

Developmental Disabilities Services State Fiscal Year 2013 Annual Report

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

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Published: April 2014**

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TABLE OF CONTENTS

SPECIAL DEDICATION

THE DEVELOPMENTAL DISABILITIES SERVICES SYSTEM	1
DAIL Mission Statement.....	1
Principles of Developmental Disabilities Services.....	1
Developmental Disabilities Services Division	3
Developmental Disabilities Services Providers.....	3
Designated Agencies	3
Specialized Service Agencies	3
Management Options for Services	4
Pressures on Community Services	6
New Caseload Funding – FY 2013.....	8
Financial Summary	9
Quality Assurance and Quality Improvement	12
 SERVICES & FUNDING	 14
Funding Sources	14
Types of Services Provided	15
Total Served.....	16
 SERVICES & SUPPORTS	 18
Service Coordination	18
Home Supports	19
Employment Supports	23
Community Supports	25
Family Supports.....	26
Children’s Services	28
Clinical and Crisis Services	29
Public Safety	30
Nursing Facilities.....	31
Office of Public Guardian.....	33
Communication.....	34
Consumer Survey.....	35
National Comparisons	38

ATTACHMENTS

Acronyms.....	Attachment A
Organizational Chart – Agency of Human Services.....	Attachment B
Developmental Disabilities Services Division Staff – April 2014	Attachment C
Vermont Developmental Disabilities Services Providers – April 2014	Attachment D
Members of the State Program Standing Committee for Developmental Services – January 2014	Attachment E
Vermont State System of Care Plan Funding Priorities – FY 2013	Attachment F
Developmental Disabilities Services Funding Appropriation – FY 2013	Attachment G
Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities – January 2014	Attachment H
Developmental Disabilities Services Codes and Definitions – October 2012	Attachment I

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, ICF/DD, etc.).
- All information and data represented in this report are for FY 2013 unless otherwise stated. Data sources include a variety of spreadsheets created and maintained at DAIL (e.g., Home and Community-Based Services, Flexible Family Funding, Waiting List, Master List, Family Support, New Caseload Funding, Public Safety Group List, Waiver Cost Report).
- See Attachment A for a list of Acronyms.

INDEX OF TABLES AND FIGURES

THE DEVELOPMENTAL DISABILITIES SERVICES DIVISION

Vermont Developmental Disabilities Services Providers (map)	5
Reason for Receiving New Caseload Funding: FY 2013	8
Developmental Disabilities Services Caseload Funding: FY '00 – FY '13	8
Average Home and Community-Based Services Cost per Person: FY '92 – FY '13	9
Local Provider Total Administration Costs: FY 1993 – FY 2013.....	10
Average Service Rates for People Receiving HCBS & ICF/DD: FY 2013	11

SERVICES & FUNDING

Funding Sources – Numbers Served: FY 2013	14
Home and Community-Based Services	14
Flexible Family Funding	14
Total Number of People Supported by Service Provider: June 30, 2013	16
Total Number of People Served: FY 1992 – FY 2013	16
Age Breakdown of People with Developmental Disabilities Receiving Home and Community-Based Services: FY '02 – FY '13	17

SERVICES & SUPPORTS

Service Coordination – Numbers Served: FY 2013	18
Home Supports – Numbers Served: June 30, 2013	19
Percentage of People with Developmental Disabilities by Type of Paid Residential Support: June 30, 2013	20
Number of People in Residential Settings by Size of Setting: June 30, 1994 – June 30, 2013.....	20
Percentage of People in Residential Settings of 1-3 People: June 30, 2011.....	21
Number of Residences by Size of Residential Setting: June 30, 2013.....	21
Cost per Person (HCBS Funding & ICF/DD) by Type of Home Compared to Numbers Served: June 30, 2013	22
Employment Supports – Numbers Served: FY 2013	23
People with Developmental Disabilities Receiving Supported Employment to Work: FY '98 – FY '13	23
Number of People with I/DD Integrated Employment per 100,000 Population: FY 2011	24
Community Supports – Numbers Served: FY 2013	25
Number of People Receiving Community Supports: FY '99 – FY '13	25
Family Supports – Numbers Served: FY 2013.....	26
Total People Served Living at Home with Family (unduplicated HCBS, FFF, and Bridge Program): FY 2013	27
Children's Services – Numbers Served: FY 2013	28
Children (under 18) Receiving Home and Community-Based Services: FY '99 – FY '13	28
Clinical & Crisis Services – Vermont Crisis Intervention Network – Numbers Served: FY 2013	29
Public Safety – Numbers Served: FY 2013.....	30

Nursing Facilities – Numbers Served: FY 2013	31
People with I/DD who Reside in Nursing Facilities: Dec. 31, 1991 – Dec. 31, 2013.....	31
People with I/DD as a Percentage of All People who Reside in Nursing Facilities: Dec. 31, 1991 – Dec. 31, 2013.....	32
People with I/DD in Nursing Facilities as a Percentage of All People with I/DD Receiving Residential Supports: June 30, 2011	32
Office of Public Guardian – Caseload: June 30, 2013.....	33
Consumer Survey – Numbers Surveyed: 2013.....	35
Consumer Survey Results – 2013.....	35
Consumer Survey Demographic Summary – 2013	37
I/DD State Spending per Capita: FY 2011	38
State Fiscal Effort – Total I/DD Spending per \$1,000 in Personal Income: FY 2011	38
Percent of State I/DD Budget Paid by State Funds: FY 2011	39
Number of People in I/DD Residential Services & Nursing Facilities per 100,000 Population: FY 2011.....	39
Family Support Fiscal Effort – Total Spending per \$100,000 Personal Income: FY 2011	40
Family Support Spending as Percent of Total I/DD Budget: FY 2011	40

Special Dedication

Celebrating the 20th Anniversary of the Closing of the Brandon Training School



Two thousand thirteen was a special year in the history of Vermont's developmental disabilities services. It was the 100th anniversary of the creation of what was to become the Brandon Training School (BTS), the only state institution for people with developmental disabilities in Vermont. It also marked the 20th anniversary of the closing of the Brandon Training School. This anniversary was important in many ways. Looking at the past shined a light on how far we have come. It also provided an opportunity to reflect on where we want to be twenty years from now. The theme, *Remember the Past, Celebrate the Present, Imagine the Future*, captured the importance of the rich history and promise of the Developmental Disabilities Act of 1996.

Numerous events and activities contributed to this momentous occasion:

- The video, *Life and Times at the Brandon Training School*, was produced about the history of the school.
- A photographic display traveled from event to event and the *BTS Oral History Project* collected stories from people who use to live and work at BTS.
- Celebrations took place during *Disability Awareness Day* at the State House; Green Mountain Self-Advocates' *Voices and Choices* conference and the Vermont Center for Independent Living's *American's with Disabilities Act* celebration.
- A reception at the Compass Music and Arts Center in Brandon highlighted their new permanent exhibit *Remembering the Brandon Training School*.
- An open house display at the *Vermont State Archives* told the story of the school's creation through historic photographs and documents.
- Brandon Training School residents who had died were honored at the *Pine Hill Cemetery Memorial Dedication*.

The year ended with a final celebration in Killington where people shared their personal memories of life at the school; reminisced about what it took to close the school 20 years ago; and commemorated all that has been accomplished over the years.

THE DEVELOPMENTAL DISABILITIES SERVICE SYSTEM

The Developmental Disabilities Act of 1996 requires the Department of Disabilities, Aging and Independent Living (DAIL), Developmental Disabilities Services Division (DDSD), 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 Developmental Disabilities Services Division's *Developmental Disabilities Services Annual Report for Fiscal Year 2013*, together with the *Vermont State System of Care Plan for Developmental Services – Three Year Plan – FY 2012 – FY 2014* (and subsequent updates), cover all requirements outlined in the developmental disabilities statute².

DAIL Mission Statement

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

Principles of Developmental 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.

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

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

- ★ **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.
- ★ **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.

Developmental Disabilities Services Division

The Developmental Disabilities Services Division (DDSD) 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 Developmental Disabilities Services Division 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 that serve people with developmental disabilities.

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

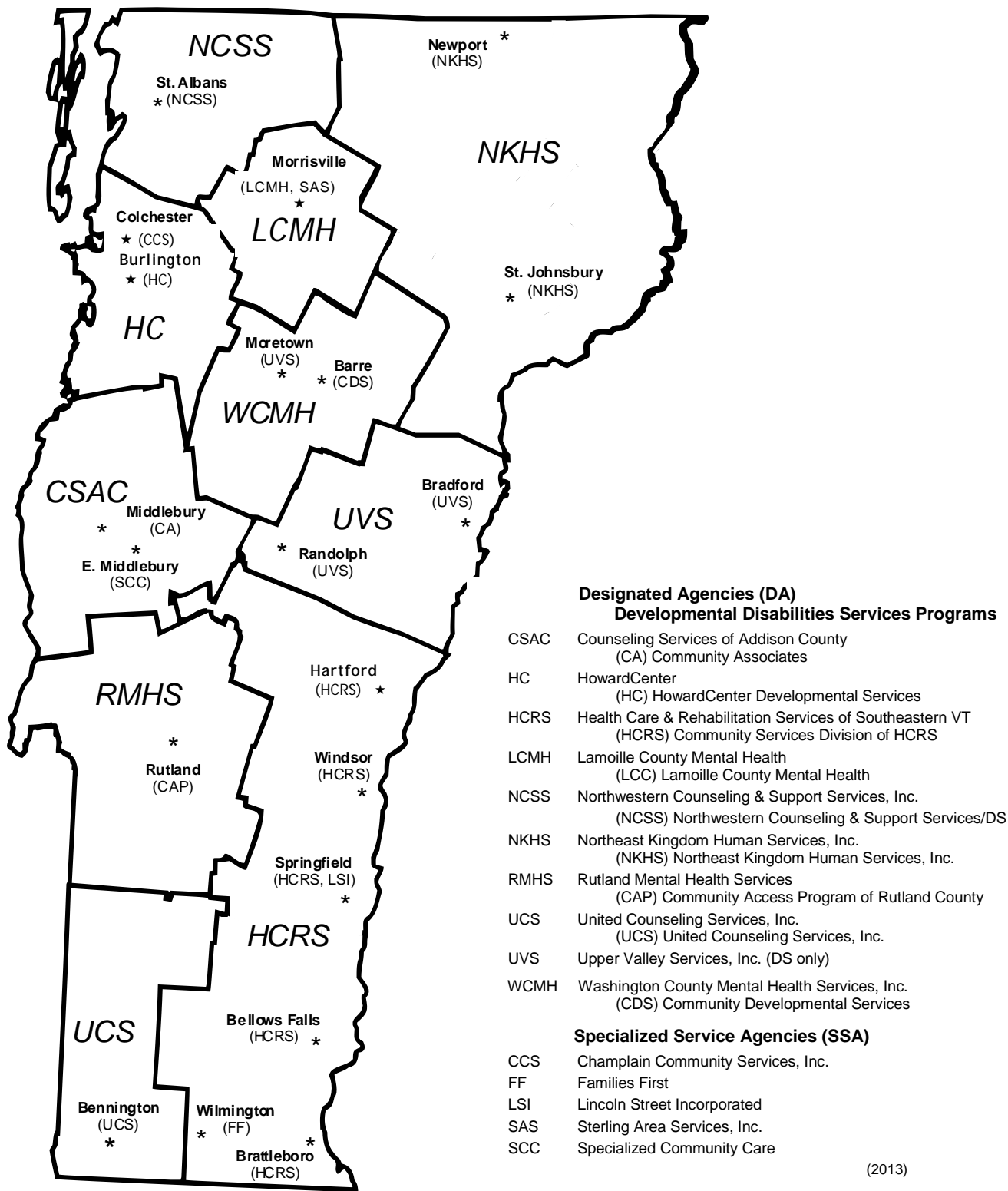
Management Options for Services

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. As part of the intake and referral process, Designated Agencies are responsible for informing people of all of the choices below and for making referrals to these options as appropriate.

- **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 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 can provide orientation, training and guidance about the role of employer, and 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 (i.e., Transition-II as the Supportive ISO and ARIS Solutions as the Fiscal ISO).

⁴ Go to [Self Family Management Guide](#) for a comprehensive guide for people who are self/family-managing their developmental disabilities services funded through Medicaid.

Vermont Developmental Services Providers



Pressures on Community Services

In FY 2013, the Developmental Disabilities Services Division provided supports to 4,245 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.



New caseload funding – New caseload resources are provided to individuals who have the greatest need. New caseload funding was allocated to 367 individuals in FY '13 who met the State System of Care Plan funding priorities for developmental disabilities services.



High school graduates⁵ – There were an estimated 112 graduates⁶ with developmental disabilities who are clinically eligible for developmental disabilities services who were expected to exit the educational system in FY '13. 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 diagnosis⁷.



Public safety – 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. Approximately 230 individuals with developmental disabilities who pose a public safety risk were supported by developmental disabilities services agencies in FY '13. This number 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.

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.

⁶ This projection may include some students who decide late in the year to remain in school after the data is submitted.

⁷ Prevalence of Autism Spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, United States, 2008, *Morbidity and Mortality Weekly Report*. 61(SS03);1-19;published March 30, 2012.



Refugees – The number of refugees supported by developmental disabilities services has grown substantially in the past few years, primarily in Chittenden County. In FY '11, 3 refugees received new caseload funding, 7 in FY '12 and in FY '13, 24 received new caseload funding. Language and cultural differences can make it particularly challenging to provide supports to these new citizens. It is not currently known how many refugees are expected to come to Vermont in the next few years.



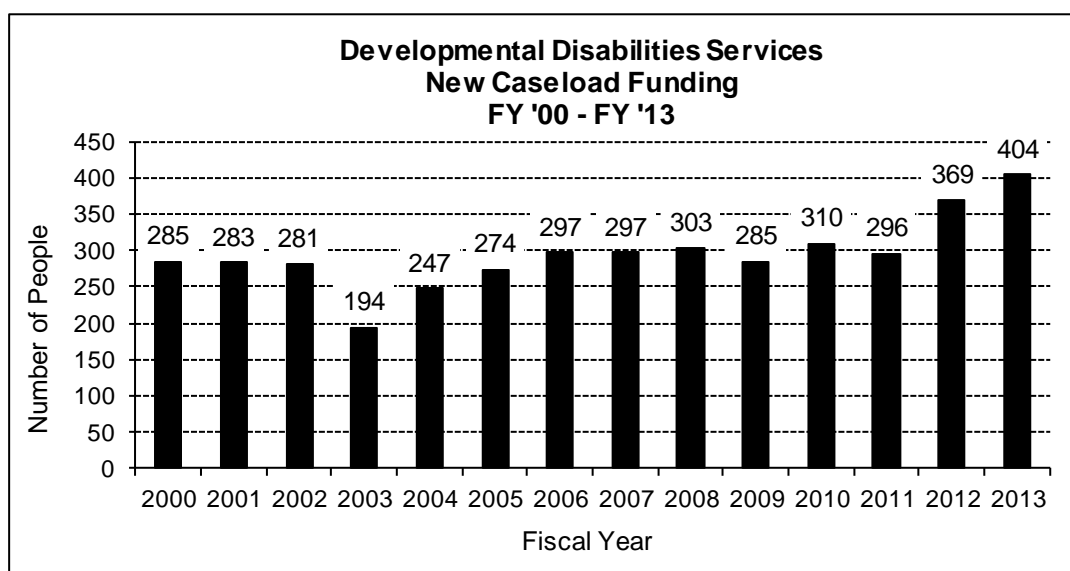
Waiting List – There were 302 people on the Waiting List⁸ in FY '13 who are eligible for services based on their disability but whose needs do not meet State System of Care Plan funding priorities. In addition, there were 181 people on the Waiting List who were eligible for services – specifically Flexible Family Funding (FFF), Bridge Program and Targeted Case Management – but for whom there were insufficient funds. Most if not all people waiting for FFF received one time dollars and are expected to receive an FFF allocation in FY '14.

⁸ This waiting list number is considered to be an undercount of the total number of individuals who are clinically and financially eligible but who do not meet a developmental disabilities services funding priority as many would-be applicants do not apply for services if they know that they would not be found eligible for funding.

New Caseload Funding⁹ – FY 2013

Reasons for Receiving New Caseload Funding¹⁰ – FY 2013
Health or Safety – for adults (age 19 and over)
Public Safety – for adults (age 18 and over)
Employment for High School Graduate – (age 19 and over)
Prevent institutionalization – nursing facilities and psychiatric hospitals – (children and adults)
Parenting – for parents with disabilities (age 18 and over)
Total people served from caseload resources (unduplicated) – 404

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



The nature of developmental disabilities often leads to services that support people throughout their lifespan. Ninety-eight (98) people left home and community-based funded services in FY '13 for a variety of reasons (e.g., died; declined or left services; moved out of state; received alternative supports or funding; no longer eligible; no longer needed services).

⁹ “New Caseload Funding” includes all newly appropriated funding from the Equity Fund and Public Safety Fund. Unless stated otherwise, adult means age 18 and over.

¹⁰ See Attachment F for a complete listing of the *State System of Care Plan Funding Priorities FY 2013*. For more details, see the current *Vermont State System of Care Plan for Developmental Services Three-Year Plan FY 2012 – FY 2014 -- FY 2014 Update*

Financial Summary

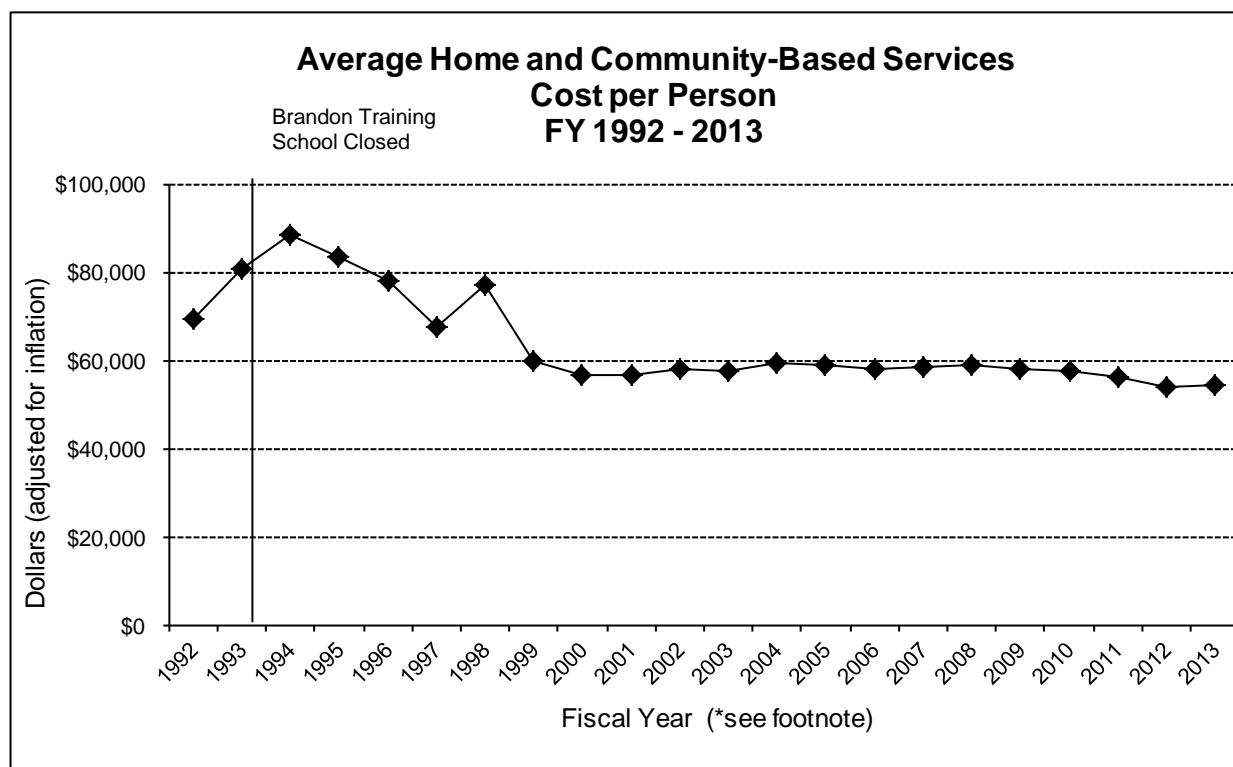
People with developmental disabilities have a greater likelihood of experiencing limitations in major life activities than those with any other major class of chronic mental, physical, or health condition. As a result, people with developmental disabilities need individualized services that are comprehensive and generally life long. To capitalize on the resources available, developmental disabilities services emphasize cost effective models and maximization of federal funds. See Attachment G: Developmental Disabilities Services Funding Appropriation FY 2013.



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



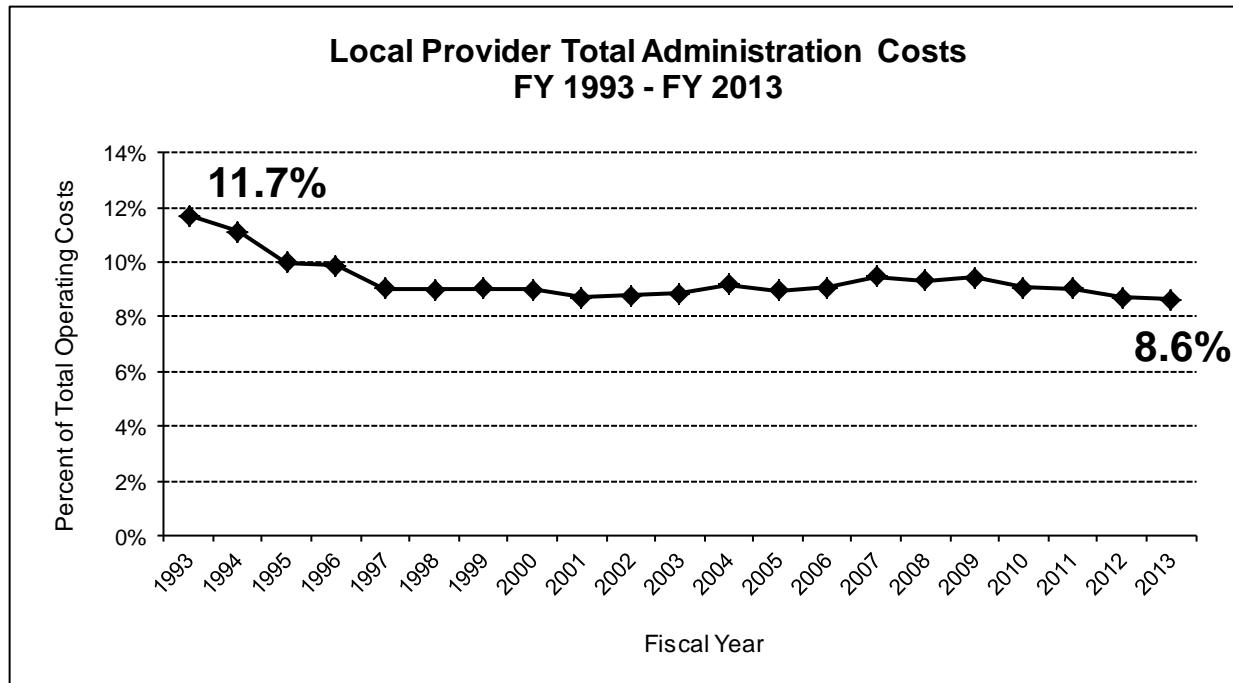
The average cost¹¹ per person for home and community-based services was \$54,427 in FY 2013.



¹¹ Data Source: 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.



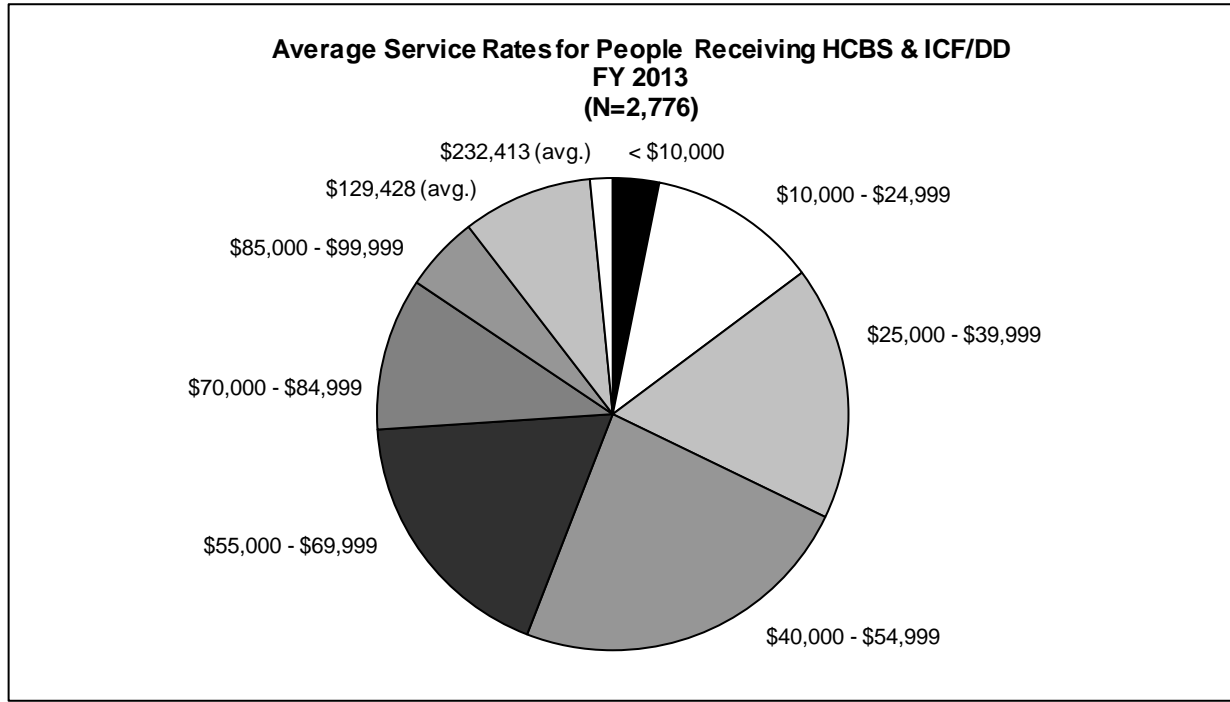
Administrative expenses include those that are required to run the total local agency¹². These administrative costs have remained relatively stable. Recently there has been a decrease in administrative costs which is likely due to budget cuts.



¹² Data was collected from developmental disabilities services Waiver Cost Reports and reflect actual administrative costs. Management expenses (e.g., developmental disabilities services director, buildings) relating to major program areas (e.g., developmental disabilities services) are considered program expenses, not administration.



Almost two thirds of all individuals who received Home and Community-Based Services were funded for less than \$60,000 per person per year. Ninety percent (90%) were funded for less than \$100,000 per person per year.



Because almost 100% of developmental disabilities services funding is from Medicaid via the Global Commitment waiver, Vermont's developmental disabilities services system leverages a high proportion of federal funds.

Quality Assurance & Quality Improvement

Assessment, assurance and improvement of service quality are critical functions of the Developmental Disabilities Services Division. 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 Developmental Disabilities Services Division's 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 conduct 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 Surveys** to measure the satisfaction of adults receiving services.
- **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's commitment to quality and quality improvement.

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

To help maintain consistent and quality services and supports across the state the Developmental Disabilities Services Division has the following policies, regulations and guidelines.

- Mandatory Disclosure Law (“Peggy’s Law”) (2002)
- Administrative Rules on Agency Designation (2003)
- 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 Guidelines (2004)
- Behavior Support Guidelines for Support Workers Paid with DDS Funds (2004)
- Housing Safety and Accessibility Review Process (2006)
- Human Rights Committee Guidelines (2006)
- Critical Health Care Decisions (2007)
- Flexible Family Funding Guidelines (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)
- DAIL Background Check Policy (2009)
- Home Visit Requirements for Developmental Disabilities Services (2010)
- Ethics Committee Case Presentation Guidelines (2011)
- Regulations Implementing the Developmental Disabilities Act of 1996 (includes grievance and appeals procedures) (2011)
- Critical Incident Reporting Requirements (2012)
- Vermont State System of Care Plan for Developmental Disabilities Services – FY 2012 – FY 2014 (2012)
- Process for Medicaid Authorization for Developmental Disabilities Home and Community-Based Services (2012)

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

Funding Sources

Numbers Served ¹³ – FY 2013	
Home and Community-Based services	2,770
Flexible Family Funding	1,077
Funding other than HCBS & FFF	457
Total people served (unduplicated ¹⁴)	4,245

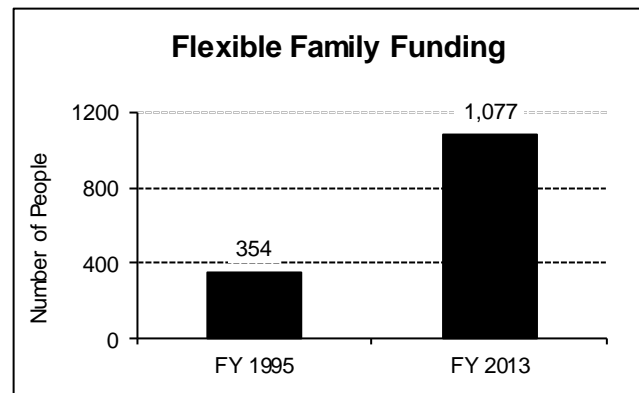
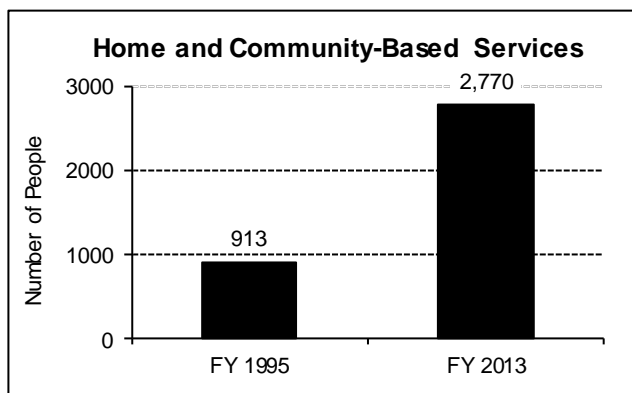
Since the inception of the Global Commitment to Health (GC) Medicaid waiver in FY '07, 100% of the services funded by DDAS are people with developmental disabilities are funded under GC.

- **Home and Community-Based Services (HCBS) – 2,770 people**

A wide range of home and community-based services are available under Global Commitment. Home and Community-Based Services (HCBS) account for **96%** of all DDAS appropriated funding for developmental disabilities services.

- **Flexible Family Funding (FFF) – 1,077 people**

Flexible Family Funding is money provided to eligible families with children or adult family members with developmental disabilities living at home that is 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 '13. Flexible Family Funding accounts for less than **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 for people with Developmental Disabilities (ICF/DD), plus vocational grants in partnership with the Division of Vocational Rehabilitation. These account for just under 4% of all funding for DDAS community-based services.

¹³ The HCBS and FFF numbers have been updated from what was reported in the FY 2013 DAIL Annual Report due to the availability of revised data.

¹⁴ There is a duplication of 59 people across the Flexible Family Funding and home and community-based services categories due to changes in individuals' 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 individual¹⁵. Supports include:

- **Service Coordination** (hourly) – Assists individuals in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services and supports for a specific individual.
- **Community Supports** (hourly) – Assists individuals to develop skills and social connections. Supports may include teaching and/or assistance in daily living, supportive counseling, support to participate in community activities, and building and sustaining healthy personal, family and community relationships.
- **Employment Supports** (hourly) – Assists individuals in establishing and achieving work and career goals, including employment assessment, employer and job development, job training and ongoing support to maintain employment.
- **Home Supports** – Provides services, supports and supervision for individuals in and around their residences up to twenty-four hours a day, seven days a week.

Supervised Living (hourly) – Regularly scheduled or intermittent hourly supports provided to an individual who lives in his or her home or that of a family member. Supports are provided on a less than full-time schedule.

Staffed Living (daily) – Provided in a home setting for one or two people that is staffed on a full-time basis by providers.

Group Living (daily) – Supports provided in a licensed home setting for three to six people that is staffed full-time by providers.

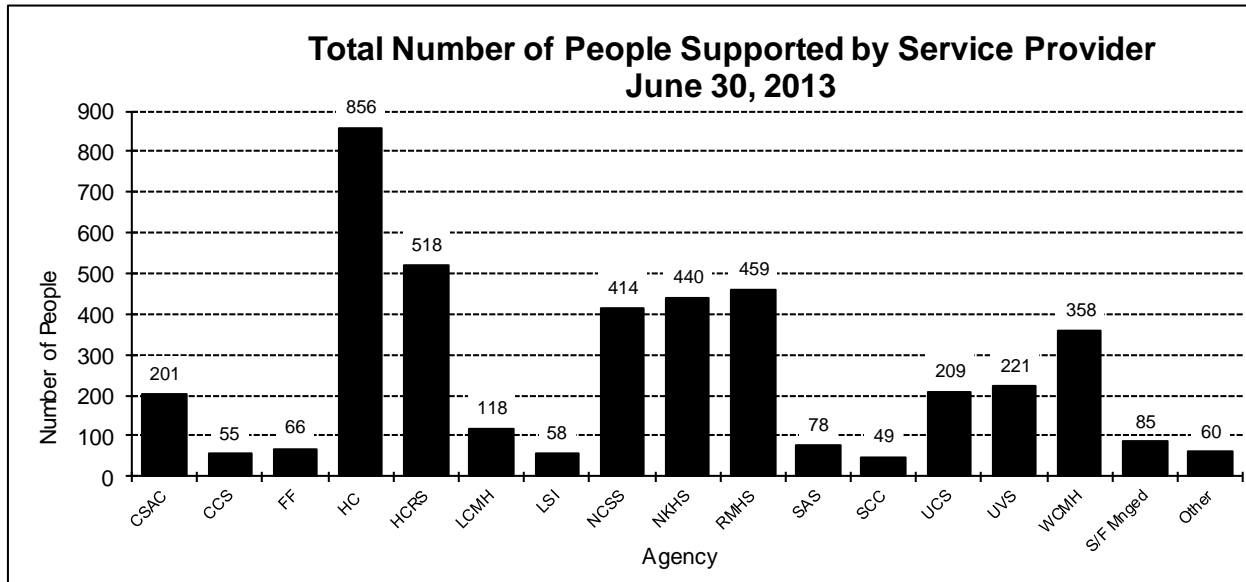
Shared Living (daily) – Supports are provided for one or two people in the home of a shared living provider/foster family.

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

- **Respite** (hourly or daily/overnight) – Assists family members and home providers/foster families to help support specific individuals with disabilities. Supports are provided on a short-term basis because of the absence of or need for relief of those persons 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, including a qualified clinician, therapist, psychiatrist or nurse.
- **Crisis Services** (hourly or daily) – Time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral or emotional crisis.

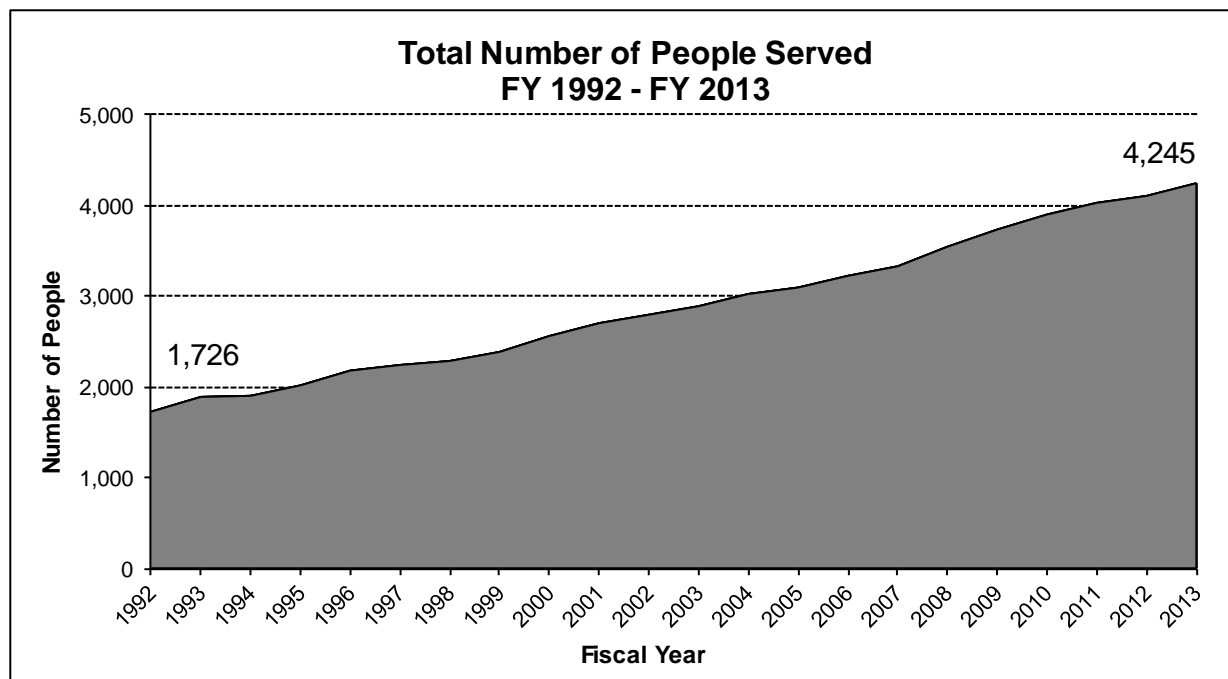
¹⁵ See Attachment I for the full set of developmental disabilities services definitions.

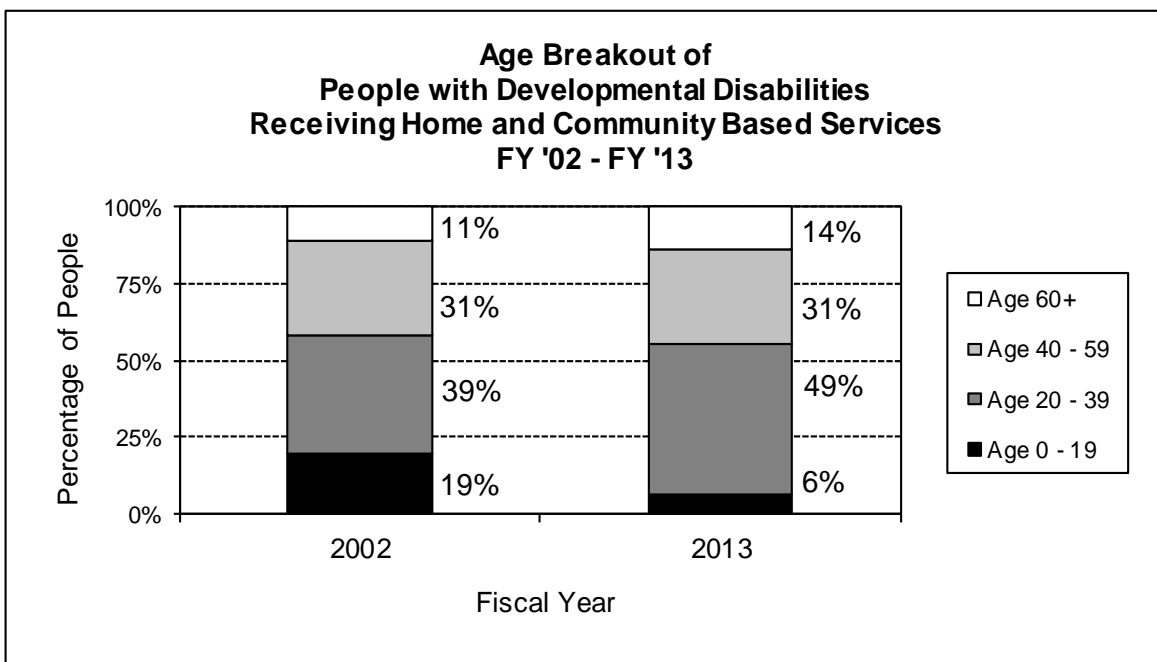
Total Served



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 – Developmental Services	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).
LCMH	Lamoille County Mental Health		
LSI	Lincoln Street Incorporated	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 disabilities services provider.
NCSS	Northwestern Counseling and Support Svs., Inc.		
NKHS	Northeast Kingdom Human Services, Inc.		
RMHS	Rutland Mental Health Services		
SAS	Sterling Area Services, Inc.		





The relative age breakout of people with developmental disabilities who received home and community-based services has changed somewhat over the past decade¹⁶. In particular, there were significantly fewer children being served (13% less than a decade ago) with a noticeable increase in percentage of young adults being served. There were also 3% more Vermonters over the age of 60 receiving services than in 2002.

¹⁶ Age is based on the person's age as of 7/1/14.

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

Service Coordination

Numbers Served – FY 2013	
Home and Community-Based Services	2,770
The Bridge Program (care coordination)	446
Targeted Case Management	385
Total people served (unduplicated)	3,452

Service Coordination assists individuals in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services and supports 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.

Virtually all people who receive Home and Community-Based Services obtain some level of service coordination. Targeted Case Management is available to adults and children as well, while the Bridge Program provides care coordination to children under age 22.

The primary functions in which service coordinators assist individuals include:

- Developing, implementing and monitoring the Individual Support Agreement
- Assuring a person-centered planning process
- Coordinating medical and clinical services
- Establishing and maintaining the case record
- Conducting a periodic review/assessment of needs
- Creating, as needed, a positive behavior support plan
- Arranging for housing safety and accessibility reviews
- Reviewing and signing off on critical incident reports
- Providing general quality assurance and oversight of services and supports

Home Supports

Numbers Served – June 30, 2013¹⁷	
Number of homes	1,482
Average number of people per residential setting	1.2
Total people receiving home supports	1,738

Home Supports provide services, supports and supervision for individuals in and around their residences up to twenty-four hours a day, seven days a week.

Types of Home Supports

- **Shared Living:** Supports are provided for one or two people in the home of a shared living provider/foster family.

Number of people – 1,307

Number of homes – 1,151

- **Supervised Living:** Regularly scheduled or intermittent hourly supports (not limited to home and community-based services) provided to an individual who lives in his or her home. Supports are provided on a less than full-time schedule.

Number of people – 283

Number of homes – 268

- **Group Living:** Supports provided in a licensed home setting for three to six people that is staffed full-time by providers.

Number of people – 90

Number of homes – 20

- **Staffed Living:** Provided in a home setting for one or two people that is staffed on a full-time basis by providers.

Number of people – 52

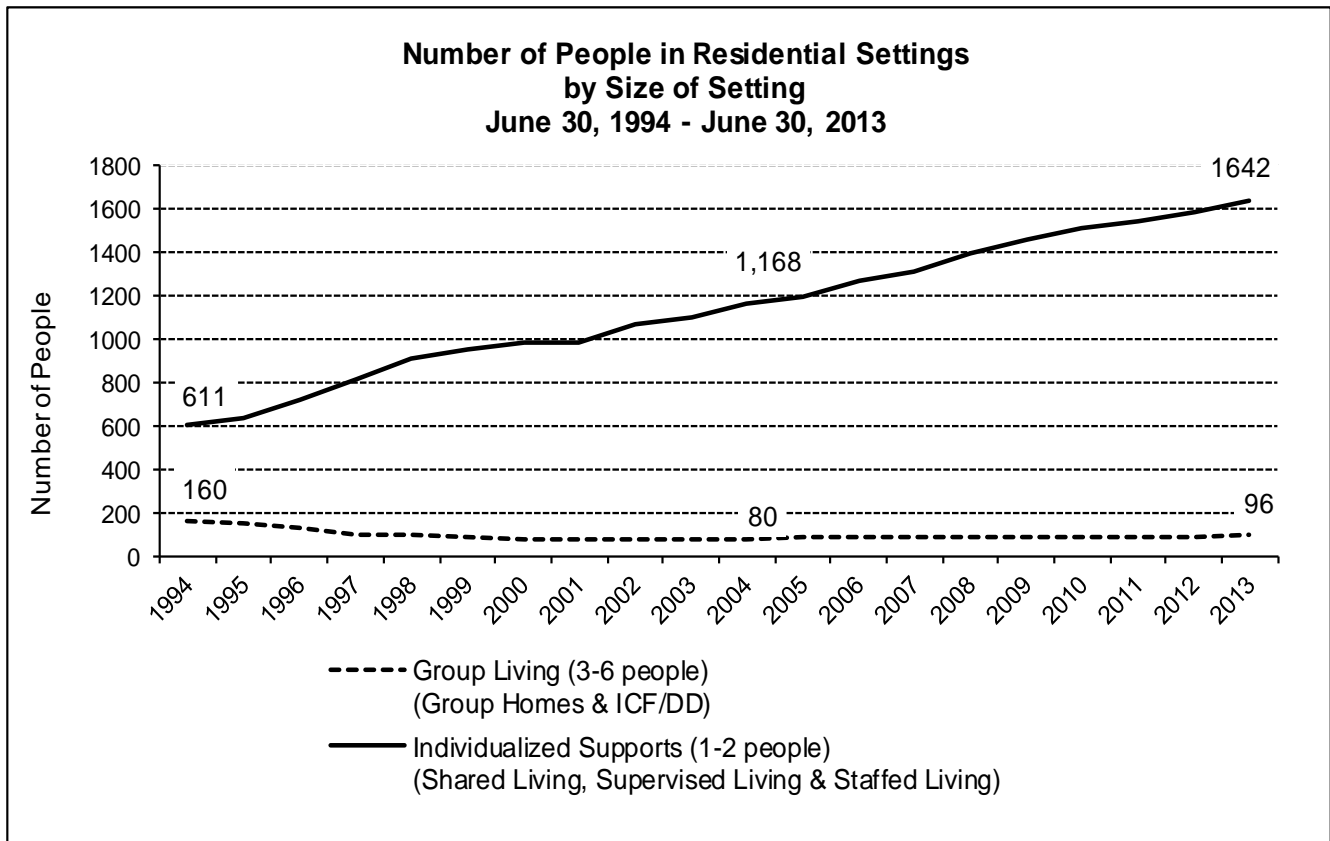
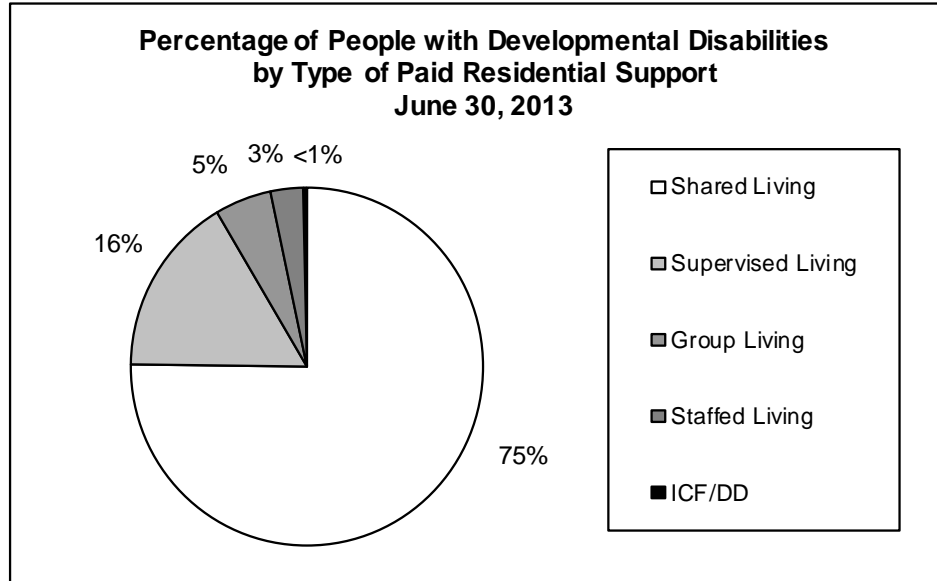
Number of homes – 42

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

Number of people – 6

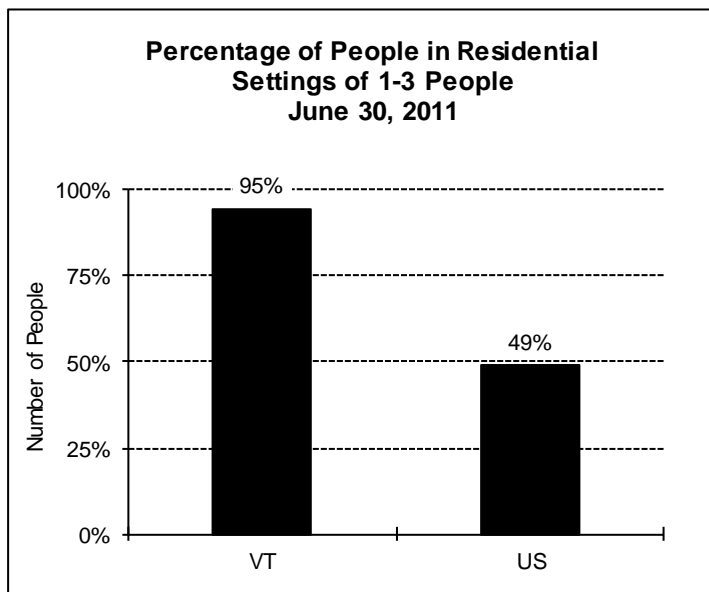
Number of homes – 1

¹⁷ Data is collected through the Annual Residential Survey of Designated Agencies and Specialized Service Agencies.

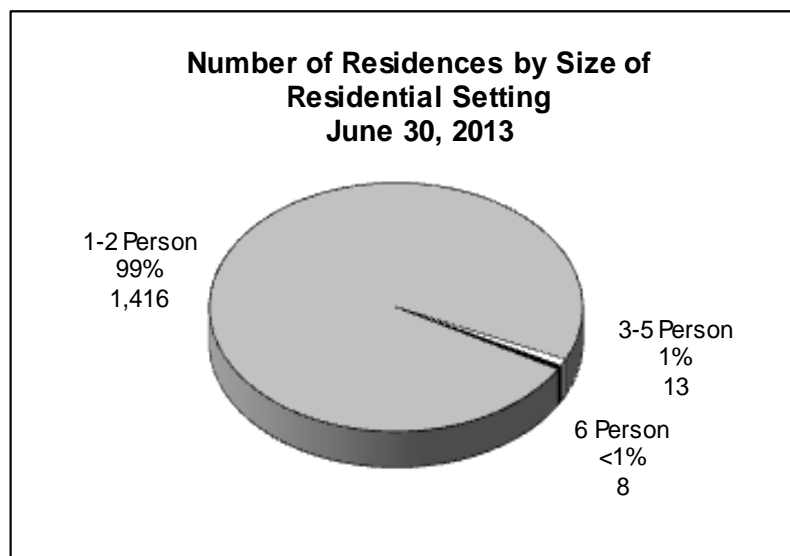




Vermont is one of only two states in the country that has the low average of 1.2 people per residential setting,¹⁸ compared with the national average of 2.3 people per residential setting. Additionally, 95% of individuals receiving services in Vermont live in residential settings of 1-3 people compared to 49% nationally.

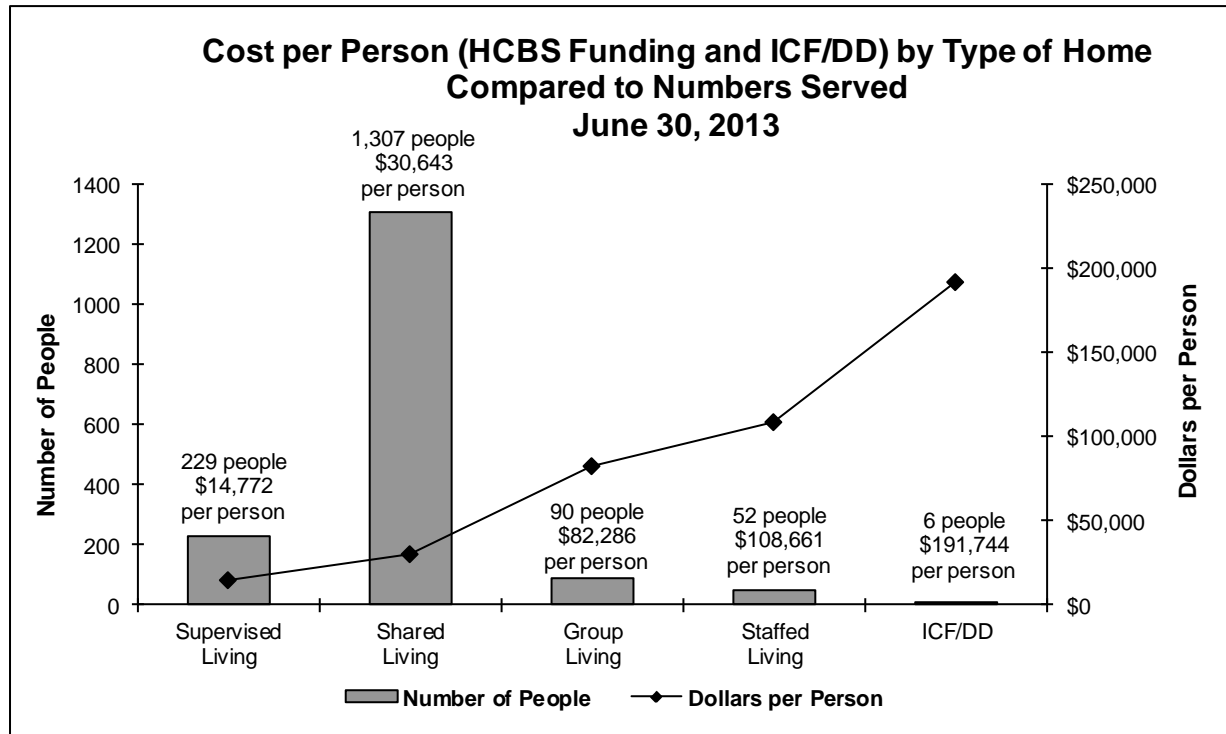


Vermont is one of only two states in the country that has 100% of the people funded for home supports living in residential placements with six or fewer people receiving services¹⁹.



¹⁸ Larson, S., Salmi, P., Smith, D., Anderson, L., & Hewitt, A. *Residential Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2011*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, 2013.

¹⁹ Ibid.



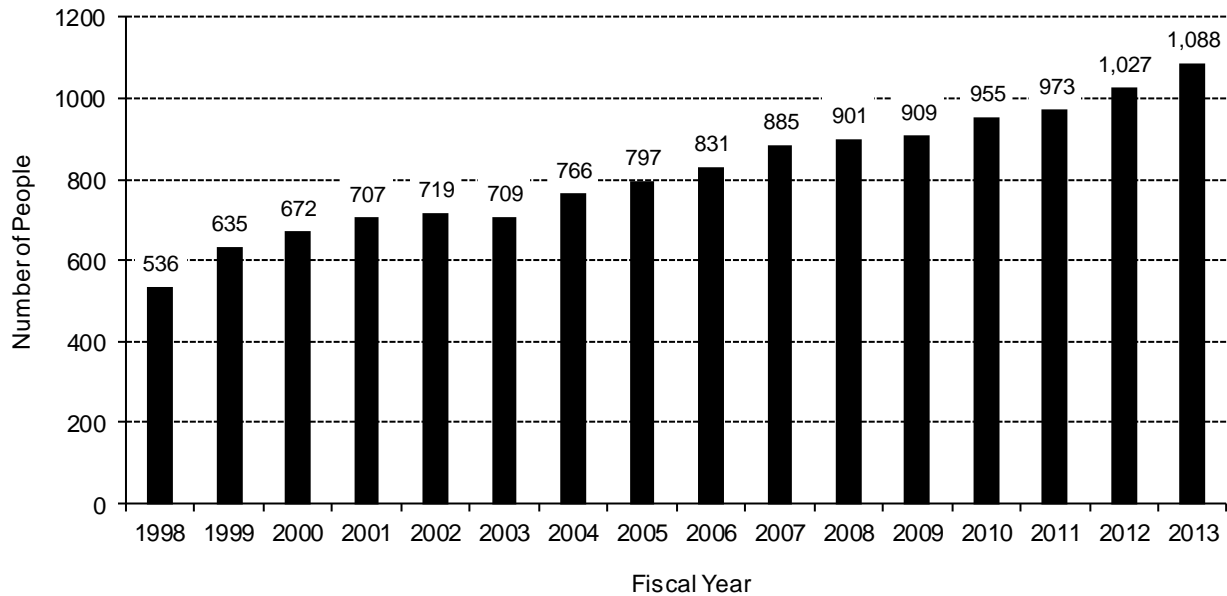
Note: The Supervised Living figures are based on services only to people receiving less than 24 hour home supports in their own home/apartment funded through home and community-based services. The group and staff living figures include some community supports and work services dollars (varies by agency). ICF/DD dollars are based on expenditure data. (This figure was based on allocation prior to FY '13.)

Employment Supports

Numbers Served – FY 2013²⁰	
Average hourly wage	\$9.26
Average hours worked per week	9 hours/week
Estimated public benefits (SSI) saved	\$1,528,065
Average Employer/Employee (Social Security and Medicare) Tax Contribution	\$592,942
Total people employed	1,088

Employment Supports assists transition age youth and adults in establishing and achieving work and career goals. Environmental modifications and adaptive equipment are component parts of supported employment as is transportation.

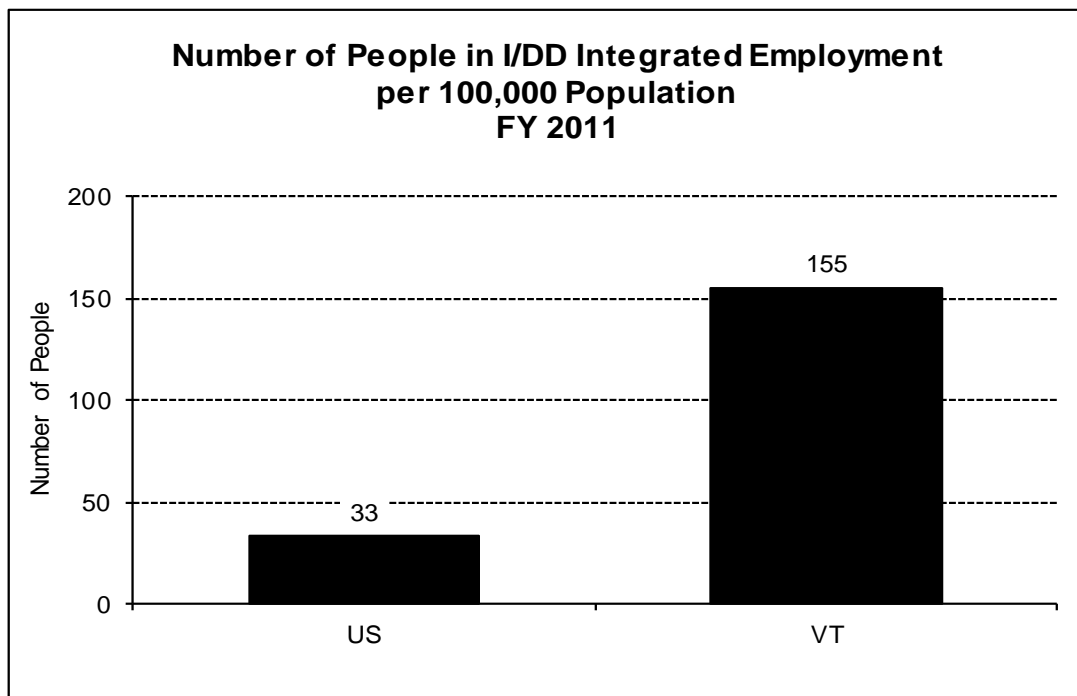
**People with Developmental Disabilities Receiving
Supported Employment to Work
FY '98 - FY '13**



²⁰ Data is collected annually from the Designated Agencies and Specialized Service Agencies.



Vermont is ranked #1 in the nation (FY '11) in the number of people with developmental disabilities who receive supported employment to work per 100,000 of the state population; almost five times greater than the national average²¹.



The average wage in FY '13 for people developmental disabilities who received employment supports (\$9.26) is 6% higher than minimum wage in Vermont (\$8.73 as of January 1, 2014).



Vermont is ranked 5th nationally (FY '11) in people in supported employment as a proportion of total people getting community and/or employment supports²²; 43% in Vermont compared with the national average of 20%.



Of those adults with developmental disabilities interviewed in Vermont who are unemployed, 69% said they want a paid job. Of those interviewed who have jobs, 45% said they want to work more hours²³.

²¹ *The State of the States in Developmental Disabilities*: Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 2013.

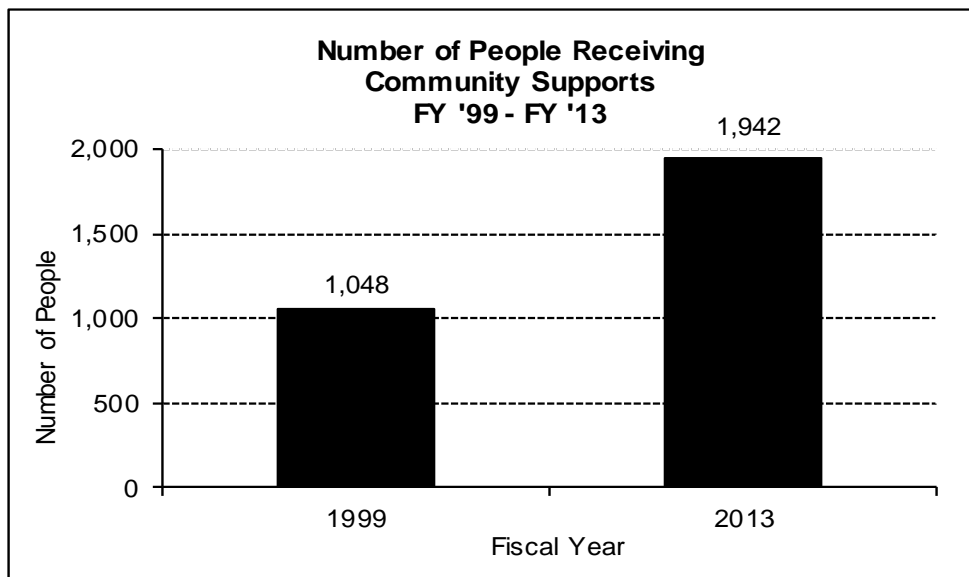
²² Ibid.

²³ Data is based on results from *Survey of Adults Receiving Developmental Services in Vermont – Spring 2013*, Consumer Survey Project, Developmental Disabilities Services Division, State of Vermont.

Community Supports

Numbers Served – FY 2013	
Total people receiving community supports	1,942

Community Supports assists individuals to develop skills and social connections. Supports may include teaching and/or assistance in daily living, supportive counseling, support to participate in community activities, and building and sustaining healthy personal, family and community relationships.



The number of people who received Community Supports has increased 35% in the past five years (FY '08 – FY '13).

Family Supports

Numbers Served ²⁴ – FY 2013			
Funding/Supports for Families	Adults (22 and over)	Children (under 22)	Total
Flexible Family Funding	110	967	1,077
Home and Community-Based Service	678	168	846
The Bridge Program	7	439	446
Total people served (unduplicated)	780	1,256	2,036

Family Supports include Flexible Family Funding, the Bridge Program and Home and Community-Based Services funded under Global Commitment (e.g., respite, family support, employment supports, 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 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 support to the individual, family-directed respite, service coordination, employment 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 who received family supports represent 48% of all people served with developmental disabilities funding in FY '13.

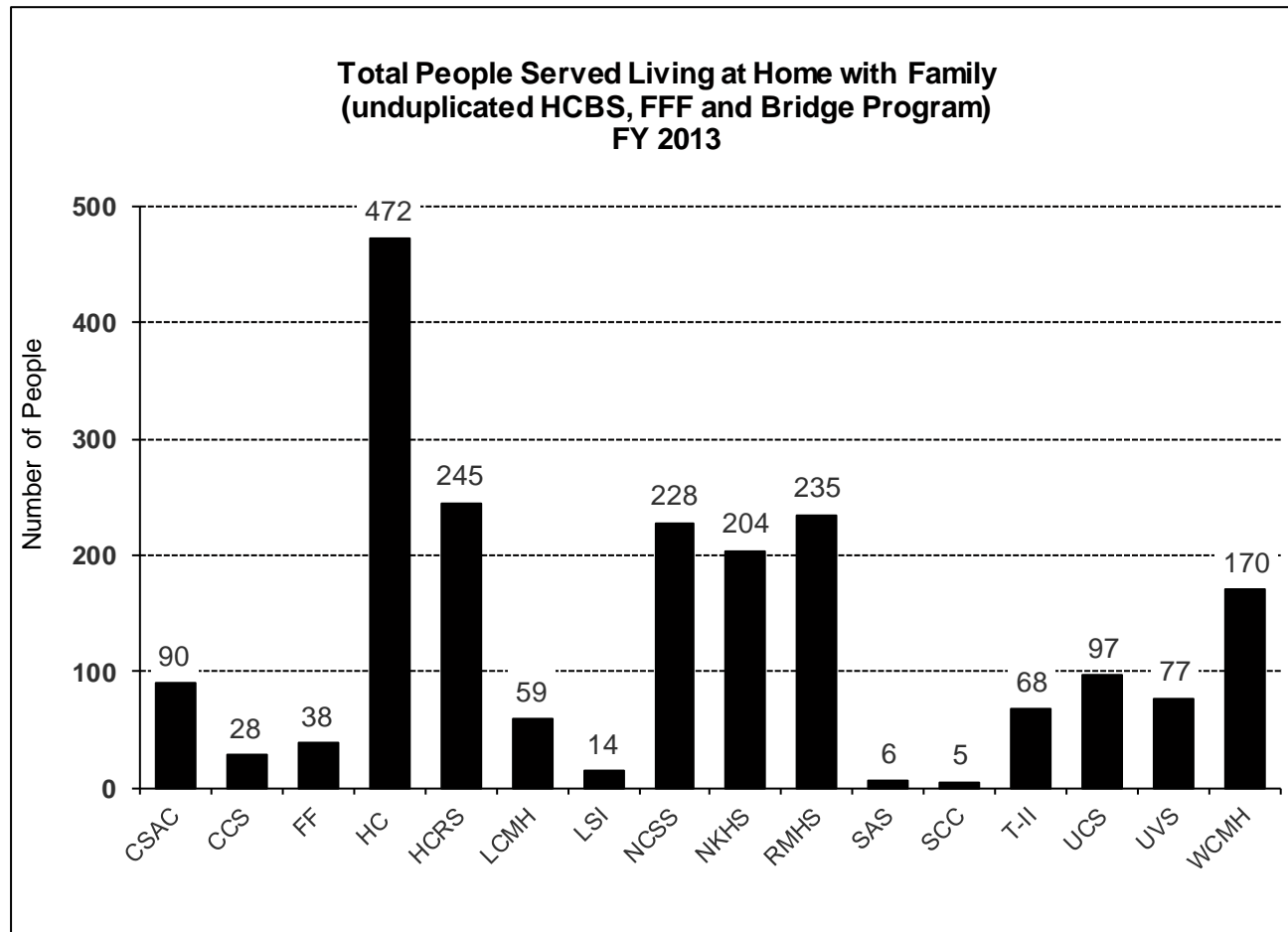


One third (31%) of people who receive Home and Community-Based Services in FY '13 live with their family.



During FY 2013, 86 people self/family-managed all of their services.

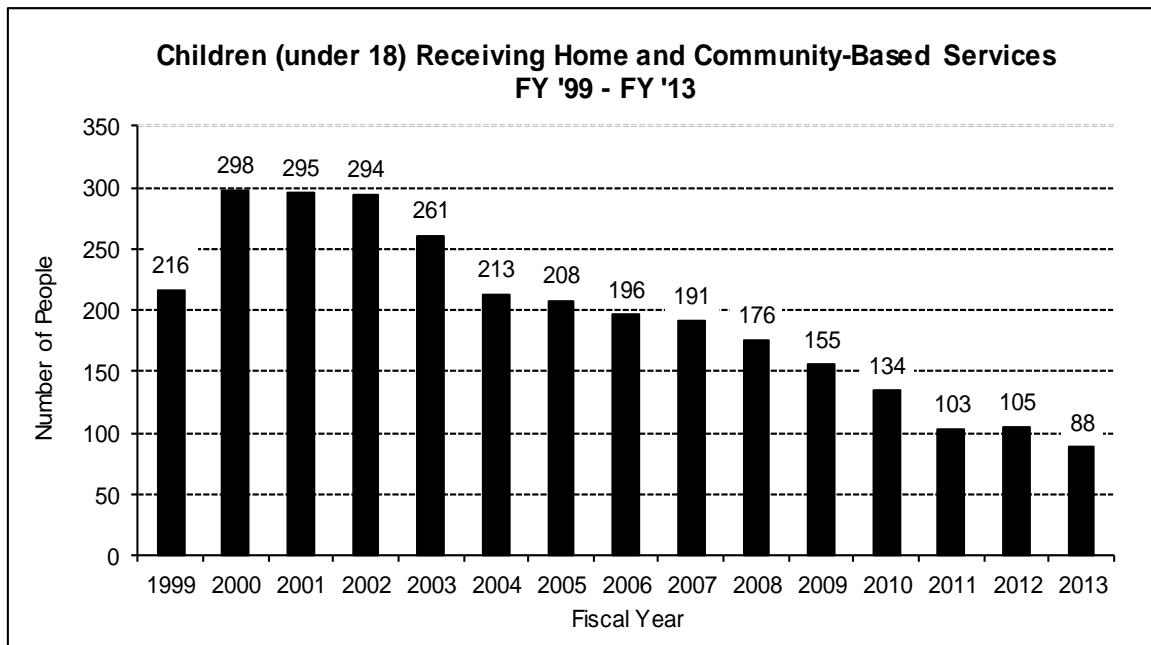
²⁴ Age is based on the person's age as of 7/1/14. The seven people who show up as adults under the Bridge Program turned age 22 during FY 2013 and no longer receive Bridge Program funding.



Children's Services

Numbers Served ²⁵ – FY 2013				
Funding/Support for Children	Birth – 6	7 – 17	18 – 21	Total
Flexible Family Funding	160	624	183	967
Home and Community-Based Services	4	84	253	341
The Bridge Program ²⁶	39	310	90	439
Other: Targeted Case Management or vocational grant only	7	32	18	57
Total children served (unduplicated)	182	841	438	1,461

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 services and/or support in the home. Services for youth over age 18 may include employment supports or community supports as well as other supports.



²⁵ Age is based on the person's age as of 7/1/14.

²⁶ This total does not include seven people who turned age 22 during FY 2013 and who no longer receive Bridge Program funding.

Clinical and Crisis Services

Vermont Crisis Intervention Network Numbers Served – FY 2013²⁷	
Level II – Technical assistance Number of people supported (est.)	92
Level III – Crisis beds Number of stays (duplicated)	34
Number of total days	577
Average length of stay	17 days

Clinical Services include assessment, therapeutic, medication or medical services provided by clinical or medical staff, including a qualified clinician, therapist, psychiatrist or nurse. Clinical Services are medically necessary clinical services that cannot be accessed through the Medicaid State Plan.

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. Crisis services may be individualized, regional or statewide and includes emergency/crisis assessment, support and referral; and emergency/crisis beds. Designated Agencies are required to provide or arrange for 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.



In addition to providing technical assistance and managing two statewide crisis beds, VCIN delivered training to an estimated 200 provider staff and contracted workers in FY '13.

²⁷ Crisis services data is reported annually by the Vermont Crisis Intervention Network.

Public Safety

Numbers Served – FY 2013	
Individuals who pose a public safety risk	230
Individuals on Act 248 (included as part of public safety risk count)	34

Public Safety Risk Supports assist adults who have demonstrated serious sexual and violent behavior in addressing these community safety concerns and increase their opportunities to live a safe and satisfying life.

Act 248 is a legal designation that means an individual with developmental disabilities who has been charged with a crime and considered a public safety risk, and who has been found to be incompetent to stand trial, is committed to the care and supervision of the Commissioner of DAIL.

The Developmental Disabilities Services Division 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. The majority of these offenders committed a sexual offense and/or other violent offenses, such as arson and assault.

- **Training and Support:** The Division sponsors quarterly training and support program for DA/SSAs and provides specialized consultation for staff who supervise offenders with developmental disabilities in community settings.
- **Funding:** A Public Safety Funding Committee meets monthly to review proposals for funding designated for offenders. Recommendations are made to DDSD regarding whether each applicant meets the public safety criteria outlined in the State System of Care Plan and the amount of funding appropriate to meet the individual's goals. DDSD makes the final decision concerning authorization of funding.



In FY '13, the average home and community-based services cost per person who posed a public safety risk was \$115,114²⁸ compared to the \$54,427²⁹ average per person cost for all people receiving home and community-based services.

²⁸ Based on cost of services provided as of 6/30/13.

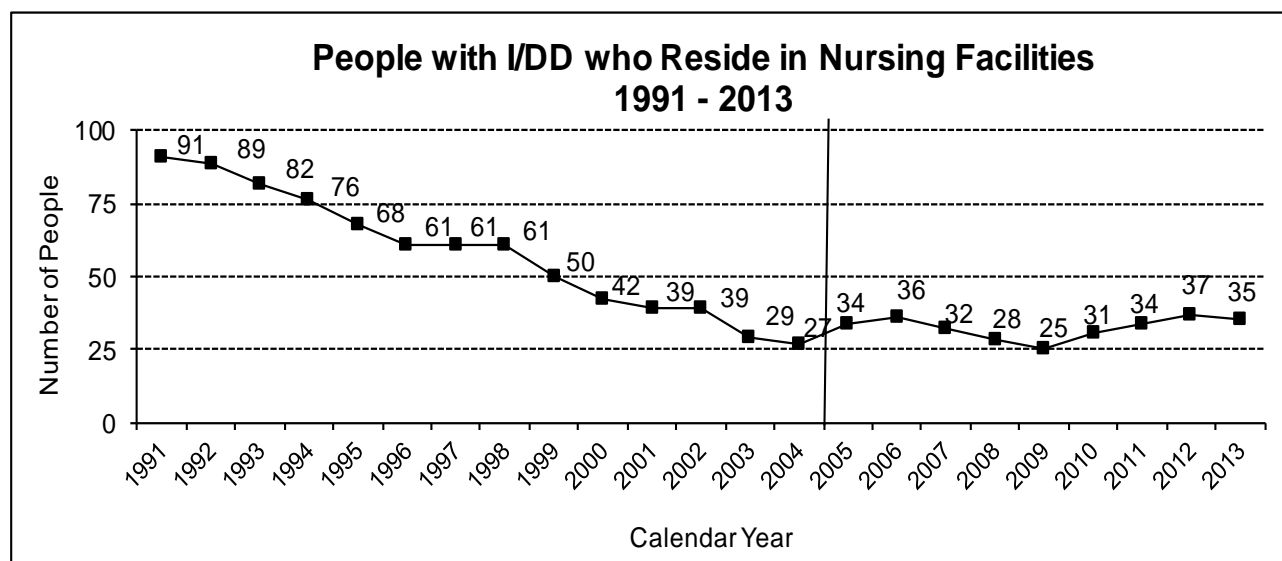
²⁹ Based on cost of total services provided throughout FY 2013 fiscal year. This dollar amount includes cost of services to people who pose a public safety risk.

Nursing Facilities

Numbers Served – 2013	
People receiving specialized services	16
PASRR screenings	33
Total people living in nursing facilities³⁰ (as of 12/31/13)	35

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.

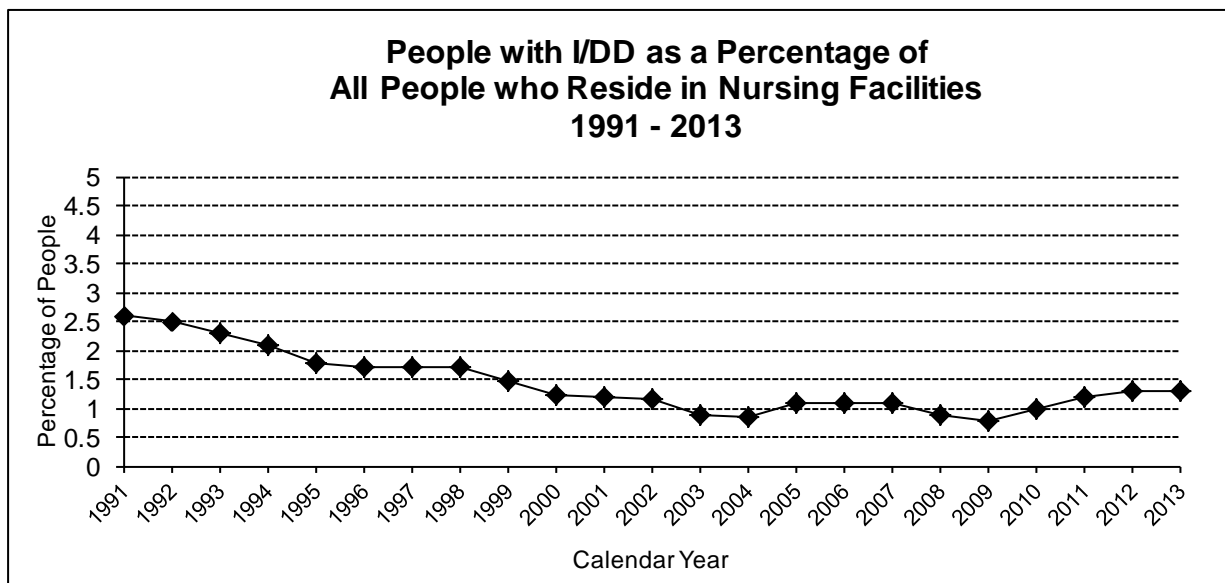
Specialized Services are provided to individuals with developmental disabilities who live in nursing facilities. These Specialized Services greatly improve the quality of life for people living in nursing facilities by providing support to address social and recreational needs as well as the person's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



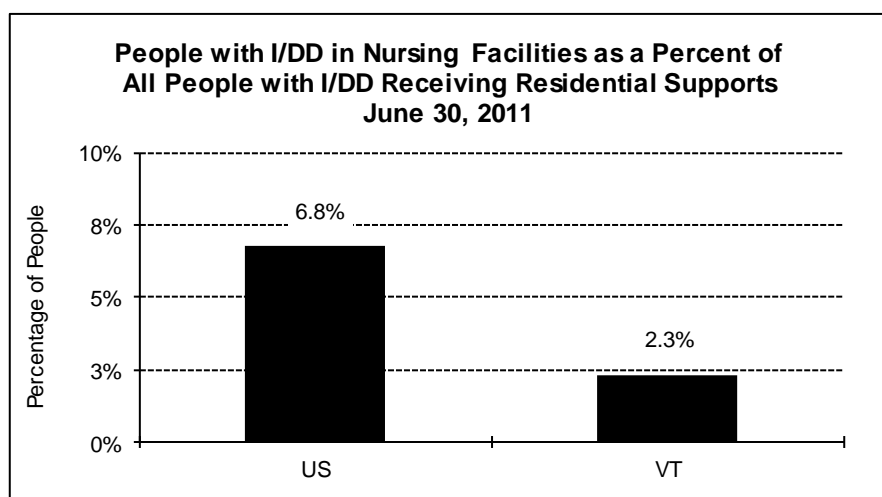
³⁰ PASRR uses the federal definition of “mental retardation or related conditions.” The terminology used in this report is “intellectual/developmental disabilities” (I/DD). Data is collected two times a year from nursing facilities throughout Vermont. In 2009, after contacting nursing facilities to verify 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 '11 was ten per 100,000 of the state's general population³¹. The Vermont rate was five; half the national average. However, after almost 20 years of steady decline, people with I/DD as a percentage of all people in nursing facilities in Vermont has been on a slow rise the past few years.



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 2.3% in 2011, considerably lower than the national average.³²



³¹ *The State of the States in Developmental Disabilities*. Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 2013.

³² Residential supports in this context include home and community-based services funding, ICF/DD and nursing facilities. Source: Larson, S., Salmi, P., Smith, D., Anderson, L., & Hewitt, A. *Residential Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2011*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, 2013.

Office of Public Guardian

Caseload – FY 2013³³	
Guardianship services (developmental disability specialty)	658
Guardianship services (aging specialty)	107
Case management (developmental disability specialty)	8
Total people in Office of Public Guardian program (unduplicated)	770
Total representative payee services	331

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 representative payee, a director and an administrative assistant.

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. 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.**



DAIL added a new guardian position based in the Northeast Kingdom starting in July 2013. Previously, this large geographic area was served by guardians from the surrounding counties. This will greatly improve our ability to serve people who live in the northeast region of Vermont and increase the efficiency of guardianship services.

³³ Data is provided annually by the Office of Public Guardian.

Communication

The Vermont Communication Task Force believes all persons, regardless of their disability, are:

- **Competent;**
- **Can communicate; and**
- **Must receive the support, training, and technology needed to actively participate in all aspects of life.**

The Task Force is a statewide group that formed in 2000 made up of members who have experience and knowledge of communication, literacy, and assistive technology. The Task Force provides information and training to high school age youth and adults with developmental disabilities, family members, educators, service providers, and community members.

The Vermont Communication Task Force (VCTF) offers:

- **Training** to individuals supporting high school age youth and adults with developmental disabilities to communicate more effectively.
- **Technical assistance** to service coordinators and individual support teams.



The VCTF created an on-line *Guide to Medicaid Funding for Communication Evaluations and Devices*. The guide outlines the process to obtain a communication evaluation and a communication device if an individual is eligible for Medicaid funding.



The VCTF updated the *Annotated Communication Resource Guide*. This guide provides descriptions of invaluable communication resources that are available on-line. Resources are listed in the following categories:

- Vermont Resources
- Augmentative and Alternative Communication (AAC) 101
- Rights and Policies
- Methods and Strategies
- Planning Tools and Resources
- Funding
- Advocacy
- Literacy
- Training
- Devices and Equipment
- App Resources for iPhone/iPads
- Books
- Additional Resources

Consumer Survey

Numbers Surveyed – 2013	
Number of adult participants –	
Interview and demographic survey	176
Demographic survey only	217
Total number of adult participants	393

Consumer Survey Project: The Developmental Disabilities Services Division contracts with an independent group to conduct interviews of adults who receive services throughout the state. 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. 2013 was the third year in the current three-year survey cycle during which surveys and interviews were conducted at five agencies³⁴.

The data presented below are aggregate data representing statewide results. This is just a small sampling of the data collected from the survey. To see the complete report, go to the Developmental Disabilities Services Division website ([Consumer Survey Report 2013](#)).

Consumer Survey Results³⁵ – 2013

Highlights



Residential: 89% said they like where they live.



Work: 91% said they like their job.



Things to do: 90% said they decide how to spend their free time.



Community Supports: 93% said they like their individual community activities.



Guardianship: 91% said they feel happy about their guardian.



Friends: 87% said they can see their friends when they want.



Service Agency: 89% said they feel listened to at their ISA meetings.
















Self-Determination: 85% said they make decisions/choices that they wish to make.

³⁴ The five agencies that took part in the Consumer Survey Project in 2013 were Health Care and Rehabilitation Services of Southeastern Vermont, Lincoln Street Incorporated, Rutland Mental Health Services – Community Access Program, Specialized Community Care and United Counseling Service.

³⁵ 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: 62%** said someone else chose the place where they live.
-  **Residential: 36%** said someone else chose who they live with.
-  **Work: 69%** of the people who do not work said they wanted a paid job.
-  **Work: 45%** of the people who work said they would like to work more hours.
-  **Community Supports: 29%** said they would like more community activities.
-  **Activities: 45%** of the people who go out to entertainment want to do more.
-  **Activities: 40%** of the people who get to exercise/play sports want to do more.
-  **Friends: 34%** said they wish they had more friends.
-  **Friends: 33%** of the people who do not have a boyfriend or girlfriend want one.
-  **Dating: 51%** said they need to know more about dating.
-  **Rules: 84%** said someone else makes the rules for the place where they live.
-  **Rules: 45%** said someone else decides when friends and family can come to visit.
-  **Self-Determination: 61%** said they need to know more about how to chose who helps them (interview and hire their support workers).
-  **Self-Determination: 22%** say they want more control over their life.
-  **Voting: 53%** of the people who have not voted in an election want to vote.
-  **Self-Advocacy: 59%** of the people who had not been to a self-advocacy meeting, conference or event said they want to go to one.

Consumer Survey Demographic Summary³⁶ – 2013

Basic Information

Gender		Guardian Status		Representative Payee	
Males	57%	Private	47%	Yes	83%
Females	43%	Public	32%	No	13%
		None	20%	Unknown	5%
		Unknown	1%		
Marital Status		Court Ordered Restrictions		Family Involved in Person's Life	
Single	92%	No	96%	Yes	85%
Married/Civil Union	3%	Yes	3%	No	14%
Married/CU in past	4%	Unknown	1%	Unknown	1%
Unknown	1%				

Residential Summary

Residential Type		Household Composition		Paid Residential Support	
Home provider	42%	Non relatives	52%	24-hour	54%
Lives with family	27%	Parents	27%	None/Family	31%
Person's own home	23%	Lives alone	11%	Daily	4%
Group living	3%	Other relatives	5%	Less than daily	9%
Staffed living	2%	Spouse/Civil Union/	5%	As needed	3%
Residential Care Home/	3%	Domestic partner			
Nursing Home/Other					

Who Own/Leases the Home		Residential Location		How Long Living in Home	
Home provider	47%	Rural/Physically remote	47%	Over 5 years	59%
Family/guardian	32%	Walking distance to city/town	31%	3 – 5 years	18%
Person rents home	14%	Centrally located in city/town	20%	1 – 2 years	13%
Provider agency	4%	Unknown	2%	Less than 1 year	8%
Person owns home	1%			Unknown	2%
Unknown/Other	2%				

Health Concerns Summary

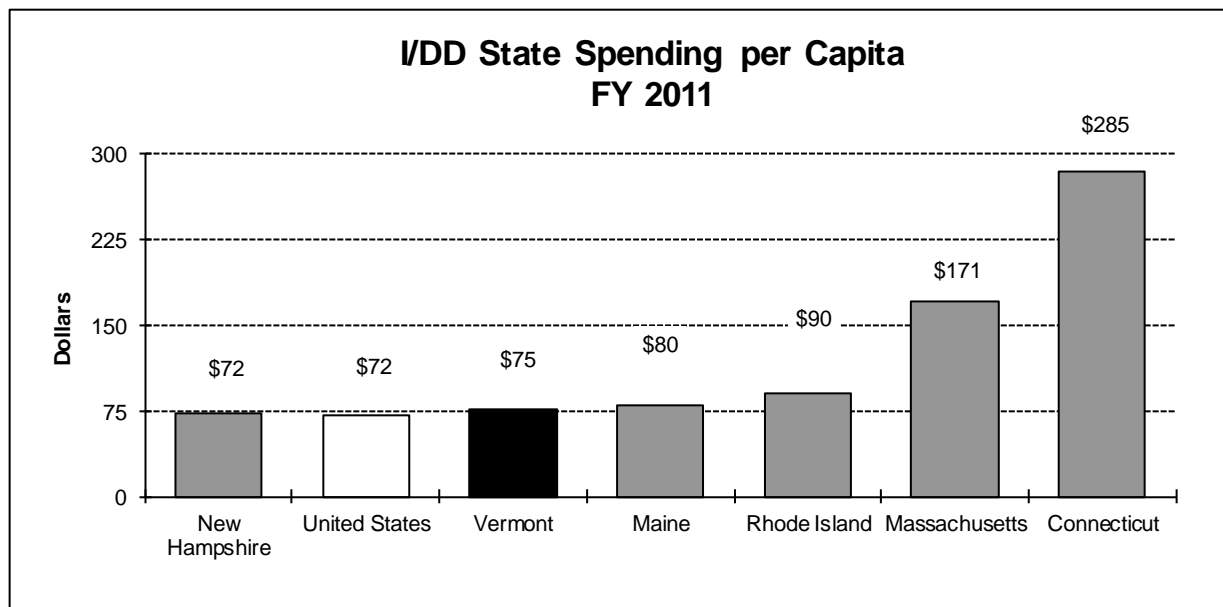
Is weight a concern?		Does person smoke/chew tobacco?		How physically active is person?	
No	61%	No	89%	Very	15%
Yes, overweight	30%	Yes	9%	Moderately	57%
Yes, underweight	5%	Unknown	2%	Inactive	25%
Unknown	4%			Unknown	3%

³⁶ Data is based on results from the *Survey of Adults Receiving Developmental Services in Vermont – Spring 2013* report and includes all participants (those who had the demographic survey and were interviewed and those not interviewed who only had the demographic survey).

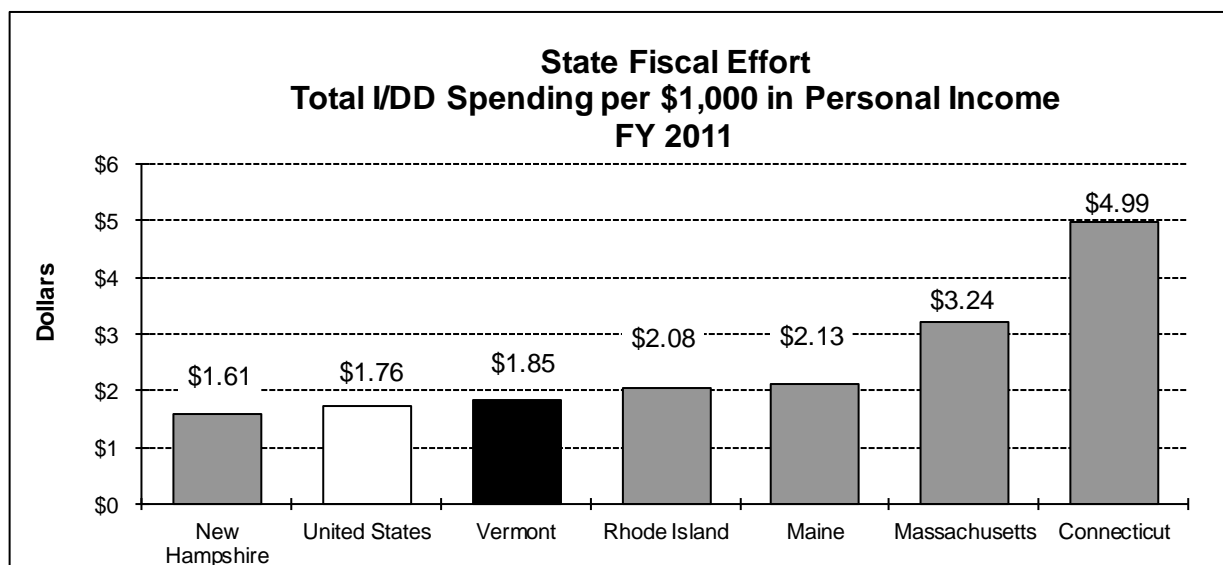
National Comparisons³⁷



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.



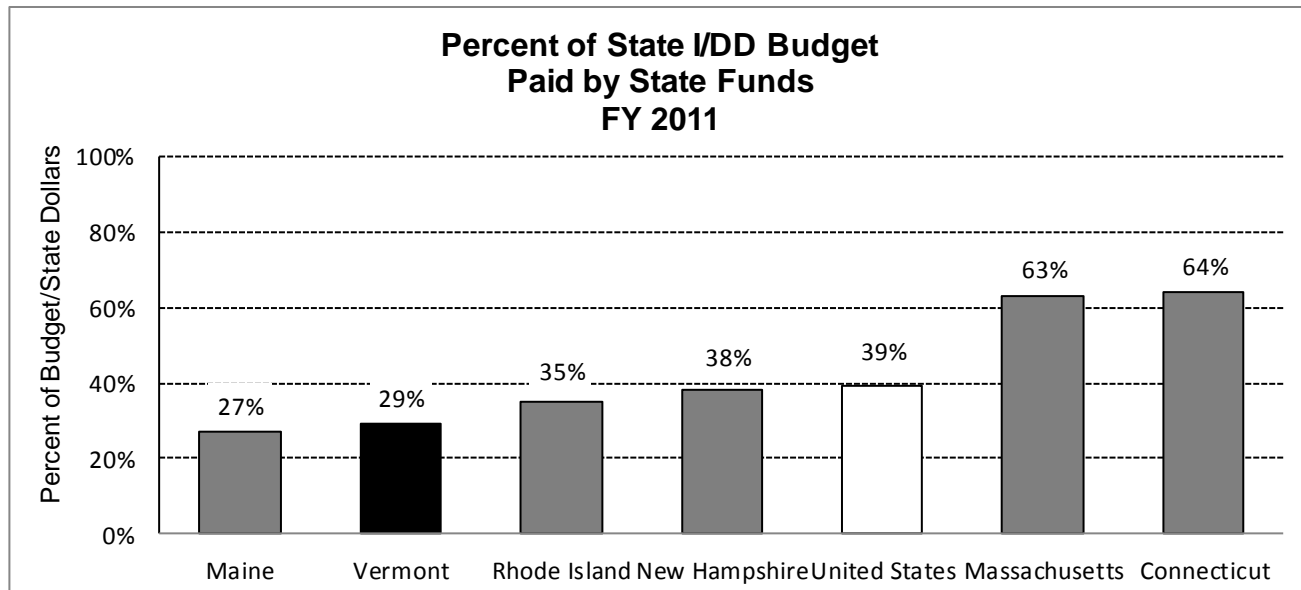
The fiscal effort in Vermont, as measured by total state spending for people with intellectual/developmental disability (I/DD) services per \$1,000 in personal income, indicates that Vermont ranks 2nd to New Hampshire as the lowest of all New England states – and is slightly higher than the national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



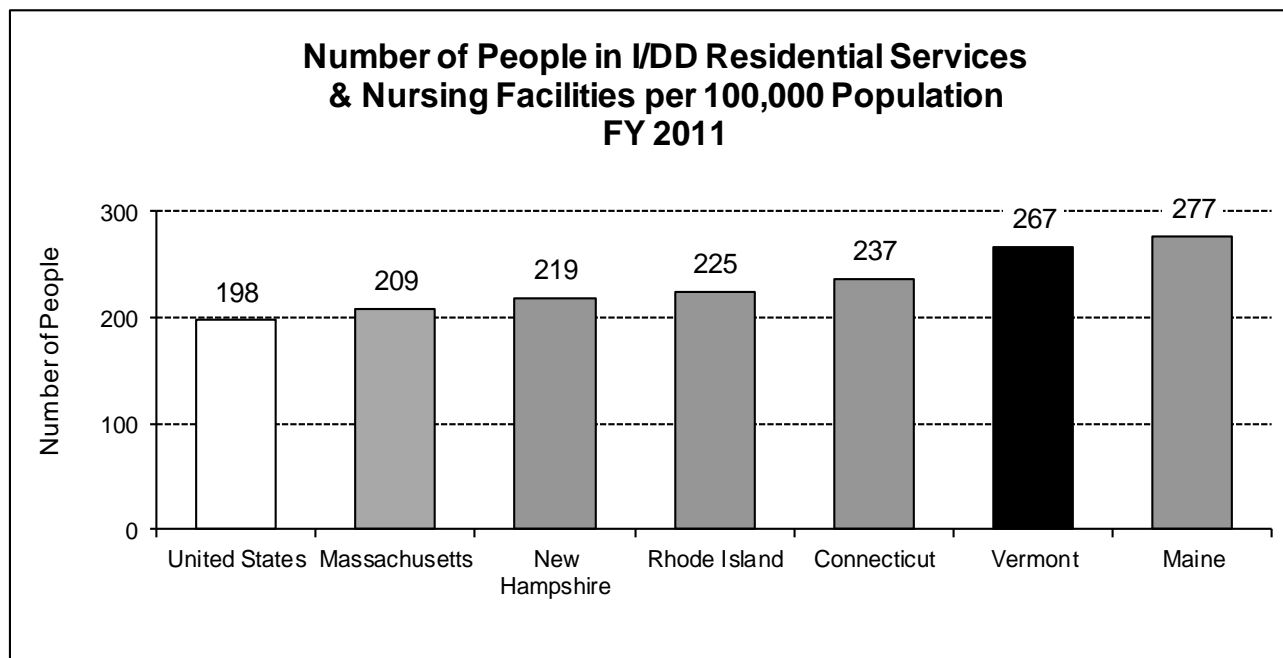
³⁷ *The State of the States in Developmental Disabilities*: Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 2013.



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.

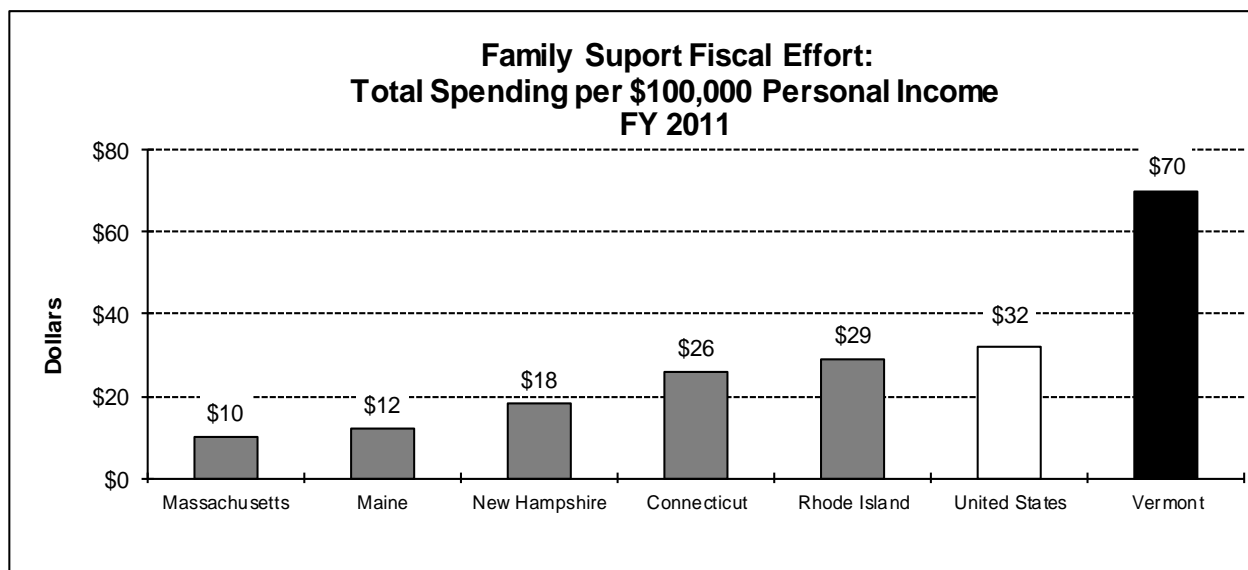


The number of people receiving residential services in the Vermont intellectual/developmental disability (I/DD) service system (including people living in nursing facilities) per 100,000 of the state population is well above the national average – and higher than any other New England state except for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

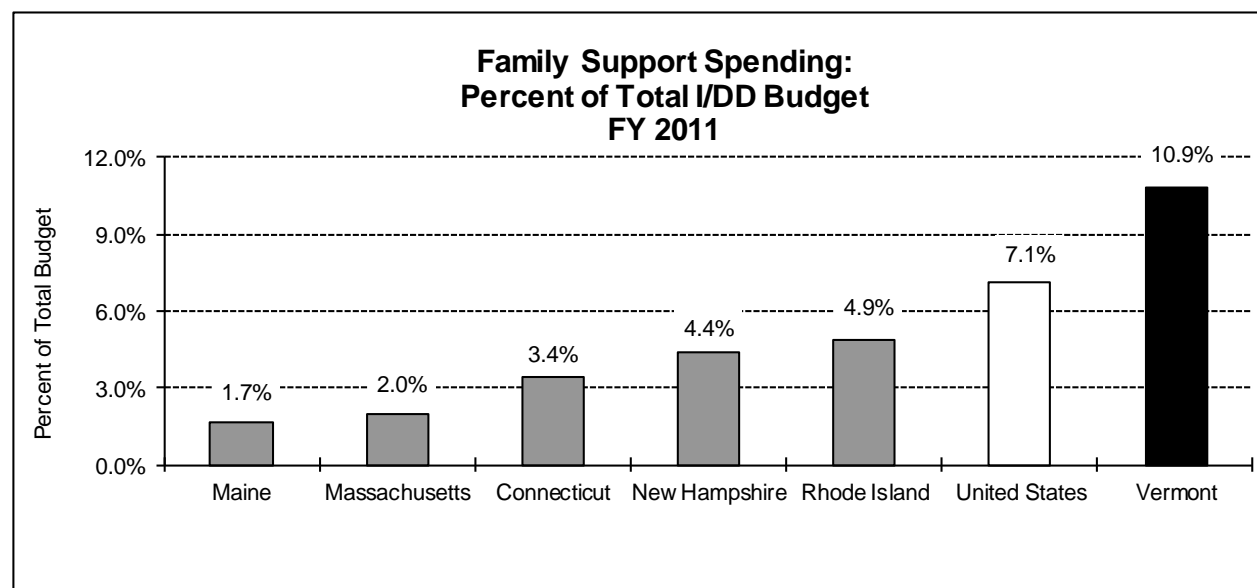




Vermont is ranked 1st in New England and 4th in the nation in total family support³⁸ spending per \$100,000 personal income.



Vermont's family support³⁹ spending is ranked 1st in New England and 9th in the nation in terms of the percent of the total intellectual/developmental disabilities services system budget.



³⁸ “Family Support” is defined as supports provided to individuals who live with their family who receive Flexible Family Funding or developmental disabilities home and community-based services funding for in-home supports, respite and/or service coordination. Spending reflects an individual’s total budget minus community and work supports.

³⁹ Ibid.

A T T A C H M E N T S

Acronyms	Attachment A
Organizational Chart – Agency of Human Services.....	Attachment B
Developmental Disabilities Services Division Staff – April 2014	Attachment C
Vermont Developmental Disabilities Services Providers – April 2014	Attachment D
Members of the State Program Standing Committee for Developmental Services – January 2014	Attachment E
Vermont State System of Care Plan Funding Priorities – FY 2013	Attachment F
Developmental Disabilities Services Funding Appropriation – FY 2013	Attachment G
Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities – January 2014	Attachment H
Developmental Disabilities Services Codes and Definitions – October 2012.....	Attachment I

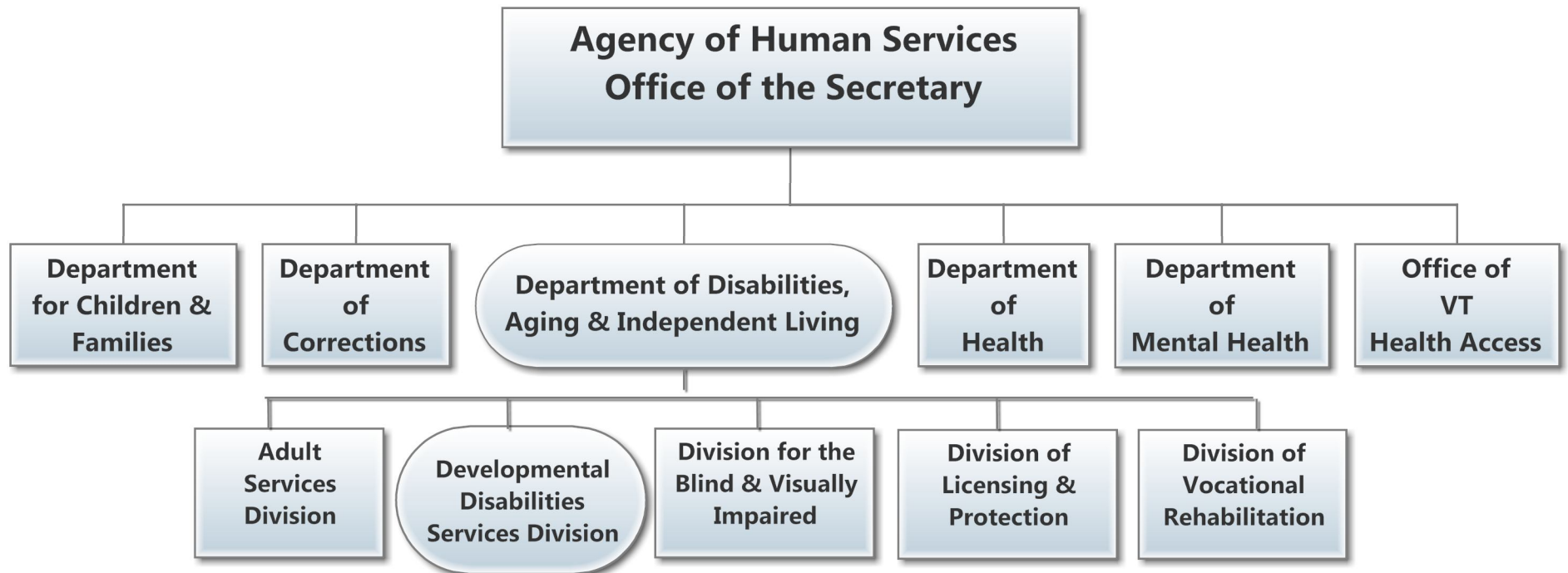
ACRONYMS

AAC	Augmentative and Alternative Communication
AAIDD	American Association on Intellectual and Developmental Disabilities
ACT 248	Supervision of individuals with developmental disabilities that have been charged with crimes and who have been found to be incompetent
ADD	Attention Deficit Disorder
ADRC	Aging and Disability Resource Connections
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
ARC	Advocacy, Resources and Community
ARIS	Area Resources for Individualized Services
ASD	Autism Spectrum Disorders
ASD	Adult Services Division
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)
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
CY	Calendar Year
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
DD	Developmental Disability or Developmentally Disabled
DD ACT	Developmental Disability Act of 1996
DDC	Developmental Disabilities Council
DDS	Developmental Disabilities Services
DDSD	Developmental Disabilities Services Division
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
DR-VT	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 1115 Waiver
GF	General Fund
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
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HP	Home provider
HP	Hewlett Packard
HRD	Human Resources Data
ICD	International Classification of Diseases (most current edition)
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
LCMH	Lamoille County Mental Health
LSI	Lincoln Street Incorporated
MCIS	Managed Care Information System
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
QI	Quality Improvement
RARC	Rutland ARC
RBA	Results Based Accountability
RMHS	Rutland Mental Health Services
SAS	Sterling Area Services
SCC	Specialized Community Care
SL	Shared living
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
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



Development Disabilities Services Division April 2014

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

Staff Name	Title	Phone (802)	E-mail Address
Camille George	Division Director	871-3386	camille.george@state.vt.us
Tammi Provencher	Program Technician II	871-3064	tammi.provencher@state.vt.us
Tina Royer	Executive Staff Assistant	871-3065	tina.royer@state.vt.us
Joy Barrett	Nurse Surveyor	786-5054	joy.barrett@state.vt.us
June Bascom	Program Development and Policy Analyst	871-3050	june.bascom@state.vt.us
Ellen Booth	Quality Management Reviewer	871-3061	ellens.booth@state.vt.us
Diane Bugbee	Children's Services Specialist	871-3367	diane.bugbee@state.vt.us
Jeff Coy	Quality Management Reviewer	871-3060	jeff.coy@state.vt.us
Jennie Masterson	Supported Employment Coordinator	786-2571	jennie.masterson@state.vt.us
Clare McFadden	Senior Specialized Services Supervisor	871-3062	clare.mcfadden@state.vt.us
Chris O'Neill	Quality Management Team Leader	786-5048	chris.oneill@state.vt.us
Jennifer Perkins	Developmental Disabilities Services Specialist	786-5081	jennifer.perkins@state.vt.us
Ed Riddell	Developmental Disabilities Public Safety Specialist	871-3049	ed.riddell@state.vt.us
Amy Roth	Developmental Disabilities Services Specialist	288-8032	amy.roth@state.vt.us

Traumatic Brain Injury Program

Staff Name	Title	Phone (802)	E-mail Address
Andre Courcelle	Traumatic Brain Injury Program Supervisor	786-2516	andre.courcelle@state.vt.us
Joy Barrett	Consulting Nurse for TBI	786-5054	joy.barrett@state.vt.us

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

Main 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 Gordon Bullard, Program Technician	828-3623 828-2143	jackie.rogers@state.vt.us gordon.bullard@state.vt.us
OPG Regional Offices	Staff Name	Phone (802)	E-mail Address
Brandon Office PO Box 365 Brandon, VT 05733 FAX: 247-4391	Lisa Lamoureux – Public Guardian	247-4390	lisa.lamoureux@state.vt.us
Brattleboro Office PO Box 2386 W. Brattleboro, VT 05303 FAX: 251-2144	Beth Spicer – Public Guardian	251-2145	beth.spicer@state.vt.us
Burlington Office 110 Cherry Street, Suite 2-1 Burlington, VT 05401 FAX: 951-4036	Heather Allin – Regional Supervisor	865-7721	heather.allin@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
Lincoln Office PO Box 396 Bristol, VT 05443 FAX: 453-8451	Lisa Sipsey – Public Guardian	453-7694	lisa.sipsey@state.vt.us
Middlebury Office 156 South Village Green Suite 103 Middlebury VT 05753 FAX: 388-4694	Dale Severy – Public Guardian Joan Stephens – Regional Supervisor	388-4692 388-4693	dale.severy@state.vt.us joan.stephens@state.vt.us
Montpelier Office 81 River Street, Suite 208 Montpelier, VT 05609-2210 FAX: 828-0243	Becky Guyett – Regional Supervisor Leslie Pinkham – Public Guardian	828-3622 828-3620	becky.guyett@state.vt.us leslie.pinkham@state.vt.us

Office of Public Guardian – Page 2

OPG Regional Offices	Staff Name	Phone (802)	E-mail Address
North Ferrisburg Office PO Box 122 North Ferrisburg, VT 05473 FAX: 877-6792	Laurie Gutowski – Public Guardian	877-6779	laurie.gutowski@state.vt.us
Perkinsville Office PO Box 83 Perkinsville, VT 05151 FAX: 263-5514	Gabrielle Kronyak – Public Guardian Bethany Perry – Public Guardian Ian Sbardellati – Public Guardian	263-5291 263-5305 263-5661	bethany.perry@state.vt.us gabrielle.kronyak@state.vt.us ian.sbardellati@state.vt.us
Richmond Office PO Box 1138 Richmond, VT 05477 FAX: 434-4272	Ed Wells – Public Guardian	324-3528	ed.wells@state.vt.us
Rutland Office One Scale Ave., Suite 109 Rutland, VT 05701-4460 FAX: 786-5055	Karen Hawley – Regional Supervisor	786-5043	karen.hawley@state.vt.us
	Kate Hoover – Public Guardian	786-5049	kate.hoover@state.vt.us
	Dave Ramos – Public Guardian	786-5042	dave.ramos@state.vt.us
	Jan Sherman – Regional Supervisor	786-5041	jan.e.sherman@state.vt.us
	Chris Dupuis – Community Financial Specialist	786-5045	chris.dupuis@state.vt.us
Shoreham Office 773 Witherell Road Shoreham, VT 05770 FAX: 897-5486	Linda Vondle – Public Guardian	897-5476	linda.vondle@state.vt.us
St. Albans Office 20 Houghton Street, Suite 207 St. Albans, VT 05478 FAX: 527-5592	Renee Begnoche – Public Guardian	524-7991	renee.begnoche@state.vt.us
	Diane Morris – Public Guardian	524-7992	diane.morris@state.vt.us
Townshend Office PO Box 87 Townshend, VT 05353 FAX: 365-7935	Mike Attley – Regional Supervisor	365-4478	mike.attley@state.vt.us
West Burke Office PO Box 354 West Burke, VT 05871 FAX: 467-1174	Gwen Van Dine – Public Guardian	467-1182	gwen.vandine@state.vt.us

VERMONT DEVELOPMENTAL DISABILITIES SERVICES PROVIDERS

April 2014

(CCS) CHAMPLAIN COMMUNITY SERVICES, INC.

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

Exec. Director: Elizabeth Sightler
County: Chittenden
Website: <http://ccs-vt.org/>

(CAP) COMMUNITY ACCESS PROGRAM OF RUTLAND COUNTY – RMHS

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

Director: Ellen Malone
County: Rutland
Website: <http://www.rmhsccn.org/>

(CA) COMMUNITY ASSOCIATES – CSAC

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

Director: Greg Mairs
County: Addison
Website: <http://www.csac-vt.org/>

(CDS) COMMUNITY DEVELOPMENTAL SERVICES – WCMH

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

Director: Juliet Martin
County: Washington
Website: <http://www.wcmhs.org/>

(FF) FAMILIES FIRST

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

Director: Julie Cunningham
Counties: Windham and Bennington
Website: <http://familiesfirstvt.weebly.com/>

(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
Counties: Windsor and Windham
Website: <http://www.hcrs.org/>

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
Website: <http://www.howardcenter.org/home>

(LCMH) LAMOILLE COUNTY MENTAL HEALTH

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

Director: Jennifer Stratton
County: Lamoille
Website: <http://www.lamoille.org/>

(LSI) LINCOLN STREET INCORPORATED

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

Executive Director: Cheryl Thrall
County: Windsor
Website: <http://www.lincolnstreetinc.org/>

(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
Website: <http://www.nkhs.org/>

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: Kathleen Brown (acting)
Counties: Franklin and Grand Isle
Website: <http://www.ncssinc.org/>

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

(SCC) SPECIALIZED COMMUNITY CARE

PO Box 578
East Middlebury, VT 05740
Phone: 388-6388 FAX: 388-6704

Executive Director: Ray Hathaway
Counties: Addison and Rutland

3627 Route 7 South
Middlebury, VT 05753

(SAS) STERLING AREA SERVICES, INC.

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

Executive Director: Marilyn Carter (acting)
County: Lamoille and Washington
Website: <http://www.sterlingarea.com/>

(T-II) TRANSITION II, INC.

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

Executive Director: Kara Artus
County: Statewide
Website: <http://www.transitionii.com/>

(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
Website: <http://www.ucsvt.org/>

(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 2014**

NAME	ADDRESS, PHONE & FAX NO.	REPRESENTS	DATE APPOINTED	TERM EXPIRES 3/31
<i>Anderson, Emily</i>	652 Lewis Creek Rd. Hinesburg, VT 05461 (802) 238-4540 emilyandawarenesstheater@gmail.com	Professional	8/11	2015
<i>Bakeman, Anne</i>	4326 Harbor Rd. Shelburne, VT 05482 802-985-2199 (h) 802-658-3374 (w) anne.bakeman@hotmail.com	Advocate	05/2012	2015
<i>Barrows, Max</i>	GMSA 73 Main Street, Suite 401 Montpelier, VT 05602 229-2600 (w) 229-0276 (h) max@gmsavt.org	Advocate	1/09	2015
<i>Berger, Linda</i>	305 State St. Montpelier, VT 05602 888-4541 (w) 229-0884 (h) linda.berger@morrisville.org	Advocate	2013	2015
<i>Cunningham, Julie</i>	FF 59 Chestnut St. Brattleboro, VT 05301 julie@familiesfirst.com	Professional	12/13	2014
<i>Drum, Bethany</i>	65 North Main Street #603 Randolph, VT 05060 728-4379 (h) bethanydrum194@yahoo.com	Recipient	4/08	2015
<i>Greenwald, Joe</i>	70 East Terrace South Burlington, VT 05403 859-0188 (h) 482-7100 (w) Fax: 482-7108 jgreenwald@cvuhs.org	Recipient	11/06	2015
<i>LeBlanc, Nicole</i>	73 Main Street Apt. 52 Montpelier, Vt 05602 229-2600 (w) 505-0253 (h) nicole@gmsavt.org	Recipient	12/13	2015

<i>Mairs, Gregory</i>	CSAC 109 Catamount Park Middlebury, VT 05753 897-5058 (h) 388-4021 (w) Fax: 388-1868 gmairs@csac-vt.org	Professional	12/09	2014
<i>Moriarty, Kyle</i>	5 Mountain View Drive Montpelier, VT 05602 223-8984 (h) kyle@gmsavt.org	Advocate	05/12	2015
<i>Place, Edwin</i>	Randolph House, Apt. 208 65 North Main St. Randolph, VT 05060 728-2021 (h)	Recipient	09/01	2014
<i>Prine, Barbara</i>	Vermont Legal Aid P.O. Box 1367 Burlington, VT 05401 802-863-5620 (w) 802-864-5587 (h) 802-863-7152 (f) bprine@vtlegalaid.org	Professional	6/09	2014
<i>Wood, Theresa</i>	1461 Perry Hill Road Waterbury, VT 05676 244-8087 (h) 802-585-5202 (c) theresa.wood@comcast.net	Professional	8/11	2014
<i>Woodberry, Connie</i>	103 Partridge Road East Dummerston, VT 05346 254-8611 (h) 802-380-0809 (c) cwoodberry@gmail.com	Recipient	9/99	2015
<i>Yuan, Susan</i>	14 Kettle Creek Jericho, VT. 05465 802-899-2883 (h) 802-598-9885 (w) syuan@uvm.edu	Advocate	05/12	2015

**VERMONT STATE SYSTEM OF CARE PLAN
FUNDING PRIORITIES
FY 2013**

Funding Priorities

1. **Health and Safety:** Ongoing, direct supports and/or supervision are needed to prevent imminent risk to the individual's personal health or safety. [Priority is for adults age 18 and over.]
 - a. "Imminent" is defined as presently occurring or expected to occur within 45 days.
 - b. "Risk to the individual's personal health and safety" means an individual has substantial needs in one or more areas that without paid supports put the individual at serious risk of danger, injury or harm.
2. **Public Safety:** Ongoing, direct supports and/or supervision are needed to prevent an adult who poses a risk to public safety from endangering others. [Priority is for adults age 18 and over.] To be considered a risk to public safety, an individual must meet the Public Safety Funding Criteria.
3. **Preventing Institutionalization – Nursing Facilities:** Ongoing, direct supports and/or supervision needed to prevent or end institutionalization in nursing facilities when deemed appropriate by Pre-Admission Screening and Resident Review (PASRR). [Priority is for children and adults.] Services are legally mandated.
4. **Preventing Institutionalization – Psychiatric Hospitals and ICF/DD:** Ongoing, direct supports and/or supervision needed to prevent or end long term stays in inpatient public or private psychiatric hospitals or end institutionalization in an ICF/DD. [Priority is for children and adults.]
5. **Employment for High School Graduates:** Ongoing, direct supports and/or supervision needed for a high school graduate to maintain employment upon graduation. [Priority for adults age 19 and over.]
6. **Parenting:** Ongoing, direct supports and/or supervision needed for a parent with developmental disabilities to provide training in parenting skills to help keep a child under the age of 18 at home. Services may not substitute for regular role and expenses of parenting; maximum amount is \$7,800 per person per year. [Priority is for adults age 18 and over.]

DEVELOPMENTAL DISABILITIES SERVICES FUNDING APPROPRIATION – FY 2013

New Caseload Projected Need [304 individuals (includes high school graduates) x \$27,790 avg.]	8,448,160
Minus Returned Caseload Estimate (3 year average)	(3,934,303)
Public Safety/Act 248 (36 individuals x \$54,897 average)	1,976,292
TOTAL FY '13 ESTIMATED NEW CASELOAD NEED	6,490,149
 New Caseload Funded in Final FY 2013 Budget	 6,140,149
 DS One-time dollars to cover the remaining caseload need remaining	 350,000
TOTAL DDS APPROPRIATION - AS PASSED FY 2013	157,203,376

SOURCES OF QUALITY ASSURANCE AND PROTECTION FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES

January 2014

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.** Four (4) 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 770 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 Developmental Disabilities Services Division are inspected for compliance with safety and accessibility standards.
- E. **Consumer Surveys.** The Developmental Disabilities Services Division contracts for independent statewide consumer interviews to take place on a regular basis to measure the satisfaction of people receiving services.
- F. **Critical Incident Reporting Process.** Developmental service providers provide critical incident reports to the Developmental Disabilities Services Division 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 Developmental Disabilities Services Division 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 supported employment), 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, neglect and exploitation for children and adults, respectively. Most human service workers, including Division of Disabilities and Aging Services staff, are 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 Developmental Disabilities Services Division.
- 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 (DR-VT) 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, DR-VT is federally funded to investigate abuse, neglect and rights violations of people with disabilities and to advocate for positive systems change. DR-VT contracts with the Disability Law Project (DLP) of Vermont Legal Aid 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 DR-VT or Vermont Legal Aid. The Vermont Long Term Care Ombudsman help protect the health, welfare and rights of individuals who live in long term care facilities.
- 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. Family Support Consultants, including 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 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 also support local self-advocacy chapters 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.
- 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.

DEVELOPMENTAL DISABILITIES SERVICES
CODES AND DEFINITIONS
OCTOBER 2012

All services and supports are provided in accordance with the person's Individual Support Agreement (ISA) and applicable State and Federal requirements, including health and safety, training and emergency procedures. Services and supports are funded in accordance with the guidance outlined in the Vermont State System of Care Plan for Developmental Disabilities Services.

Individual budgets may comprise any or all of the services and supports defined in this document and are included in an all-inclusive daily rate that combines all applicable services and supports provided to the individual. The daily rate may include:

<u>Code</u>	<u>Service</u>
A01	Service Coordination
B01	Community Supports
C01 – C04	Employment Supports
D01 – D02	Respite
E01 – E07	Clinical Services
G01 – G02	Crisis Services
H01 – H06	Home Supports
I01	Transportation

Some services and supports may be managed by individuals or family members who would fulfill the responsibilities of the employer (e.g., arrange background checks, hire, train, supervise/monitor, fire) as the employer of record. In these situations where the agency is not the employer, a fiscal ISO is responsible for the bookkeeping and reporting responsibilities of the employer. A supportive ISO is also available to assist individuals and families who self/family manage services with other administrative responsibilities. The parameters of self/family-managed services are outlined in the Regulations Implementing the Developmental Disabilities Act of 1996.

Some services and supports (i.e., Community Supports, Employment Supports and Respite) may be arranged by a home provider who would fulfill the responsibilities of the employer (e.g., arrange background checks, hire, train, supervise/monitor, fire) as the employer of record. In these situations where the agency is not the employer, a fiscal ISO is responsible for the bookkeeping and reporting responsibilities of the employer.

Service Coordination

A01 Service Coordination assists individuals in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services and supports for a specific individual. The role of service coordinators is quite varied and individualized, and often can be instrumental in helping individuals get and maintain services. Service Coordination responsibilities include, but are not limited to, developing, implementing and monitoring the Individual Support Agreement; coordinating medical and clinical services; establishing and maintaining a case record; reviewing and signing off on critical incident reports; and providing general oversight of services and supports.

Some responsibilities of the services coordinator must be done by a Qualified Developmental Disabilities Professional (QDDP) who must either work for the provider agency or must have an endorsement by the State of Vermont.

Community Supports

B01 Community Supports are provided to assist individuals to develop skills and social connections. The supports may include teaching and/or assistance in daily living, supportive counseling, support to participate in community activities, collateral contacts (i.e., contact with professionals or significant others on behalf of the individual), and building and sustaining healthy personal, family and community relationships. Community Supports may involve individual supports or group supports (2 or more people). Supports must be provided in accordance with the desires of the individual and their Individual Support Agreement and take place within the natural settings of home and community.

Employment Supports

Employment Supports are provided to assist transition age youth and adults in establishing and achieving work and career goals.

Environmental modifications and adaptive equipment are component parts of supported employment and, as applicable, are included in the daily rate paid to providers. Transportation is a component part of Employment Supports that is separately identified and included in the total hours of Employment Supports.

C01 Employment assessment involves evaluation of the individual's work skills, identification of the individual's preferences and interests, and the development of personal work goals.

C02 Employer and Job Development assists an individual to access employment and establish employer development and support. Activities for employer development include identification, creation or enhancement of job opportunities, education, consulting, and assisting co-workers and managers in supporting and interacting with individuals.

C03 Job Training assists an individual to begin work, learn the job, and gain social inclusion at work.

C04 Ongoing Support to Maintain Employment involves activities needed to sustain paid work by the individual. These supports and services may be given both on and off the job site, and may involve long-term and/or intermittent follow-up.

Employment Supports do not include incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs;
or,
3. Payments for vocational training that are not directly related to individuals' supported employment program.

Respite Supports

Respite Supports assist family members and home providers/foster families to help support specific individuals with disabilities. Supports are provided on a short-term basis because of the absence of or need for relief of those persons normally providing the care to individuals who cannot be left unsupervised.

D01 Respite Supports provided by the hour.

D02 Respite Supports provided by the day/overnight.

Clinical Services

Clinical Services include assessment, therapeutic, medication or medical services provided by clinical or medical staff, including a qualified clinician, therapist, psychiatrist or nurse. Clinical Services are medically necessary clinical services that cannot be accessed through the Medicaid State Plan.

E01 Clinical Assessment services evaluate individuals' strengths; needs; existence and severity of disability(s); and functioning across environments. Assessment services may include evaluation of the support system's and community's strengths and availability to the individual and family.

E02 Individual Therapy is a method of treatment that uses the interaction between a therapist and the individual to facilitate emotional or psychological change and to alleviate distress.

E03 Family Therapy is a method of treatment that uses the interaction between a therapist, the individual and family members to facilitate emotional or psychological change and to alleviate distress.

E04 Group Therapy is a method of treatment that uses the interaction between a therapist, the individual and peers to facilitate emotional or psychological change and to alleviate distress.

E05 Medication and Medical Support and Consultation Services include evaluating the need for and prescribing and monitoring of medication; providing medical observation, support and consultation for an individual's health care.

[E06 intentionally missed – used by DMH]

E07 Behavioral Support, Assessment, Planning and Consultation Services include evaluating the need for, monitoring and providing support and consultation for positive behavioral interventions/emotional regulation.

E08 Other Clinical Services are services and supports not covered by Medicaid State Plan, including medically necessary services provided by licensed or certified individuals (such as therapeutic horseback riding) and equipment (such as dentures, eyeglasses, assistive technology).

Crisis Services

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. Crisis Services may be individualized, regional or statewide.

G01 Emergency/Crisis Assessment, Support and Referral include initial information gathering; triage; training and early intervention; supportive counseling; consultation; referral; crisis planning; outreach and stabilization; clinical diagnosis and evaluation; treatment and direct support.

G02 Emergency/Crisis Beds offer emergency, short-term, 24-hour residential supports in a setting other than the person's home.

Home Supports

Home Supports provide services, supports and supervision provided for individuals in and around their residences up to twenty-four hours a day, seven days a week (24/7).

An array of services are provided for individuals, as appropriate, in accordance with an individual planning process that results in an Individual Support Agreement (ISA). The services include the provision of assistance and resources to improve and maintain opportunities and experiences for individuals to be as independent as possible in their home and community. Services include support for individuals to acquire and retain life skills and for maintaining health and safety.

Support for home modifications required for accessibility for an individual with a physical disability may be included in Home Supports. When applicable, these supports are included in the daily rate paid to providers. The daily rate does not include costs for room and board.

H01 Supervised Living are regularly scheduled or intermittent hourly supports provided to an individual who lives in his or her home or that of a family member. Supports are provided on a less than full time (not 24/7) schedule.

H02 Staffed Living are provided in a home setting for one or two people that is staffed on a full time basis by providers.

H03 Group Living are supports provided in a licensed home setting for three to six people that is staffed full time by providers.

H04 Shared Living (licensed) supports are provided for one or two children in the home of a shared living provider/foster family that is licensed. Shared living providers/foster families are contracted home providers and are generally compensated through a "Difficulty of Care" foster care payment.

H05 Shared Living (not licensed) supports are provided to one or two people in the home of a shared living provider/foster family. Shared living providers/foster families are contracted home providers and are generally compensated through a "Difficulty of Care" foster care payment.

H06 ICF/DD (Intermediate Care Facility for people with Developmental Disabilities) is a highly structured residential setting for up to six people which provides needed intensive medical and therapeutic services.

Transportation Services

I01 Transportation Services are accessible transportation for an individual living with a home provider or family member and mileage for transportation to access Community Supports. Transportation is a component part of Employment Supports that is separately identified and included in the total hours of Employment Supports.

