

DS State Program Standing Committee (SPSC)

March 16, 2023

Meeting held virtually by ZOOMGov

Attendees

Committee Members: David Ballou, Bethany Drum, Dawn Danner, Barbara Lee, Ed Place, Karen Price, Karen Prine, Cheryl Thrall, Chad Cleverly, Max Barrows, Susan Yuan and Connie Woodberry

Guests: Colette Wilson, Katrina, Marcianna, Judith Jackson, Jess Moore, Kirsten Murphy, Elizabeth Raven Walters, Elizabeth Sighter, Chuck M, Jen Hayes, Diane Drake, Jessica Stehle, Marie Lallier, Elise Haydon, Stephen Pawlowski, Colleen Kidney

State Employees: Hilary Conant, June Bascom, Jennifer Garabedian Jessica Bernard, Julie Abrahamson, Carolyn Bowen, Donna Hatcher, Jeff Nunemaker and Judy Spittle

Roll Call and Review of Agenda and minutes - February minutes were reviewed; Ed Place made a motion to accept the minutes and David Ballou seconded the motion to approve.

Barbara announced to the group that Susan Yuan was elected to serve on the Conflict Free Advisory Committee and Barbara will be an alternate for the committee

Director's Updates

General Updates

The Regulations implementing the DD Act were implemented on March 1st. Clare, June, Hilary, and Melanie took the lead on getting these completed. Jennifer thanked all of them for their diligent work on this.

Approval from CMS for Conflict Free of our 3-year plan to be implemented by May 2026. Susan Yuan is on this committee and Barbara Lee is alternate. March 21st is the next meeting from 1-3. These are public meetings. Time is allotted for members of the public to speak at this meeting.

Legislative update - APS bill, the budget bill ("Big Bill") includes increases for public safety funding and new caseload and 3 new positions in the Office of Public Guardian.

Public Safety – increase/change in needs is the primary driver. People's needs are more complex.

Housing – Steering committee has been given great support. Working to finalize the draft for the RFP. Housing document from GMSA and DD Council is complete and will be shared with this group. Julie Abrahamson has been making great connections to engage with community and others.

Carolyn Bowen is a new Project Manager in DDSD for the enhanced FMAP projects.

GMSS – Beth and Elizabeth

Jennifer gave a summary of the situation and introduced Elizabeth Sighter, Interim Executive Director at GMSS and Beth Sighter from CCS, who will be providing oversight and mentorship to help as GMSS reorganizes and get administratively back on their feet.

GMSS had a designation review about 1/ ½ ago and was given a provisional designation. SOV/DDSD worked with GMSS to work through the findings, as we worked through that there were additional findings and issues that came up. Over the course of time, despite many efforts, improvements were not made. A lot of this was not about the direct support people were getting, the quality of services people were getting were fine. People were safe and not neglected. There were administrative issues that was happening behind the scenes that we were uncovering and were troubling and would eventually cause GMSS to not help people in the long run.

Beth Sighter shared that she attended the recent Board meeting. There is an MOU (memorandum of understanding) in place. Plan to develop a managerial and operational plan – using the designation letter as a template. GMSS met with CCS to discuss its strengths and challenges. They will be building a road map to solve the problems.

Areas of challenge

- Department of labor issue - Individuals working with GMSS – thinking they were employees, but they were contractors
- Medicaid investigations – on their billing practices
- There were challenges with the business administration at GMSS that the previous leaders did not fix

Thanked Jennifer and DAIL for the summary of all the work over the last 18 months.

SPSC Committee members asked Beth how long it will take to fix things. Beth doesn't know at this point.

While people have increased anxiety right now, there hasn't been any disruption in their services.

Quality Assurances thru CMS

Quality review process – team reviews and nurse surveyors – every other year they do a review process within our system. The CMS assurances process is new and is being implemented and will have additional standards which will change our process.

CMS has presented this new group of Assurances – AHS Secretary's office has decided to adopt these which includes some measures we have had before CIR, assessments, person-centered

plan, and experiential survey. There were several experiential surveys that CMS said would work – including the NCI (National Core Indicators) which has been used previously by DAIL. NCI is considered the best survey for DD Services. However, the NCI does survey all HCBS supports offered by the State of Vermont, so multiples surveys would have to be done for other programs.

AHS has chosen the CAHPS survey because it is designed for all HCBS programs that Vermont offers.

This does not mean that DAIL cannot do NCI, but it would be in addition to the CAHPS and done separately.

If anyone wants to learn more about CAHPS you can visit <https://www.cms.gov/research-statistics-data-and-systems/research/cahps>

Kirsten suggested that SPSC let AHS Central office know their concerns with this.

This will be put on the April agenda to discuss further.

Workforce - SPSC Committee sent their letter to the Legislative Committees. 3/27 is the next Workforce Committee meeting.

Barbara Lee – feedback from legislature – very positive and has made an impact – decided 4 % increase still in House Appropriations.

Other updates

VCP – thanks for the letter from SPSC. Working on responding to RFP from Federal Gov. Health workforce HCBS services.

DD Council – Housing study released yesterday. Kirsten would like to present this report to SPSC at the April or May meeting. The Council is planning a night of storytelling at the State House.

More information about the Storytelling Event on April 20.

<https://ddc.vermont.gov/news/story-tellers-wanted>

SIS-A

Gave summary of what has been done so far.

Donna Hatcher from DVHA and Hilary.

Jessica reviewed the Goals of Payment reform:

- Easy to understand and talk about
- People get the supports they need.
- Everyone can get the same supports no matter where they live.

- The State can show what services are happening and money gets spent.
- Pay Provider fair rates for their services.

Goals for this meeting:

- Understand the SIS-A sample analysis.
- Talk about the number of levels of support that is needed in VT.
- Get feedback about the levels of support so DAIL can decide.
- Discuss the best words to describe the different levels of supports

Reminder:

- The SIS-A will not decide on services. This is a team, individual, guardian, provider decision.
- If anyone has a reduction to their budget services under a new payment model, there will be a way to ask for an exception. There will always be appeal rights.

Future Topics

- Comparing the first and second editions
- How do supplemental questions and context get added?
- Choose words to describe the different levels of support. Talk about the things that people have in common in each level of support.
- Talk about a new budget model. This will also include conflict of interest rules.
- Look at how new and current budgets get created. Talk about how to ask for an exception. This will also include Conflict of Interest rules.

Important Pieces of Payment Reform

- Independent Assessment of Need
- Resource Allocation
- Service Planning and Delivery
- Payment Model
- Accountability – how does the state track the service and money spent

How are individual needs assessed? How do we include other needs in the assessment?

Summary of what the SIS-A Ask?

Section 1 Exceptional Medical and Behavioral Support Needs

Section 2: Support Needs Index

Section 3: Supplemental Protection and Advocacy Scale

Dr. Colleen Kidney (HSRI) Human Services Research Institute and Stephen Pawlowski (Burns and Associates) presented the Level Analysis. HSRI designs models of frameworks in states to help choose the level of support someone needs and can also help decide funding/rates for individuals or agencies.

The question to answer at today's meeting is: What is the best number of levels for a general support needs framework.

3-4 levels for general support, frameworks will have 5 or 6 levels. Separate levels for medical and behavioral support needs are called levels "M" and "B".

The Support Needs Index (SNI) is the score that comes from section 2 of the SIS-A.

5-level framework looks like this:

Level 1 – low general support need, no extraordinary medical or behavioral needs

Level 2 - Moderate general support need, no extraordinary medical or behavioral needs

Level 3 - High general support need, no extraordinary M&B

M - Extraordinary medical support need

B - Extraordinary behavioral support need

6-level framework looks like this:

Same as above but adds a Level 4 – Very high general support needs.

Committee members expressed that level 6 would be the option to go with. We will re-visit this in the April meeting.

Dawn suggested removing the words "exceptional". Use the same language in the Vermont-developed needs assessment.