

# **Developmental Disabilities Services State Fiscal Year 2012 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: January 2014**

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January 2014**

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### Notes:

- Although the Global Commitment to Health Waiver refers to all services funded by DDAS, the term “waiver” (funding or services) when referenced in this document refers to home and community-based services (not Flexible Family Funding, fee-for-service Medicaid, vocational grant funding, etc.).
- All information and data represented in this report are for FY 2012 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).
- Due to the late publication of this report a number of the usual attachments have been omitted.
- This report reflects the name of the Division during Fiscal Year 2012.
- See **Attachment A** for a list of **Acronyms**.

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## **DAIL MISSION STATEMENT**

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

### **PURPOSE**

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

The Division:

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

### **CORE VALUES/PRINCIPLES**

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

## THE DEVELOPMENTAL DISABILITIES SERVICE SYSTEM

The Developmental Disabilities Act of 1996 requires the Department of Disabilities, Aging and Independent Living (DAIL), Division of Disability and Aging Services (DDAS), under the Agency of Human Services (AHS), to adopt a plan describing the nature, extent, allocation and timing of services that will be provided to people with developmental disabilities and their families. The Division of Disability and Aging Services' *Vermont Developmental Disabilities Services Annual Report for Fiscal Year 2012*, together with the *Vermont State System of Care Plan for Developmental Services – Three Year Plan (FY 2012 – FY 2014)*, cover all requirements outlined in the developmental disabilities statute<sup>1</sup>.

### Principles of Developmental Disabilities Services

Services provided to people with developmental disabilities and their families must foster and adhere to the following principles:

- ☐ **Children's Services.** Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced by caring for children within their own homes. Children with disabilities benefit by growing up in their own families; families benefit by staying together; and communities benefit from the diversity that is provided when people with varying abilities are included.
- ☐ **Adult Services.** Adults, regardless of the severity of their disability, can make decisions for themselves, can live in typical homes and can contribute as citizens to the communities where they live.
- ☐ **Full Information.** In order to make good decisions, people with developmental disabilities and their families need complete information about the availability, choices and costs of services, how the decision making process works, and how to participate in that process.
- ☐ **Individualized Support.** People have differing abilities, needs, and goals. To be effective and efficient, services must be individualized to the capacities, needs and values of each individual.

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<sup>1</sup> Developmental Disabilities Act of 1996, 18 V.S.A. § 8724.



- ☐ **Family Support.** Effective family support services are designed and provided with respect and responsiveness to the unique needs, strengths and cultural values of each family, and the family's expertise regarding its own needs.
- ☐ **Meaningful Choices.** People with developmental disabilities and their families cannot make good decisions without meaningful choices about how they live and the kinds of services they receive. Effective services shall be flexible so they can be individualized to support and accommodate personalized choices, values and needs, and assure that each recipient is directly involved in decisions that affect that person's life.
- ☐ **Community Participation.** When people with disabilities are segregated from community life, all Vermonters are diminished. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.
- ☐ **Employment.** The goal of job support is to obtain and maintain paid employment in regular employment settings.
- ☐ **Accessibility.** Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.
- ☐ **Health and Safety.** The health and safety of people with developmental disabilities is of paramount concern.
- ☐ **Trained Staff.** In order to assure that the goals of this chapter are attained, all individuals who provide services to people with developmental disabilities and their families must receive training as required by Section 8731 of the Developmental Disability Act.
- ☐ **Fiscal Integrity.** The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.

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

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

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

## **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 region<sup>2</sup>. There are ten DAs responsible for developmental disabilities services in Vermont. Designated Agencies must provide services directly or contract with other providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state and federal regulations, policies and guidelines. Some of the key responsibilities of a DA include intake and referral; assessing individual needs and assigning funding; assuring each person has a support plan; providing regional crisis response services; and providing or arranging for a comprehensive service network that assures the capacity to meet the support needs of all eligible people in the region.

### **Specialized Service Agencies**

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

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<sup>2</sup>Geographic regions for developmental disabilities services are defined along county lines.

## Management Options for Services

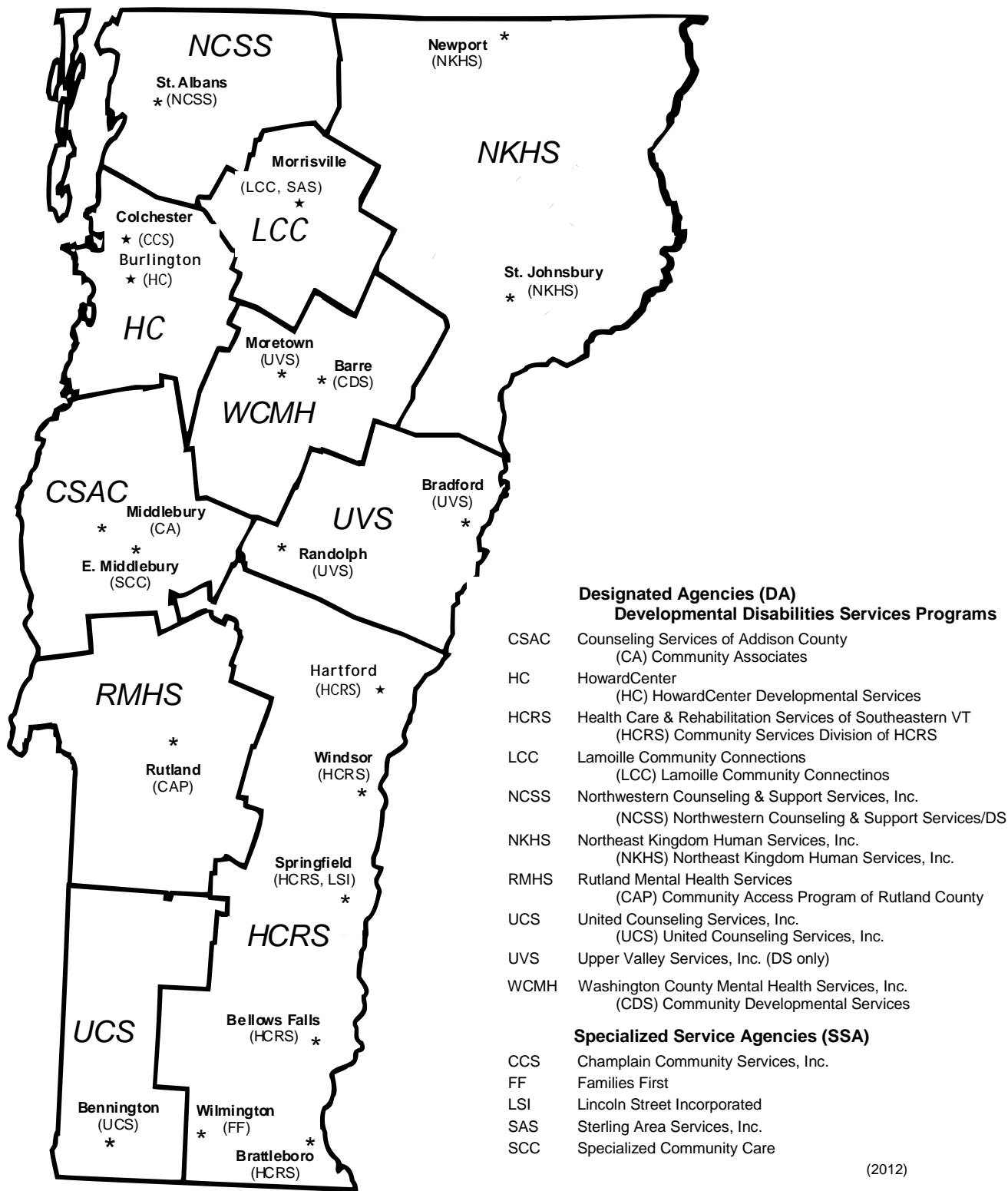
Traditionally, developmental disabilities services providers have managed all the services funded through DDAS on behalf of people with disabilities and their families. Today, people have a choice of four options of who will manage their services<sup>3</sup>.

- **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).

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<sup>3</sup> 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 2012, the Division of Disability and Aging Services provided supports to **4,105** people with developmental disabilities in Vermont. However, the population is constantly growing and more children are born each year with developmental disabilities. The need for developmental disabilities services is generally life-long and the life expectancy of people with disabilities is improving yearly. The demand for supports continues to outpace the available resources. The following are just some of the many factors influencing this.

**Special education graduates need supports at home and work<sup>4</sup>** – There were an estimated 118 graduates with developmental disabilities who are clinically eligible for developmental disabilities services who were expected to exit the educational system in FY '12. 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 diagnosis<sup>5</sup>.

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

**New caseload funding allocated to most in need** – New caseload resources were provided to 369 individuals in FY '12 who met the State System of Care Plan funding priorities for developmental disabilities services.

**Applicant List tracks people who do not meet funding priorities** – There were 210 people on the Applicant List at the end of FY '12. This number includes people 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 167 people on the Waiting List who were eligible for services – specifically Flexible Family Funding, Bridge Program and Targeted Case Management – but for whom there were insufficient funds.

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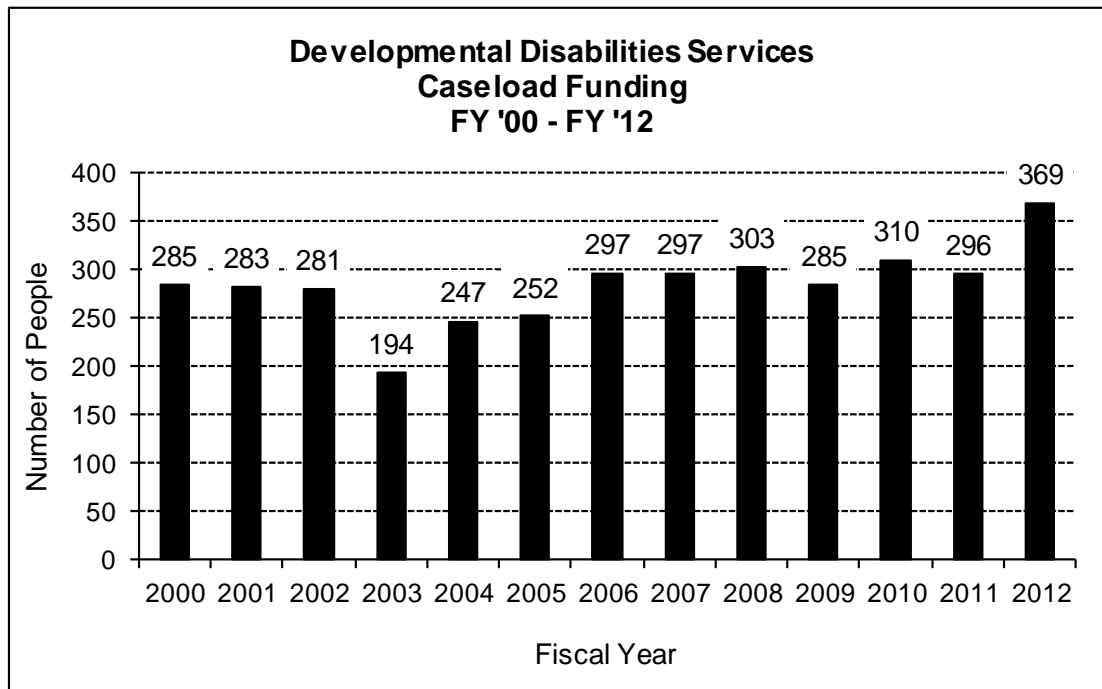
<sup>4</sup> Designated Agencies survey local schools each year to find out exactly how many students with developmental disabilities are expected to graduate and who are eligible for developmental disabilities services and need funding.

<sup>5</sup>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.

## Caseload Funding<sup>6</sup> – FY 2012

<b>Reasons for Receiving Caseload Funding<sup>7</sup> – FY 2012</b>
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)
<b>Total people served from caseload resources (unduplicated) – 369</b>

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



The nature of developmental disabilities often leads to services that support people throughout their lifespan. Eighty-three (83) people left home and community-based funded services in FY '12 for a variety of reasons (e.g., died, declined or left services, moved out of state, received alternative supports or funding).

<sup>6</sup> “Caseload Funding” includes all newly appropriated funding from New Caseload, Equity, High School Graduate, and Public Safety Funds. Unless stated otherwise, adult means age 18 and over.

<sup>7</sup> See **Attachment B** for a complete listing of the *State System of Care Plan Funding Priorities FY 2012*. For more details, see the *Vermont State System of Care Plan for Developmental Services Three-Year Plan FY 2012 – FY 2014*.

## Financial Summary

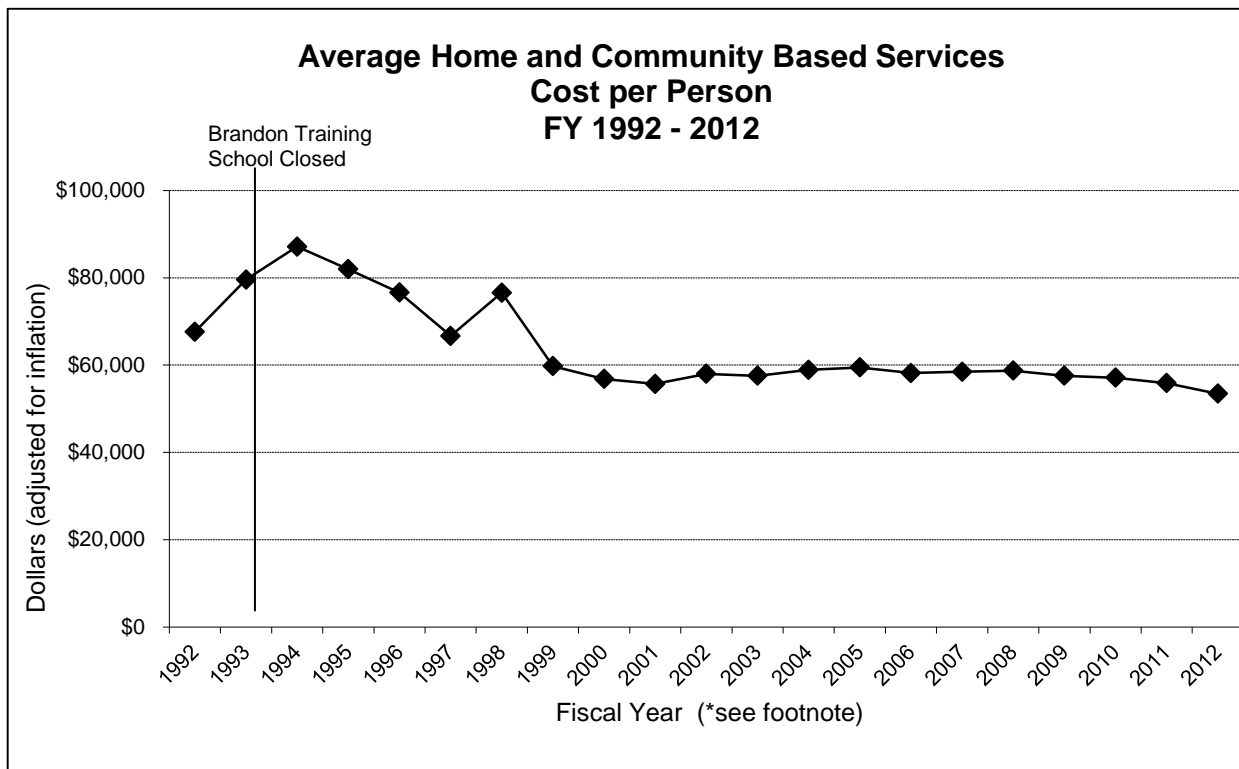
People with developmental disabilities have a greater likelihood of experiencing limitations in major life activities than those with any other major class of chronic mental, physical, or health condition. As a result, people with developmental disabilities need individualized services that are comprehensive and generally life long. To capitalize on the resources available, developmental disabilities services emphasize cost effective models and maximization of federal funds. See **Attachment C: Developmental Disabilities Services Funding Appropriation FY 2012**.



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



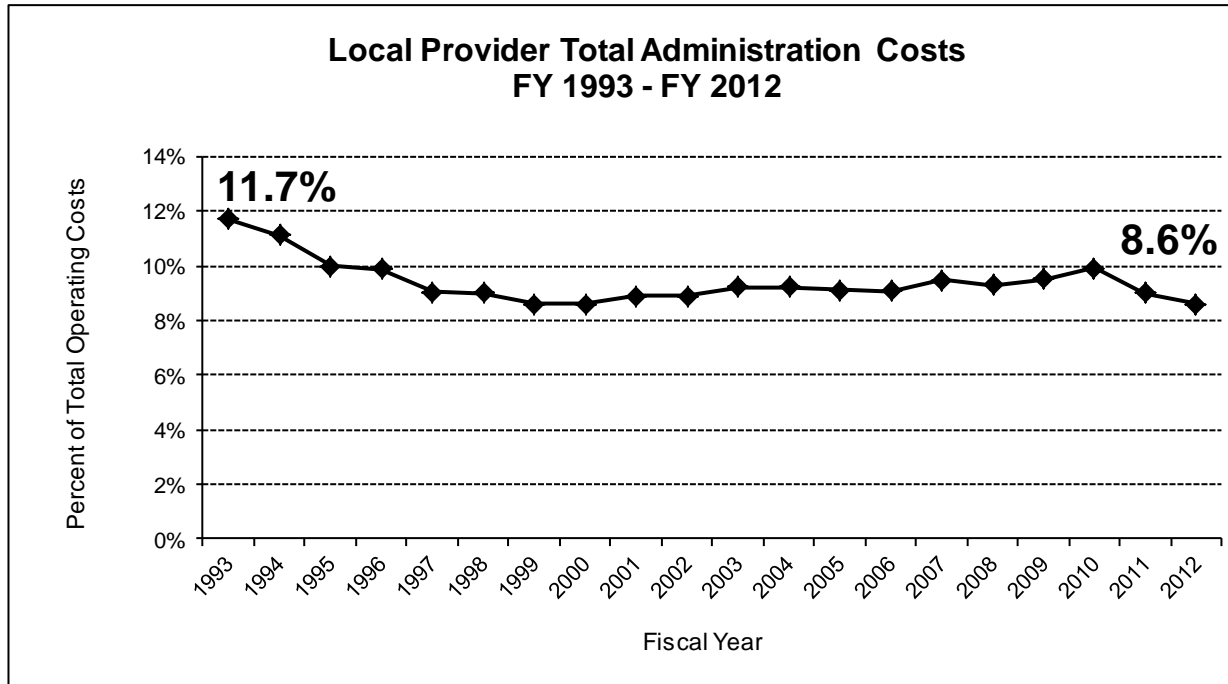
The average cost<sup>8</sup> per person for home and community-based services was \$53,461 in FY 2012.



<sup>8</sup> 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 agency<sup>9</sup>. These administrative costs have generally remained relatively stable. Recently there has been a decrease in administrative costs which is likely due to budget cuts.

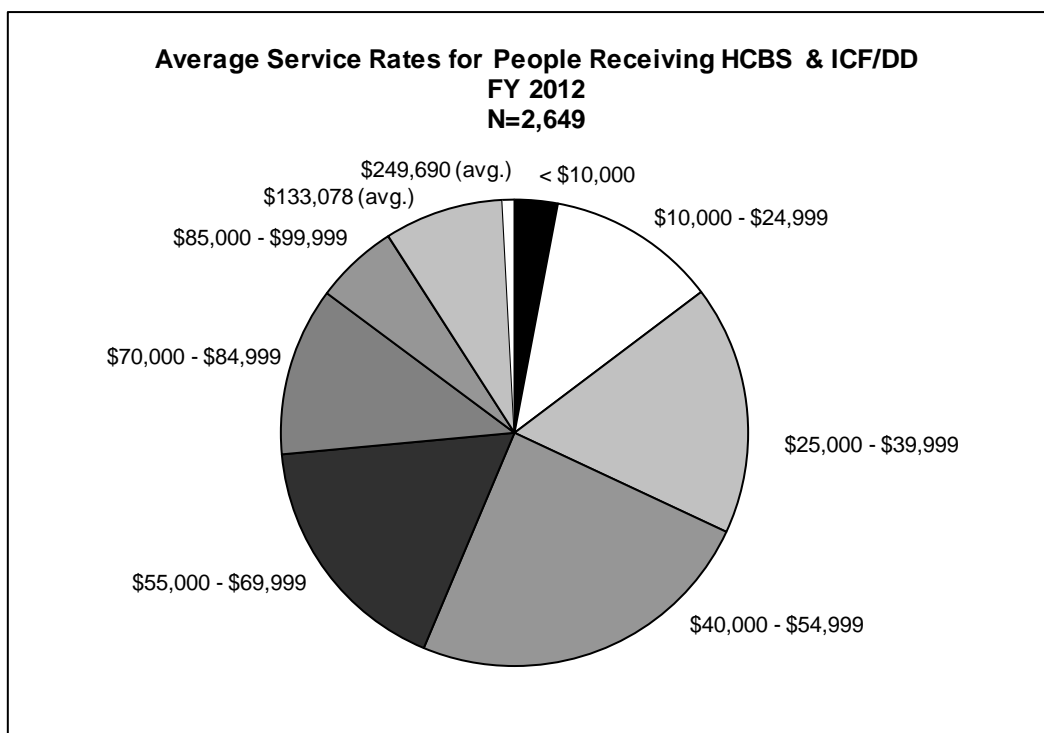


<sup>9</sup> Management expenses (e.g., developmental disabilities services director, buildings) relating to major program areas (e.g., developmental disabilities services) are considered program expenses, not administration.





Almost two thirds of all individuals receiving Home and Community-Based Services are funded for less than \$60,000 per person per year. Ninety-one (91%) are funded for less than \$100,000 per person per year.



Because almost 99% 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 Division of Disability and Aging Services. Quality Management Reviewers conduct on-site reviews of all Medicaid-funded services provided by each agency. The quality review teams assess the quality of services with respect to the Developmental Disabilities Services Division' 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 D: 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 Division of Disability and Aging Services has the following policies, regulations and guidelines:

- Mandatory Disclosure Law – aka “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 Standards and 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 – FY 2012	
Home and Community-Based services	2,649
Flexible Family Funding	1,076
Other funding (other than HCBS & FFF)	380
<b>Total people served</b> (unduplicated <sup>10</sup> )	<b>4,105</b>

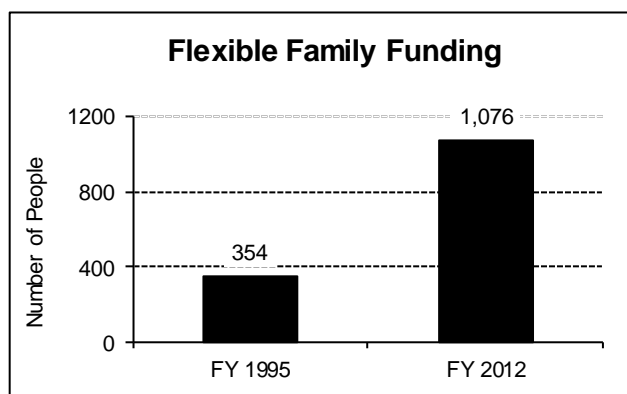
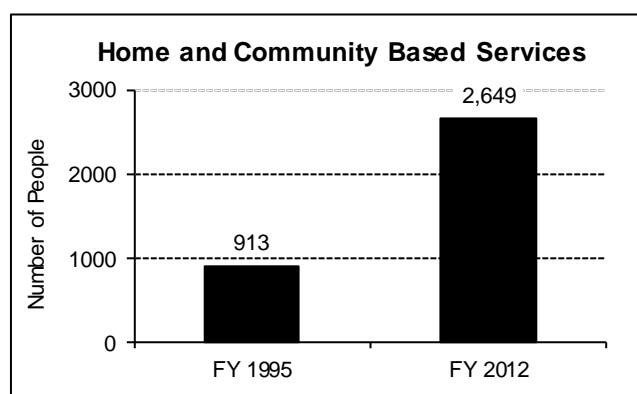
Since the inception of the Global Commitment to Health (GC) Medicaid waiver in FY '07, 100% of the services funded by DDAS are people with developmental disabilities are funded under GC.

- **Home and Community-Based Services (HCBS) – 2,649 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) – 1,076 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 '12. Flexible Family Funding accounts for **1%** of all DDAS appropriated funding for developmental disabilities services and is also funded under Global Commitment.



- **Other Funding** – Other funding sources include GC fee-for-service Targeted Case Management (TCM), the Bridge Program and the Intermediate Care Facility for people with developmental disabilities (ICF/DD), plus vocational grants in partnership with the Division of Vocational Rehabilitation. These account for **3%** of all funding for DDAS community based services.

<sup>10</sup> There is a duplication of 53 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 individual. Supports include:

- **Service Coordination** (hourly) – Assists individuals in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services 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 career and work goals and includes 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.

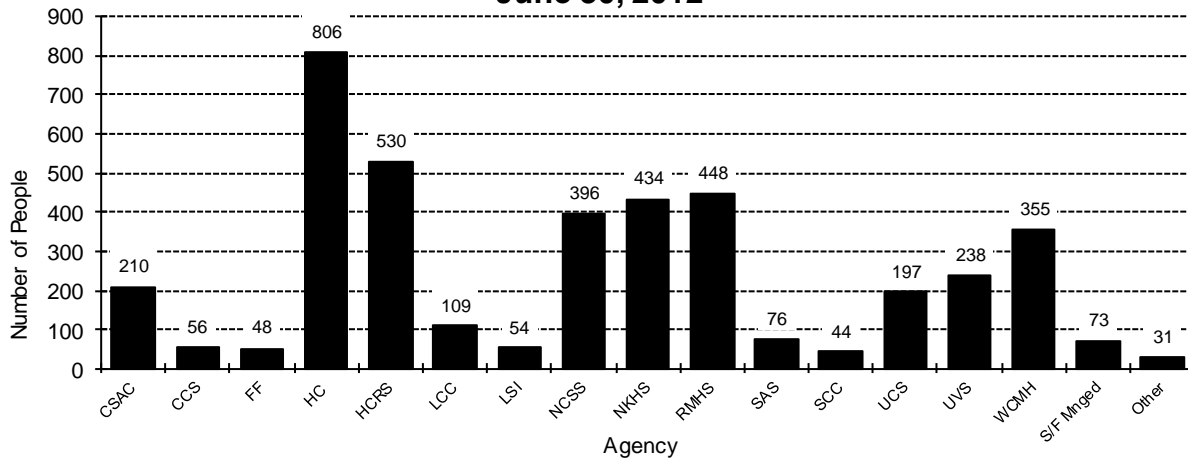
**Shared Living** (daily) – Supports are provided for one or two people in the home of a shared living provider/foster family.

**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. Services 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.

## Total Served

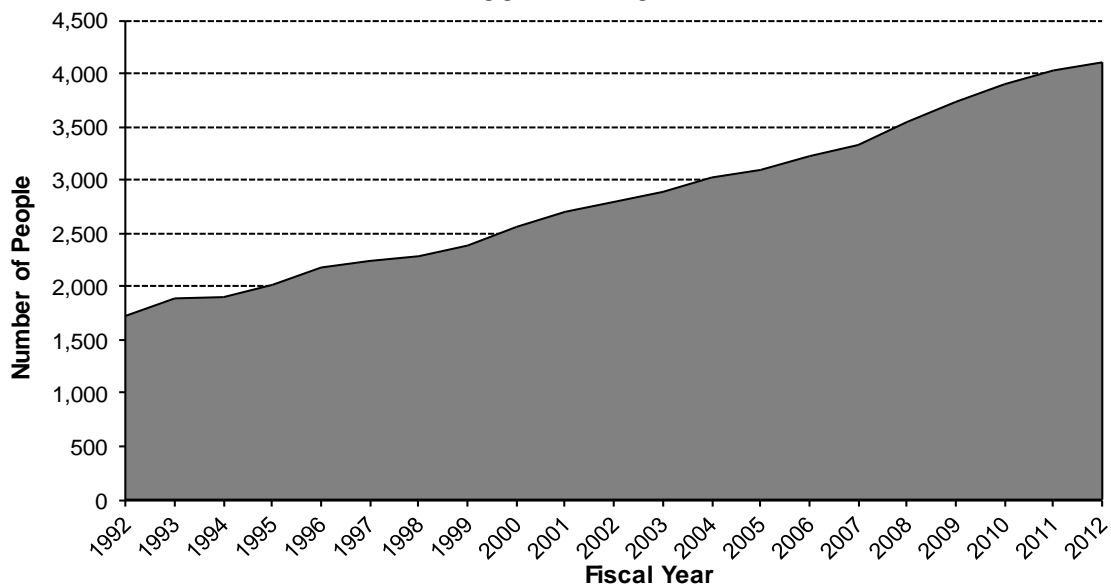
**Total Number of People Supported by Service Provider  
June 30, 2012**



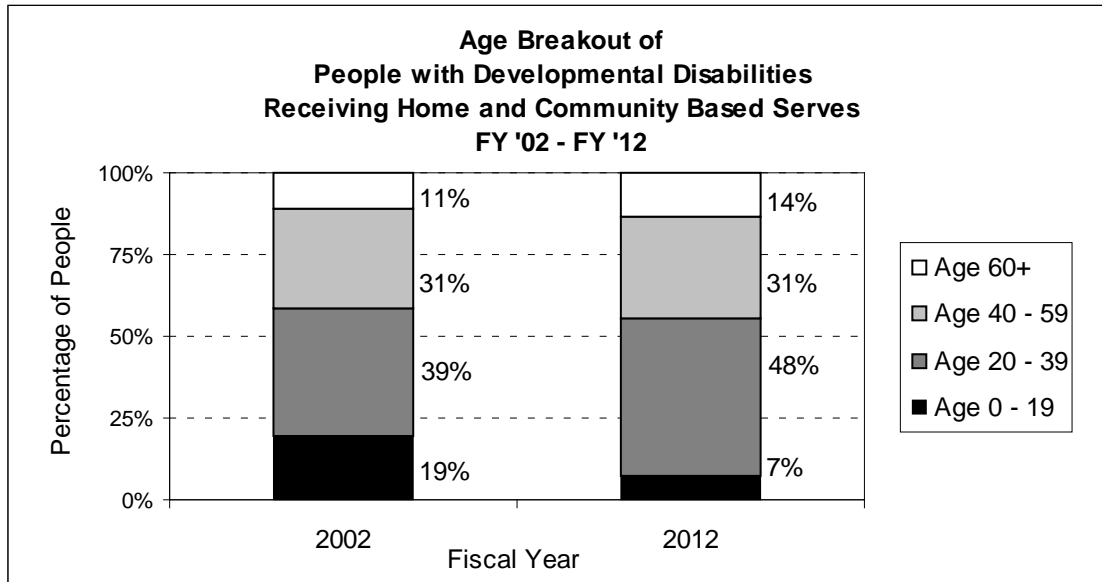
### Developmental Disabilities Services Providers

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).
LCC	Lamoille Community Connections		
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 Svcs., Inc.		
NKHS	Northeast Kingdom Human Services, Inc.		
RMHS	Rutland Mental Health Services		
SAS	Sterling Area Services, Inc.		

**Total Number of People Served  
FY 1992 - FY 2012**



The relative age breakout of people with developmental disabilities receiving home and community-based services has changed somewhat over the past decade. In particular, there are significantly fewer children being served (12% less than a decade ago) with a noticeable increase in percentage of young adults being served. There are also 3% more Vermonters over the age of 60 receiving services now than 10 years ago.



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

## Service Coordination

<b>Numbers Served – FY 2012</b>	
Service Coordination – Home and Community-Based Services	2,669
Service Coordination – Targeted Case Management The Bridge Program (unduplicated with Home and Community-Based Services)	674
<b>Total people receiving service coordination</b>	<b>3,343</b>

**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.

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

<b>Numbers Served – FY 2012<sup>11</sup></b>	
Number of homes (as of 6/30/12)	1,436
Average number of people per residential setting	1.2
<b>Total people getting home supports</b> (as of 6/30/12)	<b>1,685</b>

**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 – 1,300**

**Number of homes – 1,150**

- **Supervised Living:** 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.

**Number of people – 248**

**Number of homes – 229**

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

**Number of people – 87**

**Number of homes – 19**

- **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 – 44**

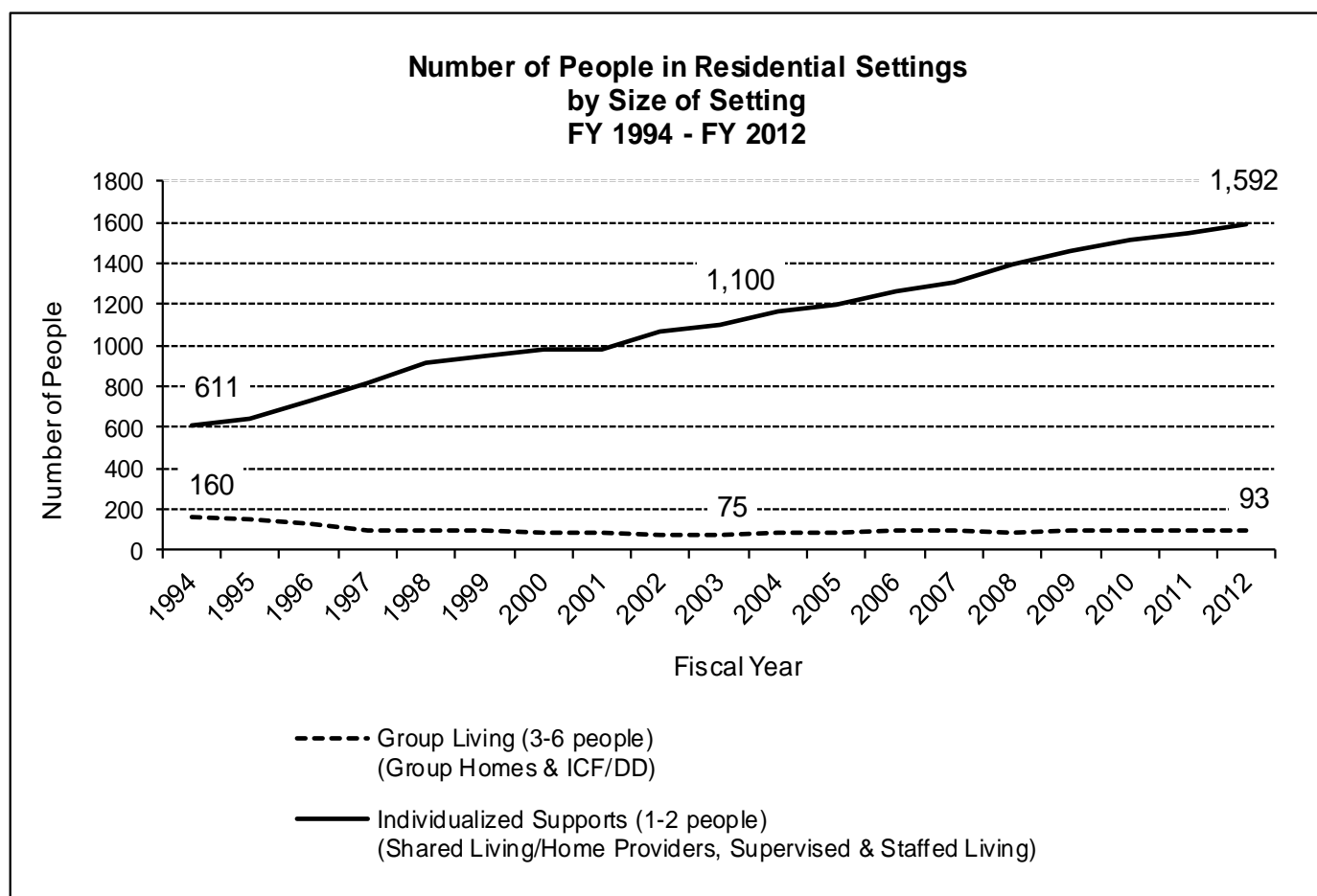
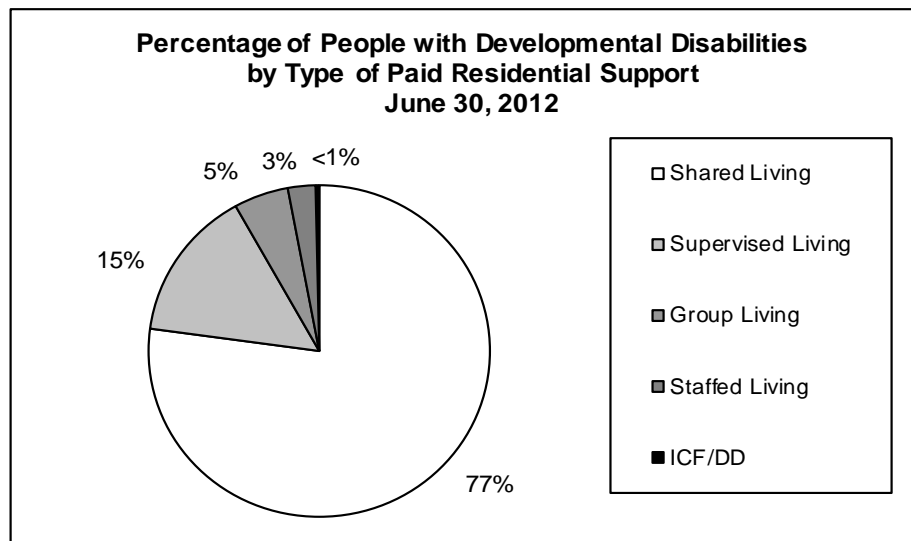
**Number of homes – 37**

- **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.

**Number of people – 6**

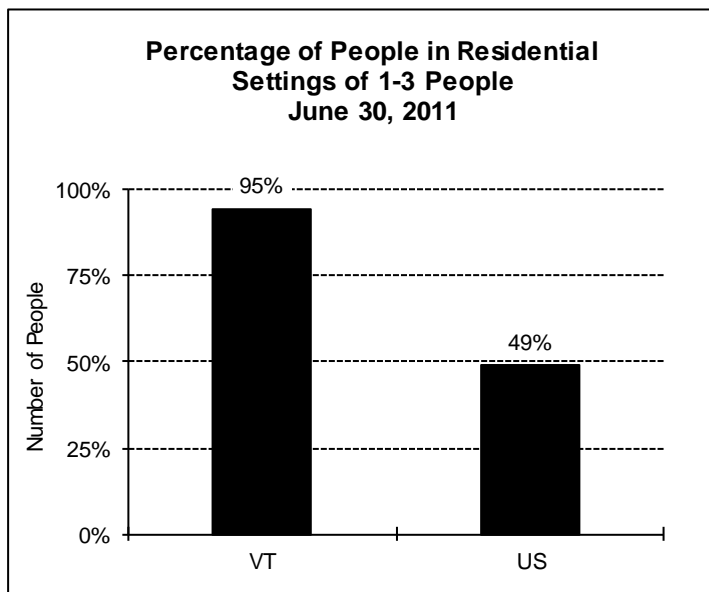
**Number of homes – 1**

<sup>11</sup> Data is collected through the Annual Residential Survey of Designated Agencies and Specialized Service Agencies.

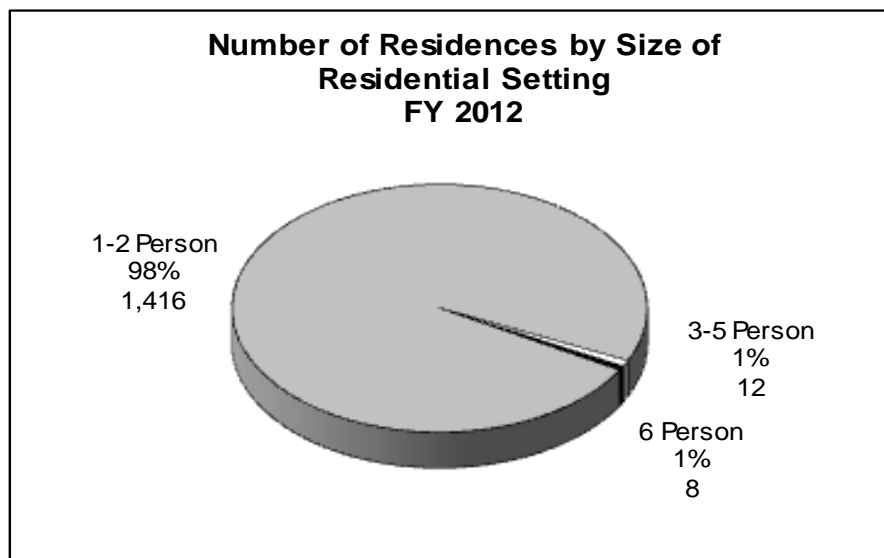




Vermont is one of only two states in the country that has the low average of 1.2 people per residential setting,<sup>12</sup> compared with the national average of 2.3 people per residential setting. Additionally, 95% of individuals receiving services in Vermont live in residential settings of 1-3 people compared to 49% nationally.

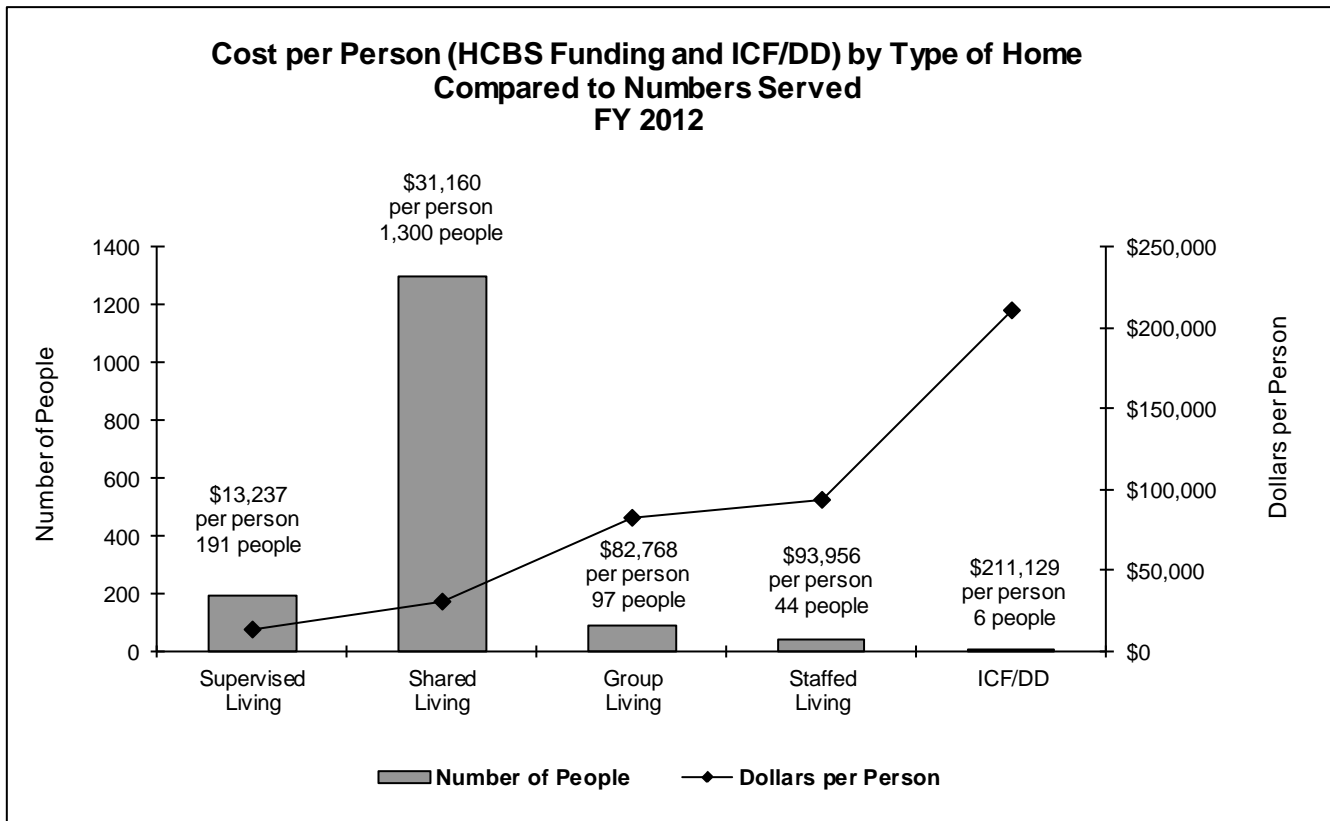


Vermont is one of only two states in the country that has 100% of the people funded for home supports living in residential placements with six or fewer people receiving services<sup>13</sup>.



<sup>12</sup> 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.

<sup>13</sup> Ibid.

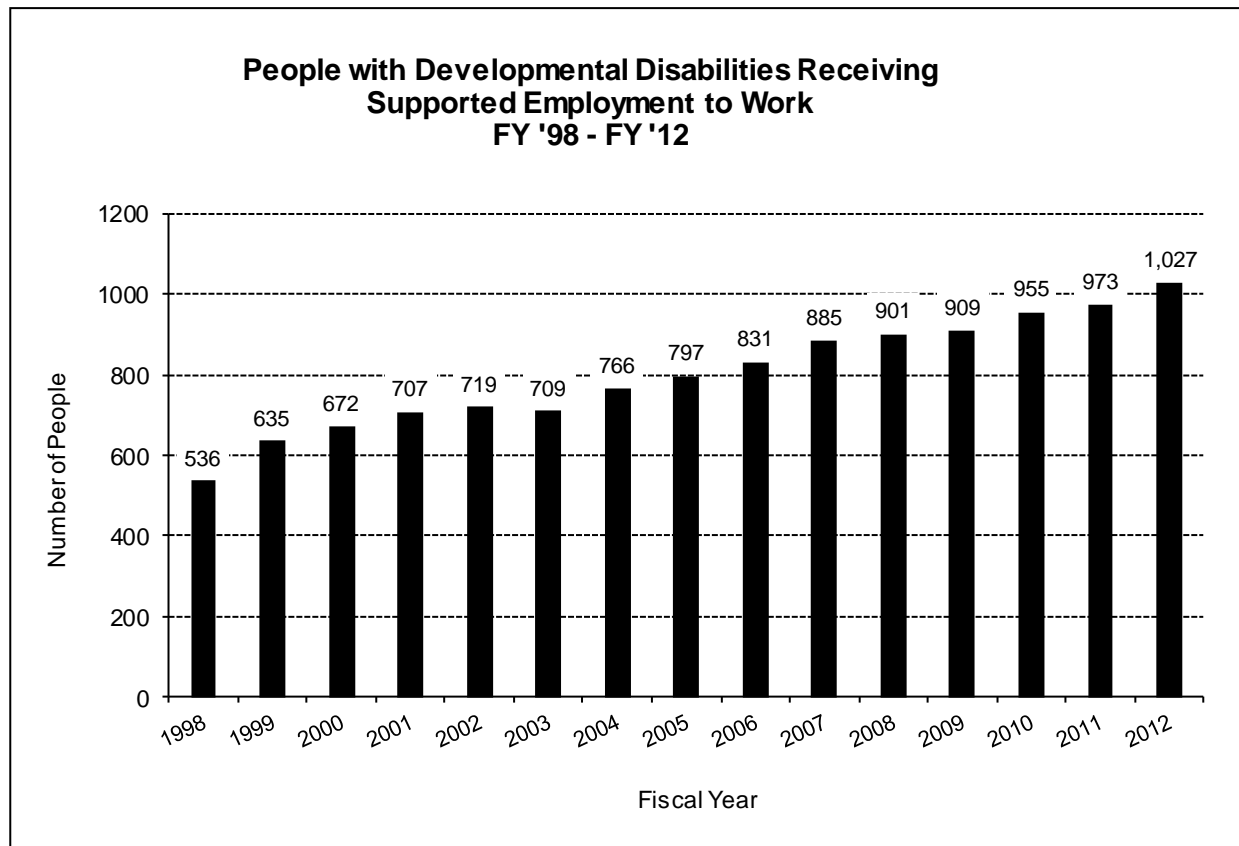


Note: The Supervised Living figures are based on services only to people receiving less than 24 hour home supports in their own home/apartment funded through home and community-based services. The group and staff living figures include some community supports and work services dollars (varies by agency).

## Employment Supports

<b>Numbers Served – FY 2012<sup>14</sup></b>	
Average hourly wage	\$9.08
Average hours worked per week	8 hours/week
Estimated public benefits (SSI) saved	\$1,439,024
Average Employer/Employee (Social Security and Medicare) Tax Contribution	\$526,297
<b>Total people employed</b>	<b>1,027</b>

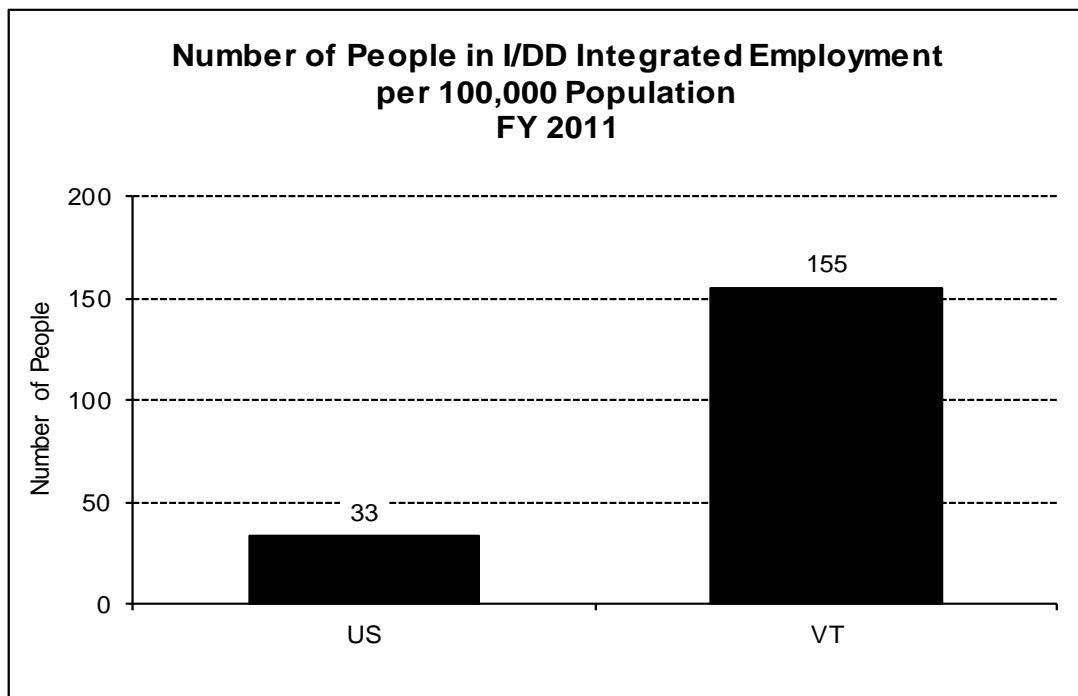
**Employment Supports** assists transition age youth and adults in establishing and achieving work and career goals. Environmental modifications and adaptive equipment are component parts of supported employment as is transportation.



<sup>14</sup> 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 average<sup>15</sup>.



The average wage in FY '12 for people developmental disabilities receiving employment supports (\$9.08) is 6% higher than minimum wage in Vermont (\$8.46 as of 1/1/13).



Vermont is ranked 5<sup>th</sup> nationally (FY '11) in people in supported employment as a proportion of total people getting community and/or employment supports<sup>16</sup>; 43% in Vermont compared with the national average of 20%.



Of those adults with developmental disabilities interviewed in Vermont who are unemployed, 65% said they want a paid job. Of those interviewed who have jobs, 46% said they want to work more hours<sup>17</sup>.

<sup>15</sup> *The State of the States in Developmental Disabilities*: Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 2013.

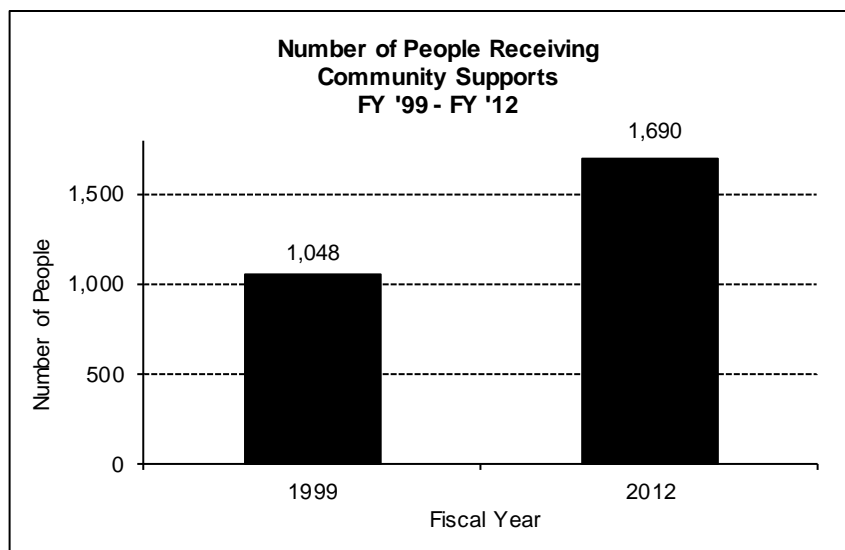
<sup>16</sup> Ibid.

<sup>17</sup> Data is based on results from *Survey of Adults Receiving Developmental Services in Vermont – Spring 2012*, Consumer Survey Project, Division of Disability and Aging Services, State of Vermont.

## Community Supports

Numbers Served – FY 2012	
Total people receiving community supports	1,690

**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 in Vermont in FY '12 decreased by 6% since the previous year (FY '11).

## Family Supports

Numbers Served – FY 2012			
Funding/Supports for Families	Adults (22 and over)	Children (under 22)	Total
Flexible Family Funding	102	974	<b>1,076</b>
Home and Community-Based Service	630	169	<b>799</b>
The Bridge Program	0	417	<b>417</b>
<b>Total family supports</b> (unduplicated)	<b>729</b>	<b>1,226</b>	<b>1,955</b>

**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 with the funding include family respite, special needs/services not paid for by insurance, household items, etc. The maximum amount available to a family of an adult or child is \$1,000 per year.
- **Home and Community-Based Services Funding (HCBS):** Varying degrees and types of more intensive family supports intended to help maintain family stability, enhance positive family interaction and keep the family intact. Services may include 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 receiving family supports represent 48% of all people served with developmental disabilities funding.

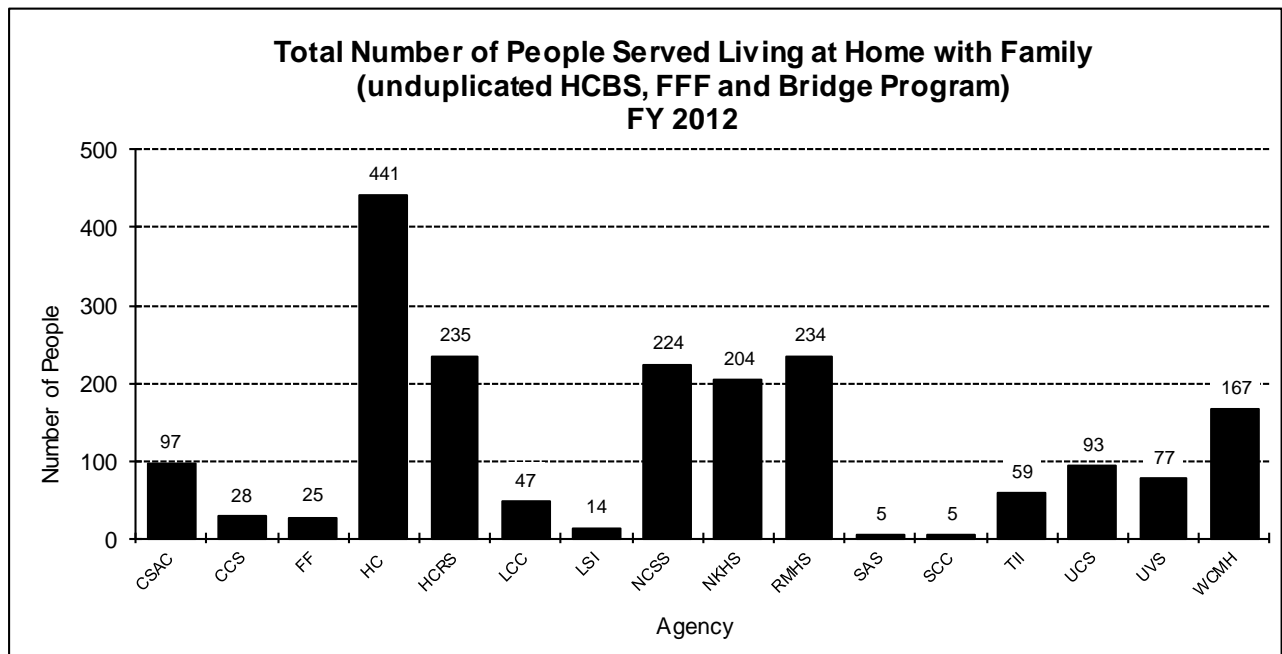


One third (30%) of people who receive Home and Community-Based Services live with their family.



During FY 2012, 76 people self/family-managed all of their services.

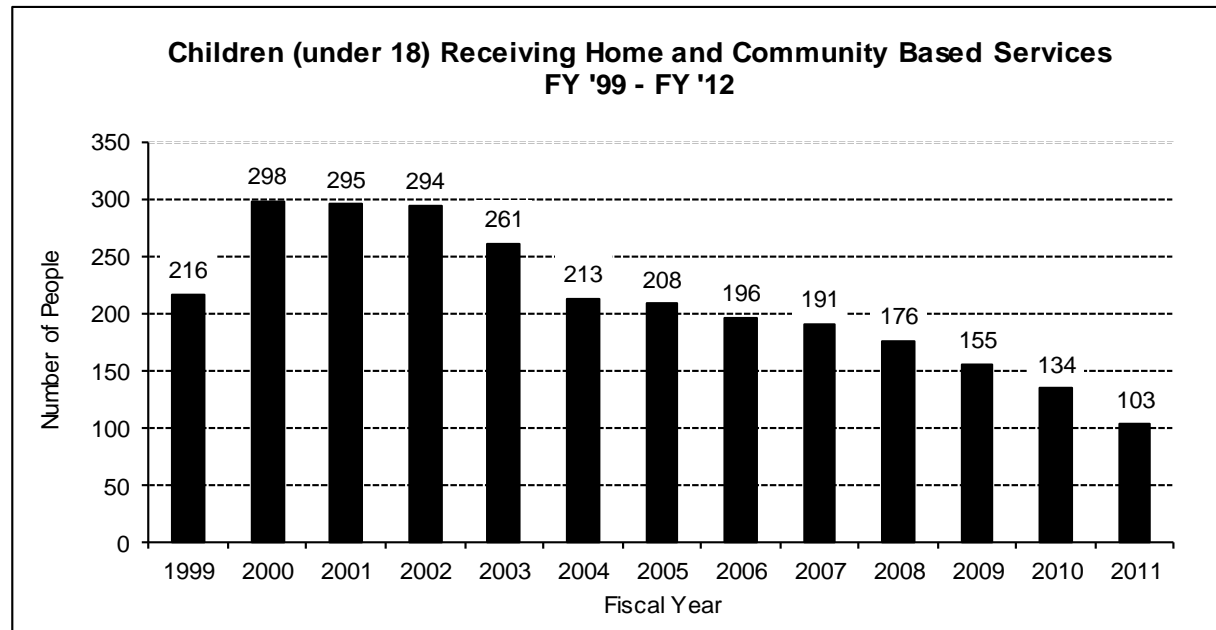




## Children's Services

Numbers Served – FY 2012				
Funding/Support for Children <sup>18</sup>	Birth – 6	7 – 17	18 – 21	Total
Flexible Family Funding	151	631	192	<b>974</b>
Home and Community-Based Services	7	98	235	<b>340</b>
The Bridge Program <sup>19</sup>	59	259	90	<b>408</b>
Other: Targeted Case Management or vocational grant only	2	41	38	<b>81</b>
<b>Total children services (unduplicated)</b>	<b>178</b>	<b>827</b>	<b>447</b>	<b>1,452</b>

**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.



<sup>18</sup> In January 2012, the unit for Children's Health and Support Services (CHASS) integrated Children's Personal Care Services and High Technology Nursing Services for children with Children with Special Health Needs at the Vermont Department of Health.

<sup>19</sup> This total does not include nine children who turned age 22 that are Bridge Program recipients.

## Clinical and Crisis Services

<b>Vermont Crisis Intervention Network Numbers Served – FY 2012<sup>20</sup></b>	
Level II – Technical assistance Number of people supported (est.)	91
Level III – Crisis beds Number of stays (unduplicated)	33
Number of total days	640
Average length of stay	19 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.

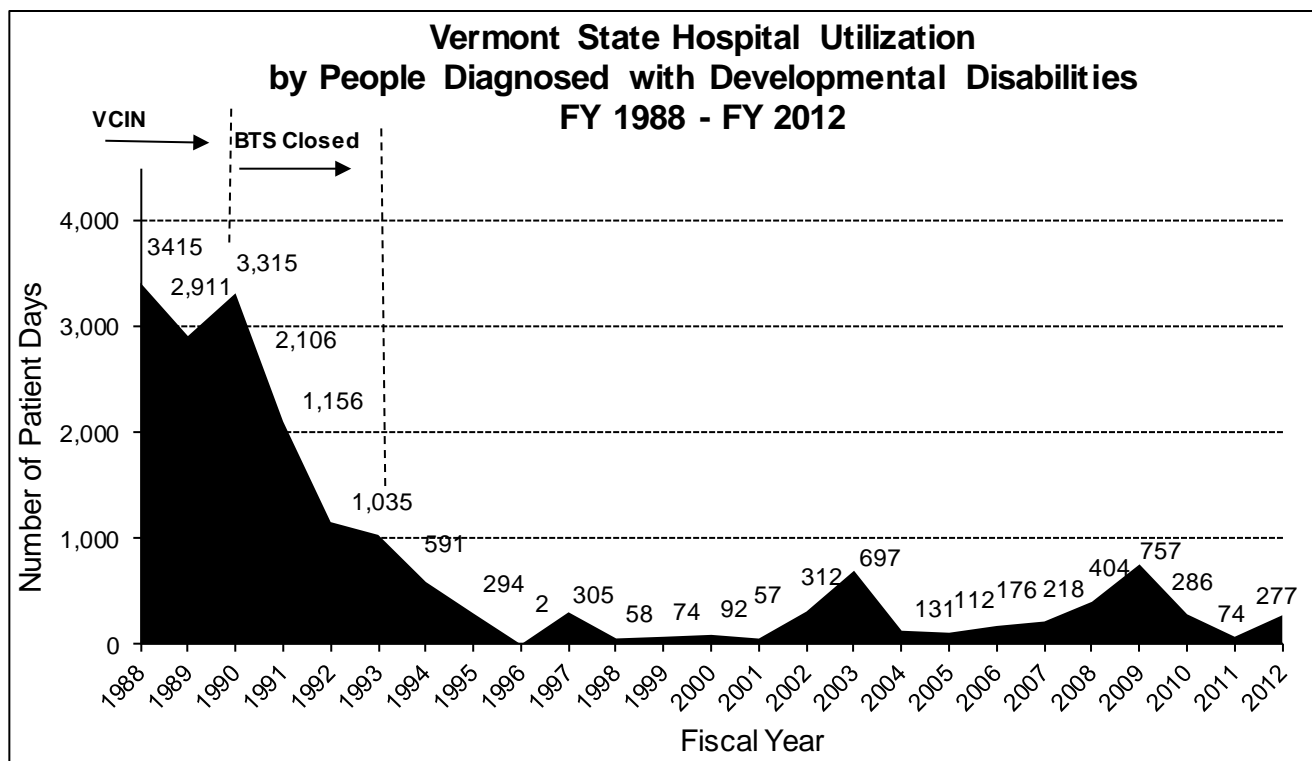
**Crisis Services** are time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral or emotional crisis. Crisis services may be individualized, regional or statewide and includes emergency/crisis assessment, support 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.

<sup>20</sup> Crisis services data is reported annually by the Vermont Crisis Intervention Network.



Use of the Vermont State Hospital by people with developmental disabilities dropped significantly after the establishment of the **Vermont Crisis Intervention Network**. Closure of the Brandon Training School did not result in an increase in institutionalization. The Vermont Crisis Intervention Network continues to help maintain low usage of the Vermont State Hospital and Designated Hospitals by people diagnosed with developmental disabilities<sup>21</sup>.



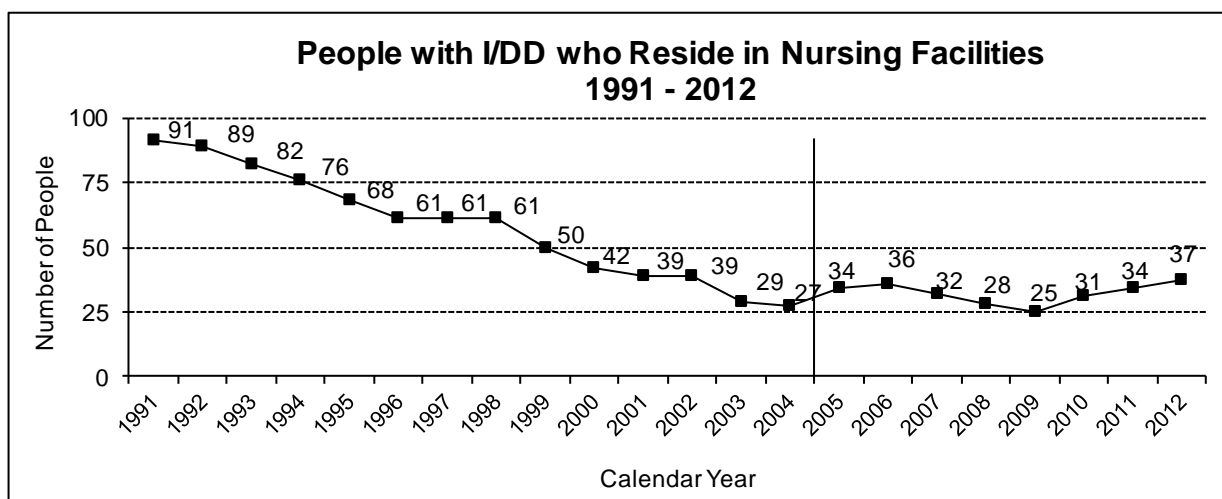
<sup>21</sup> These numbers do not include people with dual diagnoses who are being served through the mental health system and/or are not in need of developmental disabilities services. It does include people served by developmental disabilities services but paid in full by mental health or who were grandfathered into services by having received services on 7/1/96, but who are not diagnosed with Intellectual or Developmental Disabilities (I/DD). As of FY '97, these numbers include people diagnosed with Pervasive Developmental Disorders (PDD). The spikes in 2003, 2008 and 2009 were due to one person's stay lasting the full year (365 days). FY 2012 data combine Vermont State Hospital (VSH) data from 7/1/11 – 9/28/11 and data from Designated Hospitals from 9/28/11 – 6/30/12 (due to emergency moves in response to Tropical Storm Irene which closed VSH on 9/28/11).

## Nursing Facilities

Numbers Served – December 31, 2012	
People receiving specialized services	12
PASRR screenings	27
<b>Total people living in nursing facilities<sup>22</sup></b>	<b>37</b>

**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.

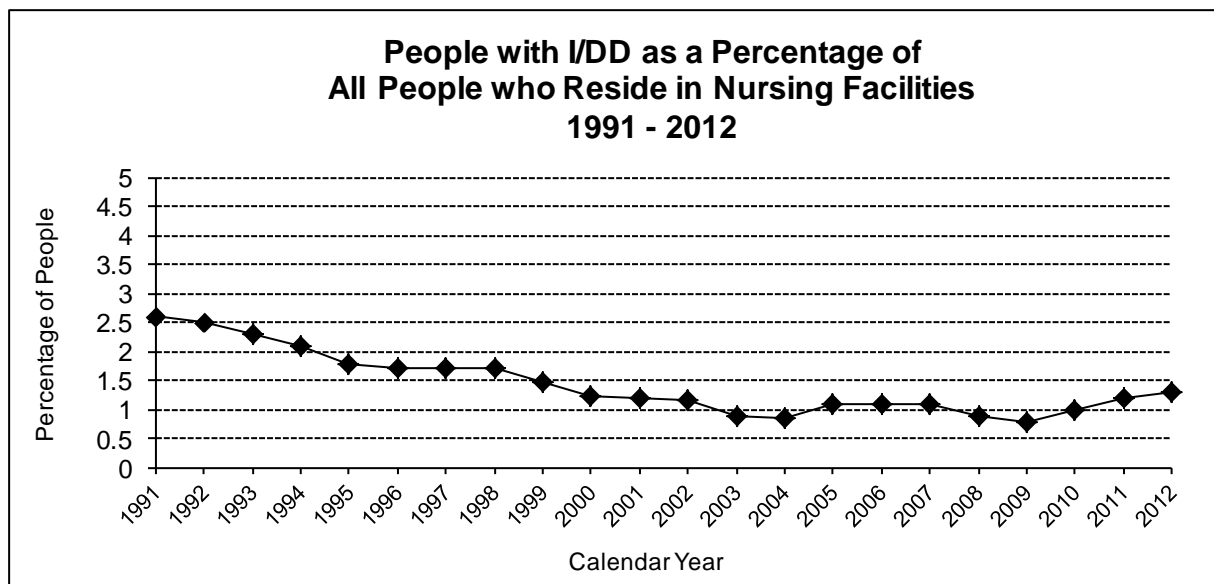
**Specialized Services** are provided to individuals with developmental disabilities who live in nursing facilities. These Specialized Services greatly improve the quality of life for people living in nursing facilities by providing support to address social and recreational needs as well as the person's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



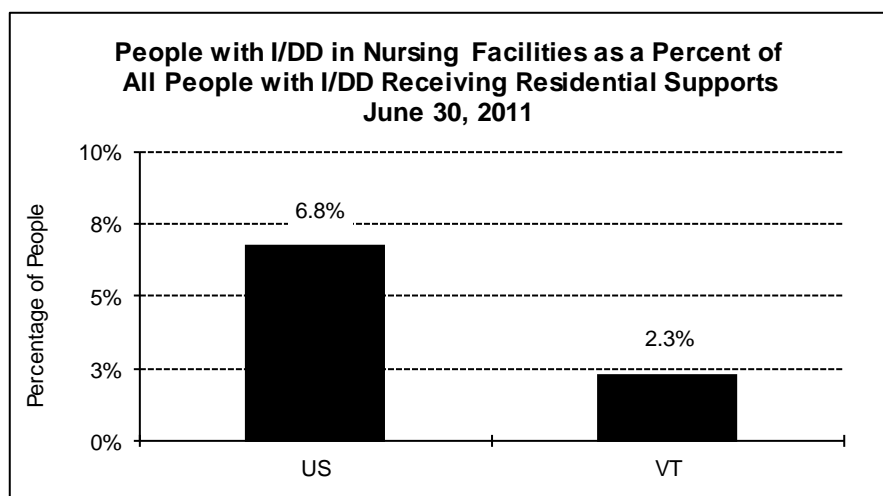
<sup>22</sup> PASRR uses the federal definition of “mental retardation or related conditions.” The terminology used in this report is “intellectual/developmental disabilities” (I/DD). Data is collected two times a year from nursing facilities throughout Vermont. In 2009, after contacting nursing facilities 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 population<sup>23</sup>. 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.<sup>24</sup>



<sup>23</sup> *The State of the States in Developmental Disabilities*. Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 2013.

<sup>24</sup> 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

<b>Caseload – FY 2012<sup>25</sup></b>	
Guardianship services (developmental disability specialty)	643
Guardianship services (aging specialty)	86
Case management (developmental disability specialty)	9
Guardianship services – pending (developmental disability specialty)	9
Guardianship services – pending (aging specialty)	4
<b>Total people in Office of Public Guardian program (unduplicated)</b>	<b>749</b>
<b>Total representative payee services</b>	<b>332</b>

**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.**

<sup>25</sup> Data is provided annually by the Office of Public Guardian.

## **Individuals with Developmental Disabilities Who Pose a Public Safety Risk**

The Division of Disability and Aging Services is proud of its public safety record of supporting and treating offenders in non-institutional settings. When individuals with developmental disabilities commit crimes, the courts and correctional system may not be able to respond to their special needs for supervision and treatment, and the public looks to the developmental service system to meet the need. In FY 2012, the developmental disabilities services system supported approximately 220 individuals who posed a public safety risk. The majority of these offenders committed a sexual offense and/or other violent offenses, such as arson and assault.

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

Funds designated for offenders are managed through the Public Safety Fund. A Public Safety Funding Committee meets monthly to review proposals and make recommendations to DDAS 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. Criteria for access to the fund are included in the *Vermont System of Care Plan*. Forty-three (43) people received Public Safety funding in FY 2012. Twelve of these individuals were new to the developmental disabilities services system and the rest were people already getting services with increased costs related to public safety concerns.

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



## Communication

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

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

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

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

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

## Consumer Survey

Numbers Surveyed – 2012	
Number of participants –	
Consumers interviewed and demographic survey	222
Demographic survey only	209
<b>Total number of adult participants</b>	<b>431</b>

**Consumer Survey Project:** The Division of Disability and Aging Services 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. 2012 was the second year in the current three-year survey cycle during which surveys and interviews were conducted at five agencies<sup>26</sup>.

The data presented below are aggregate data representing statewide results. This is just a small sampling of the data collected from the survey. For the complete report, go to the Division of Disability and Aging Services website ([Consumer Survey Reports](#)).

### Consumer Survey Results<sup>27</sup> – 2012

#### Highlights



**Residential: 89%** said they like where they live.



**Work: 91%** said they like their job.



**Things to do: 92%** said they decide how to spend their free time.



**Community Supports: 94%** said they like their individual community activities.



**Guardianship: 90%** said they feel happy about their guardian.



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



















**Agency: 87%** said they feel listened to at their ISA meetings.

<sup>26</sup> The five agencies that took part in the Consumer Survey Project in 2012 were Counseling Service of Addison County, Lamoille Community Connections, Northeast Kingdom Human Services, Sterling Area Services and Washington County Mental Health Services.

<sup>27</sup> 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: 44%** said someone else chose the place where they live.
-  **Residential: 32%** said someone else chose who they live with.
-  **Work: 65%** of the people who do not work said they wanted a paid job.
-  **Work: 46%** of the people who work said they would like to work more hours.
-  **Community Supports: 37%** said they would like more community activities.
-  **Activities: 60%** of the people who never go out to entertainment want to do so.
-  **Activities: 89%** of the people who never get to exercise/play sports want to do so.
-  **Service Agency: 70%** said they would like (more) help to do or learn new things.
-  **Friends: 33%** said they wish they had more friends.
-  **Friends: 46%** of the people who do not have a boyfriend or girlfriend want one.
-  **Dating: 42%** said they need to know more about dating.
-  **Rules: 88%** said someone else makes the rules for the place where they live.
-  **Rules: 36%** said someone else decides when friends and family can come to visit.
-  **Self-Determination: 57%** said they need to know more about how to chose who helps them (interview and hire their support workers).
-  **Voting: 51%** of the people who have not voted in an election want to vote.
-  **Self-Advocacy: 65%** 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 Summary<sup>28</sup> – 2012

### Basic Information

<b>Gender</b>		<b>Guardian Status</b>		<b>Representative Payee</b>	
Males	53%	Private	53%	Yes	83%
Females	47%	Public	24%	No	15%
		None	23%	Unknown	2%
		Unknown	0%		
<b>Marital Status</b>		<b>Court Ordered Restrictions</b>		<b>Family Involved in Person's Life</b>	
Never married	92%	No	96%	Yes	85%
Single/Married in past	4%	Yes	4%	No	15%
Married/Civil Union	4%	Unknown	0%	Unknown	0%

### Residential Summary

<b>Residential Type</b>		<b>Household Composition</b>		<b>Paid Residential Support</b>	
Home provider	55%	Non relatives	58%	24-hour	59%
Lives with family	20%	Parents	20%	None/Family	20%
Person's own home	19%	Lives alone	10%	Daily	10%
Group living	2%	Other relatives	8%	Less than daily	8%
Staffed living	2%	Spouse/Civil Union/	4%	As needed	3%
Residential Care Home/	2%	Domestic partner		Unknown	0%
Nursing Home/Other					

<b>Who Own/Leases the Home</b>		<b>Residential Location</b>		<b>How Long Living in Home</b>	
Paid home provider	54%	Rural/Physically remote	59%	Over 5 years	56%
Family member	24%	Walking distance to city/town	24%	3 – 5 years	17%
Person rents home	13%	Centrally located in city/town	16%	1 – 2 years	16%
Provider agency	7%	Unknown	1%	Less than 1 year	11%
Person owns home	1%			Unknown	0%
Unknown/Other	1%				

### Health Concerns Summary

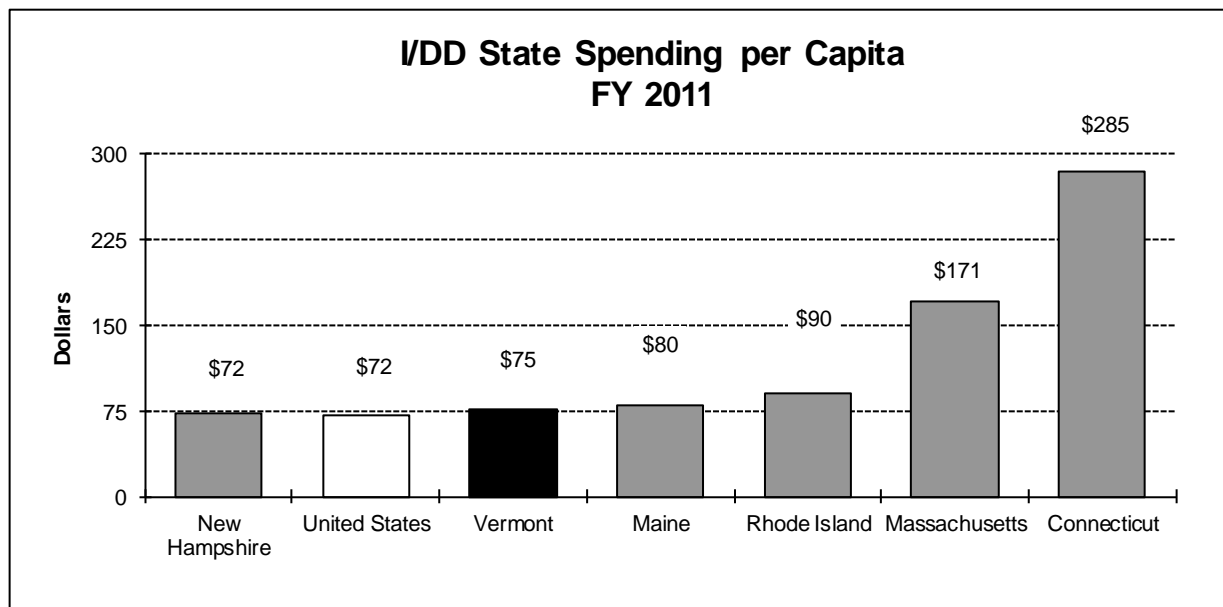
<b>Is weight a concern?</b>		<b>Does person smoke/chew tobacco?</b>		<b>How physically active is person?</b>	
No	60%	No	90%	Very	13%
Yes, overweight	34%	Yes	10%	Moderately	60%
Yes, underweight	5%	Unknown	0%	Inactive	26%
Unknown	1%			Unknown	1%

<sup>28</sup> Data is based on results from the *Survey of Adults Receiving Developmental Services in Vermont – Spring 2012* report and includes all participants (those interviewed and those not interviewed who only had the demographic survey).

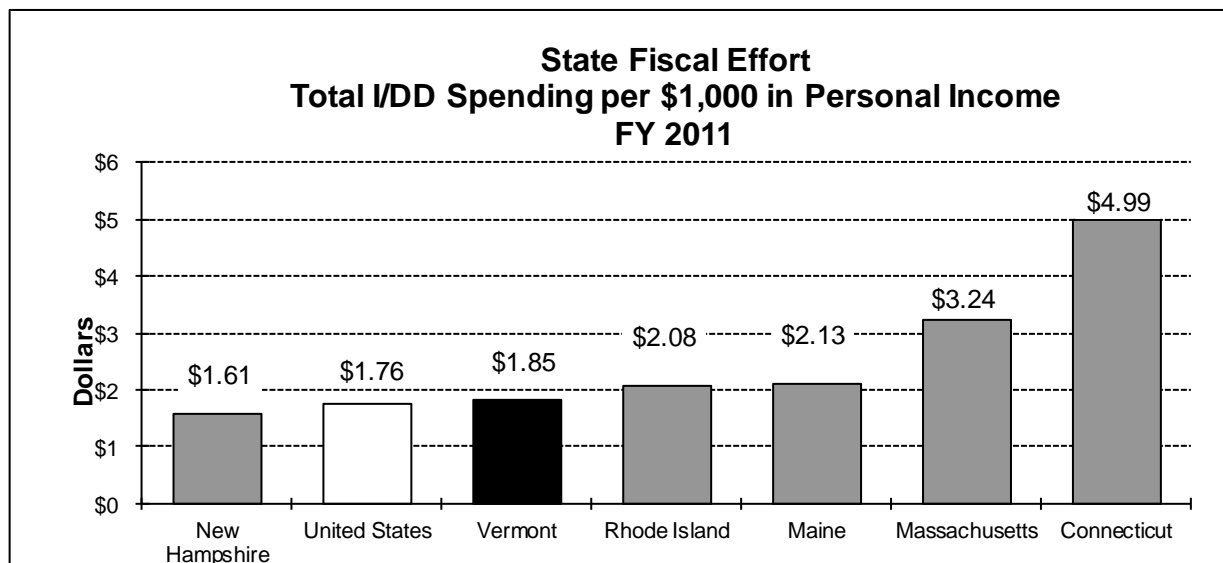
## National Comparisons<sup>29</sup>



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.



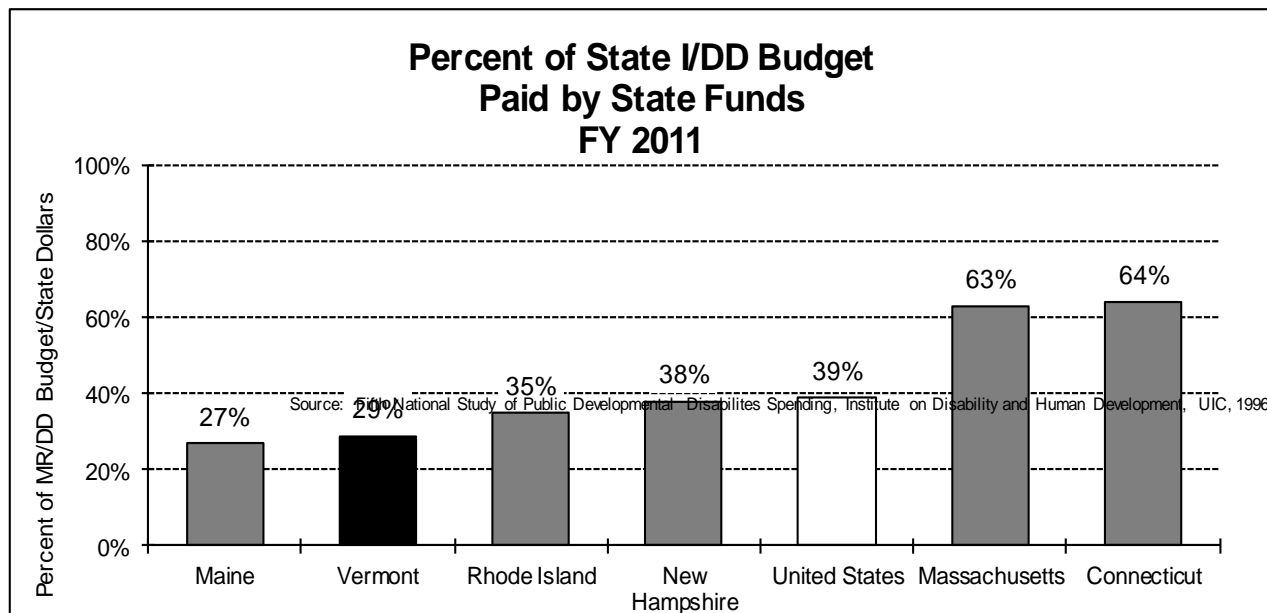
The fiscal effort in Vermont, as measured by total state spending for people with intellectual/developmental disability (I/DD) services per \$1,000 in personal income, indicates that Vermont ranks 2<sup>nd</sup> to New Hampshire as the lowest of all New England states – and is slightly higher than the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



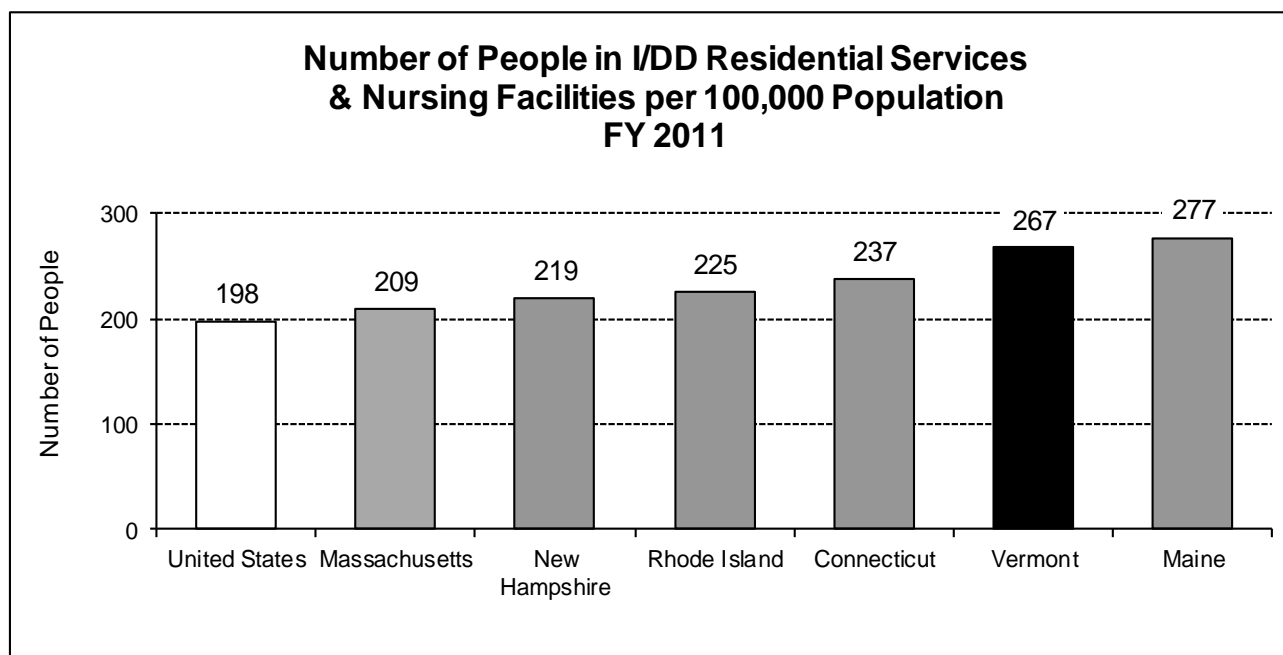
<sup>29</sup> *The State of the States in Developmental Disabilities*: Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 2013.



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.

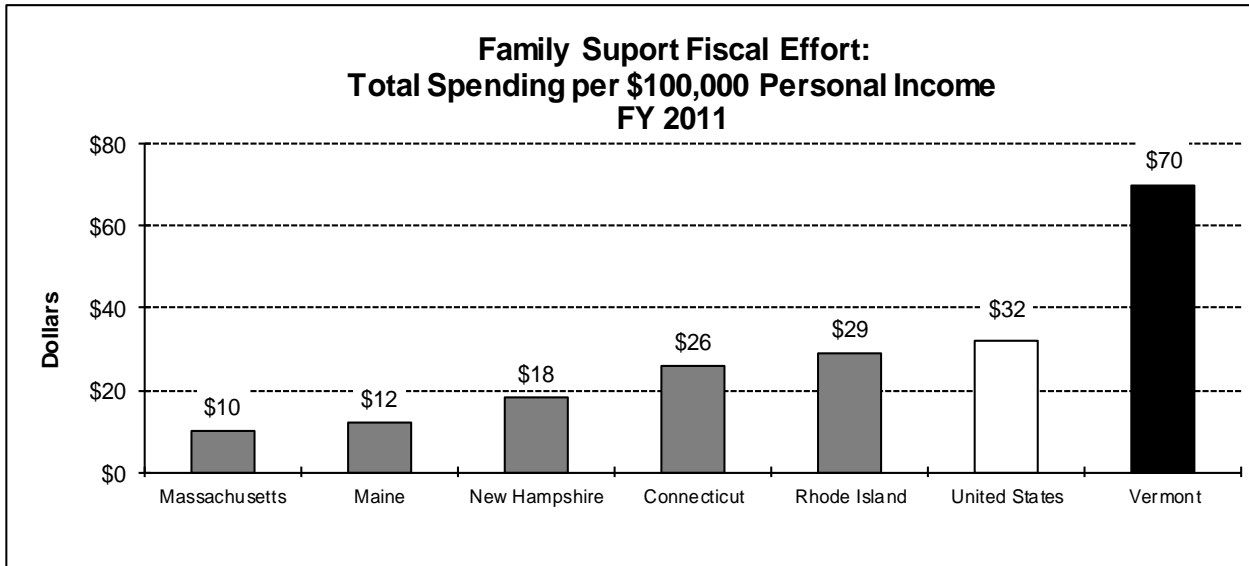


The number of people receiving residential services in the Vermont intellectual/developmental disability (I/DD) service system (including people living in nursing facilities) per 100,000 of the state population is well above the national average – and higher than any other New England state except for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

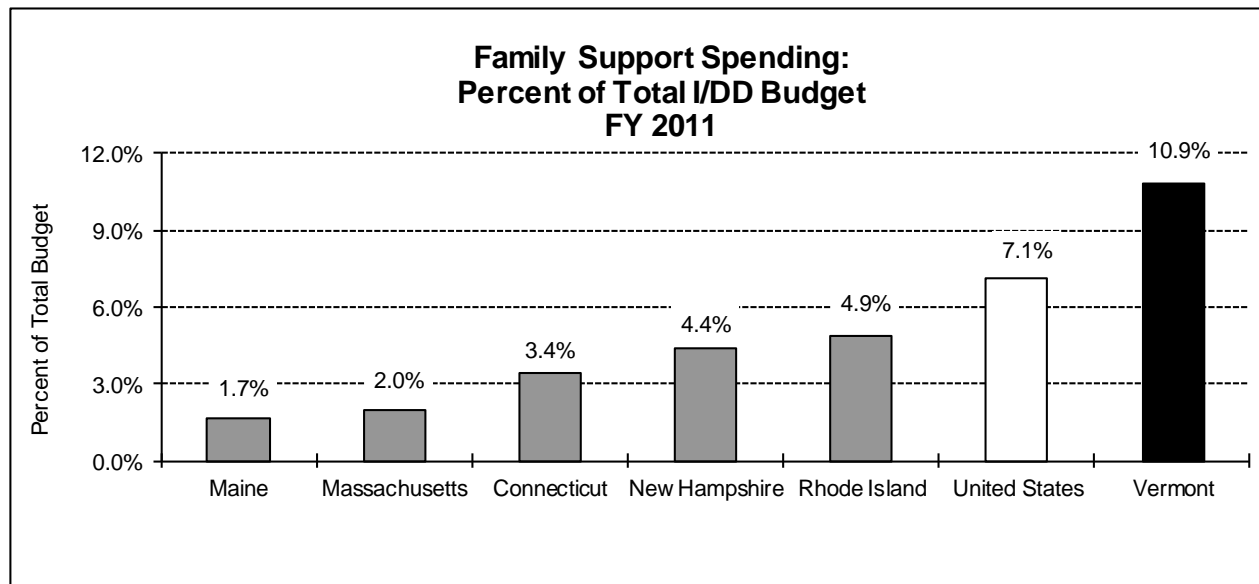




Vermont is ranked 1<sup>st</sup> in New England and 4<sup>th</sup> in the nation in total family support spending per \$100,000 personal income.



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







# **A T T A C H M E N T S**

Acronyms .....	Attachment A
Organizational Chart – Agency of Human Services.....	Attachment B
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Developmental Disabilities Services Funding Appropriation FY 2012 .....	Attachment D
Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities – January 2012 .....	Attachment E



## ACRONYMS

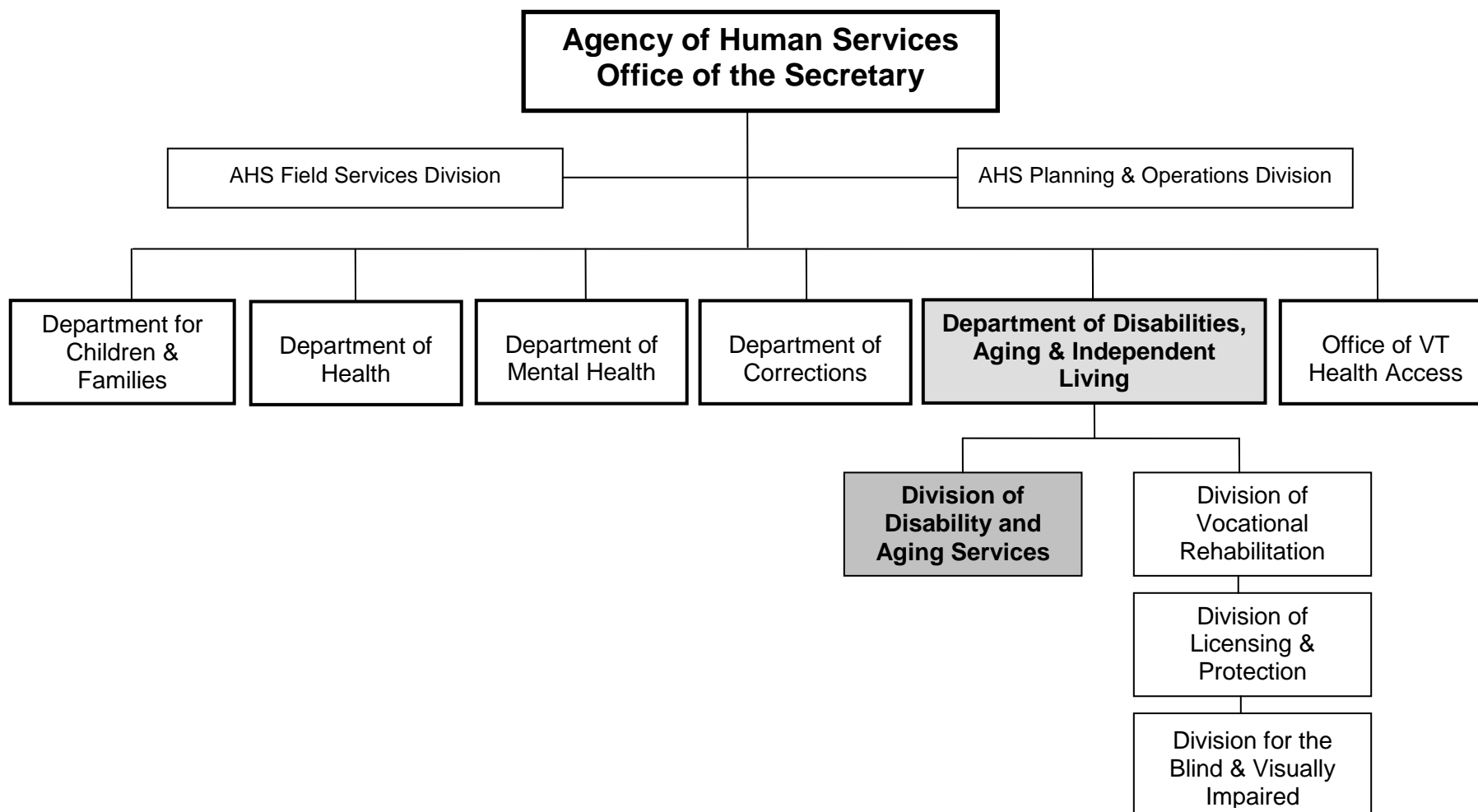
<b>AAC</b>	Augmentative and Alternative Communication
<b>AAIDD</b>	American Association on Intellectual and Developmental Disabilities
<b>ACT 248</b>	Supervision of incompetent individuals with developmental disabilities that have been charged with crimes
<b>ADD</b>	Attention Deficit Disorder
<b>ADRC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

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

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



## ORGANIZATIONAL CHART AGENCY OF HUMAN SERVICES







**VERMONT STATE SYSTEM OF CARE PLAN  
FUNDING PRIORITIES  
FY 2012**

**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 '12

New Caseload Projected Need [345 individuals (includes 71 high school graduates) x \$27,823 avg.]	9,598,935
Minus Returned Caseload Estimate (3 year average)	(3,534,619)
Public Safety/Act 248 (31 individuals x \$52,582 average)	1,630,042
<b>TOTAL FY '12 ESTIMATED NEW CASELOAD NEED</b>	<b>7,694,358</b>
 New Caseload Funded in Final FY 2012 Budget	 3,847,179
Reduction to Existing Provider Allocations to Fund Remaining Caseload Need (approx. 2.5%)	 3,847,179
 <b>TOTAL DDS APPROPRIATION – AS PASSED FY '12</b>	 <b>152,288,227</b>



## **SOURCES OF QUALITY ASSURANCE AND PROTECTION FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES**

**January 2012**

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

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

- A. **Designation Process.** The Department of Disabilities, Aging and Independent Living (DAIL) designated one agency in each region of the state to ensure needed services are available through local planning, service coordination, and monitoring outcomes within their geographic region. The Designated Agency must either provide directly or contract with providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state and federal regulations, policies and guidelines.
- B. **Agency Reviews.** 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 700 adults with developmental disabilities and/or who are aging. Public Guardians play distinct quality assurance functions, including on-going monitoring of people's welfare, assessment of quality of life and functional accessibility, participation in individual support plans, and advocacy for appropriate services. Public Guardians are expected to have face-to-face contact with people for whom they are guardian at least once a month, and are available for emergencies 24 hours a day.
- D. **Safety and Accessibility Checks.** All residences of people with developmental disabilities (except those licensed through the Division of Licensing and Protection/DAIL or a public housing entity, such as Section 8) funded by the 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, DRVT 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.

