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**Report to  
The Vermont Legislature**

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**Title of Report**

**Developmental Disabilities Services  
Legislative Report  
SFY 2022**

**In Accordance with:  
Act 140 of 2013**

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

**Submitted by:           Monica White, Commissioner  
                                  Department of Disabilities, Aging, and Independent Living  
                                  (DAIL)**

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## 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 developmental disabilities (DD) need but may not be receiving. Note: Underlined words link to additional information.

### 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.

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

### Overview

The Principles of Services guide DD services in Vermont. The Developmental Disabilities Services – Data Summary contains facts and figures that emphasize how DD services reflect the Principles of Service. The following overview highlights fundamental aspects of services to people with developmental disabilities.

## Designated Agencies and Specialized Service Agencies

Designated Agencies (DAs) and Specialized Services Agencies (SSAs) are private, non-profit providers contracted by DAIL to provide DDS throughout the state. The Administrative Rules on Agency Designation outline the responsibilities of the DAs and SSAs. In addition to DA/SSA managed services, individuals and their families may choose to self-manage or family-manage their services, or share-manage where a DA/SSA manages some, but not all, of their services. Most people have agency-managed HBCS (69%), while 29% share-manage, 3% family-manage and less than 1% self-manage.

## Children Services

Services for children and youth with DD are typically provided through state plan services such as Children's Personal Care Services (up to age 21) and the education system (minimally up to age 18). Listed below are number of people in services overseen by DAIL in FY22 that are available to children with developmental disabilities and their families

- ✚ Home and Community-Based Services (HCBS) – 54 (up to age 18)
- ✚ Bridge Program: Care Coordination – 404 (up to age 22)
- ✚ Family Managed Respite – 193 (ID/ASD – up to age 21)
- ✚ Flexible Family Funding – 803 (up to age 22)

## Adult Services

The primary services for adults are Home and Community-Based Services (HCBS), 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.

HCBS includes service coordination, employment services, community supports, home supports, in-home family supports, respite, clinical services, crisis services, transportation, and supportive services.

- ✚ Home and Community-Based Services – 3,280 (age 18 and over) – FY22
- ✚ People in HCBS who lived with their family (all ages) – 35%

## Home Supports

- ✚ Hourly: Supervised Living (own apt); In-Home Family Supports (with family)
- ✚ Daily: Shared Living (home provider); Staffed Living (1-2 people in a staffed home setting); Group Living (3-6 people in a licensed staffed home setting).

Supervised Living that offers less than 24/7 supports has the lowest per person cost, though is often limited by lack of affordable housing options. Shared Living is used the most due to its cost-effectiveness. Contracted home providers are a more economical option than other 24-hour staffed options (staffed and group living).

### **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.

### **Informed Decision Making**

- ✚ The guardian’s role is to help people 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.
- ✚ Supported Decision Making (SDM) is 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.

### **Community Supports**

Community supports assist people 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 people becoming active and engaged members of their communities, forming genuine and reciprocal relationships that can lead to fading paid supports.

- ✚ People Receiving Community Supports – 2,257 – FY22

### **Employment Supports**

Supported employment (SE) services are based on the value that personalized job site supports enable people to be employed in local jobs and work in the typical workforce. Vermont closed all sheltered workshops in 2002, eliminating segregated jobs where

people had worked in large group settings for pay well under minimum wage. Today, all people in developmental disabilities services who are employed are paid at Vermont minimum wage or higher.

- ✚ People Supported to Work – 1,040 – FY22

## Health and Safety

- ✚ **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.
- ✚ **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. The DDSD Human Rights Committee works to ensure that the use of restraints safeguard the human rights of people receiving services and comply with DDSD's Behavior Support Guidelines.
- ✚ **Critical Incident Reporting Guidelines**  
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.
- ✚ **Public Safety:** The DDS system supports people 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.
- ✚ **Vermont Crisis Intervention Network:** 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).
- ✚ **Level 1 Psychiatric Inpatient Treatment:** Involuntary hospitalizations for people who are the most acutely distressed who require specialized psychiatric treatment that is otherwise not available in a community setting.
- ✚ **Housing Safety and Accessibility Review Process:** The review process 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.
- ✚ **DAIL Background Check Policy:** Describes when a background check is required to be performed on individuals who may work or volunteer with vulnerable people towards the prevention of abuse, neglect, and exploitation.

## Trained Workers

- ✚ Training helps ensure safety and quality 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 DA/SSAs are required to notify individuals and family members who share-manage of this responsibility and that training can be obtained free of charge from the DA/SSA.
- ✚ 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.

## Quality and Fiscal Integrity

### Quality of Services

The DDS 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 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.

### Fiscal Integrity

DDS emphasizes cost-effective models and maximization of federal funds to capitalize on resources available. HCBS accounts for 97% of all DDS appropriated funding, which means Vermont's DDS system leverages a notably high proportion of federal funds. DAIL performs a variety of Oversight Activities to help ensure services are safe and effective. In addition, this Data Report highlights the scope and cost-effectiveness of HCBS.

### Meeting the Need

There are many pressures that contribute to individuals needing services. There are people whose needs, due to the presence of a developmental disability, do not rise to the level of requiring supports. There are also those whose have some or most of their needs met by parents or other family members. Many people also need comprehensive, long-term services and supports. Those who need additional supports, or do not have other supports available to them, may receive HCBS. The need for services is often the result of a combination of circumstances, including, but not limited to:

- ✚ No longer eligible for services from the Department for Children and Families
- ✚ No longer eligible for Children's Personal Care Services

- ✚ No longer in high school
- ✚ Medical complexities
- ✚ Risk to oneself or others
- ✚ Behavior and/or mental health issues
- ✚ Significant level of support 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)

Once a person is determined to meet clinical and financial eligibility, the DA determines the level and area of unmet needs and the most cost-effective means for providing the service. The person may then be approved for HCBS funding if the statewide funding committee determines the person’s needs meet a State System of Care Plan Funding Priority. This process applies to those already in services who have new needs.

## Waiting List

The DDS 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 their needs assessment. In FY22, no individuals were on the waiting list who met a funding priority. Based on the data maintained by DA/SSAs, there were 370 people who requested services who did not meet a funding priority or were eligible for limited services.

## System Initiatives

The following is a list of Special Initiatives outlined in the Vermont State System of Care Plan for Developmental Disabilities Services FY 2023 - FY 2025 that will enhance the overall system of support; and offer choice, control, and opportunities; for people with developmental disabilities and their families.

- ✚ Increase supported living options.
- ✚ Strengthen the direct support professional workforce.
- ✚ Explore the option of paying parents to provide services to their adult children.
- ✚ Develop training resources for understating the needs of people with autism.
- ✚ Incorporate Supported Decision Making into the service delivery system.
- ✚ Develop an Intermediate Care Facility (ICF/DD) for up to six people with DD.
- ✚ Explore creation of an ombuds program for DD services.
- ✚ Conduct fiscal impact study to assess expanding access to employment services.
- ✚ Develop a plan language document outlining the rights of individuals as outlined in the Developmental Disabilities Act and the HCBS Rules.