

“SPECIAL” - State Program Standing Committee (SPSC)

July 11, 2024

Meeting held virtually by ZOOMGov

Attendees

Committee Members: Barbara Lee, Bethany Drum, Connie Woodbury, Collins Twing, Jennifer Stratton, Karen Price, Cheryl Thrall

State Employees: Jennifer Garabedian, Jeff Nunemaker, Jessica Bernard, Jessica Bernard, Ross King, Judy Spittle

Guests: Boyd Brown, Elise Haydon, James, Judith Jackson, Ernie Dematties, Kirsten Murphy, Jess Blais, Delaina Norton, Katrina D, Shannon Burbela, Chuck M, Julie Cunningham, Kara Artus, Marie Lallier, Ken Gingras, Teeka, Carrie, Jean Warner, Liba, Tonya Mason, Elizabeth Raven Walters, Katy Kuchta, Dens Houle, Susan Aranoff, Jamie Brew, Oliva Zoecklein, Sharon Ryan, Jen Hayes, Gloria Quinn, Bart Mair, Ellen Malone, Simone Rueschemeyer

COI – Service Table Definitions

This document will hopefully provide more details for people. These are not recommendations that will be going to the Secretary.

The discussion started with Respite Supports

Respite Supports

Service category – This definition is from the VT Global Commitment for Health Waiver documents

Service Category Definition – also from the Global Commitment for Health Waiver

Unique Service – Through this document, the state is looking to provide more detail on each of the services that are included in the DDS Home and Community Based Services. They are described as “Unique Services”. The codes are how you track how many services are being provided for the types of respite supports.

Roles – (person, service providers, and case manager) Through these columns the Division is trying to describe what these roles and responsibilities will look like in this system. Because most respite in Vermont is self/surrogate directed, the roles of the Service provider and case manager seem basically is the same.

When Agency directed

If DA is the chosen provider, the DA must continue to provide authorized service or contract for the provision of service to be provided by a subcontracted service provider per provider agreement (Designation Rule).

CME may assist in identifying alternative service arrangements. DA must collaborate and seek authorization from CME when identifying and arranging subcontracted services. If SSA is chosen, SSA reviews support brokering needs and determines if can meet person's needs.

Implements respite support services based on the scope, duration and frequency specified in the plan and service definition.

Documents service provision based on reportable and non-reportable actions guidance to support service payment.

Provides analyzed and summarized data to CME documenting progress towards goals related to service in a format as defined in ISA.

Reconciliation report (utilization of authorized services) on a quarterly basis.

While it is true that SSA's can say that we don't have resources to take on a person, once we're on board we provide ALL the same services as a DA. We are reviewed and designated the same as DA's.

Home providers can find respite services, SSA's provide training.

Service coordinators can find respite

Like Designated agencies, CME's will have a zero-reject policy.

SPSC still feels this is confusing and it would be to families.

The Quality Assurance will remain stays with the State..

The CME monitors the individual level for service satisfaction.

CME is monitoring to make sure the plan is being followed for the individual and to be sure that the individual is able to access needed services. DA/SSA's provide the services. The person goes to the State if needed, files a complaint or grievance.

Jennifer Stratton suggested putting things into compartments – a flow chart would be helpful.

The RFI has a flowchart and will explain a lot of this. HCBS website. [RFP DAIL Template v2023 \(vermonthcbs.org\)](https://www.vermonthcbs.org)

Self-Directed Care

The federal definition of “Self-Directed Care” is when an individual, their family or surrogate meets requirements and chooses to manage some or all of their developmental disabilities services, the person has the responsibility of hiring his or her own staff and overseeing the administrative responsibilities associated with receiving developmental disabilities services funding, including contracting for services, developing a service plan, fulfilling the responsibilities of the employer, and planning for back-up support or respite in the case of an emergency. Vermont uses the terms self-managed, and family managed to refer to individuals and family members who manage all DDS HCBS. Vermont defines shared-managed services when individuals and/or family members manage **some** of their DDS HCBS.

Support Brokering Services means services that assist a person and/or his or her representative in managing individual-directed services. The services must be delivered in a manner that supplements, but does not duplicate, the Case Management Service. Support brokering includes:

- Collaboration with a person’s planning team determining person's needs, preferences and goals related to self-direction.
- Providing training and information to assist employers of record in understanding their role and responsibilities.
- Reviewing service and individual budget utilization and assisting person in understanding the funding rules and budget management.
- Assist the person and employer of record with managing employer-related tasks including, but not limited to: Recruitment, interviewing, and hiring; Determining pay rates for self-directed employees; Training for self-directed employees; Writing job descriptions; Scheduling self-directed employees; Supervising self-directed employees; Understanding employer-related duties/ responsibilities.
- Communicating support needs and preferences to employees, as needed; Approving timesheets and reviewing payroll reports from Aris; Identification/remediation of problems with self-directed employees that are directly related to person's needs as per job description.
- Support person with planning and finding vendors to provide goods as defined in the ISA.

Support brokering is subject to conflict-of-interest requirements.

Why do we need this? DDSD: an asset for the individuals who want to self-direct, will allow person to direct their services, ensure people are managing a process appropriately.

Some committee members indicated that they felt that there wasn't a need because Currently, TII provides this and they didn't feel that there was conflict right now. Support Broker Services would maintain some of the services through the DA, SSA and maintaining the relationships.

Barabara – the 80 something families have not been approached about this, or changes to the system, this that currently work with TII.

Could both DAs and SSA's provide support brokerage – yes, that would be a possibility. T-II could also potentially be a Support Broker organization. This is an evolving idea.

Ernie Dematties shared his experience with TII. He self manages his son and Transition II has been the best thing for his son. Does not like the term "Brokering" – makes it sound like you are dealing with money, etc. Why would you change something that is working just fine.

Relationship between the support broker and the role that the provider role that would continue.

Questions from SPSC:

How much of the current service coordinator role is part of the Support Brokering.

It seems that the thought from the State of Vermont is that once people who fully self or family manage have a case manager, they may not need to work with a support broker. Is thought that the support broker will assist families or people who cannot self-direct but want to self-direct.

Do we know if there is going to be a clientele that needs support brokering in order to fund the service? Will support brokers be available during the time of people transitioning to the case management entity.

I look forward to further clarity on the difference between program coordination and brokering-or maybe a program coordinator would bill for the service?

Where are we going to get all of these new people.

Jennifer – will look at current positions and see what they might be doing already and maybe making changes.

Jennifer, can you or Jeff talk about how the State will ensure consistency for all people who will be self-directing if they do not have a support broker?

Have decisions already been made on this? Are the questions, concerns, and opinions that are being expressed here being considered? Is this a finished document?

This document is intended to provide clarity. This is not a finished document.

Crosswalk – have you done this between fee for service and category of activities

This will not be the last time that this will be discussed with SPSC. Conflict of Interest topics, including the idea of Support Brokering, will continue to be an agenda topic for discussion.

To review full presentation [..\Presentations\Vermont HCBS-COI DDSD Service Table DefinitionsFINAL.pdf](#)