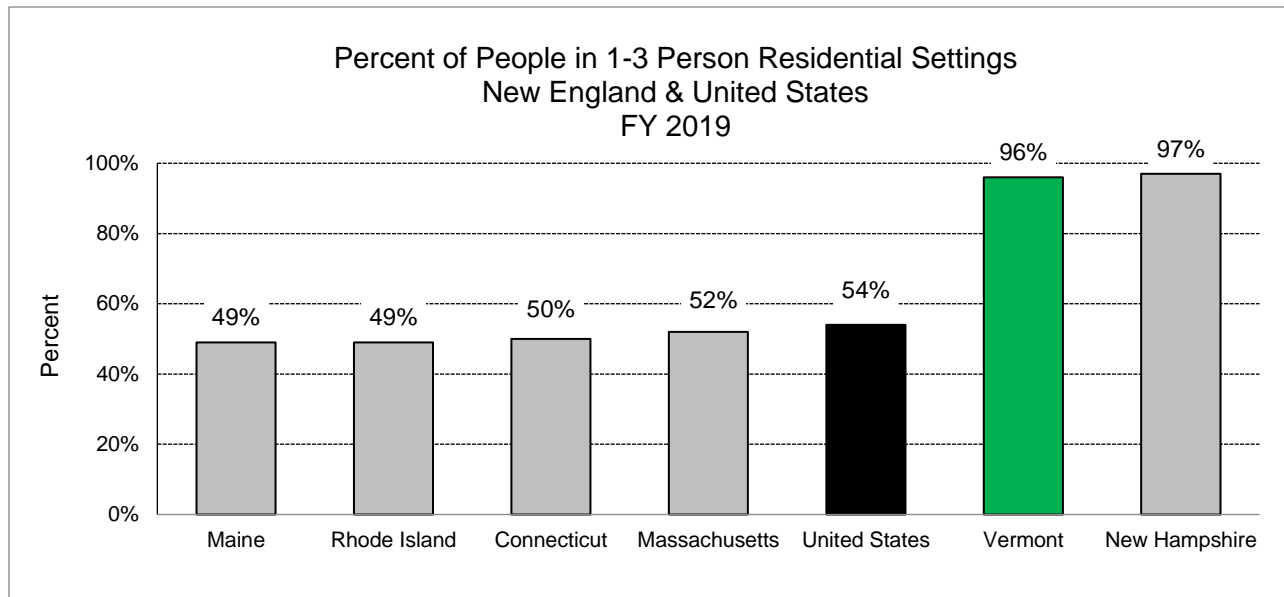
- **11%** (FY19) – People in I/DD services who live in their own homes as a percentage of all long-term services and supports home support settings – VT has the second highest rate of New England states and is just over the national average^{vii}.



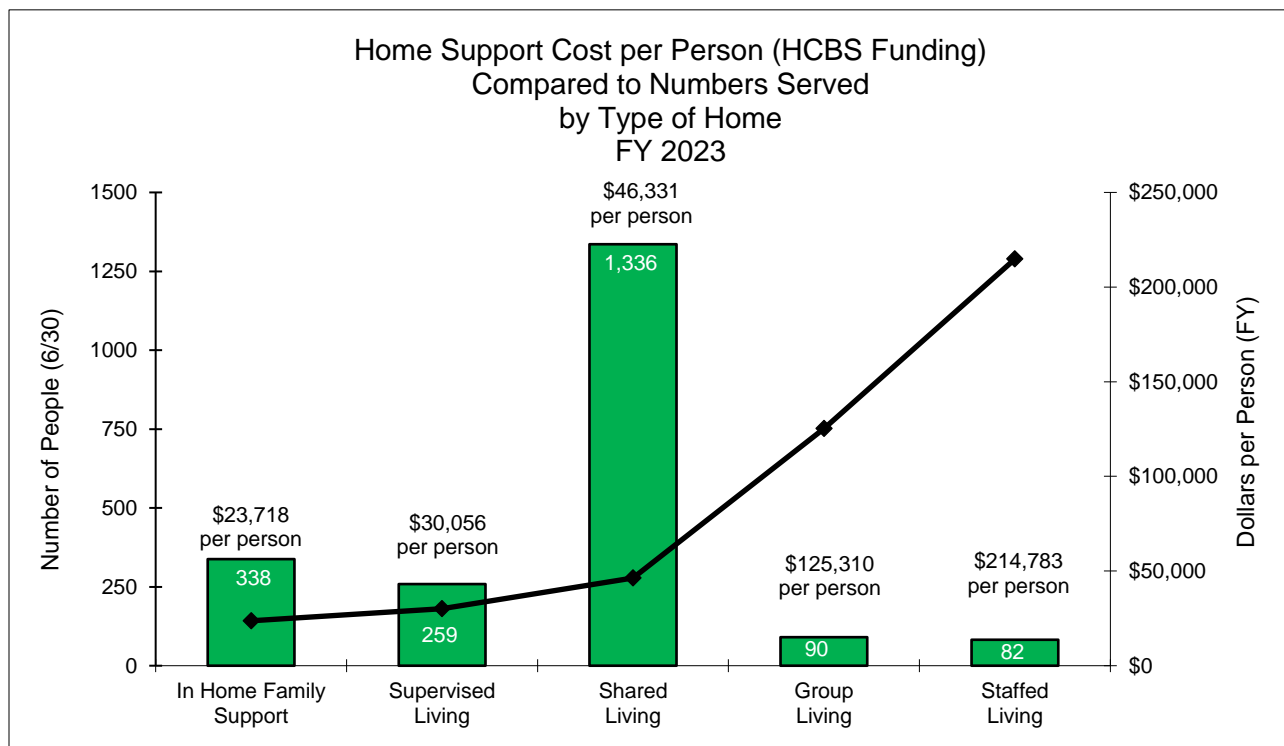
- **31%** (FY19) – People in I/DD services who live in a Shared Living Home as a percentage of all long-term services and supports home support settings – VT has the second highest rate of New England states and is **26%** over the national average^{viii}.



- **96%** – People in residential settings of 1-3 people as a percentage of all residential settings^{ix}. VT has the second highest rate of New England states and is **42%** higher than the national average^x.



- **1.2** – The average number of people per home support setting (not including In Home Family Support).
- Shared Living is considerably less expensive than the 24/7 staffed home support options (Group Living, Staffed Living)^{xi}.



Workforce

Critical to the quality of services is the stability of the direct support workforce. Several factors have contributed to the chronic provider workforce crisis, including the impact of the pandemic, low wages, and the need for more robust training and supervision. The DD services system continues to explore and implement new and creative steps to increase successful recruitment and retention of direct support workers.

Most direct support professionals are not employees of service agencies. Many are home providers contracted by DA/SSAs. However, the majority are Independent Direct Support Workers. They are employed by shared living providers who hire workers to provide direct supports, or by people in services or families who self-manage, family-manage, or share-manage services. These workers, many of whom are part-time, are paid through ARIS as the Fiscal/Employer Agent.

- **1,336** (6/30/23) – Shared Living Providers contracted by DA/SSAs^{xii}
- **1,713** (FY23) – Direct Support Professionals hired by DA/SSAs^{xiii}
- **4,148** (CY22) – Independent Direct Support Workers paid through ARIS^{xiv}

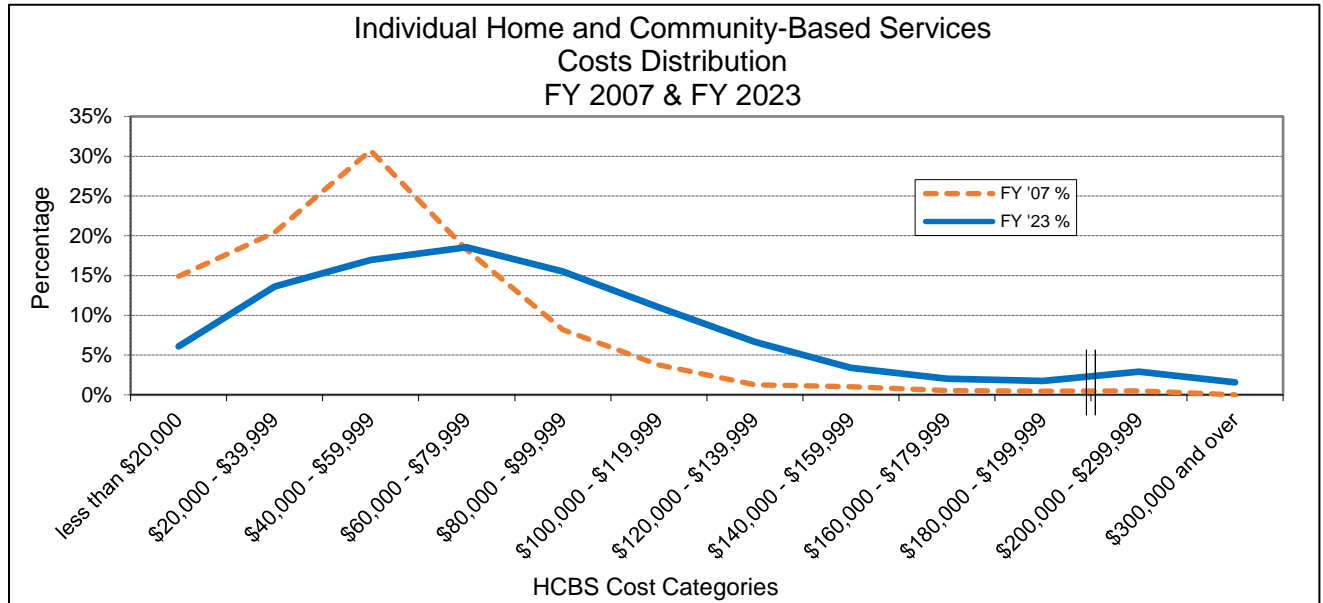
The following data reflect staff turnover and vacancy rates of employees of developmental disabilities services agencies who provide direct supports^{xv}.

- **22%** (FY23) – Turnover Rate of direct support workers hired by DA/SSAs.
- **30%** (7/1/23) – Vacancy Rate of direct support worker positions at DA/SSAs.
The rate can vary by agency from between **11% – 36%**.

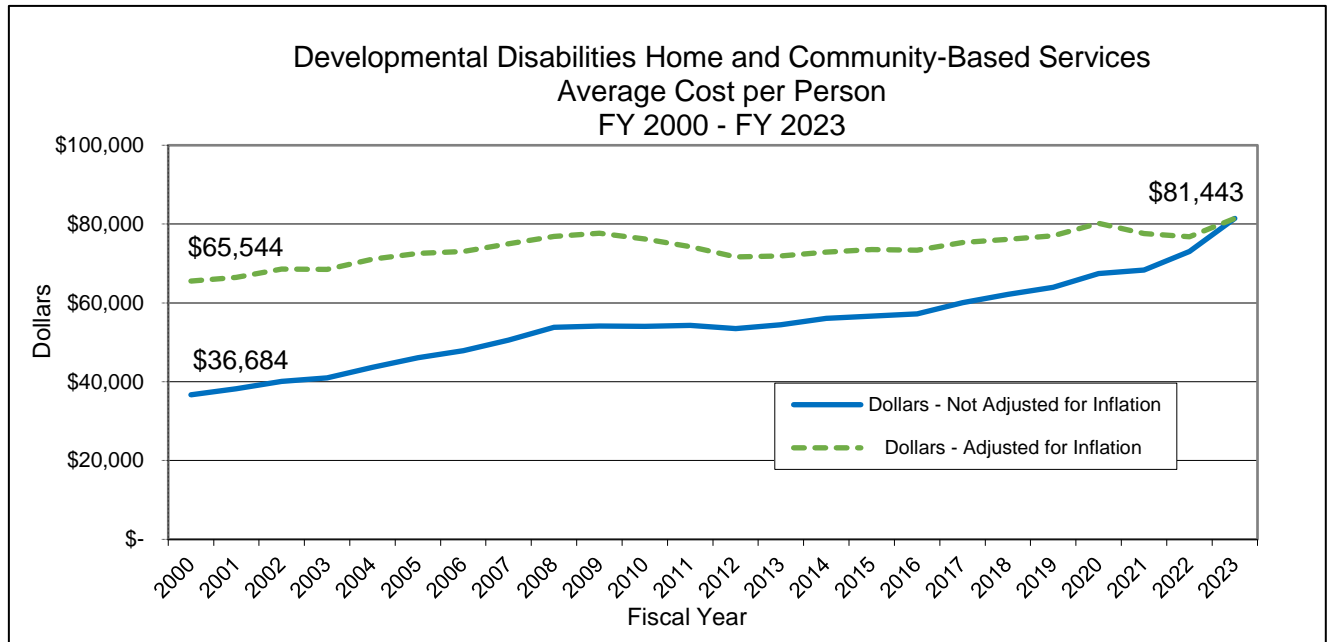
Fiscal Integrity

Home and Community Based-Services – Cost Distribution

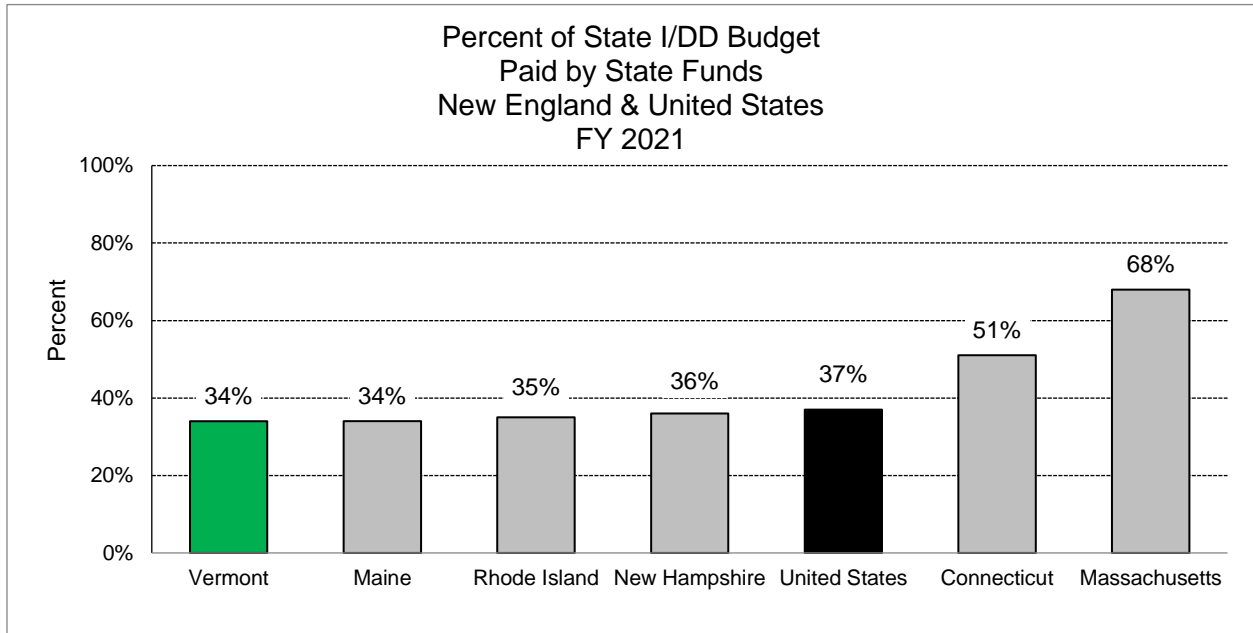
- The distribution of service rates for people receiving HCBS has stayed relatively consistent overtime, especially at the \$60,000 rate and over^{xvi}.
- 37% of people on HCBS were funded for less than \$60,000 per person per year.



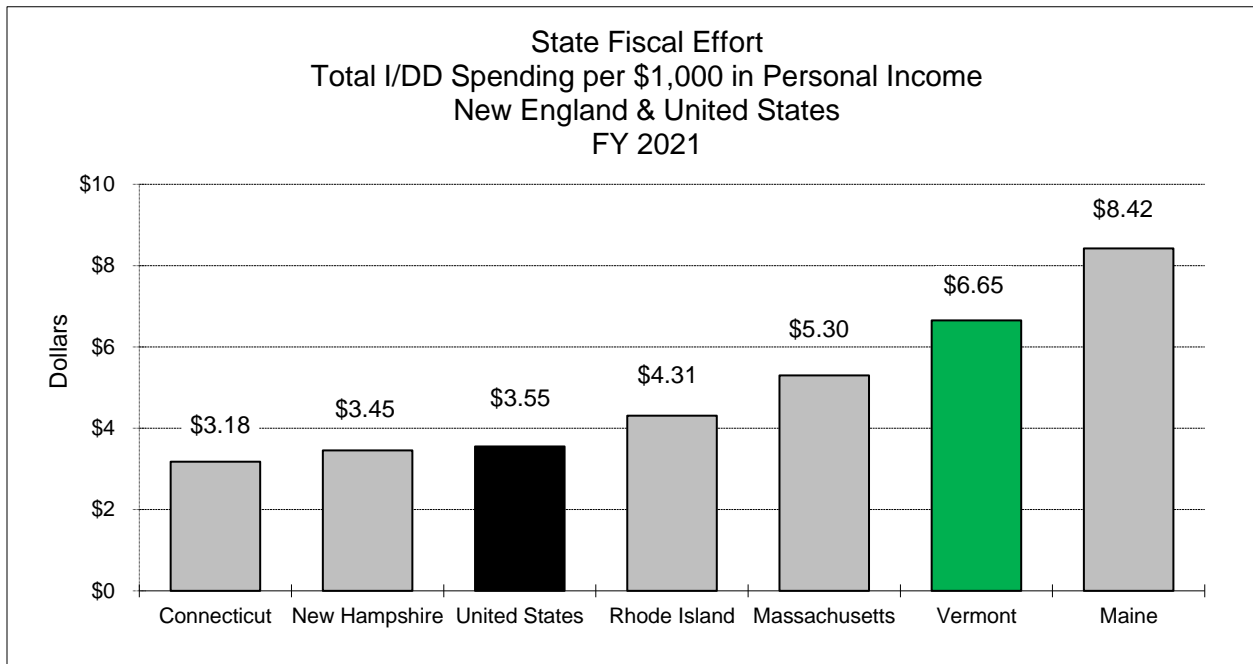
- The average cost per person has remained relatively stable over the past 23 years when adjusted for inflation.



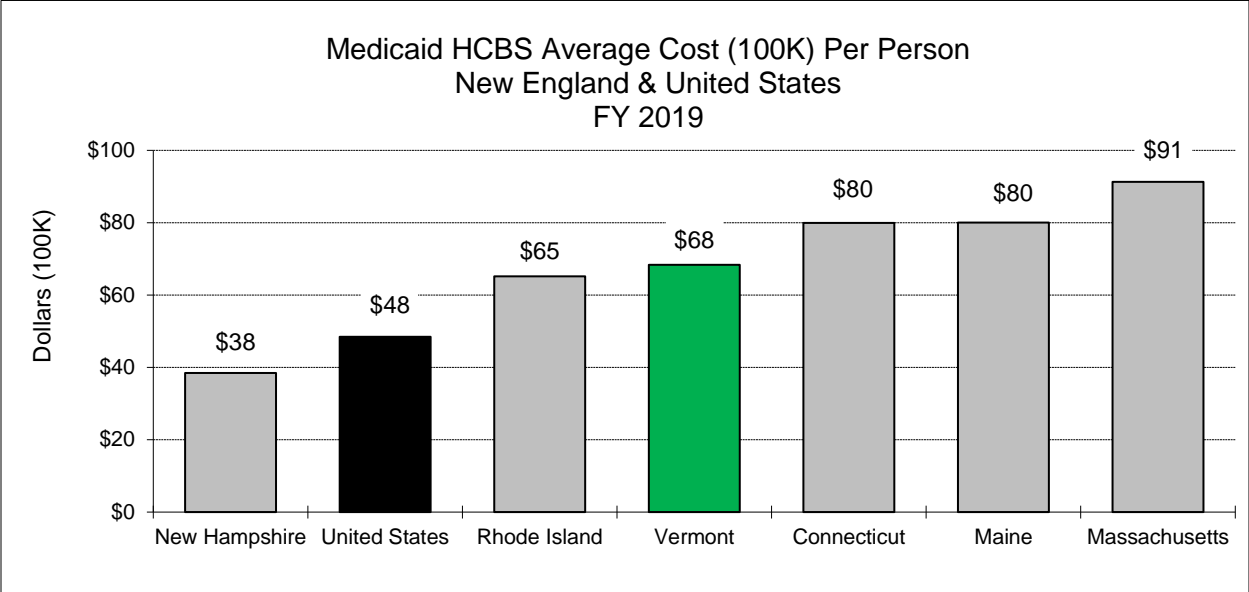
State funds used for Medicaid match account for a smaller proportion of I/DD services budget in VT than other New England States and the national average^{xvii}.



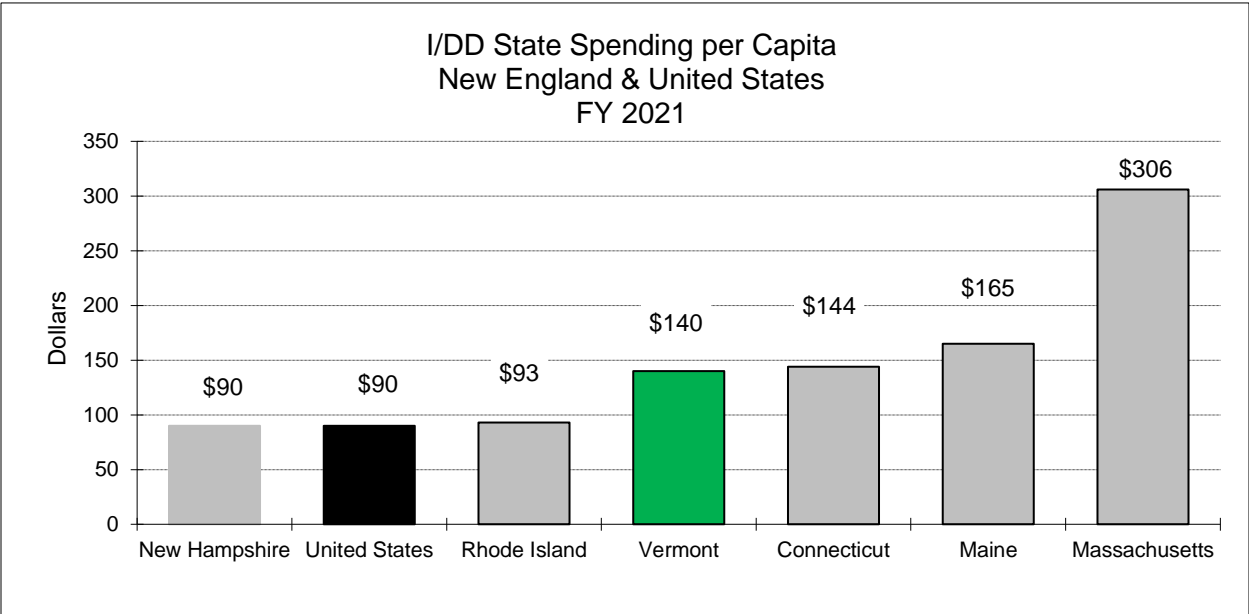
- Fiscal effort, as measured by the total state spending for people with I/DD services per \$1,000 in personal income of the total VT population, demonstrates VT's commitment to supporting individuals with I/DD. VT ranks second highest of the New England states in fiscal effort and exceeds the national average^{xviii}.



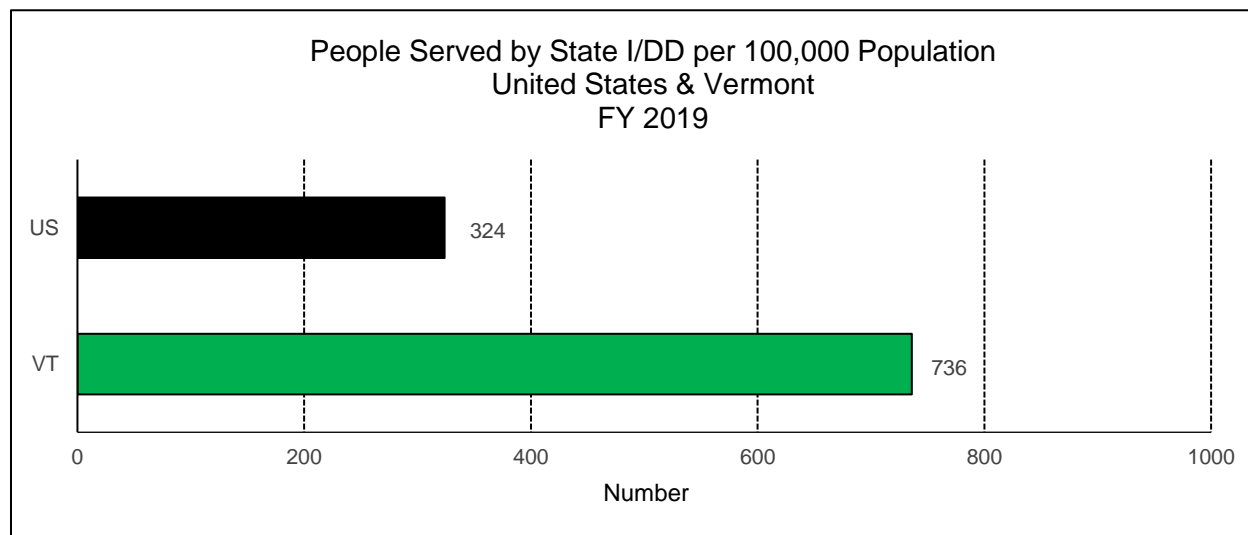
- The average cost of Home and Community-Based Services in VT are comparable to the other New England States^{xix}. While VT’s average HCBS cost is higher than the national average, VT services are 100% community-based and do not use large group homes or institutions.



- The state funding used for I/DD supports, based on population in FY21, follows a similar pattern as the average HCBS cost per person in FY19^{xx}.



- The high number of people served in VT (per 100K of the population) compared with the national average shows a commitment to supporting individuals with I/DD in their communities^{xxi}. On the other hand, the use of state dollars to support Home and Community-Based Services in VT is considerably lower than the national average and the other New England states.



Home and Community-Based Services – Cost Comparison

The average cost of HCBS is still relatively low considering that all services are individualized, community-based, and include intensive, comprehensive services that do not rely on expensive institutions or large group homes that are common in other states. The following data compares the difference between the average daily cost in Vermont for HCBS with the average daily rate of nursing facilities and Level 1 emergency beds.

Developmental Disabilities Services – Average Daily Rate

- \$ 223 – Home and Community-Based Services Cost

Nursing Facility – Average Daily Rate

- \$ 281 – Medicaid cost

Level 1 Psychiatric Facilities – Average Daily Rates

- \$3,100 – Brattleboro Retreat
- \$2,063 – Rutland Regional Medical Center
- \$3,289 – Vermont Psychiatric Care Hospital

Waiting List

There were no individuals who were waiting for Home and Community-Based Services (HCBS) at any point during the year who met a funding priority. The following chart shows the number of people who applied for services who were waiting for HCBS who did not meet a funding priority. The data is broken out by type of support.

Waiting List

- 0 – Individuals waiting for HCBS who meet a funding priority.
- 336 – Individuals waiting for HCBS who did not meet a funding priority.

Home and Community-Based Services	Number Waiting
Service Coordination	200
Employment Services	7
Community Supports	112
Clinical Services	62
Crisis Services (Individual)	15
Supportive Services	43
In-Home Family Support	32
Respite – Family	187
Supervised Living – Home Support	7
Shared Living – Home Support	6
Respite – Shared Living	4
Staffed Living – Home Support	0
Group Living – Home Support	0
Home Modification/Remote Support	2
Transportation	4
(unduplicated number) TOTAL	336

Success Stories

Danny's Story

My name is Daniel. I am 26 years old and started my first job this year on April 17th. I work for CDS (Customer Demonstration Services) at Costco in Colchester. I work 2 days a week for a total of 12 hours a week.

I started my job search journey at the beginning of 2023 and started to meet with a Job Developer at Northwestern Counseling and Support Services. I had an idea that I would like to work in an outside setting with animals. However, my job developer came across a job that she thought might be a good fit for me as I am very outgoing and love to be around people.

The job was to work in customer service handing out samples at Costco. We worked together on the application process, which was very challenging and took a great deal of time. We completed the application on-line. I had an interview on Zoom and set up an appointment for a mandatory drug test and then to meet with the manager at CDS. I stayed with the process and am so happy that I did.

I absolutely love working with the team at CDS and feel like I make a difference every day I am there. I am proud of the demonstrations that I give when I tell customers about the sample I am giving that day. I always try to make it fun. I am also happy when I make my sales as I then receive a monetary bonus. I have enjoyed having the extra money and it makes me even more motivated.

I have learned a lot about food, working in the customer service world, and being part of a team, which I enjoy as it feels like a family. We all help each other at the end of the day to clean and put items away. I may want to work more hours someday but am content now to do what I am doing and become more productive and confident in my presentations.

Praise from Danny's supervisor:

Danny shows up each shift, early and ready to tackle whatever we need done for the day with a positive attitude and usually a joke. Danny has done a great job adapting to the variety of tasks and the changing speed of the warehouse. Never one to shy away from asking the questions he needs to get the answers he is looking for...he always strives to do his absolute best. The days that Danny is here are truly "lighter" due to his commitment to making people smile, doing his best, and his outgoing personality.

Thomases' Story

I was a Bridging student during the program's first year at Champlain Community Services (CCS). Bridging gave me the opportunity to really connect with other students, and schools, and to get out into the community and meet people. I learned about leadership. Becoming Bridging's first advocacy group president helped shape my career as an advocate.

Although I've been involved with Bridging in some capacity each year since it started at CCS, I never imagined eight years after being a student, I would become Bridging's first ever Peer Mentor. I had no idea that I would have a lasting impact for years to come.

My role as peer mentor involves working with each learning pod in such areas as learning how to use public transportation, friends, relationship classes, going to different places in the community, and much more.

When the Bridging Program started at CCS, everything was new for all of us that participated. Having a peer mentor in Bridging was unthinkable when I was a student. I have been part of the Bridging Program every year in some capacity, even when I graduated and went to college, until 2021 when I become Bridging's first ever Peer Mentor. To have high school students with disabilities today see someone with a disability who is living their adult life feels so rewarding.

In the last three school years, there have been 30 students that have had the experience of having a Peer Mentor, including two who have now become Peer Mentors themselves. It has been an amazing experience seeing the students and fellow Peer Mentors grow and develop right in front of my eyes.

End Notes

ⁱ Source: US Census, Bureau of Labor Statistics, US Department of Labor, 2022, 2/23/32.

ⁱⁱ Statedata.info (2023a) *State IDD Agencies U.S. Total, Vermont: Integrated employment rate*. [Data file]. Retrieved 10/11/2023. Institute for Community Inclusion (UCEDD), University of Massachusetts, Boston.

ⁱⁱⁱ Ibid.

^{iv} Throughout the report, LTSS means a setting where a person receives Service Coordination plus one or more Long Term Supports and Services provided by I/DD service provider. For Vermont, this is only people receiving Home and Community Based Services (HCBS). For other states, it can include people living in institutions such as ICFs, nursing facilities or psychiatric facilities.

^v *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2019*, Residential Information Systems Project (RISP), University of Minnesota, December 2022.

^{vi} *The State of the States in Intellectual and Developmental Disabilities*, Kansas University Center on Developmental Disabilities, University of Kansas, 2021.

^{vii} *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2019*, Residential Information Systems Project (RISP), University of Minnesota, December 2022.

^{viii} Ibid.

^{ix} For Vermont, all residential settings are people receiving HCBS. For other states, in can include people living in Intermediate Care Facilities (ICFs) or other institution-like settings not considered HCBS.

^x *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2019*, Residential Information Systems Project (RISP), University of Minnesota, December 2022.

^{xi} Average cost based on fiscal year count from HCBS (wavier) Cost Report. Number of people show count as of 6/30 based on DA/SSA Residential Survey.

^{xii} Home Provider (Shared Living provider) are contracted workers. Data provided by DA/SSAs.

^{xiii} DA/SSA employee data provided by Vermont Care Partners includes all DS-related positions, including managers.

^{xiv} This data is provided by ARIS and includes all Independent 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.

^{xv} These percentages do not include administration and other non-program positions or contracted workers (e.g., shared living providers). The percentages also do not reflect Independent Direct Support Workers hired by families and shared living providers. The numbers reflect data from 14 DA/SSAs.

^{xvi} 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 a large category spanning \$200,000 – \$299,999. This category includes HCBS costs for 11 people in FY07 and 99 people in FY23. The last cost category of \$300,000 and over includes 53 people in FY23. This adjustment to the graph better represents the changes in cost distribution over time.

^{xvii} *The State of the States in Intellectual and Developmental Disabilities*, Kansas University Center on Developmental Disabilities, University of Kansas, 2021.

^{xviii} Ibid.

^{xix} *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2019*, Residential Information Systems Project (RISP), University of Minnesota, December 2022.

^{xx} *The State of the States in Intellectual and Developmental Disabilities*, Kansas University Center on Developmental Disabilities, University of Kansas, 2021.

^{xxi} *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2019*, Residential Information Systems Project (RISP), University of Minnesota, December 2022.