



Vermont State System of Care Plan for Developmental Disabilities Services - 2023-2025 Summary of Proposed Changes

This document is a summary of the major changes the State is suggesting for the 2023-2025 Developmental Disabilities State System of Care *Plan* (from here on called the “*Plan*”). These changes include things that the State is suggesting adding to the *Plan*, taking out of the *Plan*, or making as a major change to what was in the *Plan*.

Section One – Introduction

The *Regulations Implementing the Developmental Disabilities Act of 1996* are changes to the [Health Care Administrative Rule 7.100 – Disability Services – Developmental Services](#). It is usually just called the *Rules* throughout the *Plan*.

The *Plan* has been updated to include the changes from Act 186 that amended the Developmental Disabilities Act. These changes mean that parts of the *Plan* no longer need to be included in the *Rules*. This makes updating and renewing the *Plan* a little easier.

This *Plan* was created using experience from previous plans, input from stakeholders, public forums and hearings, written comments for the *Rules* and the *Plan* and an online stakeholder survey. Because of the COVID-19 Public Health Emergency, Local System of Care Plans were not part of this *Plan* renewal.

The *Plan* has links to the [Department of Disabilities, Aging and Independent Living \(DAIL\) Mission Statement and Core Principles](#) instead of including them in the document.

[The DD Act Principles of Service](#) are linked in the *Plan* instead of being listed out.

This plan does not address future changes related to Payment Reform, Conflict of Interest in Case Management or suggest specific new housing models. These are all major projects for which the State will need to continue planning with stakeholders.

Section Two – Eligibility

Clinical eligibility for Developmental Disabilities Services is updated to what is proposed in the *Rules*. The new clinical eligibility includes full-scale IQ scores of 70 or below or up to 75 or below when considering the standard error of measurement to determine intellectual disability.

The Designated Agency (DA) is responsible for making sure that an applicant is financially eligible for services. The DA must arrange for the assessment to determine clinical eligibility. But the State is responsible for determining clinical eligibility. The State had been *verifying* clinical eligibility that had been determined by providers, so this is a slight change.

If an individual is found financially and clinically eligible for services, an Individual Needs Assessment must be completed. Individuals applying for HCBS must participate in the needs assessment process established by the State.

Agencies must conduct or arrange for the needs assessment.

Section 3 – Funding Authority and Sources

The State is not suggesting any major changes in this section.

Language was added to provide the authority of the Department to issue instructions to providers regarding either reductions or increases in funding provided by the Legislator when the Legislator does not provide specific instructions.

Section 4 – Available Programs and Funding Sources

The list of available programs is not changing.

Employment Support Conversion

The Employment Support Conversion option has been updated to remove the requirement that at least 50% of existing community supports be transferred to fund work supports. Some Community Support funding could be converted to assist a person to gain employment. The supports to help gain employment include

employment assessment and employer and job development services.

Once an individual has been hired into a job, their Community Supports can be changed into Employment Supports for Job Training and Ongoing Support to Maintain Employment. Then the DA can ask for additional funding, up to \$5,000, for any additional costs between the hourly rate between Community Support and Employment Supports. These changes may help non-transition aged adults gain and maintain employment.

Growth and Lifelong Learning

This section has been renamed “Peer Teaching and Learning”. It has been moved alphabetically in the list of available programs and services.

Home and Community-Based Services (HCBS)

No change to the funding priorities is being recommended.

The State added language that HCBS money must follow the rules in the [Medicaid Manual for Developmental Disabilities Services](#).

Intermediate Care Facility for Individuals with Developmental disabilities (ICF/DD)

Vermont does not currently have an ICF/DD. However, the State plans to develop a new one (see Special Initiatives for more information). The intention is to develop an ICF/DD that could meet the needs of people with medical needs as alternative to nursing home care. However, we would not require the home to have 24 hour nursing care available.

One-time Funding

The State proposes to report on the use of One-time Funding to the State Program Standing Committee through the DDS Annual Report.

Pre-Admission Screening and Resident Review (PASRR) Specialized Day Services

Updates in this section include:

- The State authorizes funding for individuals who have been determined to need the service through a PASRR evaluation. The changes in the *Plan* are being made to be consistent with how the program is managed at the State. It does not impact what services are available or the funding.
- If needs change, a request can be made for a re-assessment.
- Adjustments to an allocation are made based on the needs assessment.

Projects for Transition Support

The State proposes extending the age of people who can potentially participate in this program—if space allows—up to age 30. This section also adds language that individuals who have already graduated from high school must have HCBS budget to pay for their participation in the program.

Targeted Case Management (TCM) for Persons with Developmental Disabilities

The State suggests adding “Units of service to be provided are based on assessed need.” This is to help make it clear that there is not a maximum amount of TCM that can be provided to someone in a month.

Special Initiatives

Based on stakeholder input, the State proposes to support initiatives in the following areas:

- Expand housing options/alternatives based on stakeholder input and in alignment with Act 186,
- Develop an ICF/DD,
- Strengthening the direct support professional workforce through targeted efforts in recruitment, training, supervision and mentoring, skill development, and retention.

- Explore the option of paying parents through DS HCBS dollars to provide services to their adult children,
- Develop training for understanding the needs of individuals with autism spectrum disorders and designing individualized, person-centered supports,
- Systemically incorporate Supported Decision Making into the service delivery system, and
- Explore creation of an ombuds program for Developmental Disabilities Services in partnership with key stakeholders.

Section 5 – Management of Home and Community-Based Services Funding

The Equity Funding Committee

The State suggests a change to the membership of the Committee under “Representation”. Before, the Committee’s representation was supposed to include 2 individuals receiving services and/or family members. The draft of the *Plan* changes the representation to 1 to 2 individuals receiving services, family members, or advocates.

The Public Safety Funding Committee

The State suggests a change to the membership of the Committee under “Representation”. Before, the Committee’s representation was supposed to include 1 Developmental Disabilities Services Division (DDSD) staff and 2 other interested individuals. The draft of the *Plan* changes the representation to 2 Developmental Disabilities Services Division (DDSD) staff and 1 other interested individual.

Guidance for Management of HCBS Funding

The State suggests removing the language requiring DA/SSAs to do a yearly audit of services paid through the Fiscal Employer/Agent (ARIS) and compare it to the percentage of supports an individual used. After this reconciliation, the agency would be expected to pay back any HCBS claims received that were more than 3% of the reconciliation.

This is not the current process so it should be taken out of the *Plan*. The State is currently developing DDS Payment Reform with stakeholder workgroups and input.

The State suggests making a change around licensed group living situations that are consider statewide resources operated by DA/SSAs. When an individual moves out or dies, the funding allocated to that individual may be spread across the budget for the remaining people in the home for up to 30 days without prior approval. The State proposes changes this process to require prior approval to spread the funding for any amount of time.

The State proposes increasing the funding level from \$200,000 to \$300,000 that requires a DDSD review of the services and necessary funding level.

The State proposes increasing the threshold for requesting funding for individuals through the Equity/Public Safety fund from \$4,500 to \$5,000. This is to keep pace with inflation and provider rate increases.

Under “Limitations for Funding”, language about a maximum amount on annual HCBS funding is removed.

Language that says: “*Facilitated Communication shall only be funded when it is used consistent with the [DDSD Facilitated Communication Guidelines](#)*” is being added.

Language that says: “*Behavior Consultation and Support shall only be funded when it is used consistently with the [DDSD Behavior Support Guidelines](#). HCBS funding cannot be used for behavior interventions that restrict their basic human rights and the rights guaranteed by the DD Act*” is being added.

The State proposes to increase the maximum amount of funding for the Parenting funding priority to \$10,000 per year.

Proposes a change to language regarding a maximum hourly rate that can be paid to employees who are paid through the Fiscal/Employer Agent.

Section 6 – Plan Development

This section talks about how the *Plan* was created. Because of the COVID-19 pandemic and the current workforce crisis, the State used a slightly different process to renew the *Plan* this time.

The DA/SSAs were not required to do local System of Care plans, so the State created an online survey. Stakeholders across the state filled out the survey.

The State held several stakeholder forums to gather input. Some of these forums were focused on three topics that the State was asked to consider by stakeholders and the Legislature:

- Housing options/alternatives,
- Paying parents with DS HCBS funds to care for their own child, and
- Supports for individuals diagnosed with autism spectrum disorders.

Some of the forums were general input sessions about the System of Care for individuals with developmental disabilities in Vermont. Summaries of the input were created and posted on the State's website. Links to these summaries are included in the *Plan*.

In addition to the survey and input forums, the State used other information to develop the *Plan*. This includes written comments and input sent to the State. The State had a special email address for this purpose. Also, some stakeholders wrote letters to DDSD. The State also met with the DDS State Program Standing Committee while developing the *Plan*. The DDS State Program Standing Committee helps the State by providing advice to create policies.

The State looked at the quality review process and data from the DDS Annual Report and included suggested improvements to the *Plan*.

In this section, Local System of Care Plans summaries have been removed because they were not part of the process to renew the *Plan*.

The *Plan* includes details about the Public Forums and Hearing, the Online Survey, the special email address set up for input on renewing the *Plan* and changes to the *Rules*, meeting with the DDS State Program Standing Committee, the Quality Reviews, and Reviews of other existing information.

Section 7 – DDS System Development Activities

The State suggests removing this section.

Attachment A – Developmental Disabilities Services Codes and Definitions

This will be replaced with a link to the document. Attachment A now includes links to additional important documents.

Attachment B – Moving Funds in Individualized Budgets/Overspending in Funding Areas of Supports (Authorized Funding Limits)

The “Overspending in Funded Areas of Support/Authorized Funding Limits” diagram has been updated to reflect employer responsibilities. The employer is expected to monitor the bi-weekly spending reports that the Fiscal Employer/Agent (ARIS) sends. If there are not enough funds in one Authorized Funding Limit (AFL) to cover all the supports provided, the employer needs to work with the Agency (or Supported ISO) to authorize a transfer of funds between funded areas of support to pay the timesheets or non-payroll request.

If there is not enough money in the overall budget, the employer may be responsible for personally paying the employee or vendor/contractor.

Attachment C – Developmental Disabilities Service Funding Appropriations for HCBS FY 2023

This chart has been updated to show the amount of money budgeted for Developmental Disabilities Services for State Fiscal Year 2023.

Attachment D – Needs Assessment

There are no changes to Attachment D.

Attachment E – Summary of Local System of Care Plans

The State is deleting this because local system of care plan development was not part of the process for the *Plan* renewal.

The plan is to use Attachment E for a Glossary of Terms. This document is being developed.

Attachment F – DDS Work Plan SFY2015-2017

The State suggests deleting this attachment.