

**COVID 19 STATE OF EMERGENCY FUNDING AND FLEXIBILITY FOR SHARED LIVING PROVIDERS****UPDATED FOR IMPLEMENTATION 7/1/20-12/31/20**

In response to short term waivers being offered by the federal government during the COVID-19 state of emergency, the Department of Disabilities, Aging and Independent Living, Division of Developmental Disabilities Services (DDSD) is authorizing Designated and Specialized Services Agencies to make temporary supports available to Shared Living Providers to support their safety and the safety of individuals with developmental disabilities under three categories of support: 1) Conversion of Unused Respite or Other Services Provided by Workers Hired by SLPs, 2) Healthcare Stabilization Funds- Reimbursable COVID-19 Crisis Difficulty of Care Stipend 3) Use of One-Time Funds. Requirements for each category are listed below.

**1. Conversion of Unused Respite or Other Services**

DDSD is encouraging agencies to convert unused respite and/or other services into a Difficulty of Care stipend when it is critical to increase financial support of Shared Living Providers.

**What criteria should be used to evaluate an increase to the Difficulty of Care stipend?**

The agency will assess circumstances on a case by case basis, depending on the level of need of the individual being supported and increased demand on the SLP due to the consistent loss of typically provided hourly or daily services during the healthcare crisis. Criteria for approval includes the following scenarios:

- Based on review of the CDC guidance regarding individuals at higher risk infection categories, the agency and the SLP agree that it is not appropriate for respite providers and/or support workers enter their homes during the state of emergency, and/or workers are unavailable due to the COVID-19 crisis; and,
- 7/1/20-9/30/20: There are respite dollars or other unused funds not associated with agency-hired staff in the individual's HCBS budget remaining as of 9/30/20; and/or,
- 10/1/20-12/31/20: There are respite dollars or other suspended funds in the individual's HCBS budget (employment, community and/or home supports) remaining as of 12/31/20; and,
- The SLP needs reimbursement for additional care provided during COVID 19 state of emergency.

**What funds for services may be used?**

- 7/1/20-9/30/20: Unused funds for the following services may be used- respite, employment, community and/or home supports in the individual’s HCBS budget that are provided by workers hired by SLPs when the following are true:
  - The funds are within individuals’ budgets; and,
  - The funds are not associated with agency staff, infrastructure or operations; and,
  - The funds are necessary to preserve shared living placements, and to address peoples’ health and safety needs as effectively as possible.
- 10/1/20-12/31/20: Unused/suspended funds for the following services may be used- respite, employment, community and/or home supports when the following are true:
  - The funds are within individuals’ budgets; and,
  - The funds are necessary to preserve shared living placements, and to address peoples’ health and safety needs as effectively as possible.

**How are these expenditures tracked?**

The conversion of funds to increase the Difficulty of Care stipends will be tracked by agencies on their Home and Community Based Services spreadsheets. Additional columns will be added to their spreadsheet so the amount paid out by service category can be tracked separately for the second quarter of FY 21 (10/1/20 – 12/31/20).

**How long will this flexibility last?**

The agency may move unused respite or service funds into the Difficulty of Care stipend through 12/31/20.

**Is there a limit to the Difficulty of Care payment increase through the conversion of unused funds?**

The maximum allowable increase to Difficulty of Care stipends is \$1,000 per month for 6 months through 12/31/20 through the conversion of unused funds.

**What if there are no unused respite or SLP managed funds available in the person’s budget?**

Agencies should review use of options at sections 2 and 3, below.

## 2. Healthcare Stabilization Funds – Reimbursable Crisis DOC Stipend

Healthcare Stabilization Funds (HSF) are available to Designated and Specialized Services Agencies for the purpose of reimbursing Difficulty of Care (DOC) payments to Shared Living Providers (SLP). In exceptional circumstances agencies may choose to make a crisis DOC stipend from their available revenue to SLP for the time period of 7/1/20-12/31/20.

This option is not mandated. These expenditures may be eligible for reimbursement through the HSF, however, the state is not requiring payments to SLP under this option because reimbursement of agencies through HSF is not guaranteed.

An HSF crisis DOC stipend may be paid when the following statements are true:

- An individual has an approved HCBS budget; and
- The individual lives with an SLP; and
- The SLP is providing additional care as a result of the consistent loss of typical hourly or daily agency-managed services. This is when some services are reduced due to either the unavailability of workers to provide the service or a team decision that participating in services poses a Coronavirus-related health and safety risk; and
- The agency is able to bear the cost of the DOC stipend in the instance that HSF is not awarded.

An SLP is not able to receive this DOC stipend when services are determined to be reasonably safe and workers are available.

### How much will they receive?

Upon approval by their provider agency, SLP may receive an additional stipend of up to a maximum of **\$3,000** per eligible individual (\$500 per month) due to loss of consistent typically provided hourly or daily support (as described above) for the period of 7/1/20-12/31/20. The maximum allowable amount does not constitute a guarantee. Agencies must evaluate the level of typical supports against what is being provided by the SLP in order to determine the appropriate amount. Because there is not a guarantee of reimbursement through the HSF, this option is encouraged for exceptional circumstances and is at the discretion of the agency.

### Who does the stipend come from?

Provider Agencies approve and issue the stipend in a lump sum directly to the SLP.

Agencies may provide these stipends to Shared Living Providers and seek reimbursement from the HSF after expenses have been incurred. Provision of these funds is at the discretion of the provider agency because there is not a guarantee of reimbursement of the agency from the HSF.

**How do SLP find out if they are eligible for it?**

Agencies should proactively consider whether to make these additional DOC payments and communicate their plan to SLPs. SLP may also make a request to their provider agency.

**How does the agency document and track stipends?**

Agencies must submit all required documentation in their applications for the HSF. Use of HSF will be tracked by agencies on their Home and Community Based Services spreadsheets. Additional columns will be added to their spreadsheet so COVID-19 Relief Fund payments can be tracked separately for the second quarter of FY 21 (10/1/20 – 12/31/20).

**3. Use of One Time Funds**

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

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

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

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

**How do Shared Living Providers access it?**

Designated and Specialized Services Agencies are responsible for determining if One Time Funds are available. Shared living providers should inquire at their Agency.

**What is the total increase in the Difficulty of Care payments that an SLP can receive?**

The agency may also choose to convert up to \$1000 per individual served by the SLP through option 1. This determination should be based on individual needs and prior amounts paid.

Fund Source	Amount per month	Total for 6 months
Option 1- Funds Conversion	\$1000 per individual served maximum	\$6000 per individual served maximum
Option 2- HSF Reimbursable Crisis DOC Stipend	\$500 per individual served maximum	\$3,000 per individual served maximum
Option 3- One Time Funds	<i>One-time Difficulty of Care payment per One Time Funding guidance</i>	

**What other flexibilities are available to assist SLPs?**

Currently there are rules in the *Vermont Medicaid Manual for Developmental Disabilities Services* indicating that the spouse/domestic partner/civil union partner of the home provider cannot be paid to provide respite. It also indicates that spouse/domestic partner/civil union partner of the home provider could be paid for community supports or in-home residential supports at the discretion of the provider agency.

During the state of emergency:

- The spouse/domestic partner/civil union partner of the home provider **can** be paid to provide respite.
- The spouse/domestic partner/civil union partner of the home provider **can** be paid for community supports or in-home residential supports, without seeking approval of the agency.
- All workers must go through the background check process as currently required.