

Changes to the DDS System of Care Plan

Effective date: October 1,2017

Page 1: Change to process of adopting SOCP to comply with Act 140

- In 2014, the Legislature passed Act 140 amending the DD Act. It includes a new requirement that the department adopt certain categories of the *Plan* through the State rulemaking process. This means that they must be included in the department's *Regulations Implementing the Developmental Disabilities Act of 1996*. Those categories include:
 - Priorities for continuation of existing programs or development of new programs;
 - Criteria for receiving services or funding;
 - Type of services provided; and
 - A process for evaluating and assessing the success of programs

Pg 11-12 Management options in HCBS

- It is the DA's responsibility to ensure the individual is informed of his or her choice of all services options listed below in order to make an informed decision when making the choice of management options/service providers. The DA shall document options discussed and information shared as part of this process. (in regulations too)

Agency managed

Shared managed (definition)

Self managed

Family managed

Pg. 23 Section Four: Available Programs and Funding Sources

- Brief description of each program or funding source
- Eligibility Criteria: Clinical, financial and access criteria
- Limitations

Changes in criteria and limitations

- Page 27: Family-managed Respite is available for children and youth up to age 21.
- Page 30/85: Supportive services added as a new service category
- Page 32: Employment is available for adults age 18-26 who have exited high school.
- Page 39: PASRR Specialized Services maximum hours of services changed from 5 to 25 hours a week

Page 44: Special Initiatives

- Increase supported living options
- Strengthen workforce through training and retention
- Supported Decision-making
- Promote person-centered thinking in planning and service delivery

Pages 52-54: Suspending services and billing

- Incarceration
- Nursing Facility
- ICF/DD
- Level I Psychiatric hospitalization
- Other Hospitalization
- Gaps in service (more on next slide)
- Visits outside VT
- Leaves services
- Other

Page 53: Suspending billing when there are gaps in service

- Gaps in service exceeding 14 days except:
 - Intermittent services that are expected to be delivered in the fiscal year (SC, respite, individual crisis and transportation for van payment, not listed but clinical services that aren't expected to be delivered within 14 days like psychiatric)
 - Shared living for temporary absences no more than 30 days
 - When person is in crisis bed
- When start date is delayed for any part of the services
- What is submitted to the department on spreadsheets should reflect the services that are being delivered (except as noted above)

Page 54: Terminations

- When the following exceed or are expected to exceed 6 months:
 - Incarceration
 - Nursing facility
 - ICF/DD
 - Visits out of state
- Move out of state
- Decline services
- Prolonged suspensions
- Death

Pg. 55:Reference to compliance with other rules and procedures

- Services need to comply with HCBS rules
- Follow requirements in DDS Medicaid Manual – new version became available November, 2017. see DDSD website

Page 56: new requirements for returning funds to state – returned caseload

- Moved to self/family-management and services cost less than Authorized Funding that was transferred from the DA/SSA.
- Reduced budget upon periodic review when self/family managing. Savings are returned as Returned Caseload Funding.

Pg 59: Maximum HCBS budget is \$200,000

- In extraordinary circumstance, DAIL will approve budgets up to \$300,000
- All budgets over \$200,000 will be reviewed by DAIL on a scheduled decided by DAIL

Pg 60: Respite funding for camp

- HCBS funding may be used to attend camp, when going to camp serves the function of respite. The amount of funding that can be used is up to the typical daily rate for respite for the individual for each day of attendance.

Pg.61: Home modifications allowable costs

- HCBS funding may be used for other 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.
- Examples include remote monitoring systems for the home, visual fire alarm systems for person who is deaf, medical alert systems, etc.
- Could be one-time cost that is then removed from budget after the items is paid for or ongoing cost for systems that have ongoing fees

Pg. 62: Lowered age for community supports and work support to 18, for those who have exited HS

Pg. 63: Limits on clinical and supportive services when requesting new services

- The maximum number of visits for psychiatry is four per year for those individuals who are stable on their medications and up to a maximum of 12 per year for those who are not stable on medications.
- (ii) The maximum number of visits for individual, group or family therapy is 48 visits per year or a total of 96 visits per year for those needing a combination of those therapies.
- (iii) The maximum number of visits for behavioral support and consultation is 96 visits per year.
- (iv) All other supportive services are limited to 48 visits per year or a total of 96 visits per year for those needing a combination of supportive services (not including behavior consultation).
- Exceptions allowed

Page 64: setting rates for services provided by workers paid through F/EA (ARIS)

- Minimum is what is negotiated through Collective Bargaining Agreement
- DAIL is working a document that will set an upper limit on the authorized rate.
- Rates should be based on level of need
- DA/SSA or Supportive ISO determines the authorized rates for existing people, with exceptions allowed
- Once authorized rate is determined, the employer of record can pay within the published minimum and maximum rates

Pg. 64: guidance for transfers or methods of management

- During 1st year after receiving new funding, if a person transfers or the method of management changes and it costs less, savings go back to caseload fund
- After 1st year, if services cost less when transferring to a new DA/SSA or Supportive ISO, savings are reallocated through internal adjustment by the new DA/SSA or returned to caseload by SISO if transferring to self/family management
- After 1st year, if moving to a new method of management within DA/SSA, any savings are reallocated through internal adjustment

Pg. 65: continued

- When a person chooses to change from having agency hired staff to hiring his/her own workers to deliver a specific service, the person's authorized hours of that service should remain the same.
- The agency works with the person and the team to determine the new hourly rate for the service as noted above in D.20. Any savings are returned to the agency for internal adjustments. This applies to agency and shared-management arrangements.
- See C.4 on page 58 for the process for self/family management.

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- If a person transfers from the Supportive ISO to a DA/SSA, a periodic review should be done to determine current needs. If the cost of services is greater at a DA/SSA, the rates may be adjusted through internal adjustments or requests for additional funding can be made to the Equity or Public Safety Fund committees when the amount exceeds \$4,500.
- When a person transfers from between DA/SSAs, the amount of administration that is transferred is 5% or less if an agency's rate is less than 5%. The balance stays at the sending agency.
- When a person transfers in or out of the Supportive ISO, the full administration amount is transferred.

Pg. 65-66: cont.

- When an individual chooses to transfer to another agency (DA/SSA) or to self/family-manage, the receiving agency (DA/SSA) or Supportive ISO must fully inform the recipient and the individual's designated representative, if applicable, prior to the transfer, of the impact on the amount of services that can be provided within the approved budget based upon the agency (DA/SSA) or Supportive ISO's costs for services.
- When a person transfers to another DA/SSA or the Supportive ISO, the budget is prorated for the days remaining in the FY, regardless of the amount of service utilized for the FY. If there is an allocation to the FE/A, the receiving organization will send prorated allocations, based on the new approved budget, to the FE/A.

Pg. 66: Waiting List

- Reminder to collect and report waiting list information
- Important for department to understand unmet need or when advocating with the legislature for additional funds
- Waiting list info for FMR and FFF impacts an agency's allocations for the following FY