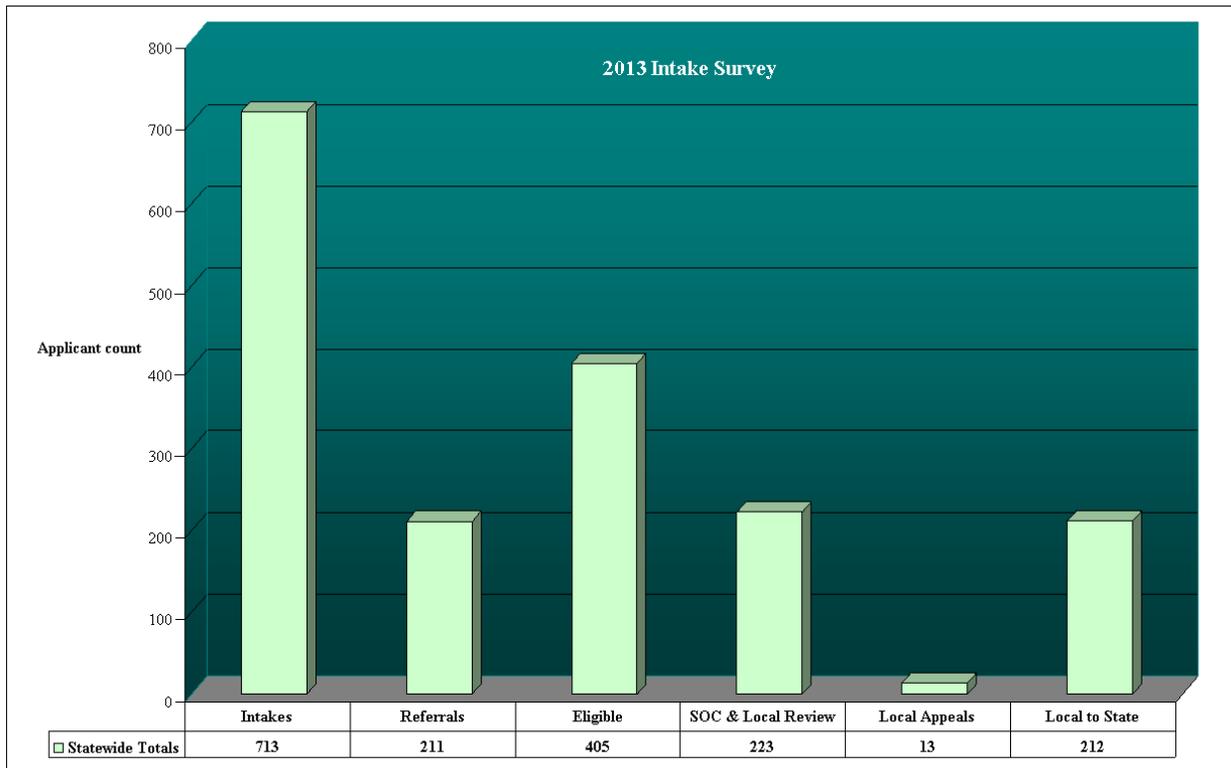


Work Group Intake Questions

A brief survey was conducted to address questions from DS system stakeholders. Intake Coordinators were asked to count the following:

1. How many people come in to DS intake?
2. Of the people who enter through intake, how many are referred for other services?
3. Of the people who enter through intake, how many are determined eligible (basic eligibility)?
4. How many are found to meet a System of Care Funding Priority and were sent on to the local funding committee?
5. How many appeal decisions (either eligibility or services at the local level)?
6. How many go on from the local funding committee to the State Equity committee?

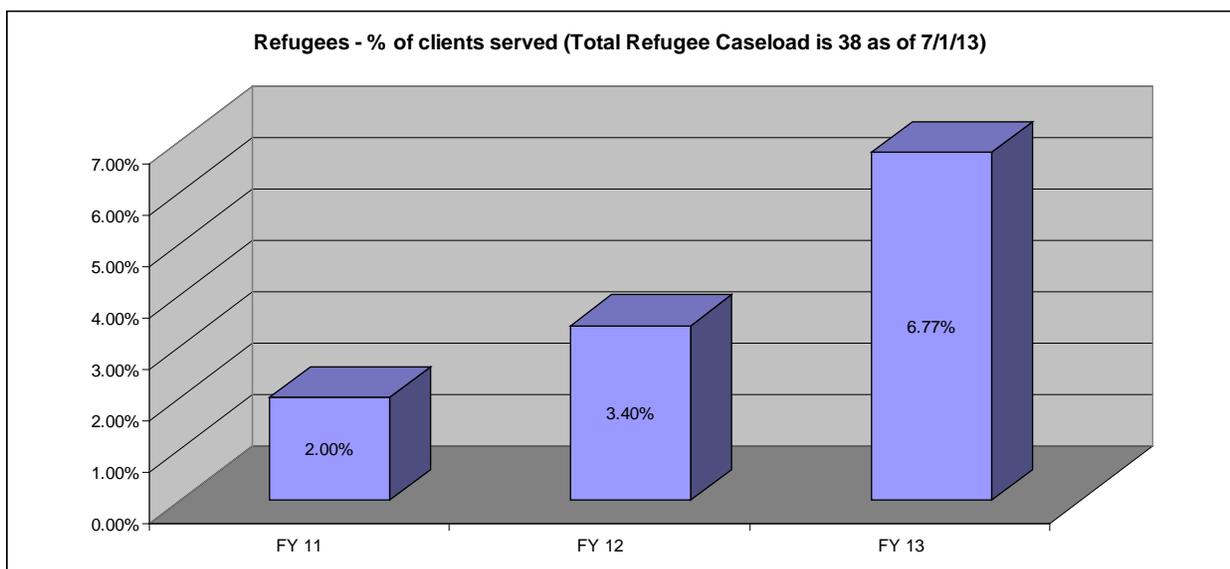
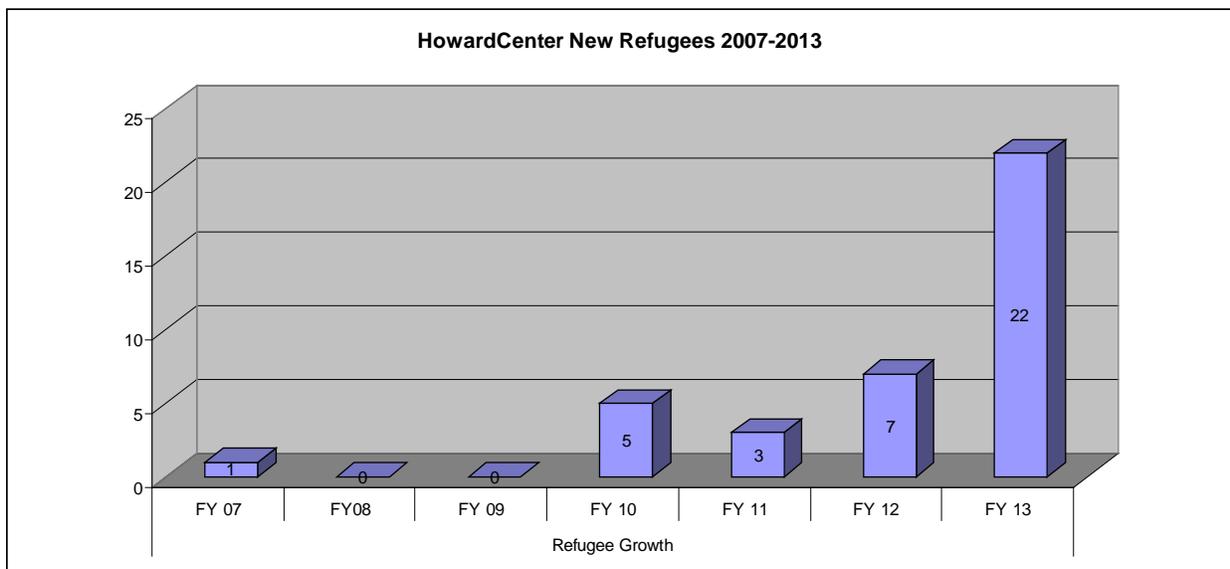


Comparisons:

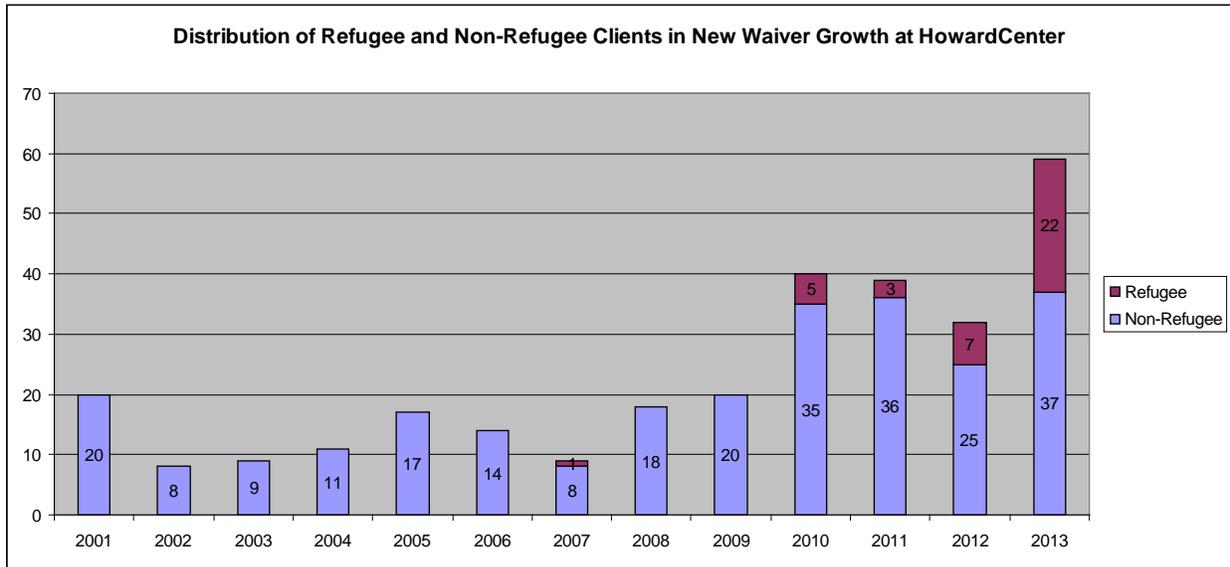
- Almost 30% of “Intakes” (713) are referred for other services.
- 56.8% (405) of applicants are found to meet clinical eligibility criteria.
- 55% of those found clinically eligible are found to meet a system of care funding priority and are assisted with an application for funding.
- Almost 30% (212) of all individuals seeking developmental services (713) have a funding application reviewed by the State Equity Committee & DAIL.
- Of those reviewed and approved at the local level, 95% are referred to the State Equity Committee & DAIL. Data has not been collected to track changes to funding requests that are made by Local Funding Committees prior to forwarding to the State Equity Committee. Local Funding Committees may change the amount or model of service requested.
- Just fewer than 6% (13) of individuals appealed the Local Funding Committee’s decision.

Refugees

The refugee population in Chittenden County is a unique growth factor compared to other counties. Refugees have been arriving from Bhutan in large numbers. This population stands out among refugees from other countries, in that the population being relocated has typically spent 2 decades in extremely harsh conditions in camps in Nepal. Although families work hard to care for one another, resettled adults are expected to work and become independent from refugee resettlement funding quickly upon arrival in the US. This limits refugee families' ability to stay home to provide care to their loved ones with Developmental Disabilities.



According to the Vermont Developmental Disabilities Annual Report for 2012, the average cost per person in the DS Waiver is \$54,316. In FY13 the Average annual budget for a new refugee waiver was \$39,955, 26% less than the statewide average. The total allocation for new clients with refugee status was \$879,000 for FY13.



Without the increase in refugee clients, the spike increases in waiver caseload in Chittenden County would have been much less severe.

Getting Help

All Designated Agencies follow the Regulations for Implementing the Developmental Disabilities Act of 1996 (revised March 2011) as they pertain to Intake and Eligibility Determination. The intake process follows the following steps:

- 1. Information & Referral** - Anyone can refer anyone else for services. Intake coordinators listen to the presenting problems, and often begin helping families with information and referral for a myriad of issues, not only help with the DS funding process.
- 2. Eligibility Determination**- Once it's determined that a person wants to formally apply for services, intake coordinators begin to determine eligibility. Documentation of the Developmental Disability is sought out, and if none exists, the Designated Agency assists the individual with a diagnostic evaluation. Diagnostic evaluations are completed by licensed psychologists. Norm-referenced diagnostic assessment tools are used to make a diagnosis.
- 3. Needs Assessment** - The needs assessment tool was developed by Developmental Services agencies, and in 2009 was revised in order to collect consistent information across the State. The needs as-

assessment includes sections focusing on Communication, Self-Care, Independent Living, Work, Respite, Parenting, Health Care and Mobility, Sleeping, Behavioral & Mental Health and Clinical Supports. Through the needs assessment process, the individual's needs, resources, and strengths are assessed.

4. Funding -When unmet needs are identified that meet a system of care funding priority, the intake coordinator completes a funding proposal. If supports are approved through the funding process, the client chooses a provider and services begin on the effective date.

Eligibility Requirements

- Resident of Vermont: No residency waiting period in Vermont
- **Medicaid Eligible:** Must meet both Categorical and Financial criteria

Categorical Eligibility-

- 65+, Blind, or disabled
- Disabled working adult

Financial Eligibility

- Income- for “household of 1” is \$1,058. Higher income limits apply to some populations.
 - Resources- limit of \$2,000
- Developmental Disability as defined by the State
 - Needs that meet System of Care Funding Priorities

*A “household of 1” means that the resources of other members of the household are not being counted. For example, an adult living with their family is counted as a “household of 1” when qualifying for Medicaid and other benefits.

Diagnostic Evaluations

- In the event that an applicant does not have a documented developmental disability, regulations require that the designated agency provide or arrange for an assessment.
- Evaluations to determine a qualifying diagnosis are typically performed by a licensed psychologist. It is the psychologist's job to determine the presence of a qualifying diagnosis, while the decision about whether the person meets all eligibility criteria rests with the designated agency.

- Documentation of the developmental disability is confirmed for each individual entering service, by DAIL staff.

Intellectual Disability

- Weschler Adult Intelligence Scale – 4th Edition (WAIS-IV)
- Weschler Intelligence Scale for Children- 4th Edition
- Comprehensive Test of Nonverbal Intelligence-Second Edition (CTONI-2)
- Wechsler Nonverbal Scale of Ability (WNV)

AND

- Adaptive Behavior Assessment System – Second Edition (ABAS-II)
- Vineland Adaptive Behavior Scales, Second Edition (Vineland-II)

Autism Spectrum Disorders

- *Autism Diagnostic Observation Scale – Second Edition (ADOS-2) (with client)
- *Autism Diagnostic Interview – Revised (ADI-R) (with parent)

AND

- Adaptive Behavior Assessment System – Second Edition (ABAS-II)
- Vineland Adaptive Behavior Scales, Second Edition (Vineland-II)