

What is The Developmental Disabilities Services Division (DDSD) Workplan 2022-2025?

The Developmental Disabilities Services Division (DDSD) Workplan 2022-2025 provides an overview of activities related to 5 [current projects](#) that DDSD is working on. These projects include:

- Developmental Disabilities Services (DDS) State System of Care Plan Renewal (2022-2025)
- DDS Crisis Capacity Expansion
- DDS Housing Options/Alternatives Development Initiative
- [DDS Payment Reform](#)
- [Conflict-free Case Management](#)

This workplan identifies the major tasks and milestones for these projects over the next three years and where these projects overlap, there are other projects that DDSD is working on. Please click [here](#) to see a full list of current projects.

Please remember that dates/timelines are subject to change and that milestones may be added or removed. This workplan is a “living document.”

What are These Projects? Why are They Important?

Developmental Disabilities Services (DDS) State System of Care Plan Renewal (2022-2025)

The DDS System of Care Plan describes the nature, extent, allocation, and timing of services that will be provided to individuals with developmental disabilities and their families. The System of Care Plan is intended to help people with developmental disabilities, their families, advocates, service providers and policy makers understand how resources for individuals with developmental disabilities and their families are managed. It is important to update the System of Care Plan regularly because the Plan builds on experience gained through previous plans to craft improvements to how the system supports individuals and their families. This process allows DDSD to look at the System of Care to see where we are doing well and where we need to improve and ask how we can work together to continue to build our system stronger.

DDSD Crisis Capacity Expansion

In the DDS system, clinical and crisis supports include state, local and individual supports. When individual clinical supports are not able to prevent a crisis, an individual may require crisis supports. To help meet the needs of Vermonters with developmental disabilities, DDSD has been working to expand statewide crisis capacity. This includes providing funding to increase crisis bed capacity at Vermont Crisis Intervention Network ([VCIN](#)). In addition to crisis bed support, the VCIN team provides the DDS system clinical support through training and targeted consultation to individual teams.

The development of Intensive Transition Supports ([ITS](#)) is a complement to the VCIN clinical and crisis supports. ITS beds provide clinical supports for individuals experiencing crisis and who need time and

consultation for their team to develop community-based supports. These beds allow for stabilization, clinical consultation, comprehensive assessments, training, planning and implementation with the community-based team. While stays at ITS beds are time-limited, individuals can stay for up to 6 months.

The Vermont Agency of Human Services (AHS) is one of 20 states that received a federal planning grant to support expanding community-based [mobile crisis intervention services](#). DDS and stakeholders with IDD experience are involved in this planning grant. This allows the DDS system to contribute to and learn from best practices that are being developed and implemented.

It is important that the DDS system builds capacity for clinical and crisis services because we are seeing an increase in need for high quality mental health supports. And, when individual needs exceed local clinical resources, it is important that there is a robust statewide response. Working with a variety of stakeholders and partners to address this issue helps to ensure that there are options available other than a hospital's Emergency Department.

DDS Housing Options/Alternatives Development Initiative

Creating additional housing options/alternatives is an “area of focus”¹ in the System of Care Plan renewal. This means that is an area that DDS and stakeholders have identified as a gap in the system to discuss specifically during this renewal. The Division is scheduling special forums on this topic to ensure that there is attention given to discussing how to move forward to address the issue.

There may be ways that DDS can partner with individuals, families, and provider groups to expand options that will not require special funding or changes to the System of Care Plan—and the Division is excited to talk with stakeholders to learn what people are interested in seeing as housing/residential options.

This is important because stakeholders want to develop move housing and residential opportunities. We have heard from individuals, families, and providers that they would like explore ways to expand on the interesting and creative residential options and opportunities that have been established and determine what models may be in place in other states that could be sustainable options in Vermont.

DDS Payment Reform

DDS Payment Reform's overall project goal is to create a transparent, effective, and administrable payment model for developmental disabilities (DD) services. Although it might have been hard to move from where we were before the COVID-19 Public Health Emergency, to where we are now with a temporary monthly billing methodology, to what we will design together, as the next stage in this process, it is important that we continue along this path. This Reform will help DDS comply with the federal [Centers for Medicare & Medicaid Service \(CMS\)](#) requirements, and meet the transparency and accountability requirements as stated by the [Office of the Vermont State Auditor](#).

Conflict-free Case Management

Conflict-free case management means that case management would be provided without the case manager having competing influences that could affect a decision or action. Basically, in practice, the HCBS provider may not provide case management to or develop the person-centered plan for people receiving services from them. Case managers and service providers must be two different organizations.

It is important that we work to remove the conflict of interest in our system because we want to be sure that people feel comfortable speaking up and fully engaging in their services. Vermont law requires in part that people with developmental disabilities can “make choices which affect his or her life,” and receive “complete information about the availability, choices, and costs of services, how the decision-making process works, and how to participate in that process.” Individuals should be given this information, be able to ask questions, and speak up about what they want without fear of retribution.

¹ There are three areas of focus for the 2022-2025 Renewal: housing options, paying parents with Medicaid dollars and autism supports for adults.

Also, DA/SSAs are required by regulation to provide information in an unbiased manner about choice of provider and management options.

Currently, there are some safeguards in place through the DDS Quality Management Team. Moving to a more robust [conflict-free approach to home-and-community-based services](#) would provide individuals and families more protections.

Additionally, it is important that we undertake this work because [Centers for Medicare & Medicaid Service \(CMS\)](#) issued final regulations for HCBS in 2014. This will support enhanced quality in HCBS supports and Vermont must come into compliance with CMS regulations. The Department of Vermont Health Access, with DDS's partnership, has a [plan](#) to work with stakeholders to meet this requirement.