# Developmental Disabilities Services
# State Fiscal Year 2022
# Annual Report


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

280 State Drive
Waterbury, VT 05671-2030
(802) 241-0304
www.dail.vermont.gov

# INTRODUCTION

The Vermont Developmental Disabilities Services Division (DDSD) is pleased to share the Annual Report on Developmental Disabilities Services (DDS) for State Fiscal Year 2022. DDSD encourages people who receive services, family members, agency partners, legislators, and other members of the community to read this annual report, which highlights the important work that everyone in the system does to support people with developmental disabilities and their families. It reviews each of the principles of service outlined in the Developmental Disabilities Act and assesses the extent to which Vermont is living up to those principles through outcomes.

**Major initiatives and accomplishments in FY 2022 include:**

## New DDS Payment Model

DDSD and the Department of Vermont Health Access (DVHA) have continued to work on a project to explore a new payment model for Developmental Disabilities Home and Community-Based Services (DD HCBS). The DD HCBS program has grown significantly over the years, from several hundred to several thousand participants. The goal is to create a transparent and effective payment model for DDS that is manageable and aligns with the broader payment reform and health care reform goals of the Agency of Human Services (AHS). The State has engaged stakeholders and providers to participate in workgroups for the development and implementation of the new payment model. There are also an advisory committee and workgroups focused on a new needs assessment tool and process, and improvements to the ability to fully report on services delivered to individuals.

The DDSD contracted with Public Consulting group (PCG) in March of 2021. PCG is responsible for conducting individual assessments of need using the Supports Intensity Scale, a standardized assessment tool. Using PCG to perform this assessment tool meets the Centers for Medicare and Medicaid Services (CMS) requirement that an independent assessor performs the needs assessment, moving Vermont into compliance in this area.

The next phase for FY 2022 was conducting 500 assessments. The information from those assessments will be used as part of the future payment model design. The assessments will not be used at this time for determining individual budgets. There have been some challenges with the initial implementation of the new assessment process, however, DAIL has continued to solicit feedback from stakeholders and is working on addressing these issues.

Work on making improvements to the process for reporting on the delivery of services to the Medicaid Management Information System (MMIS) continues. The purpose of reporting of encounter claims in the MMIS is increased transparency and accountability of service delivery. The data is also a building block for the design of the future payment model.

Agencies were expected to begin reporting encounter claims by March 2021 and to be fully reporting on all services delivered starting FY 2022. There are remaining issues with how some claims need to be reported to MMIS, but the bulk of encounter data can be entered by the agencies at this time. DAIL, DVHA and Gainwell continue to identify and resolve any remaining issues that are uncovered through this process.

Ongoing work will be required for designing the payment methodology, informed by assessment data and encounter data and stakeholder input.

## COVID-19 Response and Recovery

Calendar year 2022 has predominately focused on maintaining health and safety of service recipients and direct support workers related to COVID-19. As infection rates ebb and flow, with variants and seasons, DDSD has continued to keep an eye on COVID-19's effect on supports. Given the Vermont's high vaccination levels, DDSD:

- Continued temporary changes to the DDSD HCBS daily rate payment model to a monthly case rate to improve predictability and sustainability of payment to providers during the pandemic as part of the Federal Maintenance of Effort (MOE). Setting a minimum threshold of service delivery to earn payments.
- Continued regular calls with providers to troubleshoot issues and offer support. Stakeholder calls and town-halls to share and solicit information and feedback regarding pandemic related impacts. These calls currently have evolved to cover current pressing topics and policy issues, but can shift to COVID-19 response, if needed.
- Extended Difficulty of Care stipends for unpaid family caregivers who were providing care in lieu of typically available support services as part of the Federal Public Health Emergency.
- Extended Difficulty of Care stipends for shared living providers who were providing additional care in lieu of typically available support services as part of the Federal Public Health Emergency.

## Home and Community-Based Services (HCBS) Rule Implementation

DDSD continues to work on implementing the HCBS rules to ensure compliance with all requirements by 2023. The intent of the HCBS Settings Rule is to ensure that individuals receiving long-term services and supports through DD HCBS programs have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The rule promotes choice and control, inclusion, and protection of participant's rights.

DDSD completed site visits to validate survey information submitted by providers in September 2019 regarding compliance with federal rules for HCBS settings. DDSD found at the time that most providers were in compliance with the setting requirements with minor changes being required. It is anticipated that all providers will be able to comply with the setting requirements and none will need to transition recipients to other settings.

This information was included in the Vermont's State Transition Plan in February 2020. In addition, DDSD is developing policy guidance for providers to ensure compliance with the rules. The DDSD Quality Management Team has incorporated oversight of the HCBS rule requirements into their overall quality review process to ensure ongoing compliance with the rules. With the completion of the site visits and information incorporated in the Vermont State Transition Plan, the DDSD Quality Management Team verified the status of each provider agency and the noncompliant areas with any progress made toward bringing the agency into compliance. Any new areas identified requiring a plan of correction to address the areas of non-compliance by the 2023 deadline are documented in the agency's Quality Services Report.

CMS performed a site visit to Vermont's sole farmstead setting, Heartbeet, in August 2022. The results of the review were provided to the Agency of Human Services in November 2022 and provide recommendations to increase the community integration and ability for residents to have choice within the Camphill-based setting. DDSD, in conjunction with AHS support, will craft a response to CMS and work with provider agencies and Heartbeet around the recommendations.

The HCBS rules also require that case management be provided by an organization that is separate from the organization that provides the rest of a person's direct services to address conflict of interest. In the Summer of 2022, CMS rejected Vermont's 5-year plan to implement conflict of interest in case management, indicating this initiative needed to be implemented within 3 years. DDSD and its stakeholders have been involved to-date and will continue to be an active participant on workgroups and committees.

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

**Payment Reform & Home and Community-Based Services Rules**

DDSD will continue work on payment reform and compliance with the HCBS rules, as described above. In combination, these two complex initiatives represent changes to the current DDSD system of care that are likely to be quite broad in scope and impact. Understandably, changes of this magnitude create anxiety about the impact on the DDSD system. DAIL will need to continue to work closely with stakeholders to achieve change while improving individual outcomes and meeting federal requirements.

**Workforce Retention**

The Division convened a stakeholder group to explore creative and multifaceted solutions to chronic provider workforce issues. The group identified a variety of short-term and long-term solutions to the ongoing challenge of recruiting and retaining direct support workers. COVID-19 brought the work of the group to a halt. However, the pandemic further aggravated and highlighted issues regarding hiring and retaining direct support workers. The Division will continue to work with providers and others to explore solutions to this increasingly challenging issue. In the short-term, additional funding sources are

being sought to be able to increase staff wages to allow for more competitive recruitment and retention.

**Residential and Housing Options and Alternatives**

Following the passage of Act 186, DDSD is partnering with designated and specialized service agencies and community members to explore new residential and housing options and alternatives for adults with developmental disabilities. Much work, by stakeholder groups, has been done to research models that are in operation around the country. Act 186 established a Steering Committee to provide guidance and support to the Division related to the pilot planning grants funded through American Rescue Plan Act (ARPA) funds, which were also included in the Act. The pilot planning grants, $500,000 for at least 3 grants throughout the State, are to explore residential alternatives to the models currently afforded through the DDS State System of Care Plan. These grants are intended to include supports for all Vermonters with intellectual and developmental disabilities, include those with high support needs—including 24-hour behavior support and communication needs.

**Developmental Disabilities Ombuds Program**

The Developmental Disabilities Services Division is partnering with Vermont Legal Aid (VLA) to create an Ombuds pilot project to support the developmental disabilities and brain injury populations. The program, run through VLA, will provide independent review and investigation of administrative acts that are believed to be contrary to rule, law, or policy. Proposed activities include developing promotional materials and website; creating and implementing a home monitoring plan; developing a complaint response process and responding to complaints; providing a *Know your Rights* workshop and other training for advocates and support staff; and providing feedback mechanisms for pilot area stakeholders.

The Department looks forward to continued collaboration with individuals with developmental disabilities, families, advocates, providers, and other partners to build on its accomplishments and the work laid out as Special Initiatives in the Vermont State System of Care Plan for Developmental Disabilities.

Jennifer Garabedian
DDSD Director

# TABLE OF CONTENTS

# INDEX OF CHARTS AND TABLES



Notes**:**

All Fiscal Year (FY) notations in the report refer to State Fiscal Year.
All data is for Vermont unless otherwise noted.
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 2022* is required by the *Developmental Disabilities Act* (DD Act) [Sec. 1. 18 V.S.A. chapter 204A §8725(e)]. 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 (DDS) State Program Standing Committee as the advisory group for 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 (SOCP) be filed in accordance with the Vermont Administrative Procedure Act; and,
5. Reporting by January 15th 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 the Developmental Disabilities Services Division (DDSD) is 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 SOCPs. 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 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 from service and financial data submitted by providers of services.

# GENERAL OVERVIEW

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 DAIL for adults with developmental disabilities and older Vermonters who are under court-ordered public guardianship.

DDSD 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** (FY22)

- **4,663 – Total** (unduplicated)
- **3,334 – Home and Community-Based Services**
- **929 – Flexible Family Funding**
- **404 – Bridge Program: Care Coordination**
- **193 – Family Managed Respite**

**Funding Sources – by percentage of total funding** (FY22)

- **97% – Home and Community-Based Services** (long term services and supports)
- **3% – Other Medicaid Funding** (Bridge Program, Family Managed Respite, Flexible Family Funding, Peer Growth and Lifelong Learning, MCO Investments, PASRR Specialized Services, Project Search, Targeted Case Management)

**Designated Agencies and Specialized Services Agencies**

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; or
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.

**Management of Services**

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 Home and Community-Based Services**[1] (FY22)

- **<1% – Self-Managed**
- **3% – Family-Managed**
- **29% – Shared-Managed**
- **69% – Agency-Managed**

**Self-Managed and Family-Managed Services**[2] (June 30, 2021)

- **68 – Individuals who self-managed and family-managed – all HCBS**
- **979 – Individuals who shared-managed – some HCBS**

**Website:** *Self and Family Management*

[1] These percentages are based on data collected from employees by ARIS Solutions as the Fiscal/ Employer Agent with the calculation based on total HCBS recipients in FY22. Inaccuracies in these data in previous reports have been corrected in this issue.

[2] These figures are based on data collected from employees by ARIS Solutions as the Fiscal/Employer Agent.

**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 are provided along with facts about unmet or under-met needs pertinent to each Principle.

# 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**

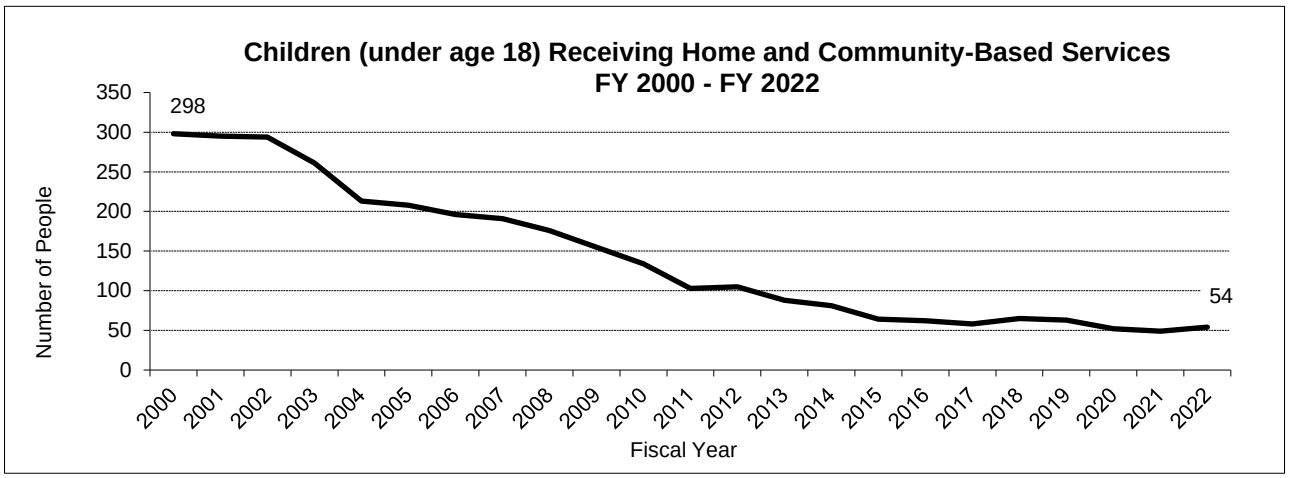
Children with the most intensive needs may be eligible for DD Home and Community-Based Services (HCBS). These services may include service coordination, respite, home support, and crisis, clinical and/or supportive services. For children under age 18 to access HCBS, they must meet the funding priority 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 2023 – FY 2025*).

**Individuals served – HCBS**[3] (FY22)

- **54 – Children** (up to age 18)
- **275 – Transition age youth** (age 18 up to age 22**)**
- **329 – Total served** (up to age 22)

[3] The source of FY22 HCBS data was the Medicaid Management Information System (MMIS). In previous years, these data were collected from the HCBS spreadsheets.




**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** (FY22)
- **283 – Children** (up to age 18)
- **121 – Transition age youth** (age 18 up to age 22)
- **404 – Total served** (up to age 22)

**Performance Measure for Bridge Program** (FY22)
- **91% – 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**[4] (FY22)
- **193 – Children with a diagnosis of ID/ASD** (up to age 21)

[4] 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**[5] (FY22)

- **619 – Children** (up to age 18)
- **184 – Transition age youth** (age 18 up to age 22)
- **803 – Total served** (up to age 22)

**Anticipated Outcomes for FFF**[6] (all ages) (FY22)

- **576 – Enhance Family Stability**
- **541 – Improve Quality of Life: Accessibility/Accommodations**
- **477 – Increase Independent Living Skills**
- **466 – Maintain Housing Stability**
- **368 – Address Health and Safety**
- **333 – Increase Communication**
- **77 – Avert Crisis Placement**

[5] The total number of adults and children who received FFF in FY22 was 929.

[6] 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 2023 – FY 2025*).

**Services available through HCBS[7]:**

- Service Coordination
- Community Supports
- Employment Supports
- Post-Secondary Education & Technical Training Support
- Respite Supports
- Clinical Services
- Crisis Services
- Home Supports – Hourly: Supervised Living, In-Home Family Supports
- Home Supports – Daily: Shared Living/Shared Living Hourly, Staffed Living, Group Living
- Home Supports – Emergency Response System, Remote Supports, Home Modifications
- Supportive Services
- Transportation Services

**Individuals served – HCBS**[8] (FY22)

- **3,280 – Adults** (age 18 and over)

[7] See Reference C: *Developmental Disabilities Services Definitions* for details.

[8] The source of FY22 HCBS data was the Medicaid Management Information System (MMIS). In previous years, these data were collected from the HCBS spreadsheets. The total number of adults and children who received HCBS in FY22 was 3,334.

**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.
- **Shared Living – Hourly:** Regularly scheduled or intermittent hourly supports provided to an individual who lives in Shared Living.

- **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.

- **In-Home Family Supports:** Regularly scheduled or intermittent hourly supports provided to an individual who lives in the home of unpaid family caregivers. Supports are provided on a less than full-time schedule (not 24 hours/7 days a week).

**Individuals served – Living with 24-hour paid home supports** (June 30, 2022)

- **1,374 – Shared Living** (1,215 homes)
- **65 – Staffed Living** (53 homes)
- **94 – Group Living** (23 homes)

**1,533 – Total**

**Individuals served – Living in own home with limited or no paid home supports** (June 30, 2022)

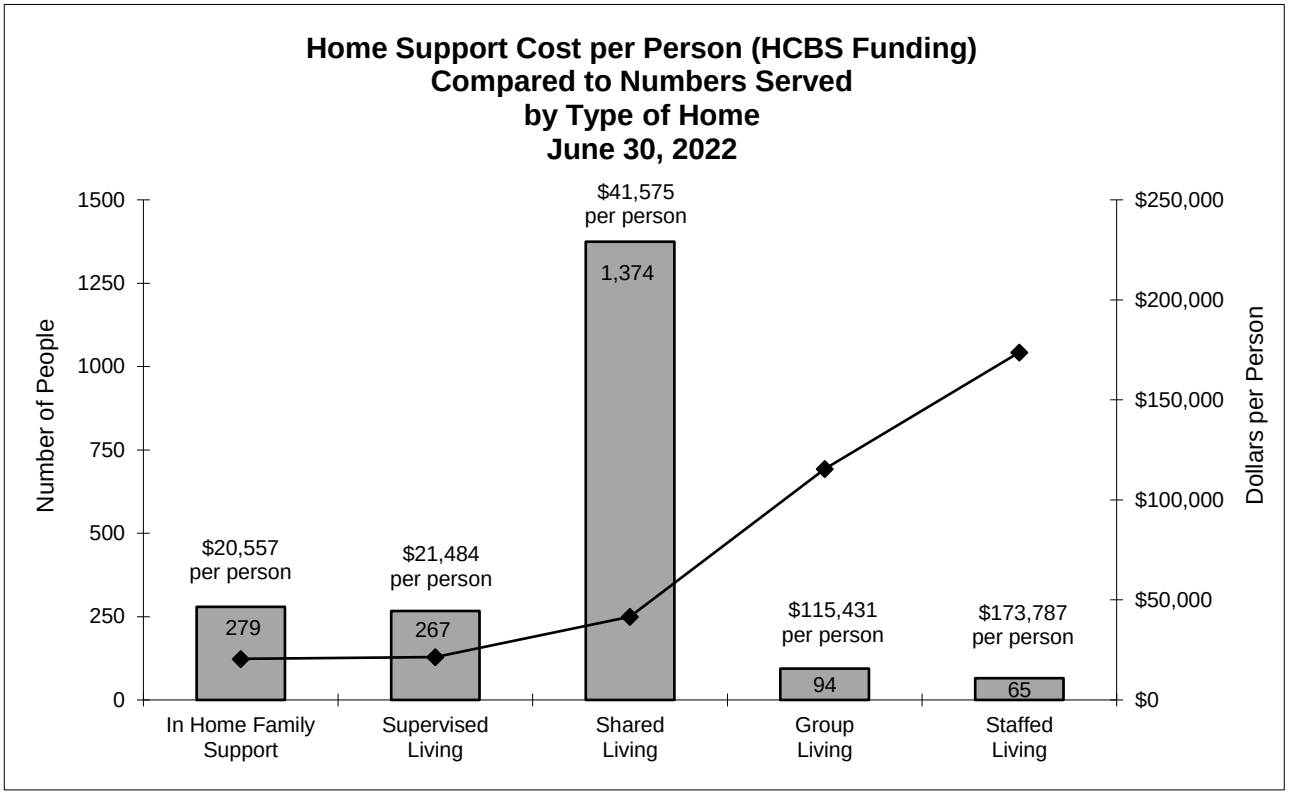
- **267 – Supervised Living** (less than 24-hour paid HCBS home supports)
- **323 – Independent Living** (no paid home supports)
- **590 – Total**

**Individuals served – Living in the home of an unpaid family caregiver with limited paid home supports** (June 30, 2022)

- **279 – In-Home Family Supports** (less than 24-hour paid HCBS home supports)

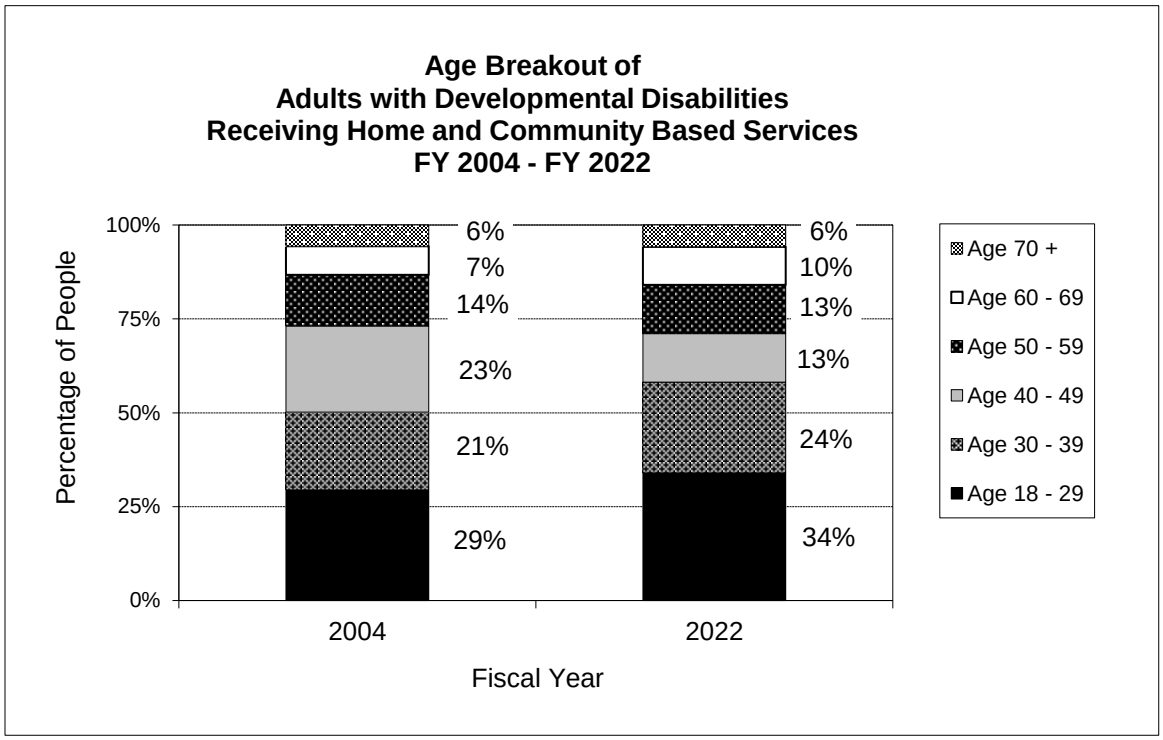
**Noteworthy:** Of the people receiving some level of paid home supports outside the home of a family member (Shared Living, Staffed Living, Group Living or Supervised Living), a high percentage (76%) live with a shared living provider. This model uses contracted home providers which, in general, makes 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 (outside the home of a family member), is often limited by lack of affordable housing options.

The following graph shows the average cost per person by type of home support[9]. It highlights In-Home Home Support (hourly supports in the home of a family member), Supervised Living (hourly supports in person's own home) and Shared Living as being significantly less expensive than Group Living or Staffed Living arrangements.

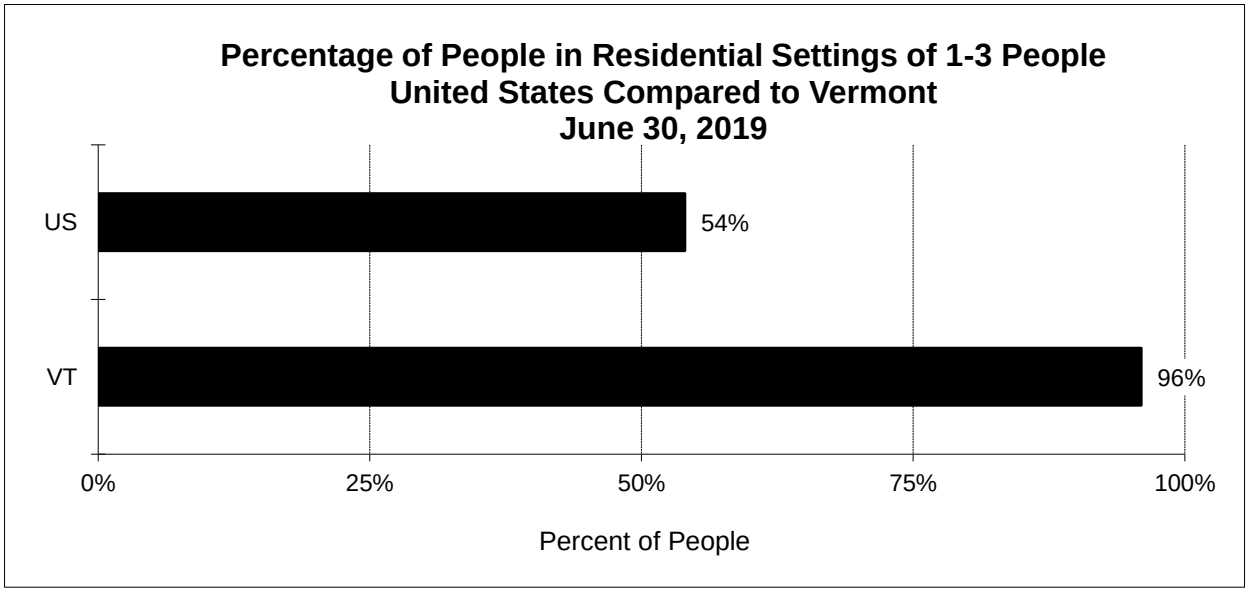



The chart on the next page shows the change over time in age of adults receiving HCBS[10]. There has been a relatively small 5% increase in young adults (age 18-29) being served today than 18 years ago. Conversely, there has been almost a 50% decrease in adults aged 40 – 49 while the percentage of older Vermonters served (age 50 and over) has remained relatively stable.

[9] The source of FY22 HCBS data was the DD Home and Community-Based Services spreadsheets.
[10] Ibid.




Vermont ranks #1 nationally in terms of size of non-family, non-state operated, residential settings with 1-3 people compared to all settings (including congregate settings of 7-15 and 16+ people). Vermont is the only state (plus DC) that has no residential settings with more than six people with developmental disabilities living in the home. Nationally, 17% of those receiving long term services and supports, reside in non-family, non-state settings, of more than six people with developmental disabilities living in the home[11].




[11] *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2019*, Residential Information Systems Project (RISP), University of Minnesota, *December* 2022. Table 1.9. The US percentage of people in residential setting of 1-3 people is based on RISP's "Estimated US Total".

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

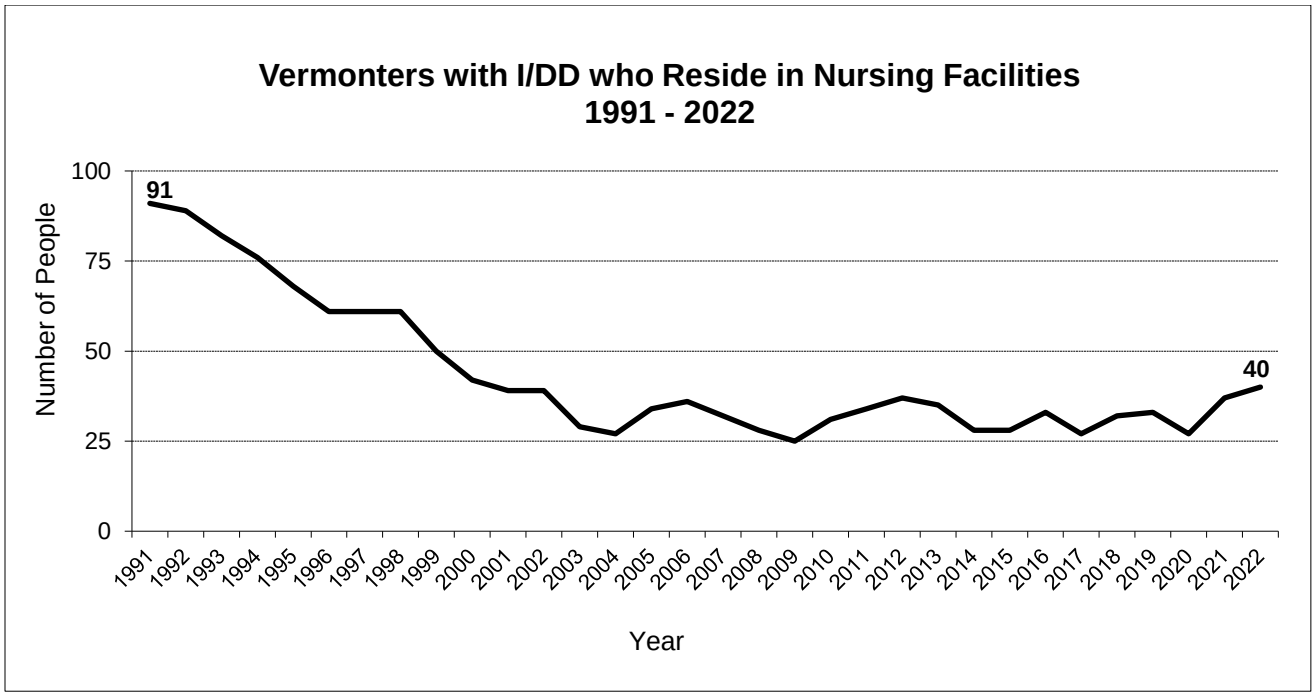
The Omnibus Budget Reconciliation Act of 1987 is a federal law that established PASRR which mandates:

- 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**

- **25 – PASRR evaluations conducted by DDSD staff** (FY22)
- **40 – People with I/DD lived in nursing facilities**[12] (June 30, 2022)
- **26 – People received Specialized Services** (FY22)
- **1.7% – Individuals with I/DD in nursing facilities as a percentage of all people who resided in nursing facilities**[13] (as of June 2022)




[12] The nursing facility count includes people who are admitted for short term rehabilitation.

[13] Beginning in Calendar Year 2022, the number of people with I/DD residing in nursing facilities are counted as of June 30th. All data prior to 2022 are counted as of December 31st.

In FY21 and FY22, the total number of people with I/DD living in nursing facilities was higher than in the recent past due to the following reasons:

- Lack of Specialized Services workers due to the pandemic,
- Lack of workers to provide supports in a community setting as a temporary placement to meet people's health and safety needs, and
- Increase in the overall population of people who are aging.

# 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. 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[14]. 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*

[14] 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** (FY22)
- **90 – 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*

# 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**[15] (FY22)

- **3,334 – Home and Community-Based Services**[16] (all ages)
- **362 – Targeted Case Management** (all ages)
- **404 – 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

[15] 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.
[16] The source of FY22 HCBS data was the Medicaid Management Information System (MMIS). Virtually all individuals funded through HCBS receive service coordination.

new Group Living arrangement to four residents unless an agency receives special 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, 2022)

- **1,800 – Total individuals**
- **1,555 – Total home support settings**
- **1.2 – 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** (FY22)

- **533 – Rent their home**
- **35 – Own their home**
- **568 – 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.

# 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[17].

**Individuals served – Family Supports** (FY22)[18]

- **2,290 – Total individuals** (unduplicated)

| | **Children**[19] (under age 22) | **Adults** (age 22 and over) | **Total**[20] |
|---|---|---|---|
| ▪ **HCBS** | **166** | **1,052** | **1,218** |
| ▪ **Flexible Family Funding** | **803** | **126** | **929** |
| ▪ **The Bridge Program** | **404** | **0** | **404** |
| ▪ **Family Managed Respite** | **193** | **0** | **193** |

**Scope of Family Supports** (FY22)

- **37% – Percentage of individuals receiving HCBS who lived with their family**

[17] See the Children's Services and Adult Services sections of this report for additional service information.
[18] The source of FY22 HCBS data was the Home and Community-Based Services spreadsheets. The source of the rest of the family support data was the Medicaid Management Information System (MMIS).
[19] This number of children served does not include children who are in the custody of the Department for Children and Families.
[20] 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, 2022. The other services reflect people who received those services at any point during FY22.

**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** (FY22)

- **48 – Total who received support to parent their child who lives with them (full-time or part-time)**
  - **10 – Lived in Shared Living or Staffed Living**
  - **38 – Lived in their own home/apartment or with other family members**
- **26 – 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 Settings 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 2023. For more information about the HCBS Rules, please see the *Introduction* at the beginning of this report.

**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*

**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.

**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** (FY22)

- **2,257 – Individuals received community supports**[21]

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.
- Supports to encourage activities that are developed and led by individuals with their peers and interested community members.
- 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 are flexible and not tied to a Monday through Friday 8:00 am to 5:00 pm schedule.
- 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.

[21] Community Supports count are based on the FY22 Beginning HCBS Spreadsheets and include people who terminated services during the fiscal year.

**Peer Growth and Life-Long Learning**

Peer Growth and Life-Long Learning 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 – Peer Growth and Lifelong Learning** (FY22)

- **147 – Individuals participated in seminars** (including teachers)
- **94 – Individuals taught seminars**
- **76% – Developed new community relationships**
- **64% – Increased opportunities for community inclusion**
- **50% – Increased community partners** (minimum of 3 new partners)[22]

[22] Despite the challenges of COVID, a total of sixteen new community partnerships were formed across the four Peer Growth and Lifelong Learning sites. Two of the three agencies that formed two new community partnerships were in their first year of participating in Peer Growth and Lifelong Learning.

# EMPLOYMENT

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

Supported employment (SE) 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, HireAbility Vermont, 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**[23] (June 30, 2022)

- **1,040 – Individuals supported to work**
- **40% – Employment rate among people receiving HCBS age 18-64** [24] (FY21)

**National Comparison**[25]

- **31%** – **Employment rate among all people with disabilities age 16-64** (2021)

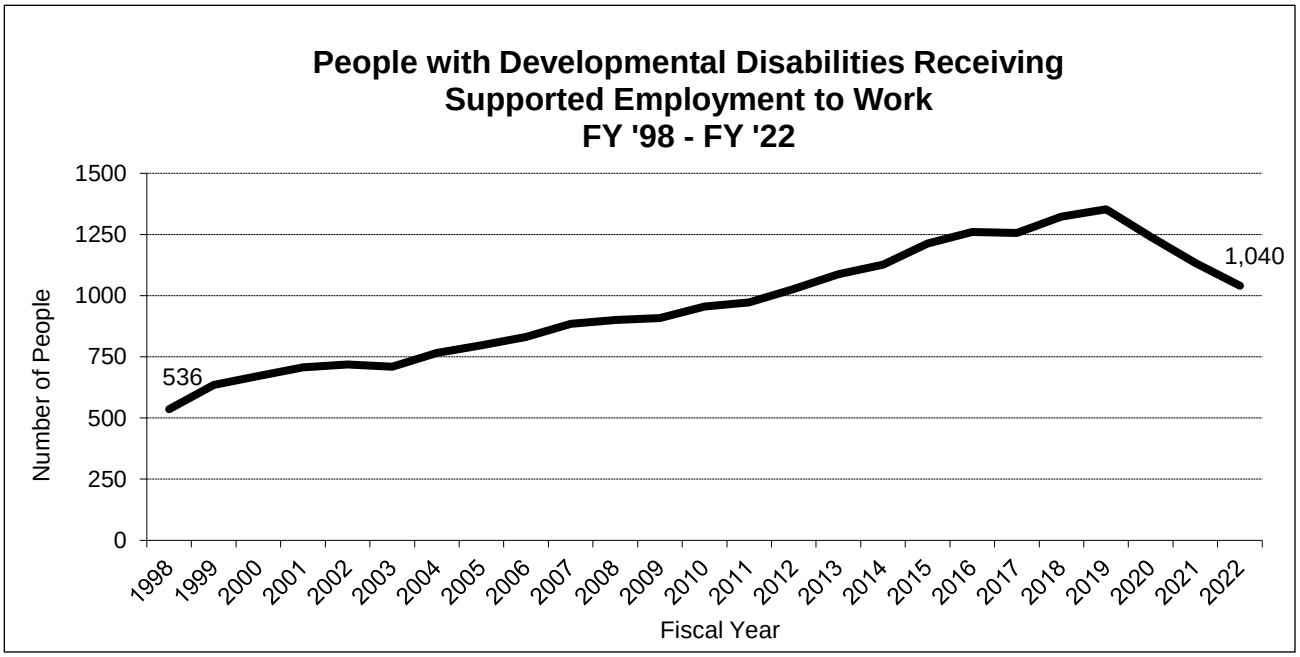
[23] Due to data collection limitations, average wage and average hours worked per week are no longer able to be reported.

[24] Employment rate obtained from Unemployment Insurance data through the Department of Labor, 2021. The Employment rate (down from 45% in FY20) was negatively impacted by the COVID-19 pandemic. The lower count is due to fewer individuals retaining employment due to business closures, job offers being declined due to health risks concerns, elimination of employment services due to staff shortages, individual's declining job development services to minimize being in public, and families and guardians being opposed to a return to work even when vaccinated.

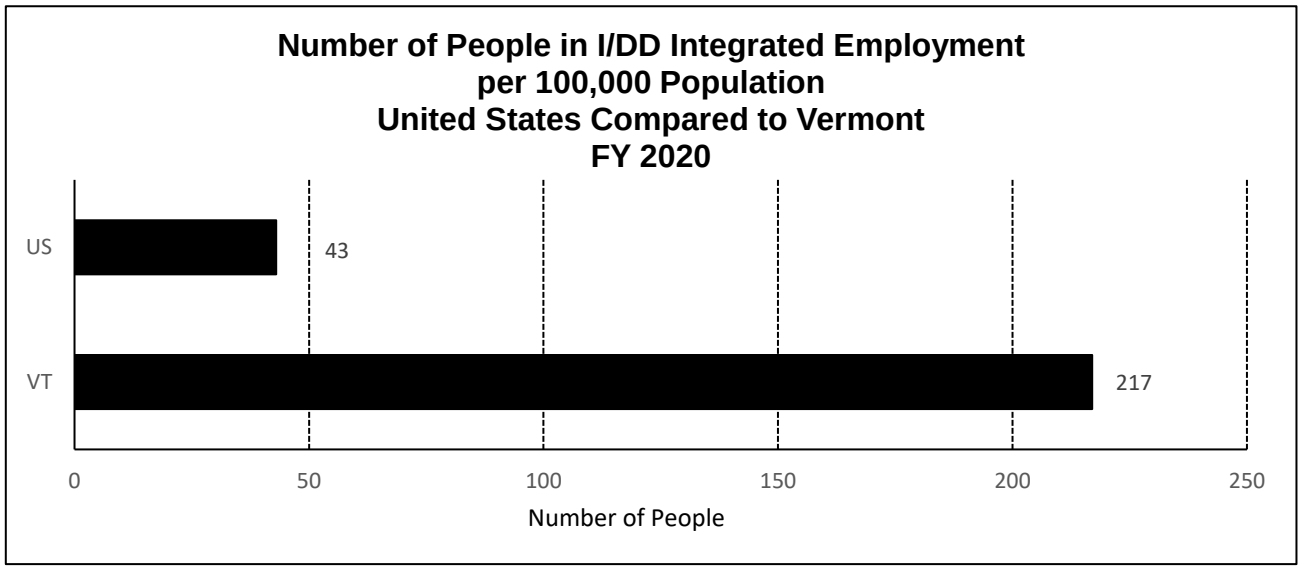
[25] Source: US Census, Bureau of Labor Statistics, 2021. https://www.bls.gov/news.release/pdf/disabl.pdf

All workers supported by DDS earn at or above the state minimum wage of $12.55 per hour[26]. However, while the number of individuals working has trended up over the past 20 years, the past two years saw a drop in the number of people receiving Supported Employment to work due to COVID-19.

**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.




*StateData: The National Report on Employment Services and Outcomes through 2020.* Institute for Community Inclusion (UCEDD), University of Massachusetts, Boston, *2022.*

[26] State of Vermont minimum wage as of January 2022.

**Post-Secondary Education Initiative**

The Post-Secondary Education Initiative makes up two programs: the post-secondary, career-oriented college program and Project Search. Peer Growth and Lifelong Learning also has components that contribute to individuals' post-secondary education experience as a lifelong learning model, in addition to increasing community inclusions opportunities (see the Community Supports section for information on Peer Growth and Lifelong Learning).

**Post-Secondary College Programs**

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 University and Northern Vermont University – Johnson and Lyndon Campuses.

**Individuals served – Post-Secondary College Programs** (June 30, 2022)

- **25 – Students enrolled**
- **14 – Students graduated with a certificate**
- **12 – Students employed**
- **86% – Employment rate of graduates**[27]

**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 aged 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. As part of the PSEI, these three services contribute to youth transition:

[27] Many college graduates' final internships transitioned into competitive employment which helped maintain a high employment rate, even during COVID-19.

- **Supported Employment** – Customized job development, placement, training, and job site supports that results in competitive employment for youth.
- **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 that results in competitive employment.

**Individuals served – Project Search** (June 30, 2022)
- **16 – Project Search graduates enrolled**
- **11 – Students employed**
- **69% – Employment Rate of graduates**
- **Project Search Sites/Partnerships:**
  - Dartmouth Hitchcock Medical Center / Hartford School District / Lincoln Street Incorporated / HireAbility Vermont
  - Rutland Regional Medical Center / Rutland Mental Health Services / HireAbility Vermont
  - University of Vermont Medical Center / South Burlington School District / Howard Center / HireAbility Vermont

**Individuals served – Total Post-Secondary Education Initiative** (June 30, 2022)
- **30 – Students graduated with a certificate**
- **23 – Students employed**
- **77% – Employment rate of graduates**[28]

**Website:** *Post-Secondary Education Initiatives*

[28] Many college graduates' final internships transitioned into competitive employment which helped maintain a high employment rate, even during COVID-19.

# 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 completed another year of participation in a national multi-year initiative building a Community of Practice (CoP) on Cultural and Linguistic Competence in Developmental Disabilities. As one of ten states participating in a grant opportunity from Georgetown University, Vermont's CoP continues to work on capacity-building activities designed to further CLC in the state.

The CoP 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 works with other VT organizations working focused on promoting equity in education, healthcare, and workforce development.

The work of the CoP in 2022 resulted in several accomplishments:

- Recommendations for culturally inclusive language in Vermont's State System of Care Plan for DD Services. These recommendations were adopted and included in the FY 2023-2025 state plan.

- Formation of focus groups to further examine cultural competency in areas related to state policy, data, and training.
- Opportunities for learning and guidance from Georgetown Racial Equity Learning Community.
- Expansion of work and focus on the role of plain language in developmental disabilities services.
- Work related to equity and inclusion in disability and culturally and ethnically diverse communities.
- Continued discussion and planning to use Enhanced FMAP funding to build reginal capacity for CoPs.

**Language Access Plan**

DDSD continues to be part of the Vermont's Office of Racial Equity's plan to create a strong statewide language access plan. Stakeholders representing a variety of lived and professional experiences, provide input into the development and implementation of the state language access plan. Key concepts and visions for the plan include:

- Working toward having equality of living for all.
- Having seamless access for people as it would be if they spoke English.
- Being able to participate, learn about, and be active in government regardless of what language a person speaks.
- Being able to not just understand and be understood, but also to feel welcome.
- Aiming for language access across 6 dimensions: awareness, accommodation, availability, accessibility, affordability, and acceptability.

**Development and Implementation of Plain Language**

DDSD continues to work on creating and incorporating plain language documents. The use of plain language helps to provide clear and concise messages and information so that individuals have an accurate understanding of their services, rights, and responsibilities. The following are accomplishments DDSD has achieved with plain language:

- Creation and implementation of a plain language document that explains the SIS-A.
- Development of a grievance and appeals plain language workgroup. The workgroup includes DDSD staff, provider staff, self-advocates, and representatives from Vermont Legal Aid and the Vermont DD Council.
- Inclusion of a glossary with definitions in plain language in the new Vermont State System of Care Plan for DD Services.
- Ongoing collaboration with Green Mountain Self-Advocates to provide plain language consultation and training.

**Distribution of Service Providers**

All ten DAs are responsible for ensuring needed services are available to individuals within their respective catchment areas. DAs along with the five SSAs, help ensure statewide availability of service providers. (See Reference A: *Map – Vermont Developmental Services Providers*.) The following table shows the number and percentage of individuals who received HCBS by agency, as well as those who self/family-manage services through the Supportive ISO[29].

**Home and Community-Based Services**
**Numbers and Percentages Served by DA/SSA**
**June 30, 2022**

| Number/Percent | Designated Agency | Catchment Area |
|---|---|---|
| 152 / 5% | Counseling Service of Addison County | Addison |
| 778 / 23% | Howard Center | Chittenden |
| 281 / 8% | Health Care and Rehabilitation Services of Southeastern Vermont | Windsor/ Windham |
| 101 / 3% | Lamoille County Mental Health Services | Lamoille |
| 291 / 9% | Northwestern Counseling and Support Services | Franken/ Grand Isle |
| 370 / 11% | Northeast Kingdom Human Services | Caledonia/ Essex/Orleans |
| 262 / 8% | Rutland Mental Health Services. | Rutland |
| 173 / 5% | United Counseling Service | Bennington |
| 211 / 6% | Upper Valley Services | Orange |
| 291 / 9% | Washington County Mental Health Services | Washington |

| Number/Percent | Specialized Service Agency | Office Location |
|---|---|---|
| 87 / 3% | Champlain Community Services | Chittenden |
| 81 / 2% | Families First | Windham |
| 80 / 2% | Green Mountain Support Services | Lamoille |
| 78 / 2% | Lincoln Street Incorporated | Windsor |
| 73 / 2% | Specialized Community Care | Addison |

| Number/Percent | Supportive ISO | Office Location |
|---|---|---|
| 70 / 2% | Transition II (self/family-managed) | Chittenden |

Percentages are based on the total number served in HCBS.

[29] The source of the HCBS data was the Medicaid Management Information System (MMIS).

# HEALTH AND SAFETY

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

DDSD 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 DDSD 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, for example, restraint of an individual may be needed to ensure safety. The DDSD 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 DDSD'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** (6/30/22)

- **223 – Total who were considered to pose a risk to public safety**[30]
- **26 – Total on Act 248**[31]

**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** (FY22)

- **71 – Individuals received technical assistance**[32]
- **7 – Crisis bed stays**
- **988 – Total days crisis beds used** (99% occupancy rate)[33]

**Website:** *Vermont Crisis Intervention Network*

[30] 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.

[31] 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 25 individuals on Act 248 are included in the 225 who are considered to pose a risk to public safety.

[32] This count does not include individuals who received training conducted by VCIN staff.

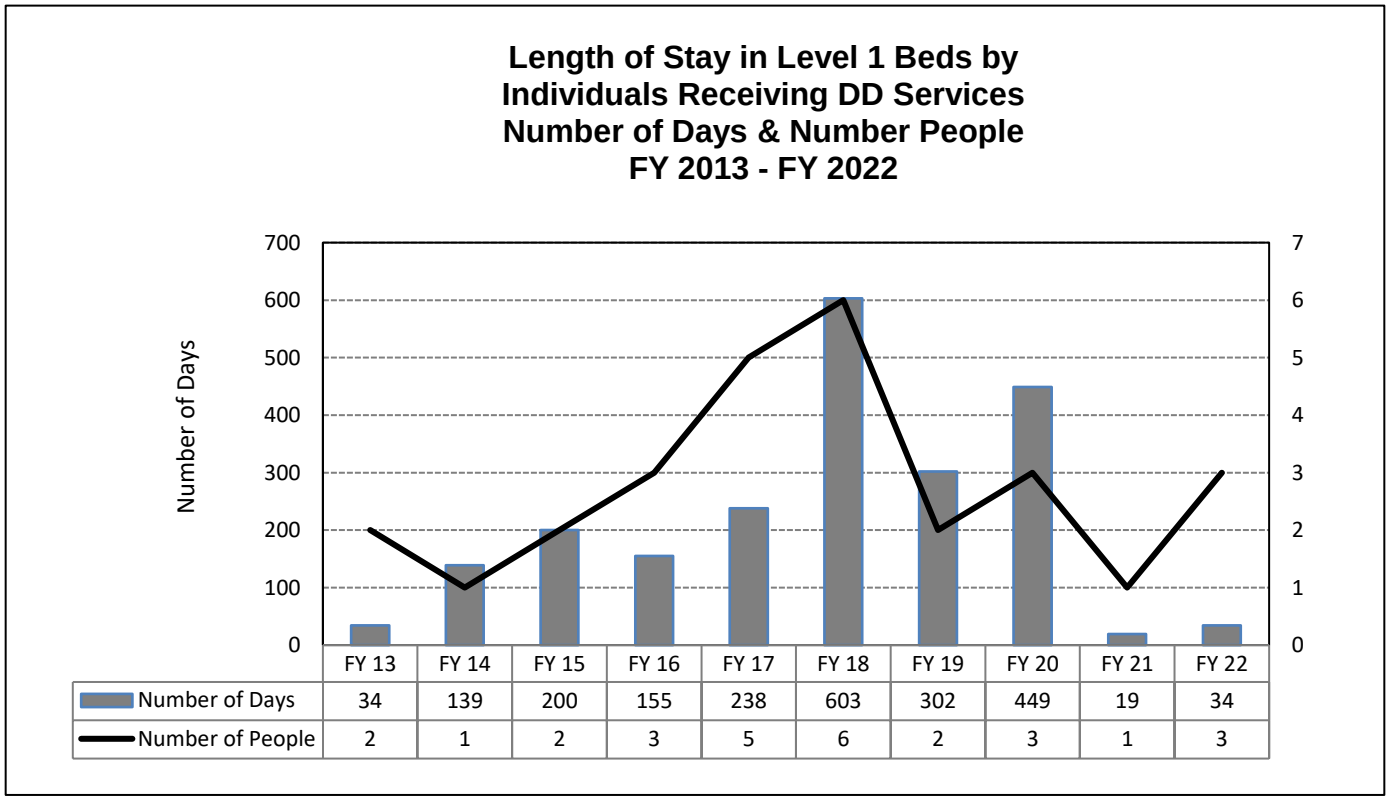
[33] Occupancy rate is based on a possible 1,000 calendar days in FY22 (2 beds x 365 days + 1 bed x 270 days).

**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)[34]. Level 1 refers to involuntary hospitalizations for people who are the most acutely distressed who require additional resources.[35] On rare occasions, these facilities are used to provide Level 1 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** (FY22)

- **3 – Total individuals**[36]
- **34 – Total days**




| | FY 13 | FY 14 | FY 15 | FY 16 | FY 17 | FY 18 | FY 19 | FY 20 | FY 21 | FY 22 |
|---|---|---|---|---|---|---|---|---|---|---|
| Number of Days | 34 | 139 | 200 | 155 | 238 | 603 | 302 | 449 | 19 | 34 |
| Number of People | 2 | 1 | 2 | 3 | 5 | 6 | 2 | 3 | 1 | 3 |

[34] 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.

[35] *Department of Mental Health Act 79 Legislative Report*

[36] This includes only Level 1 beds and does not include stays for individuals who do not require additional resources within the psychiatric unit.

**Housing Safety and Accessibility Reviews**
The *Housing Safety and Accessibility Review Process* outlines the requirements for the safety and accessibility reviews conducted for DDSD to assess the safety and accessibility of all residential homes not otherwise required to be licensed by the Division of Licensing and Protection. 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**[37] (FY22)
- **293 – Safety inspections**
- **30 – Accessibility inspections**

**Education and Support of Sexuality**
The DDSD *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.

**Public Guardianship Services**
The Office of Public Guardian (OPS) provides court ordered guardianship for adults with developmental disabilities and older Vermonters (aged 60 and over) with significantly impaired cognitive functioning, and 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

[37] The FY22 data is lower than what we reported in FY21 as those data reflected all DAIL, including the Adult Services Division, not just the Developmental Disabilities Services Division.

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, 2022)

- **613 – Guardianship services – developmental disabilities**
- **144 – Guardianship services – older Vermonters aged 60 and over**
- **2** – **Case Management**

**759 – Total**

- **40 – Termination of guardianship – developmental disabilities**
  - **21 –** Deceased
  - **17 –** Independent of guardianship
  - **2 –** Transfer to private guardian

- **32 – Termination of guardianship – older Vermonters**
  - **24 –** Deceased
  - **6 –** Independent of guardianship
  - **2 –** Transfer to private guardian

- **287 – Individuals receiving representative payee services**

- **30 – Office of Public Guardian staff** (24 of whom are full-time guardians)

**Website:** *Office of Public Guardianship*

# 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* state that training helps ensure safety and quality services and reflects the principles of services of the DD Act. 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 ISO must inform individuals who self-manage or family-manage services that the workers they hire must have the knowledge and skills required, and that training may be obtained free of charge from the Supportive ISO. 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 DDSD** (FY21)

**Children's Services:**
- Statewide Kids Quarterly meeting/training
- Transition to Adulthood: Access to Adult Services training for DCF Family Workers
- Developmental Disabilities Services training for VDH/Children with Special Health Needs Staff

**Public Safety:**
- Sex Offender Discussion Groups

**Supported Employment:**
- Leo Vecchione Series of Autism and Supports
- University of Maine Autism Training by Alan Kurtz and Nicole Leblanc
- Project SEARCH Portal Training
- Supported Employment 101 and Advanced Series Training by UVM
- Supported Employment Manager Training to RMHS, UVS,
- Encounter Data on Supported Employment training with SE Managers
- VT Project SEARCH Webinars for Teams by National Project SEARCH
- Job Development Strategies training to Supported Employment projects via UVM
- Employer Contracted Supports Pilot training to Supported Employment Managers
- Post-Secondary Education Options training with external organizations, including Autism Workgroup and Vermont Family Network

**Pre-admission Screening and Resident Review (PASRR):**
- PASRR training for DA/SSAs, Medicaid-funded nursing facilities, and hospital staff

**Quality Review Team:**
- Individual Support Agreements
- Behavior Supports
- Health and Wellness Guidelines
- Quality Overview
- Critical Incident Reporting
- Shared Living Safety Inspections Portal/Database
- Public Safety/Act 248 Trainings
- Needs Assessments
- Peggy's Law

**Specialists Team:**
- DAIL Housing Inspection and Accessibility Program: Ongoing individualized agency trainings
- DAIL Housing Inspection and Accessibility Program: Housing Pre-Inspection Trainings with Evergreen Environmental
- Appeals and Grievances Process
- Equity Process: Statewide and agency specific

**Office of Public Guardian:**
- General Guardianship Services Training for Service Providers, Health Care Workers, and Guardian ad Litems
- Advance Care Planning Training for Service Providers, OPG Staff
- Adult Guardianship in Vermont: Overview, Issues, & Alternatives for the Vermont Bar Association
- Guardianship Process and Medical Decision Making: Northeastern Vermont Regional Hospital

**Communication:**
- Training and technical assistance regarding communication by the Vermont Communication Task Force Working Group
- Coordinated statewide communication training/meeting for the Vermont Communication Task Force
- Introduction to Facilitated Communication for DA/SSAs, individuals and their teams

**Miscellaneous:**
- Town Hall: COVID – Vaccines and Facemasks
- Supports Intensity Scale – Adult Version (SIS-A)

**Vermont Clinical Training Consortium** (VCTC):

- The Transformative Power of Relationships – two online trainings with follow-along supervision, including the following topics:
  - History of Support Services for People with Trauma
  - 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
- Critical Incident Reporting: Timelines and definitions of incidents
- 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**[38]

- **1,374 – Home Providers** (June 30, 2022)
- **1,584 – DA/SSA Employees**[39] (FY22)
- **4,086 – Employees paid through ARIS**[40] (CY 21)

[38] 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.

[39] DA/SSA employee data provided by Vermont Care Partners.

[40] 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.

# 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.*

DDS 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 FY22, HCBS accounted for 97.3% 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*
- *DDD Encounter Data Submission Guidance for Home and Community-Based 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 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 encounter data submissions, 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**[41]

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 servivce 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 2023 – FY 2025*).

**Individuals served** (FY22)

- **381 – Individuals who received new caseload funding**
- **$19,999,403 – New caseload dollars allocated**

**Distribution of Funding**[42] (FY22)

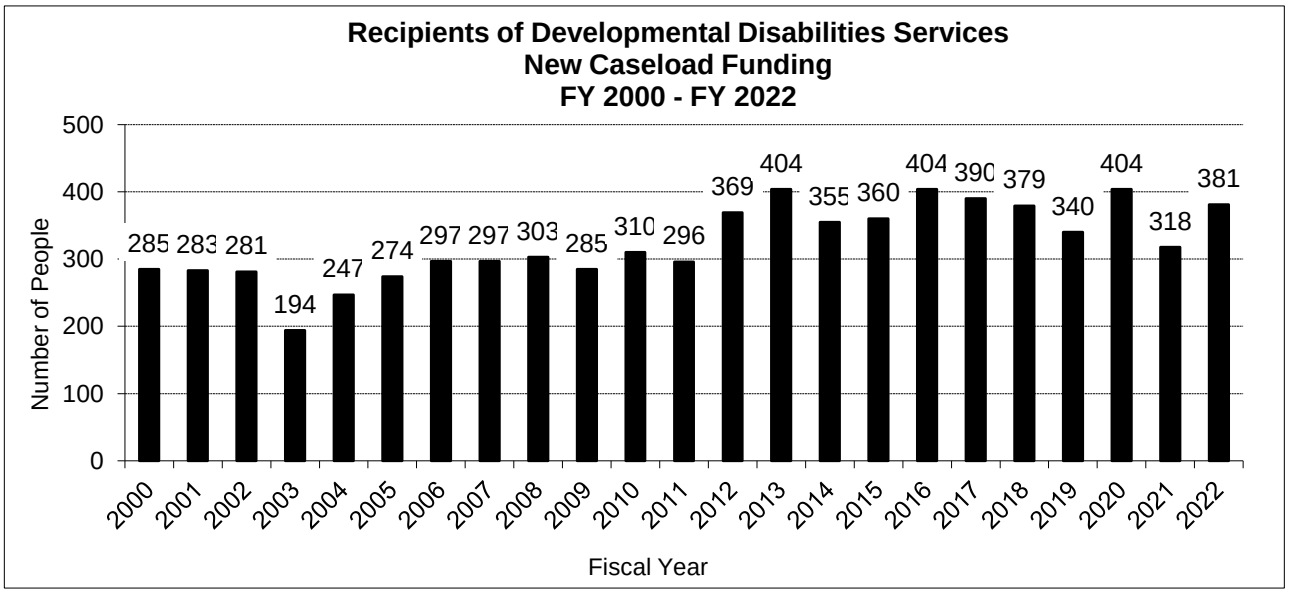
| | New Recipients | Existing Recipients |
|---|---|---|
| **Individuals who received new caseload funding** | **50%** | **50%** |
| **Distribution of new caseload dollars** | **59%** | **41%** |

**Home and Community-Based Services – Average Cost** (FY22)

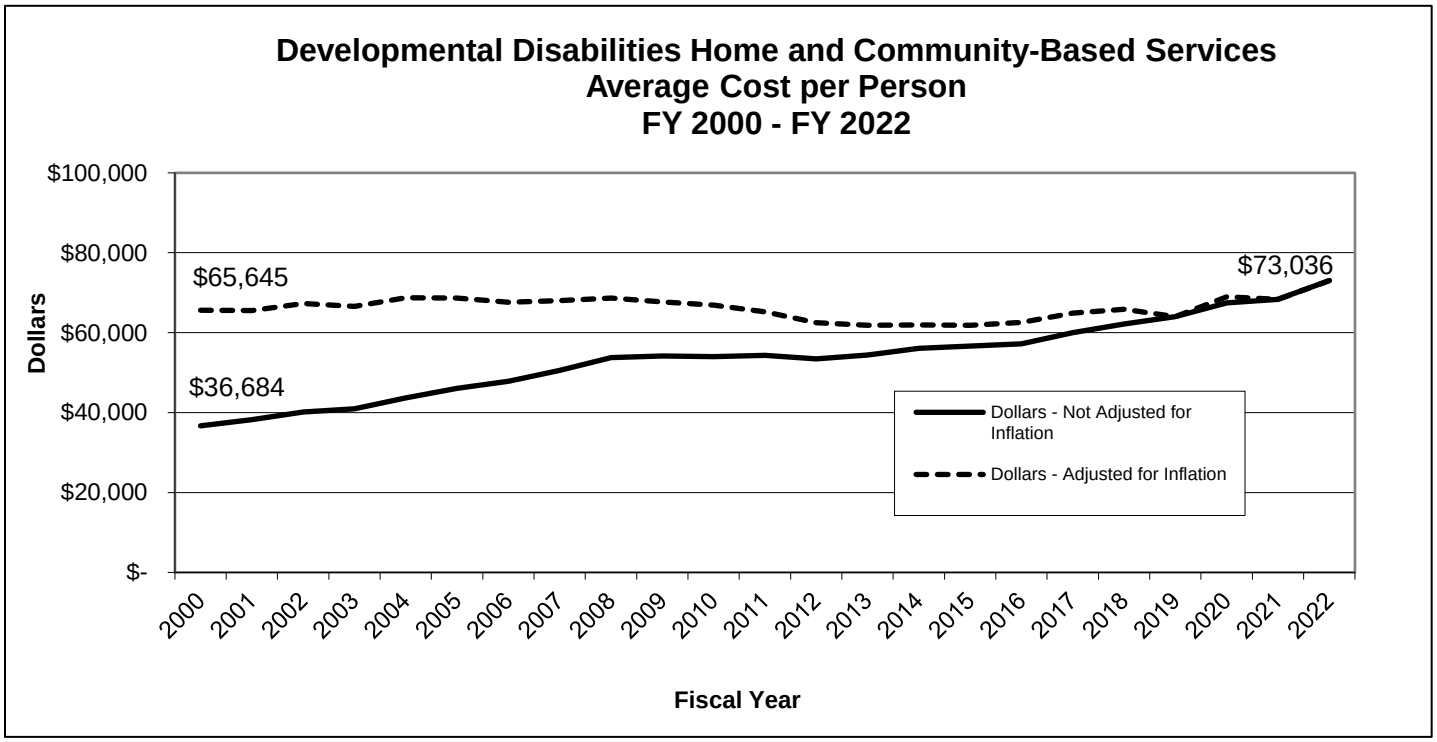
- **$73,036 – Average HCBS cost per person**

[41] New Caseload funding includes funds appropriated by the legislature and funds returned to the state from budgets of individuals who died or left services. In FY22, 142 people receiving HCBS terminated services.

[42] Total Developmental Disabilities Services new HCBS caseload. A "new recipient" means the individual was not currently receiving HCBS when requesting funding. An "existing recipient" was already receiving some HCBS funding.



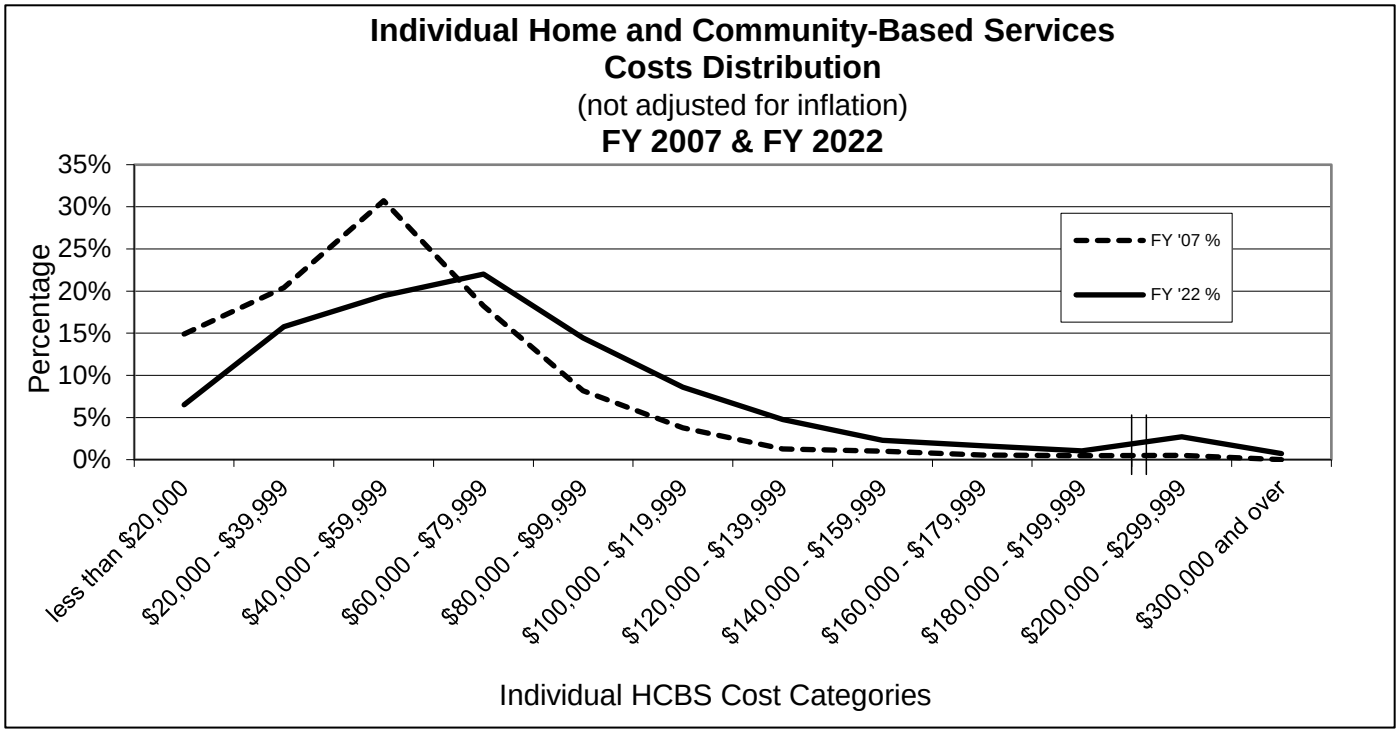

The average cost per person has remained relatively stable over time, whether comparing dollars adjusted for inflation or not adjusted for inflation[43].




[43] Inflation factors for 2021 were used to calculate the "adjusted for inflation" figures, as the 2022 inflation factors table was not available at the time of publication.

**Home and Community-Based Services – Cost Distribution**[44]

The distribution of service rates for people receiving HCBS has stayed relatively consistent over time, especially at the $60,000 and over. In FY22, 42% percent of individuals who received HCBS were funded for less than $60,000 per person per year.




The last two data points on the right side of the chart have been condensed. The second highest cost category combines what would have been five cost categories ($20,000 each) into large category spanning $200,000 – $299,999. This category includes HCBS costs for 11 people in FY07 and 90 people in FY22. The last cost category of $300,000 and over includes 24 people in FY22. This adjustment to the graph better represents the changes in cost distribution over time.

[44] The source of FY22 HCBS data was the DD Home and Community-Based Services spreadsheets.

**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** (FY22)
   - **$600,000 – Total dollars allocated**
   - **659 – Total number of service recipients**[45]

   **Number of Service Recipients by Outcome**[46] (FY22)
   - **332 –** Addressed Health and Safety
   - **296 –** Improved Quality of Life: Accessibility/Accommodations
   - **110 –** Increased Independent Living Skills
   - **103 –** Maintained Housing Stability
   - **89 –** Increased Communication
   - **65 –** Increased Self-Advocacy Skills
   - **52 –** 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** (FY22)
   - Peer Growth and Lifelong Learning
   - Post-Secondary Education Initiative: College Steps, SUCCEED, Think College Vermont
   - Project Search
   - Supported Employment Enhancements
   - Vermont Communication Support Project

[45] This number includes duplications (funding received by individuals more than once in the fiscal year) and occasions when multiple individuals benefit from one allocation.
[46] 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. 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** (FY22)

- **$ 200 – DD Home and Community-Based Services – Average Cost**

**Nursing Facility Costs – Daily Rate** (FY22)

- **$ 258 – Average Medicaid cost**[47]

**Level 1 Institutional Facility – Daily Rates** (FY22)

- **$1,838 – Brattleboro Retreat and**
- **$2,063 – Rutland Regional Medical Center**
- **$2,669 – Vermont Psychiatric Care Hospital**

**Payment Reform**

DDSD, in collaboration with DVHA, 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:

- Choosing a new needs assessment tool, completing a 500-person sample of assessments with the new tool, and continuing to work towards establishing a process to allow for more equitable allocation of resources.
- Improving agencies' ability to fully report encounter data (services delivered to individuals).
- Designing the future payment model.
- Increasing opportunities for stakeholders to engage, provide feedback, and ask questions about Payment Reform initiatives.

For more information about Payment Reform, please see the *Introduction* at the beginning of this report.

**Website:** Payment Reform

[47] The average Nursing Facility Medicaid per diem cost includes estate recovery, room and board patient share, and Nursing Facility Bed Tax.

# ASSURING THE QUALITY OF DEVELOPMENTAL DISABILITIES SERVICES

The DDSD 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 DDSD 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/DDSD 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

**DDSD 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 DDSD 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.

During FY22, the Quality Reviews continued to be conducted, with virtual visits and interviews completed via a video conference or phone call. Using these methods, the review team was able to complete the required number of quality service and designation reviews for the FY22 schedule.

**Quality Service Reviews Conducted** (FY22)

- **5 – Designated Agencies**
- **1 – Specialized Service Agencies**
- **1 – Additional Agency Review in place of Quality Service Review**
  **7 – Total reviews conducted**
- **164 – Individuals reviewed**

For the review of the Supported Independent Service Organization, the files and services for 9 people were reviewed as well as virtual interviews with each person and their guardians or family members who manage their services and supports with the assistance of Transition II. Feedback from the review has been provided to Transition II with specific areas that need to be addressed by the family members managing the services.

**Designation Reviews** (FY22)

- **3 – Agencies received re-designation reviews** (Conducted in FY22)
- **3 – Agencies completed the re-designation process and received certificates** (Completed in FY22)

**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.

- A requirement for agencies to have improved documentation: ISAs, specifically measurable outcomes with the data to be collected and tracked to show progress clearly identified and relevant to the goal of outcome, complete outcome reviews performed on the timeline identified in the ISA, and accurate and complete Emergency Fact Sheets.

- The need for improvement of agencies' internal quality assurance mechanism, including active and effective supervision and mentoring of staff, especially service coordinators by their supervisors.
- Supervision and support from leadership for supervisors and service coordinators who are striving to address chronic service delivery issues must receive direct and ongoing attention until issues are resolved. A primary expectation is that stakeholders must receive timely and substantive responses to their concerns. The healthy functioning of productive person-centered teams must be a priority and the Plan of Correction must include solid steps to improve communication and responsiveness internally and with community partners.

In addition to the above Areas of Importance, multiple agencies were advised to monitor and correct issues with the transfer of data, forms, and documentation to their new Electronic Medical Records (EMR). The Individual Support Agreement document and format was an issue as was the Emergency Fact Sheet. EMRs were not pulling complete data from other documents within the EMR as it was intended, resulting in documents lacking some of the required information.

**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 DDSD 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** (FY22)

- **1,425 – Medical emergency** (serious and life threatening)
- **471 – Positive COVID-19 tests**
- **289 – Alleged abuse/neglect and prohibitive practices**
- **80 – Criminal act**
- **56 – Death of a person**
- **40 – Seclusion or restraint** (mechanical, physical, chemical)
- **35 – Missing person**
- **28 – Media**
- **26 – Suicide attempt** (or lethal gesture)
- **126 – Other**[48]

**2,576 – Total CIRs reported to DDSD**

**Website:** *Quality Oversight*

[48] 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 DDSD staff even if the incident does not fit into the identified reporting categories.

**Staff Turnover and Vacancies**

Critical to the quality of developmental disabilities services is the stability of the direct support workforce. Several factors have contributed to the chronic provider workforce crisis, including the impact of the pandemic, low wages, and the need for more robust training and supervision. The DD services system continues to explore and implement new and creative steps to increase successful recruitment and retention of direct support workers. The following data reflect staff turnover and vacancy rates of all employees who work at developmental disabilities services agencies[49].

**Vermont Care Partners Staff Survey**

- **36% – Turnover Rate – (FY22)**
- **24% – Vacancy Rate (July 1, 2022)**
    - **7.4% - 34.5% – Range of Vacancy Rates (across DA/SSAs)**

**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.

[49] These percentages do not include administration and other non-program positions or contracted workers (e.g., shared living providers). The numbers reflect data from 14 DA/SSAs.

# 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 DDSD 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 16,077[50] of the state's 643,077[51] citizens have a developmental disability as defined in the Vermont *Developmental Disabilities Act*. In FY22, 29% of Vermonters with a developmental disability are estimated to meet clinical eligibility and receive DDS based on the 4,663 individuals who received services.

## Meeting the Need

There are many pressures that contribute to individuals needing services. 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 have some or most of their needs met by parents or other family members and/or services outside of the DDS system (e.g., local schools, Medicaid, Economic Services, HireAbility Vermont). They may also be getting more moderate DD services, such as service coordination (Bridge Program or Targeted Case Management), Flexible Family Funding or Family Managed Respite.

However, many people also need comprehensive, long-term services and supports. Those who need additional supports, or do not have other supports available to them, may be eligible for more comprehensive Home and Community-Based Services. The need for services is often the result of a combination of circumstances, including, but not limited to:

- No longer eligible for services (e.g., Department for Children and Families, Children's Personal Care Services)
- No longer in high school
- Medical complexities
- Risk to oneself or others
- Behavior and/or mental health issues
- Significant level of support 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)

[50] This calculation is based on prevalence rates of 1.5% for intellectual disability and 1.0% for Autism Spectrum Disorder.

[51] Vermont census obtained from the U.S. Census Bureau's Quick Facts Population Estimates as of 7/1/21.

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 one of DDSDs statewide funding committees (Equity or Public Safety) to determine if:
  - The needs meet a funding priority;
  - All other possible resources for meeting the need have been explored; and
  - The proposed funding is the appropriate amount to meet the need.

The HCBS funding priorities outlined in the State System of Care Plan[52] 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 aged 18 and over
- **Public safety** – for adults aged 18 and over
- **Prevent institutionalization** – nursing facilities and psychiatric hospitals – all ages
- **Employment for transition age youth/young adults** – aged 18 through 26 who have exited high school
- **Parenting** – for parents with disabilities aged 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 though Equity and Public Safety funding. (See the Fiscal Integrity section for additional details.)

**Waiting List**

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.

[52] See Reference B: *Vermont State System of Care Plan Funding Priorities: FY 2023 – FY 2025*.

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 or more of these alternative resources.

Sometimes that level of support is not sufficient. There are families in Vermont who report being on the brink of crisis, due in part to the unmet needs of their family member who has a developmental disability. As noted above, if they meet a funding priority, they will receive HCBS to provide needed support.

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 who met a State System of Care funding priority. There are people waiting due to their circumstances not meeting a funding priority. This may include people receiving some but not all services requested.

**Waiting List** (FY22)

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

**Number of Individuals Waiting for Services**
**Who Did Not Meet a Funding Priority**
**by Type of Service – FY 2022**

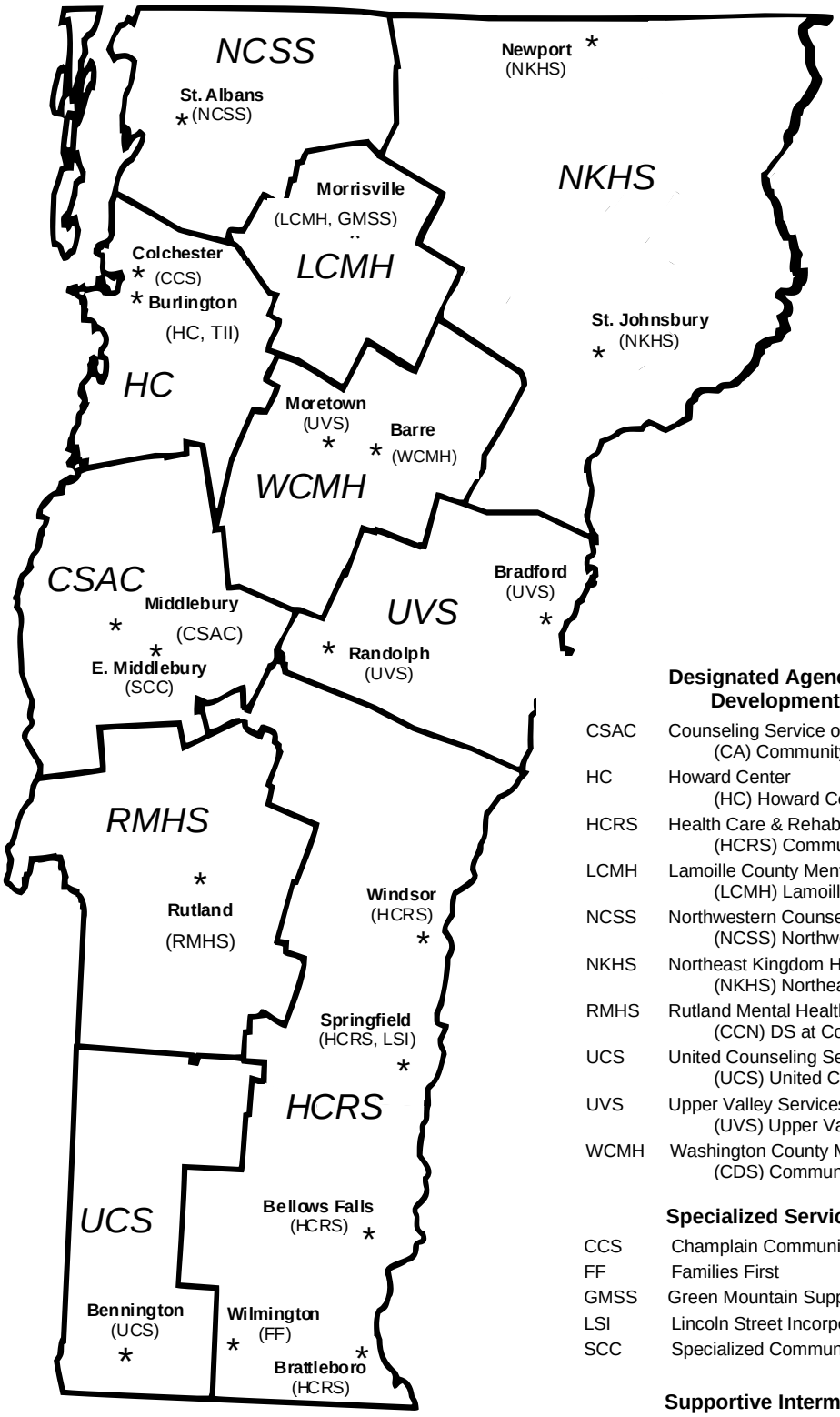
| **Home and Community-Based Services** | **Number Waiting** |
|---|---|
| Service Coordination | 211 |
| Employment Services | 11 |
| Community Supports | 141 |
| Clinical Services | 67 |
| Crisis Services (Individual) | 16 |
| Supportive Services | 51 |
| In-Home Family Support | 35 |
| Respite – Family | 170 |
| Supervised Living – Home Support | 12 |
| Shared Living – Home Support | 6 |
| Respite – Shared Living | 6 |
| Staffed Living – Home Support | 1 |
| Group Living – Home Support | 2 |
| Home Modification/Remote Support | 6 |
| Transportation | 12 |
| (unduplicated number) **SUB TOTAL** | **370** |
| | |
| **Other DD Services** | **Number Waiting** |
| Flexible Family Funding | 0 |
| Family Managed Respite | 2 |
| (unduplicated number) **SUB TOTAL** | **2** |
| | |
| (unduplicated number) **TOTAL** | **372** |

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 at the beginning at this section, it is estimated that 71% of Vermonters with developmental disabilities meet clinical eligibility but do not receive developmental disabilities services. Of those who do not receive services, some will have applied for services but did not meet a funding priority and are on a waiting list. Others, for one reason or another, have not requested supports from an agency.

Agencies monitor their waiting lists and review the needs of people who are waiting for services when there are changes in the funding priorities or when notified of significant changes in the person's circumstances.

# REFERENCES

# Vermont Developmental Services Providers




**Designated Agencies (DA)**
**Developmental Disabilities Services Programs**

| | |
|---|---|
| CSAC | Counseling Service of Addison County<br>(CA) Community Associates |
| HC | Howard Center<br>(HC) Howard Center Developmental Services |
| HCRS | Health Care & Rehabilitation Services of Southeastern VT<br>(HCRS) Community Services Division of HCRS |
| LCMH | Lamoille County Mental Health Services<br>(LCMH) Lamoille County Mental Health Services |
| NCSS | Northwestern Counseling & Support Services<br>(NCSS) Northwestern Counseling & Support Services/DS |
| NKHS | Northeast Kingdom Human Services<br>(NKHS) Northeast Kingdom Human Services, Inc. |
| RMHS | Rutland Mental Health Services<br>(CCN) DS at Community Care Network |
| UCS | United Counseling Service<br>(UCS) United Counseling Services, Inc. |
| UVS | Upper Valley Services (DDS only)<br>(UVS) Upper Valley Services, Inc |
| WCMH | Washington County Mental Health Services<br>(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 FOR DEVELOPMENTAL DISABILITIES SERVICES FUNDING PRIORITIES FY 2023 – FY 2025

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 Intermediate Care Facility for People with Developmental Disabilities (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. [The maximum amount of funding is $10,000 per person per year.]

# DEVELOPMENTAL DISABILITIES HOME AND COMMUNITY-BASED SERVICES DEFINITIONS

The Developmental Disabilities Services Codes and Definitions for Home and Community-Based Services were updated as part of the DDS Payment Reform/Encounter Data process. This update went into effect July 1, 2021. The new codes and definitions are on the DAIL website.

**Website:** *Developmental Disabilities Services Codes and Definitions for Home and Community-Based Services*

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 include any, or all, of the services and supports defined in this reference section as authorized by DAIL and are included in an all-inclusive monthly rate that combines all applicable services and supports provided to the individual.

The Developmental Disabilities Services Definitions that were in effect during FY 2022 are listed below.

## Service Coordination

**T1016 -- 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

**T2021 -- 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). Community supports includes transportation to access the community. 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.

Employment Supports do not include incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or,
3. Payments for vocational training that are not directly related to individuals' supported employment program.

**H2024 -- 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.

**H2023 -- 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.

**T2019 -- Job Training:** Assists an individual to begin work, learn the job, and gain social inclusion at work.

**H2025 -- 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.

## Post-Secondary Education and Technical Training Support

**T-2012 -- Post-Secondary Education and Technical Training Support**: Supports to assist transition age youth to engage in typical college experiences through self-designed education plans leading to competitive employment and independent living or support to participate in technical training for career development. Support must be provided in DAIL approved programs.

## 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.

**S5150 -- Respite Supports:** Provided per 15 minutes.

**S5151 -- Respite Supports:** Provided for a 24-hour period.

**T2036 -- Camp – Overnight:** Attendance at a session of an overnight camp when it serves the same function as respite in providing an alternative caregiving arrangement for primary caregivers.

**T2037 -- Camp – Day:** Attendance at a session of a day camp when it serves the same function as respite in providing an alternative caregiving arrangement for primary caregivers.

## 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.

**90791, 90792, 96130, 96131, 96136, or 96137 -- 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.

**90832, 90834, or 90837 -- 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.

**90846 or 90847 -- 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.

**90853 -- 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.

**99211, 99212, 99213, 99214 or 99215 -- 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.

**To Be Determined -- 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.

**H2011 -- 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.

**H0046 -- 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.

**T2017 -- In-Home Family Supports:** Regularly scheduled, or intermittent hourly supports, provided to an individual who lives in the home of unpaid family caregivers. Supports are provided on a less than full time (not 24/7) schedule.

**S5135 -- Supervised Living:** Regularly scheduled or intermittent hourly supports provided to an individual who lives in his or her home. Supports are provided on a less than full time (not 24/7) schedule.

**T2016 -- Staffed Living:** Provided in a home setting for one or two people that is staffed on a full-time basis by providers.

**T2033 -- Group Living:** Supports provided in a licensed home setting for three to six people that is staffed full time by providers.

**S5145 -- 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.

**S5140 -- 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.

**T2017 -- Shared Living – Hourly Supports:** Regularly scheduled, or intermittent hourly supports provided to an individual who lives in Shared Living.

**S5160 -- Emergency Response System – Installation and Testing:** Access to Remote Support using technology for people living in their own home.

**S5161 -- Remote Supports (excluding Emergency Response System – Installation and Testing):** Access to remote support through an emergency response system using technology to support people living in their own home. Includes monitoring and availability of operators to provide independent living support and emergency responses.

**S5165 -- Home Modifications:** Modifications to a person's home needed for accessibility related to an individual's disability.

## 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.

**T2039 -- Transportation Services – Vehicle Modification:** Acquisition and maintenance of accessible transportation for an individual living with a home provider or family member.

**S0215 – Transportation Services – Mileage:** Reimbursement for mileage for transportation to access Community Supports or Employment Supports for non-agency workers paid through the Fiscal/Employer Agent (ARIS).
[Mileage for agency staff should not be reported using this code. Mileage will be included in both the Community Supports and Employment Supports rates.]

## 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).

**H2019 -- Behavioral Support, Assessment, Planning and Consultation Services:** Include evaluating the need for, monitoring, and providing support and consultation for positive behavioral interventions/emotional regulation.

**T2025 -- 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.

**H2032 -- Other Supportive Services:** Includes 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 2022 FUNDING APPROPRIATION

| | |
|---|---|
| New Caseload Projected Need<br>(359 individuals [includes high school graduates] x $39,732 avg) | **14,263,788** |
| Minus Returned Caseload Estimate<br>(3-year average) | **(8,033,362)** |
| Public Safety/Act 248<br>(15 individuals x $73,606 average) | **1,104,090** |
| TOTAL FY '22 ESTIMATED NEW CASELOAD NEED | **7,334,516** |

| | |
|---|---|
| New Caseload Funded in Final FY 2022 Budget | **7,334,516** |
| Worker's Comp Premium reduction and tech change | **(149,890)** |
| ASFCME CBA (BAA item & contract increase) | **2,677,447** |
| 3% Provider rate increase | **8,434,927** |

| | |
|---|---|
| TOTAL DDS FUNDING INCREASE – FY 2022 | **18,297,000** |
| TOTAL DDS APPROPRIATION – AS PASSED FY 2021 | **234,832,050** |
| **TOTAL DDS APPROPRIATION – AS PASSED FY 2022** | **253,129,050** |

Reference E

# ACRONYMS

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

Reference F

# INDEX



[53] Page numbers are listed for key references to the topic and do not necessarily include all mentions of the topic area.