

Vermont Developmental Disabilities Services Annual Report 2 0 1 2

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

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Notes:

- Although the Global Commitment to Health Waiver refers to all services funded by DDAS, the term “waiver” (funding or services) when referenced in this document refers to home and community-based services (not Flexible Family Funding, fee-for-service Medicaid, vocational grant funding, etc.).
- All information and data represented in this report are for FY 2011 unless otherwise stated.
- See **Attachment A** for a list of **Acronyms**.

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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.

PURPOSE

The Division of Disability and Aging Services supports older Vermonters and Vermonters with disabilities to live as they choose, pursuing their individual goals and preferences within their chosen communities.

The Division:

Seeks to ensure their basic human and civil rights, health, well-being, and safety –
Provides effective leadership for disability and aging policy and services in Vermont –
Meets federal state mandates by developing and managing public resources effectively.

CORE VALUES/PRINCIPLES

- Person-centered: We help people to make choices and to direct their own lives – pursuing their own choices, goals, aspirations and preferences.
- Natural Supports: We recognize the importance of family and friends in people’s lives. We respect the unique needs, strengths and cultural values of each person and each family.
- Community Participation: We support consumers’ involvement in their communities, and recognize the importance of their contributions to their communities.
- Effectiveness: We pursue positive outcomes through effective practices, including evidence-based practices. We seek to develop and maintain a trained and competent workforce, and to use staff knowledge, skills and abilities effectively.
- Efficiency: We use public resources efficiently – avoiding unnecessary activities, costs, and negative impact on our environment.
- Creativity: We encourage progress through innovation, new ideas, and new solutions. We accept that creativity involves risk, and we learn from mistakes.
- Communication: We communicate effectively. We listen actively to the people we serve and to our partners. We are responsive.
- Respect: We promote respect, honesty, collaboration and integrity in all our relations. We empower consumers, staff and partners to achieve outcomes and goals. We provide opportunities for people to grow, both personally and professionally.
- Leadership: We strive to reach our vision and to demonstrate our values in all our work. We collaborate with consumers and other partners to achieve outcomes, goals and priorities. We are accountable.

THE DEVELOPMENTAL DISABILITIES SERVICE SYSTEM

The Developmental Disabilities Act of 1996 requires the Department of Disabilities, Aging and Independent Living (DAIL), Division of Disability and Aging Services (DDAS), under the Agency of Human Services (AHS)¹, 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 Division of Disability and Aging Services' *Vermont Developmental Disabilities Services Annual Report 2012*, together with the *Vermont State System of Care Plan for Developmental Services – Three Year Plan (FY 2012 – FY 2014)*, cover all requirements outlined in the developmental disabilities statute².

Principles of Developmental Disabilities Services

Services provided to people with developmental disabilities and their families must 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 by caring for children 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 that is provided when people with 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, choices and costs of services, how the decision making process works, and how to participate in that process.
- ✿ **Individualized Support.** People have differing abilities, needs, and goals. To be effective and efficient, services must be individualized to the capacities, needs and values of each individual.

¹ See **Attachment B: Organizational Chart – Agency of Human Services.**

² Developmental Disabilities Act of 1996, 18 V.S.A. § 8724.

- ✿ **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 without meaningful choices about how they live and the kinds of services they receive. Effective services shall be 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. 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 goals of this chapter are attained, all individuals who provide services to people with developmental disabilities and their families must receive training as required by Section 8731 of the Developmental Disability Act.

- ✿ **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.

Division of Disability and Aging Services

The Division of Disability and Aging Services (DDAS) plans, coordinates, administers, monitors, and evaluates state and federally funded services for people with developmental disabilities and their families within Vermont. The Division provides funding for services, systems planning, technical assistance, training, quality assurance, program monitoring and standards compliance. The Division also exercises guardianship on behalf of the Commissioner for people who are under court-ordered public guardianship. See **Attachment C: Division of Disability and Aging Services Staff**.

The Division of Disability and Aging Services contracts directly with fifteen (15) private, non-profit developmental disabilities services providers who provide services to people with disabilities and their families. Services and supports offered emphasize the development of community capacities to meet the needs of all individuals regardless of severity of disability. The Division works with all people concerned with the delivery of services: people with disabilities, families, guardians, advocates, service providers, the State Program Standing Committee for Developmental Services, and state and federal governments to ensure that programs continue to meet the changing needs of people with developmental disabilities and their families. See **Attachment D: Vermont Developmental Disabilities Services Providers** and **Attachment E: Members of the State Program Standing Committee for Developmental Services**.

Developmental Disabilities Services Providers

Designated Agencies

The Department of Disabilities, Aging and Independent Living (DAIL) authorizes one Designated Agency (DA) in each geographic region of the state as responsible for ensuring needed services are available through local planning, service coordination, and monitoring outcomes within their region³. There are ten DAs responsible for developmental disabilities services in Vermont. Designated Agencies must provide services directly or contract with other providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state and federal regulations, policies and guidelines. Some of the key responsibilities of a DA include intake and referral; assessing individual needs and assigning funding; assuring each person has a support plan; providing regional crisis response services; and providing or arranging for a comprehensive service network that assures the capacity to meet the support needs of all eligible people in the region.

Specialized Service Agencies

A Specialized Service Agency (SSA) is a separate entity that is also contracted by DAIL. It must be an organization that either: (1) provides a distinctive approach to service delivery and coordination; (2) provides services to meet distinctive individual needs; or (3) had a contract with DAIL originally to meet the above requirements prior to January 1, 1998. There are five SSAs who serve people with developmental disabilities.

³Geographic regions for developmental disabilities services are defined along county lines.

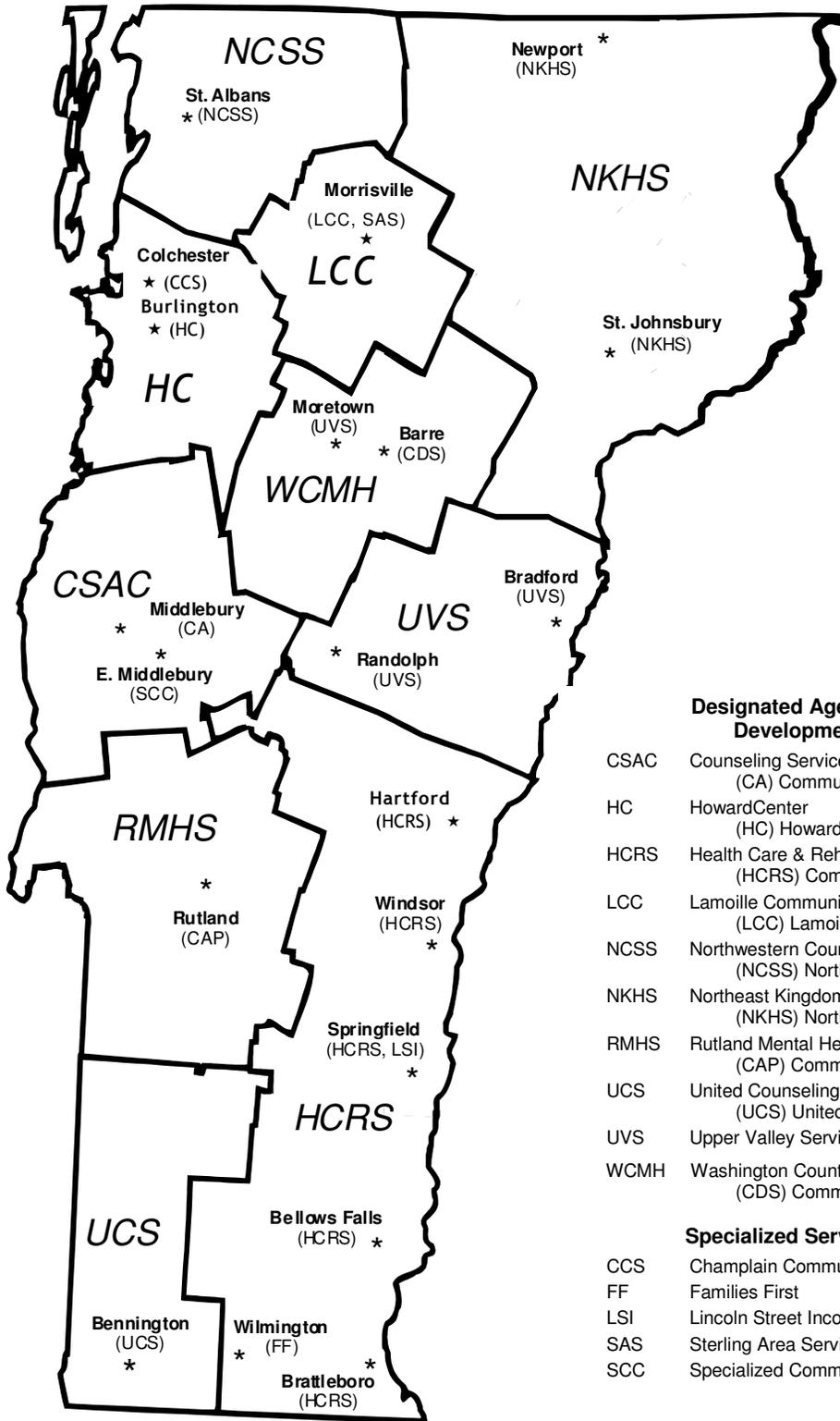
Management Options for Services

Traditionally, developmental disabilities services 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 services⁴.

- **Agency-Managed Services:** The **developmental disabilities services provider** manages **all** of a person's services, whether it is by the Designated Agency, Specialized Service Agency or other contracted provider. This is the most common method of how services are managed.
- **Shared-Managed Services:** The **developmental disabilities services 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. Many families, as well as some people with developmental disabilities, have chosen a shared-management arrangement. ARIS Solutions, a Fiscal Intermediary Service Organization (Fiscal 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 disabilities services except for 24-hour home supports. Up to 8 hours per day of paid home support for supervised/assisted living may be self-managed. This means that the person has the responsibility of hiring his or her own staff and overseeing the administrative responsibilities associated with receiving developmental disabilities 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 (T-II) is a Supportive Intermediary Service Organizations (Supportive ISO) that must be used by individuals who self-manage their services. Additionally, a Fiscal ISO, ARIS Solutions, 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 disabilities services except for 24-hour home supports. Up to 8 hours per day of paid home support for supervised/assisted living may be family-managed. The same responsibilities and resources noted above for self-management are also associated with and required for family-managed services. Transition-II (T-II) is a Supportive Intermediary Service Organizations (Supportive ISO) that must be used by families who manage their services. Additionally, a Fiscal ISO, ARIS Solutions, must be used to help families who manage services to do many of the bookkeeping and reporting responsibilities of the employer.

⁴ Go to <http://ddas.vermont.gov> for a comprehensive guide for people who are self-/family-managing their developmental disabilities services funded through Medicaid.

Vermont Developmental Services Providers



Designated Agencies (DA)

Developmental Disabilities Services Programs

- CSAC Counseling Services of Addison County (CA) Community Associates
- HC HowardCenter (HC) HowardCenter Developmental Services
- HCRS Health Care & Rehabilitation Services of Southeastern VT (HCRS) Community Services Division of HCRS
- LCC Lamoille Community Connections (LCC) Lamoille Community Connections
- NCSS Northwestern Counseling & Support Services, Inc. (NCSS) Northwestern Counseling & Support Services/DS
- NKHS Northeast Kingdom Human Services, Inc. (NKHS) Northeast Kingdom Human Services, Inc.
- RMHS Rutland Mental Health Services (CAP) Community Access Program of Rutland County
- UCS United Counseling Services, Inc. (UCS) United Counseling Services, Inc.
- UVS Upper Valley Services, Inc. (DS only)
- WCMH Washington County Mental Health Services, Inc. (CDS) Community Developmental Services

Specialized Service Agencies (SSA)

- CCS Champlain Community Services, Inc.
- FF Families First
- LSI Lincoln Street Incorporated
- SAS Sterling Area Services, Inc.
- SCC Specialized Community Care

Pressures on Community Services

In FY 2011, the Division of Disability and Aging Services provided supports to **4,029** people with developmental disabilities in Vermont. However, the population is constantly growing and more children are born each year with developmental disabilities. The need for developmental disabilities services is generally life-long and the life expectancy of people with disabilities is improving yearly. The demand for supports continues to outpace the available resources. The following are just some of the many factors influencing this.

Special education graduates need supports at home and work⁵ – There were an estimated 104 graduates with developmental disabilities who are clinically eligible for developmental disabilities services who were expected to exit the educational system in FY '11. These young adults look to the developmental disabilities services system to provide the necessary supports and services to help them continue to learn new skills, live in their own home and find or maintain employment.

Autism Spectrum Disorders (ASD) – There has been a dramatic increase in the number of children diagnosed with ASD in the past decade. National data indicate that 1 in 88 children (age 8 or above) have an ASD diagnosis⁶.

Individuals with developmental disabilities who pose a public safety risk – When individuals with developmental disabilities commit crimes, the courts and correctional system may not be able to respond to their special needs for supervision and treatment, and the public looks to developmental disabilities services to meet the need. Over 200 individuals with developmental disabilities who pose a public safety risk are supported by developmental disabilities services agencies, a number that has increased steadily in recent years. Developmental disabilities services agencies experience many stresses and dilemmas when expected to serve a public safety function for these individuals in the context of a system designed to promote self-determination and community participation for law-abiding Vermonters with developmental disabilities and their families.

New caseload funding allocated to most in need – New caseload resources were provided to 298 individuals in FY '11 who met the State System of Care Plan funding priorities for developmental disabilities services.

Applicant List tracks people who do not meet funding priorities – There were 202 people on the Applicant List at the end of FY '11. This number includes people who are eligible for services based on their disability but whose needs do not meet the State System of Care Plan's funding priorities. In addition, there were 85 people on the Waiting List who were eligible for services – specifically Flexible Family Funding and Bridge Program – but for whom there were insufficient funds.

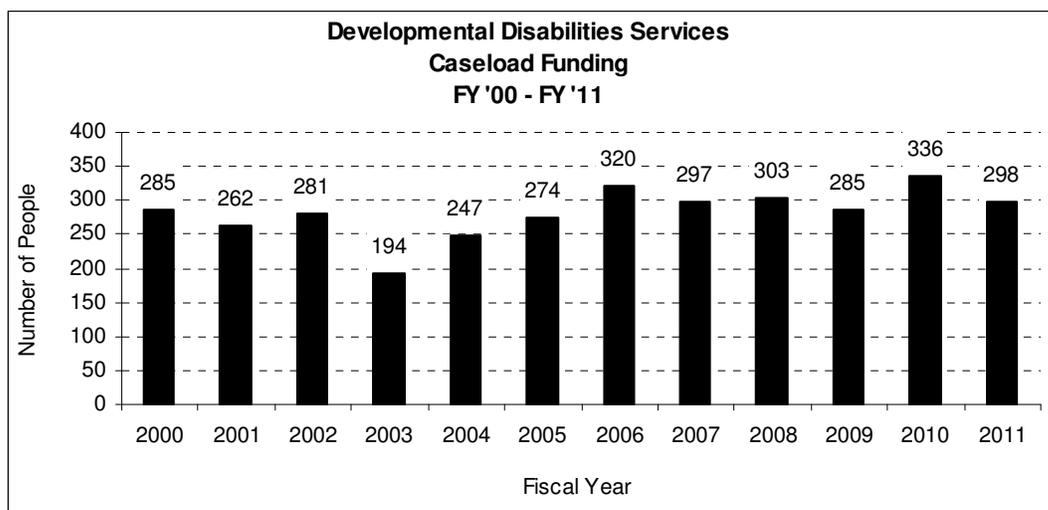
⁵ Designated Agencies survey local schools each year to find out exactly how many students with developmental disabilities are expected to graduate and who are eligible for developmental disabilities services and need funding.

⁶Prevalence of Autism Spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, United States, 2008, *Morbidity and Mortality Weekly Report*. 61(SS03);1-19.

Caseload Funding⁷ – FY 2011

Reasons for Receiving Caseload Funding⁸ – FY 2011
Imminent risk to person’s health or safety – for adults (age 19 and over)
Loss of home / imminent risk of homelessness – for adults
Risk of abuse, neglect or exploitation – for adults
High school graduation and job loss prevention – for adults (age 19 and over)
Loss or reduced capacity of caregiver – for adults
Risk to public safety – for adults
Risk of institutional placements or diversion from institutional placement
Parenting skills training for parents with developmental disabilities
Employment conversion plan
Parenting skills training for parents with DD
Total people served from caseload resources (unduplicated) – 298

The Division of Disability and Aging Services manages its resources each year by making sure caseload funding goes to those most in need of new and increased services. Anyone getting caseload resources must meet the State System of Care Plan funding priorities. The following chart shows the change in people served by caseload funding over time. Both existing consumers and new consumers have access to caseload funding.



The nature of developmental disabilities often leads to services that support people throughout their lifespan. Eighty-seven (87) people left home and community-based funded services in FY '11 for a variety of reasons (e.g., died, declined or left services, moved out of state, received alternative supports or funding, etc).

⁷ “Caseload Funding” includes all newly appropriated funding from New Caseload, Equity, High School Graduate, and Public Safety Funds. Unless stated otherwise, adult means age 18 and over.

⁸ See **Attachment F** for a complete listing of the *State System of Care Plan Funding Priorities FY 2012*. For more details, see the *Vermont State System of Care Plan for Developmental Services Three-Year Plan FY 2012 – FY 2014*.

Financial Summary

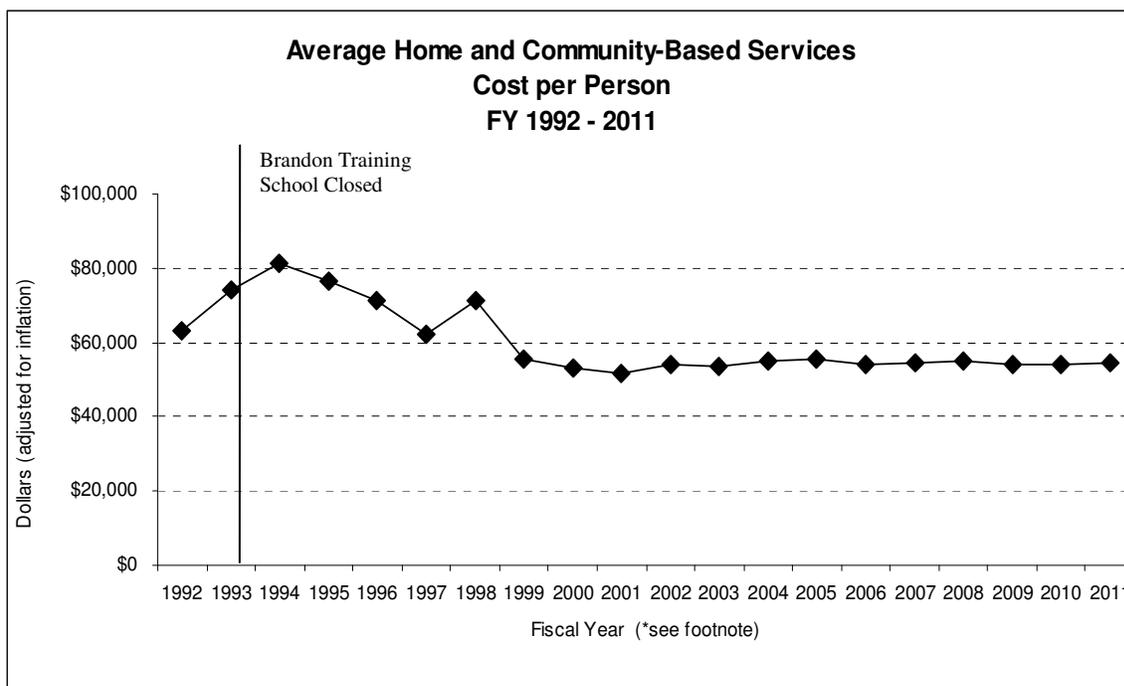
People with developmental disabilities have a greater likelihood of experiencing limitations in major life activities than those with any other major class of chronic mental, physical, or health condition. As a result, people with developmental disabilities need individualized services that are comprehensive and generally life long. To capitalize on the resources available, the Division of Disability and Aging Services emphasize cost effective models and maximization of federal funds. See **Attachment G: Developmental Disabilities Services Funding Appropriation FY 2011**.



With the inception of the Global Commitment to Health 1115 Medicaid waiver, 100% of all community-based services are now matched with federal funds.



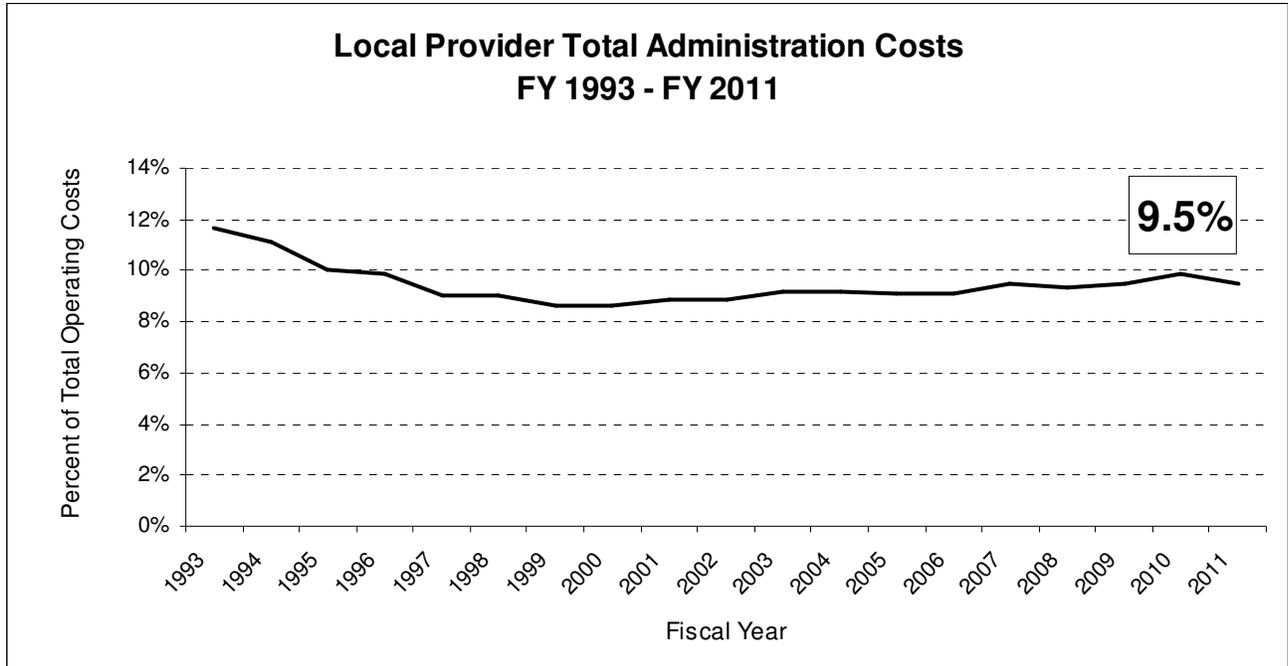
The average cost⁹ per person for home and community-based services was \$54,316 in FY 2011.



⁹ For “Average Home and Community Based Services Cost,” waiver years 1992 – 1997 ended on 3/31. From 1998 on, waiver years ended on 6/30. Due to this change over, waiver year 1998 reflects costs for a 15-month period. For “Average Cost per Person – All Services,” year-end numbers are used for waiver years ending on 6/30.



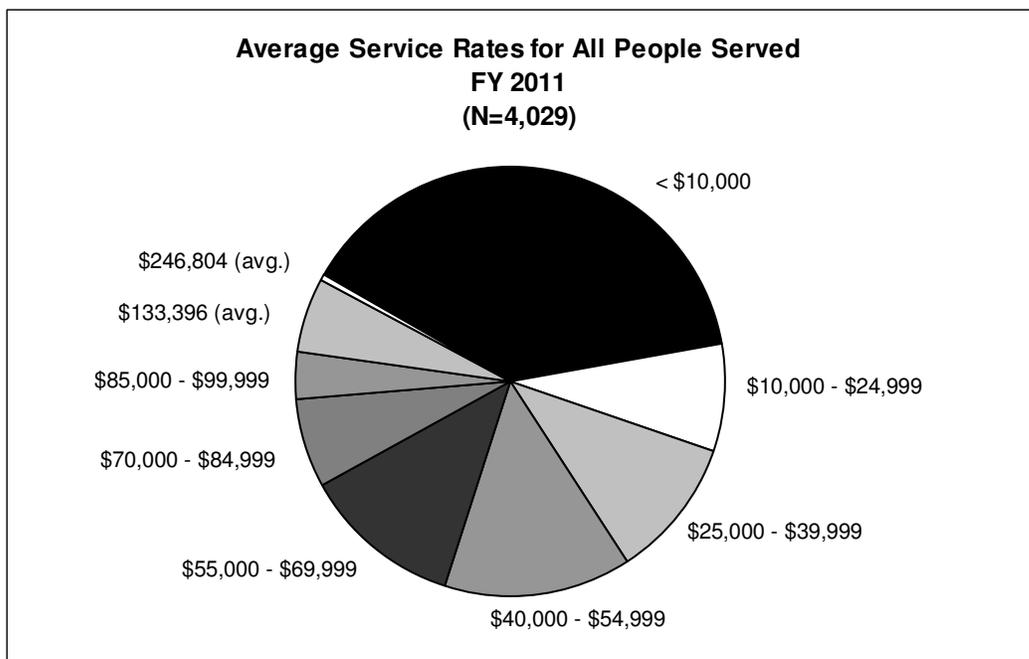
Administrative expenses include those that are required to run the total local agency¹⁰. These administrative costs have remained relatively stable for the past decade.



¹⁰ Management expenses (e.g., developmental service director, buildings) relating to major program areas (e.g., developmental disabilities services) are considered program expenses, not administration.



Almost one-half (44%) of all individuals served are funded for less than \$20,000 per person per year. Fifty five percent (55%) of all families served receive support through Flexible Family Funding at the low annual rate of \$1,000¹¹. Supporting people to live with their own families continues to be the most cost effective method of support.



Because almost 100% of developmental disabilities services funding is from Medicaid via the Global Commitment waiver, Vermont’s developmental disabilities services system leverages a higher proportion of federal funds compared with other states.

¹¹ Flexible Family Funding is based on a sliding scale of which the maximum family allocation is \$1,000.

Quality Assurance & Quality Improvement

Assessment, assurance and improvement of service quality are critical functions of the Division of Disability and Aging Services. Quality Management Reviewers conduct on-site reviews of all Medicaid-funded services provided by each agency. The quality review teams assess the quality of services with respect to the Division of Disability and Aging Services' Quality Service Standards to assure compliance with state and federal Medicaid standards and individuals' desires for their supports. The quality of individual services is evaluated as well as systems and organizational issues.

The Quality Management Reviewers do on-site reviews at half the agencies each year, covering around ten percent of the people served at those agencies; thus all agencies will be reviewed every two years. The quality reviews also inform the designation process that takes place for each developmental disabilities services agency every four years.

As part of the agency review process, the Quality Management Reviewers incorporate information from the following DDAS quality assurance activities:

- **Critical Incident Reporting** process to track certain incidents, such as the death of someone receiving services, use of restrictive procedures or allegations of abuse.
- **Grievance and Appeals** processes for people applying for or receiving services, their family members, guardians and other interested individuals.
- **Safety and Accessibility Reviews** conducted for all new unlicensed residential settings funded by DDAS.
- **Consumer and Family Surveys** to measure the satisfaction of adults receiving services and to assess how families feel about services they and their family member receive.
- **Ethics Committee** to review any decisions by a Public Guardian to abate life-sustaining treatment for a person receiving services.
- **Human Rights Committee** to review behavior support plans which include the use of restraints to safeguard the human rights of people receiving developmental disabilities services.

The Vermont developmental disabilities services system has numerous other quality assurance components that provide independent oversight from both outside and within the service system. See **Attachment H: Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities**.

Training and technical assistance are provided as part of the Division of Disability and Aging Services' commitment to quality and quality improvement.

Collaboration with consumers, families, advocates, service providers, local and regional community organizations, and departments within state government is a fundamental aspect of the work of the Division of Disability and Aging Services.

To help maintain consistent and quality services and supports across the state, the Division of Disability and Aging Services has the following policies:

- Individual Support Agreement Guidelines (2003) & ISA Forms (2010)
- Policy on Education and Support of Sexuality (2004)
- A Guide for People who are Self/Family Managing Medicaid-Funded Developmental Services (2004)
- Qualified Developmental Disabilities Professional (QDDP) Definitions, Qualifications and Roles / QDDP Endorsement (2004)
- Health and Wellness Standards and Guidelines (2004)
- Behavior Support Guidelines for Support Workers Paid with DDS Funds (2004)
- Background Check Policy (2006)
- Housing Safety and Accessibility Review Process (2006)
- Human Rights Committee Guidelines (2006)
- Critical Health Care Decisions (2007)
- Flexible Family Funding Guidelines (2009)
- Developmental Disability Services Grievance Procedure (2009)
- Developmental Disabilities Services Appeal Procedure (2009)
- Best Practice Guidelines for the Diagnosis of Pervasive Developmental Disorder (2009)
- The Bridge Program: Care Coordination for Children with Developmental Disabilities Guidelines (2009)
- Guidelines for Quality Review Process of Developmental Disability Services (2009)
- Community Safety Procedures for Sex Offenders with Developmental Disabilities (2009)
- Home Visit Requirements for Developmental Disabilities Services (2010)
- Critical Incident Reporting Requirements (2011)
- Ethics Committee Case Presentation Guidelines (2011)
- Vermont State System of Care Plan for Developmental Disability Services – FY 2012 – FY 2014

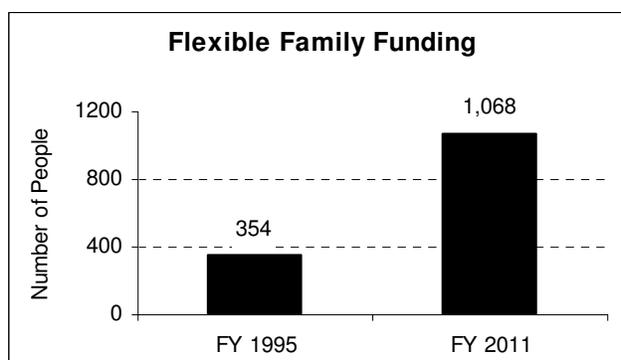
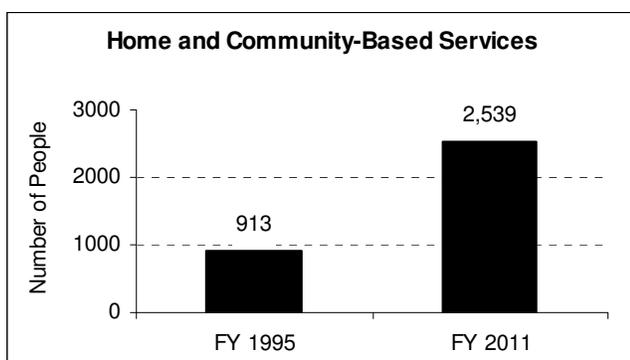
S E R V I C E S & F U N D I N G

Funding Sources

Numbers Served – FY 2011	
Home and community-based services	2,539
Flexible Family Funding	1,068
Other funding (other than HCBS & FFF)	422
Total people served (unduplicated ¹²)	4,029

Since the inception of the Global Commitment to Health (GC) Medicaid waiver in FY '07, 100% of the services funded by DDAS are for people with developmental disabilities are funded under GC.

- Home and Community-Based Services (HCBS) – 2,539 people**
 A wide range of home and community-based services are available under the Global Commitment. Home and Community-Based Services (HCBS) account for **97%** of all DDAS appropriated funding for developmental disabilities services.
- Flexible Family Funding (FFF) – 1,068 people**
 Flexible Family Funding is money, provided to eligible families with children or adult family members with developmental disabilities living at home, used at their discretion toward services and supports that are in the person’s/family’s best interest. The maximum amount available was \$1,000/year in FY '11. Flexible Family Funding accounts for **1%** of all DDAS appropriated funding for developmental disabilities services and is also funded under Global Commitment.



- Other Funding** – Other funding sources include GC fee-for-service Targeted Case Management (TCM), the Bridge Program and the Intermediate Care Facility (ICF/DD), plus vocational grants in partnership with the Division of Vocational Rehabilitation. These account for **2%** of all funding for DDAS community-based services.

¹² There is a duplication of 28 people across the Flexible Family Funding and home and community-based services categories due to changes in funding during the year.

Types of Services Provided

Developmental disabilities services providers offer a comprehensive range of services designed to support individuals and families at all levels of need. Services encompass a wide range of support options designed around the specific needs of an individual. Supports include:

- **Service Planning and Coordination** – Assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services for a specific individual.
- **Community Supports** – Specific, individualized and goal oriented services which assist individuals in developing skills and social supports necessary to promote positive growth.
- **Employment Services** – Assists individuals in establishing and achieving career and work goals; includes employment assessment, employer and job development, job training and ongoing support to maintain employment.
- **Home Supports** – Services, supports and supervision to individuals in and around their residences up to 24 hours a day.

Supervised/Assisted Living (hourly) – Regularly scheduled or intermittent supports provided to an individual who lives in

- (1) His or her home, or
- (2) The home of a family member (i.e., in-home family support).

Staffed Living – Residential living arrangements for one or two people, staffed full-time by providers.

Group Living – Group living arrangements for three to six people, staffed full-time by providers.

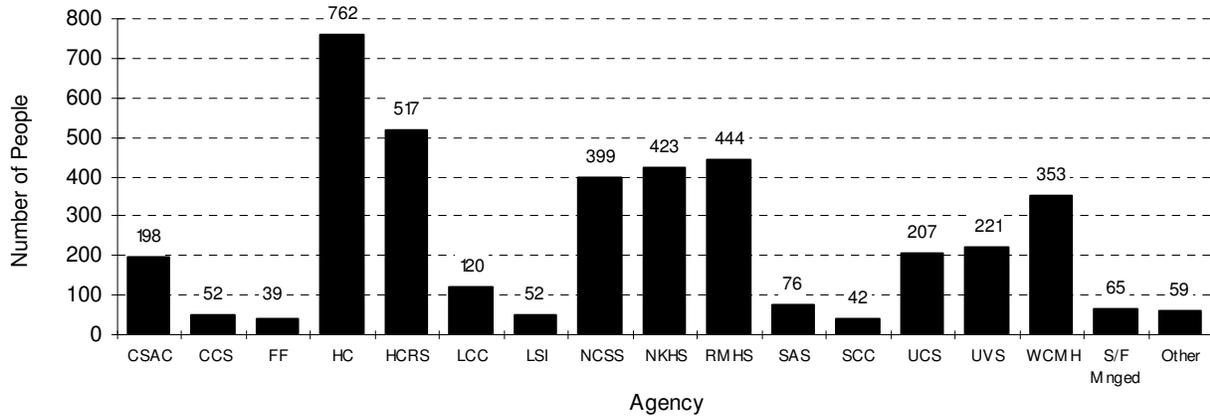
Shared Living/Home Provider – Individualized shared-living arrangements for one or two people offered within a contracted home provider's home.

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

- **Respite (hourly or daily)** – Services provided on a short-term basis because of the absence or need for relief of
 - (1) Family members/significant others, or
 - (2) Home providers normally providing the care to individuals who cannot be left unsupervised.
- **Clinical Interventions** – Assessment, therapeutic, medication or medical services provided by clinical or medical staff.
- **Crisis Services** – Time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral or emotional crisis; includes crisis assessment, support and referral, and crisis beds.

Total Served

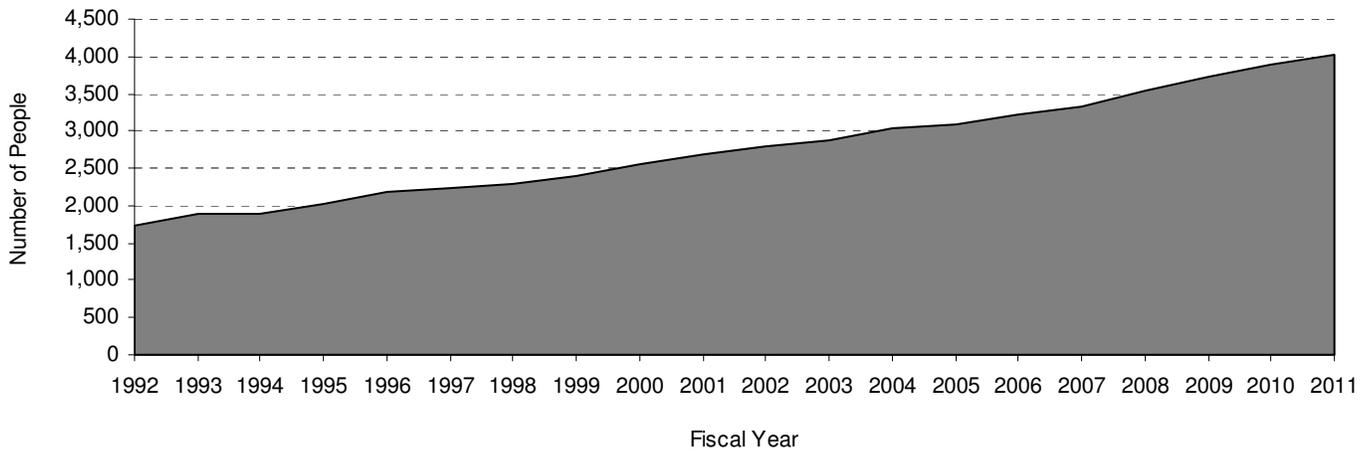
**Total Number of People Supported by Service Provider
June 30, 2011**



Developmental Disabilities Services Providers

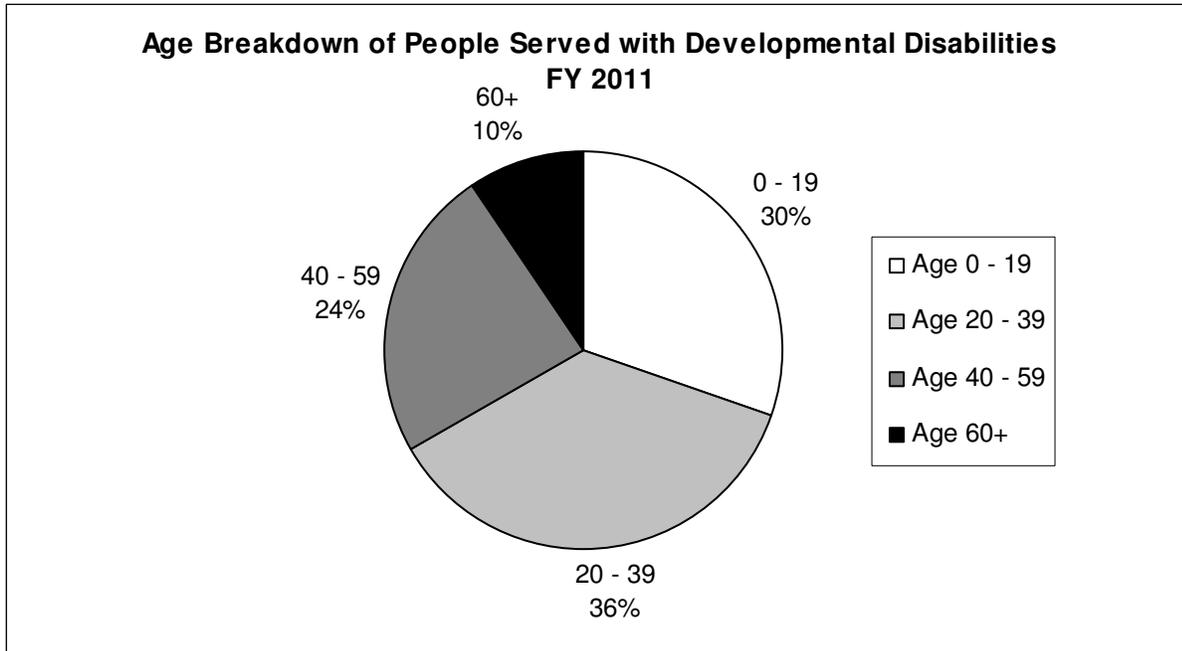
CSAC	Counseling Service of Addison County	SCC	Specialized Community Care
CCS	Champlain Community Services, Inc.	UCS	United Counseling Services, Inc.
FF	Families First	UVS	Upper Valley Services, Inc.
HC	HowardCenter	WCMH	Washington County Mental Health Services, Inc.
HCRS	Health Care and Rehabilitation Services of SE Vt.	Self- or Family-Managed	Includes all people who use the Supportive ISO (Transition II).
LCC	Lamoille Community Connections		
LSI	Lincoln Street Incorporated		
NCSS	Northwestern Counseling and Support Svcs., Inc.	Other	Includes people supported by Transition II employment services, the Office of Public Guardian or Francis Foundation and who are <u>not</u> served by any other developmental disability services provider.
NKHS	Northeast Kingdom Human Services, Inc.		
RMHS	Rutland Mental Health Services		
SAS	Sterling Area Services, Inc.		

**Total Number of People Served
FY 1992 - FY 2011**





The relative age breakout of people with developmental disabilities receiving services has changed very little in the past few years.



S E R V I C E S & S U P P O R T S

Service Planning & Coordination

Numbers Served – FY 2011	
Service coordination – Home and Community Based Services	2,539
Service coordination – Targeted Case Management The Bridge Program (unduplicated with Home and Community-Based Services)	640
Total people receiving service coordination	3,179

Service Planning and Coordination assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services for a specific individual. The role of service coordinators is quite varied and individualized, and often can be instrumental in helping people get and maintain services.

The primary functions in which service coordinators assist people and their families include:

- Person-centered planning process
- Individual Support Agreements
- Periodic review/assessment of needs
- Medicaid eligibility and billing
- Evaluations and assessments
- Waiting lists
- Housing Safety and Accessibility Reviews
- Overall health and safety
- Maintaining individual case records
- Positive Behavior Support Plans
- Critical Incident Reports
- Grievance and appeals
- Quality assurance/improvement

Home Supports

Numbers Served – FY 2011	
Number of homes (6/30/11)	1,401
Average number of people per residential setting	1.2
Total people getting home supports (6/30/09)	1,638

Home Supports are made up of a variety of services, supports and supervision provided to individuals in and around their residences up to 24 hours a day.

Types of Home Supports

- **Shared Living:** Individualized shared-living arrangements offered within a contracted home provider’s home for one or two people. Home providers are contracted workers and are not considered agency staff in their role as provider.

Number of people – 1,270 **Number of homes – 1,124**

- **Supervised Living:** Regularly scheduled or intermittent supports provided to an individual (or two) who lives in his or her home. Generally the home/apartment is owned or rented by the person with the disability.

Number of people – 241 **Number of homes – 230**

- **Group Living:** Group living arrangements for three to six people, staffed full-time by providers (there may be exceptions of less than full-time supervision for some individuals).

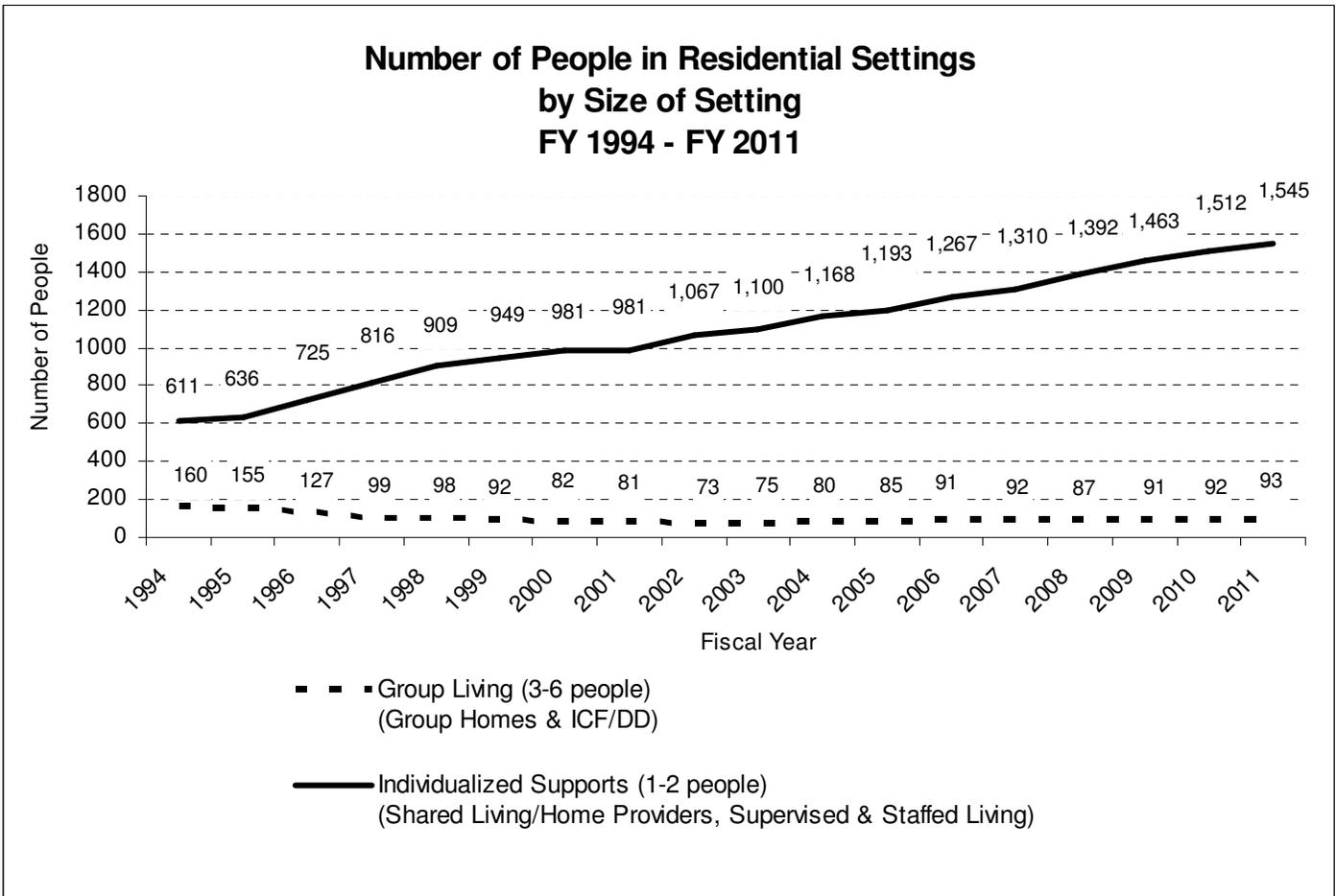
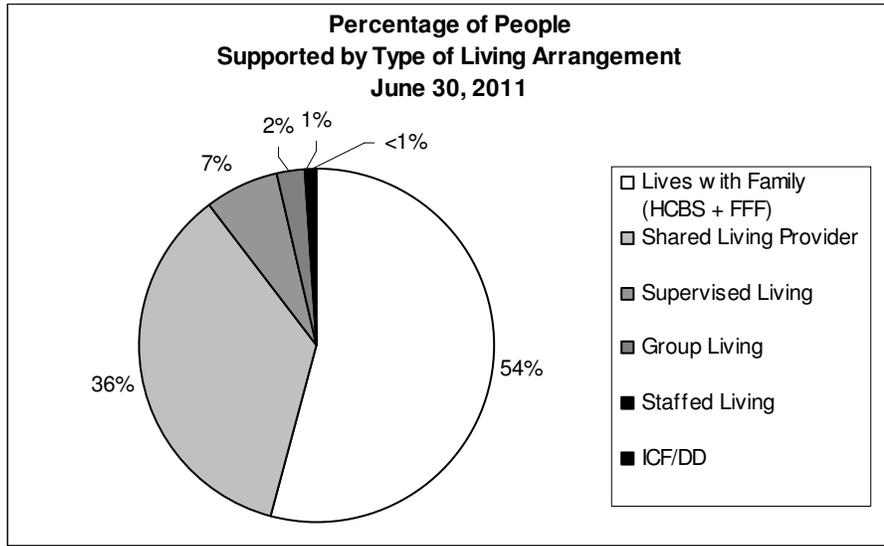
Number of people – 87 **Number of homes – 19**

- **Staffed Living:** Residential living arrangements for one or two people staffed full-time by providers. Generally the home is owned or rented by the provider agency.

Number of people – 34 **Number of homes – 27**

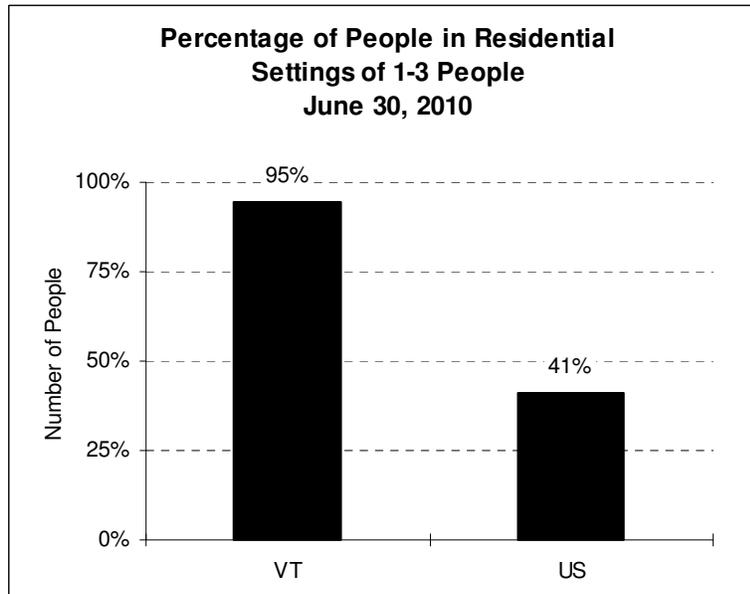
- **ICF/DD (Intermediate Care Facility for people with Developmental Disabilities):** A highly structured residential setting for six people that provides intensive medical and therapeutic services.

Number of people – 6 **Number of homes – 1**

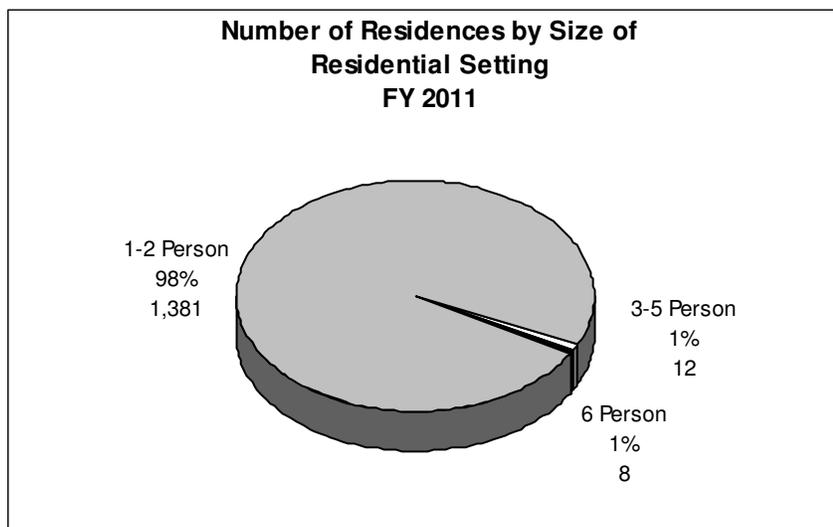




Vermont is one of only two states in the country that has the low average of 1.2 people per residential setting,¹³ compared with the national average of 2.5%

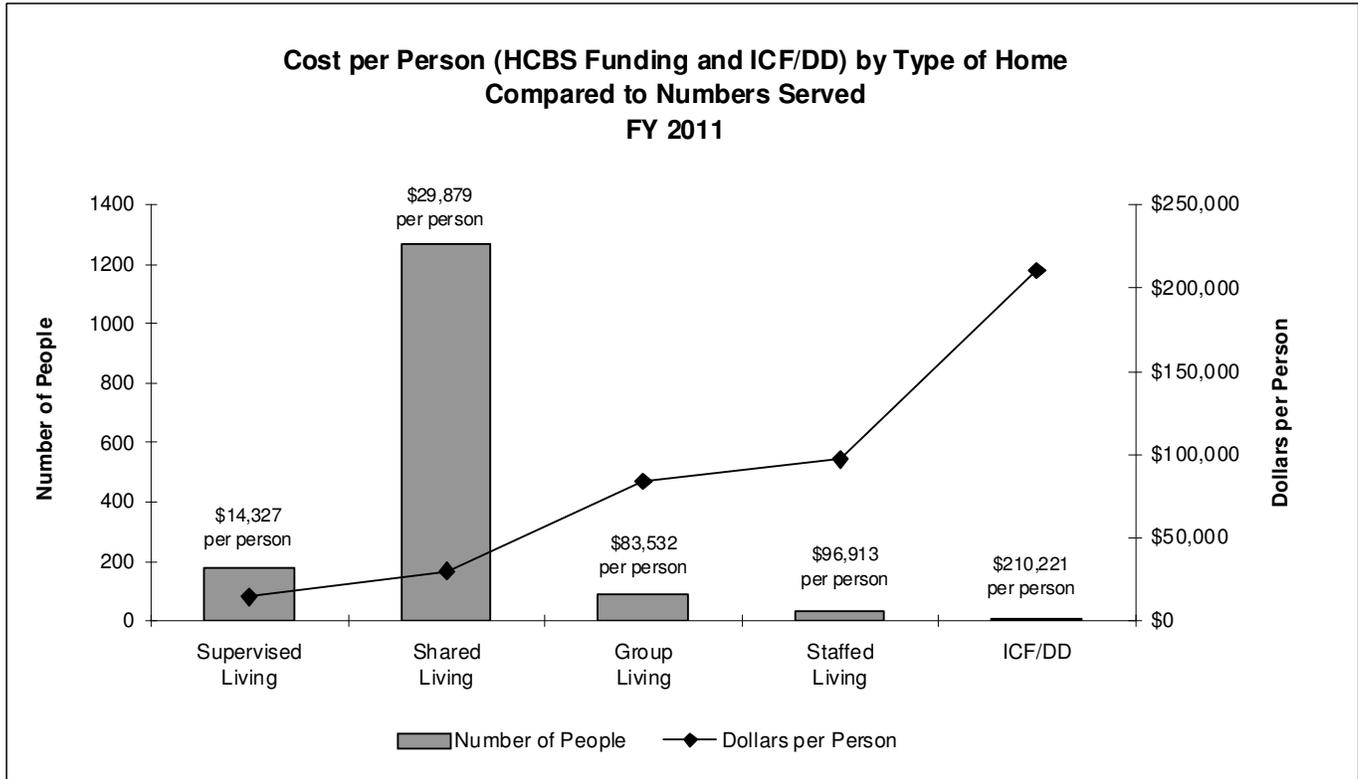


Vermont is the only state in the country that has **100% of the people** funded for home supports living in residential placements with **six or fewer** people receiving services¹⁴.



¹³ Larson, S., Ryan, A., Salmi, P., Smith, D., & Wuorio, A. (2012). *Residential Services for Persons with Developmental Disabilities: Status and Trends through 2010*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota.

¹⁴ Ibid.

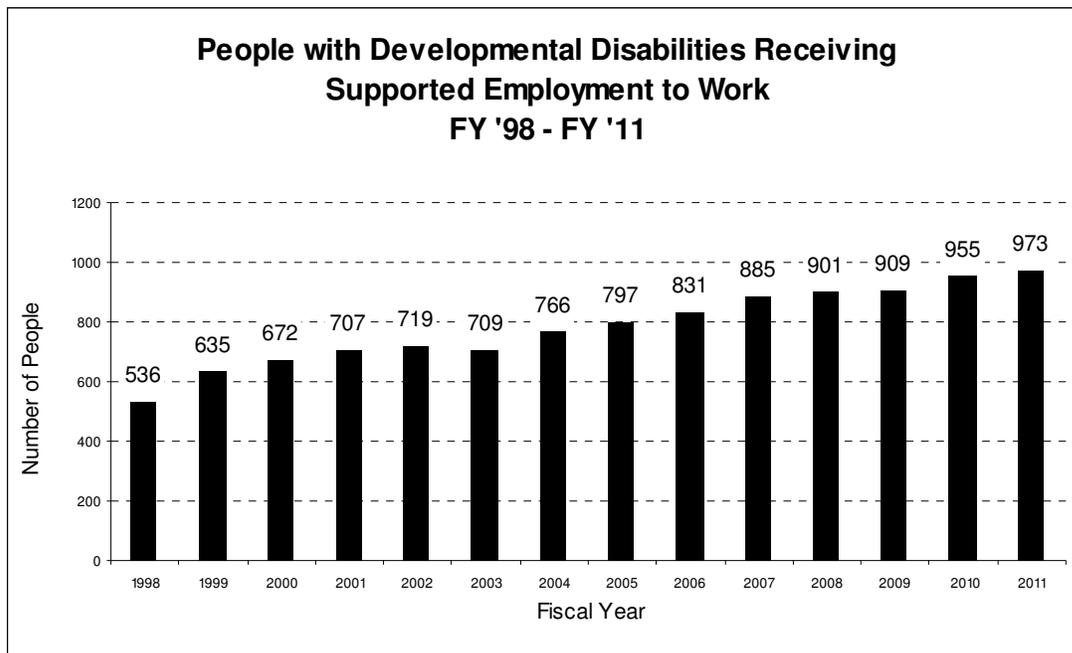


Note: The Supervised Living dollar figure is based on services only to people receiving less than 24 hour home supports funded through home and community-based services. The group and staff living figures include some community and work supports dollars (varies by agency).

Employment Services

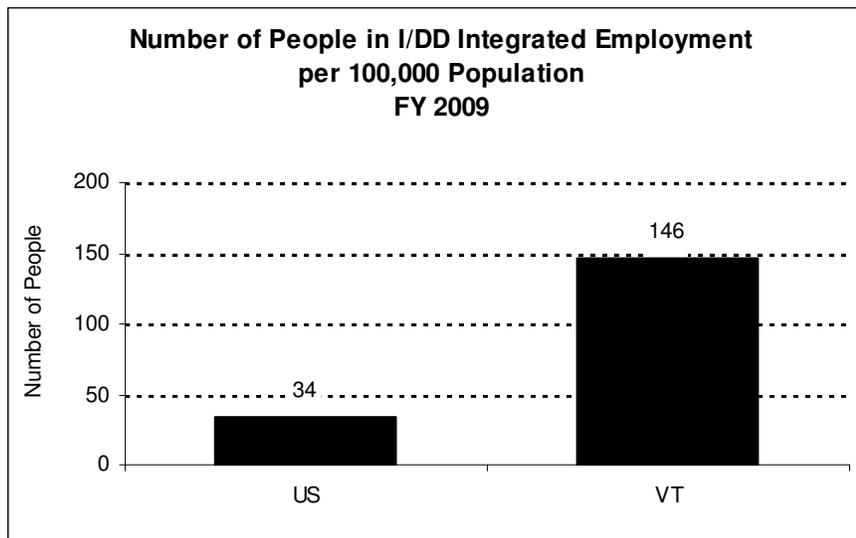
Numbers Served – FY 2011	
Average hourly wage	\$9.15
Average hours worked per week	8 hours/week
Estimated public benefits (SSI) saved	\$1,373,896
Average Employer/Employee (Social Security and Medicare) Tax Contribution	\$524,922
Total people employed	973

Employment Services assist individuals to achieve career and work goals; and include employment assessment, employer and job development, job training and ongoing support to maintain employment. Workforce inclusion generates a lasting positive impact to the person and to the public by way of an increased presence of people with disabilities in the social fabric of Vermont. Supported Employment is funded through a collaborative effort between the Division of Disability and Aging Services and Division of Vocational Rehabilitation (VR) by using home and community-based services funding and VR Supported Employment grant funds.





The number of people in Vermont who receive employment services per capita is over four times greater than the national average¹⁵.



The average wage in FY '11 for people developmental disabilities receiving employment services (\$8.79) is 9% higher than minimum wage in Vermont (\$8.06 since 2009).



Vermont is ranked #1 in the nation (FY '09) in the number of people with developmental disabilities who receive supported employment to work per 100,000 of the state population¹⁶.



Vermont is ranked 5th nationally (FY '09) in people in supported employment as a proportion of total people getting community supports and/or employment services¹⁷; 47% in Vermont compared with the national average of 21%.



Of those adults with developmental disabilities interviewed in Vermont who are unemployed, 64% said they want a paid job. Of those interviewed who have jobs, 44% said they want to work more hours¹⁸.

¹⁵ *The State of the States in Developmental Disabilities*: Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Revised Report, 2011.

¹⁶ Ibid.

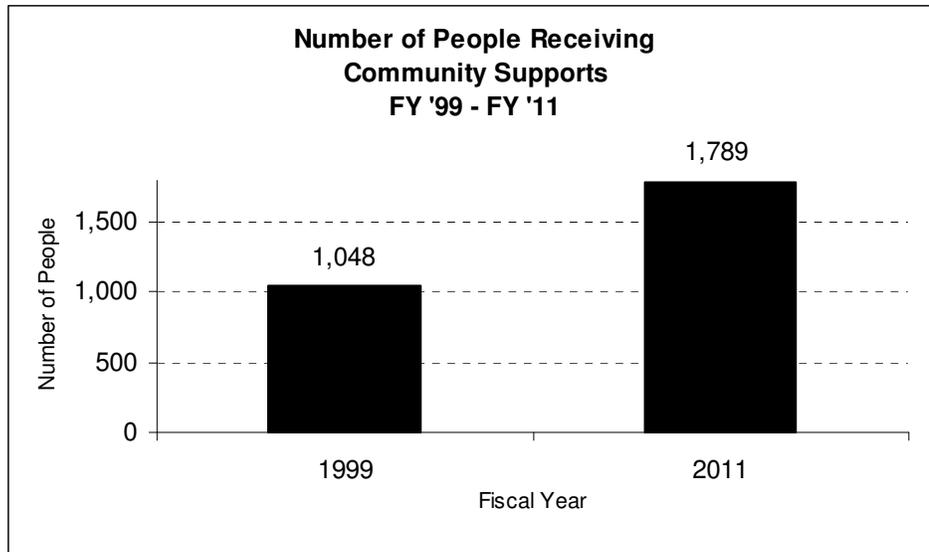
¹⁷ Ibid.

¹⁸ Data is based on results from *Survey of Adults Receiving Developmental Services in Vermont – Spring 2011*, Consumer Survey Project, Division of Disability and Aging Services, State of Vermont.

Community Supports

Numbers Served – FY 2011	
Total people receiving community supports	1,789

Community Supports provide specific, individualized and goal oriented services that assist individuals in developing skills and social supports necessary to promote positive growth. These services may include support to participate in community activities, assist with daily living, and build and sustain healthy personal, family and community relationships.



Family Supports

Numbers Served – FY 2011			
Funding/Supports for Families	Adults (22 and over)	Children (under 22)	Total
Flexible Family Funding	93	975	1,068
Home and Community-Based Service	600	174	774
The Bridge Program	0	398	398
Total family supports (unduplicated)	688	1,240	1,928

Family Supports include Flexible Family Funding or home and community-based supports funded under Global Commitment (e.g., respite, family support, employment services, community supports) to people living with their biological or adoptive family.

- **Flexible Family Funding (FFF):** Money provided to eligible families with children or adult family members with disabilities living at home used at their discretion toward services and supports that are in the person’s/family’s best interest. Examples of what may be purchased with the funding include, family respite, special needs/services not paid for by insurance, household items, etc. The maximum amount available to a family of an adult or child is \$1,000 per year.

- **Home and Community-Based Services Funding (HCBS):** Varying degrees and types of more intensive family supports intended to help maintain family stability, enhance positive family interaction and keep the family intact. Services may include providing support to the individual, family-directed respite, service coordination, work supports, community supports, behavioral consultation and skills training that, consequently, help the individual to continue living at home with his or her family.

- **The Bridge Program:** The Bridge Program provides care coordination to assist families of children under age 22 who have developmental disabilities. The program helps families determine what supports or services are needed; access needed medical, educational, social or other services to address their child’s needs; and coordinate multiple community-based services and develop a coordinated plan to address assessed needs.



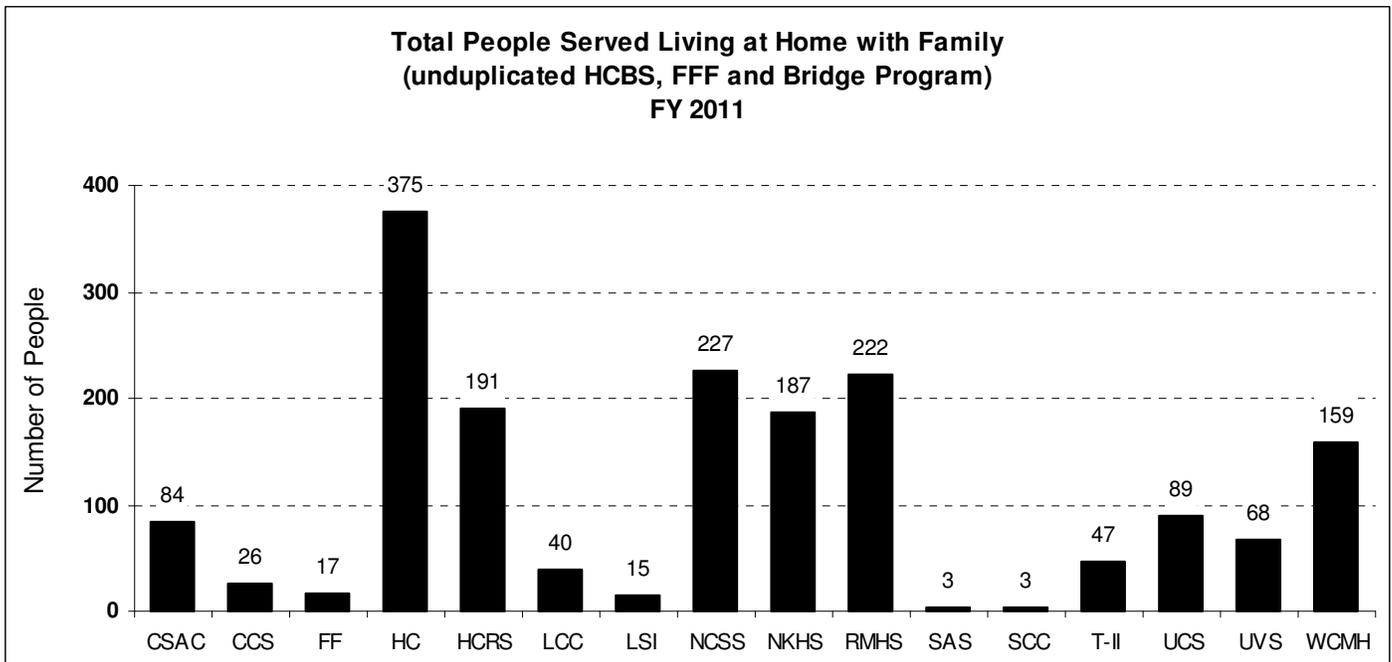
People receiving family supports represent 48% of all people served with developmental disabilities funding.



Almost one third (30%) of people who receive home and community-based services live with their family.



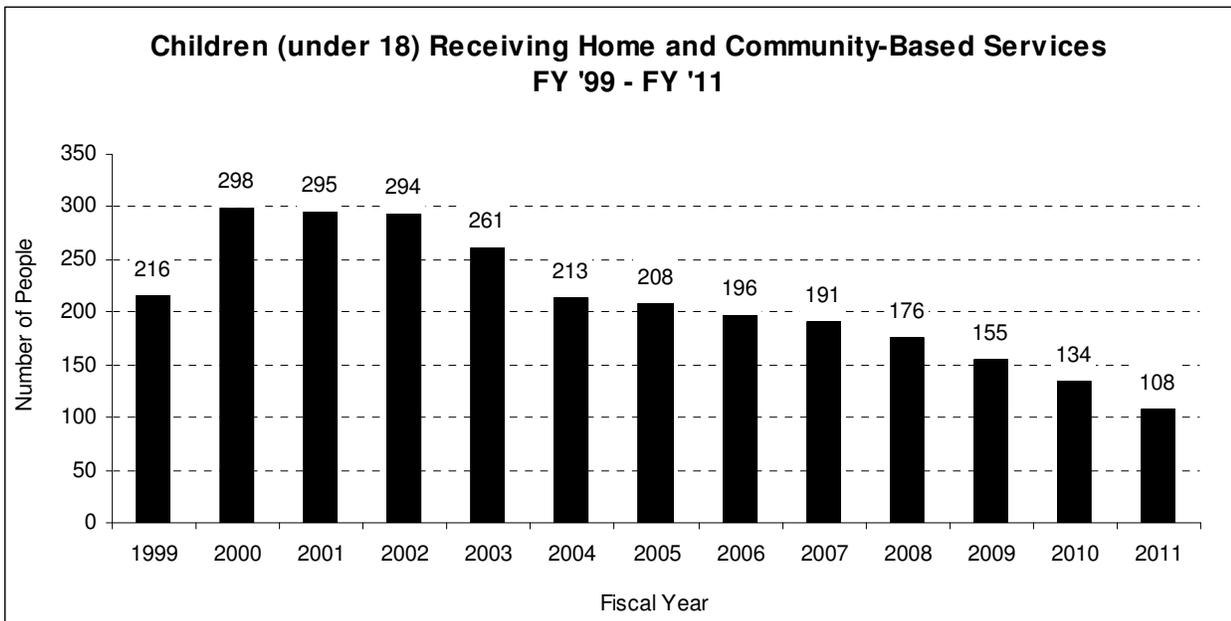
70 people self- or family-managed all of their services in FY 2011.



Children's Services

Numbers Served – FY 2011				
Funding/Support for Children	Birth – 6	7 – 17	18 – 21	Total
Flexible Family Funding	154	624	197	975
Home and Community-Based Services	4	99	229	332
The Bridge Program ¹⁹	64	245	84	393
Other: Targeted Case Management or vocational grant only	2	31	26	59
Total children services (unduplicated)	186	811	454	1,451

Children's Services are provided to children and youth with developmental disabilities who live with their biological or adoptive families, children who live with other individuals (e.g., foster family, other relatives), and young adults who live on their own. Services may include Flexible Family Funding, service coordination, respite, clinical and/or support in the home. Services for youth over age 18 may include work or community supports as well as other supports.



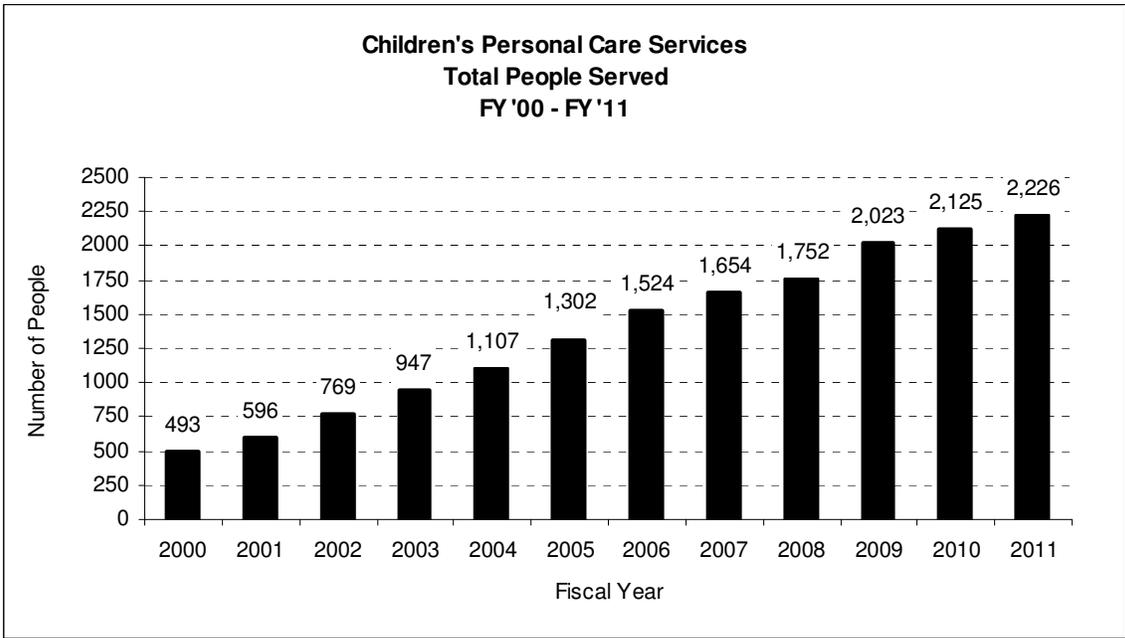
¹⁹ This total does not include five children age 22 that are Bridge Program recipients.

Medicaid Entitlement Services

Numbers Served – FY 2011	
Children’s Personal Care Services	2,226
High Technology Home Care	54
Total people served (unduplicated)	2,258

Children’s Personal Care Services (CPCS) provides 1:1 staffing for Medicaid eligible children (under age 21) with disabilities or health conditions to assist with activities of daily living (e.g., bathing, dressing, feeding, toilet use, grooming, positioning, transferring and walking) and to enhance skill building to achieve greater independence. These services are a state-plan Medicaid service and are therefore an entitlement for those children who qualify. These services can be either family-managed or provided by an agency.

High Technology Home Care (HTHC) is an array of intensive home care services for both adults and children; though the majority (75%) of the 109 recipients were children under age 21. The program provides skilled nursing care and high technology aides, and coordinates treatments, medical supplies and sophisticated medical equipment for technology-dependent Medicaid beneficiaries. The goal is to support the transition from the hospital or other institutional care to the home or prevent institutional placement.



Clinical and Crisis Services

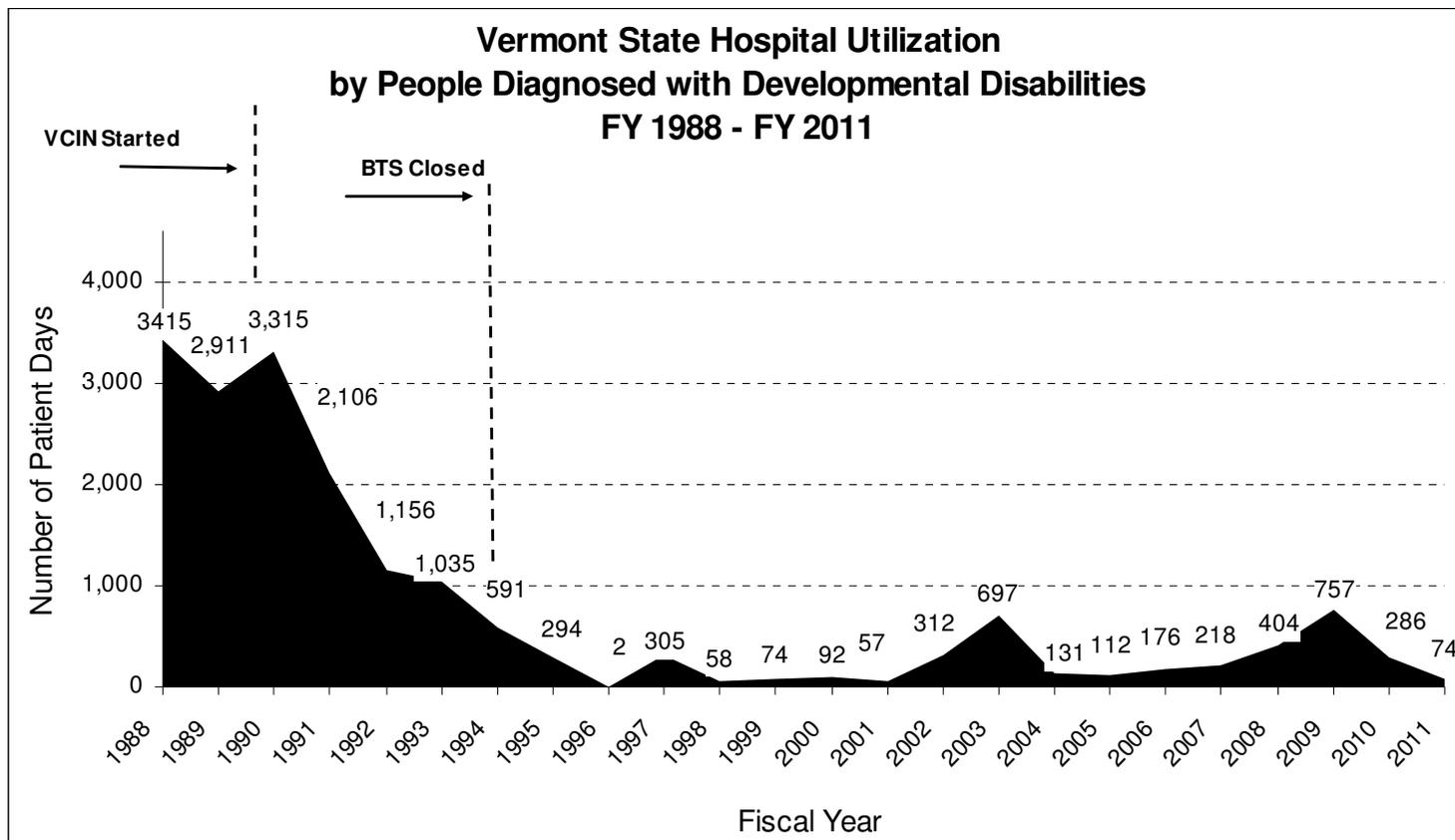
Vermont Crisis Intervention Network Numbers Served – FY 2011	
Level II – Technical assistance Number of people supported (est.)	91
Level III – Crisis beds Number of stays (unduplicated)	24
Number of total days	529
Avg. length of stay	13 days

Clinical Services include assessment, therapeutic, medication and/or medical services provided by clinical or medical staff. **Crisis Services** are time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral or emotional crisis, and includes crisis assessment, support and referral, and crisis beds. Designated Agencies are required to provide crisis services in their region. The Vermont Crisis Intervention Network provides statewide crisis services.

Vermont Crisis Intervention Network (VCIN): VCIN, established in 1991, develops services and supports for people with the most challenging needs in the community to prevent their being placed in institutional care. The Network combines a proactive approach designed to reduce and prevent individuals from entering into crisis with emergency response services when needed.



The **Vermont Crisis Intervention Network** continues to help maintain low usage of the Vermont State Hospital by people diagnosed with developmental disabilities²⁰.



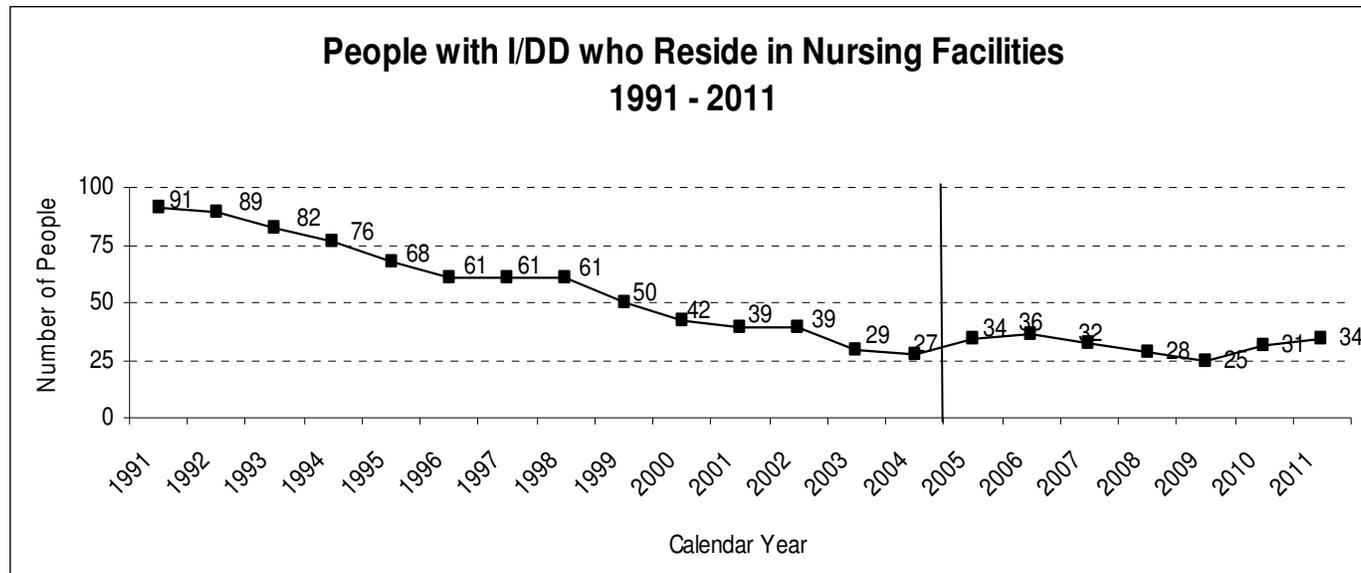
²⁰ These numbers do not include people with dual diagnoses who are being served through the mental health system and/or are not in need of developmental disabilities services. It does include people served by developmental disabilities services but paid in full by mental health or who were grandfathered into services by having received services on 7/1/96, but who are not diagnosed with Intellectual or Developmental Disabilities (I/DD). As of FY '97, these numbers include people diagnosed with Pervasive Developmental Disorders (PDD). The spikes in 2003, 2008 and 2009 were due to one person's stay lasting the full year (365 days).

Nursing Facilities

Numbers Served – December 31, 2011	
People receiving specialized services	11
PASRR screenings	20
Diversions to keep people out of nursing facilities	3
Community placements of people from nursing facilities	3
Total people living in nursing facilities²¹	34

Pre-Admission Screening and Resident Review (PASRR): The Omnibus Budget Reconciliation Act of 1987 is a federal law that established PASRR which mandates the screening of all nursing facility residents and new referrals to determine the presence of intellectual/developmental disabilities and the need for specialized services. Services include pre-admission screening and development of community placements and specialized services.

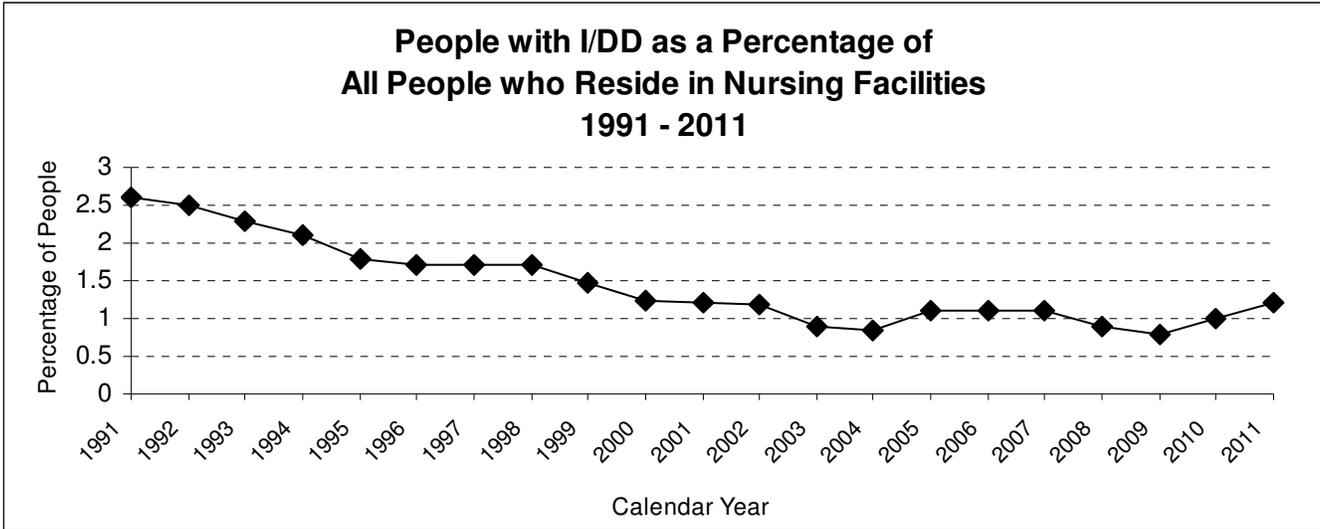
Specialized Services are provided to individuals with developmental disabilities who live in nursing facilities. These Specialized Services greatly improve the quality of life for people living in nursing facilities by providing support to address social and recreational needs as well as the person’s overall well being.



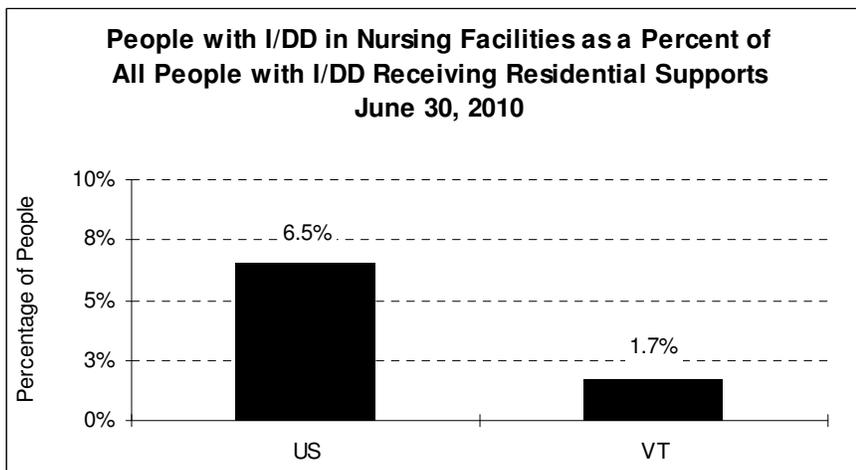
²¹ PASRR uses the federal definition of “mental retardation or related conditions.” The terminology used in this report is “intellectual/developmental disabilities” (I/DD). In 2009, after contacting nursing facilities to verify census data of people with I/DD, seven additional people were found to have been living in nursing facilities since at least 2005. It is not known when they were admitted, so years prior to 2005 may be an undercount.



The national utilization rate of people with intellectual/developmental disabilities (I/DD) living in nursing facilities in FY '09 was 11 per 100,000 of the state's general population²². The Vermont rate for people with I/DD living in nursing facilities was 5, less than half the national average.



The number of people in Vermont with I/DD in nursing facilities compared to all residential services for people with developmental disabilities in Vermont was 1.7% in 2010, considerably lower than the national average.²³



²² *The State of the States in Developmental Disabilities*. Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Revised Report, 2011.

²³ Residential supports in this context include home and community-based services funding, ICF/DD and nursing facilities. Source: Larson, S., Ryan, A., Salmi, P., Smith, D., & Wuorio, A. (2012). *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2010*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota.

Office of Public Guardian

Caseload – June 30, 2011	
Guardianship services (developmental disability specialty)	622
Guardianship services (aging specialty)	85
Case management (developmental disability specialty)	9
Guardianship services – pending (developmental disability specialty)	3
Guardianship services – pending (aging specialty)	1
Total people in Office of Public Guardian program (unduplicated)	720
Total representative payee services	317

The Office of Public Guardian provides guardianship and other court-ordered supervision when a person is unable to make basic life decisions and there are no friends or family to serve as guardian. Under Vermont law, the Office of Public Guardian is authorized to provide guardianship to:

- **Adults who have developmental disabilities, or**
- **Individuals who are age 60 or older.**

The program has a staff of 24 public guardians, a public safety specialist, a director and an administrative assistant²⁴.

The Public Guardians work with individuals living throughout Vermont. They make regular home visits to the people they serve and take part in planning and monitoring. They make sure people have the supports needed to be safe and protected from abuse, neglect and exploitation. They help people to make their wishes and needs known, to become more independent and to make connections with friends and family. As medical guardians, staff provide active medical advocacy and coordination and make decisions about medical treatment. Public Guardians are available for emergencies 24 hours a day.

The Office of Public Guardianship provides:

- **Guardianship** to adults with developmental disabilities and adults age 60 and over.
- **Representative payee services** for governmental benefits for more than 300 people. This service is provided to people under guardianship as well as an alternative to guardianship.
- **Case management supports** where this service can provide a less restrictive alternative to guardianship.
- **Court-ordered evaluations** for Probate and Family Court guardianship cases.
- **Public education** on guardianship and alternatives to guardianship.
- **Recruitment and support for private guardians.**

²⁴ See Attachment C: *Division of Disability and Aging Services Staff*.

Individuals with Developmental Disabilities Who Pose a Public Safety Risk

The Division of Disability and Aging Services is proud of its public safety record of supporting and treating offenders in non-institutional settings. When individuals with developmental disabilities commit crimes, the courts and correctional system may not be able to respond to their special needs for supervision and treatment, and the public looks to the developmental service system to meet the need. In FY 2011, the developmental disabilities services system supported approximately 200 individuals who posed a public safety risk. Approximately 135 of these offenders committed a sexual offense and the remainder committed other offenses, such as arson and assault.

Developmental disabilities services agencies experience stresses and dilemmas when expected to serve a public safety function in the context of a system designed to promote self-determination and community participation. The Division sponsors a quarterly training and support program and provides specialized consultation for staff who are supervising offenders with developmental disabilities in community settings.

Funds designated for offenders are managed through the Public Safety Fund. The fund is supervised by the Public Safety Funding Committee, which meets monthly to review proposals. Criteria for access to the fund are included in the *Vermont System of Care Plan*. Forty-three (43) people received Public Safety funding in FY 2011. Nine of these individuals were new to the developmental disabilities services system and the rest were people already getting services with increased costs related to public safety concerns.

The Division of Disability and Aging Services continues to collect data regarding all sex offenders served through the developmental disabilities services system in order to track the efficacy and cost of treatment, training needs and support of offenders. Information on demographics, offense characteristics and Treatment Progress Scale scores collected and analyzed on an annual basis contributes to our understanding about best practices in serving this group.

Communication

The Division of Disability and Aging Services continues to focus attention on the communication goal:

Increase opportunities and supports for individuals to improve their communication and increase awareness of the need for people to communicate beyond the basics and familiar.

The ongoing **action plan** addresses support for communication from different levels:

- **Individual Level** – Individual Support Agreements identify communication needs of individuals and those needs are addressed.
- **Agency Level** – Developmental service providers all have “in-house” resources to support people to communicate more effectively.
- **State Level** – Division of Disability and Aging Services provides resources, training and technical assistance to support people to communicate.

The Vermont Communication Task Force was established in the spring of 2000 so that adults with developmental disabilities who live in Vermont can communicate more effectively to participate fully in community life, make decisions and better advocate for themselves. Ongoing efforts provide information, education, training and resources to people with disabilities, family members, service providers and community members. The Vermont Communication Task Force works in partnership with DDAS, service providers, Green Mountain Self-Advocates, Vermont Assistive Technology Program, Speech and Language Pathologists and others who are knowledgeable about Augmentative and Alternative Communication (AAC) to help realize the goals of the statewide communication initiative.

Consumer Survey

Numbers Surveyed – 2011	
Number of participants –	
Consumers interviewed and demographic survey	205
Demographic survey only	244
Total number of adult participants	449

Consumer Survey Project: The Division of Disability and Aging Services contracts with an independent group to conduct interviews on a statewide basis of adults who receive services. In addition to the personal interview, basic demographic information is collected from service coordinators for all adults selected whether or not they are able to individually participate in the interview. 2011 was the first year in the current three-year survey cycle during which surveys and interviews were conducted at four agencies and people who self/family-manage services²⁵.

The data presented below are aggregate data representing statewide results. This is just a small sampling of the data collected from the survey. For the complete report, go to the Division of Disability and Aging Services website (<http://ddas.vermont.gov>).

Consumer Survey Results²⁶ – 2011

Highlights

-  **Residential: 87%** said they like where they live.
-  **Work: 95%** said they like their job.
-  **Community Supports: 96%** said they like their individual community activities.
-  **Guardianship: 90%** said they feel happy about their guardian.
-  **Friends: 86%** said they can see their friends when they want.
-  **Agency: 87%** said they feel listened to at their ISA meetings.
-  **Transportation: 84%** said they almost always had a way to get there when they wanted to go somewhere.

²⁵ The four agencies that took part in the Consumer Survey Project in 2009 were Champlain Community Service, HowardCenter, Northwestern Counseling and Support Services and Upper Valley Services, plus people who self/family-manage services who use Transition II.

²⁶ Not all consumers answered all the questions. Percentages are based on the total number of consumers who responded to each question. Consumer survey data needs to be taken in the same context as any study of satisfaction, as a general reflection of a person's perspective of life. Proxy responses are not accepted and results from the surveys are anonymous and confidential.

Areas of Focus

- ↪ **Residential: 49%** said someone else chose the place where they live.
- ↪ **Residential: 62%** said someone else chose who they live with.
- ↪ **Work: 64%** of the people who do not work said they wanted a paid job.
- ↪ **Community Supports: 47%** said they would like more community activities.
- ↪ **Activities: 50%** of the people who never go out to entertainment want to do so.
- ↪ **Activities: 50%** of the people who never go to church or synagogue want to go.
- ↪ **Service Agency: 59%** said they would like (more) help to do or learn new things.
- ↪ **Friends: 36%** said they wish they had more friends.
- ↪ **Friends: 50%** of the people who do not have a boyfriend or girlfriend want one.
- ↪ **Dating: 47%** said they need to know more about dating.
- ↪ **Rules: 95%** said someone else makes the rules for the place where they live.
- ↪ **Rules: 46%** said someone else decides when friends and family can come to visit.
- ↪ **Self-Determination: 41%** said they need to know more about how to chose who helps them (interview and hire their support workers).
- ↪ **Voting: 58%** of the people who have not voted in an election want to vote.
- ↪ **Self-Advocacy: 60%** of the people who had not been to a self-advocacy meeting, conference or event said they want to go to one.

Demographic Summary²⁷ – 2011

Basic Information

Gender		Guardian Status		Representative Payee	
Males	60%	Private	53%	Yes	79%
Females	40%	Public	17%	No	16%
		None	30%	Unknown	5%
		Unknown	0%		
Marital Status		Court Ordered Restrictions		Family Involved in Person's Life	
Never married	91%	Yes		Yes	88%
Single/Married in past	4%	No	98%	No	12%
Married/Civil Union	5%	Yes	2%	Unknown	0%
		Unknown	0%		

Residential Summary

Residential Type		Household Composition		Paid Residential Support	
Home provider	44%	Non relatives	48%	24-hour	46%
Lives with family	31%	Parents	29%	None/Family	30%
Person's own home	20%	Lives alone	10%	Daily	12%
Group living	2%	Other relatives	8%	Less than daily	7%
Staffed living	<1%	Spouse/Civil Union/ Domestic partner	5%	As needed	4%
Residential Care Home/ Nursing Home/Other	3%			Unknown	1%

Who Own/Leases the Home		Residential Location		How Long Living in Home	
Paid home provider	44%	Rural/Physically remote	50%	Over 5 years	57%
Family member	34%	Walking distance to city/town	38%	3 – 5 years	18%
Person rents home	15%	Centrally located in city/town	12%	1 – 2 years	14%
Provider agency	4%	Unknown	0%	Less than 1 year	11%
Person owns home	2%			Unknown	0%
Unknown/Other	1%				

Health Concerns Summary

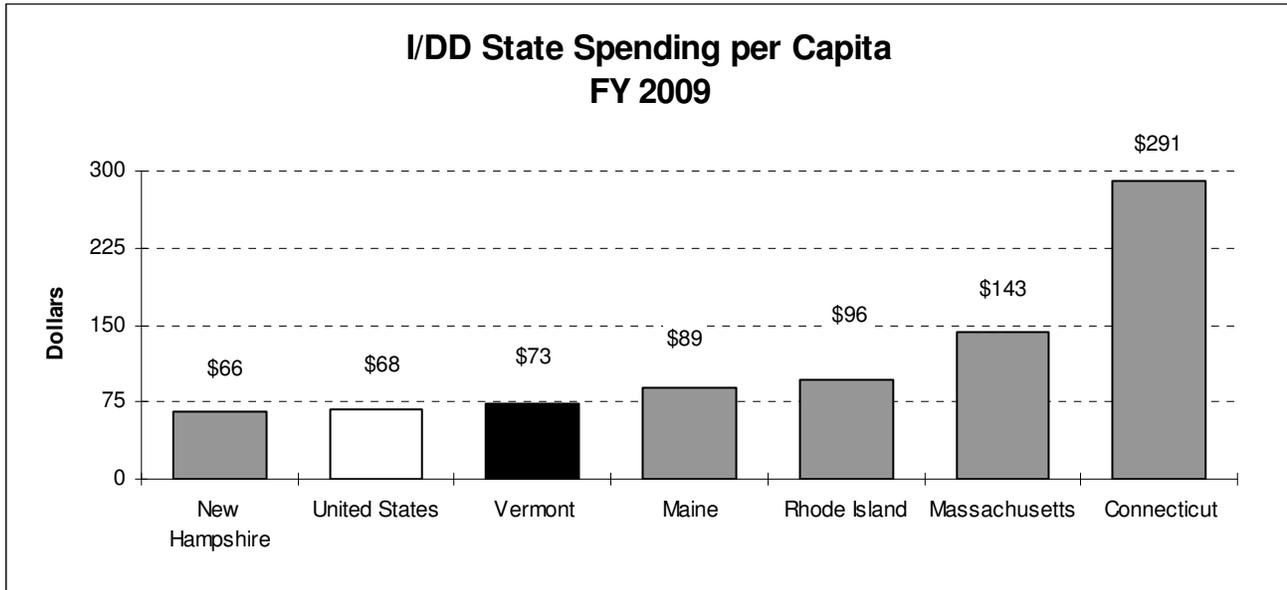
Is weight a concern?		Does person smoke/chew tobacco?		How physically active is person?	
No	61%	No	91%	Moderately	63%
Yes, overweight	34%	Yes	7%	Inactive	23%
Yes, underweight	4%	Unknown	2%	Very	13%
Unknown	1%			Unknown	1%

²⁷ Data is based on results from the *Survey of Adults Receiving Developmental Services in Vermont – Spring 2011* report and includes all participants (those interviewed and those not interviewed who only had the demographic survey).

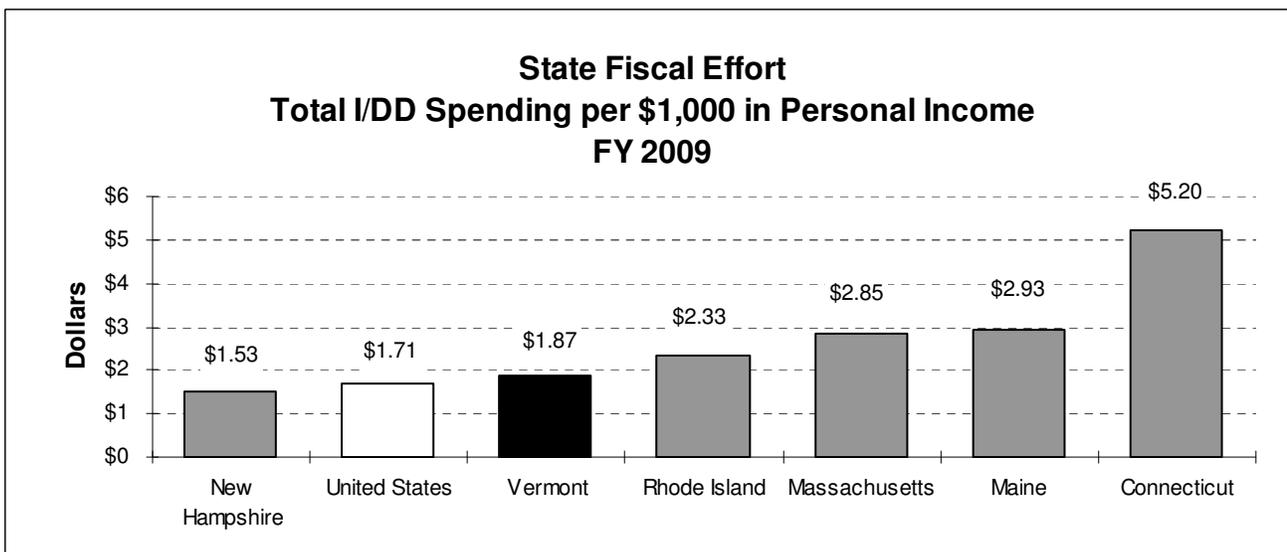
National Comparisons²⁸



Vermont ranks second to New Hampshire in spending fewer state dollars (including Medicaid match) per state resident for intellectual/developmental disability (I/DD) services than any other New England state and slightly higher than the national average.



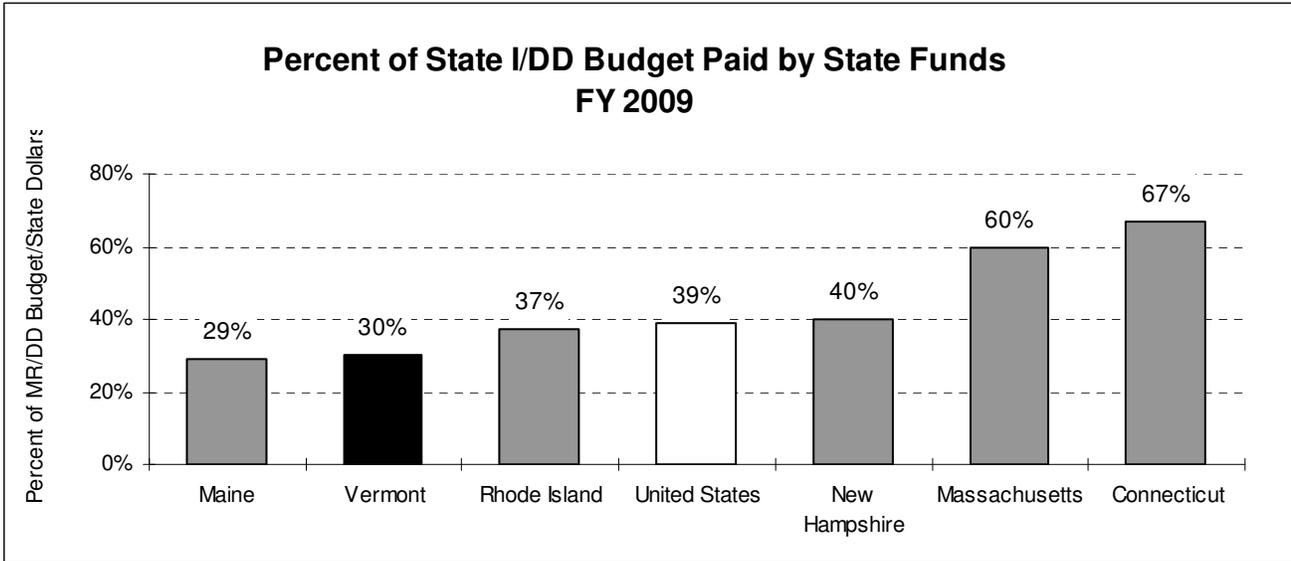
The fiscal effort in Vermont, as measured by total state spending for people with intellectual/developmental disability (I/DD) services per \$1,000 in personal income, indicates that Vermont ranks 2nd to New Hampshire as the lowest of all New England states and is slightly higher than the national average.



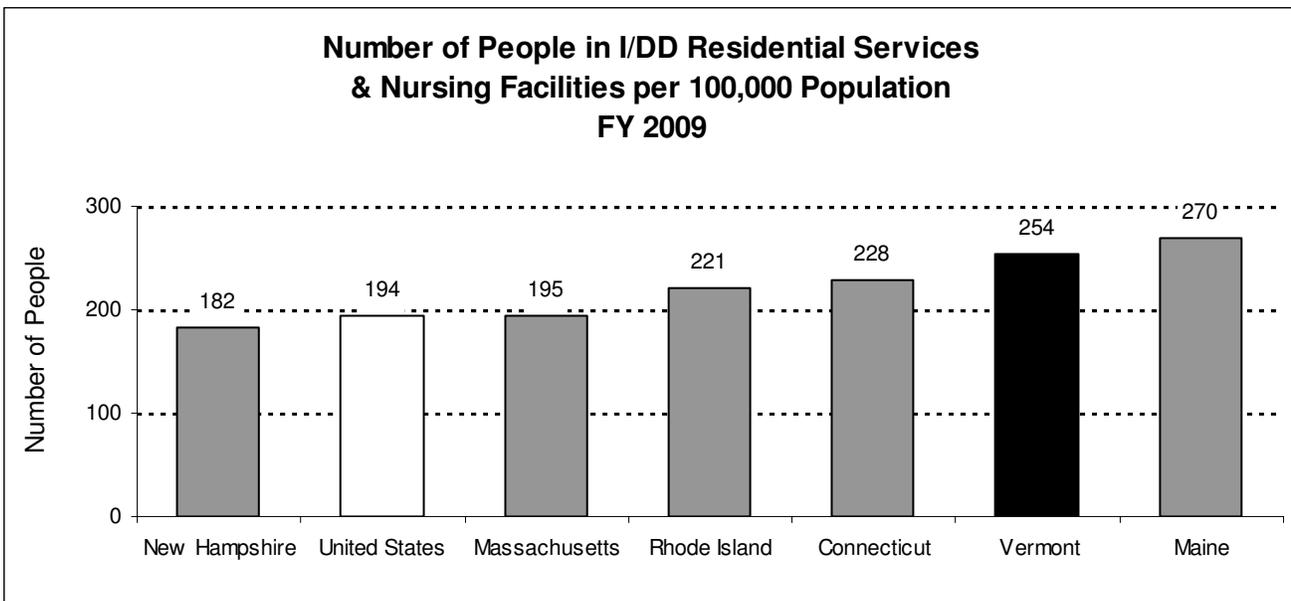
²⁸ *The State of the States in Developmental Disabilities*: Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, *Revised Report, 2011*.



State funds (including state funds used for Medicaid match) account for a smaller proportion of the budget from intellectual/developmental disability (I/DD) services in Vermont than in any other New England State except for Maine and is lower than the national average.

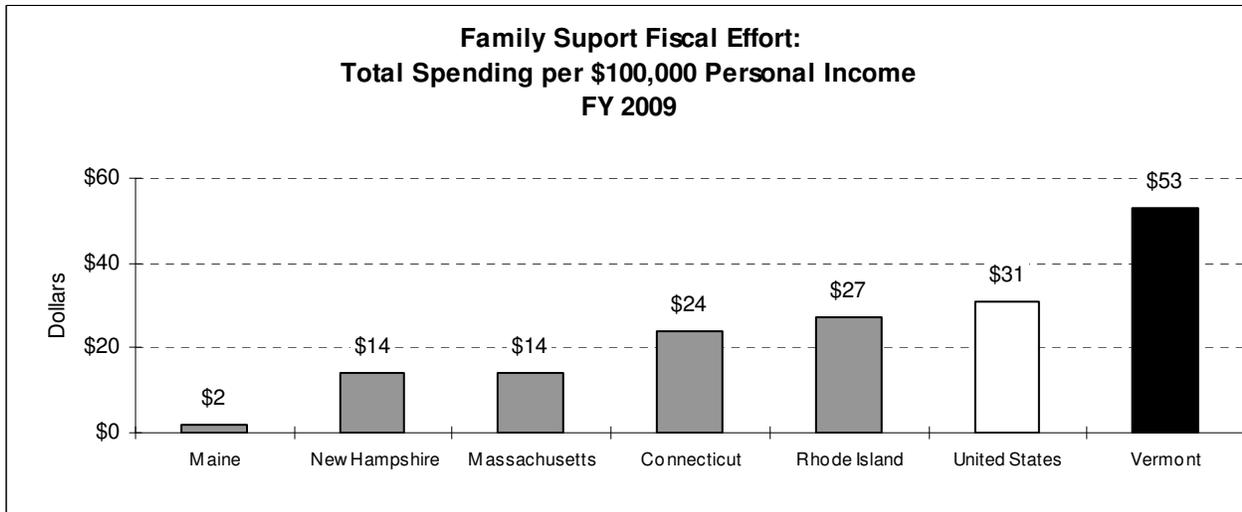


The number of people receiving residential services in the intellectual/developmental disability (I/DD) service system (including people living in nursing facilities) per 100,000 of the state population is above the national average and higher than any other New England state except for Maine.

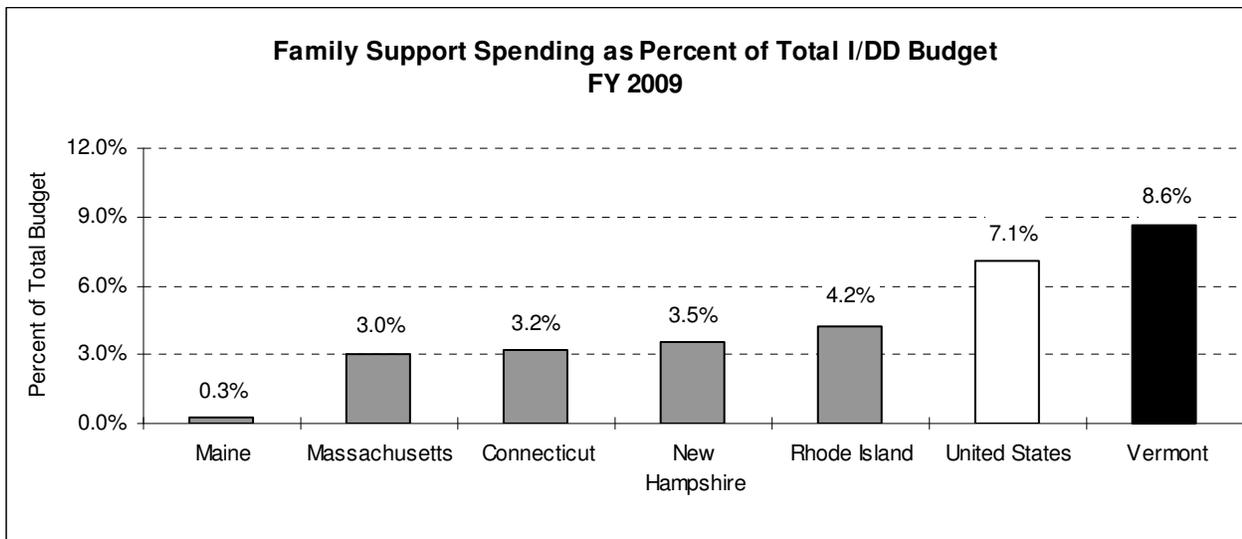




Vermont is ranked 1st in New England and 10th in the nation in total family support spending per \$100,000 personal income.



Vermont's family support spending is ranked 1st in New England and 6th in the nation in terms of the percent of the total I/DD budget.



A T T A C H M E N T S

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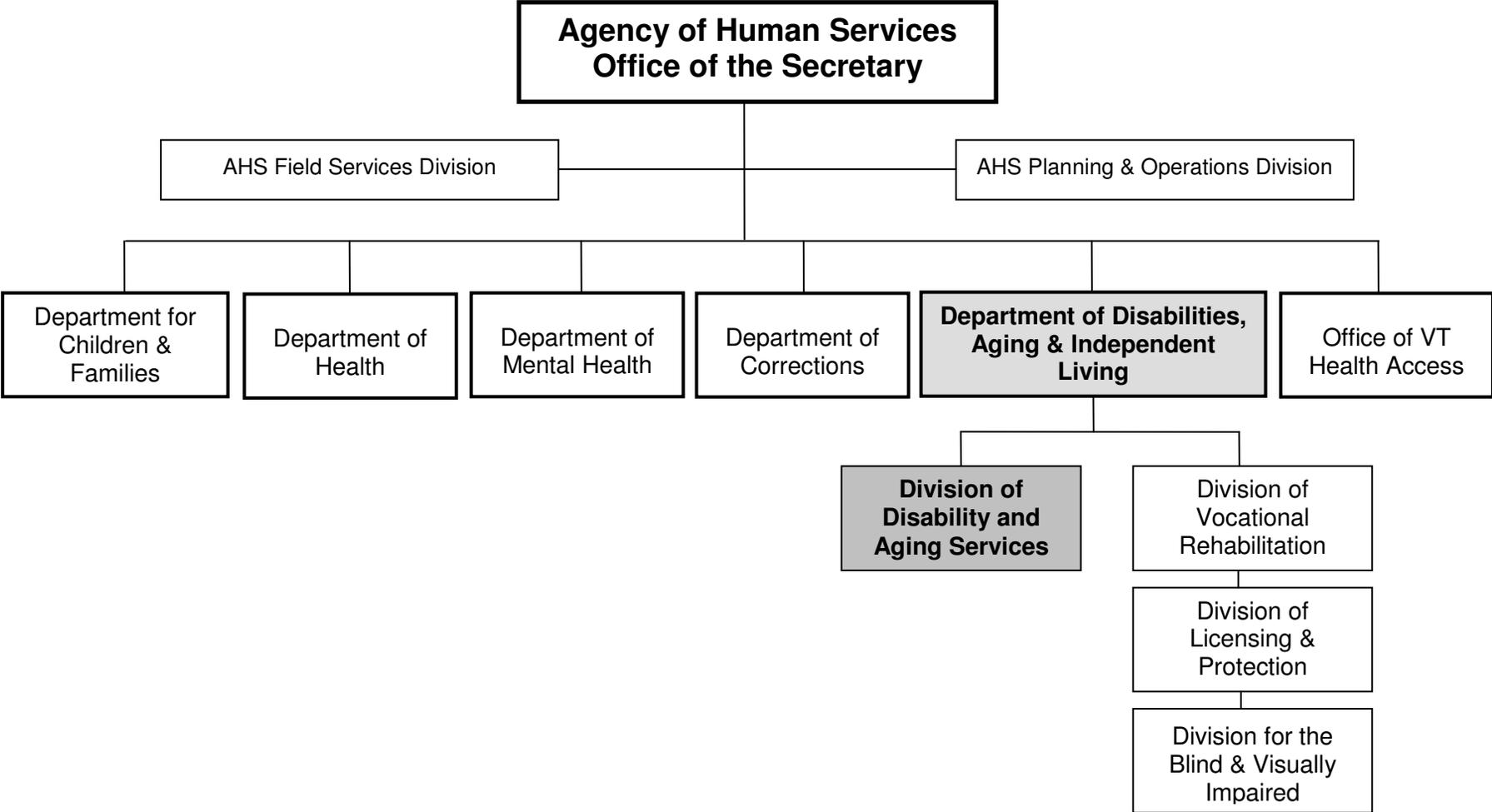
ACRONYMS

AAC	Augmentative and Alternative Communication
AAIDD	American Association on Intellectual and Developmental Disabilities
ACT 248	Supervision of incompetent individuals with developmental disabilities that have been charged with crimes
ADD	Attention Deficit Disorder
ADRC	Aging and Disability Resource Connections
ASU	Adult Services Unit
AFL	Authorized Funding Limit
AHS	Agency of Human Services
ANCOR	American Network of Community Options and Resources
APS	Adult Protective Services
APSE	The Network on Employment (formerly known as: Association for Persons in Supported Employment)
ARC	Advocacy, Resources and Community
ARIS	Area Resources for Individualized Services
ASD	Autism Spectrum Disorders
AT	Assistive Technology
BTS	Brandon Training School
CA	Community Associates (DS Program of CSAC)
CAP	Community Access Program (DS program of RMHS)
CCS	Champlain Community Services
CDCI	Center on Disability and Community Inclusion
CDS	Community Developmental Services (DS program of WCMHS)
CDU	Community Development Unit
CIR	Critical Incident Report
CMS	Centers for Medicare and Medicaid Services
CP	Cerebral palsy
CPS	Child Protective Services
CSAC	Counseling Service of Addison County
CSHN	Children with Special Health Needs
CSU	Clinical Services Unit
CVARC	Central Vermont ARC
DA	Designated Agency
DAIL	Department of Disabilities, Aging and Independent Living
DBT	Dialectical Behavioral Therapy
DBVI	Division for the Blind and Visually Impaired
DCF	Department for Children and Families
DCSU	Developmental Disabilities and Children's Services Unit
DD	Developmental Disability or Developmentally Disabled
DD ACT	Developmental Disability Act of 1996
DDC	Developmental Disabilities Council
DDS	Developmental Disabilities Services
DH	Developmental Homes – see also SLP or HP
DLP	Disability Law Project
DLP	Division of Licensing and Protection
DME	Durable Medical Equipment
DMH	Department of Mental Health

DOC	Department of Corrections
DOE	Department of Education
DOJ	Department of Justice
DRVT	Disability Rights Vermont
DSM	Diagnostic and Statistical Manual of Mental Disorders (most current edition)
DV	Domestic Violence
DVHA	Department of Vermont Health Access
DVR	Division of Vocational Services – see also VR
EDS	Electronic Data Systems
FARC	Franklin ARC
FIN	Financial Report
FF	Families First
FFF	Flexible Family Funding
FFP	Federal Financial Participation
FFS	Fee for service
FFY	Federal Fiscal Year
FRF	Francis Foundation
FY	Fiscal Year
GC	Global Commitment for Health 115 Waiver
GF	General Fund
GH	Group Home
GMSA	Green Mountain Self Advocates
GS	Guardianship Services – also see OPG
HC	HowardCenter or HowardCenter – Developmental Services
HCBS	Home and Community-Based Services
HCRS	Health Care and Rehabilitation Services of Southeastern Vermont – see also HCRSSV
HCRSSV	Health Care and Rehabilitation Services of Southeastern Vermont
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HP	Home provider
HP	Hewlett Packard
HRD	Human Resources Data
ICF/DD	Intermediate Care Facility for people with Developmental Disabilities
ID	Intellectual Disability
I/DD	Intellectual/Developmental Disability
IEP	Individualized Education Program
ISA	Individual Support Agreement
ISO	Intermediary Service Organization
LCC	Lamoille Community Connections
LSI	Lincoln Street Incorporated
MCIS	Managed Care Information System
MI	Mentally Impaired/Ill – Obsolete, see PD
MR	Mental Retardation – Obsolete, see ID
MSR	Monthly Service Report
NASDDDS	National Association of State Directors of Developmental Disabilities Services
NCI	National Core Indicators
NCSS	Northwestern Counseling and Support Services
NKHS	Northeast Kingdom Human Services
OPG	Office of Public Guardian
OVHA	Office of Vermont Health Access
P&A	Protection and Advocacy

PASRR	Pre-admission Screening and Resident Review
PD	Psychiatric Disability
PDD	Pervasive Developmental Disorder
PG	Public Guardian
QA	Quality Assurance
QDDP	Qualified Developmental Disabilities Professional (formerly QMRP)
QI	Quality Improvement
RARC	Rutland ARC
RMHS	Rutland Mental Health Services
SAS	Sterling Area Services
SCC	Specialized Community Care
SLP	Shared living provider
SLP	Speech language pathologist
SSA	Social Security Administration
SSA	Specialized Service Agency
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SUA	State Unit on Aging
TASH	The Association for Persons with Severe Handicaps
TBI	Traumatic Brain Injury
TCM	Targeted Case Management (state plan Medicaid)
T-II	Transition II
TXIX	Title XIX of the Social Security Act (Medicaid)
UC	University of Colorado
UCS	United Counseling Service of Bennington County
USP	Unified Service Plans
UVS	Upper Valley Services
VCDMHS	Vermont Council of Developmental & Mental Health Services
VCDR	Vermont Coalition for Disability Rights
VCIL	Vermont Center for Independent Living
VCIN	Vermont Crisis Intervention Network
VDH	Vermont Department of Health
VFN	Vermont Family Network
VR	Vocational Rehabilitation – see also DVR
VSH	Vermont State Hospital
UVM	University of Vermont
WCMH	Washington County Mental Health

ORGANIZATIONAL CHART AGENCY OF HUMAN SERVICES



**DIVISION OF DISABILITY AND AGING SERVICES STAFF
January 2012**

**103 South Main Street
Waterbury, VT 05671-1601
Phone: (802) 871-3065
FAX: (802) 871-3052**

**Director's Office
802-871-3065**

Staff Name	Title	Phone (802)	E-mail Address
Marybeth McCaffrey	Director, Division of Disability and Aging Services	871-3065	mary.mccaffrey@state.vt.us
	Executive Staff Assistant	871-3065	

**Aging and Physical Disability Services
802-871-3069**

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Karen Graham	Quality & Program Specialist	793-4394	karen.graham@state.vt.us
Sara Lane	Disability & Aging Program Supervisor	871-3045	sara.lane@state.vt.us
Kathy Rainville	Disability & Aging Program Supervisor	871-3042	kathy.rainville@state.vt.us
Megan Tierney-Ward	Aging & Disability Program Manager	871-3047	megan.tierney-ward@ahs.state.vt.us

Long Term Care Clinical Coordinator Nurses

Regional Office	Staff Name	Phone (802)	E-mail Address
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<p style="text-align: center;">Bennington Office 200 Veterans' Memorial Drive, Suite 6 Bennington, VT 05201 FAX: 447-2789</p>	Jessica Bird	447-2850	jessica.bird@state.vt.us
<p style="text-align: center;">Brattleboro Office 232 Main Street P.O. Box 70 Brattleboro, VT 05302-0070 FAX: 254-6394</p>	George Jurasinski	251-2118	george.jurasinski@state.vt.us
<p style="text-align: center;">Burlington Office 94 Hurricane Lane Williston, VT 05495 FAX: 879-5620</p>	Paula Brown <i>Vacancy</i>	871-3058	paula.brown@state.vt.us
<p style="text-align: center;">Hartford Office 224 Holiday Drive Suite A White River Jct., VT 05001 FAX: 295-4148</p>	Sally Garmon	296-5592	sally.garmon@state.vt.us
<p style="text-align: center;">Middlebury Office 700 Exchange Street Middlebury, VT 05753 FAX: 388-4637</p>	Mary Scarborough	388-5730	mary.scarborough@state.vt.us
<p style="text-align: center;">Morrisville Office 63 Professional Drive, Suite 4 Morrisville, VT 05661 FAX: 888-0536</p>	Maura Krueger	888-0510	maura.krueger@state.vt.us
<p style="text-align: center;">Newport Office 100 Main Street, Suite 240 Newport, VT 05855 FAX: 334-4818</p>	Paulette Simard	334-3910	paulette.simard@state.vt.us
<p style="text-align: center;">Rutland Office 320 Asa Bloomer Building Rutland, VT 05701 FAX: 786-5882</p>	Celine Aprilliano	786-5971	celine.aprilliano@state.vt.us

Long Term Care Clinical Coordinator Nurses, con't.

<p>Springfield Office State Office Building/ESD 100 Mineral Street, Suite 201 Springfield, VT 05156 FAX: 885-8879</p>	Joan Sorrentino	885-8875	joan.aorrentino@state.vt.us
<p>St. Albans Office 20 Houghton Street, Suite 313 St. Albans, VT 05478 FAX: 527-4078</p>	Brenda Smith	524-7913	brenda.smith@state.vt.us
<p>St. Johnsbury Office 67 Eastern Avenue, Suite 7 St. Johnsbury, VT 05819 Fax: 751-2644</p>	Julie Bigelow	748-8361	julie.bigelow@state.vt.us

Money Follows the Person Grant

Staff Name	Title	Phone (802)	E-mail Address
Linda Martinez	Project Coordinator	871-3361	linda.martinez@state.vt.us
Leah Ziegler	Administrative Assistant	871-3067	leah.ziegler@state.vt.us
Matt Corjay	Senior Planner	871-3362	matt.corjay@state.vt.us
Mary Gerdt	Transition Coordinator	871-3360	mary.gerdt@state.vt.us
Mary Woods	Transition Coordinator	793-4394	mary.woods@state.vt.us
<i>Vacancy</i>	Transition Coordinator		
Polly Pierce	Quality Management Specialist	871-3035	polly.pierce@state.vt.us
Rio Demers	Quality Management Specialist	871-3364	rio.demers@state.vt.us

**Developmental Disabilities Services
802-871-3064**

Staff Name	Title	Phone (802)	E-mail Address
Chuck Bruder	Assistant Division Director	871-3056	chuck.bruder@state.vt.us
Tammi Provencher	Program Technician	871-3064	tammi.provencher@state.vt.us
Chris O'Neill	Quality Management Team Leader	786-5048	chris.oneill@state.vt.us
Joy Barrett	Quality Management Nurse Reviewer	786-5054	joy.barrett@state.vt.us
Ellen Booth	Quality Management Reviewer	871-3061	ellens.booth@state.vt.us
Jeff Coy	Quality Management Reviewer	871-3060	jeff.coy@state.vt.us
Jennie Masterson	Quality Management Reviewer/ Supported Employment Services Coord.	786-2571	jennie.masterson@state.vt.us
Clare McFadden	Autism Specialist	871-3062	clare.mcfadden@state.vt.us
Janine Parker	Developmental Disabilities Services Specialist	786-5081	janine.parker@state.vt.us
<i>Vacancy</i>	Developmental Disabilities Services Specialist		
Ed Riddell	Developmental Services Public Safety Specialist	871-5049	ed.riddell@state.vt.us
Amy Roth	Children's Services Specialist	865-1391	amy.roth@state.vt.us

Traumatic Brain Injury

Staff Name	Title	Phone (802)	E-mail Address
<i>Vacancy</i>	Traumatic Brain Injury Program Manager		
Joy Barrett	Traumatic Brain Injury Nurse	786-5054	joy.barrett@state.vt.us

Data and Planning Unit

Staff Name	Title	Phone (802)	E-mail Address
Bard Hill	Director, Data and Planning Unit	871-3210	bard.hill@state.vt.us
June Bascom	Program Development & Policy Analyst	871-3050	june.bascom@state.vt.us
Dale Brooks	Senior Planner	871-3278	dale.brooks@state.vt.us
Dick Lavery	Senior Planner	871-3063	dick.lavery@state.vt.us
Nancy Marinelli	Senior Planner	871-3051	nancy.marinelli@state.vt.us

Office of Public Guardian
Emergency Toll-Free Number: 1-800-642-3100

Regional Office	Staff Name	Phone (802)	E-mail Address
Montpelier Office 81 River Street, Suite 208 Montpelier, VT 05609-2210 FAX: 828-0243	Jackie Rogers, Director	828-3623	jackie.rogers@state.vt.us
	Gordon Bullard, Program Technician	828-2143	gordon.bullard@state.vt.us

Public Guardians

Regional Office	Staff Name	Phone (802)	E-mail Address
Burlington Office 110 Cherry Street, Suite 2-1 Burlington, VT 05401 FAX: 951-4036	Ed Wells – Public Guardian	865-7721	ed.wells@state.vt.us
Brandon Office PO Box 365 Brandon, VT 05733 FAX: 247-4391	Lisa Lamoureux – Public Guardian	247-4390	lisa.lamoureux@state.vt.us
Colchester Office PO Box 22 Colchester, VT 05446	John Homiller – Public Guardian	363-0908	john.homiller@state.vt.us
Essex Junction Office PO Box 5501 Essex Junction, VT 05453 FAX: 879-2334	Suzan Castor – Public Guardian	879-2333	suzan.castor@state.vt.us
Hyde Park Office PO Box 128 Hyde Park, VT 05655 FAX: 888-0540	Keith Ulrich – Public Guardian	888-3370	keith.ulrich@state.vt.us
Hyde Park Office Ken Gar Building, PO Box 266 Hyde Park, VT 05655 FAX: 888-0600	Sedney Ulrich – Public Guardian	888-2525	sedney.ulrich@state.vt.us
Middlebury Office 156 South Village Green Suite 103 Middlebury VT 05753 FAX: 388-4694	Dale Severy – Public Guardian	388-4692	dale.severy@state.vt.us
	Joan Stephens – Senior Public Guardian	388-4693	joan.stephens@state.vt.us
Montpelier Office 81 River Street, Suite 208 Montpelier, VT 05609-2210 FAX: 828-0243	Becky Guyett – Senior Public Guardian	828-3622	becky.guyett@state.vt.us
	Leslie Pinkham – Public Guardian	828-3620	leslie.pinkham@state.vt.us
	Lisa Sipsey – Public Guardian	828-3621	lisa.sipsey@state.vt.us

**VERMONT DEVELOPMENTAL DISABILITIES
SERVICES PROVIDERS**

January 2012

(CCS) CHAMPLAIN COMMUNITY SERVICES, INC.

512 Troy Avenue, Suite 1
Colchester, VT 05446
Phone 655-0511 FAX: 655-5207

Exec. Director: Kelley Homiller
County: Chittenden

(CAP) COMMUNITY ACCESS PROGRAM OF RUTLAND COUNTY – RMHS

PO Box 222, 1 Scale Avenue
Rutland, VT 05701
Phone: 775-0828 FAX: 747-7692

Director: Gloria Quinn
County: Rutland

(CA) COMMUNITY ASSOCIATES – CSAC

109 Catamount Park
Middlebury, VT 05753
Phone: 388-4021 FAX: 388-1868

Director: Greg Mairs
County: Addison

(CDS) COMMUNITY DEVELOPMENTAL SERVICES – WCMH

50 Granview Drive
Barre, VT 05641
Phone: 479-2502 FAX: 479-4056

Director: Juliet Martin
County: Washington

(FF) FAMILIES FIRST

PO Box 939,
Wilmington, VT 05363
Phone: 464-9633 FAX: 464-3173

Director: Julie Cunningham
Counties: Windham and Bennington

**(HCRS) HEALTH CARE AND REHABILITATION SERVICES OF
SOUTHEASTERN VT**

49 School Street, PO Box 709
Hartford, VT 05047-0709
Phone: 295-3032 FAX: 295-0820

Director: Bill Metcalf (acting)
Counties: Windsor and Windham

Regional Offices:

51 Fairview Street, Brattleboro, VT 05301
Phone: 257-5537 FAX: 257-5769

390 River Street, Springfield, VT 05156
Phone: 886-4567 FAX: 886-4570

One Hospital Court, Bellows Falls, VT 05101
Phone: 463-3947 FAX: 463-3961

14 River Street, Windsor, VT 05089
Phone: 674-2539 FAX: 674-5419

(HC) HOWARDCENTER, INC

102 South Winooski Ave.
Burlington, VT 05401-3832
Phone: 488-6500 FAX: 488-6501

Director: Marie Zura
County: Chittenden

(LCC) LAMOILLE COMMUNITY CONNECTIONS

72 Harrel Street
Morrisville, VT 05661
Phone: 888-5026 FAX: 888-6393

Director: Jennifer Stratton
County: Lamoille

(LSI) LINCOLN STREET INCORPORATED

374 River Street
Springfield, VT 05156
Phone: 886-1833 FAX: 886-1835

Executive Director: Cheryl Thrall
County: Windsor

(NKHS) NORTHEAST KINGDOM HUMAN SERVICES, INC.

PO Box 724, 154 Duchess Street
Newport, VT 05855-0724
Phone: 334-7310 FAX: 334-7455

Director: Dixie McFarland
Counties: Caledonia, Orleans and Essex

Regional Office:

PO Box 368, 2225 Portland Street
St. Johnsbury, VT 05819
Phone: 748-3181 FAX: 748-0704

(NCSS) NORTHWESTERN COUNSELING AND SUPPORT SERVICES, INC.

107 Fisher Pond Road
St. Albans, VT 05478
Phone 524-6554 FAX: 524-0578

Director: Jean Danis-Gilmond
Counties: Franklin and Grand Isle

375 Lake Road, St. Albans, VT 05478
Phone: 527-8161 FAX: 524-0578

(SCC) SPECIALIZED COMMUNITY CARE

PO Box 578
East Middlebury, VT 05740

Executive Director: Ray Hathaway
Counties: Addison and Rutland

3627 Route 7 South
Middlebury, VT 05753
Phone: 388-6388 FAX: 388-6704

(SAS) STERLING AREA SERVICES, INC.

109 Professional Drive
Morrisville, VT 05661
Phone: 888-7602 FAX: 888-1182

Executive Director: Kevin O'Riordan
County: Lamoille and Washington

(T-II) TRANSITION II, INC.

346 Shelburne Road
Burlington, VT 05401
Phone: 846-7007 FAX: 846-7282

Executive Director: Kara Artus
County: Statewide

(UCS) UNITED COUNSELING SERVICES, INC.

PO Box 588, 100 Ledge Hill Drive
Bennington, VT 05201
Phone: 442-5491 FAX: 442-1705

Director: Kathy Hamilton
County: Bennington

(UVS) UPPER VALLEY SERVICES, INC.

267 Waits River Road
Bradford, VT 05033
Phone: 222-9235 FAX: 222-5864

Executive Director: William Ashe
Counties: Orange and Washington

Regional Offices:

12 Prince Street, Suite 2, Randolph, VT 05060
Phone: 728-4476 FAX: 728-6741

PO Box 719, Moretown, VT 05660
Phone: 496-7830 FAX: 496-7833

**MEMBERS OF THE STATE PROGRAM
STANDING COMMITTEE FOR DEVELOPMENTAL SERVICES
January 2012**

Name	Address, Phone and Fax	Represents	Term Expires (March 31)
Anderson, Emily	111 Collage Street Burlington, VT 05401 Phone: 655-4606 e-mail: emily@vsavt.org	Professional	2013
Max Barrows	Green Mountain Self-Advocates 73 Main Street, Suite 401 Montpelier, VT 05602 Phone: 229-2600 (w) 229-0276 (h) e-mail: gmsavt@gmail.com	Advocate	2013
Drum, Bethany	65 North Main Street, #603 Randolph, VT 05060 Phone: 728-4379 e-mail: bdrum3@yahoo.com	Recipient	2013
Greenwald, Joe	70 East Terrace South Burlington, VT 05403 Phone: 859-0188 (h) 482-7100 (w) FAX: 482-7108 e-mail: joe@cvuhs.org	Recipient	2012
Kendrick, William	142 Merchants Row, Apt 302 Rutland, VT 05701 Phone: 773-7478	Advocate	2012
Gregory Mairs	Counseling Service of Addison County 109 Catamount Park Middlebury, VT 05753 Phone: 388-4021 (w) 897-5058 (h) FAX: 388-1868 e-mail: gmairs@csac-vt.org	Professional	2014
Place, Edwin	Randolph House, Apt. 208, Main St. Randolph, VT 05060 Phone: 728-2021	Recipient	2014
Prine, Barbara	Vermont Legal Aid PO Box 1367 Burlington, VT 05401 Phone: 863-5620 (w) 864-5587 (h) FAX: 863-7152 e-mail: bprine@vtlegalaid.org	Professional	2014
Sanville, Jessica	1515 VT Route 114 East Haven, VT 05837 Phone: 535-9867 e-mail: dollcollector2005@yahoo.com	Recipient	2012

Name	Address, Phone and Fax	Represents	Term Expires (March 31)
Thresher, Tracy	Washington County Mental Health 50 Granview Drive Barre, VT 05641 Phone: 479-2502 (W) e-mail: rightsrus@wcmhs.org	Advocate	2012
Woodberry, Connie	103 Partridge Road East Dummerston, VT 05346 Phone: 254-8611 (h) 380-0809 (c) e-mail: conniewo@sover.net	Recipient	2013
Wood, Theresa	1461 Perry Hill Road Waterbury, VT 05676 Phone: 244-8087 (h) e-mail: theresa.wood@comcast.net	Professional	2014
<i>Vacancy</i>		Advocate	2012
<i>Vacancy</i>		Advocate	2012
<i>Vacancy</i>		Professional	2014

**VERMONT STATE SYSTEM OF CARE PLAN
FUNDING PRIORITIES
FY 2011**

	Age	Priority	Approval	Comments
A.	Children and Youth <age 21	Support needed by families to assist them with personal care tasks as defined in the Children's Personal Care Program	Eligibility and support level determined via Children's Personal Care Program process	Entitled Medicaid state plan service for eligible children and youth
B.	Children and Youth <age 22	Support to families in need of care coordination to help them access and/or coordinate medical, educational, social or other service for their children, as defined in the Bridge Program	Determined by the designated agency; does not go through local funding committee	Available on first come, first served basis within available funds
C.	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 \$1,000/person
D.	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 Developmental Disabilities (ICF/DD)	Reviewed by local funding committee and forwarded to Equity Funding Committee	
E.	Adults age 18+	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	
F.	Adults age 19+	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	
G.	Adults age 18+	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 (including admin.)
H.	Adults age 18+	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 or who <u>only</u> need assistance to find a home
I.	Adults age 18+	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	
J.	Adults age 18+	Support needed for specialized services in a nursing facility	PASARR fund manager	Limited to 5 hours per week; legally mandated
K.	Adults age 19+	Support needed for a high school graduate to <u>maintain</u> paid employment	Reviewed by local funding committee and forwarded to Equity Funding Committee	See Funding Limitations #25 and #26
L.	Adults age 18+	Support needed by an adult who has been committed to the custody of the DAIL 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
M.	Adults age 18+	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

**DEVELOPMENTAL DISABILITIES SERVICES
FUNDING APPROPRIATION
FY 2011**

New Caseload Projected Need [299 individuals (includes 65 high school graduates) x \$27,508 avg]	8,224,892
Minus Returned Caseload Estimate (3 year average)	(3,099,699)
Public Safety/Act 248 (28 individuals x \$55,548 average)	1,555,344
TOTAL FY '11 ESTIMATED NEW CASELOAD NEED	6,680,537

TOTAL DDS APPROPRIATION - AS PASSED FY '11	149,922,473
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SOURCES OF QUALITY ASSURANCE AND PROTECTION FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES

January 2012

Quality assurance activities will not be successful if they are relegated to a single bureaucratic cubbyhole. The Vermont developmental disabilities services system has numerous components that impact upon quality assurance. There is great value in having a multi-faceted system of quality assurance, and the participation of numerous people in quality promotion activities is a strength. In Vermont, the overall quality assurance system includes at least the following components:

I. Within the Department of Disabilities, Aging and Independent Living:

- A. **Designation Process.** The Department of Disabilities, Aging and Independent Living (DAIL) designated one agency in each region of the state to ensure needed services are available through local planning, service coordination, and monitoring outcomes within their geographic region. The Designated Agency must either provide directly or contract with providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state and federal regulations, policies and guidelines.
- B. **Agency Reviews.** Five (5) staff, including a registered nurse, conduct on-site reviews to assess the quality of services provided. The Quality Management Reviewers assess all Medicaid funded services to assure compliance with state and federal Medicaid standards and the outcomes detailed in the *Guidelines for Quality Review Process*. Site visits are conducted every two years with follow-up as appropriate.
- C. **Office of Public Guardian.** Twenty-four (24) staff provide public guardianship services as specified by law to about 700 adults with developmental disabilities and/or who are aging. Public Guardians play distinct quality assurance functions, including on-going monitoring of people's welfare, assessment of quality of life and functional accessibility, participation in individual support plans, and advocacy for appropriate services. Public Guardians are expected to have face-to-face contact with people for whom they are guardian at least once a month, and are available for emergencies 24 hours a day.
- D. **Safety and Accessibility Checks.** All residences of people with developmental disabilities (except those licensed through the Division of Licensing and Protection/DAIL or a public housing entity, such as Section 8) funded by the Division of Disability and Aging Services are inspected for compliance with safety and accessibility standards.
- E. **Consumer and Family Surveys.** The Division of Disability and Aging Services contracts for independent statewide consumer interviews to take place on a regular basis to measure the satisfaction of people receiving services. A confidential family satisfaction mail-in survey is also conducted periodically to assess how families feel about services that they receive to support their family members who live at home.

- F. **Critical Incident Reporting Process.** Developmental service providers provide critical incident reports to the Division of Disability and Aging Services when certain incidents take place, such as the death of someone receiving services; use of restrictive procedures; allegations of abuse, neglect or exploitation; or criminal behavior by or against someone receiving services.
- G. **Grievance and Appeals.** Each developmental service provider must have written grievance and appeals procedures and inform applicants and service recipients of that process. Both informal and formal grievance and appeal processes are available to people applying for or receiving developmental disabilities services, their family members, guardians and other interested individuals.
- H. **Ethics Committee.** An Ethics Committee convenes bimonthly as needed, or on an emergency basis, to review any decisions by a Public Guardian or other developmental disabilities services staff to abate life-sustaining treatment for a person receiving services. In addition, any individual who wants advice about the ethical aspects of a decision, or is dissatisfied with a critical care decision made for a non-consenting person with developmental disabilities, may request the Ethics Committee to review the decision.
- I. **Human Rights Committee.** A Human Rights Committee meets monthly to review policies, procedures, trends and patterns, individual situations and positive behavior support plans to safeguard the human rights of Vermonters receiving developmental disabilities services. The committee provides an independent review of any restrictive procedures while assisting individuals and agencies to develop alternatives to restrictive procedures.
- J. **Intermediate Care Facility for People with Developmental Disabilities (ICF/DD).** The ICF/DD is licensed and monitored under federally specified guidelines by nursing staff of the Division of Licensing and Protection/DAIL. The Division of Disability and Aging Services conducts Utilization Reviews to determine whether continued stay is appropriate and necessary for each person residing in an ICF/DD.
- K. **Residential Care Home Licensure.** The Department of Disabilities, Aging and Independent Living licenses residences where three or more unrelated people with disabilities live.
- L. **Vocational Rehabilitation Services.** Vocational rehabilitation services, (as opposed to Medicaid-funded work supports), are provided and reviewed by the Division of Vocational Rehabilitation /DAIL.

II. Elsewhere in State Government:

- A. **Abuse Complaints.** The Department for Children and Families and the Department of Disabilities, Aging and Independent Living handle complaints of abuse and neglect for children and adults, respectively. Any human service worker, including Division of Disability and Aging Services staff, is legally mandated to file an immediate report of any suspected abuse, neglect or exploitation of a vulnerable adult. For adults with disabilities, Adult Protective Services staff conduct independent investigations of each complaint and pursue legal or other recourse as indicated by the needs of the individual.

- B. **Fire Safety Regulation.** Staff of the Department of Labor and Industry must approve all Level III Residential Care Homes and ICF/DD facilities. Facilities must meet appropriate standards of the National Fire Safety Code.
- C. **Medicaid Fraud Unit.** This Unit investigates allegations of criminal activity, including abuse, neglect or exploitation, in any Medicaid-funded facility or involving a person receiving Medicaid-funded supports. The Medicaid Fraud Unit is a specially staffed unit within the Office of the Attorney General.

III. Within Developmental Disabilities Services Agencies:

- A. **The Individual's Circle of Support.** Each person applying for or receiving services is encouraged to develop a circle of support. If they do not already have a circle, the service provider can help them form one. The circle is a group of people who helps the individual identify his/her dreams, takes responsibility to help the person create his/her plans and budgets, and determine the quality of his/her life. The primary focus of the circle is on the individual and what that person wants and needs. A circle of support is the ultimate safety net for that person.
- B. **Local Program Standing Committee.** Each designated agency and service provider has a local standing committee that is made up of at least 51% consumer and families, of which 25% must be direct consumers. The purpose of the Local Program Standing Committee is to involve people receiving services in planning and decision-making regarding policies in order to increase consumer satisfaction, service and support quality, and organizational responsiveness.
- C. **Internal Mechanisms.** All developmental service agencies have some level of an ongoing quality improvement process as well as internal quality assurance, such as a Human Rights Committee, peer review, and Local Program Standing Committee oversight. The specific design and intensity of these efforts vary from agency to agency.
- D. **Service Coordination.** Service coordination often includes the functions of "monitoring" and "advocacy." For some people, the service coordinator is the focal point for individual-based quality assurance at the local level.

IV. External to the Service System:

- A. **State Program Standing Committee for Developmental Disabilities Services.** The State Program Standing Committee for Developmental Disabilities Services was created by statute in 1990, (and updated through regulation in 1998), and is required to have at least 51% of its membership consumer and families. The Governor appoints this committee of people with developmental disabilities, family members, advocates, and people with professional/advocacy expertise in the field of developmental disabilities. The committee meets monthly as a working advisory group to the Division of Disability and Aging Services.
- B. **Vermont Developmental Disabilities Council.** A broad-based, federally mandated board that provides independent oversight and systemic advocacy for the needs of people with developmental disabilities.

- C. **Protection and Advocacy System.** Disability Rights Vermont (DRVT) is a non-profit agency that has been designated by the governor to be the “protection & advocacy (P&A) system” for the state of Vermont. As such, DRVT is federally funded to investigate abuse, neglect and rights violations of people with disabilities and to advocate for positive systems change. DRVT contracts with the Disability Law Project of Vermont Legal Aid (DLP) to serve people with developmental disabilities and both organizations act independently of state government or providers. Services from informal lay advocacy to formal legal representation are available statewide through the P&A system by contacting either DRVT or Vermont Legal Aid.
- D. **Regional ARC Organizations.** There are three counties with local ARC offices that provide a focus for families and concerned members of the public to identify and respond to the needs of people with developmental disabilities. The Central Vermont ARC provides information, support and advocacy for individuals with disabilities and their family members from their Montpelier office, the Franklin ARC from their St. Albans office, and the Rutland ARC from their office in Rutland.
- E. **Family Advocacy.** Vermont Family Network (VFN) is a statewide non-profit organization which promotes better health, education and well-being for all children and families, with a focus on children and adults with special needs. Fifteen Family Support Consultants, including 5 regional staff, support families and individuals by providing connections, information, and assistance navigating health, education, state and federal systems. VFN also provides early intervention services in Chittenden County and promotes family voices through leadership opportunities.
- F. **Self-Advocacy.** Green Mountain Self-Advocates, a statewide self-advocacy group, works to empower people with disabilities to learn to make decisions, solve problems, speak for themselves, and to exert control over their own lives. It is committed to educating and making the general public aware of the strengths, rights and desires of people with disabilities. There are presently about 18 local chapters in various stages of development around the state.
- G. **Other Advocacy Groups.** There are other locally based groups of concerned families and advocates. For example, Guardianship Trust provides regular, structured individually-based citizen monitoring of residential services provided by WCMH in Barre. Brandon Training School Association is an alliance of parents and other people concerned with the well being of former residents of Brandon Training School.
- H. **Law Enforcement Agencies.** In recent years, many local and state police have received training in the techniques of interviewing people with developmental disabilities who are victims of crime. The traditional sources of citizen law enforcement—the police, State's Attorney's, and Attorney General's offices—have played an increasingly effective role in protecting citizens with developmental disabilities who may become victims of crime.
- I. **Criminal Penalties.** Vermont law makes it a crime to abuse, neglect or exploit a person with a disability. The Office of Attorney General will prosecute for violations of this law.
- J. **The Federal Government.** Through Medicaid audits and look-behind surveys, the federal government provides a back-up system of quality assurance.

- K. **Concerned Members of the Public.** These include interested professionals (e.g., physicians, psychologists), members of the academic community, legislators, etc., who express their concerns through traditional channels of professional, administrative and legislative communication.

- L. **Above all, individual friends, family members, guardians, coworkers, neighbors.** Friends, family and neighbors provide for individuals in community settings the most important and dependable source of monitoring and advocacy – someone that will “go to bat” for you if things are not going well.

