

## State Program Standing Committee (SPSC)

December 21, 2023

Meeting held virtually by ZOOMGov

### Attendees

**Committee Members:** Max Barrows, Barbara Lee, Bethany Drum, Ed Place, Cheryl Thrall, Collins Twing, Karen Price, Annie Jackson and Jennifer Stratton

**State Employees:** Jennifer Garabedian, June Bascom, Jeff Nunemaker, Hilary Conant, Carolyn Bowen, Julie Abrahamson, Jessica Bernard, Chris O'Neill, Ross King, Joy Barrett, Jeff Coy and Judy Spittle

**Guests:** Leslie Langevin, Judith Jackson, Mackenzie Geary, Susan Aranoff, Sharon Ryan, Chuck M, Katrina D, Will Manley, Katie Tormey, Jaime Walker, Gloria Quinn, Tracy Fisher, Elise Haydon, Jess Moore, Karen Topper, Kara Artus, Colette Wilson, Ashleigh Goldberg, Marie Lallier, Micael Kasper and Diane Drake

### Roll Call and Review of Agenda and minutes –

Welcome Annie Jackson and Jennifer Stratton to the committee

November minutes are reviewed, approved by Cheryl Thrall and 2<sup>nd</sup> by Bethany Drum

### Director's Updates

Vermont is an early adopter of the Centers for Medicare and Medicaid (CMS) Measure Set. Vermont's Measure Set has been approved by the Agency of Human Services and CMS. The Measure Set will be posted [here](#).

The 2024 Legislative session will be starting in January of 2024. DDS will provide legislative updates throughout the session to the State Program Standing Committee.

Act 186 grants are still being finalized – Karen Price inquired. Once everything has been finalized an announcement will be sent out

The Act 186 group will come to speak with SPSC once all is done. Each contract is independent and will report on each of them as they get finalized.

January SPSC more of an update as to what the Legislature is looking for.

### Children's SOCP Part 2

2 months ago, at the October mtg we talked about the overall SOCP for children. How we work with the different departments in AHS.

Leslie Langevin joined the meeting today and shared her family story and talked about the non-profit she created to meet the needs of these children.

Henry is Leslie's 12-year-old son who has developmental disabilities caused by a genetic mutation that causes him to have severe seizures. Along with these medical challenges, comes certain behavioral challenges stemming from his seizures, including ADHD, autism and intellectual disability which require Henry to be always monitored. Although we have assistance from personal care attendants who help us handle the day-to-day management of Henry's needs. When Henry needs a change of medication, which often results in increased behavioral problems or medical issues, we have not been able to find services in Vermont to help with this. Vermont services are either set-up for people with solely mental health and behavioral or solely medical needs, not both. No where to go in VT for behavioral issues. Henry landed in the hospital, and they wouldn't discharge him due to there being no services in VT. Due to the lack of in-state options in Vermont we started to look out of state for options to help Henry. Can't provide oversight when your child is 14 hours away in other states.

All of this led to our founding of Building Hope for Children. Our hope is to build a therapeutic community residence in Vermont where children like Henry can live in a safe homelike environment with supportive care while staying close to their families, participating in their family lives, thriving in their communities by attending their day and school programs while providing respite their families need.

Therapeutic Community residential (TCR) needs – keeping them in VT. This model that Leslie has created is in full alignment with the current SOCP for children.

A Non-profit cannot apply for state funds. Looking to the State to help with the price tag.

Barbara – is it possible for the State to get behind this idea. The State is exploring ideas on how this can be supported financially.

The legislation is aware of this. A lot of advocacy work has been done in the prior session.

This conversation will continue.

Timeframe of this initiative? Hopefully within a couple of years.

## **DDSD Quality Unit**

Changes to be made to the Quality Review process.

Legislative mandate to have yearly reviews, new staff to be hired. Conflict Free management.

Current review is every other year. Spend about a month with the agency for reviews. The whole review process takes about 5 months. Service coordination heavy, ISA documentation, services provided. Service coordinator provided the service documentation.

Looking to adapt our review

From January through June 2024 the QM team will be reviewing 1 individual per agency every other month.

From July through December 2024 the QM team will be reviewing 1 individual per agency per month.

The review will consist of reviewing the typical ISA-related documentation and an interview with the individual receiving services.

For people that live in shared living, group home or staffed living the interview would be in the individuals home.

For people that live independently or with their family the interview could be at their home, in the community at the agency, or over zoom.

After the review, the QM team will submit information regarding the review to the agency. The agency will follow up with corrections if needed.

At the end of the year, for each agency, the review team will compile the information from the reviews into a report to submit to the agency.

Purpose for the change:

QM Team needs to hire and train new staff

QM Team needs to focus efforts on COI

QM Team will need to change the review process for when COI is implemented.

To meet the legislative mandate of an on-site annual review of each agency.

Doing the review monthly would provide more of a presence and catch things before it becomes an issue.

1 month notice to the agency of who they are reviewing, then 2 weeks before a definite listing of who they will be reviewing.

Implement January 2024

With this change, we hope there will be more time for training and support

Sample – not pull individuals from just one service coordinator

DDSD notifies the agency about the review – the agency contacts the individual being reviewed.

Any change to the Designation process – no change

Max – can you put the review schedule on our website. Ombudsman office – connect with them

## **Paying Parents**

Jennifer reviewed the Proposed policy for CMS – DRAFT. This policy is not final. This is about how Vermont will pay people who are Legally Responsible Individuals to care for their child.

it's not meant to take away from Direct paid services (DSP) or Independent Direct Support Works (IDSWS) This is for when there are not DSP

Some of the definitions for this policy

- Adult child – an individual enrolled in Developmental Disabilities Home and Community Based Services age 21 and older.
- Legally Responsible Individual - an individual's spouse, or legal guardian, or the biological parent, adoptive parent, or stepparent of a minor child. Legally Responsible Individual does not include an Adult Child's Power of Attorney.

Personal Care or Similar services – CMS needed us to define this – home and community etc.

To make this presentation easier to understand, we will refer to the term "Parent" instead of "Legally Responsible etc.

When can a parent be paid

- To provide Individual Community Supports
- In-Home Family Supports
- This is known as "Conditions for Payment".
- Lack of qualified DSPs or IDSW when someone does not have any services for 45 or more days, OR
- Complex medical support needs:
  - 2:1 supports,
  - Support by clinically trained workers, OR
- Communication support needs

0 days for 45 days – we have heard 0 services for 45 days is not the right level

How does someone decide paying a parent is the right choice

- The individual's team comes together to decide if paying the Parent makes sense
- The team includes case manager, direct service provider agency staff, individual, guardian (if there is one) and other people invited by the individual.
- Team makes the schedule to review the need for the Parent to be paid

- If the Team determines that paying the Parent makes sense, the DA/SSA (direct service provider) will tell ARIS

Things that need to go into making the decision

- Honoring the individual's choice
- Providing a confidential outlet for the individual to voice preference
- Ensuring the individual's health and safety is being appropriately met
- Lack of or limited availability of qualified staff

What is required as part of the plan slide

- Like every other Direct Service Provider (DSP) the Parent must work on ISA goals and keep notes on progress
- The case manager will review the notes before the Parent can be paid. Services must be accounted for and be related to the ISA for the Parent to be able to be paid
- The case manager will confirm with the individual the services provided by the Parent

SPSC thoughts

Max – acronyms be spelled out in presentation

GMSS – DDSD should wait to implement this until we have COI.

Slide 6 is clear and defined. The other conditions are not clear.

Timeline for public comment and who can we send public comments

Once its registered with the Secretary of State office – not in this period yet.

We will schedule a couple more public sessions

Jennifer Stratton – further defining in these guidelines. Team process – when there is not agreement within the team, what steps will be taken for this conflict

Jennifer will come back on agenda in January to share any updates