State Program Standing Committee (SPSC)

January 18, 2024

Meeting held virtually by ZOOMGov

Attendees

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

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

Guests: Kirsten Murphy, Marie Lallier, Susan Aranoff, Jim Caffry, Katie, Katrina D, Jenn Townley, Judith Jackson, Marla McQuiston, Jen Hayes, George McWilliam, Chuck Medick, Julie Cunningham, Colette Wilson, Karen Topper, Alison Harte, Deborah Reed, Andy Davis, Elise Haydon, Gloria Quinn, Deb Reid, Jess Moore and Kara Artus

Roll Call and Review of Agenda and minutes –

December minutes were reviewed and approved by Bethany Drum and 2nd by Karen Price.

SIS-Validation Study

https://ddsd.vermont.gov/projects-initiatives/dds-payment-reform/dds-payment-reform-standardized-assess-workgroup

https://www.hsri.org/

Levels of Support Validation Study Results

DDSD used SIS-A assessments to make levels of support

6 different levels of support

- Low General Support Needs
- Moderate General Support Needs
- High General Support Needs
- Very High General Support Needs
- High Medical Support Needs
- High Behavioral Support Needs

Will there be an outlier? Will look at those individuals on their own. We will have an exception process for those who do not fall into any of the 6 levels of support. How will those folks who don't fit how will they be defined or classified? Everyone will fit somewhere it may just mean they need a little more in the level they fit in. Budget adjustment would be needed.

SPSC would be a good group to have further conversations on how the exception process would look like.

SIS-A Levels of Support Validation Study showed that the 6 levels of support were right for most people.

The Record Review process was led by Human Services Research Institute (HSRI) which included 4 review teams of DDSD staff and DS service providers.

- 160 consumer records, 10 from each agency
- Records had a mix of different support needs. This means different home settings, different services and amount of support needed
- 120 records were needed to do the study
- We asked for more than we needed because we knew some records would not have enough information to review
- 128 records were reviewed

How we did the study slide

- Step One: Looked at Individual Support Needs
- Step Two: Exploring Support Need by Support Level as a group to see if there was similarities – everyone is unique.

DDSD looked at the context information during the study. Context is more about who the person is, what they need, and the environment they live in.

The Standardized Assessment Workgroup helped identify the context areas. This Workgroup is creating the context tool.

The following questions were identified that are not in the SIS-A

- Need 24 hour supports
- 2:1 staffing, or special staffing needs
- Have services through Act 248
- Have a $200,000 + budget
- Ongoing and expensive technology or equipment needs
- Actions that are a health or safety risk
- Have a guardian through Office of Public Guardian

These were the questions we needed to answer with the validation study. The answers tell us if the levels of support are right for most people.

1. Do people need more support as the levels change?
   For example: do people in level 3 need more support than people in level 1 or 2?
   Answer: Yes, as the level got higher, people needed more supports

2. Only people in Levels M(Medical) and B (Behavioral) need a lot of support for their medical and behavioral support needs.
   Answer: Yes, most of the time.
   - 4 people in the M level that didn't need a lot of medical support
   - HSRI recommends that people need to score a '2' on at least one question in the medical section to be in the M level.
   - The rating scale in the medical section is 0,1, or 2.
   - A score of '2' means the need is high
   - Need to make sure the medical need is high for people with the M level. Scoring one question with a '2' will help show that.
3. Do people in the same support level have similar needs? Not the same because everyone is an individual, but similar needs.
   Answer: Yes, not the same needs, but similar.
4. Are the level descriptions right for most people in each of the 6 support levels?
   Answer: Yes, the descriptions made sense for most people.
5. How can level descriptions be better and easier to understand?
   Answer: HSRI has updated the language and made some things clearer. A plain language version will be shared once it's ready.

SPSC Feedback

Andy Davis – review methodology – doing more of a blind study – look at the level support and the SIS separately and see if they match.

We wouldn't be able to do a blind study because we wouldn't be able to really see what the individual truly needs. We looked at actual individuals so the providers could speak to the details.

Context slide – same level of support but maybe more functional. Community integration and relationships with providers. Human dimensions

Levels M&B – Mental Health use the SIS-A language Behavior and Mental Health are interrelated and could be separate.

Using behavioral and mental health, individuals are being denied services when both are used. IDD and Autism individuals are being denied services

Standardized Work group – working on the Context piece. Draft will be available late winter early spring to have a DRAFT

RESULTS/Findings – recommendations from HSRI shifts the burden

Barb – shifted the burden onto the individual if they fall in 1. Doesn't think we should use HSRI recommendations

Did it align with Special Care Procedures. Medical Part go through 1 and 2's. Did Joy Barrett look at these. We can find time to talk with Joy about all of this.

Report back that someone (Joy) has looked at the Special Care Procedures. Delegation needs to be looked at too. Discuss more in February if not March meeting. Joy to talk to the Nurses group too.

How did we come to 7 and 11 – doing the validation study – HRSI methodology

If after the SPSC wants to go further, they can make a formal recommendation

Follow-up and Reminders

- Working on adding context into the process
- 5 out of 6 people who needed more supports than the level they were in had two context questions in common:
    - Needing 24 hour supports and or
    - Needing 2:1 staffing, or unique staffing needs
    - Will continue working with our contractors, Standardized Assessment Workgroup and stakeholders
- Will share plain language support level descriptions when ready
- The providers did their rate surveys. Can start to build new rate models and propose budge framework in 2024
- Will have an exceptions process for people who need more services and funding
- Grievance and Appeal rights will always be available

Conflict of Interest

SPSC questions/concerns

Is there a way some of this can be consolidated so that we still don't have conflict of interest. Not to have so many people involved.

5 different entities who would be involved in the future. Is there are way to reduce it to 3 or 4.

- concerned to realize how many professionals will be involved in recipient's lives, compared to in previous years. Also concerned about how we will find staff for all these organizations, when there is a statewide staff shortage.

We are looking to get multiple CM Entities. Not necessarily just 1 or 2.

Service Coordinator role: Needs to re-define the roles. We are working on this. Work in progress

We will share the progress that has been made with the roles.

Bridge program – concerned how this will be rolled out- DAIL taking this on (Clarification: DAIL will be taking on Bridge program. Recommendation: Bridge Care Coordination to move to the Case Management entities in the future).

Concerns that were mentioned: How will they be present at all the school meetings? Lose sight of the relationships between individual/family and providers etc.

Act 186 Grantees

Upper Valley Services (UVS)

Deb Reid – Housing Coordinator

Implementing 8-12 housing units across Washington and Orangies Counties. They are working with a strong team comprised of Downstreet Housing, Ward Joyce Design, Duncan-Wisniewski Architecture, Eugene Skip Whitman along with the community, and members of Developmental Disabilities Housing Initiatives Leadership Team and fellow group members, parents and guardians. Using innovative or smart technology to enhance independence. This model will aim to provide housing options that help promote independence and offer access to transportation, social connections and essential resources.

UVS will work to create a housing development documentary created by Eugene Skip. In conjunction with creating workshops for parents and providers to help families to create new and innovative housing projects.

Champlain Housing Trust

Alison Harte, Project Manager discussed their plan.

Champlain Housing Trust is an affordable housing developer housing tenants with disabilities in Chittenden County, grantee, project manager and fiscal agent.

Planning Partners

- Howard Center
- Developmental Disabilities Housing Initiative (DDHS)
- Champlain Community Services (CCS)
- Duncan Wisniewski Architecture

Scope of Work

Develop a peer-residence supportive housing model for adults with I/DD that provides long-term stability, safety and community support for adults with varying skills and support needs including 24/7.

- Design and integrate assistive technology and remote support to enable residents to perform activities of daily living and learn new skills
- Create a viable housing design and identify a potential location
- Create a services plan focused on individual support preferences, community integration, safety and oversight
- Develop a sustainably funded budget to effectively house adults with I/DD for the long term

Project design – 1st floor – 2 bedroom apt and staff area, community space, common living area

2nd floor -3-4 studio apt that can live more independently in the Burlington area.

Progress

Developed an implementation plan outline based on effective housing models for adults with disabilities from the Corporation for Supportive Housing (CSH), Substance Use and Mental Health Services Administration (SAMHSA) and The Kelsey Inclusive Design Standards.

Started to assess the viability of proposed housing model against an existing multi-family building in Burlington.

Hired a technical consultant to design and integrate assistive technology and remote support within the model

Medicaid Settings Rule – all tenants would have leases

DDHI plans on going to the Legislative to ask for funding. Marla McQuiston

DD Council Update

Under current law, the office of Vermont Medicaid has the power to recapture state funds after the death of a Vermonter with an ABLE savings account. This is sometimes called the Medicaid "claw back." The Treasurer's office wants to protect Vermont ABLE accounts from this happening. The DD Council 2024 Legislative platform calls for protecting Vermont's ABLE accounts from the Medicaid claw backs.

State has a 2nd correction of action plan with CMS – settings rule- posted in January, impacts https://dvha.vermont.gov/global-commitment-to-health/comprehensive-quality-strategy

NOTE that you have to scroll down to find the document the DDSD System.