

**VERMONT STATE  
SYSTEM OF CARE PLAN  
FOR  
DEVELOPMENTAL DISABILITY SERVICES  
FY 2008 - FY 2010**

**Effective: July 1, 2007 - June 30, 2010**

**Division of Disability and Aging Services  
Department of Disabilities, Aging and Independent Living  
Agency of Human Services**



**Vermont**  
**State System of Care Plan**  
**for**  
**Developmental Disability Services**

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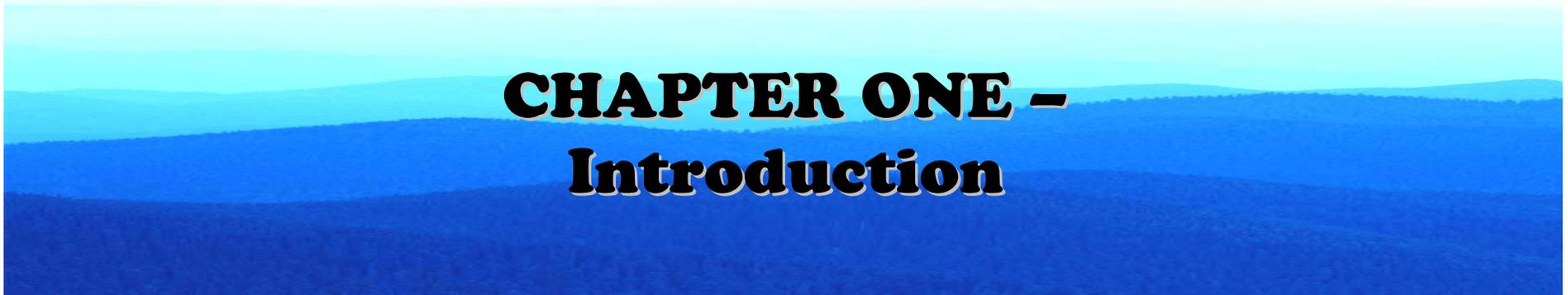
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# **CHAPTER ONE - Introduction**

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# CHAPTER ONE – INTRODUCTION

## Background

The Developmental Disabilities Act of 1996 requires the Division of Disability and Aging Services (DDAS) to adopt a plan describing the nature, extent, allocation and timing of services that will be provided to people with developmental disabilities and their families. The *State System of Care Plan*, together with the *Developmental Disability Services Annual Report*, covers all requirements outlined in the developmental disabilities statute. The purpose of this report is to present the *State System of Care Plan* to individuals with developmental disabilities, families, advocates, service providers and policy makers. The content of this report is based on the collective input obtained through a variety of means and from a wide range of individuals. Information gathering concerning the need and effectiveness of supports to people with developmental disabilities in Vermont is an ongoing and ever-changing endeavor.

The Vermont *State System of Care Plan for Developmental Disability Services*, developed every three years and updated annually, determines criteria for individuals to obtain services and funding, including priorities to develop new, and continue current, services and programs. This *Plan* reflects the Division of Disability and Aging Services' commitment to the well-being of people with disabilities and the use of resources to achieve

personal and system outcomes consistent with the Agency of Human Services' outcomes for the citizens of Vermont. This *Plan* covers the period starting July 1, 2007 through June 30, 2010.

## New Plan

*What the Plan is intended to do:* This is a new three-year plan. It is intended to reflect the input of individuals interested in services and supports for people with developmental disabilities, as well as incorporating the experience gained through previous plans. It is specifically intended to guide how limited financial resources will be allocated and used for individuals with significant needs. It is intended to provide guidance on the appropriate use of funding and to prioritize the use of resources to manage the system of supports for people with developmental disabilities within legislatively-appropriated funding.

*What the Plan is not intended to do:* This *Plan* is not meant to substitute for the State of Vermont's Medicaid State Plan. It does not guide or direct the allocation of resources for mandatory Medicaid State Plan services, such as Early, Periodic Screening, Diagnosis and Treatment services for eligible children. While Children's Personal Care and High Technology Home Care services are accessed by people with developmental disabilities, they are mentioned in the *Plan* solely due to their programmatic management by the Division of Disability and Aging Services within the Department of Disabilities, Aging and

Independent Living. The funding for these services are contained in the budget of the Office of Vermont Health Access.

Impact of federal changes: Potential changes at the federal policy and budget level may have an impact on the ability to carry out portions of this *Plan* during the next three years. At the *Plan's* writing the following proposals in the President's budget for Medicaid are being watched:

- A proposal to change case management reimbursement from a service matching rate to an administrative matching rate. For Vermont in FY 08 this means moving from a match rate of 59.01% to 50.00% or a potential loss of federal funding in the approximate amount of \$1.2 to \$1.6 million.
- The potential narrowing of the definition of rehabilitation services. The primary impact of this would be the elimination of nursing facility day rehabilitation option that finances specialized services for individuals with developmental disabilities who live in nursing homes.

The Deficit Reduction Act also contains language requiring any entity that bills more than \$5 million must conduct Medicaid fraud and abuse training for all of its staff. Further information about the expectations for this training will be forthcoming in FY 08.

Impact of state changes:

- During the 2007 legislative session, S.121, a bill relating to autism services was enacted by the

legislature. This new law calls for the creation of a plan to provide a system of services and supports from birth to death and across education and human services for individuals with autism spectrum disorders. The planning process will require a significant effort on the part of the Department of Disabilities, Aging and Independent Living, as it has been named the lead department within the Agency of Human Services.

- H.274 was also enacted by the legislature in 2007. This law defines adult foster care in state statute to insure the continued exemption of payments to home providers from federal and state income tax. The law also removes the \$6,500 limit on exemptions from household income for the purposes of the income sensitivity provisions of the state property tax rebate program. With the passage of this bill, 100% of the income to home providers is exempt from household income, consistent with child foster care and home sharing arrangements for elders and people with physical disabilities.
- The designated agency study about the sustainability of the developmental, mental health and substance abuse service systems began in FY 2007 and continues into FY 2008. Significant concern has been expressed about the need to provide adequate cost of living and caseload increases, including addressing the needs of children with developmental disabilities. The final recommendations of the consultant will be issued during August 2007.

## **DAIL Mission Statement**

The mission of the Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability – with dignity, respect and independence.

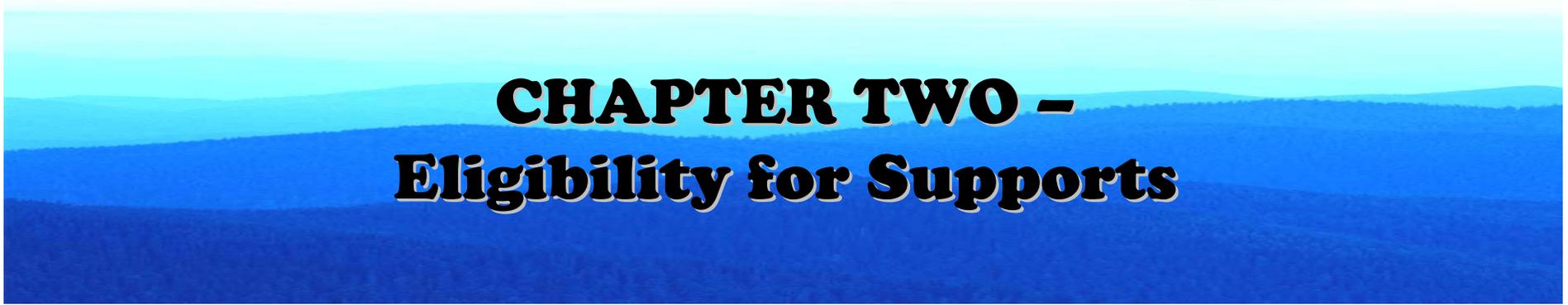
## **Principles of Developmental Services**

The Developmental Disabilities Act of 1996 (DD Act) states that services provided to people with developmental disabilities and their families shall foster and adhere to the following principles:

- **Children’s Services.** Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced when the children are cared for within their own homes. Children with disabilities benefit by growing up in their own families; families benefit by staying together; and communities benefit from the diversity provided when people of varying abilities are included.
- **Adult Services.** Adults, regardless of the severity of their disability, can make decisions for themselves, can live in typical homes, and can contribute as citizens to the communities where they live.
- **Full Information.** In order to make good decisions, people with developmental disabilities and their families need complete information about the availability and choice of services, the cost, how the decision making process works, and how to participate in that process.
- **Individualized Support.** People with disabilities have differing abilities, needs, and goals. Thus, to be effective and efficient, services must be individualized to the capacities, needs, and values of each individual.
- **Family Support.** Effective family support services are designed and provided with respect and responsiveness to the unique needs, strengths, and cultural values of each family and the family’s expertise regarding its own needs.
- **Meaningful Choices.** People with developmental disabilities and their families cannot make good decisions unless they have meaningful choices about how they live and the kinds of services they receive. Effective services are flexible so they can be individualized to support and accommodate personalized choices, values and needs and assure that each recipient is directly involved in decisions that affect that person’s life.
- **Community Participation.** When people with disabilities are segregated from community life, all Vermonters are diminished. Effective services and supports foster full community participation and personal relationships with other members of the community.

Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.

- **Employment.** The goal of job support is to obtain and maintain paid employment in regular employment settings.
- **Accessibility.** Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.
- **Health and Safety.** The health and safety of people with developmental disabilities is of paramount concern.
- **Trained Staff.** In order to assure that the purposes and principles of this chapter are realized, all individuals who provide services to people with developmental disabilities must have training as required by section 8731 of this title.
- **Fiscal Integrity.** The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.



# **CHAPTER TWO - Eligibility for Supports**

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## CHAPTER TWO – ELIGIBILITY FOR SUPPORTS

Roughly 13,145 of the state's 625,935<sup>1</sup> citizens have a developmental disability as defined in the Developmental Disabilities Act of 1996. The birth rate in Vermont is about 6,597 live births per year<sup>2</sup>. Using the same percentage, it is expected that approximately 139 children will be born each year with developmental disabilities. Conversely, only about an average of 32 people who receive services die each year. Approximately 100 new individuals are served each year.

Most people with developmental disabilities in Vermont are actively involved in home and community life, working and living along with everyone else. Not everyone with developmental disabilities needs services. Of those that do need support, many people have only moderate needs. Those with more intense needs do require long term, often life-long support, many at a very intensive level. There were 3,224 people served in FY 2006, which is about 25% of eligible Vermonters. Services are specific to the needs of the person and determined through an individual planning process.

In enacting the Developmental Disabilities Act, the Legislature evidenced its intention that developmental disability services would be provided to some but not all of the state's citizens with developmental disabilities. It gave responsibility for defining which individuals would have priority for funding and supports to the Division of Disability and Aging Services through regulations and the *State System of Care Plan*.

*Formal developmental disability services eligibility must be determined for Flexible Family Funding, Medicaid waiver or any other developmental disability services (does not apply to Children's Personal Care Services or High Technology Home Care).* If a person meets the eligibility criteria as a person with a developmental disability, he or she does not automatically receive services. The additional step of determining if a person's situation meets the funding priorities (see Chapter 6) is also required for most services. The primary exception to this is the Flexible Family Funding program which serves any person eligible for the program within the funds available.

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<sup>1</sup> Based on projected national census figures for 2005 obtained from the Massachusetts Institute for Economic Research, University of Massachusetts, Amherst and national prevalence rates of 1.5% for mental retardation and .6% for Pervasive Developmental Disorders.

<sup>2</sup> Based on State of Vermont 2004 Vital Statistics.

## **Rules Implementing the Developmental Disabilities Act of 1996<sup>3</sup>**

The Division of Disability and Aging Services' *Rules Implementing the Developmental Disabilities Act of 1996* (Parts 1 and 2) govern eligibility. Part 1 of the regulations for the Developmental Disabilities Act provides a definition of developmental disability and criteria for determining developmental disability for young children, school-age children and adults. Part 2 of the regulations provides a definition of who is a recipient. Part 6 provides for periodic review and reassessment of eligibility. If reassessment determines that the individual is no longer a person with a developmental disability, supports shall be phased out over a period of a year. Part 7 states services are available regardless of funding source and govern the responsibilities of parents. Excerpts of the regulations are provided below; for full text please see the *Rules*.

### ***Part 1. Eligibility***

#### ***Young Children (1.01, 1.06)***

*A young child (not yet old enough to enter first grade) is considered a person with a developmental disability if he or she has:*

- 1. A condition which has a high probability of resulting in mental retardation; or*
- 2. Significant delays in cognitive development and adaptive behavior; or*
- 3. A pervasive developmental disorder (i.e., autistic disorder, Rett's disorder, childhood disintegration disorder, Asperger's disorder, and pervasive developmental disorder not otherwise specified) resulting in significant delays in adaptive behavior.*

#### ***School Age Children and Adults (1.07, 1.08, 1.05)***

*A school-age child (old enough to enter first grade and younger than age 18) or an adult (age 18 or older) is considered a person with a developmental disability if he or she has:*

- 1. Mental retardation (i.e., significantly sub-average cognitive functioning documented by a full scale score of 70 or below on an appropriate standardized test of intelligence and resulting in substantial deficits in adaptive functioning) or a pervasive developmental disorder (i.e., autistic disorder, Rett's disorder, childhood disintegration disorder, Asperger's disorder, and pervasive developmental disorder not otherwise specified) which occurred before age 18; and*

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<sup>3</sup> For a complete list of the *Regulations Implementing the Developmental Disabilities Act of 1996*, contact the Division of Disability and Aging Services or go to the website: [www.dail.vermont.gov](http://www.dail.vermont.gov).

2. *Substantial deficits in adaptive behavior which occurred before age 18.*

### ***People Receiving Services on July 1, 1996 (1.14)***

*People with developmental disabilities and families who are receiving services on July 1, 1996, shall continue to receive services consistent with their needs and the system of care plan.*

## ***Part 2. Criteria for Being a Recipient***

### ***Who can be a Recipient (2.01, 2.02, 2.03)***

*A recipient is either:*

1. *A person with a developmental disability; or*
2. *A family member who supports a person with a developmental disability who receives services supports, vouchers, or case benefits funded by the Division of Developmental Services.*
3. *A person or family who leaves Vermont for a vacation, visit, temporary move, or trial move, may continue to be a recipient for a period not to exceed one year.*

## ***Part 7. Recipients Who are Able to Pay***

### ***Services available regardless of funding source (7.01)***

1. *Any services or supports which are provided to people who are eligible for Medicaid must be made available on the same basis to people who are able to pay for the services or who have other sources of payment.*

2. *The rate charged to recipients who are able to pay for services must be the same as the rate charged to Medicaid-eligible recipients, except that the rate may be discounted to reflect lower administrative or implementation costs, if any, for non-Medicaid recipients. If a provider establishes a sliding fee scale for such services, the provider must have a source of funding (such as United Way, state funds, donated services) for the difference between the cost of providing the service and the fee charged.*
3. *Any services not funded by Medicaid may be made available in accordance with a sliding fee schedule.*

### ***Room and board; Person Spending Money (7.03)***

*Medicaid Home and Community Based Waiver funding does not cover room and board, clothing, and personal effects.*

### ***Responsibility of Parents (7.04)***

*The parents of a child (under age 18) with a developmental disability are financially responsible for costs not covered by any Medicaid program or funding by the Department: specifically, housing, food, clothing, non-medical transportation, personal items, and child care necessary for a parent to work.*

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# **CHAPTER THREE - Plan Development**

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# CHAPTER THREE – PLAN DEVELOPMENT

The Division of Disability and Aging Services (DDAS) gathered information from a variety of sources, including people and organizations that provide, receive, advocate for, and are influenced by, developmental disability services and supports. The sources of information and a summary of the information gathered are reviewed in this chapter.

## Sources of Information for the State System of Care Plan

- Designated Agency Program Standing Committees: Local System of Care Plans
- Self-advocates and other people with developmental disabilities: Consumer Surveys (2004, 2005 and 2006); Green Mountain Self-Advocates' Board of Governors
- Family members: Family Satisfaction Survey (2006)
- Division of Disability and Aging Services: Developmental Services Team, Quality Management Reviewers, Public Guardians
- State Program Standing Committee
- Community members: Vermont Developmental Disabilities Council Survey (2006); Local System of Care Plans; *State System of Care Plan* public forum and follow-up meeting

## Local System of Care Plans

All Designated Agencies (DAs) under contract with the Division must submit a Local System of Care Plan that covers the three year period of FY 2008 – FY 2010. The purpose of the plans is two-fold:

1. To guide the development of local services, including identifying priority areas of support and use of resources to meet specific regional needs, and
2. To inform the *State System of Care Plan* and the annual budget process.

The Local System of Care Plans contain sections on plan development, priority needs and resources, and outcomes. Designated Agencies identify local, regional and statewide issues, some of which require focused planning and change in process to achieve, while others require additional funding. Each plan was carefully reviewed and analyzed to determine the applicable contributions and feedback to the *State System of Care Plan*. The outcomes from each local plan are summarized on the following pages<sup>4</sup> followed by a two-page summary of all local plans.

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<sup>4</sup> Each Local System of Care Plan provides detail about the resources available and those needed to realize the priority needs and meet specific goals of the identified outcomes. Readers are encouraged to review the local plans in their entirety to understand and appreciate the full scope and focus of the plans. They may be accessed by contacting the Division of Disability and Aging Services or your local designated agency.

## **ADDISON COUNTY**

### **Counseling Services of Addison County – Local System of Care Plan**

#### **Priority Outcomes**

1. System Sustainability (including compensation)
  - a. Advocate system wide for increased funding.
  - b. Advocate with legislators in order to provide education.
  - c. Implement compensation study (completed – effective July 1, 2006).
  - d. Further manage fiscal implication of study's outcome.
  - e. Continue to advocate for better living wages for staff.
2. Need to Access Additional Funding Sources
  - a. Research and apply for alternate funding sources (via .5 FTE).
  - b. Access funding for ancillary benefits to improve daily lives of targeted population.
3. Lack of Crisis Capability / Respite Beds
  - a. Continue to develop adequate respite options for scheduled and emergency respite.
  - b. Advertise respite home and research funding for additional respite / crisis supports.
  - c. Identify additional crisis respite options for children/adults with challenging behaviors.
  - d. Continue search for innovative respite options for offender group.
4. Facilities
  - a. Continue to perform financial analysis of project feasibility.
  - b. Finalize budgetary exercises; finalize space requirements.
  - c. Continue to access input from consumers and guardians.
  - d. Break ground on fully accessible building in Spring of 2008.
5. Developmental Home Support and Development
  - a. Finalize implementation of DBT Group.
  - b. Continue to investigate applicable training opportunities.
  - c. Continue to seek input on how we may better support Developmental Homes.
  - d. Continue to work on recruitment efforts for qualified Developmental Homes.
6. Needs of Aging Consumers
  - a. Continue to assess needs of aging consumers.
  - b. Continue to work on improved models of services for this population.
  - c. Continue to seek out training opportunities for staff and family members.
  - d. Improve working relationship with Elder Services.
  - e. Consider becoming provider of Choices for Care Waiver recipients.
  - f. Continue to foster relationship with Home Health and Hospice.
  - g. Continue to advocate for training for health care professionals.

7. Improve Children's Services
  - a. Maintain status of managing personal care services within Addison County.
  - b. Continue to further develop the Family Services Program within CA.
  
8. Explore Possibility for Different Residential Models
  - a. Continue to advocate system-wide for identification of need and how to manage required resource.
  - b. Continue to network to identify potential housing options.
  - c. Continue to look at existing group home resources.
  - d. Continue to advocate for change in funding priorities to provide support to transitional youth.
  
9. Need to revamp personal care services
  - a. Continue to communicate with families as to how to use personal care allowances.
  - b. Continue to advocate system-wide for possible flexibility with funds.
  - c. Continue to advocate system-wide for increased services to children.

**BENNINGTON COUNTY**  
**United Counseling Services, Inc. – Local System of**  
**Care Plan**

**Priority Outcomes**

1. Explore and develop a variety of residential and treatment options for emerging populations and hard to place individuals.
2. Improve the clinical expertise of case managers and other staff.
3. Evaluate the structure and effectiveness of Community Support Services, implementing changes as appropriate.
4. Respite resources will be developed.
5. Develop and promote the use of consumer trainers for trainings that are provided to both staff and consumers.
6. Continue to increase the independence of consumers and promote the development of relationships within the community by increasing consumer's abilities to effectively communicate.
7. Continue to develop group activities/training that promote wellness for individuals.
8. Ensure corporate compliance within the organization including meeting or exceeding Designated Agency, CARF, licensure requirements and Medicaid standards.
9. Sustainability of the system.
10. Development of residential models to meet the needs of individuals with complex needs (e.g., sex offenders, dual diagnosed, PDD disorders).
11. Meet the complex needs of individuals with dual diagnoses, Autism spectrum disorders and offenders.
12. State funding for individuals with needs over \$200,000.
13. Development of a variety of respite options.
14. Development of Medical, dental and clinical resources to meet the needs of individuals.
15. Training for agency staff to support individuals with complex needs.
16. Flexibility in use of Personal Care Funding and services for children.
17. Update the Flexible Family Funding sliding fee schedule and increase the maximum allocation.
18. Increase Targeted Case Management funding.

**CHITTENDEN COUNTY**  
**Howard Center for Human Services – Local System**  
**of Care Plan**

**Priority Outcomes**

1. Aging in Place – Develop and expand alternative models for individuals over the age of 60 that provide support to age in the location of one’s own choosing, in a way that is healthy, safe, and affords the greatest possible independence and personal control.
2. Dialectical Behavior Therapy (DBT) Comprehensive Model.
3. SUCCEED Program – Transition to adult life: Develop and Implement SUCCEED Program (Skills for Understanding, Community, Connections, Employment, Education, and Development), a post high school short term residential program that teaches life, living, social, job, and community skills resulting in employment success, connections with friends and community as well independent living post graduation.
4. Peer Professional Mentoring – Develop a professional peer mentoring residential model. Recruit individuals who have lived on their own successfully for more than a year, who have the ability to mentor another client.
5. Specialized Home Provider – Develop a clinical model of residential supports for individuals with complex needs. This model will be based on an 18 month to 2 year stay with the intention that the individual will transition to a less restrictive model. These skilled specialized providers will then be available to provide appropriate high-level supports and interventions for new clients.

**LAMOILLE COUNTY**  
**Lamoille County Mental Health Services, Inc. – Local**  
**System of Care Plan**

**Priority Outcomes**

1. Increase access to a variety of social and recreational activities.
2. Enhance consumer opportunities for skill building.
3. Improve local transition process into adult life.
4. Create disaster response plan for community that addresses needs of people with developmental disabilities.
5. Increase local capacity for intense clinical, crisis, public safety supports.
6. Acquire a new building.
7. Improve quality assurance processes, client records and fiscal management.
8. Create accurate job descriptions and improve human resources practices.
9. Disseminate information about services provided by LCMH and other agencies.
10. Continuously improve learning/training opportunities for all stakeholders.
11. Improve capacity to support parents with developmental disabilities, elders and individuals with challenging behavior.
12. Increase focus on communication supports.
13. Reinstate children as a priority for new waiver funding – In the mean time, attempt to meet the needs of children through Flexible Family Funding and family-directed Children’s Personal Care Services, and when necessary and approved, use the Unified Service Plan model.
14. Update Flexible Family Funding sliding scale.

**FRANKLIN/GRAND ISLE COUNTIES**  
**Northwest Counseling and Support Services, Inc. –**  
**Local System of Care Plan**

**Priority Outcomes**

1. Funding
  - a. Work with local schools to address the needs of transitioning students.
  - b. Assist families to find appropriate services for children (flexible personal care funding).
  - c. Develop a program to better serve parents with disabilities in our community.
2. Training
  - a. Provide more training to family members, home providers and contracted workers on topics such as mental illness, dementia, autism and sex offense.
  - b. Follow progress of staff in the on-line training program.
  - c. Invite local professionals to participate in training specific to our population.
3. Leisure and Social Activities
  - a. Provide assistance to Next Steps peer group where necessary.
  - b. Look for more scholarship opportunities to increase people served in our literacy program.
  - c. Contact Community College to make transition smoother for individuals to attend classes.
  - d. Advertise and interview for reporter and column writers for Newsletter.
4. Residential Models
  - a. Develop several models other than the DH model to serve the different needs of individuals.
  - b. Develop a supportive model for people on the autism spectrum.
  - c. Develop a model for supported living and group therapy for male and female offenders.
  - d. Develop a staff assisted living apartment model for semi-independent living.
5. Employment
  - a. Support local business as a way to train and employ people with and without disabilities. Meet with Home Health to develop a business that meets the needs of the local elder population.
  - b. Assist more individuals to enter their own business in the service industry.
  - c. Help people with a goal to work will have an active plan to find a job.
6. Continuum of Support to Promote Independence
  - a. Continue to help people to be as independent as possible from our supports.
  - b. Pay attention to our annual surveys and meet with Next Steps group about choice and voice.
  - c. Make supports more invisible.
- e. Develop supported apartment choice (a more independent model other than a DH).
- f. Develop training for more people to use the transportation system across communities.

7. Legislative Initiative
  - a. Invite legislators to community gatherings to develop relationships to them and families.
  - b. Hold periodic meetings with our legislators to keep them informed on issues.

**ORANGE COUNTY**  
**Upper Valley Services, Inc. – Local System of Care**  
**Plan**

**Priority Outcomes**

1. Refine a Records Management System
  - a. Establish a risk committee.
  - b. Review all policies and procedures.
  - c. Revise and update policies and procedures.
  - d. Determine records requirements.
  - e. Review and incorporate the MSR into a management reporting and monitoring system.
2. Maintain Quarterly Training Opportunities
3. Reestablish Agency Wellness Committee
4. Continue Coordination and Leadership of Training Committee
5. Improve Access to UVS (voice mail system)
6. Increase Amount of Employment Opportunities
  - a. Explore potential for a self-employment model.
  - b. Explore feasibility of expanding a supported employment model within Randolph.
7. Retain the Priorities for One-Time Funding
  - a. Eliminate any Flexible Family Funding waiting list.
  - b. Fund adaptive needs.
  - c. Increase clinical expertise and availability.
  - d. Research new technology or practice.
8. Vermont Crisis Intervention Network Study and Report Dissemination
9. Continue Efforts to Support Local Self-Advocacy Groups
10. More Flexibility for the Children's Personal Care Program
11. Increase Supports to Children
  - a. Consider revising funding priorities to enable waiver supports to be more available to children.
  - b. Relax restrictions on the Personal Care Program to enable support other than direct care hours to be obtained with these funds.
  - c. Revise sliding Flexible Family Funding fee schedule to be more relevant to today's economy.
  - d. Increase the amount of award for Flexible Family Funding.
12. Re-visit Funding Priorities for Community Support Hours
13. System Sustainability

**ORLEANS/ESSEX/CALEDONIA COUNTIES  
Northeast Kingdom Human Services, Inc. – Local  
System of Care Plan**

**Priority Outcomes**

1. Offender Issues – Ongoing long-range plan needs to be identified with DAIL to identify growing needs of this population.
2. Develop Newport Vocational Services – Ongoing development for all vocational supports are being reviewed by program staff to meet the needs of self-advocates.
3. Continue to Maintain Global Campus.
4. Inventory Current Resources to Provide Counseling and Therapy – Address the need for therapists and experienced evaluators.
5. Work to Secure Adequate Funding for Staff – Ongoing funding is needed to provide staff with the salaries needed to attract and keep trained staff required to fulfill job requirements.
6. Develop a Data Collection System – Training for staff on how to input data and use of software programs as a management tool.
7. Inventory Current Crisis Services and Develop Zero Reject Models – Ongoing training provided to enhance the skill of staff supporting individuals in crisis and develop crisis bed.
8. Revision of Developmental Services Training Plan – Training for shared living providers, revision and updates of new staff training books, training on community integration and staff training provided by self-advocates.
9. Effective Communication – Training for all staff around communication, use of agency Covey trainers, and clear role definition presented during training and supervision.
10. NKHS Agency-wide Strategic Planning – Address needs for suitable workspace and buildings.
11. Reinstate Services to Children.
12. Support to Individuals who are above DS Eligibility.
13. Secure Adequate Funding for Staff Salaries.
14. Sustainability of Developmental Services Funding – Remove cap of \$200,000 for individual services.

**RUTLAND COUNTY**  
**Rutland Mental Health Services – Local System of**  
**Care Plan**

**Priority Outcomes**

1. Health and Safety
  - a. Expand current Health Care Coordination to respond to increased consumer need and improve staff/contractor knowledge base in this area.
  - b. Expand Clinical Services to respond to increased consumer needs.
2. Quality of Service
  - a. Initiate focus group consisting of consumers and families to review current ISA process and ensure that consumers and guardians have control over the outcome of the plan.
  - b. Develop goals on the ISA that are more outcome driven.
  - c. Develop a formal Job Club focusing on career and employment skills.
  - d. Increase the capacity for individuals who need or wish to be in an Apartment Program.
  - e. Develop a comprehensive community-based life skills program with emphasis on social and educational learning opportunities.
3. Training
  - a. Develop and formalize new training to all staff that focus on specific skills and expectations that are unique to the services provided through CAP.

**WASHINGTON COUNTY**  
**Washington County Mental Health Services, Inc. –**  
**Local System of Care Plan**

**Priority Outcomes**

1. Develop a Sustainable System
  - a. Increase funding and waiver budget amounts to support high-end services – Increase waiver cap and increase funding from legislature.
  
2. Need for Children Services
  - a. Increase flexibility of PCA to provide clinical and case management when needed.
  - b. Increase sliding scale for Flexible Family Funding and increase the maximum allocation.
  
3. Need More Models of Support
  - a. More training, funding and support models around these populations (i.e., offenders, dual diagnoses, individuals with Autism or PDD that are fairly complex to support) – Continue to work to provide new models and more funding.
  
4. Better Support to Youth who are Transitioning out of Schools
  - a. Establish better working relationships with schools so CDS is invited to transition planning meetings more often.
  - b. Educate schools regularly about DS services – More regular contact with schools.

**WINDHAM/WINDSOR COUNTIES  
Health Care and Rehabilitation Services of  
Southeastern Vermont – Local System of Care Plan**

**Priority Outcomes**

1. Different Residential Options – Develop alternative housing models.
2. Clinical Coordination – Provide the necessary resources for a Clinical Coordinator to manage a large and complex clinical services program.
3. Training – Advertise the training program and recruit consumers to participate as well as continue to improve our course offerings.
4. Challenging Behaviors
  - a. Prioritize funding for the offender program and maintain a focus on treatment and community safety.
  - b. Ensure the Autism committee receives the best training available.
5. Targeted Case Management
  - a. Hire an additional case manager dedicated to Targeted Case Management.
  - b. Obtain the additional financial support from DDAS to meet existing and future needs.
6. Sustainability of the System

7. Children’s Funding Priorities
8. Transportation

**FY 2008 – FY 2010 Local System of Care Plans  
Summary – Priority Need and Outcome Areas**

<b>Service Areas</b>	<b>Frequently Mentioned (by 3 or more local plans)</b>	<b>Occasionally Mentioned (by 2 local plans)</b>
<b>Service Coordination</b>	Increase Targeted Case Management funding	Training/knowledge of Service Coordinators
<b>Community Supports</b>	Focus on social and recreational opportunities Enhance skill building opportunities Create educational opportunities (post high school)	
<b>Employment Services</b>	Expand job development opportunities	Expand hours of supported employment Explore potential for self-employment
<b>Respite/Family Supports</b>	Flexible Family Funding – update sliding fee scale/increase allocation cap Expand respite options for families	Local support group for parents
<b>Clinical Services</b>	Expand/improve DBT supports and skills More funding for/access to services – dental, therapists, doctors, PT/OP, SLP Promote wellness Expand capacity of clinical services – complex/intense needs Expand availability of psychologists for eligibility	Hire Clinical Director
<b>Crisis Services</b>	Increase capacity for crisis supports – bed, respite	
<b>Home Supports</b>	Explore different housing/home support models – non-DH Explore apartment/housing options to support independence Expand respite options for home providers Retain and recruit home providers Specialized clinical residential model (MH, PDD, offenders)	
<b>Transition Supports</b>	Improve collaboration in schools/transition process	
<b>Transportation Supports</b>	Increase access to transportation – especially in rural areas	Teach people to use transportation system

<b>Other Support/ Process Areas</b>	<b>Frequently Mentioned (by 3 or more local plans)</b>	<b>Occasionally Mentioned (by 2 local plans)</b>
<b>Agency Communication/PR</b>	Improve agency communication	
<b>Offender Population</b>	Increase capacity to serve offender population	Alternative housing models for offenders
<b>Aging Population</b>	Improve supports/residential alternatives for older population	
<b>Autism Population</b>	Improve capacity to support people with Autism	
<b>Communication Supports</b>	Increase communication supports – in-house expertise	
<b>Individual Support Agreement/ Program Planning</b>		Improve development of ISAs – more skill/ outcome-based
<b>Quality Improvement/ Management</b>		Improve internal quality assurance process
<b>Self-Advocacy</b>	Continue support of local self-advocacy groups	
<b>Training</b>	Improve training programs/plans Include consumers as trainers Increase/improve training for home providers, staff, families Provide training on complex issues (aging, MH, Autism, offenders)	Teach behavioral supports
<b>Infrastructure/Administration</b>	Acquire new building/combined offices into one location Improve record management/data collection system	Remain/become technologically current
<b>Funding for Services</b>	Overall system sustainability – new caseload \$ increase Reassess funding priorities for children Expand \$200,000 Waiver cap	Expand funding priorities for people not eligible for DS services
<b>Work Force</b>	Adequate salaries needed to retain and attract staff/workers	
<b>System/Process</b>		Simplify complexity of system – paperwork
<b>Miscellaneous</b>	Capacity to support parents with developmental disabilities	Outreach/education to legislators

## **Consumer Survey**

The Consumer Survey Project conducted 475 interviews of adults who receive developmental disability services over the course of the past three years (2004, 2005, 2006). Overall, people expressed general satisfaction with where they lived, worked, what they did during the day, and with the people who provide them support. Specifically, people who responded to the survey said they:

- Were happy with where they live
- Have privacy in their home
- Feel safe at home and in their neighborhoods
- Have a way to get to where they want to go
- Like their jobs and the people they work with and are treated with respect
- Like their guardian and get to see them when they want to
- Feel listened to at their planning meetings
- Get the services they need
- Are happy with their service coordinator
- Feel they have enough control over their life

Survey results also indicated people's satisfaction was lower in regard to their autonomy. For example, many people who responded to the survey said they:

- Do not have a choice in where they live or who lives with them

- Cannot have their own money whenever they want
- Cannot go out whenever they want
- Do not have a key to their home
- Do not decide when friends or family can come over to visit
- Wish they had more friends
- Want to know more about dating
- Do not participate in activities (shop, exercise, church) as much as they want
- Do not choose who helps them at work or during the day
- They want to work but do not have a job
- Would like to work more hours
- Do not choose their case worker and are not involved in hiring their support staff
- Would like to learn new things
- Have not voted in an election and would like to

## **Family Satisfaction Survey**

The Division of Disability and Aging Services sent out a Family Satisfaction Survey in 2006 to families who had an adult family member with developmental disabilities living with them who received waiver-funded services. There were 226 surveys completed and returned, representing a 49% response rate.

Overall, families were satisfied with the services and supports they receive. In general, families reported satisfaction<sup>5</sup> in:

- Families know who to contact for information
- Family helped develop the service plan
- Service plan included things important to the family member
- Staff respect choices
- Support staff are respectful and courteous
- Families have access to health and dental services for their family member
- Families have access to medication for their family member
- Day/employment setting is a healthy and safe environment
- Services helped keep your family member at home
- Overall, family member is happy

Families reported being least satisfied<sup>6</sup> in:

- Information about services available
- Information is easy to understand
- Enough information to participate in planning services
- Information about how much money is spent
- Staff help you determine what you need to support your family member

<sup>5</sup> Includes issues that received a rating of 80% satisfaction or higher.

<sup>6</sup> Includes issues that received a rating of 65% satisfaction or lower.

- Family gets the services/supports you need
- Supports are available when needed
- Services/supports offered by agency meet family needs
- Family members has access to and participates in community activities
- Choice of staff
- Choice of agency
- Frequent changes in staff
- Satisfied with how complaints are handled

When comparing 2006 survey responses with the results from the previous 2001 family satisfaction survey, there were improvements in many areas, including:

- Staff available who can communicate with a family member
- Reduction in frequent changes in support/respite staff
- Information about how much money is spend for support of family member
- Get to decide how money to support family member is spent
- Services help keep family member at home

The areas where families were less satisfied include:

- Information about services is available
- Information about services is easy to understand
- Access to special equipment/accommodations
- Choice of support workers
- Satisfied with how complaints/grievances are handled

The Family Satisfaction Survey also gave the Division valuable information about the primary caregiver. Of the people who responded to the survey (i.e., families of adults age 18 and over who get waiver services), 64% of family caregivers are age 55 and over, and of the family members who live with them, 41% are age 35 and older.

### **Green Mountain Self-Advocates**

Members of the Green Mountain Self-Advocates' Board of Governors brainstormed a list of suggestions for the *System of Care Plan* and a meeting was held to take additional feedback and clarification. The following recommendations were made:

- No Institutions
- No Sheltered Workshops
- Keep Individual Services – agencies are starting to double up – only have more than one person with a staff person if both people want it
- Transportation
  - State and agencies need to be advocating for more public transportation
  - More transportation in your own town but also to other towns. Connect transportation systems so you can travel all over the state if you need to
- Where We Live
  - Make independent living a priority – services to live in an apartment – different kinds of housing
  - Have more independence in developmental homes
  - If GMSA gets an Americorp grant to have peer educators support people living on their own – we need match money from the state or agencies
  - More money for independent living. Not enough chances to learn independent living: cooking, laundry, grocery shopping, budgeting, paying bills, getting fuel assistance, using a phone.
  - More chances to have your own apartment in the community. Taking responsibility to run your own life with help if you need it. Have a couple of apartments near each other with a staff person living there to help out when needed.
  - Better landlords, need roll or walk in showers.
  - Receive supports at night and on weekends.
- Self-advocates have the right to get married if they want – there is help and advice out there if you need it
- Jobs
  - More people are working in jobs that they really want and enjoy. “I have a job but I don’t like it. I need a new job.”
  - Job supports – let support person help find job.
  - Push for self-advocates to be hired not only in DAIL, but in other departments of the state.
- Education
  - Training money is important.
  - More educational opportunities, taking college classes.

- More trainings like Voices and Choices and sexuality conference.
- More working with schools – we want peer trainers teaching in all the school special education programs
- Adult Education – money for people to learn reading, writing, math and computer skills – to get jobs!
- Community Connections
  - Money for supporting community projects that self-advocates do to help out their communities.
  - It is hard when you are taking from community supports for job support.
  - More community hours! People are stuck at home.
  - Support service on the weekend – need to see your friends.
  - More day service time to exercise, gym membership, community center membership, horse back riding programs.
- Health
  - We need help finding doctors and dentists that accept Medicaid.
  - More help for people getting older.
  - Not enough therapists.
  - Money for support at medical appointments; transport/follow up.
- Advocacy
  - Money in budget to go to self-advocacy meetings and events.
  - Have self-advocates be involved in politics.
- Leadership – we have more leaders, new leaders and stronger leaders.
- We need a 3<sup>rd</sup> party, a sounding board to check in and see how we're doing.
- Standing up for our rights.
- Support Staff
  - More money for mileage.
  - Staff keep turning over (more money for staff w/benefits to keep good staff).
  - Pay benefits for Home Care Provider.
  - More money for Respite.
  - Staff said less money for Administration.
  - Staff also said case managers have too much paperwork. Also if people really understand their budgets and ISA's it will be less work for case managers.

### **Division of Disability and Aging Services**

Quality Management Reviewers conduct annual on-site reviews to assess the quality of services provided by the 15 developmental service providers in Vermont<sup>7</sup>. A total of 170 people were reviewed in the 2006 calendar year, accounting for 10% of the people getting Medicaid-funded developmental disability services.

<sup>7</sup> Eleven (11) agencies were reviewed in 2006. Four agencies had their reviews waived as there were no identified areas for improvement in their last review.

Areas of strength noted in the quality reviews include:

- Development of clinical resources
- Supported employment services
- Children and family supports
- Crisis services
- Staff training, supervision and support
- Communication supports
- Supportive, inclusive and caring home providers
- Fostering relationships
- Specialized services for offenders
- Person-centered services planning
- Quality assurance/quality improvement planning
- Cultural competence

Priority areas for improvement that were most frequently noted as needing improvement were:

- Quality of Individual Support Agreements
- Training and guidance to consumer teams
- Clinical support and supervision
- Quality assurance systems
- Employment services improvements
- Health and wellness documentation
- Implementation of new policies
- Consistency standards for service coordinators

In addition to the above, the Developmental Services Team at the Division of Disability and Aging Services

reviewed local plans taking into careful consideration existing supports and services, formulated areas for systems development and improvement and provided input into the *Plan*. Quality Management Reviewers and the Office of Public Guardian also had the opportunity to provide suggestions for the *Plan*.

### **State Program Standing Committee**

Two public forums were held on May 24 and June 6, 2007. The first meeting was held via Vermont Interactive Television and the second took place in Waterbury. Seventy-six (76) people total attended the two meetings, including self-advocates, family members, directors of developmental service agencies, direct support staff, local and state standing committee members, advocates and other interested people. Feedback from the forums was incorporated into the *Plan*.

The Developmental Services State Program Standing Committee reviewed the amended *Plan* at their June 21, 2007 meeting.

### **Vermont Developmental Disabilities Council**

The Vermont Developmental Disabilities Council sent out a questionnaire in 2006 to gather feedback about the availability of information, funding and services for people with developmental disabilities and their families to inform

its Five Year State Plan. This survey, which was available in print and online, was answered by 179 Vermonters. Forums were also held.

The following major themes were noted across the forums:

- Transportation is extremely limited.
- Service provision is lacking for adults with DD after leaving high school.
- Appropriately trained staff are lacking to support activities/employment.
- Activity options are few.
- Overall lack of community understanding and awareness of various disabilities.
- Inconsistency in eligibility criteria (e.g., differences between state and federal definition of developmental disability and eligibility for education services and adult services not consistent).
- Transition from high school to adult services does not go smoothly enough.

A summary of the questionnaire found gaps in the following priority themes (numbers reflect the percentage dissatisfied):

- Funding for needed services and supports (59%).
- Providing transportation to hold jobs and participate in social and leisure activities (53%).

- Information available to people seeking DD services (47%).
- Providing housing and home supports (45%).
- Community supports for recreation, social and leisure activities (38%).
- Special education and transition services (37%).
- High-quality services and supports and ways to evaluate them (34%).
- Providing jobs and employment services (32%).
- Reaching out locally and state-wide to those with DD (32%).
- Providing individualized services (32%).
- Education and civil rights and self-advocacy (31%).

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**CHAPTER FOUR -  
Accomplishments from the  
FY 2005 - FY 2007 Three-Year Plan**

**Accomplishments from FY 2005 – FY 2007**

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Support Area	Accomplishments from FY 2005 – FY 2007	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
<i>Agency of Human Services Reorganization</i>	<ul style="list-style-type: none"> <li>▪ Participate in the Agency of Human Services reorganization committees; work with Department of Disabilities, Aging and Independent Living to implement creation of new department to facilitate consumer-focused services for children, youth and adults with disabilities, and elder citizens.</li> </ul>	X				
<i>Family Services – Personal Care/ High Tech Services</i>	<ul style="list-style-type: none"> <li>▪ Work to assume responsibility for Personal Care Services and High Tech Services effective 7/1/05; survey recipients; redesign program; explore service coordination access.</li> </ul>		X			Mostly completed. Currently designing conversion of CPCS to flexible family support plans that would enable purchase of service coordination and other items; completion date of 10/07 anticipated.
	<ul style="list-style-type: none"> <li>▪ Determine if personal care services can be converted to a waiver to allow more flexibility for families Change to: Develop unified service plans for Children Personal Care Services, Waiver Services and High Tech Services.</li> </ul>	X				Signed agreement between DAIL, OVHA and AHS creating mechanism to implement unified service plans; expanded to TBI services as well.
	<ul style="list-style-type: none"> <li>▪ Develop Children’s Personal Care Program Guidelines.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Redesign Children’s Personal Care Assessment.</li> </ul>		X			
	<ul style="list-style-type: none"> <li>▪ Create smoother transition from Children’s Personal Care Service into adult services.</li> </ul>		X			
	<ul style="list-style-type: none"> <li>▪ Continue High Technology Services redesign.</li> </ul>		X			Hi-Tech – currently in process of redesigning program.
	<ul style="list-style-type: none"> <li>▪ Implement AHS/DOE interagency agreement.</li> </ul>			X		Assigned Children’s Coordinator to attend SIT and other interagency work.

Support Area	Accomplishments from FY 2005 – FY 2007	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
<i>Family Services – Personal Care/ High Tech Services</i>	<ul style="list-style-type: none"> <li>▪ Continue to work with AHS Field Services to identify appropriate service coordination resources.</li> </ul>		X			Participating in pilot for non-categorical case management and support services.
<i>Respite Homes</i>	<ul style="list-style-type: none"> <li>▪ Increase use of state respite homes by people who live with their families and who receive minimal or no support.</li> </ul>	X				Re-established 4 <sup>th</sup> respite home in Lamoille County. Produced respite home pamphlet.
	<ul style="list-style-type: none"> <li>▪ Develop guidelines for use of respite homes.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Develop replacement for retiring respite home in Addison County.</li> </ul>		X			
	<ul style="list-style-type: none"> <li>▪ Work with agencies to increase regional respite home options.</li> </ul>			X		Completed with two agencies; in process with minimum of two others.
<i>Supported Employment</i>	<ul style="list-style-type: none"> <li>▪ Identify resources and provide incentive for converting Community Supports to Employment Supports. Set aside \$50,000 to provide incentives to individuals to move from community supports to employment.</li> </ul>	X				Amended FY 07 SOCP update to increase likelihood of consumers taking advantage of the conversion incentive.
	<ul style="list-style-type: none"> <li>▪ \$50,000 in Medicaid Infrastructure Grant (MIG) funds for conversion identified to begin in FY06.</li> </ul>	X				Grant was successful. Plans for a third year of support with TA and new MIG funds cited below.
	<ul style="list-style-type: none"> <li>▪ Re-allocate a second year of \$40,000 MIG funds for Community Supports conversion. Work with the Supported Employment project to create long term sustainability.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Re-allocate a third year of MIG funds for Community Support Conversion to CVS in the form of supplemental funds to the sustained effort created by the first 2 years of funding.</li> </ul>		X			Met with VR and CVS to discuss allocation of 3 <sup>rd</sup> year of funding.

Support Area	Accomplishments from FY 2005 – FY 2007	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
<b>Supported Employment</b>	<ul style="list-style-type: none"> <li>▪ Allocate \$6,042 MIG funds to UVM for focused Conversion trainings.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Collaborate with DVR to obtain new MIG funds for Supported Employment Projects for Training and Conversion efforts.</li> </ul>		X			Had initial discussions to determine best use of MIG funding.
	<ul style="list-style-type: none"> <li>▪ Coordinate training and job development skills for Community Support workers to become Employment Support workers.</li> </ul>		X			07 SE Retreat identified this as a growing need resulting in a plan for training of community support staff To be implemented in 08.
	<ul style="list-style-type: none"> <li>▪ Improve statewide reporting of comparative employment data by developing a system to provide on-going training to address the turnover of database users.</li> </ul>			X		On site Technical Assistance that provided direct training of each data base user occurred during 06/07.
	<ul style="list-style-type: none"> <li>▪ New data system for employment programs under development.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Publish quarterly report on comparative statewide supported employment data by provider.</li> </ul>		X			Published mid-year report.
	<ul style="list-style-type: none"> <li>▪ Work with Vocational Rehabilitation and Special Education Coordinators to develop a resource manual on employment.</li> </ul>				X	Department of Education and the Division of Vocational Rehabilitation developed other resources.
	<ul style="list-style-type: none"> <li>▪ Collaborate with Department of Education, Division of Vocational Rehabilitation, and the Center for Disability and Community Inclusion to maintain and promote the public use of new and existing employment resource manuals and websites.</li> </ul>			X		Shared information about DD services and produced PowerPoint presentation for SE retreat.
	<ul style="list-style-type: none"> <li>▪ Work with Vocational Rehabilitation to develop forums/training for consumers and families. Medicaid Infrastructure Grant Funds identified for GMSA to develop an Employment Toolkit to begin in FY 07.</li> </ul>		X			GMSA started discussion with local SE Coordinators to partner around the MIG grant.

Support Area	Accomplishments from FY 2005 – FY 2007	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
<b>Supported Employment</b>	<ul style="list-style-type: none"> <li>▪ Work with Vocational Rehabilitation to explore alternative methods of employment; specifically helping people to go into business for themselves.</li> </ul>	X				2006 APSE Conference and training featured the theme of self employment. UVM and CVS attended out of state training and brought these resources back to VT.
	<ul style="list-style-type: none"> <li>▪ Provide ongoing training in Self-Employment.</li> </ul>			X		Not started yet.
	<ul style="list-style-type: none"> <li>▪ Offer consultation and training in response to other states requesting our Technical Assistance in SE and youth Transition methods.</li> </ul>					During 07 provided TA to State of Wisconsin, Tele-training with NASDDDS, and 3 day TA with Trinity Services, IL.
	<ul style="list-style-type: none"> <li>▪ Collaborate with UVM to locate funding for a demonstration project to employ people with DD as employment consultant staff within SE programs.</li> </ul>	X				Employment Associates of CA is demonstrating this initiative, with intent to assure sustainability.
	<ul style="list-style-type: none"> <li>▪ Provide technical support in conjunction with UVM to the demonstration project that has created a system for employing people with DD to become employed as SE staff within programs.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Partner with Division of Vocational Rehabilitation in systems analysis of supported employment services through external survey tool.</li> </ul>				X	Funds not located by DVR to obtain External Assessment source. A SE Retreat was helpful in producing and analysis of the SE system.
	<ul style="list-style-type: none"> <li>▪ Provide a 2 day SE retreat/planning session in collaboration with DVR, APSE, UVM, MH, TBI.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Continue the SE planning process established by the SE retreat through the action of work groups.</li> </ul>			X		Work groups formed. Spring 07 follow up retreat day planned.
	<ul style="list-style-type: none"> <li>▪ Continue to provide resources and training for self employment.</li> </ul>		X			

Support Area	Accomplishments from FY 2005 – FY 2007	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
<b>Supported Employment</b>	<ul style="list-style-type: none"> <li>▪ Work with Vocational Rehabilitation and Special Education Coordinators and Intake Coordinators to improve planning for high school graduates transitioning to adult services.</li> </ul>			X		DDAS, VR, Dept. of Ed, Special Ed Coordinators continue to collaborate on statewide workshops and meetings on improving transition planning.
	<ul style="list-style-type: none"> <li>▪ Enhanced training in Youth Transition for Intake Coordinators.</li> </ul>			X		DDAS Youth Transition Mentor Group meet for ongoing transition-related workshops quarterly.
<b>Transition Supports</b>	<ul style="list-style-type: none"> <li>▪ Fund a Transition toolkit – a manual on CD-ROM and an accompanying training module for educators, VR staff, consumers and families.</li> </ul>				X	DOE took the lead using their MIG grant with the plan to design a comprehensive Transition Web site for Vermont Providers, students and families to access.
	<ul style="list-style-type: none"> <li>▪ Co-sponsor Social Security work incentive trainings.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Partner with Career Start to reactivate local Core Transition Teams.</li> </ul>	X				Core Transition Teams have been revived in most counties.
	<ul style="list-style-type: none"> <li>▪ Maintain DDAS representation on the Career Start Task Force.</li> </ul>			X		DDAS representative continues on Career Start Task Force.
<b>Service Coordination</b>	<ul style="list-style-type: none"> <li>▪ Evaluate the effectiveness of Service Coordination and devise ways to adjust the roles and responsibilities of Service Coordinators to enhance quality supports.</li> </ul>			X		Provided series of Service Coordination training in FY 06 and FY 07.
<b>Intake</b>	<ul style="list-style-type: none"> <li>▪ Provide Intake Coordinator training to enhance outreach and clarify role of intake as it relates to transition services.</li> </ul>			X		
	<ul style="list-style-type: none"> <li>▪ Contact professional organizations to publicize the need of more qualified clinicians to do eligibility assessments.</li> </ul>		X			

Support Area	Accomplishments from FY 2005 – FY 2007	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
<i>Intake</i>	<ul style="list-style-type: none"> <li>▪ Develop a user-friendly informational booklet on eligibility and how to apply for services and funding.</li> </ul>			X		To be addressed in FY 08 – FY 10 System Development by ADRC.
	<ul style="list-style-type: none"> <li>▪ Work with Aging and Disability Resource Connections (ADRC) grant to develop and clarify roles of intake coordinators and ADRC's.</li> </ul>			X		Roles of DS providers and ADRC are being explored re: Information, Referral and Assistance functions.
<i>Community Supports</i>	<ul style="list-style-type: none"> <li>▪ Improve information on consumer outcomes related to Community Supports.</li> </ul>				X	Incorporated new Quality Management Review process.
	<ul style="list-style-type: none"> <li>▪ Define and highlight exemplary practices in Community Supports.</li> </ul>			X		
	<ul style="list-style-type: none"> <li>▪ Facilitate exploration and creation of continuing/higher education opportunities. Informal efforts with our providers to promote higher education. [UVM and Dept of Ed collaborating with CCV to facilitate individuals with cognitive disabilities accessing classes.]</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Modify funding priority for Community Supports conversion from 85% to 50% reallocation to promote supported employment.</li> </ul>	X				Resulted in full use of \$50,000 conversion initiative in FY 2007.
<i>Home Supports</i>	<ul style="list-style-type: none"> <li>▪ Work with agencies and state and regional housing officials to gain access to housing opportunities and Section 8 resources.</li> </ul>	X				Monitored federal changes in HUD funding and impact on housing vouchers.
	<ul style="list-style-type: none"> <li>▪ Work with Licensing and Protection to eliminate licensing barriers to small (3-6 person) supported living models.</li> </ul>	X				Clarified rules on respite with Division of Licensing and Protection.
	<ul style="list-style-type: none"> <li>▪ Work with AHS and DDAS housing specialists and providers to create opportunities to pilot creative housing alternatives.</li> </ul>	X				

Support Area	Accomplishments from FY 2005 – FY 2007	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
<i>Home Supports</i>	<ul style="list-style-type: none"> <li>▪ Examine impact of home provider stipends being included in household income for purposes of property tax relief.</li> </ul>	X				Completed summer study report and submitted to the legislature; developed legislative language to define adult foster care to solidify income tax exemption for shared living providers.
<i>Crisis/Clinical Services</i>	<ul style="list-style-type: none"> <li>▪ Collaborate with Upper Valley Services to develop and administer a consumer survey of Vermont Crisis Intervention Network services; distribute survey results.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Establish contact with Department of Psychiatry at Dartmouth Hitchcock Medical Center.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Facilitate collaboration and training with people who provide local, regional and statewide crisis supports to improve system-wide crisis network.</li> </ul>		X			
	<ul style="list-style-type: none"> <li>▪ Evaluate the need for additional systemic and/or local clinical resources. Begun in FY 05, ahead of schedule; developed data collection mechanism to collect crisis information.</li> </ul>	X				Expanded access and clinical consultation via Vermont Crisis Intervention Network.
<i>Communication Supports</i>	<ul style="list-style-type: none"> <li>▪ Work with Vermont Assistive Technology Project, Office of Vermont Health Access and ancillary service provider networks to improve access to qualified professionals (e.g., SLPs, Ots, PTs).</li> </ul>			X		VCTF and DS Providers building collaborative relationship with SLPs. Member of VCTF (SLP) meets with SLPs at their regular meetings.
	<ul style="list-style-type: none"> <li>▪ Work with Vermont Communication Task Force (VCTF) and agencies to facilitate development of in-house capacity at agencies for local communication resource person and provide ongoing support.</li> </ul>			X		Five agencies have a designated communication support person; all others have people who have been trained and can provide some local resource capacity.

Support Area	Accomplishments from FY 2005 – FY 2007	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
<b>Communication Supports</b>	<ul style="list-style-type: none"> <li>▪ Explore alternative ways to access Medicaid funding for communication services.</li> </ul>			X		VCTF continues to educate people on how to access Medicaid funding.
<b>Training</b>	<ul style="list-style-type: none"> <li>▪ Evaluate need for home provider training and develop and facilitate needed local, regional and statewide training opportunities of home providers and contracted workers.</li> </ul>			X		GMSA provided training (FY 06). Provided positive supports, dementia and healthy sexuality training (FY 07).
	<ul style="list-style-type: none"> <li>▪ Provide training opportunities for consumers and families about issues of interest (e.g., rights, funding, Agency of Human Services reorganization).</li> </ul>			X		Provided positive supports, wills and estates, and grief training; and training in positive supports, sexuality educator training and sexuality education conference.
<b>Offenders with Developmental Disabilities</b>	<ul style="list-style-type: none"> <li>▪ Evaluate the need for increase in number of staffed residential situations.</li> </ul>	X				Three new 3-person group homes opened.
	<ul style="list-style-type: none"> <li>▪ Implement crisis/respite home.</li> </ul>	X				Crisis and respite services are available 365 days per year.
	<ul style="list-style-type: none"> <li>▪ Evaluate crisis/respite home.</li> </ul>	X				Completed in June 2007.
<b>Self/Family Management</b>	<ul style="list-style-type: none"> <li>▪ Develop Request for Proposal and begin implementation for Supportive Intermediary Service Organization (ISO) for people who are self- or family-managing. (An ISO is an organization to help people self/family-managing and home providers who are employers recruit and train employees).</li> </ul>	X				RFP process completed – Transition II identified as Supportive ISO; began services July 2005.
	<ul style="list-style-type: none"> <li>▪ Develop handbook for people self- or family-managing services.</li> </ul>	X				
	<ul style="list-style-type: none"> <li>▪ Evaluate implementation of Supportive Intermediate Service Organization.</li> </ul>			X		FY 06 Transition II conducted satisfaction survey of participants.

Support Area	Accomplishments from FY 2005 – FY 2007	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
<i>Self-Advocacy</i>	<ul style="list-style-type: none"> <li>▪ Provide ongoing support to self-advocacy activities.</li> </ul>			X		Workshops to support self-advocacy presented through Real Choice Grant.
	<ul style="list-style-type: none"> <li>▪ Explore use of Medicaid funding to enhance sustainability of self-advocacy activities.</li> </ul>				X	Developed ongoing grant from DDAS to GMSA and increased dollar amount by \$5,000.
<i>Transportation</i>	<ul style="list-style-type: none"> <li>▪ Work with the Agency of Human Services transportation group and transportation users to advocate with VTrans and explore creative ways to expand accessible rural and mass transit transportation options.</li> </ul>			X		AHS and DAIL transportation specialists are in regular contact with Vtrans concerning the administration of the Elders and Persons with Disabilities (E&D) Program.
	<ul style="list-style-type: none"> <li>▪ Work with Department of Disabilities, Aging and Independent Living transportation specialist to develop a resource guide on transportation funding and resource options.</li> </ul>	X				Reissued memo outlining transportation services funding options. Included copy of the current public transportation guide published by the Vermont Public Transportation Association.
	<ul style="list-style-type: none"> <li>▪ Work with providers to explore and develop creative alternative uses of waiver-funded transportation resources.</li> </ul>			X		To be address in FY 08 – FY 10 System Development (Activity 5.a).
<i>System/ Administration Issues</i>	<ul style="list-style-type: none"> <li>▪ Examine system processes (e.g., intake, funding) on the state and local level for areas of simplification and streamlining; make adjustments as necessary.</li> </ul>		X			Partially done – see <i>Intake Support Area</i> .

Support Area	Accomplishments from FY 2005 – FY 2007	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
<i>System/ Administration Issues</i>	<ul style="list-style-type: none"> <li>▪ Simplify system for funding new caseload needs.</li> </ul>	X				Local funding committees maintained and all funding decisions forwarded to centralized committees that include representation from the State, consumers/families and providers.
	<ul style="list-style-type: none"> <li>▪ Develop new process, form and instructions for FY 08 – FY 10 <i>State System of Care Plan</i>.</li> </ul>				X	Determined that existing process resulted in desired outcome.
	<ul style="list-style-type: none"> <li>▪ Complete revision to Medicaid Procedures to clarify and simplify expectations.</li> </ul>		X			Began work group spring 2007 to update Medicaid Procedures.
	<ul style="list-style-type: none"> <li>▪ Participate in independent assessment of community provider system.</li> </ul>	X				Resulted in administration recommendation for 7.5% increase/year for 3 years.
	<ul style="list-style-type: none"> <li>▪ Participate in 2<sup>nd</sup> sustainability study of designated provider system, including ongoing caseload and workforce issues.</li> </ul>		X			Results and recommendations expected summer 2007.
	<ul style="list-style-type: none"> <li>▪ Strategic examination of future resources, demand and system expectations given financial climate.</li> </ul>		X			Occurring via sustainability study.



**CHAPTER FIVE –  
FY 2008 – FY 2010 System  
Development Activities**

**Page**

**FY 2008 – FY 2010 System Development Activities**

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Activity Number	Support Area	<b>FY 2008 – FY 2010 System Development Activities</b>	Completed	In Progress	Ongoing Need	Dropped	<b>COMMENTS</b>
1.a	<i>Provide support to families whose family members live at home</i>	<ul style="list-style-type: none"> <li>▪ Develop and implement Children’s Personal Care Services flexible options.</li> </ul>					
1.b		<ul style="list-style-type: none"> <li>▪ Redesign Children’s Personal Care Assessment.</li> </ul>					
1.c		<ul style="list-style-type: none"> <li>▪ Revise Flexible Family Funding Guidelines, including adjusting Flexible Family Funding sliding service scale; designate resources to provide an increase in the Flexible Family Funding maximum allocation.</li> </ul>					
1.d		<ul style="list-style-type: none"> <li>▪ Design a continuum of care across High Technology Services, Children’s Personal Care Services, Developmental Disability Services and Choices for Care to increase flexibility of services.</li> </ul>					
1.e		<ul style="list-style-type: none"> <li>▪ Work to identify potential gaps in Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for children with developmental disabilities.</li> </ul>					
1.f		<ul style="list-style-type: none"> <li>▪ Assess usefulness of State respite homes and consider alternative models to better address respite needs.</li> </ul>					
1.g		<ul style="list-style-type: none"> <li>▪ Design written and web-based materials for families who are aging whose family members with developmental disabilities live at home.</li> </ul>					
2.a	<i>Supported Employment/ Transition Services</i>	<ul style="list-style-type: none"> <li>▪ Work to increase employment rate of youth transitioning out of high school.</li> </ul>					
2.b		<ul style="list-style-type: none"> <li>▪ Increase the percentage of adults who are supported to work and the number of hours they work.</li> </ul>					
2.c		<ul style="list-style-type: none"> <li>▪ Ensure sustainability of accurate and timely Supported Employment data.</li> </ul>					

Activity Number	Support Area	<b>FY 2008 – FY 2010 System Development Activities</b>	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
2.d	<i>Supported Employment/</i>	<ul style="list-style-type: none"> <li>▪ Increase recognition of Supported Employment practices by service providers.</li> </ul>					
2.e	<i>Transition Services</i>	<ul style="list-style-type: none"> <li>▪ Improve timely participation by service providers in transition planning of youth graduating high school who are eligible for developmental disability services.</li> </ul>					
3.a	<i>Service Coordination</i>	<ul style="list-style-type: none"> <li>▪ Develop web-based developmental disability resources to increase ease of navigation by Service Coordinators.</li> </ul>					
3.b		<ul style="list-style-type: none"> <li>▪ Evaluate most effective way to provide Service Coordinator training across Traumatic Brain Injury, Choices for Care and Developmental Disability Services.</li> </ul>					
3.c		<ul style="list-style-type: none"> <li>▪ Evaluate availability of independent Service Coordinators and Qualified Developmental Disability Professionals to meet the needs of for people who are self-/family-managing.</li> </ul>					
4.a	<i>Intake/Eligibility</i>	<ul style="list-style-type: none"> <li>▪ Establish regular opportunities for sharing information and training with Intake Coordinators to promote equitable access to services.</li> </ul>					
4.b		<ul style="list-style-type: none"> <li>▪ DDAS Eligibility Work Group will assess current practices of determining Developmental Disability Services eligibility to ensure equity, consistency and quality of evaluations.</li> </ul>					
4.c		<ul style="list-style-type: none"> <li>▪ Work with Aging and Disability Resource Connections to help ensure independent access to information about services and supports and develop cross training resources to support ADRC partnership.</li> </ul>					
4.d		<ul style="list-style-type: none"> <li>▪ Develop a user-friendly informational booklet on eligibility and how to apply for services and funding through ADRC.</li> </ul>					
4.e		<ul style="list-style-type: none"> <li>▪ Evaluate the length time from date of application to date of service implementation.</li> </ul>					

Activity Number	Support Area	<p style="text-align: center;"><b>FY 2008 – FY 2010 System Development Activities</b></p>	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
5.a	<i>Life Long Learning</i>	<ul style="list-style-type: none"> <li>▪ Work with service providers to increase consumer satisfaction with opportunities and support to learn new skills.</li> </ul>					
5.b		<ul style="list-style-type: none"> <li>▪ Explore development opportunities that promote access to post-high school education.</li> </ul>					
5.c		<ul style="list-style-type: none"> <li>▪ Increase consumer satisfaction with getting help to learn or do new things by increasing the emphasis of skill-based goals in Individual Support Agreements and through feedback with the Consumer Interview Tool.</li> </ul>					
5.d		<ul style="list-style-type: none"> <li>▪ Increase activities and opportunities that support youth and adults with developmental disabilities to have relationships.</li> </ul>					
6.a	<i>Inclusion in Community Life</i>	<ul style="list-style-type: none"> <li>▪ Increase opportunities for people with developmental disabilities to engage in weekend and evening community activities.</li> </ul>					
6.b		<ul style="list-style-type: none"> <li>▪ Improve nutrition and wellness practices.</li> </ul>					
6.c		<ul style="list-style-type: none"> <li>▪ Increase recognition of exemplary practices in Community Supports.</li> </ul>					
7.a	<i>Home Supports</i>	<ul style="list-style-type: none"> <li>▪ Increase the number of people receiving less than 24-hour home support to increase independent living.</li> </ul>					
7.b		<ul style="list-style-type: none"> <li>▪ Improve access for people with developmental disabilities to affordable and accessible public housing through participation in the DAIL Housing Task Force.</li> </ul>					
7.c		<ul style="list-style-type: none"> <li>▪ Develop supportive housing option(s) for 4 – 6 people with developmental disabilities who are Deaf or Hard of Hearing.</li> </ul>					
8.a	<i>Clinical/Crisis Services</i>	<ul style="list-style-type: none"> <li>▪ Increase availability of clinicians with expertise in developmental disabilities (e.g., psychologists, psychiatrists, behavior consultants, therapists).</li> </ul>					

Activity Number	Support Area	<b>FY 2008 – FY 2010 System Development Activities</b>	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
8.b	<i>Clinical/Crisis Services</i>	<ul style="list-style-type: none"> <li>▪ Explore collaboration with higher education to increase clinical capacity.</li> </ul>					
8.c		<ul style="list-style-type: none"> <li>▪ Expand clinical expertise within 2 agencies to work with adolescents and adults with emotional and behavior support needs.</li> </ul>					
9.a	<i>Autism Supports</i>	<ul style="list-style-type: none"> <li>▪ Lead planning process to develop the system of care for individuals with Autism Spectrum Disorders/Pervasive Developmental Disorders.</li> </ul>					
10.a	<i>Communication Supports</i>	<ul style="list-style-type: none"> <li>▪ Through work with the Vermont Communication Task Force, increase the number of agencies by 3 that have in-house capacity for a local communication resource person who has responsibility for communication assistance locally.</li> </ul>					
10.b		<ul style="list-style-type: none"> <li>▪ Providing training and support for in-house communication resource personnel and other staff.</li> </ul>					
10.c		<ul style="list-style-type: none"> <li>▪ Work to improve access to Speech and Language Pathologists with Augmentative and Alternative Communication expertise under Global Commitment.</li> </ul>					
10.d		<ul style="list-style-type: none"> <li>▪ Collaborate with Vermont Protection and Advocacy, the Office of the Defender General and the University of Vermont to help continue the Vermont Communication Support Project</li> </ul>					
11.a	<i>Training/ Workforce</i>	<ul style="list-style-type: none"> <li>▪ Facilitate training to teach self-advocates new skills, specifically focusing on home providers and community support workers.</li> </ul>					
11.b	<i>Development</i>	<ul style="list-style-type: none"> <li>▪ Develop behavior support training for support workers who work with people with Autism.</li> </ul>					
11.c		<ul style="list-style-type: none"> <li>▪ Increase awareness and access to domestic violence resources in the community.</li> </ul>					

Activity Number	Support Area	<p style="text-align: center;"><b>FY 2008 – FY 2010 System Development Activities</b></p>	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
11.d	<i>Training/ Workforce Development</i>	<ul style="list-style-type: none"> <li>▪ Work with the Department of Mental Health to improve access to mental health and Dialectical Behavior Therapy training.</li> </ul>					
11.e		<ul style="list-style-type: none"> <li>▪ Explore opportunities for expanding the availability of college level training in developmental disabilities.</li> </ul>					
11.f		<ul style="list-style-type: none"> <li>▪ Develop training materials for personal care workers who support children with Autism.</li> </ul>					
12.a	<i>Offenders with Developmental Disabilities</i>	<ul style="list-style-type: none"> <li>▪ Analyze reliability and increase use of measurable risk assessment and treatment progress tools (e.g., TPS-ID).</li> </ul>					
12.b		<ul style="list-style-type: none"> <li>▪ Develop best practice guidelines for supporting adolescent sex offenders with developmental disabilities who are sexually dangerous.</li> </ul>					
12.c		<ul style="list-style-type: none"> <li>▪ Develop financial partnership with Department of Corrections for ongoing support of individuals moving from incarceration to community living.</li> </ul>					
12.d		<ul style="list-style-type: none"> <li>▪ Develop alternate housing models for offenders as needed.</li> </ul>					
12.e		<ul style="list-style-type: none"> <li>▪ Develop community notification guidelines for people with developmental disabilities who pose significant risk to public safety.</li> </ul>					
13.a	<i>Self/Family Management</i>	<ul style="list-style-type: none"> <li>▪ Evaluate implementation of Supportive Intermediate Service Organization.</li> </ul>					
14.a	<i>Self-Advocacy</i>	<ul style="list-style-type: none"> <li>▪ Strengthen self-advocacy by promoting people with disabilities as peer mentors and trainers in areas of independent living and working with transition-age youth.</li> </ul>					
15.a	<i>Transportation</i>	<ul style="list-style-type: none"> <li>▪ Work with the Agency of Human Services transportation group and transportation users to advocate with VTrans and explore creative ways to expand accessible rural and mass transit transportation options.</li> </ul>					

Activity Number	Support Area	FY 2008 – FY 2010 System Development Activities	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
16.a	<i>Guardianship</i>	<ul style="list-style-type: none"> <li>▪ Contract for an independent comprehensive evaluation of the Office of Public Guardian.</li> </ul>					
17.a	<i>System/ Administration</i>	<ul style="list-style-type: none"> <li>▪ Complete revision to Medicaid Procedures to clarify and simplify expectations.</li> </ul>					
17.b	<i>Issues</i>	<ul style="list-style-type: none"> <li>▪ Participate in 2<sup>nd</sup> sustainability study of designated provider system, including ongoing caseload and workforce issues.</li> </ul>					
17.c		<ul style="list-style-type: none"> <li>▪ Work with DVR, DMH and Field Services Directors to develop non-categorical case management to address needs of people not traditionally eligible for AHS services to reduce system pressures that take away from resources needed for people eligible for services.</li> </ul>					
17.d		<ul style="list-style-type: none"> <li>▪ Work with AHS, DMH and Substance Abuse to improve the quality and integrity of Managed Care Information System data including monthly service reports and human resource data elements.</li> </ul>					
17.e		<ul style="list-style-type: none"> <li>▪ Evaluate the implications of identifying maximum rates or rate ranges for services; including appropriate costs to include in rates.</li> </ul>					

# **CHAPTER SIX - Funding Process and Guidelines**

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# CHAPTER SIX – FUNDING PROCESS AND GUIDELINES

## New Fiscal Resources and Impact of Current Events

The Division is obligated to meet the needs of individuals eligible for services, *within the appropriated funding* received from the Legislature. No services may be authorized that exceed the FY 08 funding levels unless appropriate prior approval is received. It is, therefore, important that meeting personal and public safety needs are prioritized with all developmental disability services funding.

Fiscal year 08 marks the third and final year of the negotiated 7.5% increase in funding for the designated provider system for developmental disability, mental health and substance abuse services. Of these increases, providers received an inflationary increase of 3.75% in FY 06, which was followed by a 2% reduction to meet caseload needs, leaving an actual increase of 1.75%. Providers received inflationary increases of 4% in FY 07 and FY 08. It is relevant to note that funding for developmental disability services has actually risen about 10%–11% per year.

Of the total increase in FY 08, a **4% cost of living** increase is provided for the community system. This is intended to cover the increased costs of any salary or

contracted worker increases, transportation costs, insurance and fuel expenses, etc. In addition to the cost of living increase, resources to address caseload issues are also allocated. When combined with existing resources for community services, a total of **\$127,545,146<sup>8</sup>** is available for supporting people with developmental disabilities in Vermont. Given past utilization trends, it is expected that this amount will support roughly 3,325 individuals in FY 08. A summary of the available new funding follows:

### FY 2008 NEW FUNDING AVAILABLE

<b><u>Provider Inflation</u></b>	\$4,610,315
<b><u>Caseload</u></b>	
Flexible Family Funding	36,689
– 30 individuals @ \$1,122 x 9% administration	
Emergency Caseload	5,689,000
– 200 individuals @ \$28,445	
Minus Equity Fund Available	(2,092,091)
– 3 Year Equity Fund Average	
High School Graduates	1,848,925
– 65 individuals @ \$28,445	
Public Safety/Act 248	<u>1,119,987</u>
– 27 individuals @ \$41,481	
<b>TOTAL NEW FUNDING AVAILABLE</b>	<b><u>\$11,212,825<sup>9</sup></u></b>

<sup>8</sup> Does not include funding in the OVHA appropriation for Children’s Personal Care Services and High Technology home care services.

<sup>9</sup> State match requirement for FY 08 is 40.99%; no changes in services are required because of this change; it is actually reduced from the FY 07 rate of 41.18%.

As FY 08 begins, the State in collaboration with people with developmental disabilities and their families, advocates and providers have entered into an additional strategic planning process to identify a 5 year plan that sets expectations for the system within suggested parameters for available resources.

The State has retained Pacific Health Policy Group to perform the study, including researching relevant data and making recommendations given the results of their research. It will be important to take into consideration demographics related to the workforce as well as the individuals and families seeking services.

The State is currently having discussions with Vermont Legal Aid concerning access to services for children with developmental disabilities. The results of these discussions may also have an impact on this *Plan*. However, the main focus is on access to required Early, Periodic Screening, Diagnosis and Treatment (EPSDT) services, and as such, since this *Plan* does not address EPSDT services (other than Children's Personal Care and High Technology Home Care), it is difficult to ascertain with any precision the impact of these discussions.

Related to both the 5 year strategic plan and the discussions with Legal Aid, is the legislative requirement to develop a plan for serving individuals ages birth to death, who have Autism Spectrum Disorders/Pervasive Developmental Disabilities. As the number of individuals

diagnosed with these disabilities increases, the State needs to develop a long term plan that addresses both the educational and human service needs of these Vermonters.

## Meeting the Service System's Standards

The following pages provide written guidance to individuals, families and providers about various funding issues. This is not an exhaustive listing of the various Medicaid rules and regulations, and should be used in concert with the State's approved Medicaid waiver and Medicaid procedures as well as any other interpretive memoranda, guidelines, policies, regulations, etc., issued by the Division.

All funding decisions and any changes to individuals' current budgets are made first and foremost to assure funding is available to meet the funding priorities.

Decisions to allocate funding or change any individual's budget must be consistent with the following:

- The Developmental Disabilities Act of 1996 and corresponding regulations;
- Medicaid rules and regulations;
- Needs assessment performed during initial intake and periodic review;
- Individual Support Agreement Guidelines;
- Quality Management Plan;
- Developmental Disability Service Definitions (see Appendix A); and,
- All other guidelines, policies, rules and regulations of the Division.

## Existing Funding

Since the majority of all developmental disability services funding already exists within the base budgets of designated and specialized service agencies, the use and flexibility of these funds must be continually assessed. The State requires that a new needs assessment (periodic review) of every person receiving services is conducted at least annually. The intent of this process is to reduce services and funding if a person requires less support in his or her life. It is expected that annually each designated agency and specialized service agency will recalculate service/support costs and update individuals' budgets accordingly, re-spreading costs as appropriate. It is also expected that designated and specialized service agencies will utilize the most cost-effective method of providing service that is consistent with the person's needs.

Designated agencies and specialized service agencies are encouraged to provide services and supports identified in the Local System of Care Plans that may ***prevent the need for more costly services***, if it will help alleviate the person's circumstance or can help prevent a circumstance that results in meeting funding priorities. The use of existing base caseload funds must:

- First meet needs related to personal health and safety and/or public safety.
- Be based on needs assessment/periodic review.
- Be utilized for new needs or new applicants who meet funding priorities.

- Relate to a person’s Individual Support Agreement; the services/supports must be something needed, wanted and valued by the person.
- Consider alternative funding sources and natural supports before using developmental disabilities funding.
- Provide for built-in processes for the ongoing quality improvement of services.
- Provide for the reallocation of existing funding from all individuals (agency-managed; shared-managed and self- or family-managed) from services that are no longer needed or that cost less than anticipated to meet areas of critical need of other individuals.
- Be the most cost effective way to meet the person’s need.

Existing funding also provides a source for changes in existing consumers’ budgets to meet needs identified during the periodic review process. This means that changes within already funded areas of support are allowable and can be made without an updated needs assessment. However, decisions made to fund any new areas of support are made during the periodic review process and can only be changed if an updated needs assessment reveals a *serious* need in the area and the provider has addressed personal/public safety issues of the individual or others who are currently receiving services or who have applied for services.

***Existing Funding Reverts to the Equity Fund:*** All existing funding reverts to the Equity Fund when a person dies (except PASARR specialized services for people in nursing facilities), moves out-of-state, or makes a long-term move to a group home or an institutional placement (e.g., jail, nursing facility) or residential school. Existing funding also reverts to the Equity Fund when individuals become independent of or leave Division-funded services or when services are suspended for more than six months. The funding reverts as soon as the termination is effective.

***Transfers to Other Providers:*** When an individual transfers from one provider to another, **all** funding, including the administration amount, is transferred to the new provider. The only exceptions are as follows: regional/local and state crisis; regional/local and state respite homes; local facilitated communication costs (HC and WCMH) and Intermediary Service Organization costs.

***Management Options for Services:*** Traditionally, developmental service providers have managed all the services funded through DDAS on behalf of people with disabilities and their families. Today, people have a choice of four options of who will manage their services.

- Agency-Managed Services: The most common method is when the developmental service provider manages all of a person’s services, whether it is by a designated agency, a specialized service agency or other contracted provider.

- Shared-Managed Services: The developmental service provider may manage some, but not all, of the services for the person or family. For example, the service agency provides service planning and coordination and may arrange for other services, such as home supports, while the person or a family member manages other supports separately, such as respite or work supports. A Fiscal Intermediary Service Organization (ISO) is available to people who share-manage to do many of the bookkeeping and reporting responsibilities of the employer.
  - Self-Managed Services: An individual may choose to manage all of his or her developmental disability services except for 24-hour home supports. This means that the person has the responsibility of hiring his or her own staff and overseeing the administrative responsibilities associated with receiving developmental services funding. Some of these responsibilities include 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. Transition II is a Supportive Intermediary Service Organization (ISO) that must be used by individuals who self-manage their services. Additionally a Fiscal ISO, ARIS, must be used to help people who self-manage to do many of the bookkeeping and reporting responsibilities of the employer.
  - Family-Managed Services: A person's family member may choose to manage all of his or her developmental disability services except for 24-hour home supports. The same responsibilities and resources noted above for self-management are also associated with and required for family-managed services. Transition II is a Supportive Intermediary Service Organization (ISO) that must be used by families who manage their services. Additionally a Fiscal ISO, ARIS, must be used to help families who manage services to do many of the bookkeeping and reporting responsibilities of the employer.
- Careful attention by designated agencies, specialized service agencies and the Supportive ISO is required when individuals transfer between agencies. All entities must effectively participate in transitioning the individual/family to the new agency.

## **Limitations on the Use of All Developmental Disability Services Funding**

Division funds **cannot be used to increase the availability** of the following services:

- Congregate residential settings in excess of four beds for adults (age 18 and over).<sup>10</sup>

Division funds **cannot be used at all to fund** the following services/settings:

- Congregate (defined as three or more individuals) residential settings for children under 18 years old<sup>11</sup>;
- Institutional settings (e.g., nursing facilities) for providing “community supports” other than for people living, working or volunteering in the setting;
- Any residential schools/treatment centers, in-state or out-of-state institutional or congregate placements (e.g., out-of-state ICF/MR, nursing facility, public or private training centers or schools)<sup>12</sup>;
- Room and board paid for with Medicaid waiver funds, including costs of vacations<sup>13</sup>;
- Sheltered workshops or enclaves (segregated work environments within an employer’s worksite).

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<sup>10</sup> Any exceptions to this limitation must be approved by DAIL.

<sup>11</sup> Exceptions may be made on a case-by-case basis with prior approval of the Division.

<sup>12</sup> Exceptions to this limitation that involve a post-secondary educational experience may be considered but require approval by DAIL

<sup>13</sup> Medicaid funds may be used, however, to cover costs incurred by a paid caregiver to support an individual on vacation (e.g., airfare, hotel and food expenses).

## **People who Leave Services**

An individual’s waiver may be suspended in part or in total for up to a maximum of six months. If a suspension exceeds six months, services must be terminated and the funding returned to the appropriate fund.

An individual who moves to another state may continue to receive services for a transitional period not to exceed one year (Section 2.03 of the Regulations).

If a person’s waiver is terminated, including an individual whose eligibility is based upon Section 1.14 of the Regulations (grandfather clause for people who were receiving services on July 1, 1996), he or she retains clinical eligibility for services for up to one year, but must reapply for funding and have needs that are described by the funding priorities in order to receive services. After one year, the individual must complete the full application process, including determination of clinical eligibility and funding priority.

## **Role of the Division in Caseload Funding**

The Division maintains an active role in the allocation and review of caseload funding. The Division will:

- Assist agencies to negotiate and facilitate arrangements for eligible individuals when the Department for Children and Families, Department of Corrections or other state agencies and/or out-of-state organizations are contributing payment for an individual's services through the waiver.
- Prior approve all Unified Services Plans.
- Prepare budget recommendations for the Administration's review.
- Issue guidelines for any budgetary rescissions.
- Review funding requests for current and new recipients whose services cost in excess of \$112,200. Prior approval is required.
- Participate in the deliberations of the Equity and Public Safety Funding Committees.
- Review requests for any out-of-home placements supported by developmental disability services funding for children under 18 years old. Prior approval is required.
- Administer special program allocations (Special Services Fund and Supervised Care Fund) and joint funding with other state agencies (see Special Allocations).
- Facilitate Vermont payment of up to 12 months of transition funding to a receiving state; maximum amount available is equal to the state share of an individual's waiver budget.
- Manage the risk pool, with input from the Oversight Committee (made up of consumers, providers and Department staff).
- Assist in filling vacancies in the ICF/MR or group homes, as these residential supports are considered statewide resources.
- Resolve questions from new applicants, existing consumers, providers and others concerning who is the designated agency.
- Provide guidelines and technical assistance to agencies and local funding committees.

## **Guidance for Management of All Funding**

The following guidance applies to Division funding as noted below:

### ***Allocations:***

1. Any newly allocated funding to meet a person's needs as identified in a funding priority must be used to meet those needs. For up to 1 calendar year after approval, the appropriate funding source must be notified of a change in funded areas of support. Any changes in a funded area of support must continue to meet the identified funding priorities; if they do not, the funding must be returned to the appropriate fund.
2. An individual's waiver may be suspended for up to a maximum of 6 months. If a suspension exceeds 6 months, services must be terminated and the funding returned to the appropriate fund. A notification must be sent to the person informing him or her of the right of appeal. The same provision applies to services approved and funded, but not implemented within 6 months of receiving funding. The Division may grant additional time for exceptional circumstances.
3. If a person in a group living situation moves out or dies, that person's costs may be spread among 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 and cannot extend beyond 90

days in total. Under extreme circumstances the Division may grant an exception to the 90 day maximum.

4. The maximum reimbursement per person per year is \$200,000. Under extreme circumstances the Division may grant an exception to the maximum on a time-limited basis.

### ***Eligibility:***

5. All "goods" and services available under State Plan Medicaid must be explored and accessed before providing funding with a developmental disability services waiver. This includes, but is not limited to, personal care services, therapy, home health, durable medical equipment, nutrition, high technology, EPSDT and Medicaid transportation.
6. Individuals who are receiving Flexible Family Funding (FFF) or Enhanced Flexible Family Funding (E-FFF) and then move to Medicaid waiver services are no longer eligible for Flexible Family Funding or E-FFF. Anyone who received both waiver and FFF or E-FFF services prior to FY 08 will no longer be able to do so as of July 1, 2008. One-time funding can be used for FFF, but under no circumstances can FFF exceed \$1,300.
7. There is no Enhanced Flexible Family Funding (E-FFF) except for those grandfathered in as of August 1, 2002, meaning they needed to have received their

- first (E-FFF) allocation prior to that date; under no circumstances can Enhanced FFF exceed \$3,000.
8. For a person who currently lives in another state and wishes to move to Vermont, that state, or other source, may be willing to pay for bridge funding in Vermont for a period of at least one year. The Division may facilitate such an arrangement. When bridge money ends, the person needs to meet clinical eligibility and funding priorities in order to receive funding.
  9. For a person who is currently receiving services in Vermont and plans to move to another state, Vermont may provide up to 1 year of bridge funding to the receiving state in order to facilitate the placement. Bridge funding will be the state match portion only. The Division shall facilitate such an arrangement.
  10. Individuals are eligible for funding if a) the ability of the provider to use its existing base budget resources by reallocating among people already receiving services has been exhausted, and b) their needs as described in the funding priorities exceed \$4,500.
  11. The allowable administrative rate for the first year of funding approved from the New Caseload Fund, Equity Fund, High School Graduate Fund, Public Safety Fund or PASARR Fund is limited to 5%.
  12. Infrastructure costs for services such as psychiatric and facilitated communication are charged to the individuals who use these services. Costs for broader-based services such as regional or statewide crisis, respite beds, Fiscal Intermediary Service Organization(s), etc. are spread over all individuals' waiver budgets.
  13. Payroll taxes such as Social Security and Medicare (FICA), and State unemployment taxes (SUTA) as well as a worker's compensation insurance costs must be calculated for payments to direct caregivers. The total FY 2008 rate for the above expenses is 11.86% and is added to each dollar of direct wages paid through ARIS.
  14. All services must be budgeted at the actual cost *or* prevailing State-set rate. Individuals who anticipate receiving services from a provider other than the designated agency (e.g., from a specialized services agency or via self- or family-management), should submit a budget to the designated agency. The designated agency will review the budget and submit the lesser of the two costs for funding consideration. If a decision is made within a calendar year from the date of the service implementation to move to a different provider or method of management, excess funding is returned to the appropriate caseload fund. By contrast, if the person decides to move to the designated agency for services, the designated agency

***Administrative:***

11. The allowable administrative rate for the first year of funding approved from the New Caseload Fund, Equity Fund, High School Graduate Fund, Public Safety Fund or PASARR Fund is limited to 5%.

may receive its costs to implement the same services originally funded.

***Funding Limitations:***

15. The maximum cost for service coordination managed through a designated or specialized service agency is \$48.68/hour; if actual costs are less than \$48.68/hour, the actual cost should be used. The rate of Targeted Case Management is \$48.68/hour. The maximum cost for service coordination for individuals who are self- or family-/guardian-managing is \$35.00/hour.
16. Increases in Targeted Case Management allocations may be achieved by converting developmental disabilities waiver funding to an agency's Targeted Case Management Allocation.
17. "Goods" funding is limited to \$1,000/person per year. "Goods" may be funded regardless of the presence of a service allocation as long as the "goods" will address the need.
18. Reasonable transportation expenses, including a stipend to contribute toward the cost of accessible vehicles, cannot exceed \$6,475/year (ongoing).
19. Waiver services cannot be billed for the same individual at the same provider on the same day as clinic services, rehabilitation services, targeted case management or ICF/MR services. The waiver should include money to pay for appropriate mental health services if needed. However, mental health services

provided by a private provider and billed directly to Medicaid should be pursued if feasible.

20. A person cannot receive funding from two waivers at the same time (e.g., Developmental Disabilities waiver, Mental Health Children's waiver, Choices for Care waiver). To determine which waiver is most appropriate, the individual should be evaluated by both to determine which is most appropriate. Then the person can make an informed decision about which waiver package can best meet his or her needs.
21. Prior to using caseload dollars, relevant resources are evaluated for possible appropriateness. For example, referral to Vocational Rehabilitation and use of IRWE and PASS plans for individuals who want a job; early intervention services through the Child Development Division of DCF; free and appropriate public education through the school system; birth control and family planning from Planned Parenthood, etc.
22. Room and board costs cannot be funded under the waiver. Other sources of funding to assist with room and board costs are SSI, Section 8 subsidies, wages and public assistance (e.g., fuel assistance program, general assistance, food stamps).
23. Any costs of an individual's vacation, including but not limited to, airfare, lodging, etc. cannot be funded under the waiver; however, Medicaid funds may be used to cover costs incurred by a paid worker to

support an individual on vacation (e.g., worker's airfare, hotel and food expenses). If a consumer and his or her paid worker share a room on vacation, the costs should be divided evenly. The paid worker's costs are reimbursable, the consumer's are not. These costs are considered services, not "goods".

24. Transportation costs (e.g., airfare, train) for an individual receiving services or family member to attend a conference or training are reimbursable. These costs are considered services, not "goods".
25. Shared living homes must meet the housing safety and accessibility guidelines. The home provider, or applicable landlord, is responsible for all costs to be in compliance with the housing safety guidelines.

Funding may be available to assist with home modifications for physical accessibility, not to exceed a \$10,000 cap. Physical accessibility modifications that do not add to the value of the home can be paid for, when necessary, using existing, new caseload or one-time funds. Modifications that improve the value of the home, but are made only for meeting physical accessibility needs of a consumer, may be funded up to 50% of the cost, not to exceed the \$10,000 cap. Any home modifications in excess of \$5,000 must be funded on a monthly payment basis, which ends if the consumer moves. For example, if a new bedroom is needed to allow the person to live in the home, the home provider should pay for the addition of the bedroom. However, any additional

cost to make that bedroom accessible could be paid for with caseload dollars. The costs of ramps, widening doorways, accessibility modifications to bathrooms are examples of appropriate costs to reimburse. Two or more bids are required when construction work is needed to provide the modification.

26. New caseload funding for community supports and work supports is limited to individuals aged 19 and older.
27. The following limits apply for access to new funding for Community Supports and Work Supports:
  - a. People receiving Work Supports only: Work Support hours may not exceed 40 hours per week, including transportation hours. Funding for Work Supports is to maintain an employer-paid job.
  - b. People receiving Community Supports only: Community Support hours may not exceed 25 hours per week.
  - c. People receiving both Work Supports and Community Supports: may not exceed 25 hours per week total (both Community and Work Supports, and including transportation hours). Thus, a person is not eligible for new funding for Community Supports if she/he is already receiving 25 hours/week or more of Work Supports.

d. Exception: If public safety issues warrant, funding for up to 40 hours/week of Community and/or Work Supports, based on need, may be provided.

28. Twenty-four (24) hour home supports (e.g., with a shared living provider or in a staff home or group living arrangement) may not be self-/family-managed. However, a person or a family member may manage his or her other services, such as Community or Work Supports, resulting in a shared-management arrangement.

29. Supervised/Assisted Living with up to 8 hours per day of paid home support may be self-/family-managed.

## Individualized Budgets and Authorized Funding Limits

All individuals with Medicaid waiver funding have an individualized budget and must be given an Authorized Funding Limit. The Authorized Funding Limit contains separate limits for “services” and “goods”. In both cases, the funding limits need to be reflective of the funded areas of support documented in the person’s needs assessment and the Individual Support Agreement and must be an allowable Medicaid expense.

“Services” are direct supports provided by regular workers, or by individuals who are certified or licensed (e.g., psychologist, psychiatrist, physical therapist), are an allowable Medicaid expense, relate to meeting goals outlined in the ISA and included in a funded area of support. Appendix A lists all allowable services and their definitions.

“Goods” include items or services that can be purchased and cannot be used for regular workers’ salary or expenses. Examples of “goods” include assistive technology, home modifications, membership fees, tuition, art lessons, therapeutic horseback riding, etc. “Goods” must be an allowable Medicaid expense, relate to meeting goals outlined in the ISA, and included in a funded area of support.

Funding Guidance for “Goods”	
Allowable Service Categories for “Goods”	“Goods” Funding Limits
<ul style="list-style-type: none"> <li>■ Community Supports</li> <li>■ Employment Services</li> <li>■ Housing and Home Supports</li> </ul>	<p><b>Maximum of \$1,000 for “goods” in an individuals’ budget; requirements and exceptions are listed below.</b></p> <ul style="list-style-type: none"> <li>■ The \$1,000 limit does not apply to home modifications for physical accessibility, which are individually determined.</li> <li>■ “Goods” must be consistent with the Individual Support Agreement and funded areas of support.</li> <li>■ “Goods” may be funded regardless of the presence of a service allocation as long as the “goods” will address the need.</li> <li>■ “Goods” may not be used for employee or contractor salary or expenses.</li> </ul>

Additional guidance is provided in Appendix B regarding the ability of individuals and teams to move funds within individualized budgets, as well as responsibilities if an individual overspends his/her waiver budget.

## Funding Priorities

Within the funds available, any individual whose life circumstances are described by the funding priorities and who is clinically eligible for developmental disability services, has access to caseload funding.

All resources identified as “caseload funding” must be used to address the needs of individuals as described in the funding priorities.

The role of the developmental disability services system is to support individuals and families in their communities – not to substitute for or replace them. With that in mind, the following criteria must be met before accessing developmental disabilities funds:

- Community and family resources must be used to the fullest extent possible.
- Alternative funding must be unavailable or insufficient; waiver funding may be used only for services that cannot be funded through other private or public means or as a Medicaid State Plan service.
- Waiver funding may not duplicate or substitute for services and supports that are the responsibility of other support systems [e.g., free and appropriate public education by schools; Early Periodic Screening, Diagnosis and Treatment (EPSDT); private health insurance].

- Funding requests must be more than \$4,500, unless otherwise noted.
- The **requested uses of funding must be consistent with the Principles of the DD Act of 1996** and must comply with all applicable rules, regulations and guidelines of the state and federal government.

Funding priorities focus on a person’s circumstances and translate to the need for supports that address fundamental health and safety, security, legally mandated services and community safety. An individual may have needs in more than one priority area. **Within the resources appropriated by the legislature and those available from the Equity Fund and through review of funding changes for existing consumers**, it is the goal of the developmental disability services system to assist eligible people who have a need for support brought about by the following circumstances (see the following page) to have those needs met.

## FUNDING PRIORITIES

	Age	Priority	Approval	Comments
A.	Children and Youth under age 21	Support needed by families to assist them with personal care tasks as defined in the Personal Care Program	Eligibility and support level determined via Personal Care Program process	Entitled Medicaid state plan service for eligible children and youth
B.	Children and Adults	Support for respite and items through Flexible Family Funding that will help the biological or adopted family or legal guardian support the person at home	Determined by the designated agency; does not need to go through local funding committee	Sliding service scale in <i>Flexible Family Funding Guidelines</i> ; maximum \$1,300/person
C.	Children and Adults	Support needed to end or prevent imminent institutionalization in inpatient public or private psychiatric hospitals or nursing facilities or end institutionalization in Intermediate Care Facilities for People with Mental Retardation (ICF/MR)	Reviewed by local funding committee and forwarded to Equity Funding Committee	
D.	Adults 18 and over	Support needed to prevent or respond to an adult being abused, neglected or exploited	Reviewed by local funding committee and forwarded to Equity Funding Committee	
E.	Adults 19 and over	Support needed by an adult to prevent an imminent risk to the person's health or safety	Reviewed by local funding committee and forwarded to Equity Funding Committee	
F.	Adults 18 and over	Support needed for parents with developmental disabilities to provide training in parenting skills to help keep a child under 18 at home.	Reviewed by local funding committee and forwarded to Equity Funding Committee	Services may not substitute for regular role and expenses of parenting; maximum amount of \$7,800/ year
G.	Adults 18 and over	Support needed to respond to an adult who is homeless or at imminent risk of being homeless	Reviewed by local funding committee and forwarded to Equity Funding Committee	Does not apply to individuals who already receive funding for Home Supports.
H.	Adults 18 and over	Support needed by an adult who is experiencing the death or other loss of an unpaid or minimally paid (e.g., family member, residential care home) caregiver	Reviewed by local funding committee and forwarded to Equity Funding Committee	
I.	Adults 18 and over	Support needed for specialized services in a nursing facility	PASARR fund manager	Limited to 5 hours per week; legally mandated
J.	Adults 19 and over	Support needed for a high school graduate to <u>maintain</u> an employer-paid job	Reviewed by local funding committee and forwarded to Equity Funding Committee	See Funding Limitations number 26.
K.	Adults 18 and over	Support needed by an adult who has been committed to the custody of the Department of Disabilities, Aging and Independent Living pursuant to Act 248 (see additional requirements under Public Safety Fund)	Reviewed by local funding committee and forwarded to Public Safety Funding Committee	Services may be legally mandated
L.	Adults 18 and over	Support needed to prevent an adult who poses a risk to public safety from endangering others (see additional requirements under Public Safety Fund)	Reviewed by local funding committee and forwarded to Public Safety Funding Committee	Does not substitute for or replace DOC supervision

## Funding Committees

Outlined below are the various funding committees and their respective roles and responsibilities.

<b>Funding Committee</b>	<b>Decision-making Authority</b>
Local Funding Committees	Review requests submitted to Equity and Public Safety Committees.
Equity Funding Committee	Approve requests for New Caseload Fund, Equity Fund High School Graduate Fund and Employment Conversion Initiative.
Public Safety Committee	Approve requests for Public Safety Fund and Employment Conversion Initiative if for an individual posing a risk to public safety.
Division of Disability and Aging Services	Determine One Time Funding allocation. Approve requests for Special Services Fund, Supervised Care Fund, Joint Funding and PASARR Funding.

## Local Funding Committees

Each designated agency must maintain a local funding committee that meets at least monthly and is comprised of relevant individuals that may include staff, individuals with developmental disabilities and their families, individuals representing local community resources (e.g., Vocational Rehabilitation, schools), and other interested citizens.

The local committee will review applications for funding for the various caseload resources submitted on behalf of individuals with developmental disabilities for its county(ies). The committee will:

- Confirm that the person meets Division eligibility criteria;
- Determine whether the person's needs meet a funding priority; and,
- Determine if the supports and services described are relevant to the needs and funding priority and the most cost effective means of providing the service consistent with the need.

If the committee determines that all criteria are met, the proposal is submitted to either the Equity Funding Committee or Public Safety Funding Committee, as appropriate, for funding consideration.

**Equity Funding Committee**

The Equity Funding Committee is comprised of the following members:

#	Representation	Selected by
5	Designated Agency and/or Specialized Service Agency	Designated Agency and Specialized Service Agency
2	Consumer or Family	Designated Agency and/or Specialized Service Agency and DDAS
2	Division of Disability and Aging Services	DDAS

All Committee members (except the Division of Disability and Aging Services representatives) will serve on a rotating two year term, initially staggered from 2 – 3 years so that a balance of experienced and new members can be maintained. Alternates may be appointed to participate for Committee members in their absence. The Committee will select a chairperson from its membership.

Any conflicts of interest of Equity Funding Committee members will be acknowledged and accommodated (e.g., refrain from voting on requests for funding where a conflict exists; sharing only relevant information). Other non-voting individuals may be invited to participate or mentor with committee members as determined by the Equity Funding Committee.

Committee meetings will be held at least monthly with provisions for emergency decisions as necessary between regularly scheduled meetings. The Committee will use the standard application for funding format provided by the Division. Decisions of the Equity Funding Committee will be made, in writing, to the provider as soon as practical following the Committee meetings.

The Equity Funding Committee will manage the New Caseload Fund, Equity Fund and High School Graduate Fund.

**New Caseload Fund:** The New Caseload Fund is comprised of funding allocated by the Legislature to meet the needs of individuals whose circumstances are described in the funding priorities and will be managed by the Equity Funding Committee.

**FY 2008 Appropriated Amount \$3,596,909**

**Equity Fund:** The Equity Fund is a statewide resource that contains funding returned because a person has died, gone into an institution, left services or not used funding granted during the year from the Equity Fund. The Equity Fund supplements the New Caseload Fund when those resources are insufficient to meet funding priorities. The purpose of the Equity Fund is to assure that funding already appropriated, but no longer needed, is reassigned to individuals who meet the funding priorities. The Equity Funding Committee will manage the Equity Fund.

<b>FY 2008 Estimated Equity Fund</b>	<b>\$2,092,091</b>
<b>Minus Flexible Family Fund Increase</b>	<b><u>(175,000)</u></b>
	<b>\$1,917,091</b>

**High School Graduate Fund:** High school graduate funding is provided to individuals aged 19 and older who exit high school during the year and who need support to maintain an employer-paid job or have a compelling rationale to meet another funding priority. Funding to serve approximately 65 individuals is budgeted. If targeted graduate funding is insufficient for individuals who otherwise meet the funding priorities, the individual has access to the New Caseload Fund or the Equity Fund. High School Graduate Funding will be managed by the Equity Funding Committee.

<b>FY 2008 Appropriated Amount</b>	<b>\$1,848,925</b>
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## **Public Safety Funding Committee**

The Public Safety Funding Committee will review all referrals for funding from the Public Safety Fund. Local funding committees must review requests for public safety funding prior to submission to the Public Safety Funding Committee. The Committee will be comprised of the following members:

<b>#</b>	<b>Representation</b>	<b>Selected by</b>
2	Designated Agency and/or Specialized Service Agency	Designated Agency and Specialized Service Agency
1	Division of Disability and Aging Services	DDAS (i.e., staff member with responsibility for statewide offender services)
2	Other interested individuals/groups (e.g., consumer/family member; Sex Offender Group, Department of Corrections, sex offender professionals)	DDAS

Any conflicts of interest of Public Safety Funding Committee members will be acknowledged and accommodated (e.g., refrain from voting on requests for

funding where a conflict exists; sharing only relevant information). Other non-voting individuals may be invited to participate or mentor with committee members as determined by the Public Safety Funding Committee. The Committee will select a chairperson from its membership.

Committee meetings will be scheduled and held as needed, with provisions for emergency decisions as necessary between meetings. The Committee will use the standard application for funding format provided by the Division. The Division of Disability and Aging Services will provide administrative services to the Public Safety Funding Committee. Decisions of the Public Safety Funding Committee will be sent, in writing, to the provider as soon as practical following Committee meetings.

**Public Safety Fund:** The Legislature appropriated funding to specifically address public safety issues posed by adults with developmental disabilities. All funding for public safety needs that meet the criteria noted below shall first come from the public safety fund. If targeted public safety funding is insufficient for individuals who meet the criteria below, the individual may have access to the New Caseload Fund or the Equity Fund, depending on the funding availability.

**FY 2008 Appropriated Amount** **\$1,119,957**

**Individual's Eligible:**

- *People currently receiving services* – risk must be newly identified and fall into any of the categories listed below.
- *New applicants* – risk identified at application and must fall into any of the categories listed below.

**Meets at least one of the following:**

- Committed to the Department under Act 248 or under an order of non-hospitalization because of being dangerous to others; **OR**
- Convicted of a crime and has maxed out of sentence and there is evidence that the individual poses a risk of endangering others in the future; **OR**
- Substantiated by the Department of Disabilities, Aging and Independent Living or the Department for Children and Families for abuse, neglect, or exploitation, and there is evidence that the individual poses a risk of endangering others in the future; **OR**
- In the custody of the Department for Children and Families (DCF) for an act that would have been a crime if committed by an adult, and who is now aging out of DCF custody and there is evidence that the individual poses a risk of endangering others in the future; **OR**
- Not charged with or convicted of a crime, but the individual is known to have committed one or more acts which are dangerous to others and which are against the law in Vermont, and there is evidence that the individual poses a risk of endangering others in the future; **OR**

- Convicted of a crime and under supervision of the Department of Corrections (probation, parole, pre-approved furlough, conditional re-entry). The Department of Corrections is actively taking responsibility for supervision for community safety, and the developmental service agency is providing supports because of the person's developmental disability. *Note: offense-related specialized support needs cannot be funded for a person who is still under a sentence and is under supervision of the Department of Corrections.*

**Individuals Not Eligible:** The following individuals are not eligible for public safety funding:

- It is not a priority to use new or existing caseload funds to prevent a person who has been convicted of a crime from going to jail or to prevent charges from being filed.
- Individuals *believed* to pose a risk of dangerousness to others, but who have not committed an act that is a crime in Vermont.
- Individuals who have committed an offense in the past, but whose proposed services do not reflect any offense-related specialized support needs or who do not pose a risk of endangering others in the future.
- Individuals who have been charged with a crime, but whose case is still pending in the courts.

## **DDAS Special Funds**

The Division of Disability and Aging Services determines the allocation of one time funding and approves requests for Special Services Fund, Supervised Care Fund, Joint Funding and PASARR Funding.

**One-time Funding:** When caseload funding is approved, the general fund amount needed to support a full year of services is committed. This assures that funds to pay for a full year of services are built into the base budget. The balance of the general fund allocation that is not needed for supporting the person in that first year creates resources known as one-time funding. One time funding is created through four funds:

1. New Caseload Fund;
2. Equity Fund;
3. High School Graduate Fund; and,
4. Public Safety Fund.

One-time Funding is used for temporary or short-term expenditures (it may not be used for ongoing needs) that directly assist people with disabilities and their families. This funding is available any eligible individual, including those already receiving services and those who are not receiving ongoing services. These funds are maintained at the Division and distributed to designated agencies and specialized service agencies on or about November 15<sup>th</sup>,

February 15<sup>th</sup> and May 15<sup>th</sup> according to the Appropriate Uses of One-time Funds (see below). Requests for One-time Funding are limited to a maximum of **\$5,000** per person per year. If there is a balance of one-time funds at the end of the fiscal year, it may be equally distributed to designated and specialized service agencies.

**Appropriate Uses for One-time Funds:**

- One-time allocations to address personal or public safety issues for individuals with developmental disabilities.
- One-time allocations of Flexible Family Funding to people with disabilities and families waiting for Flexible Family Funding, not to exceed Flexible Family Funding maximum allocation of \$1,300 per person per year, regardless of source.
- Short-term increases in supports to a person already receiving services to resolve or prevent a crisis.
- Assistive technology (e.g., adaptive equipment, home modifications to make the person’s home physically accessible) and other special supports and services not covered under the Medicaid State Plan.
- Supports that may not meet Funding Priorities but are proactive and short term in nature.
- Transitional support to assist an adult to become independent of Division-funded services.
- Small grants to self-advocates, families and others for innovative programs; plans; or training that promote the

principles of services as stated in the Developmental Disabilities Act of 1996.

**Specialized Services Fund:** This fund covers dental services, adaptive equipment and other ancillary services not covered by Medicaid or other funding sources.

**FY 2008 Appropriated Amount** **\$40,000**

**Public Guardianship Fund:** This fund pays for unanticipated services for individuals receiving public guardianship but not served by designated agencies or specialized service agencies and for small expenses directly related to other individuals’ well-being.

**FY 2008 Appropriated Amount** **\$19,000**

**Joint Funding:** Joint funding arrangements for Medicaid waiver and targeted case management involving other state agencies (e.g., Department for Children and Families, Department of Corrections, Division of Mental Health) and/or out-of-state organizations, must involve the Division of Disability and Aging Services in negotiation and receipt of funds. The Division does not contract with local schools; however, providers may contract directly with local schools to provide services that are not funded through the Medicaid waiver or targeted case management. However, any current service arrangements involving local schools and the use of the Medicaid waiver that have not expired, continue to require involvement and approval of the Division.

**Pre-Admission Screening and Resident Review (PASARR)**

**Funding:** Individuals who live in nursing facilities who need specialized services are funded under Nursing Home Day Rehabilitation and prior authorized on an individual basis by the Division. New applicants are limited to 5 hours per week. Existing consumers' allocations are reviewed on an annual basis by the Division. Funding for specialized services will be allocated from the revolving PASARR fund. If the PASARR Fund is depleted and the Division is legally mandated to provide a service, then funds will be allocated through the New Caseload or Equity Funds.

If a person who had waiver funding moves to a nursing facility and needs specialized services, a portion of his or her waiver money is converted to Nursing Home Day Rehabilitation funding to pay for specialized services. If a person needs specialized services and is not supported under the waiver, funding comes from the revolving PASARR Fund and is limited to 5 hours per week for a new referral.

If a consumer dies or stops receiving specialized services, the funds are added back to the revolving PASARR Fund or may be allocated to the Equity Fund if there are sufficient resources to cover current and anticipated PASARR needs. If a person receiving specialized services moves out of a nursing facility, his or her specialized services funding is converted to waiver funding to support the community-based services. The balance of the waiver costs for a person moving from a

nursing facility to a community placement comes from the New Caseload or Equity Funds.

## **Special Initiatives**

**Flexible Family Funding:** In an effort to begin to address the longstanding level funding of the maximum amount per individual in the Flexible Family Funding Program, **\$175,000** is being deducted from the Equity Fund to increase the maximum amount available per individual to **\$1,300 effective July 1, 2007**. This was an area that was identified in several Local System of Care Plans and is consistent with the values of supporting families to stay together.

**Increasing Independence in Home Supports:** A key area identified by self-advocates was the need to increase people being supported in their own homes and apartments. In FY 08, the Division will seek proposals to develop or expand supervised/assisting living services within three agencies. Up to **\$50,000/agency** will be available on a one time basis to assist agencies in developing the necessary capacity at the local level to improve the resources and options of individuals to increase the level of independence in home supports.

**Employment Conversion Initiative:** In FY 08, an amount equal to **\$50,000** is allocated for additional support needed to maintain an employer-paid job for individuals who have transferred at least 50% of their existing community supports funding to work supports. The maximum amount

available for each person for work supports is up to \$5,000. Funding decisions will be made by the Equity Funding Committee or Public Safety Funding Committee, as appropriate.

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# **CHAPTER Seven – Applicant and Waiting Lists**

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# CHAPTER SEVEN – APPLICANT AND WAITING LISTS

## Applicant List

Each designated agency and specialized service agency maintains an applicant list of:

- All people, including those already getting services, who are eligible for services based on their disability, but whose needs do not meet the *State System of Care Plan's* funding priorities. These individuals are periodically reviewed at least annually to see if their needs have changed resulting in meeting a funding priority.

## Waiting List

Each designated agency maintains a waiting list of:

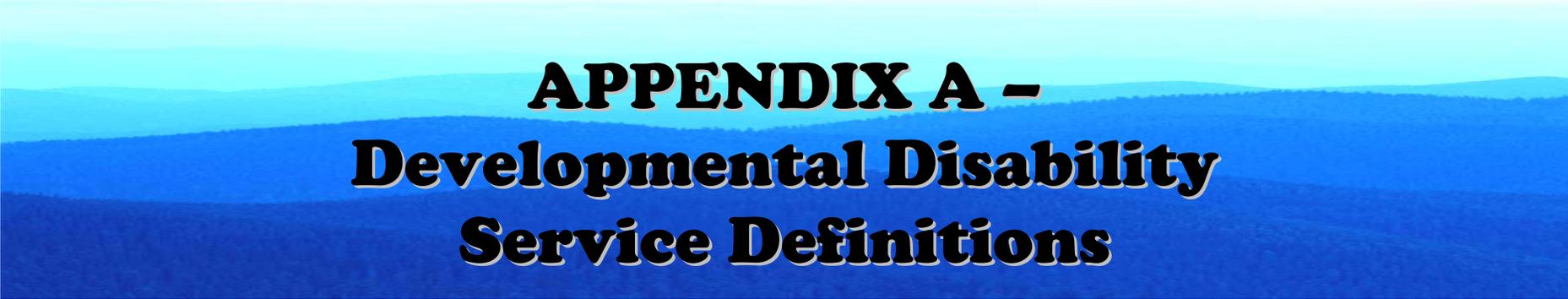
- All people, including those already getting services, who have needs that meet the funding priorities but for whom there are insufficient funds either through legislatively appropriated caseload funding or reallocation of existing resources.

Individuals who meet the following funding priorities shall receive funding to meet their related need and should not be placed on the waiting list for that service area:

- People at imminent risk of homelessness;
- People experiencing an imminent risk to their health or safety; and,
- People who pose a serious risk to public safety.

This means, however, that support needed to address the above areas may be provided, but a *comprehensive* array of supports might not be funded.

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**APPENDIX A -  
Developmental Disability  
Service Definitions**



## DEVELOPMENTAL DISABILITY SERVICE DEFINITIONS

### Service Planning and Coordination

**Service Planning and Coordination** assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services and supports for a specific individual. Services and supports that are planned and coordinated may be formal (provided by the human services system) or informal (available through the strengths and resources of the family or community). Services and supports include discharge planning, advocacy and monitoring the well being of individuals (and their families), and supporting them to make and assess their own decisions.

### Community Supports

**Community Supports** are specific, individualized and goal oriented services which assist individuals (and families) in developing skills and social supports necessary to promote positive growth. These supports may include assistance in daily living, supportive counseling, support to participate in community activities, collateral contacts, and building and sustaining healthy personal, family and community relationships.

**Employment Services** assist transition age youth and adults in establishing and achieving career and work goals.

**Employment Assessment** involves evaluation of the individual's work skills, identification of the individual's preferences and interests, and the development of personal work goals.

**Employer and Job Development** assists an individual to access employment and establish employer development and support. Activities for employer development include identification, creation or enhancement of job opportunities, education, consulting, and assisting co-workers and managers in supporting and interacting with individuals.

**Job Training** assists an individual to begin work, learn the job, and gain social inclusion at work.

**Ongoing Support to Maintain Employment** involves activities needed to sustain paid work by the individual. These supports and services may be given both on and off the job site, and may involve long-term and/or intermittent follow-up.

**Family/Home Provider Supports** assist family members, significant others (e.g., roommates, friends, partners), home providers and foster families to help support specific individuals with disabilities.

**Respite (by the hour)** services are provided on a short-term basis because of the absence or need for relief of those persons normally providing the care to individuals who cannot be left unsupervised.

**Respite (by the day/overnight)** services are provided on a short-term basis because of the absence or need for relief of those persons normally providing the care to individuals who cannot be left unsupervised.

**Family Education** is education, consultation and training services provided to family members, significant others, home providers and foster families with knowledge, skills

and basic understanding necessary to promote positive change.

**Clinical Interventions** are assessment, therapeutic, medication or medical services provided by clinical or medical staff, including a qualified clinician, therapist, psychiatrist or nurse.

**Clinical Assessment** services evaluate individuals' and families' strengths, needs, existence and severity of disability(s), and functioning, across environments. Assessment services may include evaluation of the support system's and community's strengths and availability to the individual and family.

**Individual Therapy** is a method of treatment that uses the interaction between a therapist and the individual to facilitate emotional or psychological change and to alleviate distress.

**Family Therapy** is a method of treatment that uses the interaction between a therapist, the individual, and family members to facilitate emotional or psychological change and to alleviate distress.

**Group Therapy** is a method of treatment that uses the interaction between a therapist, the individual, and peers to facilitate emotional or psychological change and to alleviate distress.

**Medication and Medical Support and Consultation Services** include evaluating the need for, prescribing and monitoring medication, and providing medical observation, support and consultation for an individual's health care.

**Crisis Services** are time-limited, intensive, supports provided for individuals, and families who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis. Services may also be provided to the individual's or family's immediate support system. These services are available 24 hours a day, 7 days a week.

**Emergency/Crisis Assessment, Support and Referral** includes initial information gathering, triage, training and early intervention, supportive counseling, consultation, referral and crisis planning. In addition, supports include: outreach and stabilization, clinical diagnosis and evaluation, treatment and direct support, and integration/discharge planning back to the person's home or alternative setting. Assessment may also include screening for inpatient psychiatric admission.

**Emergency/Crisis Beds** offer emergency, short-term, 24-hour residential supports in a setting other than the person's home.

**Housing and Home Supports** provide services, supports and supervision to individuals in and around their residences up to 24 hours a day.

**Supervised/Assisted Living (by the hour)** are regularly scheduled or intermittent supports provided to an individual who lives in his or her home or that of a family member.

**Staffed Living** are residential living arrangements for one or two people, staffed full-time by providers.

**Group Treatment/Living** are group living arrangements for three or more people, staffed full-time by providers.

**Licensed Home Providers/Foster Families** are individualized shared-living arrangements for children, offered within a home provider's/foster family's home that is licensed. Home providers/foster families are contracted workers and are not considered staff in their role as contracted provider.

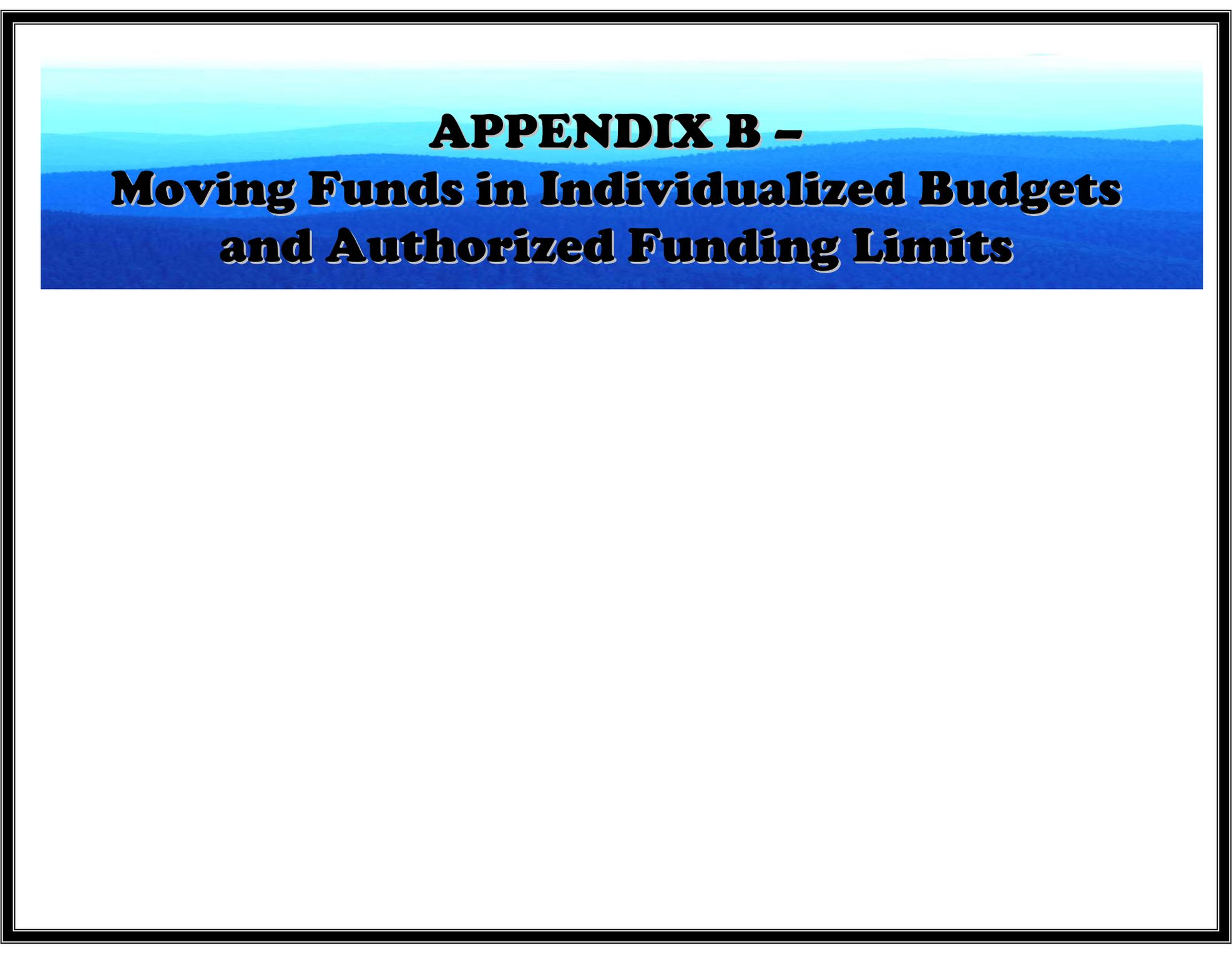
**Unlicensed Home Providers/Foster Families** are individualized shared-living arrangements for children and adults, offered within a home provider/foster family's home. Home providers/foster families are contracted workers and are not considered staff in their role as contracted provider.

**ICF/MR** (Intermediate Care Facility for people with Mental Retardation) is a highly structured residential setting for up to six people that provides needed intensive medical and therapeutic services.

### **Transportation (non-waiver)**

**Transportation** services are only for the necessary transportation of individuals, covered by Medicaid, to and from an agency facility in order to receive Medicaid reimbursable Clinic, Rehabilitation or Targeted Case Management services. "Necessary" means that the individual has no reasonable alternative transportation available and, without such transportation, would not be able to receive these Medicaid reimbursable services.





**APPENDIX B –  
Moving Funds in Individualized Budgets  
and Authorized Funding Limits**



## MOVING FUNDS IN INDIVIDUALIZED BUDGETS

**Applies to ALL  
Self-Managed / Family-Managed / Shared Managed/ Agency-Managed  
Services and Supports**

Moving funds between funded areas of support is allowable. A move to an unfunded area is allowable if a new needs assessment reveals a serious need in that area. Only individuals and/or their guardians and the agency may make decisions to move funds between funded areas. Home providers or other employers may not move funds. Moving funds requires a team decision. In all cases the DA/SSA or Supportive ISO must be notified of the decision. Moving funds must comply with the DS State System of Care Plan.

### **Applies to Self-Managed and Family-Managed Services**

#### ***The individual/family:***

- makes the decision to move funds within funded areas of support with his/her team
- notifies the Supportive ISO prior to implementing any change
- is responsible for any overspending in the funded areas of support/authorized funding limits
- must personally pay their employee(s) or other bills if the overall authorized funding limit is exceeded

#### ***The Supportive ISO:***

- may or may not be part of the team
- notifies the Fiscal ISO of any changes in the budget/authorized funding limits
- may determine the individual or family cannot manage services if overspending is repeated

#### ***The Fiscal ISO:***

- will enforce the limits on funded areas of support/authorized funding limits
- will not pay the employee(s) or bills if overall authorized funding limit is exceeded

### **Applies to Shared Managed Services**

#### ***The individual/family:***

- with the agency, discuss moving funds; come to agreement prior to moving the funds between funded areas of support and before implementing any change
- is responsible for any over-spending in the funded areas for those services that they manage

#### ***The DA/SSA:***

- notifies the Fiscal ISO of any changes in the budget
- is responsible for any overspending in the funded areas it manages
- may determine the individual/ family cannot manage services if overspending is repeated

#### ***The Fiscal ISO:***

- will enforce the limits on funded areas of support and the authorized funding limits
- will not pay the employee(s) or bills if overall authorized funding limit is exceeded

### **Applies to Agency-Managed Services**

#### ***The individual/family:***

- is involved in the team decision about moving funds between funded areas of support

#### ***The DA/SSA:***

- manages the individualized budget and is responsible for any overspending in funded areas of support/ authorized funding limits.
- does not use the Fiscal ISO for their employees

# OVERSPENDING IN FUNDED AREAS OF SUPPORT AND AUTHORIZED FUNDING LIMITS

## Applies to Self-Managed / Family-Managed and Shared Managed Services and Supports

If an individual or family exceeds the money available in a funded area of support, but there are still funds in another funded area of support, the Fiscal ISO will pay the worker ***for that payroll period only***. The Fiscal ISO will not continue to pay workers after they have notified the individual or family and the DA/SSA or Supportive ISO of the overspending, unless directed by the DA/SSA or Supportive ISO. The team must address the issue before the next payroll period. The DA/SSA or Supportive ISO must notify the Fiscal ISO of any changes in the budget before the next payroll period. Otherwise, timesheet and Requests for “Goods” Payments will not be processed by the Fiscal ISO. Also, the Fiscal ISO will not process timesheets or Requests for “Goods” Payments that exceed the overall authorized funding limits for “goods” and services.

### Applies to Self-Managed and Family-Managed Services

#### ***The individual/family:***

- is notified of the overspending by the Fiscal ISO and the team decides how to address the issue
- notifies the Supportive ISO how they addressed the issue and the changes to existing funded areas of support
- is responsible for personally paying his/her employee and other bills if the overall authorized funding limit is exceeded

#### ***The Supportive ISO:***

- discusses how the issue will be addressed with the individual or family. The Supportive ISO may make contact if the individual or family does not contact them.
- notifies the Fiscal ISO of the new changes in the funded areas of support
- is not responsible for any overspending caused by the individual or family
- may determine the individual or family cannot manage services if overspending is repeated

#### ***The Fiscal ISO:***

- enforces spending limits in each funded area of support
- notifies the individual or family and the Supportive ISO of any overspending in funded areas of support
- pays the worker if there are unspent funds in another funded area of support
- will not pay the worker if the overall authorized funding limit is exceeded

### Applies to Shared Managed Services

#### ***The individual/family:***

- is notified of the overspending by the Fiscal ISO
- the team decides how to address the issue and whether any money can be shifted between funded areas of support
- is responsible for the services he/she manages
- is personally responsible for paying his/her employee and other bills if funding cannot be moved or if overall authorized funding limit is exceeded

#### ***The DA/SSA:***

- discusses how the issue will be addressed with the individual or family. DA/SSA may make contact if the individual or family does not contact them.
- notifies the Fiscal ISO of the new changes in the funded areas of support
- is not responsible for overspending by the individual or family
- is responsible for any overspending in the area it manages
- may determine the individual or family cannot manage services if overspending is repeated

#### ***The Fiscal ISO:***

- enforces spending limits in each funded area of support
- notifies the individual or family and the DA/SSA of any overspending in funded areas of support
- pays the worker if there are unspent funds in another funded area of support
- will not pay the worker if the overall authorized funding limit is exceeded

