

**Developmental Disabilities Services
State Program Standing Committee (SPSC)
September 17, 2015
Comfort Inn, Berlin**

Attendees:

Members Present: Max Barrows, Barbara Prine, Nicole LeBlanc, Emily Anderson, Susan Yuan, Anne Bakeman, Theresa Wood, Bethany Drum, Connie Woodberry, Rachel Colby, Julie Cunningham,

Guests: Karen Schwartz, Ashley Querubin, Mark Utter, Marllys Waller, Lisa Maynes, David Schwartz, Onat Schwartz, Karen Topper, Delaine Norton, Alysia Chapman, Beth Goss, Sima Breiterman, Bill Pence, Cathie Buscagha, Tonya Mason, Cathy Hull, Elizabeth Bassett, Bob Bick, Kathy Connolly, Gillian Eaton

State Employees: Jeff Coy, Joy Barrett, Clare McFadden, June Bascom, Lisa Parro, Sean Skafelsted, Megan Tierney-Ward, Selina Hickman

Introductions, Review Agenda, and Review July Meeting Minutes

Rachel Colby has been appointed to the DS SPSC. A card was passed around to thank Joe Greenwald for all his work on the committee.

The DS SPSC meeting minutes for July were reviewed.

- Linda Berger is on the list of attendees twice
- Susan Yuan is on the list of attendees; however, she was not in attendance at the meeting

Connie made a motion to accept the meeting minutes with the above changes, Nicole seconded the motion, and the meeting minutes, with the edits, were passed.

DDSD updates

DDSD Director Update

DAIL hired Roy Gerstenberger as the new DS Director. Roy will start employment with DDSD on 10/26/15. A synopsis of his work history was given. Notification about the new DS Director has been sent to DAIL providers and committees.

Department of Labor (DOL) Companionship Rule

The Department of Labor (DOL) Companionship Rule will take effect 10/13/15. The definition of a companion has been significantly narrowed which reduces the number of workers who will qualify for the exemption and increase the number of workers who may qualify to be paid overtime. While shared living is generally exempt from this rule, there are some arrangements in which the rule may apply. For workers providing daily respite, if a home provider takes a week off, overtime would apply for the respite person filling in after 3 days. People who hire direct

care workers may need to look at how they schedule a worker within their budget. The rule is based on a 40 hour workweek, not an 8 hour day.

DAIL will be sending a letter to all employers and agencies of the Developmental Services Program (DS), Traumatic Injury program (TBI), Choices for Care (CFC). VDH will send letters for employers in the Children's Personal Care Program. The Department for Children and Family Services (DCF) and the Department of Mental Health are reviewing the rule as well.

DAIL is reviewing the potential impact of this rule, and is brainstorming ways to adapt to the changes. A variance process needs to be created for those individuals that may be negatively impacted or are at risk of becoming institutionalized due to the rule. DAIL is continuing to work on this process.

DAIL Budget

There are no trends to suggest that DAIL is over-spending or under-spending, and there are no anticipated changes to the FY16 budget. The Commissioners were asked to submit a level funded budget for FY17.

Jim Reardon, Director of Finance, is retiring. Andy Pallito, Commissioner of the Department of Corrections, has been hired to fill Jim's position. Lisa Menard has been hired as the new Commissioner for the Department of Corrections.

DS Clinical Task Force

At the last DS Clinical Task Force meeting, there appeared to be some misunderstanding about the need and work of the Task Force.

Susan Yuan reported on the DS Clinical Task Force meeting that was held: Selina Hickman, the person in the Agency of Human Services (AHS) who negotiates the waiver with CMS, did a presentation at the DS Clinical Task Force meeting. Susan stated that it appeared that Selina did not feel there was a problem or challenges to services as it was originally thought, including facilitated communication. Tom Simpatico, M.D, Department of Vermont Health Access (DVHA), explained that the issues with the services for facilitated communication may no longer be an issue. At the next meeting, research and knowledge of facilitated communication will be presented in case an issue arises in the future.

June Bascom added that the Global Commitment Waiver renewal for 2017 and some concerns about the Federal government looking closer at managed care investments outside of the managed care organizations is the driving force for the DS Clinical Task Force. The Taskforce is a co-chaired committee with DAIL and DHVA. The two departments will discuss the interpretation of the information from CMS about Global Commitment, the work for the Taskforce moving forward, and the agenda for the next meeting.

Barb suggested that Selina's presentation should be given to the DVHA legal team to assist them in understanding the information from CMS and how it relates to DS services.

Theresa felt it would be helpful for the DS SPSC to know what the agenda will be for the next Task Force meeting and requested that a link to the agenda be sent out once an agenda is established.

Investment Funds

The auditor stated that all MCO investments should have clear outcomes for the investments. DAIL is looking at whether family managed respite and Flexible Family Funding could be billed under regular Global Commitment funds rather than as investments. Input is being obtained from the designated agencies regarding the impact of those changes..

Family Supports and Group Community Supports

Due to time restraints, the Family Supports discussion will be held at the October meeting. The Group Community Supports discussion will be held at the October or November meeting, dependent on the agenda.

Home and Community Based Service (HCBS) - Selina Hickman, Agency of Human Services (See PowerPoint)

Every state has to have a Medicaid State Plan, and most states have Medicaid waivers that allow them to do things differently from the plan, like long term care in the community. Vermont has one waiver for the all the programs. The Medicaid state plan still regulates the mandatory services, provider types and qualifications, reimbursement, and eligibility.

Vermont is the only state in the nation where the State is the managed care entity (MCO.) The Single State Agency for the Medicaid program for Vermont is the Agency of Human Services (AHS) who has an Intergovernmental Agreement (IGA) with the Department of Vermont Health Access (DVHA) to act as the Public Managed Care Entity. DVHA has IGA's with the Department of Mental Health (DMH), Vermont Department of Health (VDH), Agency of Education (AOE), the Department of Disabilities, Aging, and Independent Living (DAIL), and the Department of Children and Family Services (DCF), and has contracts with non-state entities: MMIS, Call Center, PBM, and Care Management.

Special health needs populations were served in the past under Section 1915 waivers; however, they are now served under Global Commitment specialized programs. The waiver seeks to demonstrate a hypothesis that the state can create better health, quality and cost outcomes by providing programs and services in ways that are not available under the Medicaid State Plan. The State is held accountable to CMS through reporting, quality and budget neutrality requirements.

In a traditional MCO, the MCO receives payment for providing services and if they provide the services more efficiently, they can take the savings and reinvest them as they see fit. Under the Medicaid Waiver, although the State operates a Managed Care Model, the State has limitations on how they can use the reinvestment savings; however, they can be reinvested. For every dollar the State spends for services, the Federal government will pay the state back about 55 cents on

the dollar. CMS has approved four broad categories of allowable expenditures for MCO reinvestments under the demonstration.

Medicaid payments to the new mental health facility in Berlin is funded from MCO investments. Last year, the Vermont Legislature reinvested the MCO savings in the Vermont interactive television (VIT) network. The re-investment savings could be used in VIT as students use VIT in health education related items, and it is used to support education and training. The State has had about 80 MCO investments over the life of the waiver. There is a moratorium from adding any further investments at this time.

Quality Strategy - Shawn Skaflested, Agency of Human Services

The Waiver says that the State has to adhere to Federal regulations and maintain quality. Last month Shawn presented to the SPSC on the 1115 Quality Strategy. Since that time, a public hearing was held, and there was a public comment period until August 31st. Four people attended the public hearing, and five pieces of written comment were received. All input was reviewed and comments were made by the State, which are included in the quality strategy document as an appendix.

Appendix B of the report shows what actions Vermont has completed to date and gives a preliminary assessment about how Vermont lines up to what is being accepted by the Federal government. Shawn will send the link to the document.

The 1115 Quality Strategy was submitted to CMS on September 5th. At this time, no feedback has been received by CMS. Shawn will be glad to come to the SPSC again and do an update.

HCBS Rule – Megan Tierney-Ward, DAIL, Adult Services Division Director (See PowerPoint)

The new CMS Medicaid HCBS Rule ensures that individuals receiving long-term care services and supports through home and community based service (HCBS) programs under the 1915(c), 1915(i) and 1915 (K) Medicaid authorities have full access to benefits of community living and the opportunity to receive services in the most appropriate integrated setting, and to enhance the quality of the HCBS and provide protection to participants. Choices for Care (CFC) was a 1115 Medicaid waiver but is now part of the Global Commitment Waiver. While CFC covers nursing home care, the new HCBS rule does not cover nursing home care. The State is looking into how to roll the HCBS values into everything we do, even if it does not apply for CMS. Selina stated that the stakeholders for CFC will be engaged by the end of the year, and that standards for CFC that affect other programs will be made after looking at all the programs.

At the CMS conference, it was stated that some states are creating provider choice. The definition of provider of services is being reviewed, as well as shared providers with shared services.

The CFC HCBS comprehensive quality strategy is now being reviewed. The next phase will look at the DS Services. The timeline is in the process of being set up to ensure everything will be in compliance in 3 ½ years. It is expected that there will be more action on this through 2016. The SPSC has requested to be involved early in the DS services phase.

HowardCenter Re-Designation - Jeff Coy, DAIL/DDSD

The HowardCenter Re-Designation Report was reviewed. (Adult mental health and children's mental health is not included in the report.) DAIL did a survey, and compiled the result for evidence for the report. HowardCenter was very helpful in providing information. Jeff reviewed all the designation requirement areas and there were no deficiencies.

HowardCenter offers training to families and self advocates. They send flyers about trainings that are offered, and open special trainings to other individuals. A community educational series just ended. The HowardCenter is looking into refining regular, pre-service trainings involving consumers.

The resource center at HowardCenter is a place where people can sign up for classes, it is a place where people can meet friends, and it is a place to go when an alternative place is necessary, such as when there is bad weather. At the resource center, people are able to direct what goes on and choose whether they would like to attend. Lunch is sometimes provided. HowardCenter staff is always on site; however, the HowardCenter is struggling to get and maintain staff. The resource center is not intended for all day, daily use.

HowardCenter has a good relationship with the CCS, the specialized services agency. There is a lot of movement between the two agencies.

Nicole reviewed the report from GMSA about the input they received on the HowardCenter; and some SPSC meeting attendees spoke about their experiences with the HowardCenter.

The SPSC voted, and unanimously recommend the re-designation of the HowardCenter.

SPSC Updates and Announcements

On 10/9, from 10:00 – 1:00, there will be a benefit food sale for the Randolph Fire Department on the green in Randolph.

A few months ago Theresa notified the SPSC that she was not able to continue as Co-Chair. This will be discussed at the next meeting. Theresa would be glad to speak with anyone who may be interested in filling this position.

Family Supports with Susan Yuan and Anne Bakeman will be done in October. The Adult Consumer Survey will be presented by June at a future meeting.