

State Program Standing Committee (SPSC)

August 15, 2024

Meeting held virtually by ZOOMGov

**Attendees**

**Committee Members:** Barbara Lee, Bethany Drum, David Ballou, Max Barrows, Susan Yuan, Annie Jackson, Barb Prine, Chad Cleverly, Cheryl Thrall, Connie Woodberry, Ed Place, Collins Twing, Jennifer Stratton

**State Employees:** Jennifer Garabedian, Jeff Coy, Carolyn Bowen, EmmaRose McCadden, Ross King, Tina Fede, Joy Barrett, Hilary Conant, Lisa Hewes, Julie Abrahamson, Melanie Feddersen, Dave Ramos, Steven and Judy Spittle

**Guests:** Jen Hayes, Kirsten Murphy, Sharon Ryan, Randy Beer, Ellen Malone, Tammy Dupuis, Deb Spencer-Tanguay, Shannon Lowcock, MacKenzie Geary, Peter Kostruba, Michael Kasper, Tonya Mason, Nancy Kisonak, Katrina D., Kara Artus,

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

The minutes from July 11<sup>th</sup> were approved by Bethany Drum and 2<sup>nd</sup> by Annie. The July 18<sup>th</sup> minutes were approved by Bethany Drum and 2<sup>nd</sup> by Chad Cleverly.

UCS Update

Status is provisional with no intent to de-designate

Jeff Coy and USC Staff members provided an update

The April 1, 2024, UCS Plan of Correction has yet to be approved by Commissioner Bowen. UCS was going to try to improve the Plan by identifying possible indicators of progress that could be measured. That effort has not come to fruition. UCS submitted quarterly reports for the first two quarters of this calendar year.

The current status of the Designation report sections that did not meet standards are as follows. Communication between staff, management, and the administration has improved. Supervision has tightened and roles are clearer.

There has been a restructuring of duties and more attention to training, and experience to assure services are provided by competent staff. This is an ongoing project as many personnel are new to their jobs.

Improved morale is also an ongoing effort although an improvement in performance feels like evidence of more attention to standards. There are still many staff resignations and displeasure over changes.

Treatment plans (ISAs) are another work in progress, but trainings have happened, and a QA Director is expected to be hired soon. Jackie Prue and Jeff Coy will continue work with the UCS Professional Review Committee to help assure Behavior Support Plans are effective.

There was a special Public Safety review process that resulted in a report and a Plan of Correction from UCS. The agency is receiving a response from DDS regarding their Plan of Correction soon. Jackie has provided a great deal of training and consultation at UCS. A Public Safety Manager will start next week. UCS was to improve their response time and reactions to DAIL recommendations. Responses are improved but the timeliness is not perfect yet.

### Paying Parents Update

Legally responsible individuals. Temp measure unpaid caregivers a stipend to provide care for their family members. 1115 waiver Medicaid – CMS – Vermont got approval to pay parents. We needed to develop a policy to get CMS approval.

Working with DA and SSA's operationalize a policy and then we will be able to put into place.

The individual has the voice to say this is not for them. GMSA – some are for it, and some are not.

Timeline – implementing in the next several weeks.

It's important that there are clear instructions in this policy.

### Payment Reform

#### Part 3 – proposed changes

We are discussing the changes that will happen in July 2025. These changes are for people who get services through Developmental Services. These Changes are about how much we pay for services. The changes are also about how we pay agencies for services

Jessica reviewed “what makes up a rate”

- Direct Support Professional Wages (how much staff get paid)
- Direct Support Professional Benefits (health insurance, time off)
- Direct Support Professional 'Productivity' (providing services)
- Program-Specific Costs (staffing ratio, building costs, mileage)
- Program Support (quality assurance, service coordination)
- Administration (executive directors, staff who don't provide services)

#### Direct support staff: Overtime

- Proposal: Rate models did not have money for overtime hours
- Rate Models should include overtime worked by direct support staff

Updates: Overtime has been added to direct support rate models of 4.4 percent

#### Benefits Updates:

- Childcare tax was added. This is an extra 0.44 percent
- Updated health insurance amount. Increases from \$575 to \$745 per employee per month for all staff. This includes staff who don't get benefits. This means the cost for just the employees who get health benefits is \$1,117 person as before it was \$880
- More paid holidays – it was 10 now it is 12.

#### Productivity

Program specific – mortgage, mileage etc.

Quality assurance – service coordination

Administration costs Updates – Administrative rate increased to 15 percent. It was 12 percent.

#### Service Coordination Updates

Proposal: The costs of service coordination activities are built into the rates for other direct services. Providers will keep 60 percent of current service coordination work. The other 40 percent will go to the new case managers.

Feedback: Service Coordination funding should not be built into direct services. The 60 percent is not high enough.

#### Updates:

- Coordination activities will not be separate service
- Providers will continue to submit encounters for coordination activities based on a new definition. The new definition takes out the case management activities, for example writing the ISA.
- DAIL will look at service coordination encounters and the rate now. It will be compared to the amounts in the rates for other services.
- DAIL will reconsider the 60 percent after the first year based on the data. The data will show how much services was delivered.

Cheryl Thrall – encounter data is not accurate

People are not understanding what the Service Coordinators really do. Very opposed to this service coordination piece.

Jennifer S – the agencies don't get adequate funding now. Service Coordinators are the backbone of the service.

Lots of concern with this.

Rates are not enough

Agency ability to get his payment with the billing practice as described

Competition for staff, hire enough staff

Jessica reviewed the changes in the rates – see presentation below

[..\Presentations\DAB\\_SPSC\\_Payment\\_Reform\\_Presentation.8-15-24.pdf](..\Presentations\DAB_SPSC_Payment_Reform_Presentation.8-15-24.pdf)

VCP has requested a visual reference to understand how the different rate components add up for program coordination. We will look into this and get this for group.

We will continue with Part 4 of the rates next month

COI

Case Manager roles and responsibilities

The state does not have control over a lot of this information. They are requirements

Why is VT making this change. To reduce conflict of interest in how services are provided. This is a federal rule. This is a requirement. Vermont has been working with the Centers for Medicare and Medicaid (CMS) on a plan to meet this requirement. We need to comply by the end of April 2026. This applies to all of Vermont's HCBS (Adult Mental Health, Brain Injury, Children's Mental Health Choices for Care and DDS).

What does this mean (Part 1)

Federal Law says that:

- Eligibility evaluations
- Needs assessments
- Person-centered plans

need to be performed by an independent organization other than the provider that delivers services to an individual.

What does this mean (Part 2)

This means that the DA/SSA cannot provide:

- Intake
- Eligibility

- Referral/Options counseling
- Needs Assessment
- Person-Centered planning

Fix slide to not say “Service Delivery”

Changes that have already made. We have moved to an independent administered, standardized assessment. Vermont chose Supports Index Scale-Adult version (SIS-A). The people who help you fill out the SIS-A are not part of an agency that you can get services from. DAAL has chosen to use a contractor for this, so they are separate from the State. This helps us meet the Conflict-of-interest rules.

Changes we need to make. For the future, we need to have an independent process for:

- Information/referral
- Intake
- Eligibility
- Options counseling

One suggestion is to have Developmental Disabilities Services Division (DDSD) do this or have a contractor do the work.

What the process to apply for services in the future could look like

DDSD:

- Information & Referral
- Intake
- Eligibility
- Options Counseling

Contractor:

- Needs Assessment
- Person-Centered Planning
- Case Management Entity

Service Delivery

- DA/SSA

OPG assessments where to they fit in.

What will the Case Manager do (Part 1) slide

- Develop the person’s story
- Make sure crisis/short term needs are met
- Help to fill out applications for other services/benefits
- Works with the person and the assessor to schedule needs assessments/re-assessments

- Helps the person lead the person-centered planning
- Documents the goals, outcomes, services and supports decided in the meeting into the plan

Federal requirements for CM – great partnerships with DA/SSA's have been had.

Barb P – concerns about how often a CM will be seeing a person.

Time ran out for this topic and we will continue this conversation next month.