

September 25, 2020

Monica Hutt, Commissioner  
Selina Hickman, Director Developmental Disabilities Services Division  
Clare McFadden, Deputy Director for Payment Reform  
Department of Disabilities, Aging and Independent Living

Dear Monica, Selina, and Clare,

Vermont Care Partners was surprised to learn that an RFP was issued for implementing a new assessment process using the SIS. There are a number of dynamics in play that cause us to recommend that the RFP be withdrawn including; the challenges and uncertainty of the COVID 19 pandemic, the CMS decision on Vermont's compliance to the Conflict of Interest Free Case Management Rule, and a number of questions about proposed assessment process and related practices.

Although all Agencies are doing their very best to accommodate the challenges of providing services during the pandemic, this is clearly a time of tremendous stress for those we serve, our staff and agency fiscal stability. The course of the pandemic is unclear, we may well still experience increases in its prevalence among the people we serve, shared living providers, contractors, and staff over the coming months. With schools reopening, families are under increased stress with some staff unable to work full time or provide services in the community. This is not a good time to have an out-of-state organization compete for our very limited workforce. Some families are still refusing in-person services due to chronic health conditions and the reinstatement of the service suspension rule could have significant fiscal implications for agencies. In the midst of this level of disruption which could've last for another year, it is not an auspicious time to change how assessments are processed. System change will add disruption to our service system when it is already stressed. On the other hand, this would be an opportune time to process what we have learned during the pandemic and determine if there are practice improvements that we may want to utilize in the long term.

Our understanding is that CMS has determined that Vermont is in compliance with the Conflict of Interest Free Case Management Rule because of the managed care structure of our 1115 Medicaid waiver program. This is an important decision with significant implications that would be appropriate to process with multiple stakeholder groups, since it appears that the planning for service delivery reform had not considered this possibility previously. As providers of the DS system of care for over 40 years, we encourage DAIL to review and rethink the choices made to date and to consider what different choices might be made given this new foundational information. What type of mitigation options, if any, does CMS want? Should we institute options counseling? Would an Ombudsman function be a better way to ensure that the people served have objective support to access the services they need? We suggest that DAIL involve Designated and Specialized Service Agencies and other stakeholders in stepping back and reassessing our options for enhancing our services given this new dynamic.

Finally, we have many questions about how the new assessment process will work and mesh with our existing policies and practices, including the existing System of Care Plan for Developmental Services, in a manner that does not decrease efficiencies of service nor increase costs. These are important questions

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that should be resolved before the RFP process moves forward to avoid confusion and problems at a later point. However, should you not agree with our strong recommendation to hold up the RFP and still move forward with the Bidders conference, please consider these questions as our submission.

1. How will the intake process work? Currently this is a function of designated agencies DAs. Will DAs continue to do intakes?
2. When an individual applying for supports is deemed to need immediate services will the DA be funded for services in advance of the assessment being done by a contracted assessment agency?
3. When an individual already receiving services is deemed to need immediate increase in services will the DA/SSA be funded for services in advance of the reassessment being done by a contracted assessment agency?
4. Is there still an expectation that we maintain a zero-reject system? The continuation of a zero-reject system needs to be renegotiated in the context of payment reform, particularly how the SIS will be used to determine payment tiers. If a DA cannot meet service needs with the budget awarded is it expected to still serve the individual? What will be the appeal process for the agency? Will there be a wait list for services to start once budget is completed and the agency receives information on the funding amount?
5. Is there an appeal process for individuals/families/guardians if the budget package is insufficient to meet service needs? How will this relate to an independently provided assessment and to whom will appeals be directed?
6. When and by whom will the supplemental questions to the SIS be finalized? How can the bids be made without knowledge of the full scope of the assessment tool?
7. What is the annual cost for Vermont to use the SIS? With no new funding in the FY21 budget how will the costs be covered in the first and subsequent years? Will there be an inflationary factor in the annual funding levels negotiated?
8. What is the limit on the contract per assessment and annual cost for the Assessment Organization? With no new funding in the FY21 budget how will the cost be covered? Will there be an inflationary factor in the annual funding levels negotiated?
9. Is there a plan to reduce the revenue currently attributed to DA/SSA for costs associated with the current assessment processes? If so, by how much on annualized basis will revenues be reduced for each agency and for the system as a whole?
10. Is there an expectation of increased costs due to the added infrastructure of new statewide agency and a proprietary assessment tool? If so, is the assumption that service levels for people served will be reduced? If not, how will added costs be funded?
11. If the objective is to use the SIS for standardizing assessment information, why not build on existing knowledge and expertise, and maintain comprehensive services and supports by having the DAs administer the SIS with training by AIDD for consistent interrater reliability?
12. The current System of Care Plan is explicit about the role of the DA in the intake and assessment process. Before changes can be implemented won't the SOCP need to be amended with the approval of the Legislative Committee on Administrative Rules? Before that occurs, isn't it premature to issue the RFP?
13. Will DAs still be responsible to conduct intake including determination of financial and clinical eligibility?
14. There had been discussions about how to assess, develop and fund care plans for individuals with extremely high needs. Given the fiscal strain that DA/SSAs are already under, shouldn't this process be worked through before the RFP is issued?

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15. The RFP does not list knowledge of Vermont system of care, policies, and practices as criteria. Isn't this a critical area of expertise for the assessors?
16. Can you provide the legal, programmatic and process justification for who will be excluded from being considered as a viable bidder? And what do you anticipate as the time that may be necessary to address an appeal in that regard?
17. Has a crosswalk between the SIS and the DS funding been designed yet? When will specific information on funding levels become available?

In conclusion, there are a multiple and significant outstanding questions and concerns that should be addressed to achieve successful systems change before a new assessment process is implemented. Given the feedback from CMS, the varied perspectives of stakeholders, the potential for services disruption to clients and families, and the number of potential alternative options for achieving improvements in our system of care we are eager to continue to partner in a process led by DAIL to achieve our shared goals, including equitable access to quality services and the preservation of what is one of the best systems of care in the world.

Thank you for your consideration.

Mary Moulton, President  
Beth Sightler, President  
Vermont Council/

VCN