

DEPT. DISABILITIES, AGING AND INDEPENDENT LIVING
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

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DEVELOPMENTAL DISABILITIES SERVICES

COVID-19 EMERGENCY SUPPORTS FOR FAMILY CAREGIVERS

UPDATED FOR IMPLEMENTATION 1/1/2021-6/30/2021

In response to short terms waivers being offered by the federal government during the COVID-19 state of emergency, the Department of Disabilities, Aging and Independent Living, Division of Developmental Disabilities Services (DDSD) is authorizing Designated and Specialized Services Agencies and the Independent Service Organization Transition II to make temporary supports available to family caregivers of individuals with intellectual and developmental disabilities under three categories of support: Family-Managed Funds Conversion, a Flexible COVID-19 Crisis Stipend, and Flexible use of One-Time funds. Requirements for each category are listed below.

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

DDSD will allow designated agencies, specialized services agencies, and intermediary service organization (DAs/SSAs/ISO) to convert unused respite and/or other family-managed funds into a Difficulty of Care stipend in Q3, 1/1/2021-3/31/2021, and in Q4, 4/1/2021-6/30/2021. The purpose of this Difficulty of Care (DOC) stipend is for unpaid family caregivers, including parents and guardians, to maintain the health and safety of a minor or adult child during the COVID-19 state of emergency. Family caregivers are eligible to request payments in Q3 or in Q4 when the following statements are true:

- A minor or adult child has an approved HCBS budget; and
- The budget has portions that are managed by the family; and
- The individual is living in the home of the family caregiver; and
- The family caregiver is providing additional care beyond the amount of natural support they typically provide as a result of the consistent loss of typical hourly or daily services. This is when some services are reduced due to either the unavailability of workers to provide the service or a team decision that participating in services poses a Coronavirus-related health and safety risk; and
- There are unused respite or other family-managed funds in their HCBS budget as of the quarter that the stipend is being requested.

An unpaid family caregiver is not able to receive a difficulty of care stipend when services are determined to be reasonably safe, and workers are available.

An unpaid family caregiver may not restrict access to and/or oversight by the agency (DA, SSA, or supportive ISO) to ensure the health and well-being of the individual during the time that typical supports are not available and a stipend is being paid.

How much will they receive?

Family caregivers, in consultation with their agency or Transition II, may have unused funds managed by the family converted to a non-payroll, invoiced stipend amount up to, but not to exceed, **\$5,000 or one quarter of their annual allocation for family-managed direct services, whichever is less**, per eligible individual in one quarter. The maximum allowable amount does not constitute a guarantee. Agencies must evaluate the level of typical supports against what is being provided by the unpaid family caregiver in order to determine the appropriate amount.

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

The decision to resume services should be made by the team using the tools provided by the Division:
https://ddsd.vermont.gov/sites/ddsd/files/documents/Return_to_Community%20Activities_Svcs_Assess_Tool.pdf
https://ddsd.vermont.gov/sites/ddsd/files/documents/Return_to_Employment_Svcs_Assess_Tool.pdf.

The agency or Transition II authorizes the quarterly stipend amount for ARIS to be paid to the family caregiver via a non-payroll invoice. Agencies or Transition II must complete this form and send it to ARIS:
https://ddsd.vermont.gov/sites/ddsd/files/documents/DDS_COVID_Payment_Authorization_Form-Fillable.pdf

These payments are made from the HCBS funds that are authorized by agencies for services that are managed by families and paid through ARIS.

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

Updated: DDSD has received permission to extend the end date for Healthcare Stabilization Funds (HSF, also referred to as Coronavirus Relief Funds, or CRF) that were granted to agencies in the second quarter in order to support difficulty of care crisis stipends to unpaid family caregivers. Any amount remaining from those Q2 grant awards may be used for the purposes listed below between 1/1/2021 and 6/30/2021. **All funds in this category must be paid out by 6/30/2021 under new requirements of this fund source.**

Due to the limited nature of funds that remain, if any, from the Q2 grants, in Q3 of FY'21 a crisis Difficulty of Care stipend may be paid when the following statements are true:

- A minor or adult child has an approved HCBS budget; and
- The individual is living in the home of the family caregiver in Q3 or in Q4; and

- The family caregiver is providing additional care beyond the amount of natural support they typically provide as a result of the consistent loss of typical hourly or daily supports. This is when some services are reduced due to either the unavailability of workers to provide the service or a team decision that participating in services poses a Coronavirus-related health and safety risk; and,
- The family caregiver attests that they have experienced increased expenses due to the need to care for their children during this time.
- NEW: A crisis Difficulty of Care stipend has not previously been paid on behalf of the individual.

An unpaid family caregiver is not able to receive a Difficulty of Care stipend when services are determined to be reasonably safe and workers are available.

An unpaid family caregiver may not restrict access to and/or oversight by the agency (DA, SSA, or supportive ISO) to ensure the health and well-being of the individual during the time that typical supports are not available and a stipend is being paid.

How much will they receive?

Upon approval by their provider agency, family caregivers may receive a single stipend of up to a maximum of **\$2,000** per eligible individual due to loss of consistent typically provided hourly or daily agency-managed support (as described above) in the time period covering both Q3 and Q4 (1/1/2021-6/30/2021). The maximum allowable amount does not constitute a guarantee. Agencies must evaluate the level of typical supports against what is being provided by the unpaid family caregiver in order to determine the appropriate amount.

Who does the stipend come from?

DAIL received approval to make grant payments to agencies from the HSF in Q2 of FY'21. Payments are made to the agency based on the count of individuals receiving DS home and community-based services who are living with their families as identified in the end of year DS HCBS spreadsheets. Provider Agencies approve and issue the stipend in a lump sum directly to the family caregiver.

How do families find out if they are eligible for it?

Agencies should review prior quarter approvals and proactively outreach families that are likely to be eligible. Families may also make a request to their provider agency.

How does the agency document and track stipends?

Agencies must track these stipend payments in the new monthly HCBS spreadsheet columns according to DDS instructions, as well as documenting that caregivers are eligible for the payment in their monthly service notes. Service notes must make note of the family's attestation that they have experienced increased expenses due to the need to care for their children during this time.

3. FLEXIBLE USE OF ONE-TIME FUNDS ALLOCATION TO DESIGNATED AGENCIES(DAS) AND SPECIALIZED SERVICE AGENCIES (SSAS) - *(FUNDS ALREADY ISSUED)*

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

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

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

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

How do parents/caregivers access it?

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

Note: *Funds previously available to increase Family-managed Respite (FMR) allocations are no longer available. Agencies must follow the current FMR Guidelines for allocating FMR funds to families.*