

Sections of the Vermont System of Care Plan for Developmental Disabilities Services (eff. 10.1.17) related to home supports¹

Role of Division in Funding

Page 18 (I): Assist DA/SSAs to fill vacancies in group homes/residential settings that are considered statewide resources, including the Intermediate Care Facility for people with Developmental Disabilities (ICF/DD). DA/SSAs must notify DDSD of a group home/residential setting opening. The Division then sends a notice to the statewide provider network. DA/SSAs receive referrals and consult with DDSD staff to review viable candidates and come to a mutual agreement as to the best match for the home. In the event that a mutual agreement cannot be reached, the DA/SSA will make the final decision.

Page 19 (J): Approve increases in funding for group homes/residential settings that are agreed upon by the provider and DDSD to be considered statewide resources.

Role of Designated Agency

Page 20 (H): Notify Division of openings in group home/residential settings that are considered statewide resources.

Timeframe for Funding

Page 52 (2): This section outlines when billing for a person's budget must be suspended or terminated.

https://ddsd.vermont.gov/sites/ddsd/files/documents/Vermont_DS_State_System_of_Care_Plan.pdf

This is when a person is in jail, a nursing home, ICF/DD, level 1 psychiatric bed or other hospitalizations. The gap in service provision is temporarily suspended due to the pandemic.

Page 53 (7): If an individual in a group living situation moves out or dies, the funding allocated to that individual may be spread across the budgets for the remaining people in the home for up to 30 days without prior approval. Requests to extend the funding beyond 30 days must be made to the Equity Funding Committee or Public Safety Funding Committee and cannot extend beyond 90 days in total. When spreading costs to the remaining people in the home, the total individual budget cannot exceed an annualized amount of \$300,000.

Administrative Guidance for Funding

Page 56 (5b): Funds are returned as Returned Caseload Funding when an individual has:

¹ Compiled by DDSD from State System of Care Plan (eff. date 10.1.17)

Moved into a group home/residential setting that is considered a statewide resource.

Limitations of Funding

Page 57 (13): When utilizing shared living provider arrangements for home supports, DA/SSAs must follow all applicable state and federal tax and labor laws.

Page 60-61 (10): Home and Community-Based Services funding may not pay for room and board costs, rent or utility subsidies. These costs are typically paid for through the individual's SSI/SSDI and other sources (Sources of funding other than SSI/SSDI to assist with room and board costs include Section 8 subsidies, wages and public assistance (e.g., fuel assistance program, General Assistance vouchers, 3Squares VT). HCBS also may not pay for the costs of vacations. Home and Community-Based Services funding may be used, however, to cover costs incurred by a paid caregiver to support an individual on vacation (e.g., hotel and food expenses). HCBS funding may be used to attend camp, when going to camp serves the function of respite. The amount of funding that can be used is up to the typical daily rate for respite for the individual for each day of attendance.

Page 61-62 (11): Shared living homes, including short term arrangements, must meet the standards outlined in the Housing Safety and Accessibility Review Process.

- a. The shared living provider, or applicable landlord, is responsible for all costs to be in compliance with the housing standards.
- b. Home and Community-Based Services funding may help pay for home modifications for physical accessibility, not to exceed \$10,000. The costs of ramps, widening doorways and accessibility modifications to bathrooms may be appropriate cost to reimburse. (See additional detail in SOCP.)
- c. HCBS funding may be used for other home modifications required for accessibility related to an individual's disability, including cost effective technology that promotes safety and independence in lieu of paid direct support. This would be in circumstances in which the technology substitutes for paid staff. Examples include remote monitoring systems for the home, visual fire alarm systems for person who is deaf, medical alert systems, etc. Costs may be covered using DA/SSA base allocation, new funding or one-time funding. Once a modification is paid for, the funding for the modification must be deducted from the individual's budget. Costs for systems that require an ongoing service fee may continue to be included in the HCBS budget.

Page 62-63 (14): Developmental disabilities HCBS services funding cannot be used to:

- a. Increase the availability of residential settings that provide supports to more than four adults (age 18 and over). Any exceptions to this limitation must be approved by the Division.

- b. Fund residential settings that provide supports to three or more children (under the age of 18). Any exceptions to this limitation must be approved by the Division.
- c. Fund placements in residential schools or treatment centers; or in-state or out-of-state nursing facilities, correctional facilities, psychiatric hospitals or ICF/DDs.
- d. Fund out-of-state placements for adults unless they pose a risk to public safety and there are no appropriate treatment options in Vermont and the cost is less than the cost of community-based supports in Vermont. Involvement and approval by the Division is required.

Home Supports Service Definitions:

Supervised Living are regularly scheduled or intermittent hourly supports provided to an individual who lives in his or her home or that of a family member. Supports are provided on a less than full time (not 24/7) schedule.

Staffed Living are provided in a home setting for one or two people that is staffed on a fulltime basis by providers.

Group Living are supports provided in a licensed home setting for three to six people that is staffed full time by providers.

Shared Living (licensed) supports are provided for one or two children in the home of a shared living provider/foster family that is licensed. Shared living providers/foster families are contracted home providers and are generally compensated through a "Difficulty of Care" foster care payment.

Shared Living (not licensed) supports are provided to one or two people in the home of a shared living provider/foster family. Shared living providers/foster families are contracted home providers and are generally compensated through a "Difficulty of Care" foster care payment.

ICF/DD (Intermediate Care Facility for people with Developmental Disabilities) is a highly structured residential setting for up to six people which provides needed intensive medical and therapeutic services.