

DS State Program Standing Committee (SPSC)

January 20, 2022

Meeting Held Virtually on Microsoft Teams

Attendees

Committee Members:

Max Barrows, Dawn Danner, Bethany Drum, Ed Place, Karen Price, Barbara Pine, Cheryl Thrall, Lyn Ujlaky, Connie Woodberry, Karen Topper and Susan Yuan

Guests:

Joe Greenwald, Ann Schumaker, Anne Cluett, Amy Brochu, Jen Hayes, Ross King, Michael Hartman, Jennifer Stratton, Collette Wilson, Jess Moore, Barbara Lee, Hasan and Tonya Mason

State Employees:

Jessica Bernard, Chris O'Neill, Jeff Coy, Lisa Parro, June Bascom, Lee Riley, Elise Hayden, Hilary Conant, Susan Aranoff, Jessica Nadeau, Joy Barrett and Judy Spittle

Role Call and Review Agenda

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

Meeting Minutes, SPSC Member Check-In

The SPSC meeting minutes from the December 16, 2021 meeting were reviewed. Connie Woodberry made a motion to accept the meeting minutes, Bethany Drum seconded the motion, and the motion was passed.

Re-designation of Lamoille County Mental Health Services (LCMH)

All sections reviewed met all requirements. Home Community Supports, Post-Secondary and Employment Services had all positive reviews. There is a strong initiative to improve the practice of including indicators of progress, data collection and writing direct, easily readable outcome reviews for analysis. Health and Wellness Supports has had a difficult year due to the pandemic. Lamoille County Mental Health has good staff morale, are collaborative, and always perform at a high quality. The staff at Lamoille County Mental Health was commended for going above and beyond. Clinical and Crisis Supports will be administering one of two Statewide Intensive Transition Homes. Staff training and supervision continue to be areas of strength for LCMH. The training coordinator has been successful to continue a learning culture that has supported the

values and principles necessary for staff to understand their work and the importance of their relationships and support.

An appreciation for Jennifer Stratton (Director at LCMH) stepping to do double-duty was noted. Jennifer united individuals and has created collaborated relationships with Green Mountain Support Services (GMSS), and strong partnership with Northern Vermont University, River Arts, Grace Arts in Hardwick, Copley Hospital, and the local Department for Children and Family Services (DCF) office and is proud of the work they have done with folks with DSA diagnosis. LCMH Service Coordinators are responsible for certain disciplines along with the requirements, understanding and training for the discipline which help spread the work and keeps the service coordinators invested in the work.

Due to the ongoing pressures of the pandemic and staff shortages, DAIL has temporarily excused the DAs/SSAs from submitting an updated local system of care plan at this time; they will be submitted at a later date. However, LCMH has completed surveys with staff, consumers and community partners to obtain information about what is working and what is not working during the pandemic.

LCMH worked with Susan Yuan on a situation with a parent with disabilities that is a success story. The agency has a few other consumers with children in which they are currently working with. Barb Prine commented on hearing such good news, we seldom have heard something that is positive and thanked everyone involved to keep up the good work. Much appreciation was given.

Conflict of interest in Case Management (COI)

It has only been a month since the Agency of Human Services (AHS) submitted a plan to the Centers for Medicare and Medicaid Services (CMS). As of today, we have not heard back from CMS. We are hoping to hear something by next month. DAIL is hoping to get a vendor to help us manage this plan; DDSD can be the content experts and stakeholders. Reminder that DVHA is drafting a Request for Proposal (RFP) with input from DAIL and DMH. Putting it out to bid, picking a vendor, and drafting a contract will probably take up most of 2022. As we get updates we will share with this group.

DDSD Director Updates

The new DDSD Director, Jennifer Garabedian will start on 1/24/2022. She comes from ARIS and will be very familiar with how our system works. She was previously in state government before ARIS.

Jennifer will be given a broad overview of what is going on right now. Then we will move into long term planning. Jessica, Clare, Monica White and DDSD leadership will be working on the onboarding foundation. Jessica asked that we support her in learning everything at a good pace.

DDSD is fully staffed now:

Jeff Nunemaker is in the role of Assistant DDS Director
Robert Knelson is the new Public Safety Specialist
Jessica Nadeau – Quality Management Reviewer
Rachel Wassel – Children’s Specialist (replacing Diane Bugbee who is retiring 1-28-222)
Jackie Rogers - OPG Director is retiring later this year. Heather Allen will be stepping into this position
Hilary Conant is Senior Auditor and Program Consultant

Jeff Coy thanked having Jessica in the Acting Director role and her extraordinarily leadership.

Barb Prine asked that DDS provide a list of who is in which DDS positions now. Judy and Jessica will work on this.

System of Care (SOC) plan – Clare McFadden and Hilary Conant are working on the State System of Care Plan and the regulation updates. This will be shared with this committee, hopefully by next month, to review the recommendations and make any suggested edits. This will be done with track changes. Hilary suggested to turn off the track changes, this will make it easier to review the actual content. The DD Act is what DDS is presently working on and it will be presented to SPSC ahead of time as well as public comment. Conflict Free Case Management will be addressed in the next SOCP update. DDS will ask Claire to join the February or March meeting to answer questions regarding the current changes.

A plan to figure out how to address conflict free case management was submitted to CMS about a month ago; AHS has not received a response yet.

Housing feedback with different options

Cheryl Thrall feels that it will take Commissioner level work and community partners to work on housing for individuals with disabilities. She would like to see the SPSC do some work on this. There is a federal definition of homelessness that doesn’t match Service Providers’ definition, so other ways to determine the needs have to be used and the needs may change over time. There may be a different need based on age (someone who is 65 verses a younger individual), or a youth in transition and what a parent may want; how to identify all needs and housing issues.

The DD Council is working with Vermont Family Network (VFN) on language on a bill, H.531, about the State of Vermont working with the Housing Authority on 3 new housing models using Federal Medical Assistance Percentage (FMAP) funding. They hope that the Vermont Center for Disability Rights (VCDR) will adopt it,

Multiple people are calling VT Legal Aid who have zero choice due to how the workforce issue is affecting them. If we don’t address the workforce issue, a 3% increase won’t be enough. Barb Prine inquired about having Jenny Samuelson, Acting Secretary for AHS, come to a SPSC meeting

Elise Hayden, Executive Director of Yellow House, feels there is a lot of momentum on residential housing with Developmental Disabilities. There is a listserv, and the legislators are listening and are trying to move forward with FMAP funding.

Green Mountain Self Advocates (GMSA-) has received some funding from the DD Council. GMSA will be holding some focus groups with individuals with DD to see what they have to say. Karen pointed out that Home and Community Based Setting (HCBS) residential settings must be in compliance with the HCBS settings rules, in which states must have a plan by March 2023 for compliance. The rules are very specific and include a focus on individual choice, autonomy, rights, respect, dignity, community integration, and fostering independence. The rules say that settings that receive HCBS funding must be in compliance with the rule. Can federal money be used in settings that do not meet the rules.

Meeting attendees warning about an “anything goes approach” when it comes to housing, and that the State look at current models and other creative options or innovative models that exist within our system. We should avoid the concept of “other” and that individuals must have a sense of community. Additionally, it was emphasized that we need to hear from individuals first-hand about what do they want.

Susan Aranoff mentioned that there is a bill that has been introduced by Representative Dave Yacovone (D-Morrisville) that would require AHS and DAIL to develop new house housing models in the system of care.

DS Payment Reform

DDSD is cleaning up codes and other things for payment reform; there are no new initiatives being worked on at this time.

SIS-A re-schedule

As previously discussed, DAIL received a 2nd request to pause the SIS-A. DAIL knows the current challenges. DAIL has stated that is it alright for individuals to re-schedule their SIS-A assessments Hilary and Jess are working with PCG, State contractor for the SIS-A and the Agencies to swap individuals’ assessments and re-schedule as needs arise. The State is trying not to put more pressure on our systems so we can focus on the people. We are all in the same storm and trying to work together and concentrate on health and safety, which may look differently for each agency.

The State acknowledges that we are in tough times with workforce shortages, and our agencies are coming together to quickly address situations and acknowledges that everyone is working very hard. Families are not receiving services at the same level which is very challenging, and people are doing their best.

FMAP – CMS has provided the State with a partial approval for using FMAP funding authorizations to draw down the extra 10%. This is still with the legislature so the State can't distribute these funds yet.

Updates

GMSA

We worked with the state to write information about the SIS explaining what it is in an accessible way.

We also put together a slideshow to use on Zoom about the Omicron variant of COVID. The slideshow explained testing, what it means if you test positive, what to do for isolating, why we keep getting different kinds of COVID, and how important it is to get a booster shot.

One concern we have is that many self-advocates are just getting a booster shot now. It seems like when the vaccine first came out, there was a lot of support and encouragement for people to get the vaccine right away. This does not seem to be the case for the booster. We don't really have any data to report about how many people still need to get a booster. We think that the state should ask the agencies to report on how many people are fully vaccinated and who have received a booster. We have a concern that it's not as much of a priority and we want people to get boosters.

Joy is going to remind the DA's and SSA's and encourage them to check in with folks to ensure people are aware.

VCP

The presentation with GMSA on decision making was very good; Agencies appreciated it.

Ongoing weekly crisis planning because of workforce issues.

DD Council

The Vermont DD Council and Vermont Family Network and soon Vermont Coalition for Disability Rights have a new platform item for the 2022 legislative session requiring AHS to work with Housing agencies to develop 3 new models for services supported housing for people with Intellectual or developmental disabilities who receive home and community based services. See below

New Housing Models with Home and Community Based Services.

Individuals and families must have a diverse range of stable housing options for recipients of Home and Community-Based Services.

The Agency of Human Services will work with State housing organizations and stakeholders, including families and self-advocates, to develop and fund at least three (3) new service-supported housing models. These model projects must collectively address the full range of support needs presented by Vermonters with disabilities who are eligible for Home and Community-Based Services including people with high support needs who require 24-hour care and those with specific communication needs.

The Center for Medicaid Services (CMS) requires that recipients of HCBS develop their service plans through a person-centered planning process.

CMS says that the planning process must include choice in provider, settings, and support services. Vermont's HCBS systems lack a range of choices with the result that beneficiaries are steered toward a single option, often supported living. Settings are limited because of a host of factors – the high cost of housing, Vermont's aging housing stock, and the fact that housing organizations have not typically partnered with the HCBS Programs. Vermont must address this problem with a multi-pronged strategy aimed at both securing more affordable and appropriate settings and developing the service models that can meet the unique needs of different disability groups.

Wrap up

Motion to adjourn was made and 2nd to close the meeting