

DS State Program Standing Committee (SPSC)

October 20, 2022

Meeting Held Virtually on Microsoft Teams

Attendees

Committee Members: Max Barrows, Barbara Lee, Susan Yuan, Dawn Danner, Barb Prine, Chad Cleverly, Ed Place, Bethany Drum, Lehana Guyette, Priscilla Connolly, Cheryl Thrall, and Connie Woodberry

Guests: Jen Hayes, Jess Moore, Damian Greene, Chuck Medick, Britney Mann, Colette Wilson, Lisa Linton, Katrina DeAnjou, Marie Lallier, Kirsten Murphy, Susan Aranoff, Theresa Wood, Sharon Medina, Kris Medina, Sara Gagnon, C Smith, M Gadway

State Employees: Jennifer Garabedian, June Bascom, Clare McFadden, Hilary Conant, Jessica Bernard, Jeff Nunemaker, Nikki Marabella, Jessica Nadeau, Judy Spittle

Roll Call and Review Agenda

A roll call was completed, and the meeting agenda was reviewed

September minutes were reviewed and approved

Bethany Drum made the motion to approve the minutes. Ed Place seconded the motion to approve the September minutes.

November agenda items were discussed and the following will be added to that meeting.

- Abuse/Neglect conversation
- WCMS Re-designation
- Workforce Data (add as a standing topic for the meetings)

System of Care Plan (SOCP) – Summary of Proposed Changes

Clare McFadden will go thru each section of the Plan then ask feedback from SPSC Committee and then the general public. Specific notes on the feedback and comments will be taken by the SOCP Team. The new SOCP will be ready for January 2023.

Section One – Introduction

The *Regulations* implementing the DD Act of 1996 are changes to the Health Care Administrative Rule 7.100 – Disability Services - Development Health Care Admin Rule to refer to *Rules* throughout the *Plan*.

This Plan was created using experience from previous plans, input from stakeholders, public forums and hearings, written comments for the Rules and the Plan and online stakeholder survey. We had 17 forums, sent out a Survey and created an e-mail box to receive written comments. Because of the COVID-19 Public Health Emergency, local systems of Care Plans were not part of this Plan renewal.

In order not to repeat having the DAIL Mission and DD ACT Principles in the Plan, we have included links throughout the Plan. [DAIL Mission Statement and Core Principles the Developmental Disabilities Act of 1996](#).

This Plan does not address future changes related to Payment Reform, Conflict of Interest in Case Management or suggest specific new housing models. We are not ready to make changes to these topics currently in the Plan.

12/20 memo went out to Providers with flexibility during the pandemic will continue until the providers are notified that they end.

Section Two - Eligibility

New clinical eligibility - IQ scores of 70 or below or up to 75 or below when considering the standard error of measurement to determine intellectual disability.

The Designated Agency (DA) is responsible for making sure that the applicant is financially eligible for services. (Medicaid). The DA must arrange for the

assessment to determine clinical eligibility. But the state is responsible for determining clinical eligibility. The State has been verifying clinical eligibility that had been determined by providers, so this is a slight change.

Section Three - Funding Authority and Sources

The State has no suggestions for any major changes to this section

Language was added to provide authority of the Department to issue instructions to providers regarding either reductions or increases in funding by the Legislator when the Legislator does not provide specific instructions.

Section Four - Available Programs and Funding Sources

The list of programs is not changing

Employment Support Conversion

Removing the requirement that at least 50% of existing community supports to be transferred to fund work supports.

These changes may help non-transition aged adults gain and maintain employment

Growth and Lifelong Learning
Renamed to Peer Teaching and Learning

HCBS
No change to funding priorities

Adding language that HCBS money must follow the rules in the Medicaid Manual

Intermediate Care Facility for Individuals with Developmental disabilities (ICF/DD)

Vermont does not currently have ICF/DD. However, the state is looking to develop a new one (See Special Initiatives section for more info). The intention is to develop an ICF/DD that could meet the needs of people with medical needs as an alternative

to nursing home care. However, the State would not require the home to have 24-hour nursing care available.

One-Time Funding

The State proposes to report on the use of One-time Funding to the SPSC thru DDSD Annual Report

Pre-Admission Screening and Resident Review (PASRR)

- The State authorizes funding for individuals who have been determined to need the service through a PASRR evaluation. The changes in the Plan are being made to be consistent with how the program is managed at the State. It does not impact what services are available or the funding.
- If needs change, a request can be made for a re-assessment
- Adjustments to an allocation are made based on the needs assessment

Projects for Transition Support (Project Search)

Proposing extending the age up to 30 for those who participate in this program if space allows. Also adding language to this section that individuals who have already graduated from high school must have HCBS budget to pay for their participation in the program.

Targeted Case Management (TCM) for persons with DD

Recommending adding “Units of Service to be provided are based on assessment need”. No limitations on TCM that can be provided to an individual in a month.

Special Initiatives

Based on stakeholder input, the State proposes to support initiatives in the following areas.

- Expand housing in alignment with Act 186
- Develop IC/DD

- Strengthening the direct support professional workforce, thru the efforts in recruitment, training, supervision and mentoring, skill development and retention
- Paying parents through DS HCBS dollars to provide services to their adult children
- Develop training for understanding the needs of individuals with autism spectrum disorders and designing individualized person-centered supports
- Creation of ombuds program for DDSD partnership with key stakeholders

Section Five – Management of Home and Community-Based Services Funding (HCBS)

The Equity Funding Committee

The State proposes changing the membership from 2 individuals to 1 to 2 individuals receiving services, family members or advocates.

The Public Safety Funding Committee

Prior representation was to include 1 Developmental Disabilities Services Division and 2 other interested individuals. The change would be to have 2 Developmental Disabilities Services Division (DDSD) staff and 1 other interested individual.

Guidance for Management of HCBS Funding

The State recommends removing the language requiring DA/SSAs to do a yearly audit of services paid through the Fiscal Employer/Agent (ARIS) and compare it to the percentage of supports an individual used. After this reconciliation, the agency would be expected to pay back any HCBS claims received that were more than 3% of the reconciliation.

This is not the process currently and should be taken out of the Plan. The State is working on developing DDS Payment Reform with stakeholder workgroups and input.

The State suggests a change around the Licensed group living situations that are considered statewide resources operated by DA/SSAs. When an individual moves

out or dies, the funding allocated to that individual may be spread across the budget for the remaining people in the home for up to 30 days with out prior approval. The proposed changes to this process would require prior approval to spread the funding any amount of time.

The State proposed increasing the funding level from \$200,000 to \$300,000 that requires a DDSD review of the services and necessary funding level.

The State also proposes increasing the threshold for requesting funding for individuals through the Equity/Public Safety fund from \$4,500 to \$5,000. This is to keep up with inflation and provider rate increases.

Unfortunately, meeting time ran out, therefore recommendations were made to the group to continue looking at the SOCP to see what changes are being proposed and submit your comments to the below e-mail.

AHS.DAILDDSDSOCPRegulations@vermont.gov

October 26th is the next public hearing from 4-6pm via Zoom.

The meeting adjourned and went into Executive Session to vote on Co-chair