



Agency Of Human Services

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
DEVELOPMENTAL DISABILITIES SERVICES DIVISION
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To: Developmental Disabilities Services State Program Standing Committee
Other Interested Parties

From: Camille George, Director

Date: April 28, 2014

Re: DRAFT VT State System of Care Plan for Developmental Disabilities Services FY15–FY17

Thank you for the initial input you have provided into the DRAFT Vermont State System of Care Plan for Developmental Disabilities Services FY 2015 – FY 2017 (herein after referred to as the *DRAFT Plan*). Below is the link to the *DRAFT Plan* for your review and further input:

<http://www.dail.vermont.gov/>

If you wish to obtain a copy of the *DRAFT Plan* in another format, please contact the Developmental Disabilities Services Division (DDSD) at 802.871.3065.

There will be three public hearings on the *DRAFT Plan*: There will be a public hearing held in conjunction with the Department of Disabilities, Aging and Independent Living (DAIL) Advisory Board meeting on **May 8, 2014 from 2:00 – 3:00 p.m.** at the Comfort Inn and Suites in Berlin, Vermont. A second public hearing will be held in conjunction with the DDS State Program Standing Committee meeting on **May 15, 2014 from 10:30 a.m. to 12:30 p.m.** at the Comfort Inn and Suites in Berlin, Vermont. The third public hearing will take place on **May 19, 2014 from 5:30 p.m. to 7:30 p.m.** via Vermont Interactive Technologies (VIT) at the following sites: Brattleboro, Montpelier, Newport, Rutland, White River Junction and Williston. Interpreter services will be available at the Williston VIT location. The locations for each VIT site can be found on the VIT website at: www.vitlink.org. Written comments on the *DRAFT Plan* are also welcome. They **must be received at the DDSD no later than May 30, 2014** and should be sent to the attention of:

Tina Royer
Department of Disabilities, Aging and Independent Living
Division of Developmental Disabilities Services
103 South Main Street, Weeks Building
Waterbury, VT 05671
or by e-mail at: tina.royer@state.vt.us

Because this *DRAFT Plan* covers a new 3-year period, there are many changes being proposed from the current FY 2011 – FY 2014 *Plan*. The following pages include a summary of the most significant proposed changes, following the order of the *DRAFT Plan*.

SUMMARY OF KEY CHANGES PROPOSED IN THE DRAFT VERMONT STATE SYSTEM OF CARE PLAN FOR DEVELOPMENTAL DISABILITIES SERVICES FY 2015 – FY 2017

Section One: Introduction

Part A: Background

- The Background section of the *DRAFT Plan* has been updated to reflect some of the key developments that have occurred and have influenced some of the proposed changes throughout the *DRAFT Plan*, including recognizing the impact of celebrating the 20th Anniversary of the Closing of the Brandon Training School, the creation of the Developmental Disabilities *Imagine the Future* Task Force to help develop the future vision for Developmental Disabilities Services (DDS) in Vermont and 2013 DDS Legislative Policy Work Group that was charged with coming up with innovative and cost-saving ways of providing services.

Section Two: Eligibility

Part B: Eligibility Determination

- The Eligibility Determination section of the *DRAFT Plan* was expanded based on input that it would be helpful to include clear information about the eligibility process that is more easily accessible for all to find. In addition, here and throughout the plan, language was added to emphasize the choice and control that consumers have in both knowing their options and making informed decisions about providers and ways services are provided. Not only is this consistent with the principles for DDS contained in the Developmental Disabilities Act of 1996 (DD Act) (18 V.S.A. Chapter 204A), but we also anticipate that over the next 3-year Plan period we will be working to develop a plan to implement new rules for Home and Community-Based Services (HCBS) that have been issued by the Centers for Medicare and Medicaid Services (CMS). The primary intent of the CMS rules is to ensure that individuals receiving long-term services and supports through various CMS waiver programs have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The rules are designed to enhance the quality of HCBS and provide protections to participants. The rules also emphasize the importance of access, person-centered planning and individual choice.ⁱ

Part C: Intake Process and Choice of Provider

- The Intake Process and Choice of Provider part of the *DRAFT Plan* has also been revised to emphasize individual choice and decision making and the important role that Designated Agencies play in informing individuals of their options as part of this process per the comments about Part B above.
- In response to some questions that have arisen recently, the description of Shared-Managed Services has been revised to clarify that this does not include an agency contracting with a shared living provider and/or other contracted provider.
- The description of Self-Managed or Family-Managed Service has been revised to clearly explain that when people choose this option they must operate within the parameters of the DDS State SOCP, as is also the case with all of the other service options.

Part D: Individualized Budgets and Authorized Funding Limits

- This part of the *DRAFT Plan* has been revised in response to input that it would be helpful to clearly explain the eligibility, intake and funding process.

Section Three: Funding Authority and Sources

- Parts of this section have been revised to emphasize individual choice as well as the important role that families play in supporting people. In addition, language has been added in this section and elsewhere to make it clear that in addition to State Plan Medicaid, other sources of funding, such as Medicare and private insurance, must be accessed before accessing Developmental Disabilities Services funding.

Part A: Funding Appropriated for Developmental Disabilities Services

- Clarification has been added to explain that when assuring that funding is used to meet outcomes, it is the outcomes contained in each person's Individualized Support Agreement that are reviewed.

Part B: Responsibility for Funding Decisions

- Language has been added to clarify the role of the Division in funding, including managing the budget within available funding.
- A clarification was added about the process and decision making responsibility when there are openings in group homes that are statewide resources.
- Revisions have been made throughout this section to clearly explain the composition and roles of all of the various local and state funding committees. Of key importance is emphasizing that when reviewing funding proposals the committees must confirm that each proposal is in compliance with the Plan and all other relevant regulations, policies and guidelines.
- The Transition II Funding Committee has been added to the section on Local Funding Committees to ensure that people are aware that this committee exists and what its role is.
- Language has been revised from "may" to "must" with regards to including other community resources on local funding committees. We believe that most local committees already include other community members, but wanted to clarify that this is an expectation.
- Language has also been added to be transparent about our process of managing funding fluidly between the Equity Funding Committee and the Public Safety Funding Committee.

Part C: Other Resources

- We have clarified that one-time funding may be distributed to Designated Agencies (DAs) and Specialized Service Agencies (SSAs), but that this funding is also used to support specific statewide activities and initiatives.
- We have clarified how DAs and SSAs may use one time funding, adding clarity about support for both small grants to groups to promote the principles of the DD Act as well as support for individuals to attend training and conferences that increase their ability to make informed choices, promote independent living, offer mentorship and career building opportunities.
- A section has been added that describes the Integrated Family Services (IFS) initiative as it expands statewide to serve children and families.

- Clarifying language has been added around the maximum amount of Flexible Family Funding that can be awarded to individuals.
- A description of Family Managed Respite has been added, consistent with the implementation of IFS.
- Clarification has been added to the section on *Developmental Disabilities Services Division – Special Funds: Joint Funding*, particularly around the opportunity for providers to contract with local schools outside of the State System of Care Plan for DDS.

Part D: Special Initiatives

- This new section was added to outline some of the State priorities when considering special initiatives. Many of these ideas came up through discussions at various forums including: the DDS Imagine the Future Task Force, the 2013 Legislative Policy Work Group, State Program Standing Committee input and input received by providers as part of the Local System of Care Plan development process.

Part E: Employment Conversion Initiative

- The employment conversion initiative was added to compliment a proposed change to one of the DDS funding priorities for HCBS, which would expand the employment priority from high school graduates who have obtained employment to transition age youth. The goal is to create more incentives for employment by helping to cover the difference in cost when an individual converts some of his or her community supports to employment supports, which are more expensive.

Section Four: Funding Guidance

Part A: Funding Priorities for Home and Community-Based Services

- As mentioned above, the Division is proposing to expand the funding priority for employment from high school graduates who have obtained a job to transition age youth who have exited high school and have obtained a job. This change would allow for young adults who may have left high school some time ago without a job, but who have since obtained a job, to have an opportunity to obtain funding and receive supports to maintain employment.

Part B: Guidance for Management of Developmental Disabilities Home and Community-Based Services Funding (HCBS)

1. Timeframes for Funding

- The language in 1.a. includes clarifying language regarding returning new funding.
- In response to some questions that have arisen about when it is necessary to suspend services, the language in 1.b. provides greater clarity about when funding must be suspended.
- The language in 1.c. provides greater clarity about when funding must be terminated.

2. Access to and Eligibility for Funding

- The language in 2.a. has been revised to expand on and clarify expectations around accessing State Plan Medicaid and other sources of funding for various services.

- The language in 2.c. provides some clarification around the use of the Vocational Rehabilitation Grant funding versus Developmental Disabilities Services HCBS funding.
 - The language in 2.d. clarifies some clarification about coordination of Flexible Family Funding and Family Managed Respite with Integrated Family Services.
 - The language in 2.e. clarifies when a person must reapply for HCBS funding after funding has been terminated.
3. Administrative Guidance for Funding
- Language has been added to clarify existing practice regarding when funding can be moved within an individual's budget.
 - Language has been added to clarify expectations around periodic reviews of services, the need to complete a new needs assessment to verify a change in need, when funds must be returned, and administrative costs related to Pre-Admission Screening and Resident Review (PASRR).
 - Language has been added to more clearly describe the role of Transition II with people who choose to self/family-manage and differences in the role of Transition II between new applicants and people who are already receiving services.
 - Guidance is being provided to agencies to access Bridge funding for children in need of case management/care coordination prior to accessing Targeted Case Management (TCM). This is intended to preserve as much TCM as possible for adults who have no other resources.
 - Language has been added to confirm that HCBS funding may be converted to TCM when HCBS funding has been suspended. This allows the TCM funding to be used to assist the person during his or her transition from a hospital.
 - A change is being proposed that would change the review of existing and new budgets over \$200,000 from every 3 months to at least every 6 months, but allowing the division to review an individual's budget more frequently. The reason for this change is that the 3-month review schedule often does not allow adequate time for significant changes to be made that would result in a change in the level of support and funding needed. The hope here is to establish a person-centered review schedule that is more responsive to each individual's situation.
 - This section proposes to move the publishing of specific rates for service coordination and transportation from the *Plan* to the DAIL Service Codes and Rates schedule. Sometimes the Division is required or able to change rates (a recent example includes the Medicaid Bump that was approved by the State Legislature) and this will allow for this to happen quickly if needed.
 - Language was added to include already existing limitation for billing certain services on the same day so that it can be easily found and known by all stakeholders.
 - The expectation to work on developing and using a transportation plan for people who receive work supports has been included.
 - This language also explains that individuals who choose to self/family manage services can access 24 hour home supports through their local DA or an SSA.

Part C: Approaches to Manage Home and Community-Based Services Funding

- Language has been added to clarify and confirm the Division's role to manage statewide funding.

Part D: Waiting List

- The expectation for DAs to maintain a waiting list for Family Managed Respite has been added as a result of the implementation of Integrated Family Services.

Section Five: Plan Development

- Language has been added to affirm the Division's role in approving Local System of Care Plans and to emphasize the use of a Results-Based Accountability approach to outlining local system of care goals.

Section Six: System Development Activities

This section is entirely new and includes the proposed Statewide System Development Activities the Division will undertake in partnership with numerous stakeholders over the 3-year period of the Plan to help people with developmental disabilities achieve their personal goals and to improve the system of supports. Key areas of emphasis include:

- Working to ensure that disability and long-term services and supports within Vermont's Health Reform environment will provide responsive, community-based, integrated and person-centered services;
- Ensuring that people have a voice and choice in their life; and
- Supporting integrated services for families and children.

Attachments:

Many of the attachments have been updated to reflect new Local System of Care Plans, input from Green Mountain Self-Advocates and input about the *DRAFT Plan* from the survey process.

ⁱ Home and Community-Based Settings, Person Centered Planning and Transition Planning: What We Know So Far. National Association of State Directors of Developmental Disabilities Services Webinar presentation. April 17, 2014.