



Vermont State System of Care Plan for Developmental Disabilities Services - FY2023-2025 Summary of Changes

This document is a summary of the major changes to the Developmental Disabilities State System of Care *Plan* (from here on called the “*Plan*”) for fiscal years 2023-2025. These changes include things that have been added to the *Plan*, taken out of the *Plan*, or making as a major change to what was in the previous *Plan*. These include some of the changes proposed in the draft *Plan* and the final changes after the State received public comment from stakeholders on the draft.

Section One – Introduction

The name of the *Regulations Implementing the Developmental Disabilities Act of 1996* is changing to the [Health Care Administrative Rule 7.100 – Disability Services – Developmental Services](#). It is usually just called the *Rules* throughout the *Plan*. Parts of the *Plan* overlap the *Rules*. The *Plan* and *Rules* were both being updated at the same time. However, the *Rules* have not yet been approved by the Legislature. The final *Plan* includes sections in the *Rules* as they were submitted to the Legislature for approval. The *Plan* may need to be updated if there are changes made to parts of the *Rules* that are included in this *Plan*.

The *Plan* has been updated to include the changes from Act 186 that amended the Developmental Disabilities Act. One change in Act 186 states that parts of the *Plan* no longer need to be included in the *Rules*. One example is that the description of available programs and services will now only be in the *Plan* and not in the *Rules*. This makes updating and renewing the *Plan* a little easier.

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 an online stakeholder survey. Because of the COVID-19 Public Health Emergency, Local System of Care Plans were not part of this *Plan* renewal.

This *Plan* does not address future changes related to Payment Reform, Conflict of Interest in Case Management or suggest specific new housing models. These are all major projects for which the State will need to continue planning with stakeholders. The *Plan* can be updated at any time needed as long as proposed changes are submitted to the State Program Standing Committee at least 60 days before a change becomes effective.

Also, due to the COVID-19 Public Health Emergency, the State provided certain flexibilities to the rules and guidance outlined in the *Plan*. These flexibilities take precedence over the rules outlined in the *Plan* until providers are notified in advance that a flexibility has ended.

The *Plan* has links to the [Department of Disabilities, Aging and Independent Living \(DAIL\) Mission Statement and Core Principles](#) instead of including them in the document.

[The DD Act Principles of Service](#) are linked in the *Plan* instead of being listed out.

Section Two – Eligibility

Clinical eligibility for Developmental Disabilities Services is updated to what is proposed in the *Rules*. The new clinical eligibility criteria includes full-scale IQ scores of 70 or below or up to 75 or below when taking into account the standard error of measurement to determine intellectual disability.

The Designated Agency (DA) is responsible for making sure that an applicant is financially eligible for services. The DA must arrange for the assessment to determine clinical eligibility, but the State is responsible for determining clinical eligibility. Previously, the State had been *verifying* clinical eligibility that had been determined by providers, so this is a slight change.

If an individual is found financially and clinically eligible for services, an Individual Needs Assessment must be completed.

Individuals applying for HCBS must participate in the needs assessment process established by the State.

Agencies must conduct or arrange for the needs assessment.

Consistent with proposed changes in the *Rules*, people must be notified in plain language of their rights, including their rights outlined in the federal Home and Community-Based rules.

The number of hours per day of Home Supports that can be self or family-managed is increasing from 8 to 12 hours. This would apply to self or family-management of In-Home Family Support or Supervised Living, but not Shared, Staffed or Group Living.

Language was added indicating that an ISA must be in place within 30 days of the first day of billable service “*or authorized start date for HCBS*”. This is to reflect that services are now billed for on a monthly basis, with the first day of billable service potentially being prior to the authorized start date. The payment is adjusted the following month to accommodate partial months of service.

Agencies would have 30 days from either the first day of billable service or the authorized start date, whichever is later, to have the ISA in place.

Section Three – Funding Authority and Sources

The new *Plan* adds the *Encounter Data Submission Guidance* to the list of policies that provide authority and guidance regarding how funding is used.

Language was added to provide the authority of the Department to issue instructions to providers regarding either reductions or increases in funding provided by the Legislature when the Legislature does not provide specific instructions. Language was added that the State will consult with provider agencies and the Supportive ISO as well as the State Program Standing Committee for recommendations regarding reductions or increases before issuing instructions.

New language was added regarding the responsibilities of DA/SSAs in assisting individuals and families who share manage a portion of

their individual budgets. This is not a new responsibility, but it had not previously been noted in the *Plan*.

Section Four – Available Programs and Funding Sources

The list of available programs is not changing. However, there are some changes to some of the available programs as noted below.

Employment Support Conversion

The Employment Support Conversion option has been updated to remove the requirement that at least 50% of existing community supports be transferred to fund work supports. Some Community Support funding could be converted to assist a person to gain employment. The supports to help gain employment include employment assessment and employer and job development services.

Once an individual has been hired into a job, their Community Supports can be changed into Employment Supports for Job Training and Ongoing Support to Maintain Employment. Then the DA can ask for additional funding, up to \$5,000, for any additional costs related to the difference between the hourly service rate for Community Support and Employment Supports. These changes may help non-transition aged adults gain and maintain employment.

Home and Community-Based Services (HCBS)

No change to the funding priorities were made.

The State added language that use of the HCBS funding must follow the rules in the [Medicaid Manual for Developmental Disabilities Services](#) as well as the federal HCBS rules.

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

Vermont does not currently have an ICF/DD. However, the State plans to develop a new one (see Special Initiatives for more information). The plan is to develop an ICF/DD that can meet the

needs of people with medical needs as an alternative to nursing home care.

One-time Funding

The Plan now includes that the State will report on the use of One-time Funding to the State Program Standing Committee through the DDS Annual Report.

An additional allowable use of One-Time Funding was added. The funds can be used to cover the cost of installing a lock that complies with the HCBS settings rule for people in shared living homes who are in service in FY23. In the future, the cost would be an expectation of all new home providers.

Peer Growth and Lifelong Learning

In the previous *Plan*, this service was called *Growth and Lifelong Learning*. In the draft *Plan*, the name was changed to *Peer Teaching and Learning*. The name is now changed again to ***Peer Growth and Lifelong Learning***. This is to avoid any overlap with the name of a specific provider of this service. The service itself is not changing.

Pre-Admission Screening and Resident Review (PASRR) Specialized Day Services

Updates in this section include:

- 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

The *Plan* extends the age of people who can potentially participate in this program—if space allows—up to age 30. This section also

adds language 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 Developmental Disabilities

The following language was added to the TCM description: “Units of service to be provided are based on assessed need.” This is to help make it clear that there is not a maximum amount of TCM that can be provided to someone in a month.

The *Plan* clarifies that TCM may be used for individuals aged 18-22 when it is deemed more appropriate than using the *Bridge Program*.

Special Initiatives

Based on stakeholder input, the State identified the following priorities for initiatives in the following areas:

- Expand housing options/alternatives based on stakeholder input and in alignment with Act 186, including a review current State rules and limitations in the *Plan* that may pose barriers to innovative housing options,
- Develop an ICF/DD,
- Strengthening the direct support professional workforce through targeted efforts in recruitment, training, supervision and mentoring, skill development, and retention,
- Explore the option of 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,
- Systemically incorporate Supported Decision Making into the service delivery system,
- Explore creation of an ombuds program for Developmental Disabilities Services in partnership with key stakeholders,
- Conduct a fiscal impact study of expanding the funding priority for employment support to people up to age 65 from

- current limit of age 26 and raising the funding limit of 25 hours a week to 30 hours a week of employment support, and
- Develop a plain language document describing people’s rights under the DD Act and the federal HCBS rules.

The State will develop more detailed workplans and timelines for these initiatives as the work evolves with input from key stakeholders and workgroups.

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

The Public Safety Funding Committee

In the previous *Plan*, the Committee’s representation included 1 Developmental Disabilities Services Division (DDSD) staff. The new *Plan* changed the representation to 2 DDSD staff.

Guidance for Management of HCBS Funding

The previous *Plan included* language requiring DA/SSAs to do a yearly audit of services authorized to paid through the Fiscal/Employer Agent (ARIS) and compare it to the percentage of supports an individual used. The agency would have been expected to pay back any HCBS funds received that were more than 3% above the value of the services that were delivered.

This section of the previous *Plan* was never implemented. Instead, the Agency of Human Services Secretary and the providers reached an agreement to work on a new payment model that would allow for transparency and accountability regarding how funding was used. Therefore, the new *Plan* removed that section. The State continues to work on a new payment model with stakeholder workgroups and input. Also, language was added indicating that the State may conduct reviews or audits to ensure compliance with rules related to suspending or terminating billing of services when services are not being provided.

The new *Plan* includes a minor change around licensed group living situations that are considered statewide resources operated by

DA/SSAs. Previously, when an individual who lived in a group living situation moved out or died, the funding allocated to that individual could be spread across the budgets for the remaining people in the home for up to 30 days without prior approval. The new *Plan* changes this process to require prior approval by the State to spread the funding. This change was made to allow for prompt notification of available group home beds.

The *Plan* adds language about providers needing to follow the State Medicaid rules related to billing of other insurance prior to billing Medicaid. This has always been an expectation of Medicaid providers but is just being added to the *Plan* as a reminder.

The previous *Plan* required a special review by the Division of individual annual budgets over \$200,000. The new *Plan* increases the funding threshold for a special review from \$200,000 to \$300,000.

The new *Plan* increases the threshold for requesting funding for individuals through the Equity/Public Safety fund from \$4,500 to \$5,000. This is to keep pace with inflation and provider rate increases.

Under “Limitations for Funding”, language about a maximum amount on annual HCBS funding is removed.

The *Plan* adds language that emphasizes that services in residential settings must be consistent with federal HCBS rules.

Language that says: “*Facilitated Communication shall only be funded when it is used consistent with the [DDSD Facilitated Communication Guidelines](#)*” was added.

Language that says: “*Behavior Consultation and Support shall only be funded when it is used consistently with the [DDSD Behavior Support Guidelines](#). HCBS funding cannot be used for behavior interventions that restrict their basic human rights and the rights guaranteed by the DD Act*” was added.

The new *Plan* increases the maximum amount of funding for the Parenting funding priority to \$10,000 per year.

The new *Plan* changed the language regarding a maximum hourly rate that can be paid to employees who are paid through the Fiscal/Employer Agent (F/EA). The State authorizes service rates for new funding and the DA/SSA/Supportive ISO authorize service rates for existing funding. For employers who are hiring independent workers who will be paid through the F/EA, those employers determine the wage to be paid. The new *Plan* does not include a maximum wage that can be paid to those workers but sets up a process for review of rates that are outside a benchmark set by the State.

The *Plan* adds language that allows those who are self/family or shared managing to use a portion of their individual budgets for community or employment supports to pay for mileage for workers who are paid through the F/EA.

Waiting List

Changes were made to the information to be collected on the waiting list to be consistent with changes to the proposed *Rules*. The new *Plan* requires waiting list information to continue to be collected on HCBS, Family-Managed Respite and Flexible Family Funding, but no longer be collected on Targeted Case Management and the Post-Secondary Education Initiative. The State will report on waiting list information in the Annual Report which will be reviewed annually by the State Program Standing Committee.

Section Six – Plan Development

This section talks about how the *Plan* was created. Because of the COVID-19 pandemic and the current workforce crisis, the State used a slightly different process to renew the *Plan* this time.

The DA/SSAs were not required to do local System of Care plans, so the State created an online survey. Stakeholders across the state filled out the survey.

The State held seventeen stakeholder forums to gather input before developing a draft of the *Plan*. Some of these forums were focused on three topics that the State was asked to consider by stakeholders and the Legislature:

- Housing options/alternatives,
- Paying parents with DS HCBS funds to care for their own child, and
- Supports for individuals diagnosed with autism spectrum disorders.

Some of the forums were general input sessions about the System of Care for individuals with developmental disabilities in Vermont. Summaries of the input were created and posted on the State's website. A link to these summaries is included in Attachment A of the *Plan*.

In addition to the survey and input forums, the State used other information to develop the *Plan*. This included written comments and input sent to the State. The State had a special email address for this purpose. Also, some stakeholders wrote letters to DDS. The State also met with the DDS State Program Standing Committee while developing the *Plan*. The DDS State Program Standing Committee helps the State by providing advice to create policies.

The State looked at the quality review process and data from the DDS Annual Report and included suggested improvements to the *Plan*.

In this section, Local System of Care Plans summaries have been removed because they were not part of the process to renew this *Plan*.

The *Plan* includes details about the Public Forums and Hearings, the Online Survey, the special email address set up for input on renewing the *Plan* and changes to the *Rules*, meeting with the DDS State Program Standing Committee, the Quality Reviews, and reviews of other existing information. Information from all these

sources was used in developing the draft *Plan*. There were two public hearings on the draft *Plan* and stakeholders also had the opportunity to send written comments on the draft *Plan*. The *Plan* was finalized after a review of all the public comments.

Section 7 – DDS System Development Activities

The previous plan included a section regarding the DDS Strategic Plan and the Division’s workplan. This section was removed from the *Plan*.

Attachment A – Developmental Disabilities Services Codes and Definitions

This section was renamed “Links to Important Documents” and now includes a link to the *Developmental Disabilities Services Codes and Definitions* and links to additional important documents.

Attachment B – Moving Funds in Individualized Budgets/Overspending in Funding Areas of Supports (Authorized Funding Limits)

The “Overspending in Funded Areas of Support/Authorized Funding Limits” diagram has been updated to reflect employer responsibilities. The employer is expected to monitor the bi-weekly spending reports that the Fiscal/Employer Agent (ARIS) sends. If there are not enough funds in one Authorized Funding Limit (AFL) for a service category to cover all the supports provided, the employer needs to work with the Agency (or Supported ISO) to authorize a transfer of funds between funded areas of support to pay the timesheets or non-payroll request.

If there is not enough money in the overall budget, the employer may be responsible for personally paying the employee or vendor/contractor.

Attachment C – Developmental Disabilities Service Funding Appropriations for HCBS FY 2023

This chart has been updated to show the amount of money budgeted for Developmental Disabilities Services for State Fiscal Year 2023.

Attachment D – Needs Assessment

There are no changes to Attachment D. While some people are also having their needs assessed with the Supports Intensity Scale – Adult (SIS-A), the current needs assessment continues to be used for informing what is needed in an individual budget.

Attachment E – Summary of Local System of Care Plans

The State is deleting this summary because local system of care plan development was not part of the process for this *Plan* renewal.

Attachment E is now a **Glossary of Terms** used in the *Plan*. It includes a formal definition of the term as well as a plain language definition and links to more information.

Attachment F – DDS Work Plan SFY2015-2017

Attachment F was removed.