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**Report to  
The Vermont Legislature**

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**Developmental Disabilities Services  
State Fiscal Year 2020  
Annual Report**

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

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

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Aging and Independent Living**

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Division, Department of Disabilities, Aging and  
Independent Living**

**Report Date: February 12, 2021**



**AGENCY OF HUMAN SERVICES**

# Developmental Disabilities Services State Fiscal Year 2020 Annual Report



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

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## INTRODUCTION

The Vermont Developmental Disabilities Services Division is pleased to share the Annual Report on Developmental Disabilities Services (DDS) for State Fiscal Year 2020. We encourage people who receive services, family members, agency partners, legislators and other members of the community to take a moment to read our annual report, which highlights the important work that everyone in our system does to support people with developmental disabilities and their families. It features a review of each of the principles of service outlined in the Developmental Disabilities Act and provides detailed information that illustrates the extent to which Vermont is living up to those principles through program outcomes.

Major initiatives and accomplishments in FY 20 include:

### **DDS Payment Reform Initiative**

The Department of Disabilities, Aging and Independent Living (DAIL) and Department of Vermont Health Access (DVHA) have been collaborating on a complex and comprehensive payment and delivery system reform project to improve data on services provided, ensure consistent assessment of individuals' needs, and transition from the current Developmental Disabilities (DD) Home and Community-Based Services (HCBS) payment model to a new form of payment for individuals with intellectual and developmental disabilities. The goal is to create a transparent, effective and operationally feasible payment model for DDS that aligns with AHS' broader health care reform goals.

Representatives from the state, provider network, individuals, family members, and other stakeholders have been working together on this project since 2018 within a structure that consists of three work groups and an advisory committee. Despite the COVID-19 public health emergency and the subsequent pause on this initiative for about six months, progress has been made on both the implementation of a standardized assessment and the move to encounter data reporting.

- ***Standardized Assessment:*** This part of the payment reform initiative is focused on the selection of a uniform, valid and reliable standardized assessment tool for determining what services and supports an individual needs. Notable areas of progress in 2020 include:
  - The selection of a standardized assessment instrument: The Supports Intensity Scale® (SIS-A). Prior to the public health emergency, the work group reviewed assessment tool options and recommended several supplemental areas for questions to add to the assessment.
  - Significant progress in the selection of a vendor to administer the SIS-A: DAIL issued an initial Request for Proposals (RFP) in late 2019. Procurement was postponed due to the COVID-19 public health emergency. The RFP was re-issued in fall 2020; bids were received and evaluated by a multi-departmental review team. An apparently successful bidder has been chosen by a review team and the contract is currently in development. The anticipated start date for conducting standardized assessments is July 1, 2021.

- ***Encounter Data:*** This part of the payment reform initiative is focused on a process by which providers will report all service delivery encounters to the MMIS. The encounter data workgroup has designed encounter claim submission requirements for the various services including implementation, guidance and training. In the second half of 2020, the work group focused on a comprehensive update to the procedure code list used to report DDS encounters, ensuring that all included services are represented in coding and that coding is up to date and compliant with national correct coding standards.

Looking forward, the initiative is reconvening the DS Payment Reform Statewide Advisory Committee, as well as reconvening the payment model workgroup once there is sufficient needs assessment and encounter data to inform their work.

Designing and implementing these processes is a significant system change project that will be a major focus for DDS, providers and stakeholders for the next several years.

### **Conflict of Interest in Case Management**

The Federal CMS requires states to provide case management in a way which eliminates conflicts of interest. The state has been working for several years on conflict of interest in HCBS case management and has continued to make progress, despite the state of emergency and required pandemic response. In the past year, DDS has continued to work with DVHA and other departments who operate HCBS programs, to analyze HCBS case management across the state. A significant stakeholder engagement process was used to gather ideas regarding how the State can mitigate the risks of conflict in case management in compliance with that part of the HCBS rule. A website devoted to HCBS conflict of interest in Vermont contains products of this work.

The opinions collected from stakeholders range from complete separation of case management from direct service provision, to keeping the status quo and seeking approval from CMS to continue with existing case management providers (Designated Agencies and Specialized Service Agencies) as the only willing and qualified providers of a service. For this reason, DDS has been exploring the concept of a “choice model” for case management and is working with a HCBS technical assistance vendor that is under contract with CMS to help states work towards compliance with HCBS requirements. DDS continues to plan for a “choice model” proposal to be included in the next Global Commitment to Health 1115 waiver application.

### **Comprehensive and Timely Response to COVID-19**

The final quarter of the fiscal year was dominated by responses to the coronavirus pandemic. DDS took immediate steps to protect the health and safety of individuals receiving services as well as introducing new means of connecting with providers, service recipients and advocates. These steps included:

- Immediate 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.
- Immediate changes to service delivery requirements supporting health and safety, including but not limited to; personal protective equipment requirements, new allowances for telehealth services, transportation guidelines, home-visiting requirements, signature requirements and redeployment of support staff.
- Temporary changes to the DD HCBS daily rate payment model to a bi-weekly case rate to improve predictability and sustainability of payment to providers during the pandemic.
- Weekly provider video calls and monthly video townhalls for service recipients, advocates and other stakeholders.
- Creation of a comprehensive Novel Coronavirus (COVID-19) section on the DAIL website: [COVID-19 Information](#)
- Assessment tools to help agencies have conversations with individuals and their teams about when and if it may be safe to go out into the community with one-to-one supports or to return to places of employment.
- New Difficulty of Care stipends for unpaid family caregivers who were providing care in lieu of typically available support services.
- Difficult of Care stipends for shared living providers who were providing additional care in lieu of typically available support services.

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

### **Home and Community-Based Services**

Work to ensure compliance with the Federal Home and Community-Based Services rules which focuses on person-centered planning, individual choice and control and conflict-free case management.

### **Payment Model**

Continue to work on the design and implementation of a new payment model as part of the DDS Payment Reform initiative.

### **Workforce Retention**

Work with the provider network to address challenges with the recruitment, training and retention of direct support workers.

The Department looks forward to continued collaboration with individuals with developmental disabilities, families, advocates, providers and other partners in our efforts to build on our accomplishments and meet our challenges.

Selina Hickman  
DDSD Director



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**Notes:**

All Fiscal Year (FY) notations in the report refer to State Fiscal Year.  
 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 2020* 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 State Program Standing Committee as the advisory group for Developmental Disabilities Services (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 be filed in accordance with the Vermont Administrative Procedure Act; and
5. Reporting by January 15<sup>th</sup> 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 we are 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 State System of Care Plans (SOCP). 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

The Developmental Disabilities Services Division (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 the Department of Disabilities, Aging and Independent Living (DAIL) for adults with developmental disabilities and older Vermonters who are under court-ordered public guardianship.

The Developmental Disabilities Services Division 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 20)

- **4,649 – Total** (unduplicated)
- **3,236 – Home and Community-Based Services**
- **1,040 – Flexible Family Funding**
- **395 – Bridge Program: Care Coordination**
- **253 – Family Managed Respite**
- **6 – Intermediate Care Facility for people with Developmental Disabilities (ICF/DD)**

### Funding Sources – by percentage of total funding (FY 20)

- **96.6% – Home and Community-Based Services** (long term services and supports)
- **3.4% – 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

The Department of Disabilities, Aging and Independent Living (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<sup>1</sup> (FY 20)**

- **<1% – Self-Managed**
- **3% – Family-Managed**
- **41% – Shared-Managed**
- **56% – Agency-Managed**

#### **Self-Managed and Family-Managed Services<sup>2</sup> (June 30, 2020)**

- **75 – Individuals who self-managed and family-managed – all HCBS**
- **1,082 – Individuals who shared-managed – some HCBS**

**Website:** [Self and Family Management](#)

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

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

### Adult In-Person Survey<sup>3</sup>

The Developmental Disabilities Services Division 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<sup>4</sup>. 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. Survey results are included in relevant sections of this report.

#### Participant Survey Participants<sup>5</sup> (FY 19)

- **338 – Adults interviewed**
- **8 – Organizations participated** (5 DAs, 3 SSAs)

#### Demographics

- **Residential Designation:**
  - **11% – Metropolitan**
  - **21% – Micropolitan**
  - **31% – Small town**
  - **37% – Rural**
- **Length of Time at Current Residence<sup>6</sup>**
  - **7% – Less than 1 year**
  - **28% – 1-3 years**
  - **8% – 3-5 years**
  - **56% – Over 5 years**

**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, such as results from the FY 19 Adult In-Person Survey, are provided along with facts about unmet or under-met needs pertinent to the Principle.

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<sup>3</sup> The Adult In-Person Survey data from National Core Indicators that are presented throughout this report show FY 19 results. The FY 20 NCI Adult In-Person Survey was discontinued due to COVID-19 and therefore did not result in any reportable data.

<sup>4</sup> Certain questions allow for proxy respondents if the person being interviewed is unable to respond.

<sup>5</sup> The number of participants was determined by NCI based on the total number of people served in Vermont.

<sup>6</sup> One percent (1%) did not know person's length of time at current residence.

## 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.

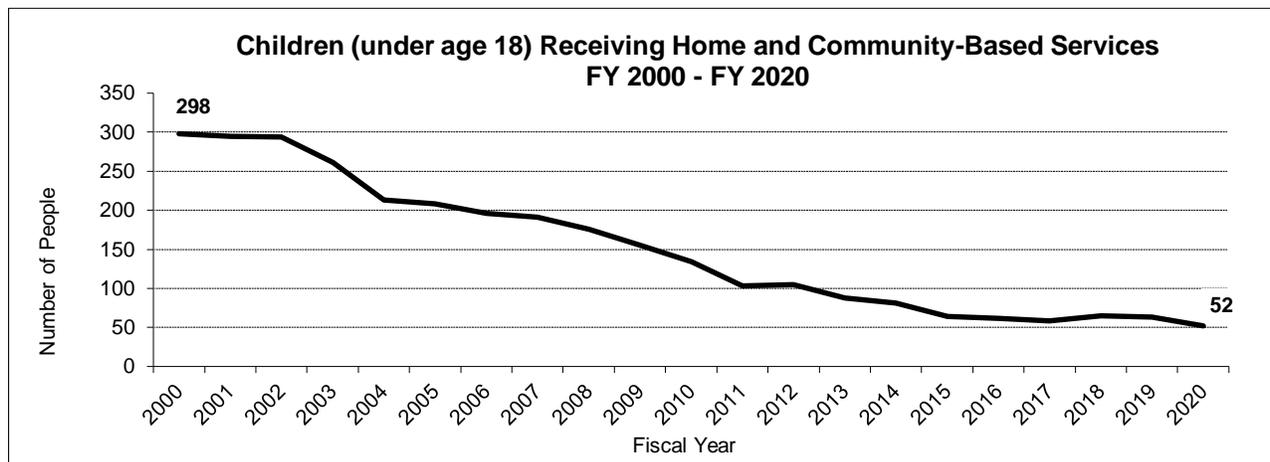
Young adults (age 18 and over) often transition into adult services as they age out of children's services and/or exit high school. Young adults may receive HCBS by meeting any one of the State System of Care Plan funding priorities once they turn 18. (See Reference B: *Vermont State System of Care Plan Funding Priorities: FY 2018 – FY 2020; Extended to July 1, 2021*).

#### Individuals served – HCBS (FY 20)

- **52 – Children** (up to age 18)
- **225 – Transition age youth** (age 18 up to age 22)
- **277 – Total served**<sup>7</sup> (up to age 22)

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<sup>7</sup> The total number of adults and children who received HCBS in FY 20 was 3,236. Of the 277 children and youth receiving HCBS, 159 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 20)**

- **255 – Children** (up to age 18)
- **140 – Transition age youth** (age 18 up to age 22)
- **395 – Total served** (up to age 22)

#### **Performance Measure for Bridge Program<sup>8</sup> (FY 20)**

- **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<sup>9</sup> (FY 20)**

- **253 – Children with a diagnosis of ID/ASD** (up to age 21)

<sup>8</sup> Bridge Data is based on a reporting period of July 1 – March 1.

<sup>9</sup> 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<sup>10</sup> (FY 20)**

- **705 – Children** (up to age 18)
- **208 – Transition age youth** (age 18 up to age 22)
- **913 – Total served** (up to age 22)

**Anticipated Outcomes for FFF<sup>11</sup> (all ages) (FY 20)**

- **657 – Enhance Family Stability**
- **602 – Improve Quality of Life: Accessibility/Accommodations**
- **503 – Maintain Housing Stability**
- **498 – Increase Independent Living Skills**
- **425 – Address Health and Safety**
- **366 – Increase Communication**
- **117 – Avert Crisis Placement**

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<sup>10</sup> The total number of adults and children who received FFF in FY '20 was 1,040.

<sup>11</sup> 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, 2021*).

#### Services options through HCBS<sup>12</sup>:

- 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<sup>13</sup> (FY 20)

- **3,184 – Adults** (age 18 and over)

<sup>12</sup> See Reference C: *Developmental Disabilities Services Definitions* for details.

<sup>13</sup> The total number of adults and children who received HCBS in FY ’20 was 3,236.

## 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 (June 30, 2020)

- **1,396 – Shared Living** (1,245 homes)
- **57 – Staffed Living** (53 homes)
- **86 – Group Living** (20 homes)
- **6 – ICF/DD<sup>14</sup>** (1 home)
- **1,545 – Total**

### Individuals served – Living in own home with limited or no paid home supports (June 30, 2020)

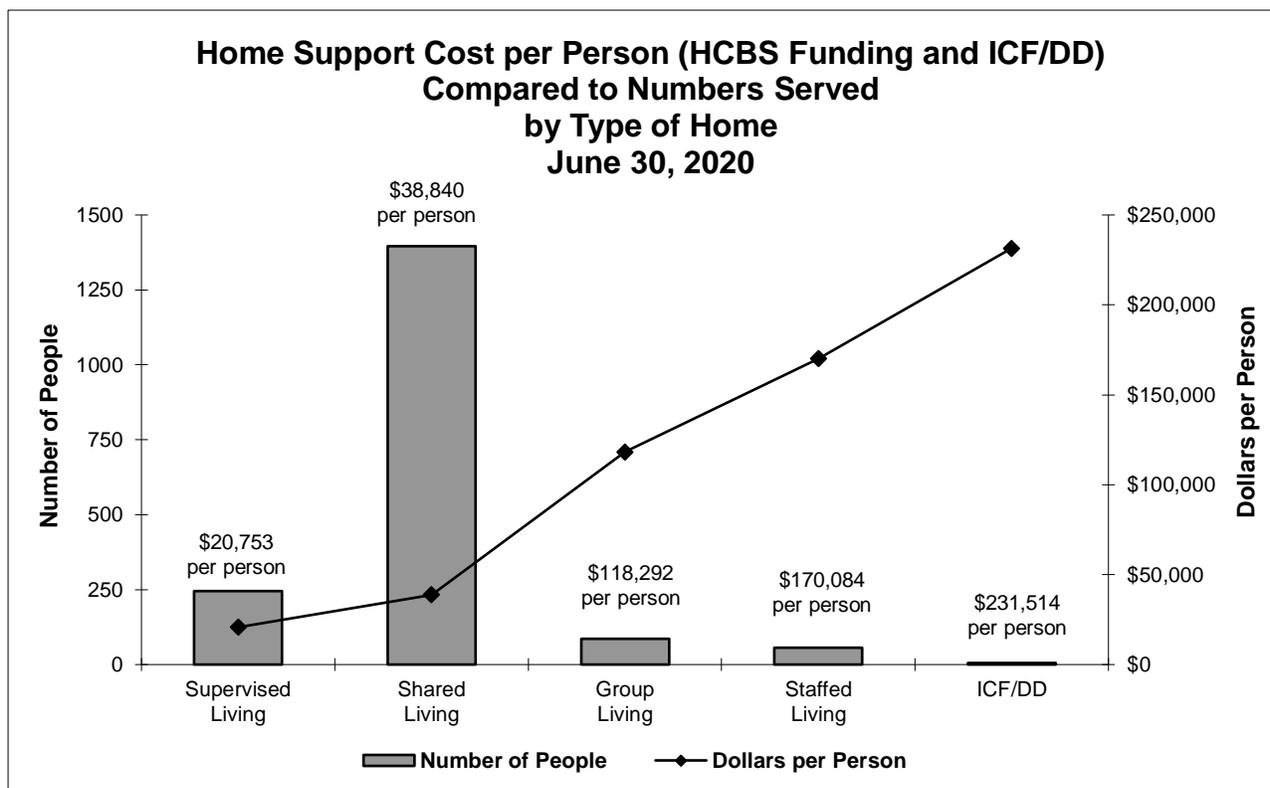
- **246 – Supervised Living** (less than 24-hour paid HCBS home supports)
- **293 – Independent Living** (no paid home supports)
- **539 – Total**

**Noteworthy:** Of the people receiving some level of paid home supports (Shared Living, Staffed Living, Group Living or Supervised Living), a high percentage (76%) 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.

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<sup>14</sup> The Intermediate Care Facility for people with Developmental Disabilities (ICF/DD), is a highly structured, specialized residential setting for six people which provides needed intensive medical and therapeutic services. It is partially federally funded but is not considered HCBS. The one ICF/DD closed in FY 20 prior to 6/30/20.

The following graph shows the average cost per person by type of home support<sup>15</sup>. It highlights Shared Living and Supervised Living (hourly supports in person’s own home) as being significantly less expensive than Group Living or Staffed Living arrangements.

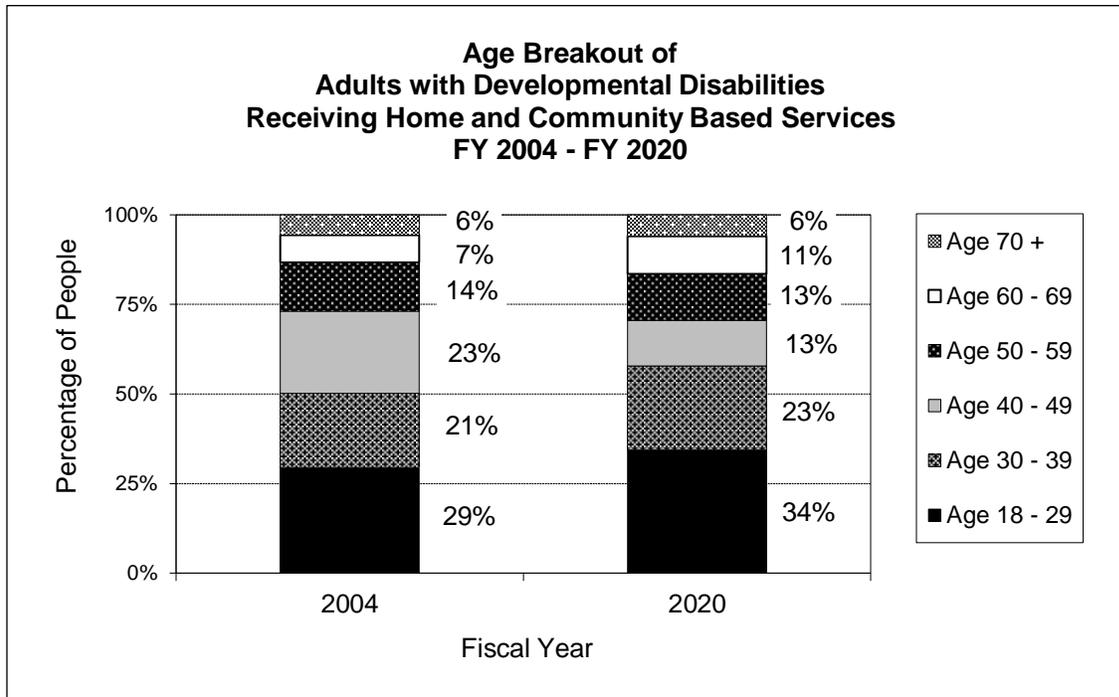


**Adult In-Person Survey (FY 19) – What we learned about home supports**

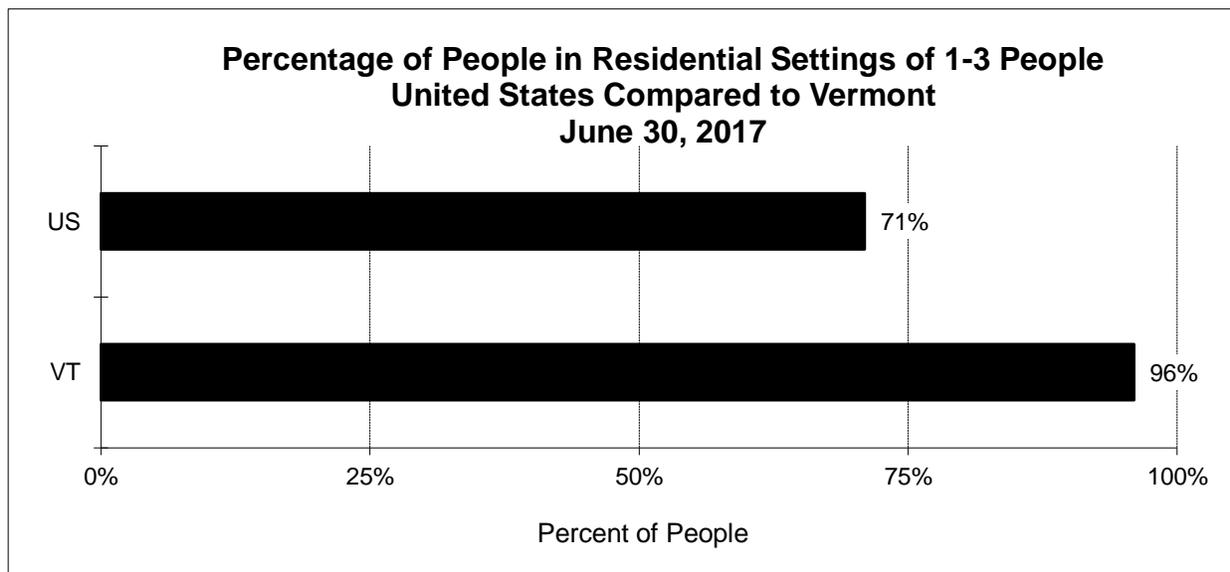
- **56%** have lived in their current home for *over 5 years*
- **92%** said *they like where they live*
- **30%** said *they would like to live somewhere else*
- **83%** said *others let them know before coming into their bedroom*
- **40%** said *there are rules about having friends or visitors in the home*
- **80%** said *they can change a rule, or sometimes change a rule, where they live that they do not like*

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 16 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.

<sup>15</sup> The ICF/DD dollars are based on expenditures. The Supervised Living figures are based on HCBS funding allocated for services to people receiving less than 24-hour home supports in their own home/apartment. The Shared Living figures include costs for additional hourly support in the home above that provided by the shared living provider. The Group Living and Staffed Living figures include some community supports and work services costs (varies by agency).



Vermont ranks #1 nationally in terms of size of non-family residential settings with 1-3 people. Vermont is one of only three states who have no residential settings with more than six people with developmental disabilities living in the home. Nationally, 30% of those receiving long term services and supports reside in settings of more than six people with developmental disabilities living in the home<sup>16</sup>.



<sup>16</sup> *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2017*, Residential Information Systems Project (RISP), University of Minnesota, June 2019. The US percentage of people in residential setting of 1-3 people is based on RISP’s estimated US total. More current data not available at the time of publication.

## Kevin's Story

*Kevin has lived with his Shared Living Providers since he was 13 years old and considers them family. Now in his 30's, Kevin is ready for more independence. Yet he does not want to lose the support, connection and consistency he has enjoyed for the past 20 years. So, Kevin and his support team came up with an idea: build a "tiny house" adjacent to his Share Living Provider's home.*



*There were many hurdles to clear and details to work out. The right builder with the right vision needed to be available. DAIL regulations needed to be followed. The structure needed to be both sturdy and portable so Kevin can take the home with him if he chooses to move. Legal documents were needed concerning ownership details and town permits. A willing insurance company and affordable policy was needed to address the unique aspects of this arrangement. Indeed, the time it would take between the inception of the idea until its completion required a great deal of patience from everyone.*

*Once the building was framed, Kevin was able to really start imagining what his home would be like and cheerfully supported "the boys" who came to work on his house, often strapping on a toolbelt and offering a helping hand. It has been more than two years since Kevin and his team originally envisioned the "tiny home", but in the fall of 2020, during a pandemic, Kevin moved into his beautiful, custom-built home.*

*Since then, Kevin has expanded his cooking skills, made sure the house is always clean and tidy and takes pride in his holiday decorations. He is pleased to be the king of his own castle and able to make decisions about furniture and décor and all that comes with living in one's own home. He looks forward to when it is safe to have a big housewarming party!*

**Nursing Facilities – Pre-Admission Screening and Resident Review (PASRR)**

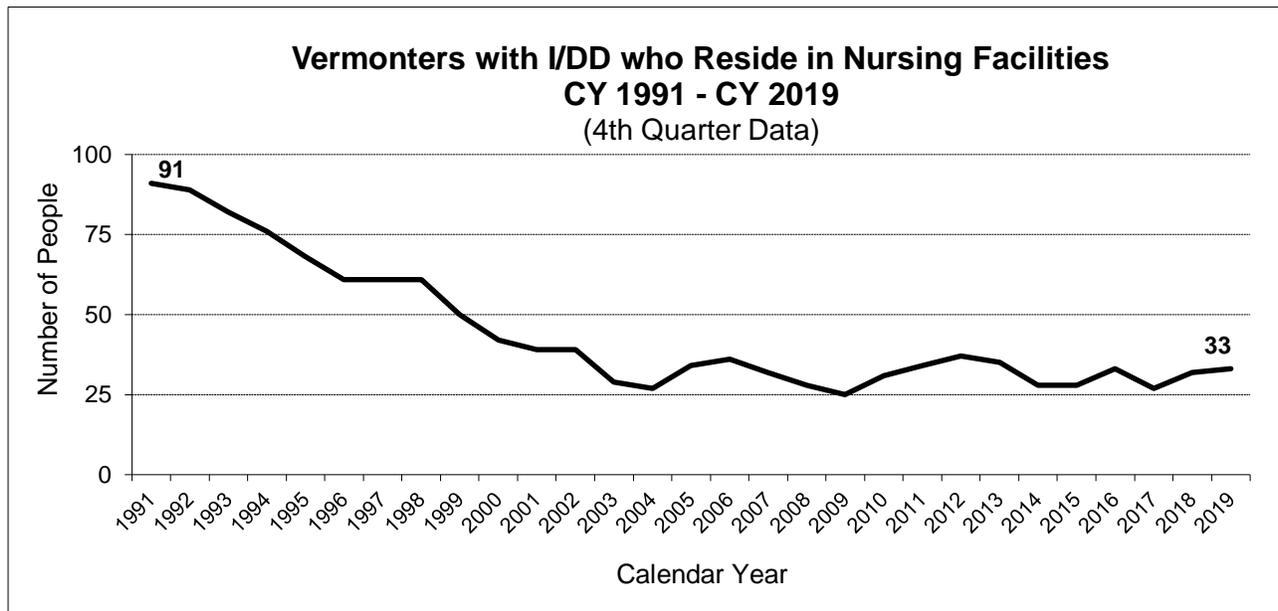
The Omnibus Budget Reconciliation Act of 1987 is a federal law that established PASRR which mandates:

- 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**

- **50 – PASRR evaluations conducted by DDS staff (FY 20)**
- **25 – People with I/DD lived in nursing facilities<sup>17</sup> (June 30, 2020)**
- **33 – People received Specialized Services (FY 20)**
- **1.4% – Individuals with I/DD in nursing facilities as a percentage of all people who resided in nursing facilities<sup>18</sup> (as of December 2019)**



<sup>17</sup> The nursing facility count includes people who are admitted for short term rehabilitation.

<sup>18</sup> Calendar Year 2020 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<sup>19</sup>. 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](#)

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<sup>19</sup> 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 20)

- **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](#)

### Adult In-Person Survey (FY 19) – What we learned about being informed

- **92%** said *they took part in their service planning meeting*
- **50%** said *they participated in a self-advocacy group meeting, conference or event, or had the opportunity and chose not to*
- **79%** said *they understood what was talked about at last service planning meeting*

## 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<sup>20</sup> (FY 20)

- **3,236 – Home and Community-Based Services<sup>21</sup>** (all ages)
- **265 – Targeted Case Management** (all ages)
- **395 – 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

<sup>20</sup> 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.

<sup>21</sup> 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, 2020)**

- **1,849 – Total individuals**
- **1,618 – Total home support settings**
- **1.1 – 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 20)**

- **526 – Rent their home**
- **37 – Own their home**
- **563 – 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.

**Adult In-Person Survey (FY 19) – What we learned about individualized supports**

- **86%** said *their service coordinator asked them what they want*
- **96%** said *they have a way to get places they need to go*

## Josh's Story

*Josh was raised in a chaotic household. He developed protective skills at a very young age that unfortunately included the use of violence when he felt threatened or unheard. As an adult, he had a significant event that led to his being placed into civil commitment – and under the guidance of a public guardian. In early adulthood, Josh continued to struggle with negative behaviors and was moved into several different programs to try to meet his needs. Eventually, Josh ended up in jail. He was released into a supportive program with Specialized Community Care. Josh responded positively to the new staffed living setting, developed deep relationships with his direct support staff, and has developed skills to keep himself and others safe when he becomes triggered emotionally.*

*He is no longer under civil commitment – and has a life filled with work, sports and social relationships.*

~~~~~

*“I started off with a bad childhood and raised myself from age 11. I had tough times but managed to get through them. I’ve come a long way and I want to thank SCC and Ed Riddell for the help. I couldn’t have done it without you and if it wasn’t for you guys, I would probably still be behind bars.*

*I learned about consequences and had to pay for damages and thought: ‘This sucks – I better not damage any more property.’ Be respectful, you get more things when you are respectful. Treat people the way you want to be treated.*

*I’ve come a long way. I still have difficulties, but I get through them by talking them out instead of punching things. Speaking from experience it took me 6 years to get off [civil commitment] – and now I’m doing good. Stay doing good and stay out of trouble. It was hard but I’m proud of myself”*



## 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<sup>22</sup>.

### Individuals served – Family Supports (FY 20)

- **2,314 – Total individuals** (unduplicated)

|                                  | Children <sup>23</sup><br>(under age 22) | Adults<br>(age 22 and over) | <u>Total</u> <sup>24</sup> |
|----------------------------------|------------------------------------------|-----------------------------|----------------------------|
| ▪ <b>HCBS</b>                    | <b>158</b>                               | <b>958</b>                  | <b>1,116</b>               |
| ▪ <b>Flexible Family Funding</b> | <b>913</b>                               | <b>127</b>                  | <b>1,040</b>               |
| ▪ <b>The Bridge Program</b>      | <b>395</b>                               | <b>0</b>                    | <b>395</b>                 |
| ▪ <b>Family Managed Respite</b>  | <b>253</b>                               | <b>0</b>                    | <b>253</b>                 |

### Scope of Family Supports (FY 20)

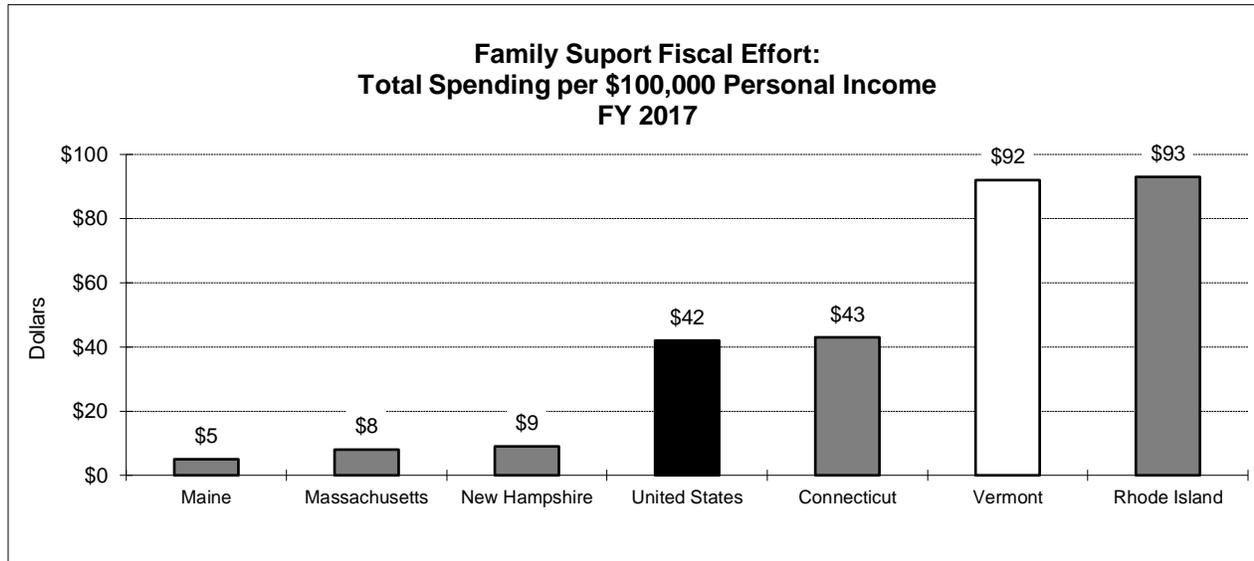
- **34% – Percentage of individuals receiving HCBS who lived with their family**
- **50% – Percentage of individuals receiving any developmental disability service who lived with their family**

<sup>22</sup> See the Children’s Services and Adult Services sections of this report for additional service information.

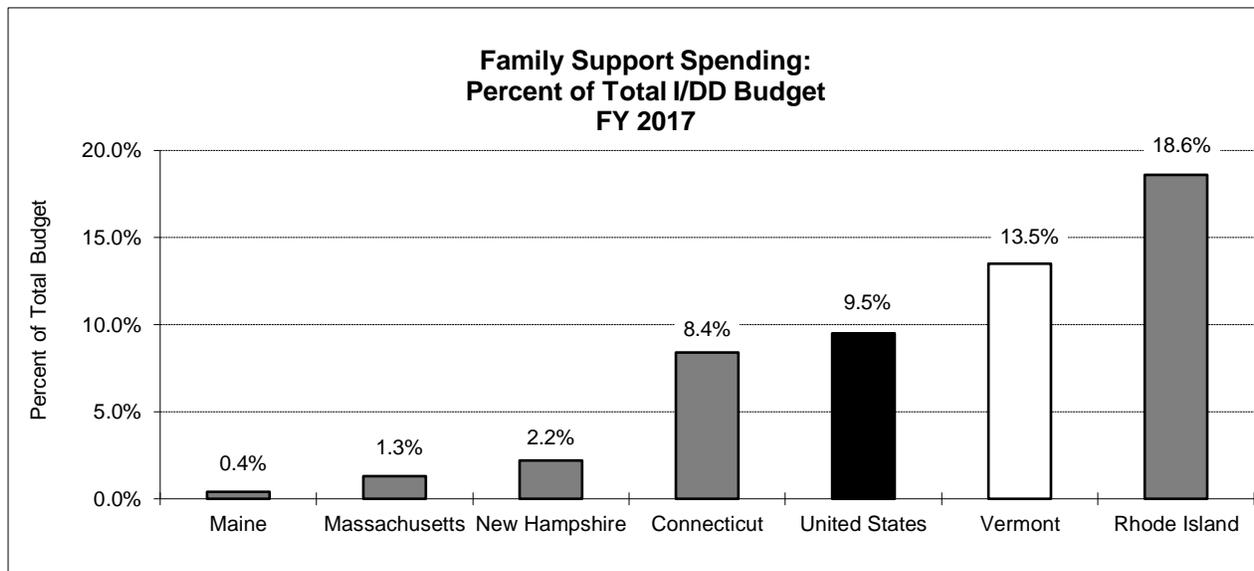
<sup>23</sup> This number of children served does not include children who are in the custody of the Department for Children and Families.

<sup>24</sup> 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, 2020. The other services reflect people who received those services at any point during FY 20.

Vermont is ranked 2<sup>nd</sup> in New England and 12<sup>th</sup> in the nation in total family support<sup>25</sup> spending (both state and federal) per \$100,000 personal income<sup>26</sup>.



Vermont’s family support spending is ranked 2<sup>nd</sup> in New England and 12<sup>th</sup> in the nation in terms of the percent of the total intellectual/developmental disabilities (I/DD) services system budget<sup>27</sup>.



<sup>25</sup> “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.

<sup>26</sup> FY 19 data was not available at the time of publication.

<sup>27</sup> 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 20)**

- **77 – Total who received support to parent their child who lives with them (full-time or part-time)**
  - **12 – Live in Shared Living or Staffed Living**
  - **65 – Live in their own home/apartment or with other family members**
- **38 – 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.

### **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](#)

**Adult In-Person Survey (FY 19) – What we learned about meaningful choices**

- **71%** – Decision-Making – the proportion of people who make decisions about their everyday lives: a composite score regarding decision-making choice of residence, roommates, work, day activity and staff.
- **91%** – Choice – the proportion of people who make choices about their everyday Lives: a composite score regarding choice of daily schedule, how to spend money and free time activities.
- **76%** said *they can be alone with friends or visitors at their home*
- **70%** said *they can see friends when they want*
- **71%** said *they can see their boy/girlfriend as much as they want*
- **45%** said *there are decisions they wish they could make that they don't make now*
- **76%** said *they feel they have enough control over their life*

**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.

**Adult In-Person Survey (FY 19) – What we learned about communication**

- **37%** *do not have adequate, reliable speech, which is understood by others and allows full expression*
- **Of those without adequate reliable speech:**
  - **33%** *can communicate with people who are unfamiliar to them*
  - **57%** *can (or sometimes can) communicate for a variety of purposes beyond basic wants and needs*
  - **72%** *have consistent communication partners*
  - **88%** *have support from their team*
  - **27%** *have access to communication aids/devices*
  - **35%** *have availability of training for support people*
  - **18%** *have consultation from a Speech and Language Pathologist or someone with communication expertise*
  - **59%** *have frequent opportunities for communication within their life*

**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 20)**

- **2,150 – Individuals received community supports**

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.
- 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 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.

## Troy's Story

*Troy of Essex Junction was recognized by Governor Phil Scott in his “Vermont Lights the Way: Rays of Kindness” series for finding a creative way to spread light and joy to his community by hosting his 6<sup>th</sup> Annual Toy Drive. The event has always been a success and grown significantly each year. In past years, Troy has organized lighted trucks, live music and snacks for folks to roam around and enjoy when they stop by. This year Troy had to reimagine the entire event to comply with the governor’s COVID-19 guidelines.*

*So, Troy coordinated a Drive Thru event at the Essex High School parking lot to view the lighted trucks, holiday lights, see Santa and receive homemade snacks made by family, friends and local businesses. To promote the event, Troy was interviewed on TV and radio shows, decorated his vehicle with holiday lights and drove around the community. Over 350 vehicles with an estimated 1,000 people drove through donating over 1,000 toys which Troy delivered to Toys for Tots.*



*When interviewed by several news reporters about the event, Troy explained he hosts this event because he wants kids to have something special for Christmas. He commented, “It’s been incredible. I never knew this event was going to be growing so big. I want to thank everyone who has donated to Troy’s Toy Drive.”*

*Troy’s mother said Troy shares acts of kindness throughout the year. He enjoys photography and would like to start a business. During 2020, Troy captured photos of families in the community and provided copies to them free of charge. He did this to put a smile on their faces and to spread happiness during the challenging time of COVID-19. He plans to deliver homemade holiday cookies to 10 police departments on Christmas Eve!*

## **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 20)**

- **151 – Individuals participated in seminars** (including teachers)
- **103 – Individuals taught seminars**
- **62% – Developed new community relationships**
- **66% – Increased opportunities for community inclusion**
- **100% – Increased community partners** (minimum of 3 new partners)

### **Adult In-Person Survey (FY 19) – What we learned about community participation**

- **88%** – Community Inclusion – the proportion of people who regularly participate in integrated activities in their communities: a composite score regarding going shopping, on errands, for entertainment and out to eat.
- **25%** said *they went to a religious service or spiritual practice in the past month*
- **63%** said *they went away on a vacation in the past year*
- **41%** said *they volunteer*
- **45%** said *they were able to spend more time doing community activities*
- **79%** said *they were able to meet new people*
- **52%** said *they have a cell phone*
- **14%** said *they often feel lonely*

## EMPLOYMENT

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

Supported employment 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, 2020)**

- **1,240 – Individuals supported to work<sup>28</sup>**
- **\$11.67 per hour – Average wage**
- **7 hours per week – Average hours**
- **49% – Employment rate among people receiving HCBS age 18-64<sup>29</sup> (FY 19)**

### **National Comparison<sup>30</sup>**

- **39% – Employment rate among all people with disabilities age 18-64 (2019)**

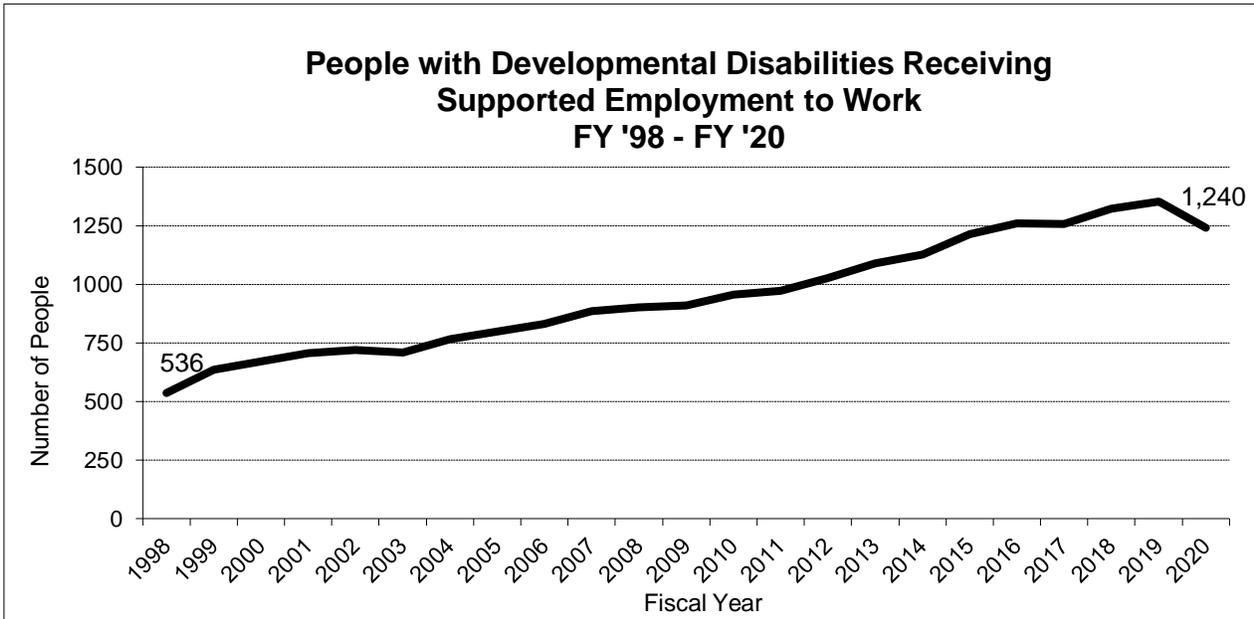
<sup>28</sup> This number includes workers furloughed with a clear promise of return to work from their employer.

<sup>29</sup> Employment rate obtained from Unemployment Insurance data through the Department of Labor, 2019.

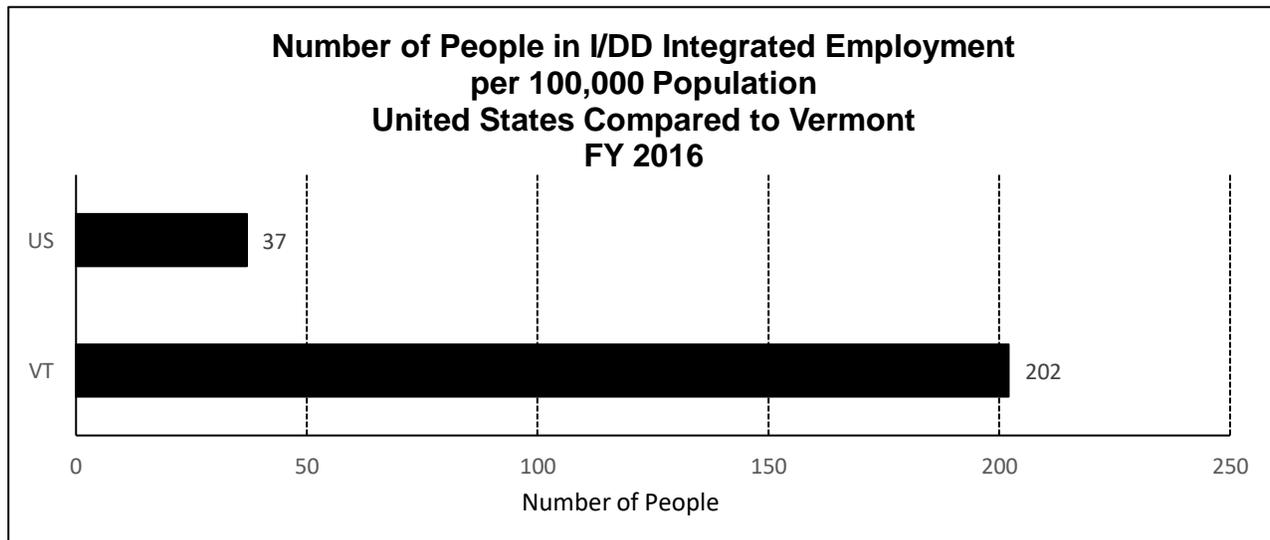
<sup>30</sup> Source: US Census, Bureau of Labor Statistics, 2019.

All workers supported by DDS earn at or above the state minimum wage of \$10.96 per hour<sup>31</sup>. While the number of individuals working has trended up over the past 20 years, a greater effort is needed to increase the number of hours individuals work per week.

**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<sup>32</sup>.



*StateData: The National Report on Employment Services and Outcomes through 2016.* Institute for Community Inclusion (UCEDD), University of Massachusetts, Boston, 2018<sup>33</sup>.

<sup>31</sup> State of Vermont minimum wage as of January 2020.

<sup>32</sup> Current data was not available at the time of publication.

<sup>33</sup> Ibid.

## Supported Employment Status During COVID-19

The following data were collected by the Supported Employment Coordinators at the Designated Agencies and Specialized Service Agencies for the period from March to July 2020. It shows the employment status of people who were employed and received work supports from the agencies' supported employment programs during the beginning of the COVID-19 public health emergency in Vermont.

### Individuals served – Work Status<sup>38</sup> (March 2020 – July 2020)

| Work Status                       | Number of People | Percent     |
|-----------------------------------|------------------|-------------|
| Continued to work <sup>34</sup>   | 236              | 24%         |
| Returned to work <sup>35</sup>    | 236              | 24%         |
| Remained Furloughed <sup>36</sup> | 470              | 48%         |
| Lost Job <sup>37</sup>            | 35               | 4%          |
| <b>TOTAL</b>                      | <b>977</b>       | <b>100%</b> |

### Supported Employment Team Highlights

- Collaborated with employers to help assure workers' health and safety, including ensuring personal protection was available.
- Started new job searches for furloughed workers. If a person took a new job and got called back to their old job, the worker could decide which job to keep.
- Used the DAIL COVID-19 Return to Employment Services Assessment Tool to assess safety and readiness.
- Assured workers took part in the VDH VOSHA training and that employers conducted their required business Safety Plan.
- Trained workers in Personal Protective Equipment (PPE), safety and what to expect before returning to work.
- Received training in conducting safety measures and required daily health checks before being with workers. Teams were provided "To Go" bags with sanitizer and equipment for cars and job sites.
- Conferred with doctors before workers with underlying health concerns returned to work.
- Provided advocacy for furloughed workers to employers through weekly meetings to assess process for getting back to work.
- Provided job site training to all workers, including those without staff supports, to assure proper use of PPE and safe working conditions.

<sup>34</sup> *Continued to work* means that a person continued to work without interruption and was still employed as of July 2020.

<sup>35</sup> *Returned to work* means a person was furloughed and then went back to work.

<sup>36</sup> *Furloughed* means that a person is not working and is no longer getting paid by their employer, but they may still return to their job.

<sup>37</sup> Not all jobs that were *Lost* were because of COVID-19. *Lost* jobs include workers who resigned due to underlying health conditions. Some have opted to not return to work until the COVID-19 risk is much lower or there is a vaccine.

<sup>38</sup> These numbers do not include people who work with no supports from a supported employment program.

### **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, 2020)**

- **49 – Students enrolled**
- **13 – Students graduated with a certificate**
- **92% – Employment rate of graduates<sup>39</sup>**

**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 age 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 addition 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.

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<sup>39</sup> Many college graduates' final internships transitioned into competitive employment which helped maintain a high employment rate, even during COVID-19.

- **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.

**Individuals served – Project Search (June 30, 2020)**

- **16 – Project Search graduates**
- **56% – Employment Rate of graduates<sup>40</sup>**
- **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**

**Adult In-Person Survey (FY 19) – What we learned about employment**

**Of those who do not have a paid job:**

- **54%** said *they would like to have a job in the community*

**Of those who have a paid job:**

- **96%** said *they like working there*
- **31%** said *they would like to work somewhere else*
- **40%** said *they would like to work more hours*
- **92%** said *their co-workers treat them with respect*

<sup>40</sup> Three graduates refused employment due to COVID-19 safety concerns.

## 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 continues to participate in a national five-year initiative building a Community of Practice (CoP) on Cultural and Linguistic Competence in Developmental Disabilities. 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.

Activities of the Community of Practice in FY 20 included:

- Showed the film “Intelligent Lives” with a panel discussion.
- Presented “Stepping Forward Together” at the virtual Vermont Care Partners health equity conference.
- Provided ongoing work to simplify and adapt an organizational self-assessment tool for use by a wide range of organizations.

- Published a statement condemning police brutality directed towards people of color in response to the murder of George Floyd.
- Submitted a letter to the Governor’s Racial Equity Task Force supporting the work of the Task Force; pointing to the intersectionality of many inequities for people of color and people with disabilities; and asking the Task Force to examine these areas of disparity: economics, employment, housing, health care, mental health and education.

**Distribution of Service Providers**

All ten DAs are responsible for ensuring needed services are available to individuals within their respective catchment areas. Designated Agencies, along with the five Specialized Service Agencies, 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.

| <b>Home and Community-Based Services<br/>Numbers Served by DA/SSA<br/>June 30, 2020</b> |                                                                    |                               |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------|
| <b><u>Number</u></b>                                                                    | <b><u>Designated Agency</u></b>                                    | <b><u>Catchment Area</u></b>  |
| ▪ 136                                                                                   | Counseling Service of Addison County                               | Addison                       |
| ▪ 750                                                                                   | Howard Center                                                      | Chittenden                    |
| ▪ 261                                                                                   | Health Care and Rehabilitation Services of<br>Southeastern Vermont | Windham, Windsor              |
| ▪ 99                                                                                    | Lamoille County Mental Health Services                             | Lamoille                      |
| ▪ 272                                                                                   | Northwestern Counseling and Support Services                       | Franken, Grand Isle           |
| ▪ 353                                                                                   | Northeast Kingdom Human Services                                   | Caledonia, Essex, Orleans     |
| ▪ 234                                                                                   | Rutland Mental Health Services                                     | Rutland                       |
| ▪ 172                                                                                   | United Counseling Service                                          | Bennington                    |
| ▪ 208                                                                                   | Upper Valley Services                                              | Orange                        |
| ▪ 276                                                                                   | Washington County Mental Health Services                           | Washington                    |
| <b><u>Number</u></b>                                                                    | <b><u>Specialized Service Agency</u></b>                           | <b><u>Office Location</u></b> |
| ▪ 85                                                                                    | Champlain Community Services                                       | Chittenden                    |
| ▪ 78                                                                                    | Families First                                                     | Windham                       |
| ▪ 82                                                                                    | Green Mountain Support Services                                    | Lamoille                      |
| ▪ 76                                                                                    | Lincoln Street Incorporated                                        | Windsor                       |
| ▪ 77                                                                                    | Specialized Community Care                                         | Addison                       |
| <b><u>Number</u></b>                                                                    | <b><u>Supportive ISO</u></b>                                       | <b><u>Office Location</u></b> |
| ▪ 77                                                                                    | Transition II (self/family-managed)                                | Chittenden                    |

**Adult In-Person Survey (FY 19) – What we learned about access to transportation**

- **98%** said *they almost always have a way to get to places they need to go (such as going to work or appointments)*
- **82%** said *they almost always have a way to get to places when they want to go (such as going to see friends or for entertainment and other things that are fun)*

## HEALTH AND SAFETY

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

The Developmental Disabilities Services Division 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 DDS 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 DDS 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 DDS'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 (6/30/20)

- **225 – Total who were considered to pose a risk to public safety**<sup>41</sup>
- **24 – Total on Act 248**<sup>42</sup>
- **\$127,563 – Average HCBS cost for individuals who posed a public safety risk**<sup>43</sup> (FY20)

**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 20)

- **168 – Individuals received technical assistance**<sup>44</sup>
- **22 – Crisis bed stays**
- **516 – Total days crisis beds used (71% occupancy rate)**<sup>45</sup>

<sup>41</sup> 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.

<sup>42</sup> 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 24 individuals on Act 248 are included in the 225 who are considered to pose a risk to public safety.

<sup>43</sup> The HCBS cost is based on Medicaid paid claims for FY 20.

<sup>44</sup> This count does not include individuals who received training conducted by VCIN staff.

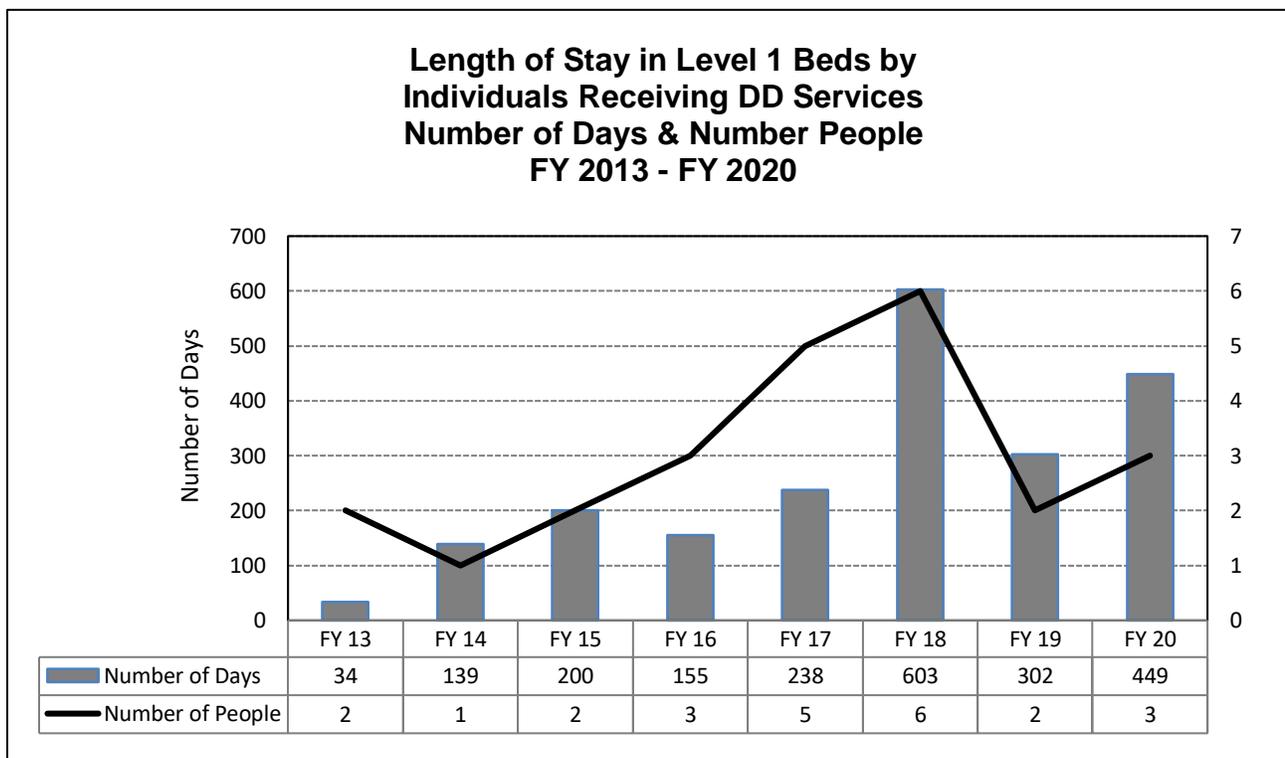
<sup>45</sup> Occupancy rate is based on the average of the two crisis beds.

### 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)<sup>46</sup>. Level 1 refers to involuntary hospitalizations for people who are the most acutely distressed who require additional resources.<sup>47</sup> 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 20)

- **3 – Total individuals<sup>48</sup>**
- **449 – Total days**



<sup>46</sup> 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. However, as of 3/31/20, nine beds at VPCH were closed for use by the Middlesex Therapeutic Community Residence.

<sup>47</sup> *Department of Mental Health 79 Legislative Report*

<sup>48</sup> 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 DDS 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 20)**

- **278 – Safety inspections**
- **79 – Accessibility inspections**

### **Health Care Outcomes**

One of the ways DDS measures access to health care is by looking at adults age 22 and over served by HCBS who have access to preventive services. The expectation is that annual physical exams help ensure that people have a visit with a medical professional who reviews chronic and other medical conditions. The person's team help ensure necessary medical appointments take place annually.

#### **Individuals served<sup>49</sup> (CY 18)**

- **95% – Adults with developmental disabilities (age 22 and over) who received HCBS and accessed preventive health services**

#### **This compares favorably to:**

- **84% – All adults (age 22 and over) who had Medicaid funding for healthcare and accessed preventative health services**

### **Education and Support of Sexuality**

The DDS 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.

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<sup>49</sup> CY 19 data was not available at the time of publication.

## Public Guardianship Services

The Office of Public Guardian provides court ordered guardianship for adults with developmental disabilities and older Vermonters age 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, 2020)**

- **619 – Guardianship services – developmental disabilities**
- **118 – Guardianship services – older Vermonters age 60 and over**
- **737 – Total**
  
- **40 – Termination of guardianship – developmental disabilities**
  - **19** – Deceased
  - **16** – Independent of guardianship
  - **5** – Transfer to private guardian
- **32 – Termination of guardianship – older Vermonters**
  - **29** – Deceased
  - **1** – Independent of guardianship
  - **2** – Transfer to private guardian
- **310 – Individuals receiving representative payee services**
- **28 – Office of Public Guardian staff** (24 of whom are full-time guardians)

**Website:** [Office of Public Guardianship](#)

**Adult In-Person Survey (FY 19) – What we learned about guardians**

- **90%** said *their guardian listens to them*
- **91%** said *their guardian makes decisions that are good for them*

**Adult In-Person Survey (FY 19) – What we learned about health and safety**

- **2%** had their health described as being *poor*
- **87%** had a physical exam within the past year
- **82%** had a dental exam within the past year
- **94%** said *they have someone they can talk to if they ever feel afraid*
- **81%** said *they have a photo ID*

## 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<sup>50</sup> 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 Intermediary Service Organization 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 DDS (FY 20)

#### **Children's Services:**

- Organized and co-facilitated Annual Local Interagency Team statewide meeting/training
- Coordinated a statewide Kids Quarterly meeting/training

#### **Public Safety:**

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

#### **Supported Employment:**

- Medicaid Long Term Care Rules training
- Supported Employment and Job Development training
- Pandemic Unemployment Assistance training
- ABLE Account training
- Work Experience training

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<sup>50</sup> The *Regulations Implementing the Developmental Disabilities Act of 1996* were revised and went into effect as of October 1, 2017.

**Pre-admission Screening and Resident Review (PASRR):**

- PASRR training for DA/SSA staff and Medicaid-funded nursing facilities and hospitals in Vermont and New Hampshire.

**Quality Review Team:**

- Individual Support Agreements
- Behavior Supports
- Health and Wellness Guidelines
- Quality Overview
- Equity Committee Process
- System of Care
- Critical Incident Reporting

**Office of Public Guardian:**

- Training about Guardianship and its Alternatives:
  - Springfield Medical
  - Three Designated Agencies
  - Fair Haven High School
  - Rutland High School

**Miscellaneous:**

- New Electronic Housing Database
- National Core Indicators
- Language Access and Communication Expo

**Vermont Clinical Training Consortium (VCTC)**

VCTC focused primarily on developing training resources for individuals with developmental disabilities with complex trauma. VCTC provided:

- The Transformative Power of Relationships – multiple three-day trainings with follow-along supervision, including:
  - History of Support Services
  - 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
- 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<sup>51</sup>

- **1,246 – Home Providers** (June 30, 2020)
- **1,293 – DA/SSA Employees<sup>52</sup>** (CY 19)
- **4,976 – Employees paid through ARIS<sup>53</sup>** (CY 19)

## 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.

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<sup>51</sup> 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.

<sup>52</sup> DA/SSA employee data obtained from the CY 19 National Core Indicator's Staff Stability Survey Report.

<sup>53</sup> 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.

**Staff Stability Survey<sup>54</sup> (CY 19)**

| <b>Direct Support Workers (DSW)</b>                                                             | <b>Vermont</b>   | <b>National Average</b> |
|-------------------------------------------------------------------------------------------------|------------------|-------------------------|
| <b>Service provider participation</b>                                                           | 100% [15 DA/SSs] | 52% (e)                 |
| <b>DSWs on payroll</b> (as of 12/31/19)                                                         | 1,293            |                         |
| <b>DSW wages<sup>55</sup></b>                                                                   |                  |                         |
| Average starting hourly wage                                                                    | \$14.34          | \$11.56                 |
| Average hourly wage                                                                             | \$15.52          | \$12.45                 |
| <b>Separation</b>                                                                               |                  |                         |
| DSW who left employment                                                                         | 371              |                         |
| Turnover rate                                                                                   | 29%              | 43%                     |
| <b>How long DSWs had been working for an agency who were still employed</b><br>(as of 12/31/19) |                  |                         |
| < 6 months                                                                                      | 6% [lowest %]    | 18%                     |
| 36+ months                                                                                      | 52% [highest %]  | 37%                     |
| <b>How long DSWs worked for an agency prior to leaving employment</b>                           |                  |                         |
| 36+ months                                                                                      | 24% [highest %]  | 12%                     |

**Website:** [National Core Indicators](#)

<sup>54</sup> Data obtained from the CY 19 National Core Indicators Staff Stability Survey Report.

<sup>55</sup> The Vermont State minimum hourly wage is \$10.96 (as of January 2020).

## 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.*

Developmental Disabilities Services 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 2020, 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<sup>56</sup>**

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 service 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 20)**

- **404 – Individuals who received new caseload funding**
- **\$16,426,291 – New caseload dollars allocated**

**Distribution of Funding<sup>57</sup> (FY 20)**

|                                                        | <u>New Recipients</u> | <u>Existing Recipients</u> |
|--------------------------------------------------------|-----------------------|----------------------------|
| ▪ <b>Individuals who received new caseload funding</b> | <b>49%</b>            | <b>51%</b>                 |
| ▪ <b>Distribution of new caseload dollars</b>          | <b>55%</b>            | <b>45%</b>                 |

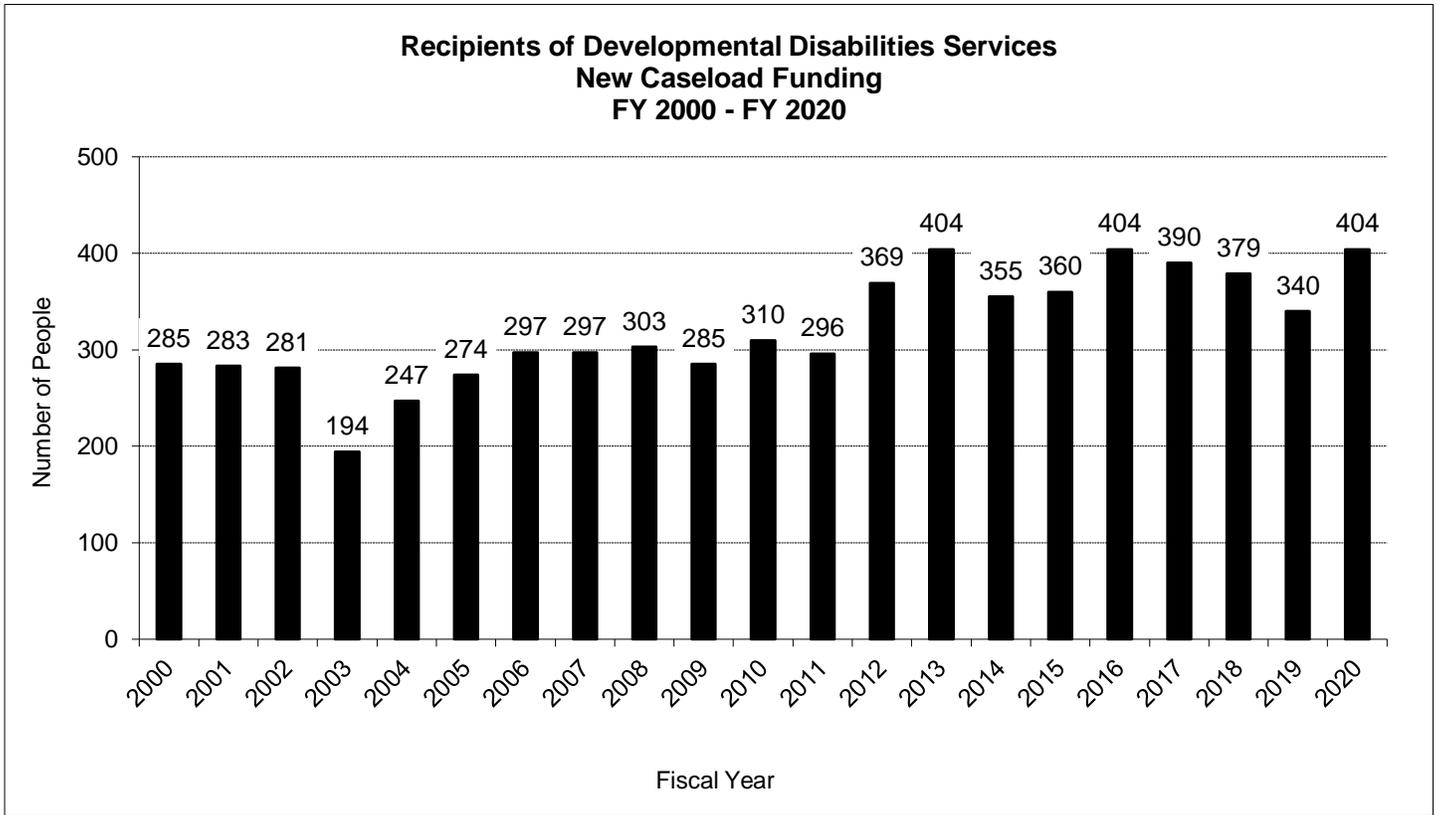
**Home and Community-Based Services – Average Cost (FY 20)**

- **\$67,449 – Average HCBS cost per person**

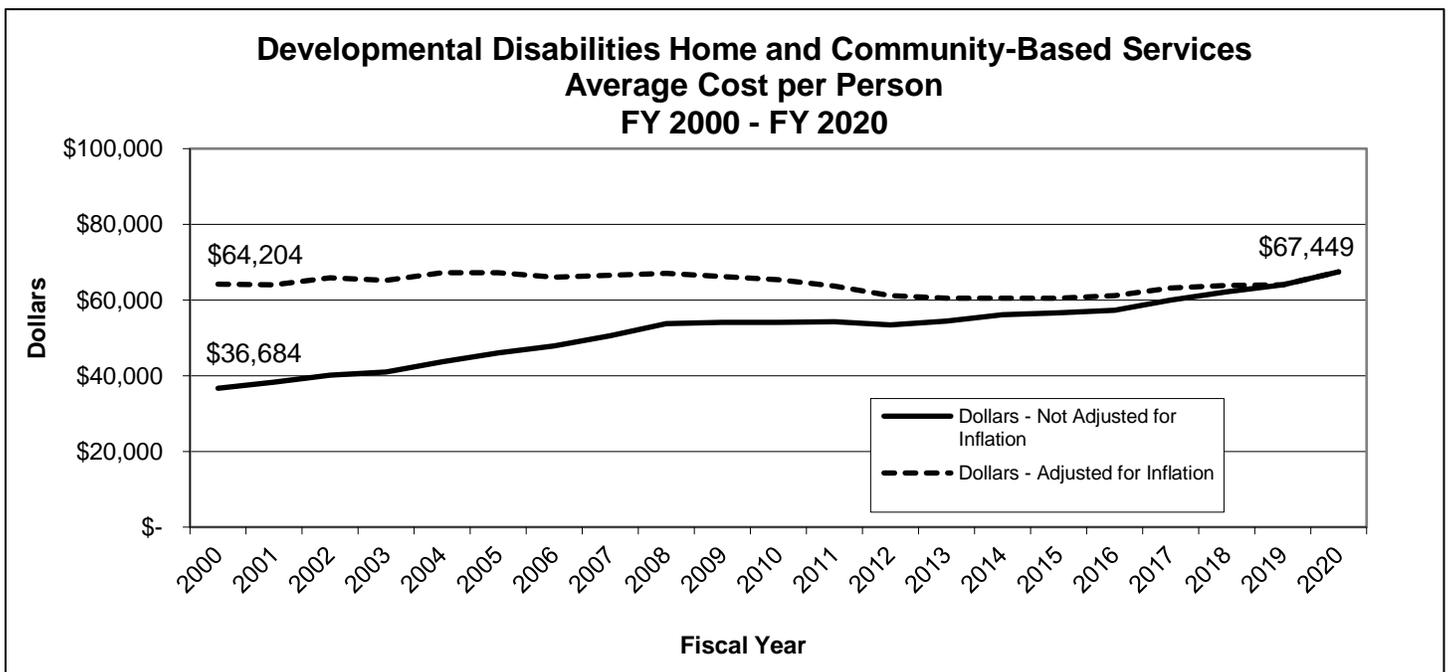
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<sup>56</sup> New Caseload funding includes funds appropriated by the legislature and funds returned to the state from budgets of individuals who died or left services.

<sup>57</sup> A “new recipient” means the individual was not currently receiving HCBS when requesting funding. An “existing recipient” was already receiving some HCBS funding.

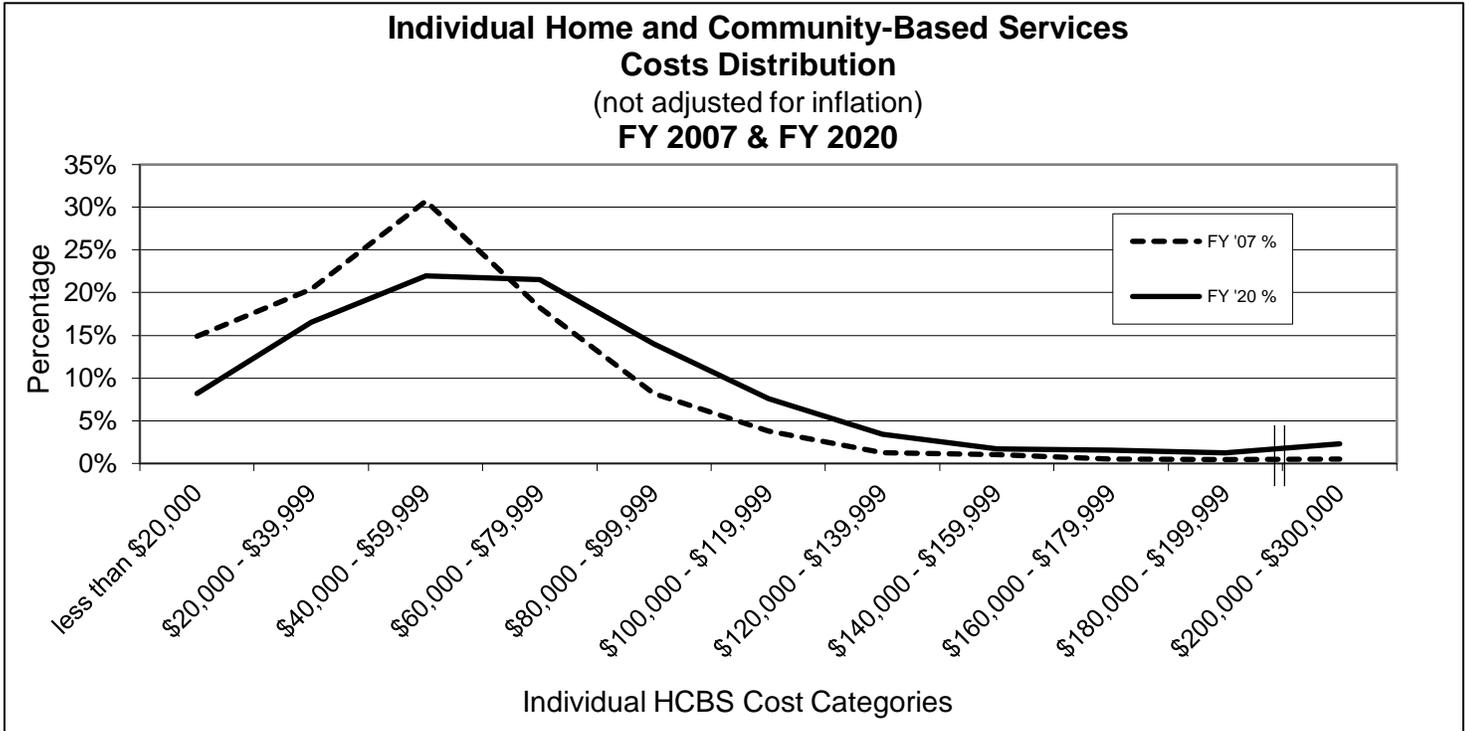


The average cost per person has remained relatively stable over time, whether comparing dollars adjusted for inflation or not adjusted for inflation.



**Home and Community-Based Services – Cost Distribution**

The distribution of service rates for people receiving HCBS has stayed very consistent over time. In FY 20, 47% percent of all individuals who received HCBS were funded for less than \$60,000 per person per year.



Note: The last data point on the right side of the chart has been condensed. The highest cost category combines what would have been five cost categories (\$20,000 each) into one large category spanning \$200,000 – \$300,000. This category encompasses HCBS costs for just 11 people in FY 07 and 75 people in FY 20. This adjustment to the graph helps to better represent 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 20)

- **\$600,000 – Total dollars allocated**
- **841 – Total number of service recipients<sup>58</sup>**

#### Number of Service Recipients who Met an Identified Acticipated Outcome<sup>59</sup> (FY 20)

- **389** – Improved Quality of Life: Accessibility/Accommodations
- **382** – Addressed Health and Safety
- **119** – Maintained Housing Stability
- **112** – Increased Independent Living Skills
- **80** – Increased Self-Advocacy Skills
- **75** – Increased Communication
- **48** – Averted Crisis Placement

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 20)

- Global Campus
- Post-Secondary Education Initiative: College Steps, SUCCEED, Think College Vermont
- Project Search
- Supported Employment Enhancements
- Vermont Communication Support Project

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<sup>58</sup> This number includes duplications (funding received by individuals more than once in the fiscal year) and occasions when multiple individuals benefit from one allocation.

<sup>59</sup> 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 and the Intermediate Care Facility for people with Developmental Disabilities. 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 20)**

- \$ 185 – DD Home and Community-Based Services – Average Cost
- \$ 634 – Intermediate Care Facility for people with Developmental Disabilities
- \$ 822 – DD Home and Community-Based Services – Highest Cost

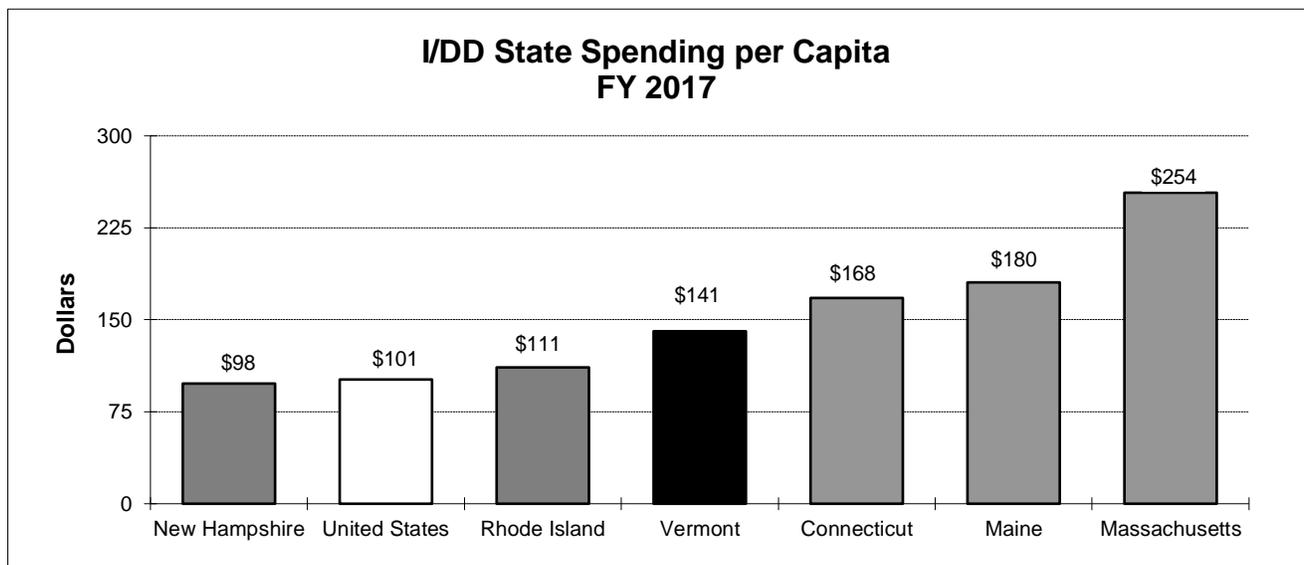
**Nursing Facility Costs – Daily Rate (FY 20)**

- \$ 225 – Average Medicaid cost

**Level 1 Institutional Facility – Daily Rates (FY 20)**

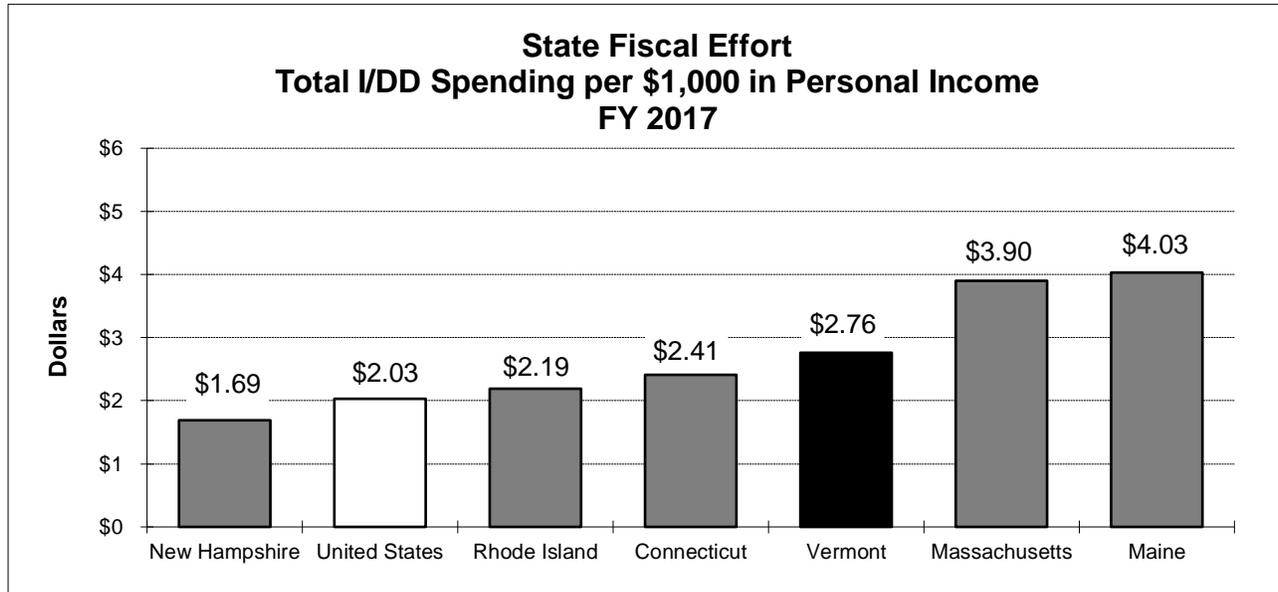
- \$1,572 – Brattleboro Retreat and
- \$1,585 – Rutland Regional Medical Center
- \$2,610 – Vermont Psychiatric Care Hospital

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 10<sup>th</sup> nationally in state spending per capita<sup>60</sup>.

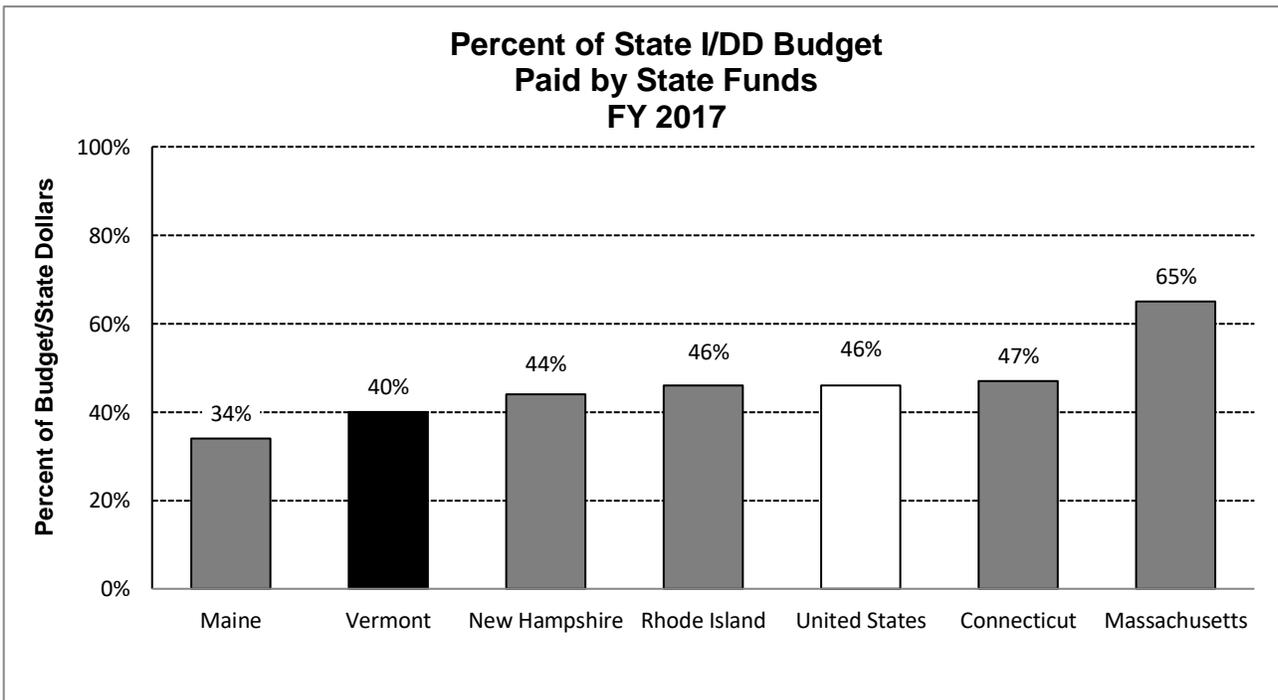


<sup>60</sup> *The State of the States in Intellectual and Developmental Disabilities*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 2017. FY 19 data was not available at the time of publication.

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 8<sup>th</sup> nationally in fiscal effort<sup>61</sup>.



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<sup>62</sup>.



<sup>61</sup> Ibid.

<sup>62</sup> Ibid.

**Payment Reform**

Developmental Disabilities Services Division, in collaboration with the Department of Vermont Health Access, 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.

**Website:** [Payment Reform](#)

## ASSURING THE QUALITY OF DEVELOPMENTAL DISABILITIES 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 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 DDS 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/DDS 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

### **DDS 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 DDS 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.

#### **Quality Service Reviews Conducted (FY 20)**

- **3 – Designated Agencies**
- **3 – Specialized Service Agencies**
- **1 – Transition II**
- **7 – Total reviews conducted**
- **167 – Individuals reviewed**

#### **Designation Reviews (FY 20)**

- **2 – Agencies received re-designation reviews (Conducted in FY 20)**
- **3 – Agencies completed the re-designation process and received certificates (Completed in FY 20)**

#### **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.

- Identification by the Service Coordinator and Qualified Developmental Disabilities Professional (QDDP) of clear, specific data to be gathered for each Outcome in the individual's ISA that is tracked to show progress made. The QDDP must ensure that the information presented in the quarterly summary of progress shows the progress as it relates directly to the Outcome.
- The need for agencies to provide effective training to Service Coordinators. This includes on-going support and mentoring in the implementation of required guidelines and regulations; primarily the *Individual Support Agreements* (person centered planning processes), *Behavior Support Guidelines* and *Health & Wellness Guidelines* (specifically Special Care Procedures and documentation of all medical information).
- Training, monitoring, and supervision of staff to develop a comprehensive or on-going training regarding what, when and why documentation is required, and how to ensure that documentation is high quality and compliant with regulations. A process also needs to be developed for monitoring the size of service coordinator caseloads and to ensure documentation is complete and accurate and that funded hours are used in

accordance with individuals' plans. Attention to ongoing supervision of workers is also needed to identify and address issues in a proactive manner.

- The development and initiation of comprehensive and consistent new staff orientation and pre-service and in-service training at all levels of the agency. This needs to include the history of the DDS system; the mission, values and philosophy of the system; and the intent of services. Detailed supervision and monitoring of new workers are needed to ensure they not only received training but understand the content and are able to apply it in their daily work.

### **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 DDS 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 20)**

- **1,288 – Medical emergency** (serious and life threatening)
  - **241 – Alleged abuse/neglect and prohibitive practices**
  - **72 – Criminal act**
  - **68 – Seclusion or restraint** (mechanical, physical, chemical)
  - **57 – Death of a person**
  - **29 – Missing person**
  - **21 – Media**
  - **4 – Suicide attempt** (or lethal gesture)
  - **162 – Other**<sup>63</sup>
- 1,942 – Total CIRs reported to DDS**

**Website:** [Quality Oversight](#)

### **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.

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<sup>63</sup> 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 DDS staff even if the incident does not fit into the identified reporting categories.

## 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 DDS 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 15,600 of the state's 623,989<sup>64</sup> citizens have a developmental disability as defined in the Vermont *Developmental Disabilities Act*. Given the birth rate in Vermont of about 5,193 live births per year<sup>65</sup>, it is expected that approximately 130 children will be born with a developmental disability in Vermont annually<sup>66</sup>. In FY 2020, 30% of Vermonters with a developmental disability are estimated to meet clinical eligibility and receive DDS based on the 4,649 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.

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<sup>64</sup> National census figures obtained from the U.S. Census Bureau's 2019 Population Estimates Program and national prevalence rates of 1.5% for intellectual disability and 1.0% for Pervasive Developmental Disorders.

<sup>65</sup> This calculation is based on CY 2019 data from the Vermont Department of Health Vital Statistics System.

<sup>66</sup> 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<sup>67</sup> 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 age 18 and over
- **Public safety** – for adults age 18 and over
- **Prevent institutionalization** – nursing facilities and psychiatric hospitals – all ages
- **Employment for transition age youth/young adults** – age 18 through age 26 who have exited high school
- **Parenting** – for parents with disabilities age 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 through 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.

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<sup>67</sup> (See Reference B: *Vermont State System of Care Plan Funding Priorities: FY 2018 – FY 2020; Extended to July 1, 2021*).

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<sup>68</sup> (FY 20)**

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

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<sup>68</sup> The average per-service costs, previously calculated from the HCBS spreadsheets, are no longer available.

**Number of Individuals Waiting for Services Who Did Not Meet a Funding Priority  
by Type of Service<sup>69</sup> – FY 2020**

| <b>Home and Community-Based Services</b> | <b>Number Waiting</b> |
|------------------------------------------|-----------------------|
| Service Coordination                     | 183                   |
| Employment Services                      | 18                    |
| Community Supports                       | 47                    |
| Clinical Services                        | 66                    |
| Supportive Services                      | 1                     |
| Crisis Services (Individual)             | 17                    |
| Supervised Living – Family (in-home)     | 50                    |
| Respite – Family                         | 66                    |
| Supervised Living – Home Support         | 16                    |
| Shared Living – Home Support             | 2                     |
| Respite – Shared Living                  | 0                     |
| Staffed Living – Home Support            | 1                     |
| Group Living – Home Support              | 1                     |
| Home Modification                        | 9                     |
| Transportation                           | 8                     |
| <b>SUB TOTAL</b>                         | <b>243</b>            |
| <hr/>                                    |                       |
| <b>Other DD Services<sup>70</sup></b>    | <b>Number Waiting</b> |
| Flexible Family Funding                  | 5                     |
| Family Managed Respite                   | 7                     |
| Targeted Case Management                 | 0                     |
| Post-Secondary Education Initiative      | 0                     |
| <b>SUB TOTAL</b>                         | <b>12</b>             |

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 on page 58, it is estimated that 70% 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.

<sup>69</sup> Ibid.

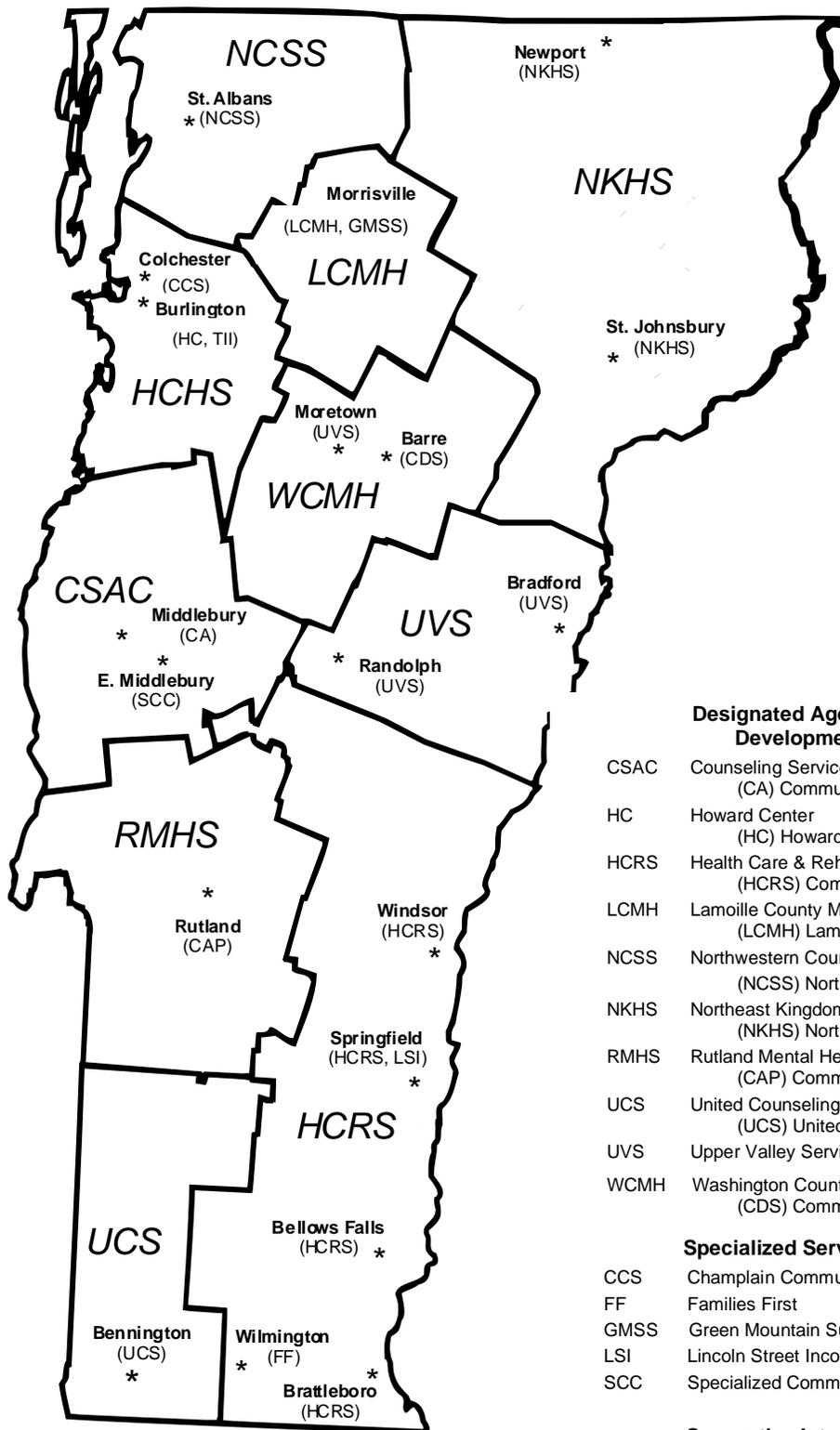
<sup>70</sup> "Other DD Services" are provided to individuals waiting for the service once additional funding becomes available. One-Time Funding can be used as Flexible Family Funding in the short term, but the person is still considered waiting for that service.



# 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  
(CAP) Community Access Program of Rutland County
- UCS United Counseling Service  
(UCS) United Counseling Services, Inc.
- UVS Upper Valley Services (DDS only)
- WCMH Washington County Mental Health Services  
(CDS) Community Developmental 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, 2021<sup>71</sup>**

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.]

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<sup>71</sup> 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 Definitions were updated as of October 1, 2017. See the *Vermont State System of Care Plan for Developmental Disabilities Services - FY 2018 - FY 2020 – Extended to July 1, 2021* for more details.

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 comprise 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:

| <u>Code</u>  | <u>Service</u>       |
|--------------|----------------------|
| 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 2020 FUNDING APPROPRIATION**

|                                                                                                  |                    |
|--------------------------------------------------------------------------------------------------|--------------------|
| New Caseload Projected Need<br>(373 individuals [includes high school graduates] x \$37,588 avg) | <b>14,020,324</b>  |
| Minus Returned Caseload Estimate<br>(3-year average)                                             | <b>(6,398,899)</b> |
| Public Safety/Act 248<br>(18 individuals x \$74,122 average)                                     | <b>1,334,196</b>   |
| <b>TOTAL FY '20 ESTIMATED NEW CASELOAD NEED</b>                                                  | <b>8,955,621</b>   |

|                                                    |                    |
|----------------------------------------------------|--------------------|
| New Caseload Funded in Final FY 2020 Budget        | <b>8,955,621</b>   |
| DS Caseload utilization trend adjustment           | <b>(541,947)</b>   |
| ASFCME CBA adjustment (year 1 from BAA)            | <b>793,688</b>     |
| ASFCME CBA adjustment (year 2)                     | <b>828,964</b>     |
| AHS-Wide Grants Reduction Plan (AHS net-neutral)   | <b>(707,945)</b>   |
| Commercial Policy Worker's Comp premium reduction  | <b>(218,842)</b>   |
| SFI MCO utilization reduction (BAA item)           | <b>(60,000)</b>    |
| DA/SSA Medicaid Rate Increases                     | <b>2,601,344</b>   |
| <b>TOTAL DDS FUNDING INCREASE – FY 2020</b>        | <b>11,650,883</b>  |
| <b>TOTAL DDS APPROPRIATION – AS PASSED FY 2019</b> | <b>221,097,985</b> |

|                                                    |                    |
|----------------------------------------------------|--------------------|
| <b>TOTAL DDS APPROPRIATION – AS PASSED FY 2020</b> | <b>232,748,868</b> |
|----------------------------------------------------|--------------------|



## ACRONYMS

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



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