

**Developmental Disabilities Services  
State Program Standing Committee (SPSC)  
July 16, 2015  
Comfort Inn, Berlin**

**Attendees:**

Members Present: Linda Berger, Bethany Drum, Theresa Wood, Nicole LeBlanc, Anne Bakeman, Connie Woodbury, Barb Prine, Emily Anderson

Guests: Karen Schwartz, Rachel Colby, Ted Earle, Kara Artus, Ashley Querubin, Sheila Nichols-Gibbs, William Gilbert, Erin Rose, Tracy Thresher, Melanie Bangoura, Marlys Waller, Lori Lintner, Kirsten Murphy, Mark Utter, Lisa Mains, Melissa Bailey

State Employees: June Bascom, Lisa Parro, Camille George, Monica Hutt, Shawn Skaflestad

**Welcome, Introductions, Review Agenda, and Approve Minutes:**

While waiting for a quorum to arrive, the agenda was reviewed and items were moved to accommodate an early departure. The meeting was called to order at 9:45.

Anne passed around copies of “The Communicator,” a publication by the Autism National Committee. AutCom’s 25<sup>th</sup> Anniversary Conference will be held on September 25-26<sup>th</sup> in Manchester, New Hampshire.

SPSC member, Kyle Moriarty, has not been able to attend meetings for a period of time. Theresa has contacted him to see if he is interested in continuing on the SPSC at this time, or if he would like to reapply for the SPSC in the future. She has not heard back from him yet.

The Federal Achieving a Better Life Experience (ABLE) Act regulations are out for comment. The Achieving a Better Life Experience (ABLE) Act was signed into law by President Obama on December 19<sup>th</sup>. This Act is expected to help ease the financial strains of people with disabilities by amending the Internal Revenue Service Code of 1986 to create tax-free savings accounts for individuals with disabilities.

The SPSC meeting minutes from June were reviewed. Connie Woodbury made a motion to accept the minutes and Nicole LeBlanc seconded the motion. The June meeting minutes were accepted.

Since the last meeting:

- There has been a lot of activity about one-time funding. There will now be \$600,000 available in one-time funding that is scheduled to go out this month; and

- Commissioner Wehry followed the recommendations from the SPSC about the re-designation for Rutland Mental Health/Community Access Program, informing them that their status is “provisional with intent to de-designate.” The process for making improvements has already begun.

### **DS Clinical Task Force**

The DS Clinical Task Force has been created by the Developmental Disabilities Services Division (DDSD) and the Department of Vermont Health Access (DVHA) to review clinical services and DD services, and to strengthen collaboration between the two departments and to prepare for the renewal of the Global Commitment for Health Waiver. Currently Tom Simpatico, DVHA, and Camille George, DAIL, are chairing the meetings. Once a new DDSD Director is hired, the new Director will replace Camille on the taskforce.

The role of the Task Force is to give advice about a variety of topics related to clinical services provided through Developmental Services and to discuss the clinical needs of people broadly. The first meeting is scheduled for Monday and will be an organizational meeting. Discussion topics for the meetings will be charted out, the work plan for the year, and how/where the meeting dates and times will be posted. Stakeholders and professionals will be asked to attend different meetings depending on the topics.

### **Year-End Summary**

There was a \$1.9 million reduction in the SFY16 budget. The year-end caseload funding summary for SFY15 shows around a \$2.3 million balance; therefore the balance was able to absorb the reduction and no rescission will be necessary at this time. There is a large number of high school graduates entering the system at the beginning of this new fiscal year (SFY 16), and some of the balance will be carried forward to help cover these needs as well.

### **Update on Discretionary Funding**

The final figure for the discretionary funding is 7.5 million dollars. Camille will get the breakdown for the discretionary funds. (Discretionary funds are different than the carry over funding.) One-time funds that are distributed to agencies to help meet the needs of people with developmental disabilities are part of the larger sum of discretionary funds. DAIL was asked to identify measurable outcomes for one-time funds and other programs as part of the state’s emphasis on establishing clear outcomes and performance measures across state government. A workgroup that included internal staff as well as DS Directors (Julie Martin, Greg Mair, Kathy Brown) met to create a framework for results based accountability (RBA) outcome measures and what is to be achieved with the funding (i.e. How much did we do, how well did we do it, is anyone better off.)

The workgroup used 8 categories to create the outcome measures. The goal is to determine if the use of the discretionary funds helped achieve the anticipated outcome. June Bascom will create a spreadsheet for the DA’s and SSA’s to use for quarterly reporting. The one-time funds are restricted to not more than \$5,000/year for individuals; however, other funds may be added to these funds. Other funding sources will be tracked separately.

## **DDSD Director**

The recruitment for a new DDSD Director has been extended until 7/26, recognizing that a lot of people are taking vacations who may want to apply. If anyone knows someone who would be a good candidate, please encourage them to apply or talk to Camille George at 871-3386.

The first round of interviews is scheduled for the second week of August. The interview panel will include a couple of DS Directors, consumers/family member, and a representative from the SPSC. The first round will be a broad section of people on the interview panel; the second round, a narrower group of DAIL staff; and the third round/final interview, will involve the Commissioner and Deputy Commissioner. During the recruitment process, Clare McFadden has stepped up to serve as Interim DDSD Director and staff across DDSD will be juggling things to ensure that all the work gets completed.

Theresa will send an e-mail out to the full SPSC asking for a volunteer for the interview panel, as not all members were present at this meeting.

## **DAIL Advisory Board**

Camille will become the DAIL point person for the DAIL Advisory Board again. She is aware that some appointments for the members of the SPSC are ending, and these individuals may be interested in applying for the DAIL Advisory Board. Camille will send out an e-mail about the vacancies of the DAIL Advisory Board so it can be passed onto others. *(Post Script: This will be discussed first at the September 10<sup>th</sup> DAIL Advisory Board meeting and there will be additional follow up after that).*

## **New DAIL Commissioner**

On Monday, Monica Caserta Hutt will start work as the new Commissioner for DAIL. She spoke to the SPSC about her experience, her philosophies, and her goals. Here is a very brief overview of some of the items Monica addressed:

Commissioner Wehry always stated that DAIL was the best department in State government, and Monica feels she is correct. The DAIL mission is core to Vermont, and DAIL is meeting this promise to the citizens of Vermont. The DAIL staff has the expertise and commitment and she will work to help tap into this more; will work to strengthen the relationship between DAIL and the tremendous group of community providers; will work to deliver good and bad information together; and will work to increase better story telling. She will work to figure out the bureaucracy and how everything hangs together; to understand where things sit, what to hold onto, and what opportunities are available. "We are stewards of public dollars," and we need to do the right thing, the right way, with the right dollars.

## **DAIL Deputy Commissioner**

Camille George has accepted the position of DAIL Deputy Commissioner and on Monday she will join Monica in the Commissioner's office. This will be her last SPSC meeting as DDSD Director.

## **Facilitated Communication**

The first meeting of the DS Clinical Task Force is on Monday, and will be an organizational meeting. Recently, DAIL was advised that the Medicaid Manual states that Medicaid funds cannot be used for facilitated communication (and some other services). As a result, there were a couple of individual situations where funds for facilitated communication were reduced or denied. However, after further consultation, it was decided that there will be no changes with facilitated communication at this time; and DAIL will continue to consider new requests for facilitated communication. In the future, one of the roles of the DS Clinical Task Force will be to take a closer look at facilitated communication in a quantitative and qualitative manner before any decision is made. Mark Utter asked to be present at the task force meeting when this is addressed.

Selina Hickman, Agency of Human Services (AHS), stated that in some waivers there is flexibility to pay for non-medical services. The waiver and federal rules will be reviewed by the DS Clinical Task Force with the Department of Vermont Health Access (DVHA) Medical Director with an eye toward what can be funded via home and community-based services versus fee-for-service "State Plan" Medicaid. Theresa would like to convey to DVHA that while these services are not medically driven, the Federal government made the decision that not everything needs to be prescribed by physician, the purpose of the specialized programs (such as DS) is to provide services and supports that are needed by individuals that are not part of State Plan Medicaid.

A discussion ensued about how the lack of funding for facilitated communication impacts daily lives, a persons' right to speak, and a person's safety. Members of the SPSC feel strongly that access to facilitated communication is a matter of civil rights and asked to be kept informed.

Regarding the two situations mentioned above where facilitated communication was reduced or denied, appeals process have already been filed and so decisions letters correcting the denial and/or reduction will be issued to each person.

## **Contingency Planning for DS Agencies Based on Designation**

A question was posed about what happens if an agency does not meet the required corrections for the designation process. Due to time restraints, Camille will follow up directly with the SPSC member who asked for this to be added to the agenda.

## **Overview of 1115 Continuous Quality Strategy – Shawn Skaflestad, Agency of Human Services (Please see Medicaid Comprehensive Quality Strategy handout and Global Commitment to Health Comprehensive Quality Strategy: Outline handout.)**

The Continuous Quality Strategy is not just a strategy to measure things or report what we are doing; it is a strategy to improve our performance. To say our work is average is not sufficient. The measure set selected will be measuring other things as well as our performance, with the focus being on the deciding measures. The date of the implementation of Phase 2 has not yet been determined. While work is being completed, other phases will be worked on with stakeholders.

Vermont has an 1115 Waiver, Vermont use to have a 1915c waiver as do many other states. The implementation of the quality strategy applies to new Home and Community Based Services (HCBS) rules, and this will be phased in. The Federal government is allowing 5 years for the compliance to these rules. Choices for Care is the first obligation for the new regulations; however, concurrently other groups will be engaged to determine applicability. 'Unless it is out, it is in.'

Shawn has met with the DAIL Advisory Board, the Medicaid and Exchange Advisory Board (MEAB), and now the SPSC. A notice will be sent August 1<sup>st</sup> about a public hearing on August 26<sup>th</sup> on the Medicaid Comprehensive Quality Strategy. Once the plan is submitted, it can be edited. The compliance document to look at content can also be edited.

Karen Schwartz stated that the DAIL Advisory Board is requesting the Agency of Human Services (AHS) Secretary to commit to the additional 4 populations (developmental disabilities services, traumatic brain injury services, community rehabilitation and treatment, and children under age 22 who have a mental illness) and acknowledge that the HCBS rules be applied to those 4 populations.

The information being presented is new information for the SPSC. Theresa feels that the SPSC needs more information before making a recommendation, and that further discussions and input from the SPSC should be obtained before a determination is made as to whether developmental services should be included.

### **Stagecoach Transportation Services – Bethany Drum**

Bethany wanted the SPSC to be aware that since Stagecoach transportation services changed management, the transportation services in Randolph have been problematic. Linda is also familiar with the transportation issues in Randolph. Theresa will obtain information about where complaints may be reported at the Agency of Transportation and have it added to the minutes or send it out in an e-mail. June said she would look into the issue and get back to Bethany.

### **Centers of Excellence - Melissa Bailey, [www.vermontcarepartners.org](http://www.vermontcarepartners.org)**

Vermont Care Partners is a non-profit organization, except for the Vermont Council. Melissa is the Quality Director and works with providers on quality and viewing outcomes in a meaningful way. She is working with representatives from all 16 designated agencies and specialized services agencies about what it means for organizations being Centers of Excellence. This is not a certification, it is something that is taken on and measured against ourselves. The Centers of Excellence is an evolutionary process, and Melissa has talked with AHS about how this system can work with the master grant quality measures, and the designation process. There is a certified behavioral health excellence piece, which is connected to this but is not integrated in it.

Funding for Vermont Care Partners is received from five different grants, which include the SIM grant, electronic health records, and health resources.

Melissa spent a day brainstorming with the directors of the 16 designated agencies and specialized services agencies about what the elements of Centers of Excellence mean to them and the handout shows the outcomes from that day. While it is not an element of the Centers of Excellence, a list of staff needs was also created by the directors. A survey is being done with the Children's Mental Health Standing Committee to determine what they have in place and their needs.

Melissa is just starting to attend standing committees to introduce the Centers of Excellence and get input from them, and will then involve regional directors and people who receive services before developing a plan. Melissa is willing to come back to the SPSC in September or October to discuss further.

There will not be a SPSC held next month (August).

Meeting was adjourned at 12:30